Alone we can do so little; together we can do so much.

Helen Keller is known for this quote about all she accomplished by working with her teacher, Anne Sullivan. It’s a message that echoes true to me as well when I reflect on the progress Boston Children’s Hospital has made over the past decade. Improvements to child and community health simply would not be possible without the ideas and support from our many partnerships and relationships with staff and providers at community health centers, community organizations, schools and advocacy groups.

Some of Boston Children’s key partners play a critical role in the health and daily lives of Boston families—the Boston Public Schools, community health centers and the Boston Public Health Commission. Working in partnership with the Boston Public Schools, we’ve supported the schools to reach parents with health and wellness messages across the district. See page 3. Our relationship with four Boston community health centers has improved access to behavioral health services for children and their families. Read more about one of our clinicians on page 11. And our relationship with the Boston Public Health Commission has contributed to a better understanding of how violence impacts children along with the best approaches to support them. Details starting on page 6.

Our partners are not only large, well-known institutions but community organizations who have earned the trust of families and the right approaches to address health and social issues. Focusing on the health of families and children in our community—not only our patients—is an approach to population health that Boston Children’s strongly believes in. We are proud to support community partners who are at the forefront providing everything from programs designed for adolescent girls, workshops to improve parenting skills and strategies to improve behavioral health care for pregnant women. Pages 8 to 10 include profiles on Asian Women for Health, Project RIGHT, Families First and the Dimock Center.

On an individual basis we listen to our partners who provide a voice and offer insight about the opportunities and demands families experience today. Some of these partners are members on our Community Advisory Board (CAB), a group of community residents, city agencies and school leaders as well as representatives from community organizations. Read pages 4 and 5 for more about the work of Margaret Noce, one of our CAB members.

We’re pleased to share a few of stories about our community partners in this spotlight. We’ll keep encouraging, learning and listening to each other—together, we can accomplish so much more.

Shari Nethersole, MD
Executive Director for Community Health

Cover photo: Two girls at the Boston Children’s at Martha Eliot Health Center’s 2016 Health and Safety Fair in partnership with the Injury Prevention Program and Safe Kids Massachusetts.
Promoting Health and Wellness with Kids and Parents

The Kohl’s and Boston Children’s Hospital’s Healthy Family Fun Program collaborates with the Boston Public Schools to reach children and their families with messages and resources about healthy eating and active living. Last year, 30 events were held at Boston schools with more than 4,800 children and parents in attendance.

**Left:** Students from the Haynes Early Education Center in Roxbury attend a Kohl’s Healthy Family Fun event and show off their dance moves!

**Below:** Molly Waner, RDN, LDN, senior nutritionist at Upham’s Corner Health Center, talks to students and families about healthy eating. Warner is also the case manager for Upham’s Fitness in the City Program, which is supported by Boston Children’s and unites 10 Boston community health centers around helping families to manage obesity.

Visit [KohlsHealthyFamilyFun.org](http://KohlsHealthyFamilyFun.org) to learn more!
Margaret Noce has been the guiding force behind Tree of Life (its formal name is the Jamaica Plain Coalition: Tree of Life/Arbol de Vida) since its inception in 1996. Tree of Life is a collaborative of Jamaica Plain and Egleston Square residents and organizations whose mission is to promote the health and well-being of this community by empowering residents and engaging local health and human service providers.

Tree of Life was formed when Jamaica Plain Against Drugs, Jamaica Plain Healthy Boston and the Jamaica Plain Neighborhood Council of Health and Human Service Committee merged. “I was on the boards of all three organizations and the work of each overlapped such that we decided we could have a greater impact if we became one,” says Noce.

Today, the organization has a three-part mission: family support, public health and services for older adults.

- Family support includes a 15-week nurturing program, conducted in Spanish and English, to help parents develop skills so they can better communicate with their children.
- Public health efforts include conducting a community needs assessment and focusing on a key issue such as health equity.
- Programs for seniors are focused on issues such as reducing isolation, transportation and wellness.

Physically located within the Mildred C. Haley Apartments (formerly known as the Bromley-Heath Housing Development), Tree of Life conducts a number of programs on-site.

For example, the Healthy Family Program is a partnership with MassHousing, the Boston Police Department and the Haley Apartments. It began in response to a need for skill-building among parents with middle and high school aged children. Residents are invited to attend workshops on topics including parenting skills, gangs, dealing with trauma, substance abuse, internet safety, healthy relationships and understanding adolescents.

Another Tree of Life-involved program at both the Haley Apartments and the South Street development in Jamaica Plain is Campus of Care—an educational collaborative also supported by Boston Children’s. The stresses of living in poverty contribute to health disparities and can impact a child’s chance for educational success. Studies have shown that providing a central point for families where they can receive care and services may help improve child health and educational outcomes. “The overall goal of Campus of Care is to decrease the achievement gap for children living in housing developments,” says Noce.

As part of Campus of Care, Tree of Life oversees the youth leadership academy that is responsible for a peer-to-peer oral health program. Campus of Care also funds “Girls Talk” and “Boys Talk” programs at South Street, where young people discuss the challenges of growing up.

In addition to her work with Tree of Life, Noce also serves on the Community Advisory Board (CAB) at Boston Children’s Hospital. A member since 2005, she served as chair...
from 2009 until 2015. One factor that keeps her engaged is the commitment of other CAB members. “Everyone participates for the right reason—to offer their expertise to the hospital,” says Noce.

She has seen significant and positive changes in the role of the CAB over the years. The CAB was formed in 1994 to help identify community needs as well as to strengthen existing and build new partnerships. “In the early years of the CAB,” says Noce, “we served as more of a sounding board. Now we are often directly involved in projects and issues. Some of us provided guidance and input around the hospital’s last comprehensive community needs assessment in 2013 and will advise them again during the 2016 process.”

CAB members also serve as advocates for the communities they represent. As with many neighborhoods in Boston, among the most pressing problems in Jamaica Plain is affordable housing. Although housing may not be traditionally in the purview of a hospital focused on providing health care, it is now a focus for Boston Children’s. “Our ‘job’ as CAB members is to bring what we are seeing out in the community to the hospital’s attention,” says Noce. “It’s been exciting and gratifying to see the hospital recognize affordable housing as part of the big picture of community health.”

It’s clear that partnerships have been a key element in all of Noce’s work and for the Tree of Life. “A strong community is what makes a healthy community,” says Noce. “And you can’t have a strong community without working together, listening to one another and being open to possibilities.”
Partnership Makes a Broad Impact to Reduce Effects of Violence

A study at Boston Medical Center found that one in 10 children in Boston had observed a shooting or stabbing by the age of six. A Boston Survey of Children’s Health in 2012 found that 15 percent of children have been exposed to neighborhood violence and 6.5 percent have witnessed parental domestic violence.

In Boston, the Defending Childhood Initiative, part of the Division of Violence Prevention at the Boston Public Health Commission, is working to improve these numbers. This broad effort to prevent and reduce the impact of exposure to violence in homes, schools, and communities for children 0 to 17 years old is primarily funded through a grant from the U.S. Department of Justice and also involves more than 60 community partners, including Boston Children’s Hospital.

Boston Children’s has provided financial support over the past six years for two of the initiative’s five objectives: building capacity and increasing access to services at community health centers.

1. Building capacity and training around trauma-informed care.

The Defending Childhood Initiative approaches capacity-building on two fronts. One is training, primarily for youth workers and home visitors who work with children and families exposed to violence. Through a series of training modules and train-the-trainer programs, more than 1,000 front-line workers have been reached.

The other is organizational change. Defending Childhood leaders have partnered with eight early childhood education centers in Boston “to help them make policy, practice and environment changes so the whole organization operates from a trauma-informed point of view,” says Stephanie Doyle, former director of the Defending Childhood Initiative.

2. Increasing access to behavioral health in community health centers.

In addition to training for youth workers and home visitors, “we have run four ‘intensive learning communities’ to help community health center staff learn proven approaches to dealing with violence and put them into practice,” says Doyle. To date, 21 clinicians have completed the process.

Also provided are direct services. Initially, the Defending Childhood Initiative funded two community health centers (Whittier Street and Bowdoin) to develop trauma recovery teams, consisting of “a family partner—someone who has lived with violence—and a behavioral health clinician,” says Doyle. These teams provide therapeutic care and offer support to help families cope with and heal from violence. The program is expanding to six additional health centers with funding from the City of Boston.

The initiative has three additional objectives:

- Supporting healthy and resilient families. Small grants to churches, teen programs, and other organizations help them work with families when their child has been exposed to violence. Eleven programs have been launched to date, reaching 240 families.

- Promoting healthy social and emotional development. The program trains peer leaders to engage other teens, including a web series called “The Halls,” created by
young people to promote healthy teen relationships. Peer leaders have reached more than 2,000 adults and teens thus far, with 55,000 episode views.

- Advocating for trauma-informed policies. One example is an agreement with the Boston Police to add a checkbox on incident forms to indicate that a child was present at the scene of a crime.

The Defending Childhood Initiative is different from other violence prevention programs in that it takes a public health/health equity approach to trauma care. Traditionally, recovering from trauma such as witnessing violence is based in therapy—after something has already happened to a child. “Instead, we approach trauma more proactively and support safe environments, promote choices, train young people to help their peers and build stronger families,” shares Doyle.

For more information, visit bphc.org

What is trauma-informed care?

Trauma-informed care begins with an understanding of what the impact of violence actually is on someone, particularly a child.

It is difficult for a clinician to treat a child who may be acting out or showing other behavioral health issues without knowing what’s behind the behavior and having empathy for what happened to that child in the past.

“Only then can the clinician build a treatment plan that includes physical, psychological, spiritual and emotional safety and creates opportunities for the child to heal and thrive,” explains Stephanie Doyle, former director of the Defending Childhood Initiative.
Supporting Community-Based Ideas to Improve Health and Well-Being

Boston Children’s Hospital has long recognized that the most innovative approaches to address the needs of families originate in the community. Since 2001, Boston Children’s has funded more than 80 of these ideas to help turn them into solutions through its Community Partnership Fund. Small grants are available to support Boston community-based organizations, schools and health centers—the places that work directly with children and families and understand their needs. For more information, visit bostonchildrens.org/awards.

Read on for examples of the programs that Boston Children’s has been proud to support.

‘Achieving Whole Health’ for Young Asian American Women
Myths and stereotypes that Asian Americans are all “successful, smart and hard-working” continue and represent a significant barrier for young Asian American women. “Pressure from parents, some of whom retain traditional cultural beliefs, can be overwhelming,” says Chien-Chi Huang, executive director of Asian Women for Health. “Anything less than an A grade in classes is unacceptable. Young girls are expected to stay home and study and not go out with friends.”

Combine pressure from home with peer pressure, bullying, racism, gender discrimination and other factors and it’s no wonder that Asian American women have the second-highest suicide rate among all racial groups in the U.S.

The “Achieving Whole Health” program offers 9th and 10th grade Asian American girls a safe and supportive environment to build coping skills, discuss personal issues, set individual health goals and address physical and behavioral health issues. Funding from the Community Partnership Fund helped to support recruitment efforts and staffing.

The program was piloted last winter at the Teen Center at Roxbury Tenants of Harvard in the Mission Park neighborhood of Boston and recently graduated its first class. With parental permission, the girls attended eight weeks after-school using a curriculum developed by the National Asian American Pacific Islander Mental Health Association.

“The first part gives students an overview of healthy living—body, mind and spirit,” says Huang. “The last half is interactive, involving discussion and role-playing and covering everything from meditation to journaling. Each participant also made a ‘life box’ and filled it with items that have personal, pleasant associations and the names of three people she can count on for support. The boxes became a visual reminder of what they cherish and what and who makes them happy.”

Asian Women for Health hopes to expand the program by adopting a train-the-trainer model to certify others to lead groups and train recent graduates to become peer leaders. For more information, visit asianwomenforhealth.org.

Families First Strengthens Parenting Skills
Parents play the most important role in their child’s mental, emotional and physical health. For families dealing with stresses of poverty and homelessness, additional support goes a long way in helping to overcome these barriers.

The “Parenting in Public” program—developed by Families First, a parenting education program—partners with nine family shelters...
in Boston to help parents build a positive life as a family while coping with the realities of living in a shelter environment.

A seven-week series for parents called PEACE (Parenting Essentials in a Challenging Environment) is held at each shelter. The 90-minute sessions are led by trained parenting educators who follow a set curriculum. “Parenting educators also balance lessons with listening, and help parents recognize that they can be the best advocate for their child,” says Sue Covitz, executive director. The Community Partnership Fund supported training.

The goal is to give parents the tools needed to become the parents they want to be. “Our parenting educators have open discussions among the parents in each group,” shares Covitz. “But because many will be in a shelter for a year or more, it’s also important to build community—parents help each other through sharing and peer support.”

Workshops include topics such as challenges and strengths of parenting without a home, communication skills, effective discipline approaches for toddlers through teens and the power of nurturing play. About 250 parents participate each year and the program has reached more than 5,000 over the past 20 years.

The results are transformational for parents. At one workshop, a parent discussed her son’s behavioral challenges “I want to push myself, my situation, my child, and my life up.”

For more information, visit families-first.org

(Continued p.10)
Building Healthy Relationships

*Sistahs Transformed Reaching Eden Through Choices Healing Education.* That’s the full name of the S.T.R.E.T.C.H.E.D. program, founded in 2013 in the Grove Hall neighborhood of Boston. The Community Partnership Fund has provided funding for the program’s outreach activities through Project RIGHT, a neighborhood stabilization and economic development organization serving the Grove Hall area.

S.T.R.E.T.C.H.E.D. focuses on helping girls build healthy relationships, but the catalyst for the program was “to address violence among girls—specifically fights in school and involvement with gangs,” says S.T.R.E.T.C.H.E.D. founder and coordinator, Morgan Frazier-Eley.

The program runs throughout the year. One-hour sessions are offered at Jeremiah Burke High School, Lilla Frederick Pilot Middle School, Madison Park Technical Vocational High School and the Martin Luther King, Jr. K–8 School.

The school groups are facilitated by Frazier-Eley and can begin with as few as two participants, “if two girls in a school are having a problem with each other,” explains Frazier-Eley. “We talk about peer pressure, self-esteem, dating and personal issues. We’ll cover any topic—whether it relates to school home.”

In addition to the school groups, a program has begun at the Grove Hall Library. Through discussion, activities and story-telling, participants learn similar lessons as in the school program. “We are trying to empower participants to make good decisions and transform themselves through their choices,” says Frazier-Eley. For more information, visit projectrightinc.org

Depression Screening and Prenatal Care

According to the U.S. Department of Health and Human Services, about 13 percent of pregnant women and new mothers have depression. Plus, women who are depressed during pregnancy have a greater risk of depression after giving birth. The U.S. Preventive Services Task Force recommends screening for depression during and after pregnancy, regardless of a woman’s risk.

That’s exactly what the Improving Maternal Mental Health and Infant Well-Being program in the OB-GYN Clinic at the Dimock Center set out to do, but with a twist. Every patient who received prenatal care at Dimock Center was screened for depression at each visit. “We did universal screening for all our pregnant patients,” says Nandini Sengupta, MD, MPH, Dimock’s medical director of health services.

Dimock staff incorporated a questionnaire, as part of the standard prenatal check-up, along with checking the mother’s weight and blood pressure and the baby’s heart rate. “Physical health measures change during pregnancy and behavioral health can change, too,” says Sengupta, “so routine screening makes good sense as a way to identify depression during pregnancy and provide access to behavioral health services.”

The Community Partnership Fund enabled the services of a behavioral health clinician to see pregnant women who scored positive for depression. The funding also trained the clinic’s medical assistants in administering the screening tool. Co-location of behavioral health services and the OB-GYN Clinic enabled patients to schedule tandem OB and behavioral health appointments and increased both patient satisfaction and comfort with receiving behavioral health services.

Today, the OB-GYN program now shares the behavioral health clinician with other Dimock departments. A community health worker in the department has taken on some additional responsibilities to keep the work going. For more information, visit Dimock.org
Why did you decide to become a doctor?
My parents really inspired me and I saw how much joy it brought them to help others. My father was a dental technician and he helped people to smile. After high school, I had the chance to work as an interpreter on medical missionary trips to Honduras. Those experiences made me want to do even more.

What’s it like working at the health centers?
At Southern Jamaica Plain and Brookside health centers, I get to partner with and be a consultant to pediatricians and social workers. I’m also providing direct patient care, working with children and their families. Both centers serve a large population of Latino families. As a Spanish-speaking clinician, I’m happy that I can help meet the needs of their families.

What are the most rewarding and most challenging parts of your work?
It’s rewarding when I can intervene early in a child’s life, which can help prevent more serious issues later on. The hardest thing is that many of my patients have a variety of behavioral health issues such as depression and anxiety or they are dealing with a traumatic experience. It’s heartbreaking when you can’t prevent the bad thing from happening in the first place.

What is your life like outside of work?
My husband also is a physician. We have four children—three boys and a girl, and I love being a mom. As a family we like to travel and read. Everyone reads at least 30 minutes a day, including me!
Boston Children’s Hospital’s community mission is to improve the health and well-being of children and families in our local community. We bring together hospital and community resources to address health disparities, improve health outcomes and enhance the quality of life for children and families.

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Holly Pierce from The Soul Chef shared her expertise and showed students from the Haynes Early Education Center in Roxbury how to prepare a healthy meal. See page 3 for more on this Kohl’s Healthy Family Fun event.