

# Community Health Centers:

## Partners in health and access for local children

In 1965, the first community health center in the U.S. was founded at Columbia Point in Dorchester. Today, 52 health centers at 280 sites serve one of every nine Massachusetts residents.

The idea initially was to bring quality health care to low- and moderate-income people in inner cities and rural communities, who often had limited access to primary care services and limited means to pay for them. In a way, health centers were ahead of their time. The array of services they provide – primary, preventive and dental care, plus mental health, substance abuse and other services – mirrors many of the building blocks for the “medical home” concept, as do other health center hallmarks such as team-based care and care management and coordination. In addition, health centers often are cited as part of the solution to rising health costs.

Working with community health centers, Children’s Hospital Boston focuses on two goals: 1) ensuring that pediatric care at health centers is able to grow, thrive and evolve; and 2) having a greater impact on child health and health disparities by ensuring accessible, high quality prevention and treatment services.

In pursuit of those goals, Children’s supports community health centers to:

- build capacity to provide a full range of services and position themselves as part of the solution to managing health care costs through the use of a pediatric medical home model
- provide pediatric services that address the most pressing health issues affecting children
- demonstrate their value through effective assessment and reporting of quality outcomes

### Building capacity

Health centers are essential partners in Children’s efforts to increase access to preventive care, manage chronic disease and provide treatment for some of the most prevalent health issues facing Boston children and youth. Because of the important role centers play, Children’s supports their efforts both to ensure the quality of pediatric care they deliver and to help them expand their range of services as part of a patient-centered medical home.

In today’s economy, one of the greatest resources Children’s can bring to health centers is financial support. In FY11, Children’s provided more than \$1 million in grants and services to its partner health centers. Half of this funding was flexible, allowing the

centers to use it as needed to support their pediatric needs. For more than a decade, Children’s has been providing this type of support to 10 Boston community health centers. In December 2011, Children’s formed a new affiliation with Mattapan Community Health Center. Together, these centers provide primary care and support services to an estimated 33,000 Boston children and their families in urban core neighborhoods.

The hospital has also provided significant capital funds to help health centers with needed construction or renovation, such as new projects at the Whittier Street and Mattapan Health Centers.

### Addressing health needs

Additional funding supports specific services and programs in community health centers that allow them to address high-priority health needs consistent with Children’s community mission. For example, to help combat childhood obesity, 11 centers are part of the Fitness in the City Program (see page 14) and four host “OWL on the Road” a mobile version of the hospital-based OWL (Optimal Weight for Life) clinic that provides medical obesity treatment services by subspecialty clinicians. Three health centers participate in the hospital’s Advocating Success for Kids (ASK) program (see page 12) for children experiencing school-functioning problems. To increase access to much-needed mental health services, part-time psychiatrists are available at five health centers through Children’s Hospital Neighborhood Partnerships (CHNP), the hospital’s community mental health program (see page 1). As a result of these programs, health centers are able to reach nearly 1500 children each year.

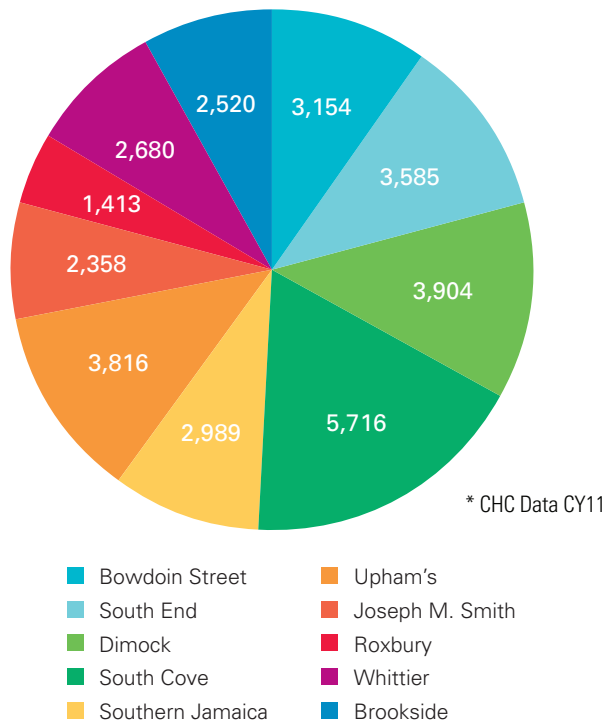
The Dimock Center in Roxbury participates in Fitness in the City, OWL on the Road and CHNP. “For us, this means support for our nutritionist and a Children’s endocrinologist who comes once a month. These professionals are invaluable in helping us work with young patients who are, or are at risk for, obesity,” says Myechia Minter-Jordan, MD, MBA, chief medical officer at Dimock. “We also benefit from the weekly presence of a bilingual child psychiatrist who works with the social worker and therapist in our pediatric clinic team. Children’s commitment to the mental health needs of children and adolescents has been critical to our ability to address these issues locally.”

### Focusing on quality and outcomes

While funding is imperative, the role that Children’s has in supporting the quality initiatives at partner community health centers is equally important. As an increasing number of payers

## Total Pediatric Population in 10 Affiliated Community Health Centers (CHCs\*)

N = 32,135 for 10 health centers



adopt quality reporting requirements, Children's and its affiliated health centers have been developing and sharing best practices to assess, report and monitor pediatric quality data.

In 2009, Children's provided additional funding to support more robust reporting and analysis of quality data. The centers now have three years of experience in collecting data and using the information to track their progress in areas such as asthma care, immunization rates, obesity and child development. "The health centers came together to discuss results and share best practices for improvement," says Shari Nethersole, MD, medical director for community health in the Office of Child Advocacy at Children's. "The centers also collect demographic information such as volume of patients, age, gender, race and ethnicity, plus payer, staff and other data and can track the prevalence of health issues such as asthma, depression and ADHD." This allows them to assess needs on an ongoing basis and adapt their approaches and staffing to provide more efficient, timely, patient centered and comprehensive services, all necessary requirements of the medical home model.

## Improving access

While Children's has affiliation agreements with 11 health centers, the hospital also supports the Boston Public Health Commission and the Massachusetts League of Community Health Centers in their efforts to promote better utilization and coordination of care with health centers.

And finally, health centers and Children's share a desire to address children's health issues on a broader level. Children's works with community organizations, health centers and city, state and federal policy-makers to bring attention to children's health issues, such as improved access to asthma care or needed reforms in the state's mental health system. Minter-Jordan said, "Bringing to light issues that affect our community and being a voice for those who don't often get heard is important, and the hospital does an excellent job in advocating for children's issues."

## Children's-Affiliated Community Health Centers

- Bowdoin Street Health Center, Dorchester
- Brookside Community Health Center, Jamaica Plain
- The Dimock Center, Roxbury
- Joseph M. Smith Community Health Center, Allston
- Martha Eliot Health Center, Jamaica Plain \*
- Mattapan Community Health Center, Mattapan
- Roxbury Comprehensive Community Health Center
- South Cove Community Health Center, Chinatown
- South End Community Health Center
- Southern Jamaica Plain Health Center
- Upham's Corner Health Center, Dorchester
- Whittier Street Health Center, Roxbury

\* Children's owned and operated.