



Children's Hospital Boston



**Annual Report
On Community Benefits
Fiscal Year 2006**

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Preface

Children’s Hospital Boston is guided by the values of innovation, optimism, and a devotion to pediatric care. These core attributes run throughout the hospital’s four interwoven missions: providing the best clinical care to children, researching new cures for diseases, training the next generation of pediatric caregivers, and improving the health and well being of children and families in Boston – all aimed at making Boston a better place to live, work, and play.

These four missions inform the hospital’s vision of local, accessible, and comprehensive care, summarized as “Healthy Children. Healthy Communities.” Inherent in this vision is the need to provide the full spectrum of care. By combining the medical model of care with the public health model of care, and by viewing patient care, teaching, research, community health, and public policy advocacy along a seamless continuum, Children’s hopes both to improve and redefine child health.

Within this context, Children’s community benefits reflect its strong commitment to community health. Children’s takes a wide view of community benefits, broader than that defined by the Office of the Attorney General. For Children’s, community benefit encompasses four broad investment areas. Every day, Children’s strives to improve the physical and mental health of children through innovative services, initiatives, and partnerships, all approached with a recognition and appreciation of the racial, cultural, and religious diversity of its community. Children’s also seeks to improve the civic health of the community in which it exists and serves. For Children’s, community benefit means that the hospital:

- 1) **serves as the community’s safety net** hospital by caring for patients regardless of ability to pay; offering family-centered services to ensure that families’ basic needs are met as they care for their children; and providing and supporting hospital and community-based subsidized services that are either not available or available in limited capacity, such as primary care, mental health services, dental care, or child protection services.
- 2) **focuses on the most pressing health care needs** of children and families in local communities – asthma, mental health, injury prevention, and fitness and nutrition. Children’s targets resources to develop and support innovative programs and initiatives in these core commitment areas.
- 3) **speaks out as a voice for children through public policy advocacy** to change laws that will lead to improvements in the health and the lives of children and families.
- 4) **supports essential community partners** – particularly community health centers, schools, and community organizations – to make Boston a better place for children and families, and a more vibrant and livable city. These partnerships include programmatic efforts aimed at improving child health more broadly, support for the city’s infrastructure for the delivery of health and social services, and acknowledging and acting on the hospital’s civic role and responsibilities.

Executive Summary

Children have unique health needs that simply cannot be addressed by the adult medical system. Their medical conditions, the type of care they need, and how care is delivered, differ significantly from adults.

Children’s Hospital Boston is the only hospital in Massachusetts with a singular focus on children and their special needs. And that singular focus is brought to its work with and in the local community. Known for excellence in patient care, teaching, and research, Children’s also strives to be a dedicated, enduring, and culturally sensitive community partner, a beacon of access to care for the poor, an accountable health-improvement organization, and a civic and public policy leader.

The hospital has encapsulated its vision for a system of care for Boston children – care that is local, accessible, and comprehensive – in a few simple words: “Healthy Children. Healthy Communities.” This vision is predicated on the hospital’s commitment to four fundamental “deliverables,” outlined below. This commitment also requires that the hospital expand the traditional medical model of care and combine it with a public health model of care to reach a new, more comprehensive definition of child health by providing the full spectrum of care – a seamless continuum that encompasses patient care, teaching, research, community health, and public policy advocacy. It requires the formation of deep and lasting partnerships with community organizations already engaged in improving the health and lives of Boston’s children and their families. It requires taking a very broad and long view – seeing children’s health, and the hospital itself, in the context of the environments children live in.

To begin to achieve this vision of “Healthy Children. Healthy Communities.” the hospital has reinvigorated its role and commitment to the community. For more than 130 years, the hospital has stood out as an example of excellence in pediatric patient care, teaching, and research. But providing superb hospital-based care is not enough.

Children’s Hospital also embraces its role as the community hospital for the children of Boston, and is the largest provider of inpatient and outpatient services to them. More than half of all children hospitalized in the City of Boston come to Children’s; nearly one-third of the hospital’s patients come from Boston and immediately neighboring towns. Children’s is the single largest provider of medical care to low-income children in Massachusetts; approximately 30 percent of the children the hospital cares for are uninsured or have coverage through public programs.

Children’s has recognized and must respond to the wide range of factors outside its doors that affect the health status of Boston’s children, and has a special commitment to the wellness of the city’s children. The hospital addresses these factors on four levels:

1. serving as the **community/safety net hospital** for the children of Boston
2. focusing on the **most pressing health care needs** and providing community-based care to address them
3. **speaking out as a voice** for children, through public policy advocacy, about the crucial, unmet needs of children, adolescents, and young adults.

4. **supporting community partners** to make Boston a better place for children and families, and a more vibrant and livable city

The Community Safety Net

Children's is the community's safety net hospital and the largest provider of medical care to low-income children in the state, so it is vitally important that the hospital maintain an open-door policy for all Massachusetts children, regardless of their families' ability to pay. To improve access to care and to enhance parents' ability to care for a sick child, the hospital provides an array of family-centered services, from parking to meal vouchers, and many others. In a health care infrastructure with so many flaws, it is critical for the hospital to do what it can to maximize access to services for those in need. Children's also provides, or supports others who provide, those vital, hospital-subsidized services that are either not available elsewhere or are only available in limited capacity, such as primary care, mental health services, dental care, or child protection services. *This is what we mean by providing a health care safety net.*

A Focused Commitment to the Most Pressing Community Health Needs

Children's is committed to helping children lead healthy, safe, and active lives; to ensure that they are ready to learn; and to encourage them to be engaged in the world around them. To accomplish this, the hospital must address the most serious health issues faced by the city's children. These problems – asthma, obesity, unintended and intentional injury, and mental illness – are best addressed by a coordinated, culturally sensitive, and child-centered program of prevention, treatment, education, and advocacy. By partnering with the local community to merge the medical model of care with a public health model, the hospital and its partners provide a continuum of needed services in these issue areas. This model has the potential to achieve some very important outcomes: true coordination within the systems of care, the ability to treat “the whole child” rather than episodic or discrete problems, and the ability to track and measure improvements in child health in targeted communities. *This is Children's approach to community health programming.*

A Voice for Children

Influencing public policy by working to change laws that will improve the health of children and families is an important aspect of the hospital's commitment to community health. As the critical safety net hospital for children throughout Boston, the Commonwealth, and the region, Children's recognizes its special obligation to engage in public policy activities that will ensure access to the services children need. *This is what we mean by speaking out about the crucial needs of children.*

Supporting Essential Community Partners

The hospital's community commitments are directed at improving the infrastructure of organizations that care for children and families in the city – supporting community partners and working with them to make Boston a better place for children and families, and a more vibrant and livable city. These supportive partnerships with community health centers, schools, and community organizations include programmatic efforts in the hospital's core commitment health areas and other areas aimed at improving child health more broadly, support for the city's infrastructure for the delivery of health and social services, and acknowledging and acting on the

hospital's civic role and responsibilities. *This is what we mean by supporting community partners.*

Promoting community health is one of Children's four core missions and one of its eight strategic goals. As such, community health, along with the hospital's patient care, teaching, and research missions, is monitored and measured against benchmarks for safety, effectiveness, timeliness, patient centeredness, efficiency, and equitability. This "quality dashboard" is based on a national model for measuring quality. Children's is among the first hospitals in the nation to include community health among its strategic goals and to measure results using the same rigors and benchmarks against which patient care quality is measured. The hospital also seeks to share its vision with a nationwide audience: children's hospital leaders from around the country heard of the hospital's community benefits commitment and experience through a panel presentation at the 2006 national conference of the National Association for Children's Hospitals and Related Institutions (NACHRI).

In pursuit of this extensive community health vision, the hospital's reach is broad and deep. In FY06, Children's provided an estimated 157,000 patient visits through hospital and community-based clinical services, and reached more than 13,150 children, youth, parents, and caregivers through programs and initiatives in community settings.

Providing a Patient Care Safety Net

Children's Hospital Boston is the leading provider of health care to low-income children in Massachusetts. For thousands of patients and families in this region, there literally is nowhere else to turn for the kind of care Children's provides. The hospital is committed to treating all pediatric patients from Massachusetts regardless of their ability to pay. Nearly 30 percent of the hospital's pediatric patients are Medicaid patients, and many of them are among the sickest children in the state.

Children's also is the safety net provider for the children of Boston. More than half of all children hospitalized in the City of Boston come to Children's; nearly one-third of the hospital's patients come from Boston and immediately neighboring towns. Beyond the provision of care, a major institutional priority for Children's is ensuring that care is available to patients regardless of their ability to pay and ensuring that needed care is accessible. Accordingly, the hospital has major programs in place to do so.

This safety net is both a financial and programmatic one: financial, in that the hospital provides free care, subsidizes care for Medicaid patients, and incurs bad debt for low-income patients; programmatic in that, as the community hospital for the city of Boston, Children's offers vital, hospital-subsidized services that either are unavailable elsewhere or are available only in very limited capacity, such as primary care, mental health services, dental care, or child protection services.

Providing A Financial Safety Net To Assure That No Child From Massachusetts Is Turned Away Due To Inability To Pay For Care.

The hospital makes aggressive efforts to help enroll children in health coverage through the Medicaid program, provides free care to qualified families who are ineligible for state assistance, and offers discounts to self-pay patients, regardless of income. In 2006, Children's reaffirmed this commitment by reviewing and updating financial and operational policies, and ensured that clinicians, billing specialists, and front line staff were knowledgeable about these policies, to help assure families are enrolled in health coverage programs and are identified when eligible for self-pay and discount programs.

Providing Family-Centered Services.

For a pediatric hospital, health care means caring for entire families, not just the children in the family. Children's Hospital focuses on providing culturally sensitive, family-centered care to help ensure the health of children, and to see that families are supported as they address their child's health needs.

Families with a sick child and few resources must have their basic needs met – everything from housing assistance or food vouchers for out-of-town families who must stay in Boston for extended periods to transportation for needy local families whose child must be seen regularly. The hospital maintains an Extraordinary Needs Fund for these and other safety-net purposes.

Because of its dual role as community hospital to children from surrounding neighborhoods and as a national and international referral center, Children's patients represent a variety of ethnicities and cultures. To help patients and families who do not speak or understand English well, the staff of the hospital's Interpreter Services Department provides culturally appropriate services in American Sign Language, Spanish, Russian, Cantonese and Mandarin Chinese, Portuguese, and Cape Verdean. Other languages are served by a pool of 100 freelance interpreters. In 2006, the Interpreter Services Department supported 80,000 interpreting encounters in more than 50 languages and dialects.

Children's seeks to enhance the capacity of parents to care for sick children in multiple ways. The hospital maintains extensive family support services, including social work, specially trained child life staff, and a Center for Families that serves as a resource hub for the patient community. These formal services "wrap around" the hospital's clinical programs to provide families with resources, counseling, advocacy, and support. In addition to more formal family services, the hospital also maintains several important targeted programs for families that need additional emotional and parenting supports. Through all these encounters, hospital employees and staff seek to ensure that programs and services for patients and families are respectful and accommodating to differences in language, culture, and religious beliefs.

For families who are just learning about the diagnosis of their child, the hospital coordinates a Family to Family Program, in which parents whose child already has the same diagnosis are trained to pair and connect with the families of newly diagnosed patients. In 2006, the program matched 20 families with trained volunteers.

Recognizing that some parents need additional family-like support, the hospital coordinates a Foster Grandparent Program, which trains older volunteers to spend time with young patients, offering services ranging from rocking babies to sleep to reading a book with a toddler.

Providing Essential Health Care Services.

Given the nation's fragmented health care system, access to needed services is not always assured. This is particularly true in urban areas, where services may be unavailable, incomplete, or uncoordinated. To improve access to care for urban core children and families, Children's provides and subsidizes an array of primary care and specialty care services on its campus and in community-based settings, services that might not be available otherwise or are only available in very limited capacity. Children's supports other community-based providers as they, too, strive to provide these important services to their patients and families.

Primary care services.

Through the Martha Eliot Health Center (MEHC), the hospital's community health center in Jamaica Plain, and the hospital-based Children's Hospital Primary Care Center (CHPCC) and Adolescent/Young Adult Medicine Program, the hospital provides a number of avenues for access to primary care services, which are a cornerstone of Children's community health efforts. In total, these programs provided more than 90,900 patient visits for traditional primary care as well as a wide range of services to address the health and social welfare needs of the patients and families served. Programs range from optometry, nutrition, and substance abuse to home visiting services, HIV education counseling and testing, and a youth street outreach program.

For more detailed information on the Martha Eliot Health Center, Children's Hospital Primary Care Clinic, and the Adolescent/Young Adult Medicine Program, see Appendices A, B, and C, respectively.

Psychiatric and Mental Health Services.

Children's Hospital's Department of Psychiatry, one of the leading providers of mental health services in Massachusetts, is working to expand access to mental health care for all children and families. Through hospital-based initiatives and partnerships with schools, community health centers, and several community-based organizations, the Department of Psychiatry is changing the environment of mental health care to ensure a brighter future for all children.

While the Department of Psychiatry provides more than 14,000 outpatient visits, 800 inpatient medical consultations, and 400 inpatient admissions on the hospital campus and through MEHC, the hospital recognizes that it cannot reach all children and families in need. Because lack of access to community-based mental health services is a significant barrier to needed care, Children's has provided funding and placed bilingual and multicultural child and adolescent psychiatrists in five community health centers. The addition of this level of expertise improves local access to child and adolescent mental health services and shortens waiting times for an appointment. The hospital also delivers care through prevention and wellness initiatives based in community health centers, in the schools, and in other community organizations, and funds and supports the Boston Public Health Commission's Child and Adolescent Mental Health Coalition, which addresses the stigma of mental health care.

For more information about the hospital's community-based mental health services, see page 14 and Appendix G.

Child Protection Services.

Through its Child Protection Clinical Services Program, Children's has a long history of prevention and treatment for victims of abuse and neglect. This program provides outpatient medical and psychosocial clinical assessment services to children who have been or are maltreated. The program's multidisciplinary team includes social workers, physicians, nurse practitioners, and psychologists. The team also offers highly specialized training to identify child abuse for other community agencies. The team's case load is an estimated 1,500 per year.

For more information on Child Protection Services, see Appendix D.

Dental Care and Oral Health Services.

The Department of Dentistry at Children's is dedicated to providing exceptional and comprehensive oral health care to infants, children, adolescents, and those with special health care needs while promoting and advocating for their optimal oral health. For example, Children's serves as an important safety net for children with developmental disabilities who frequently must receive even routine dental treatment in an operating room environment under general anesthesia. Overall, the department records approximately 22,000 patient visits per year, including surgical procedures. Of these patients, 65 percent are insured by Medicaid and nearly 40 percent of patients are from Boston.

The hospital's dental program also reaches out into the community. Recognizing that there is a significant need for pediatric dental services in the community, Children's financially supports the pediatric dental program at Dimock Community Health Center. To encourage early identification of oral health issues, the Department of Dentistry also offers educational awareness training to non-dental providers at MEHC and CHPCC.

Poison Control Services.

The Regional Center for Poison Control and Prevention, a not-for-profit organization based at Children's Hospital, offers treatment and advice to health care professionals and the public on the medical diagnosis, management, and prevention of poisonings involving the people of Massachusetts and Rhode Island. Poisoning-related issues range from medication errors, ingestion of household products, and bites and stings to exposure to biologic and chemical substances. The center's team of doctors, nurses, and pharmacists works to educate the public, collaborate with other professionals, and extend the reach of its poison prevention message.

The center handles more than 65,000 calls a year through its Poison Help Hotline, which is staffed around the clock. Calls originate primarily from residences, with others coming from health care facilities and medical professionals. In addition to the Hotline, the center provides emergency care and treatment, follow-up services, seminars on toxicology and poisoning prevention, educational resources and materials, expert consultation for complex poisoning cases, patient referral resources, and assistance in locating regional antidotes and unusual lab assays.

Community Health Center Services.

Community health centers are key allies in improving access to care and developing and implementing community health initiatives. While Children's provides a wide range of services to improve child health, the hospital is by no means alone in engaging in this task. Community health centers play a vital role in the broader system of health care in Boston. In both the spirit and the reality of "it takes a village to raise a healthy child," the hospital supports the work of these centers. It also relies on the expertise of providers and staff from community health centers to inform its programming and how to best reach the families in its target population.

The hospital relies on the expertise of providers and staff from community health centers to inform its programming and its outreach efforts. Children's gains valuable input from its relationship with Martha Eliot Health Center and its affiliation with 11 other Boston community health centers:

Bowdoin Street	South Cove
Brookside	South End
Dimock	Southern Jamaica Plain
Joseph M. Smith	Uphams Corner
Roxbury Comprehensive	Whittier Street
Sidney Borum	

See the section on "Supporting Essential Community Partners" beginning on page 22 for more information on community health centers as well as Appendix E.

A Core Commitment to Community Health

Asthma, Mental Health, Injury Prevention, Fitness and Nutrition

The concept of “Healthy Children. Healthy Communities.” requires the hospital to work in and with its community on those issues most important to improving the health of local children and keeping them out of the hospital when possible. In 2004, the hospital engaged in a comprehensive “audit” of community leaders and residents to determine their children’s most pressing health needs. That information, plus a review of public health data, showed that asthma, mental health, obesity, and prevention of injuries were the most pressing and prevalent health needs for Boston children, particularly in the neighborhoods of Jamaica Plain and Roxbury, the same geography served by the Martha Eliot Health Center. In 2006, another comprehensive needs assessment was completed including focus groups of community residents, and it reaffirmed the areas of most concern while pointing to specific needs within the four core programs.

To make a difference in these core health issue areas, the hospital builds on its base of expertise in providing clinical care by leveraging the expertise of community partners in providing prevention, wellness, and education services to children. This merging of the medical model of care with the public health model of care helps ensure that health care and public policy advocacy for children is better coordinated and that the community is engaged and invested in the goal of improved child health. By combining these two care models, the hospital seeks to create a seamless continuum encompassing patient care, teaching, research, community health, and public policy advocacy. With this full spectrum of care, Children’s is better equipped to improve and even redefine child health in Massachusetts and beyond.

Achieving these goals demands not only a commitment of resources, but the ability to prove that those resources, effectively applied, are making a difference. The hospital’s core commitment to community health seeks to do just that – to track and document measurable improvements in child health in select communities over time. To that end, the hospital’s community health effort includes an evaluation component, whose goal is to measure the quality and effectiveness of the hospital’s overall “Healthy Children. Healthy Communities.” initiative. Ultimately, evaluation will encompass not only program-specific progress toward making a difference in the lives of local children and families, but also the quality of programs and the hospital’s success in building community capacity to help sustain the progress made.

All this work is pursued with the goal of integrating the hospital’s programs with others in the city and partnering in program development and delivery whenever possible.

Asthma

Asthma is the leading cause of hospitalization at Children’s. The hospital is the largest provider of clinical services to children with asthma in Massachusetts, with almost 16,000 inpatient and outpatient visits for asthma as a primary or complicating diagnosis in FY06.

Changing these statistics requires an all-out effort, combining patient care, research, training, community health and education, and public policy advocacy all directed toward reducing the

burden of this serious chronic, but very manageable, disease. Children's has focused its programs to improve asthma management in a child's everyday life. With supportive resources and education, children with asthma can lead healthy and active lives.

Direct services are provided for inpatients (through the Emergency Department or the Short Stay or Intermediate Care units) and outpatients (through the Primary Care Center, Adolescent Medicine, Pulmonary Clinic, and Allergy/Immunology Department).

The hospital is one of a few "centers of excellence" for asthma **research** in the U.S., having received a \$1.2 million annual NIH grant to establish an Asthma and Allergic Disease Research Center. Immunology research – understanding the immune mechanisms involved in asthma – is a prime focus. Current research projects include studies on the role of certain cells in the effective treatment of asthma and on mouse and dust allergens in the home and in school settings.

In addition to **training** research fellows, the hospital provides ongoing training to medical residents, staff nurses, and school nurses. An asthma clinical nurse specialist teaches residents how to discharge children with asthma medications and how to create asthma action plans, meets monthly with staff nurses for asthma education, and serves as the hospital's nurse consultant for asthma. The hospital offers asthma training to schools and school nurses on request. Thus far in FY06, 40 trainings or presentations were made, reaching more than 750 participants.

In the **community**, Children's asthma programs cover a full continuum of care: prevention, evaluation, treatment, parental support, case management, training and education, and policy advocacy. This approach engages the entire community – families, schools, community health centers, advocacy groups, and community based organizations – and stresses treatment of the child in the context of his or her environment.

The Community Asthma Initiative (CAI) helps children and families improve how they manage asthma. By supporting families with case management, home visits, and asthma education, CAI aims to reduce the number of asthma-related emergency department visits and hospital admissions.

To improve access to asthma education, the hospital is a lead partner and funding source in a major asthma awareness campaign targeted to Boston neighborhoods with particularly high asthma rates. Children's joined with partners WGBH, the Boston Public Health Commission, the Boston Public Library, and the Boston Children's Museum to launch a campaign featuring the popular children's TV program "Arthur." The "Kids with Asthma Can...Asthma Management Campaign" emphasizes the three main quality-of-life indicators for children with asthma: playing, sleeping, and learning. The campaign includes several elements: a traveling "Buster" play with characters from the show, presented at 80 sites throughout the city; a series of Family Asthma Education Nights held at Boston Public Library branches; educational materials to help children learn about asthma; and a campaign with advertising on buses and the T and in transportation shelter/information areas in the targeted neighborhoods.

In FY06, Children's provided almost 16,000 asthma-related patient visits in the hospital and reached more than 3,400 children, youth, parents, and caregivers with asthma services and education in community settings.

For a more detailed description of the hospital's asthma initiatives, see Appendix F.

Mental Health

Children's Hospital Boston is one of the leading providers of mental health services to children in Boston, with more than 14,000 outpatient visits, 800 medical consultations, and 400 inpatient admissions for mental health care in 2006.

Research has shown that mental health programs with comprehensive, integrated, community-based approaches are most effective in preventing such mental health problems as conduct disorder, and alcohol and drug abuse. In addition, interventions involving family, school, and community are more likely to be successful than efforts aimed at a single domain. Further, efforts linking outreach and preventive programs run through schools and other community-based settings with clinical services at mental health clinics, community health centers, or school-based health clinic settings have been found to be effective.

All these approaches are evident in Children's comprehensive approach to mental health care, which includes not only direct patient care, but also research, training, community health, and public policy advocacy.

Much of the mental health care provided by the hospital is offered through three **direct-care** departments, all operating integrated and comprehensive services: Psychiatry, Social Work, and Developmental Medicine.

The Department of Psychiatry has a community of **researchers** whose work focuses on neurobehavioral development, mood disorders, attention/conduct disorders, and coping/medical illness. Mental health research is based on the premise that brain, behavior, and environment comprise a dynamic, integrated system in the developing child, and the key to progress is in-depth study, appreciating and then defining the complexity of the developing child.

The hospital provides mental health **training** to clinical providers as well as school and community health center staff on topics such as mental health issues in school, behavioral health issues, violence prevention, pediatric developmental screenings, advocating for patients, psychopharmacology, and how to advocate for public policy changes.

In the **community**, limited access to child mental health services is well-documented and represents a growing problem. Urban children and families in particular have problems with finding and accessing culturally and linguistically appropriate mental health services. These access barriers can be further complicated when care is not provided in a community setting. Children's has recognized this fact and has expanded its mental health services by providing psychiatrists in community health centers and other settings. The hospital also delivers care through prevention and wellness initiatives based in community health centers and schools, and through other community organizations. These initiatives comprise the *Children's Hospital*

Neighborhood Partnerships (CHNP). CHNP works to increase access to mental health services, improve the quality of services available, build capacity in partner organizations, and strengthen the ability of children to function successfully. Mental health initiatives in the community also provide screening, evaluation, education, support services, case management, treatment, and advocacy for children with mental health problems. By integrating and linking these efforts, and by deepening and intensifying the hospital's relationships with community partners, community capacity is strengthened to help Boston's children grow up strong and do well in their daily lives.

As discussed previously, the hospital also has funded expansion of mental health services in the community by placing psychiatrists in five community health centers. The hospital also has expanded access to services by developing and supporting school- and family-based support and specialized mental health care.

The CHNP initiative was recognized as a "notable program" in the Attorney General's 2006 Community Benefit Program Awards. Its treatment team also received a 2006 National Alliance for the Mentally Ill/Eli Lilly "Heroes in the Fight" award, given to individuals and groups who work tirelessly on behalf of those dealing with mental illness.

Because of the importance of mental health and the difficulty in accessing services, the hospital has developed the only mental health **advocacy** program of its kind in the U.S., the *Child and Adolescent Mental Health Advocacy Initiative (CAMHAI)*. Its goal is to bring about broad change in the mental health system and in mental health services through raising awareness of mental illness and highlighting barriers to care.

In the 2005-06 legislative session Children's actively targeted 10 bills, including supporting a bill to increase mental health benefits, mental health parity law reform, prevention strategies for shaken baby syndrome, and improved evaluations of children who have been sexually traumatized. Through CAMHAI, the hospital also worked toward successful opposition to a bill attempting to limit access to psychotropic drugs.

In addition to prevention and wellness, direct services are offered in four primary care settings in Boston through the *ASK (Advocating Success for Kids) Program*. ASK offers "one-stop-shopping" for access to services for children with medical, emotional, and behavioral issues or school-functioning problems and learning delays. Services include assessments and screenings to determine a child's school and emotional functioning, and development of recommendations for educational and social services. The ASK program also provides extensive follow-up with parents, teachers, and school staff.

In FY06, Children's provided more than 14,000 outpatient visits, 800 medical consultations, and 400 inpatient admissions for mental health care. In addition, Children's provided services to an estimated 3,700 children and youth, 1,900 teachers, school staff and community providers, and 650 parents in school and community settings.

For a more detailed description of the hospital's community-based mental health initiatives, see Appendix G.

Injury Prevention

Injuries – both unintentional and intentional – are the leading cause of death for children ages 1-19 in Massachusetts and result in 250,000 emergency room visits in a year. Unintentional injury is the leading cause of death for persons ages 1-34, and accounts for approximately 15 percent of medical spending from ages 1-19. Intentional injury or violence to children and young people – everything from physical and sexual abuse to suicide – is an increasingly serious problem, particularly in urban areas.

As part of its 2006 needs assessment effort, the hospital surveyed Boston families to help identify community concerns and gaps in current injury prevention programs. Based on their recommendations and data analysis, the most needed programs today are those that can respond to intentional injury – the result of the recent surge of violence in the city.

Children’s is addressing prevention of both unintentional and intentional injuries through a comprehensive effort that encompasses direct services, research, training, community health initiatives, education, and public policy advocacy.

Its **direct services** include a trauma department within the hospital’s Department of Surgery that ranks in the top 10 hospitals in the U.S. in terms of volume, a Division of Emergency Medicine that treats 11,000 injury patients each year, a Regional Poison Control Center and Division of Sports Medicine (see below), and other services that treat both unintentional and intentional injuries.

Research efforts include a “Safer Homes” study that is expected to provide new data on injury incidence; there is evidence that water-, bicycle-, and poisoning-related injuries seen in the hospital’s Emergency Department have decreased. Another study, a “Kids in the Back” observation program, is collecting data on children riding in the back seat of cars and those using booster seats, plus adults using safety belts, to provide data for developing an effective intervention.

Training efforts target staff at both Children’s and Martha Eliot Health Center. Staff have been trained in fitting bicycle helmets. A hospital-sponsored course on child and passenger safety is being prepared for staff. Nurses have been trained in testing car seats. And Safer Homes home visiting staff have been trained in the intervention.

Advocacy efforts focus on child passenger safety, bicycle and wheeled sports safety, poison control, and child protection, and include work toward enacting a primary seat belt enforcement law, prevention of shaken baby syndrome, and funding for staff training and response to severe physical and sexual traumas.

In the **community**, the hospital’s **unintentional injury** prevention program is carried out through its selection as a site for the *Injury Free Coalition for Kids (IFCK)*, a national childhood injury prevention program of the Robert Wood Johnson Foundation. The Boston program’s goal is to reduce injuries to children under the age of 15 in Jamaica Plain over a four-year period. IFCK has a safer homes program, focused on reducing the risk of injuries from fire, poisoning, and falls; car seat and sports helmet safety programs, both of which involve education and

distribution of car seats and sports helmets; and is actively involved in outreach by participating in community health fairs and events.

Children's also has a strong commitment to help prevent sports-related injuries in children. The hospital's Division of Sports Medicine provides comprehensive assessment, treatment, and follow-up care to children, adolescents, and young adults with sports-related orthopedic injuries. In addition to providing care at the hospital, the division also brings its resources to the community through the Boston Public Schools Sports Medicine Initiative. Staff and orthopedic residents coordinate and supervise medical coverage for BPS sporting events; in 2006, staff contributed more than 100 hours of time at BPS events. The division also has provided medical coverage for a variety of mass-participation sporting events such as the Boston Marathon, the Bay State Games, events at the Reggie Lewis Track and Athletic Center, and other summer sports camps and recreational programs.

Finally, as described above (see page 11), Children's Hospital is the site of the Regional Center for Poison Control and Prevention (covering Massachusetts and Rhode Island), which offers around-the-clock treatment and advice regarding poisonings.

A variety of hospital-based programs and community partnerships have been developed to reduce the prevalence of **intentional injuries**, including child abuse and youth violence.

Hospital programs include clinical assessment services for those who have been maltreated, a 24-hour consultation service, and an advocacy program for battered women and their children. The hospital also partners with government agencies and others to prevent and treat children who are at risk or have been neglected or abused. Children's has provided both clinical and financial support to the Suffolk County Children's Advocacy Center, which treats children who have been abused.

Children's provided more than \$1 million to support initiatives through the spring and summer of 2006 to promote peace and prevent violence. The funds supported more than 30 community organizations and city government agencies in developing and implementing initiatives designed to engage youth, provide opportunities for training, and offer role models in a positive work environment. These included: securing 156 paid summer job placements for youth (including 36 students hired at Children's) by providing funds to city and community programs; access to recreation and youth development opportunities such as camp scholarships for 80 Boston children from Martha Eliot Health Center and Children's Hospital Primary Care Center; funding renovations at the Melnea Cass Memorial Pool in Roxbury; supporting activities at the BELL Summer Program; funding for 10 community health centers to expand violence prevention or recreation programs; and a series of grants to 12 community organizations for innovative programs such as peace education at a child care center, expansion of recreational opportunities at local YMCA's, and peer leadership programs.

In FY06, Children's provided treatment to an estimated 11,000 children through Emergency Medicine, and hospital-based prevention and protection services reached more than 1,700 children. In addition, the hospital reached almost 3,000 children, youth, parents, and caregivers in community settings.

For a more detailed description of the hospital's injury prevention initiatives, see Appendix H.

Fitness and Nutrition

Obesity is a complicated medical, social, and lifestyle issue for children, especially children living in urban areas. Children who are struggling with being overweight or who are at risk need access to specialty medical services, nutrition education, and recreational opportunities, which may not always be available in health care settings. Thus, Children's Hospital Boston's approach to this issue is to support and work with community partners who are delivering nutrition education and physical activities.

The hospital's current focus is on working to identify best practices among obesity prevention programs – both hospital-based and in the community – to ensure that its programs are optimally effective in encouraging fitness and nutrition among children and adolescents.

Children's is internationally recognized for its treatment program to help overweight and obese children. The Optimal Weight for Life (OWL) program is the largest pediatric obesity clinic in New England, currently serving more than 700 children annually (one-fourth of whom are from the city of Boston). The OWL clinic is staffed by a multidisciplinary team that includes physicians, nurse practitioners, dietitians, psychologists, social workers, and exercise physiologists – all working to treat children and adolescents who are overweight or obese and those with Type II diabetes. The focus of the program is on healthful eating and a low glycemic index diet, but also includes individualized meal plans and exercise programs, plus behavior modification and group counseling.

This track record, coupled with a focus on local children at risk and strong community connections, makes Children's ideally suited to expand efforts to help prevent and treat these problems, which are reaching epidemic proportions; for example, a recent study showed that 14 percent of toddlers from low income families in Boston are overweight; and in the Boston Public Schools, 25 percent of children are at risk, and another 20 percent are overweight or obese.

The consequences of obesity and lack of fitness can have both short-and long term negative impacts – everything from early onset of cardiovascular disease to diabetes. To reverse this trend, Children's is finding solutions and ways to prevent the problems of obesity on all fronts – through **direct services** such as the OWL program described above and other programs described below, plus research, training, community health, and public policy advocacy.

Obesity-related **research** at Children's spans a range of issues, including nutrition and food consumption patterns, diabetes and health, school programs, eating disorders, and evaluation of community-based programs.

Clinicians are assisted in remaining current through **training** sessions, “shadowing” programs, and conferences.

Improving school nutrition and physical activity are two fitness-and-nutrition related **advocacy** activities. Two bills have been introduced in the state legislature to address these problems.

In the **community**, *One Step Ahead*, a community-focused treatment and prevention program, serves Boston children ages 3-13 by providing evaluations, counseling, and helps to identify and refer them to other nutritional, educational, and recreational resources. At the Martha Eliot Health Center, the *I'm iN Charge* program targets young people ages 9-20 who are overweight and at risk for Type II diabetes and provides them with education, clinical care, and access to other community resources.

In addition, the hospital has provided funding to eight hospital-affiliated community health centers with existing fitness and nutrition programs. This funding program, called "Fitness in the City," is aimed at building community capacity to help reduce childhood obesity; and to help identify the best practices to provide obesity prevention services in the community. In addition, the hospital's contribution to the United Way has enabled Children's to support "scholarships" for children to attend *Body by Brandy4Kids*, a Roxbury-based program designed to support physical fitness and healthy living for children at risk for health issues associated with obesity.

In FY06, Children's provided hospital-based obesity treatment to 600 children, and reached more than 500 children and youth in community settings.

For a more detailed description of the hospital's fitness and nutrition initiatives, see Appendix I.

Speaking Out Through Public Policy Advocacy

Influencing public policy to improve child health is an important aspect of Children's Hospital Boston's commitment to community health. As the leading provider of medical services to low-income children in Massachusetts, and a critical safety net for children throughout New England, Children's recognizes its special obligation to speak out about the crucial needs of children, adolescents, and young adults.

To accomplish this, Children's regards public policy advocacy as a critical component of its overall approach to community health and its focus on providing the full spectrum of care. The hospital has developed comprehensive child health policy advocacy initiatives in its four program areas: asthma, mental health, injury prevention, and fitness and nutrition. For example, the hospital provided leadership in successful efforts to enact legislation aimed at preventing shaken baby syndrome, and was a leader in the ultimately unsuccessful effort to enact a primary seat belt law. Current priorities include ensuring adequate insurance coverage for asthma education, improving school nutrition standards, requiring that physical education be taught in schools, and advocating for mental health parity.

A major focus for Children's advocacy efforts in FY07 will be on mental health. Children's joined with the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) to launch a long-term campaign to reform the state's mental health care system. Initial work on the campaign began in FY06 and included the development of the report "Children's Mental Health in the Commonwealth: The Time is Now." This report included recommendations for specific legislative change. Children's and MSPCC also began work with Health Care for All's grassroots group, Children's Health Access Coalition, to help draft the legislation and drive the campaign to advocate for change.

Children's also has been a longstanding leader in improving children's health insurance and has helped drive the effort to expand children's coverage. The hospital has provided critical resources and support to efforts to ensure that policy gains are translated into actual coverage, both by enrolling uninsured children on-site and through community partnerships. For example, as an active participant and funding source for the statewide Children's Health Access Coalition, the hospital has worked to expand insurance coverage for children in Massachusetts and assure affordability of care.

The hospital worked as part of the Affordable Care Today (ACT) Coalition to enact the new Massachusetts health reform law, which includes a number of provisions to expand coverage, notably the expansion of MassHealth coverage to children in families whose income is up to 300 percent of the poverty level.

Children's partnered with Community Catalyst to expand these advocacy efforts regionally through the New England Campaign for Children's Health. This is a coalition of key stakeholders in child health from across New England that seeks to advance health care coverage for children at the state and federal level, as well as to enhance the quality of pediatric care.

Children's is dedicated to effecting real change in the lives of children through policy advocacy. To do so, however, it needs the support of Children's staff, medical and public health experts, families, patients, community partners, and others who can be a voice for children. Children's leverages these important voices in its advocacy efforts through the 1,300 member Children's Advocacy Network (CAN). In 2006, Children's developed a program to give 35 CAN advocates a chance to deepen their commitment to advocacy by participating in a special training series to become more effective advocates. The training provided them with the knowledge and skills needed to participate more fully in the policy-making process. Other hospital initiatives included engaging 15 medical residents in legislative advocacy through meetings with their legislators or staff to discuss issues ranging from school wellness to breastfeeding, from access to asthma education to access to care; and supporting the participation of seven families in Family Advocacy Day in Washington, DC, where they met with their members of Congress to advocate for continued and expanded Medicaid coverage and funding to train pediatric specialists.

For more information on the hospital's child advocacy initiatives, please see Appendix J.

Supporting Essential Community Partners

Partnerships are a key element in attaining Children’s Hospital Boston’s vision of “Healthy Children. Healthy Communities.” A task beyond the reach of any one organization – despite its level of commitment – achieving this goal requires a concerted and sophisticated effort to integrate and coordinate care. It truly “takes a village to raise a *healthy* child.”

In addition to its own efforts toward the goal, Children’s actively helps build and support the efforts of the “village” that is steward of the health of Boston’s children, on three levels:

- by partnering with community health centers, the Boston Public Schools, government agencies, and community-based organizations to address the core commitment areas of asthma, mental health, injury prevention, and fitness and nutrition as well as partnering with community programs aimed at improving child health more broadly
- by helping to support the infrastructure for the delivery of health and social services to children and families throughout Boston
- by acknowledging and acting on the hospital’s civic role and responsibilities, including support of local organizations that help make Boston a vibrant place to live and work.

In these relationships, the hospital seeks to leverage its unique vantage point as the Commonwealth’s only solely pediatric hospital to “advocate” for the health and well-being of children, and brings a purposeful, child-focused, culturally appropriate, family-centered point of view to its support of the efforts of community health partners.

At the same time, the hospital’s community health experience is enriched and deepened through its work with community partners – the hospital is an eager learner as well a generous contributor of its expertise. Hospital staff who serve in community projects are reciprocal learners, who gain insight as well as experience in working in and with the community.

Partnerships Aimed at Improving Child Health.

As discussed in the earlier section on the hospital’s community health initiatives, the success of the programs is due equally to the work of the hospital’s staff and its community partners.

The hospital’s community partnerships, however, extend far beyond the work of the hospital’s community health initiatives. Many affect child health more broadly. The hospital’s collaborations with community health centers, schools, and the Boston Public Health Commission form the cornerstone of these partnerships.

The hospital maintains strong relationships with community health centers, including its flagship center, Martha Eliot Health Center, and 11 others. The hospital works with these centers on a variety of treatment, prevention, and health and wellness programs, including those in the hospital’s core commitment areas: the majority of the centers have fitness and nutrition programs; many have school functioning/school preparedness, mental health, and asthma initiatives.

The hospital works extensively with the Boston Public Schools. Support is provided primarily to improve access to mental health care, including programs such as the Children’s Hospital Neighborhood Partnership (CHNP) and the Advocating Success for Kids (ASK) program. The hospital also offers asthma education workshops for students and their parents, and provides emergency asthma medication and equipment.

Supporting the Infrastructure for Health and Social Services.

While everyone in the “village” is equally committed to the stewardship of the health of Boston’s children and an equally important part of the city’s infrastructure to support children and families, not all have equal resources. Children’s Hospital believes it has a responsibility to help support these partners, both programmatically and financially.

In addition to providing services in individual schools, the hospital also supports the Boston Public Schools’ (BPS) health infrastructure in a variety of ways. The hospital offers scholarships to school nurses so that they may access professional development opportunities.

In 2006, Children’s built on the foundation of its long-standing collaboration with the BPS and the City of Boston on the “Countdown to Kindergarten” initiative by making a significant financial contribution to the city’s broader efforts to reach children aged birth-to-five and their families. The hospital increased its annual support of Countdown, provided a paid part-time staff person to the city for six months to conduct research on this subject, and funded two years of a new, free playgroup for Boston parents and their young children at the West Zone Early Learning Center.

Providing both clinical and financial support, the hospital also has a long-term partnership with the Suffolk County Children’s Advocacy Center (CAC). The CAC offers abused children access to medical professionals, police officers, the state Department of Social Services, social workers, mental health professionals, prosecutors, victim witness advocates, and domestic violence professionals. This multidisciplinary team works to create comprehensive safety and treatment plans for the children. The hospital provides the time of medical professionals (physician, social worker, and psychologist) one day a week to conduct interviews, develop assessments, and compose safety plans.

Other partnerships between the hospital and city government include co-sponsorship of the annual Mayor’s Award for Excellence in Health, which is given each year to a Boston-based program that effectively promotes the development of healthy children; the hospital provides a financial award for the winner, and actively serves on the steering and selection committees. Also in 2006, Children’s Center for Young Women’s Health (CYWH) joined with the City of Boston to sponsor a citywide Girls Summit on the unique needs of young women. Youth Advisors from the CYWH provide ongoing peer education and advocacy about vital adolescent health issues. Children’s also joined with the YWCA, the United Way, and the Boston Public Health Commission as lead sponsors of the “Girls: Get Real, Get Right, Get Informed!” Health and Wellness Summit, which attracted more than 100 young women and health professionals as attendees. Teens from CYWH led one of the summit’s workshops focused on internet safety.

In addition to partnerships with city government, community health centers, and schools, Children's provides financial and in-kind contributions to more than 75 local organizations to build community capacity toward improved child health. The hospital is able to seed innovative, community-based programs through its Community Child Health Fund (CCHF) and through providing essential funds to the local Community Health Network Area (CHNA). Through these two initiatives, the hospital supports community-based organizations and schools in a wide variety of projects ranging from anti-violence to nutrition, from physical activity and exercise to asthma and substance abuse. CCHF provides a total of \$50,000 annually for projects based at the hospital, in community health centers, schools, or in community-based organizations. CCHF has distributed 66 grants since 2000, for a total of approximately \$370,000. In 2006, through various sponsorship and membership opportunities, Children's also provided more than \$210,000 to community-based organizations that help support the infrastructure for health in Boston. In 2006, Dr. James Mandell, Children's President and CEO, was named the Chair of the Joseph Smith Community Health Center Annual Gala and the Action for Boston Community Development Gala.

Civic Responsibilities.

Every institution, whether large or small, private or not-for-profit, has a responsibility to be involved in its community. As one of the state's largest not-for-profit employers, Children's Hospital is dedicated to being a "good neighbor" to the local, surrounding communities, as well as working to ensure that Boston on the whole remains strong.

As the only freestanding pediatric hospital in the state, Children's has focused its civic responsibilities on those that serve children and families. For example, the hospital consistently has directed its support of the Fenway Community Development Corporation to those efforts that improve the lives of the neighborhood's families through programming. In addition to the hospital's active participation in the Training Institute, of which the Fenway CDC is a core partner, Children's has also provided financial support annually since 1996 to support the CDC's child and family focused activities.

Other examples of the hospital supporting worthy organizations serving children and youth can be found in another neighboring community, Mission Hill. Since 1998, Children's annually has funded the Mission Hill Little League, and last year a team was named the Children's Hospital Boston Red Sox; this program has provided recreation and fitness to the neighborhood's children and youth for more than 35 years. In 2006, the hospital also supported the Mission Hill Youth Collaborative (through the Walk for Health), and Puddingstone Park (through the Mission Hill Road Race). The hospital also sponsored the second annual "Countdown to Kindergarten" parade with Mission Hill Main Streets. Financial contributions such as these enable Children's to target local community support to activities that directly improve the health and quality of life of residents.

The hospital also is active in a number of organizations that improve the City of Boston more broadly and bring a purposeful, child-focused, culturally sensitive, and family-centered point of view to these groups. For example, Children's has provided significant support to ABCD for several years to sustain its mission of improving the lives of vulnerable families in Boston. The hospital also is a proud sponsor of Mass Inc., encouraging thoughtful dialogue and research

related to civic life. In addition, the hospital's CEO is a member of the Board of the Greater Boston Chamber of Commerce, and the hospital participates in many of the Chamber's events and forums each year. In addition, the hospital's COO is a member of the board of the Massachusetts Taxpayers Foundation, the Medical Area Service Corporation, and A Better City (formerly known as the Artery Business Committee). Other senior staff members represent the hospital on the state's Catastrophic Health Care Committee and the Boston Plan for Excellence, including participating annually in its "Principal for a Day" program.

Children's is working to help make Boston vibrant, as well as responsive to the needs of children and families. As discussed earlier, the hospital achieves this by supporting the infrastructure for the delivery of health and social services throughout Boston. At the same time, the hospital seeks to assure that low- and middle-income families can remain part of the city – that they have stable employment, career development opportunities, and affordable housing in livable, family-friendly neighborhoods.

For more detailed information of the hospital's support for essential community partners, see Appendix K as well as Appendices E and L for descriptions of the hospital's support for and partnerships with community health centers and Boston Public Schools, respectively.

Organizing for Community Health

The previous pages, plus the appendices to follow, describe Children's community benefits programs in detail. This section outlines the framework and underpinnings for the hospital's community health programming, in keeping with the format suggested by the Attorney General's Office for reporting these activities.

Mission Statement

As a major pediatric referral center, Children's Hospital Boston's mission is to provide the highest quality health care. ***It is also the hospital's mission to enhance the health and well-being of the children and families in our local community.*** In support of this mission, Children's strives to be the leading source of research and discovery, seeking new approaches to the prevention, diagnosis, and treatment of childhood diseases, as well as to educate the next generation of leaders in child health.

Definition of Community Health

Children's Hospital Boston uses its medical expertise to help ensure that children can access services, preventable harm is eliminated, families and communities are better able to care for their children, and public policy benefits children.

Governing Body

The Board of Trustees is the governing body for Children's Hospital, providing oversight and guidance to the hospital leadership team and supporting the implementation of each of the hospital's mission areas, including community health. The Board is ultimately responsible for the successful operation and financial viability of the hospital and has final authority over the operations of the hospital.

Governing and Management Structure

The community benefits activities of Children's Hospital Boston have a governance and management structure that includes the hospital's Board of Trustees, the Board Committee for Community Health (a subcommittee of the hospital board), the Community Advisory Board, and the Office of Child Advocacy (OCA).

The Board of Trustees is the governing body for Children's Hospital and is ultimately responsible for the successful operational and financial viability of the hospital.

In 2006, the Board of Trustees established a subcommittee on community health. The charge of the *Board Committee for Community Health* is to:

- review and recommend to the Board a community service strategy
- serve as a resources and source of expertise to hospital staff
- monitor outcomes for community service programs
- serve as ambassadors for the hospital in the community.

In addition to hospital trustees, the Board Committee membership includes representatives from the community.

The *Community Advisory Board* advises OCA regarding program design and implementation. Representing a wide range of cultures, neighborhoods, and constituencies, Advisory Board members are knowledgeable about the challenges facing Boston children and families, as well as about health and social service programming and organizations in the city that are important partners for the hospital.

Under the direction of the Vice President for Child Advocacy, the *Office of Child Advocacy* is charged with developing and implementing the strategy to pursue the hospital's community health mission. In this role, OCA serves a variety of core functions: identifying program focus areas; providing technical assistance to hospital staff who run the institution's community health programs (including fundraising, program planning, program management, and evaluation); initiating public policy efforts; and facilitating partnerships with other organizations. The Vice President reports directly to Children's Chief Executive Officer and Chief Operating Officer and is a member of the senior management team.

One of the key functions of the OCA is accountability. As one of the hospital's core mission areas and one of its eight strategic goals, community health programming is subject to evaluation against benchmarks for safety, effectiveness, timeliness, patient centeredness, efficiency, and equitability. This "quality dashboard" is based on a national model. Children's is among the first hospitals in the nation to include community health among its strategic goals and to measure results using the same rigors and benchmarks against which patient care quality is measured.

In addition to the quality dashboard, each community health program is evaluated for quality and effectiveness, both in terms of process and outcome measures. Ultimately, evaluation and measurement techniques will be applied to all community health initiatives – everything from asthma initiatives to advocacy – to ensure that the hospital's efforts are having the intended, broad impact on overall child health.

Communication of Community Benefits with Staff

Children's Hospital communicates its community health mission and programs in publications that are distributed to internal and external audiences. In 2006, the hospital published a 20-page summary booklet on its community health vision and programs. More than 10,000 copies were printed, in English, Spanish, and Haitian Creole, and were sent to all employees, business and opinion leaders, and state and local government leaders, as well as community residents. The full booklet can be viewed at www.childrenshospital.org/communitybrochure.

Articles featuring community health initiatives are highlighted in Children's publications including:

- *Faculty News*, a monthly newsletter distributed to medical faculty and employees
- *Children's News*, a monthly newsletter distributed to employees, medical staff, and patient families
- *Dream*, a quarterly magazine distributed to wide audience of employees, patients, and civic and community leaders.

Recent articles in these publications have profiled Children's community-based asthma programs, mental health initiatives, and injury prevention efforts, as well as programs made

possible with Children's clinical expertise and financial support.

The Office of Child Advocacy publishes its own newsletter three times a year, the *kidvocate*[®], which is distributed to more than 3,000 readers including hospital staff and faculty and staff from community health centers, community-based organizations, and schools. The *kidvocate*[®] provides updates about the hospital's public policy advocacy efforts and partnerships with community-based organizations, schools, and health centers, as well as profiles of community and civic leaders who are improving the health of Boston children.

This annual report to the Attorney General is available for staff and faculty to review on the hospital's internal website; hard copies of the report also are available.

In addition to written materials, members of the OCA staff make frequent presentations to the hospital Board, Board committees, key department leaders within the hospital, and others. OCA holds team meetings with community health program staff to share information and assist in the development of strategies to improve. These efforts were expanded in FY06 through formal, semi-annual community health staff working meetings in which staff reported on their programs to increase awareness of and support for programs among other staff members, and bimonthly "Community Health Grand Rounds," featuring outside speakers or in-house experts, which helped enhance the team's professional development opportunities. In addition, community health program descriptions and updates were presented as part of the agenda for two hospital-wide "town meeting" sessions in 2006.

Needs Assessment

To inform the hospital's community health programming priorities, the hospital uses both formal and informal tools.

Annually, the hospital reviews public health data to track the prevalence, incidence, and changes in health status of children and families locally and statewide. Because of the depth and breadth of its community ties, the hospital is able to take a regular reading of community health needs through its programmatic partners and through its Community Advisory Board. Within the hospital community health team, program directors interact daily with patients and families who often are an excellent barometer for local health needs. All these activities regularly reinforce the more evidence-based information obtained through a bi-annual, formal, in-depth community needs assessment conducted through the Office of Child Advocacy.

The most recent of these formal assessments was undertaken in 2006.

The goals of the 2006 needs assessment were twofold. The first was to collect information from the community that would help the hospital confirm its understanding of Boston's community health needs and priorities while at the same time identifying specific strategies to inform the evolution of its five-year strategic plan. A second goal was to compile information through literature reviews covering each of the core commitment areas (asthma, mental health, injury prevention, and fitness and nutrition) that would help the hospital identify "best practices" that could be used to improve the effectiveness of community health initiatives.

The needs assessment included an exhaustive review of the medical literature and public health data, four focus groups, plus interviews with nearly 50 community stakeholders. These included business and community leaders, health providers, nurses, social workers, school counselors and administrators, representatives from advocacy organizations and community-based organizations as well as local residents, including men, women, parents, and youth.

Based on the information gathered through these means, the hospital reaffirmed its basic strategy of focusing on the four “core commitment” areas of community health: asthma, mental health, injury prevention, and fitness and nutrition. While acknowledging the importance of other health issues, Children’s chose to focus on those health areas where it has available clinical expertise and the resources to make a significant impact. In the 2006 needs assessment, mental health and intentional injury prevention were top-of-mind issues for most respondents. Many of the stressors of inner-city life – everything from depression to post-traumatic stress syndrome – have mental health roots. And the recent spike in violence in the city has had a major impact on the quality of life of community residents.

Community Participation

The Office of Child Advocacy gains feedback from the community in several ways. Programmatically, the hospital’s partners – from community health centers to government agencies, from schools to community-based organizations – play a large role in the development and execution of community health programming.

In addition, through its Community Advisory Board (CAB), which meets quarterly, the hospital has a direct link to community expertise. CAB members are involved in identifying program priorities, brainstorming program interventions, building community partnerships, and reviewing the hospital’s program plans for community health. The CAB also provides guidance to help implement programming and identify new community partners. OCA staff members regularly meet with staff from community health centers and community organizations to strengthen existing relationships and to help identify new partnerships. OCA staff members use the feedback and insight of these partners to shape the hospital’s community efforts.

To ensure a diverse membership for the Community Advisory Board, Children’s has board members from community health centers, community organizations, schools, and local government agencies, along with parents. All these participants bring expertise and reflect the culturally diverse community served by the hospital’s programming.

For a complete list of the members of the Community Advisory Board, please see Appendix M.

As mentioned above, partnerships are a key element in attaining community health planning. Children’s Hospital actively helps build and support health improvement efforts throughout Boston on three levels:

- partnering with community health centers, the Boston Public Schools, government agencies, and community-based organizations to address the core commitment areas of asthma, mental health, injury prevention, and fitness and nutrition as well as partnering with community programs aimed at improving child health more broadly
- helping to shore up and support the infrastructure for the delivery of health and social services to children and families throughout Boston

- acknowledging and acting on the hospital's civic role and responsibilities, including support of local organizations that help make Boston a vibrant place to live and work.

Through these efforts, the hospital both recognizes and supports the larger system of care that exists in Boston.

For more detailed information about the hospital's support for and partnerships with community organizations, see pages 23 ff as well as Appendices E, K, and L describing the hospital's partnerships with community health centers, essential community partners, and the Boston Public Schools, respectively.

Community Benefits Planning: Priorities and Target Populations

The hospital's Office of Child Advocacy is charged with coordinating, implementing, and reporting on the hospital's community health initiatives. In close collaboration with various hospital departments, OCA develops a community benefits plan based on the leading health needs of children, expertise from the hospital's clinical staff, as well as guidance from the hospital's Community Advisory Board and civic and community leaders.

OCA convenes providers and staff working on community health initiatives with the goal of bringing together the hospital's collective clinical expertise. These planning teams meet on an ongoing basis to review data on community health needs, assess community initiatives, and oversee the development and implementation of the hospital's community initiatives. The planning teams, in partnership with the community, develop comprehensive program plans to address a particular health need. These program plans are presented to the Board Committee for Community Health, the Community Advisory Board, and key community organizations and health centers for review and further feedback.

To benchmark and further inform efforts to evaluate its community health programming, Children's Hospital commissioned an audit of community benefits activities in 2006. Under the auspices of Community Catalyst, a Boston-based advocacy organization, the audit was conducted by the Public Health Institute, a well-respected independent organization that promotes health, well-being, and quality of life through research and evaluation, training and technical assistance, and by building community partnerships. The hospital will receive audit results during 2007, which will help shape the future direction of its community health efforts.

Community benefits planning will be further aided by results of the comprehensive community needs assessment conducted in 2006.

The hospital has focused its efforts on Boston neighborhoods where it has affiliations with health centers and established partnerships with community organizations. In addition, as part of the previously mentioned community needs assessment process, a review of public health data identified specific neighborhoods with the highest rates of asthma, injuries, mental health concerns, and obesity, as well as areas where families face barriers to accessing primary, specialty, and mental health care.

As a result, many of the hospital's community health efforts are targeted to children and families living in the Boston neighborhoods of Jamaica Plain and Roxbury. Once the efficacy of these interventions has been proven, the various programs can be replicated in other Boston neighborhoods and beyond. As described in the section "A Core Commitment to Community Health," the hospital has identified asthma, mental health, injury prevention, and fitness and nutrition as key child health priorities for these neighborhoods. Through its partnerships with other health providers, city government entities, and organizations that care for children and families, the hospital reaches hundreds of other children across the city.

ATTACHMENT 2

ANNUAL REPORT STANDARDIZED SUMMARY

Children's Hospital Boston

Boston, Massachusetts

www.childrenshospital.org

Region Served: Children's Hospital Boston serves children globally and throughout the United States, New England, and Massachusetts. The hospital's community health efforts focus on improving the health and well-being of children and families in Boston.

Report for Fiscal Year 2006

Community Benefits Mission

Children's Hospital Boston uses its medical expertise to help ensure that children can access services, preventable harm is eliminated, families and communities are better able to care for their children, and public policy benefits children.

Program Organization and Management

Children's management includes the Board of Trustees, Board Committee for Community Health (a subcommittee of the hospital board), Community Advisory Board, (CAB) and Office of Child Advocacy (OCA). The Board of Trustees ultimately is responsible for the successful operational and financial viability of the hospital. The Board Committee for Community Health makes recommendations to the Board and monitors outcomes of community programs. The CAB advises OCA around program design and implementation. OCA is charged with developing and implementing the hospital's community health mission strategy.

Key Collaborations and Partnerships

ABCD Head Start
BMC – Combined Residency Program
BMC-Family Advocacy Program
BMC-Child Witness to Violence Program Center
Boston Community Centers
Boston Fire Department
Boston Public Health Commission
Boston Public Schools
Boston STEPS Coalition
Boston Urban Asthma Coalition
Boston Centers for Youth and Families
Boston YMCA
Bowdoin Street Community Health Center
Boys and Girls Clubs
Bromley-Health Tenant Management Corp.
Brookside Community Health Center
Buckle Up Boston
Child and Adolescent Mental Health Coalition
Children's Health Access Coalition
Children's Services of Roxbury
Children's Trust Fund
Codman Square Health Center

Community Care Alliance
Crittenton Hastings House
Department of Social Services
Dimock Community Health Center
Dimock Head Start
Dorchester House Community Health Center
East Boston Health Center
Fenway Community Development Corporation
Greater Boston YMCA
Health Care for All
Health Law Advocates
Injury Free Coalition for Kids®
Jamaica Plain Asthma Environmental Initiative
Jamaica Plain Coalition: Tree of Life
Joseph M. Smith Community Health Center
Martha Eliot Health Center
Massachusetts Advocacy Center
Massachusetts Department of Health
Massachusetts Hospital Association
Massachusetts Public Health Association
Mayor's Award for Excellence
Mental Health: Legal Advisors Committee
Office of Community Partnerships

Parent Professional Advocacy League (PAL)
Refugee and Immigrant Assistance Center
Roxbury Branch - YMCA
Roxbury Community Alliance for Health
Roxbury Comprehensive Community Health
SafeKids Coalition
Sidney Borum Jr. Health Center

South Cove Community Health Center
South End Community Health Center
Southern Jamaica Plain Community Health
Upham's Corner Health Center
WGBH Public Television and Radio
Whittier Street Community Health Center

Community Health Needs Assessment

Annually, Children's reviews public health data to track prevalence, incidence, and changes in health status of children locally and statewide. The hospital takes a regular reading of community health needs through its programmatic partners and through its Community Advisory Board. Within the hospital community health team, program staff interacts with children and families to understand health needs. All these activities regularly reinforce the more evidence-based information obtained through a bi-annual, formal, in-depth community needs assessment.

Community Benefits Plan

To help children lead healthy, safe, and active lives, Children's addresses the issues of asthma, obesity, injury prevention, and mental health through coordinated initiatives. By partnering with the community to merge a medical model with a public health model of care, the hospital is able to provide and support a range of services. The hospital has focused on Boston where it has affiliations with health centers and community partnerships. This model aims to achieve long-term outcomes: coordination within the systems of care, the ability to treat "the whole child," and the ability to track and measure improvements in child health.

Key Accomplishments of Reporting Year

- The Community Asthma Initiative identified 197 children to participate in case management and 104 were enrolled; 66 families received home visits.
- Children's Hospital Neighborhood Partnerships provided 3,447 children with mental health services; 1,135 received direct treatment and 2,312 participated in prevention activities.
- Injury Prevention distributed 1,200 helmets and 109 car seats. Staff participated in 26 community events to reach an estimated 1,085 parents and 1,740 children.
- Fitness in the City supported 118 children through case management programs at 8 community health centers. 52 children attended Body by Brandy's gym and 243 received assistance to access physical activities.

Plans for Next Reporting Year

- Provide a comprehensive asthma program that improves access to asthma services for children, promotes healthy home environments, and improves asthma knowledge and management among children and families.
- Increase access to mental health care and services for unserved and underserved children and families.
- Work on the coordination of all injury prevention programs to share services, lessons learned, and evaluation plans.
- Continue to identify best practices in fitness and nutrition and provide multidisciplinary medical, nutritional, and physical education to youth.

Contact

Jennifer Miller Fine
Communications Manager
Office of Child Advocacy
21 Autumn Street, 3rd Floor
Boston, MA 02115
617-355-8600

Selected Community Benefits Programs

PROGRAM OR INITIATIVE	TARGET POPULATION/OBJECTIVE	PARTNER(S)	HOSPITAL/HMO CONTACT
Asthma Program	<p>Children 0-18 years living in the neighborhoods of Jamaica Plain, Roxbury, Dorchester, Boston, South End, Fenway, & Allston/Brighton.</p> <p>To improve the self-management of asthma by children and their families.</p>	<ul style="list-style-type: none"> -Boston Urban Asthma Coalition -Boston Public Health Commission/Boston STEPS Coalition -Various Community Health Centers -Greater Boston YMCA -Boston Public Schools -Boston Community Centers -Project Health -Roxbury Branch YMCA 	<p>Elizabeth R. Woods, MD, MPH Children’s Hospital Boston 300 Longwood Avenue Boston, MA 02115 617-355-6495 Elizabeth.woods@childrens.harvard.edu</p> <p>Amy Burack, RN Children’s Hospital Boston 300 Longwood Ave Boston, MA 02115 617-355-6090 amy.burack@childrens.harvard.edu</p>
Advocating Success for Kids (ASK)	<p>Children 0-12 years living in the neighborhoods of Roxbury, Dorchester, Fenway, & Allston/Brighton.</p> <p>To provide hospital-based multi disciplinary specialty screening services to children with educational and/or behavioral problems at the community level</p>	<ul style="list-style-type: none"> -Children’s Hospital Developmental Medicine Center -Children’s Hospital Primary Care Center -Community Care Alliance and 3 of its health centers -Boston Public Schools -Various Community Health Centers 	<p>Katherine Engel, MSW, MPH Children’s Hospital Boston 300 Longwood Ave Boston, MA 02115 617-355-4666 katherine.engel@childrens.harvard.edu</p>
Children’s Hospital Neighborhood Partnerships (CHNP) and Jamaica Plain Children’s Mental Health Network (JP Network)	<p>Children 0-18 years living in the neighborhoods of Jamaica Plain, Roxbury, Dorchester, Boston, Fenway, West Roxbury, Roslindale, & South Boston</p> <p>To promote children’s social, emotional, and behavioral health and establish long-standing resources for children, families, and their communities.</p>	<ul style="list-style-type: none"> -Children’s Hospital Department of Psychiatry -Boston Arts Academy -Boston Latin School -Charles Sumner Elementary School -English High School -Lee Academy Pilot School -John Marshall Elementary School -Parent professional Advocacy League (PAL) -Manville School -Maurice J. Tobin School -Patrick Lyndon Pilot School -Richard Murphy Elementary School -South Boston High School -St. Patrick School -Young Achievers Science and Math Pilot School -Martha Eliot Health Center -Judge Baker Children’s Center -South Cove Community Health Center -Vinfen -Project ASPIRE -Dimock Community Health Center -Boston ABCD -Boston Public Schools -Harvard Graduate School of Education -Boys’ and Girls’ Clubs of Boston -The Boston Ballet School 	<p>Caroline Watts, Ed.D. Children’s Hospital Boston 300 Longwood Ave Boston, MA 02115 617-355-7450 caroline.watts@childrens.harvard.edu</p>
		<p>Elementary Schools</p> <ul style="list-style-type: none"> -Kennedy School -Manning School -Mendell School <p>Community Health Centers</p> <ul style="list-style-type: none"> -Brookside Community Health Center -Southern Jamaica Plain -Martha Eliot Health Center 	

<p>Child and Adolescent Mental Health Advocacy Initiative (CAMHAI)</p>	<p>Children 0-18 years living in the neighborhoods of Jamaica Plain, Roxbury, & Boston.</p> <p>To improve access to prevention and treatment services for children with mental health care needs.</p>	<ul style="list-style-type: none"> - Boston Public Health Commission - EOHHS - Boston Public Schools - Children's Hospital Boston Department of Psychiatry - Mental Health Commission for Children - Department of Public Health 	<p>Karen Darcy Children's Hospital Boston 300 Longwood Ave Boston, MA 02115 617-355-6090 Karen.darcy@childrens.harvard.edu</p>
<p>Injury Prevention Program</p>	<p>Children 0-18 years in the neighborhood of Jamaica Plain, MA.</p> <p>The Injury Prevention Program distributes car seats and bicycle helmets to families in need and carries out groundbreaking work in bringing the injury prevention message directly into homes in low-income communities in the Boston area.</p> <p>The goal of IFCK Boston is to reduce the incidence of injuries to children under the age of 15 in Jamaica Plain. To achieve this goal, IFCK increases the injury prevention knowledge base of families in Jamaica Plain through home visits and assessments, injury prevention education, and the distribution and installation of safety products. IFCK also increases opportunities for families to participate in community-based safety education events and programs. Programs were developed based on the results of a comprehensive needs assessment.</p>	<ul style="list-style-type: none"> -Children's Hospital's Trauma Program -Children's Hospital Central Nervous System Injury Center -BuckleUpBoston! -Boston SafeKids Coalition -Boston Public Health Commission -Massachusetts Department of Public Health -Community Health Centers <ul style="list-style-type: none"> - Martha Eliot Health Center - Southern Jamaica Plain Health Center - Brookside Community Health Center -Jamaica Plain ABCD Head Start -City Life Urbana -Committee for Boston Public Housing - Jamaica Plain Coalition, Tree of Life - The Hyde Square Task Force - Boston Public Schools - Boston Housing Authority - Bikes Not Bombs - Associated Early Care & Education - MSPCC -Boston Building Materials Co-op 	<p>Taranjeev Walia Children's Hospital Boston 300 Longwood Ave., MS-611 Boston, MA 02115 617-355-2792 tarnjeev.walia@childrens.harvard.edu</p>
<p>One Step Ahead (OSA)</p>	<p>Children 3-13 years in Boston and surrounding communities.</p> <p>The program offers individualized, culturally appropriate nutrition and physical activity education aimed at breaking down barriers to behavior change, encouraging improved diet quality and physical activity patterns, and reducing chronic disease risk among racial and ethnic minorities.</p>		<p>Elsie Taveras. MD Children's Hospital Primary Care Center 300 Longwood Avenue Boston, MA 02115 elsie.taveras@childrens.harvard.edu 617-509-9928</p>
<p>I'm in Charge (InC)</p>	<p>Children 6-18+ years in the neighborhoods of Jamaica Plain, Roxbury, & Dorchester.</p> <p>To reduce the number of children in Jamaica Plain, Roxbury, and Boston who are overweight or obese.</p>	<ul style="list-style-type: none"> - pilot program at Martha Eliot Health Center -YMCA 	<p>Barbara Wojtkiewicz. Martha Eliot Health Center 75 Bickford Street Jamaica Plain, 02130 617-971-2406 Barbara .Wojtkiewicz@childrens.harvard.edu</p>

Community Benefit Expenditures

TYPE	ESTIMATED TOTAL EXPENDITURES FOR FY06	APPROVED PROGRAM BUDGET FOR NEXT FISCAL YEAR *
COMMUNITY BENEFITS PROGRAMS	(1) Direct Expenses \$24,258,381 (2) Associated Expenses N/A (3) Determination of Need Expenditures \$181,598 (4) Employee Volunteerism N/A (5) Other Leveraged Resources \$2,118,199	\$ ***See note below *Excluding expenditures that cannot be projected at the time of the report.
COMMUNITY SERVICE PROGRAMS	(1) Direct Expenses \$2,135,218 (2) Associated Expenses N/A (3) Determination of Need Expenditures \$75,000 (4) Employee Volunteerism N/A (5) Other Leveraged Resources \$1,112,101	
NET CHARITY CARE or UNCOMPENSATED CARE POOL CONTRIBUTION	\$5,635,983 *	
CORPORATE SPONSORSHIPS	\$146,615	
	TOTAL \$35,663,095	

TOTAL PATIENT CARE-RELATED EXPENSES FOR FY 06 \$649,196,066
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**Based on preliminary calculations as provided in the Uncompensated Care Pool FY 06 Interim report as prepared by the Massachusetts Division of Health Care Finance and Policy*

***Children's Hospital Boston plans to either maintain or expand all of the initiatives outlined in this report in FY07.

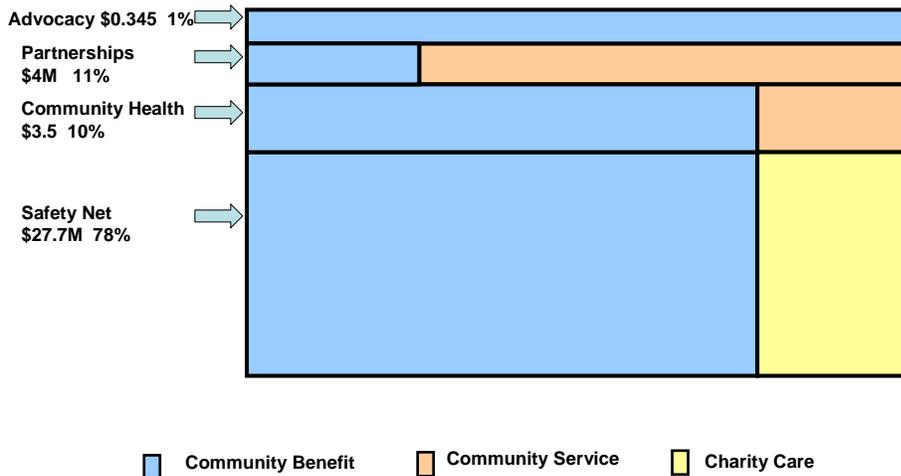
Children’s Hospital’s community benefits spending, as reported in above Expenditures table of this report, can also be depicted as follows:

**Community Benefits Expenditures FY06
Attorney General Categories – \$35M**

Community Service \$3.3M
Community Benefits \$26.5M
Charity Care \$5.6M

This same spending, allocated according to Children’s four internal categories (safety net, community health, partnerships, and advocacy), would appear as follows:

**Community Benefits Expenditures FY06
AG and CHB Categories – \$35M**



About the Appendices

The 14 appendices that follow contain a wealth of detailed information on the comprehensive approach to community benefits taken by Children's Hospital Boston. This information illustrates the intersection among clinical programs, community care, safety net, community health, partnerships, and advocacy efforts that overlays the hospital's efforts to improve the health and well-being of children and families in Boston. Although the appendices are arranged programmatically, many of the programs are highly integrated and reflect the hospital's planned, managed, measured, and organized efforts to fulfill the hospital's community benefit mission. With integration comes repetition, so some programs are mentioned in more than one appendix.

Appendix A Martha Eliot Health Center Profile

Center Background

The Martha Eliot Health Center (MEHC) was founded in 1966 as a community-based initiative to provide maternal and child health care services including baby care, immunizations, and preventive services for residents of the Bromley Heath Housing Development. With federal funding, the clinic expanded in 1967 into a neighborhood health center, which became a collaborative project of Children's Hospital Boston, the Boston Hospital for Women, and Peter Bent Brigham Hospital. In 1973, Children's assumed full responsibility for the operations and support of MEHC. In 1996, Martha Eliot Health Center relocated to a new, state-of-the-art health facility at 75 Bickford Street in Jamaica Plain.

Today, MEHC represents Children's commitment to comprehensive family health care for the Bromley Heath, Mission Hill, Jamaica Plain, Roslindale, Dorchester, and Roxbury communities. MEHC has expanded into a health care delivery model offering primary care services including Pediatrics, Women's Health, Adolescent Medicine, Adult Medicine, Optometry, Nutrition, WIC, Human Services, and Laboratory Services. A community-based substance abuse treatment and recovery support program, case management, and home visiting services for parenting and pregnant women, HIV education, counseling and testing, youth peer leader program, and youth street outreach program augment the extensive array of preventive services.

Mission and Philosophy

The mission of the Martha Eliot Health Center is to promote and provide the best comprehensive health care to diverse multicultural communities.

MEHC respects the economically and culturally diverse population that it serves, and strives to deliver services in a competent and sensitive manner. It supports the community infrastructure by recruiting and employing staff that are directly from the community and whose profile is reflective of the population it serves.

MEHC is committed to preventing and improving management of chronic diseases. To achieve this goal, MEHC has undertaken several initiatives, including:

- employment of an HIV nurse case manager specialist
- coordination of an HIV counseling, testing, and prevention program with an in-house HIV specialty clinic
- plans to provide medical and ancillary clinical services for the Jamaica Plan HUD senior housing project (currently under construction)
- development of a pediatric asthma registry
- coordination of the "I'm iN Charge" (INC) program for children and youth at risk of developing diabetes.

MEHC is committed to developing interagency collaborations with community-based organizations to maximize service delivery to Boston neighborhoods. These partnerships hold

two primary objectives: to address public health problems, and to provide social support to clients extending beyond the context of routine health care – such as opportunities for training, mentoring, and career development. In addition, these collaborations encourage a learning environment for staff that is both challenging and supportive.

Specific examples include the Jamaica Plain Tree of Life (MEHC serves on the Health Care Planning Committee), Hyde Square Task Force, the Rally Program of the Curley School, Boston Asthma Initiative, and the Roxbury YMCA. MEHC's outreach programs are many and diverse, addressing the social and clinical needs of an underserved population, such as the annual Latino Health and Injury Prevention and Safety Fairs, Community Forums, and Obesity/Pre Diabetic youth program.

Structure

A 14-member MEHC Community Advisory Board (CAB) comprised of consumers, community residents, and programmatic experts provide leadership and guidance to Children's on health center community service initiatives. The CAB's membership profile is reflective of the patients and communities served by MEHC. Operationally, MEHC is placed within the hospital's Ambulatory Services Division.

Patient Population

MEHC's catchment area is characterized by high rates of unemployment, crime, teen pregnancy, and school dropout. In addition, poverty, sub-standard housing, frequently experienced racism and prejudice, and a lack of equal opportunities for youth profoundly affect the lives of MEHC clients. Socioeconomic stressors are further complicated by family instability, substance abuse, and community violence.

Specific health status indicators that occur with increased frequency in the MEHC patient population are perinatal morbidity/mortality, adolescent pregnancy, sexually transmitted diseases, low immunization rates, anemia, lead poisoning, chemical dependency, violence, school and behavior problems, asthma, and respiratory problems. In addition, HIV infection, along with other chronic health problems such as diabetes and hypertension, are characteristic of the underserved.

MEHC's patient population is primarily Latino (83 percent) or African American (15 percent). Latino patients are, for the most part, Caribbean immigrants, with more than 50 percent of patients using Spanish as their primary language.

In FY 06, 29 percent of patients were using Medicaid, 39 percent government-managed insurance, 8 percent commercial insurance, 5 percent other, and 19 percent were uninsured/self-pay.

2006 Accomplishments

Center Operations

- Completed a total of 55,260 patient visits to 8,069 patients.
- Implemented customer service initiatives throughout the health center for front line staff; and introduced Exceptional Care, Exceptional Service to management-level staff with plans to roll out to all staff over the next year.
- Continued to train department leaders and monitor center-wide data on provider productivity, patient flow, and wait times.

Adult/Women's Health

- Became a pilot site for the ABCD HIV/family planning integration program. MEHC successfully integrated confidential HIV counseling and testing into its family planning program, making counseling and testing more accessible to women's health and adolescent clinic clients.
- The Boston Healthy Start Initiative was renewed for another five years and currently provides case management services to more than 90 pregnant and parenting women. MEHC was one of two sites recognized nationally as "model" programs.
- HIV counselors continued to offer information about HIV, HIV risk status, screening, and counseling.
- MEHC successfully obtained funds and hired a nurse practitioner to launch an innovative chronic disease initiative.
- MEHC adult program staff initiated monthly health education trainings at a new senior housing site adjacent to the health center (the Julia Martin House).

Pediatrics/Adolescents

- The Reach Out and Read program continued to provide literacy promotion, guidance, and new books to children at MEHC.
- The pediatrics department continued to provide injury prevention activities including programs that distribute both car seats and bike helmets.
- The Adolescent Services Program (ASP) staff provide community outreach and education focusing on prevention of tobacco, drug, and alcohol use, plus street and dating violence prevention and STI/HIV prevention.
- Increased funding from the Crane Foundation to support the Adolescent Services program that includes intensive outreach, primary care/prevention education, peer leadership, and just-in-time mental health services.
- A summer adolescent program reached 50 youth who participated in regular weekly activities intended both to keep them off the streets and provide skills.
- Started the "Just In Time" mental health program to provide on-site mental health services in the adolescent clinic area.
- The Harvard Mentoring Program, implemented through the adolescent clinic, provides guidance to adolescents aged 11-16 with a focus on improving grades and classroom work by pairing each adolescent with a medical student who serves as a positive role model. The adolescent department strives to continue providing the best comprehensive care in all areas of service; to this end, the department's medical assistant distributed patient satisfaction surveys to all incoming patients to assess deficiencies and improve patient satisfaction.

- The Community Early Intervention Program (EIP) offers family-focused services for children from birth to age 3 who are at risk for poor developmental outcomes. Services are designed to provide families with resources to support the healthy growth and development of their children. EIP offers six types of early intervention encounters: home visits, center visits, screenings, child group sessions, developmental assessments, and ongoing follow up. In 2006, 141 children were enrolled in the Early Intervention Program.

Human Services

- MEHC continued to be part of the Jamaica Plain Children’s Mental Health Network, specifically its “Building Bridges” project. This project has initiated activities to address the mental health needs of children and their families in Jamaica Plain and surrounding communities. Its mission is to address the early identification and unmet mental health needs of children and families at risk by building and coordinating capacity at the community level: families, schools, community health centers, and hospitals. Specifically, an intern from MEHC and the school liaison from the Kennedy School of Government at Harvard worked closely with a handful of parents to plan and implement a weekly parent breakfast, which served as a vehicle for stronger parent involvement in many different aspects of school life.
- MEHC recently received a \$5000 grant to implement violence prevention and training programs.
- Ongoing mental health and case management support to the Bromley Health community.

Center-Wide Community Activities – mission of inclusion

- In September 2006, MEHC sponsored a Community Health Fair that included community-based organizations as well as health center workshops, such as: HIV Prevention and Education, Learning to Challenge Violence, Infant and Toddler Development, Diabetes Prevention and Nutrition, Kids and Asthma Workshop, Optometry, and chronic disease assessments. The health fair was a tremendous success with significant hospital support and community turnout.
- A Community Safety Fair was held in August, sponsored and supported by Children’s and the MEHC pediatric staff. In addition, World AIDS Day was organized by MEHC staff.
- Two diversity initiatives this past year included well-organized and attended Black History and Latino Heritage month celebrations.

Appendix B

Children's Hospital Primary Care Center Profile

Center Background

Children's Hospital Primary Care Center (CHPCC) was founded in 1972 in response to a community need for primary care. Many families were routinely receiving basic care in the hospital emergency room, rather than in a comprehensive primary care setting. These services were developed specifically targeted to the many problems facing urban children living in close proximity to the hospital. The care was and continues to be team-based. Specialized programs for lead poisoning, failure to thrive, and teen parenting were established; these programs continue today. Families quickly connected to the program and this connection has thrived over several decades.

Mission and Philosophy

The mission of CHPCC is to provide a "medical home" for urban children and others with social complexity or chronic disease. The medical home concept includes monitoring child health through key stages of growth and development, integrating the needs of the child and family, offering counseling for physical, behavioral, and emotional issues, providing disease prevention and treatment, and managing and coordinating specialized health care when necessary. Medical education also is important, and pediatric residents, fellows, and medical students actively participate in the many facets of patient care.

CHPCC developed services based on the following core values:

- primary care is the building block for the health and well-being of children
- the care must be child/family focused, accessible, continuous, comprehensive, coordinated, and compassionate
- the needs of urban and chronically ill children are highly valued
- health includes physical, behavioral, and emotional well-being.

CHPCC respects cultural diversity and strives to deliver culturally competent services. The staff of CHPCC is ethnically diverse. Care is available in English, Spanish, Portuguese, Russian, Mandarin, French and Haitian Creole; interpreter services are used for other languages.

Patient Population

CHPCC has an ethnically diverse patient population. An estimated 65% percent of the center's 11,000 patients live in Boston. Fifty-five percent receive Medicaid. The majority of patients are non-white. A rising number of recent immigrants from Africa, Asia, and Russia have used CHPCC services over the last few years. High levels of poverty, sub-standard housing, high crime rates, and high unemployment characterize these neighborhoods. Teen pregnancy is common. In addition, there are high rates of school dropout, family instability, substance abuse, and community violence. Specific health problems frequent in the CHPCC catchment area are perinatal morbidities and mortalities, adolescent pregnancy, sexually transmitted diseases, asthma, lead poisoning, drug abuse, violence, and school and behavior problems. Specialized services have been developed to address teen pregnancy, literacy, lead poisoning, failure to thrive, asthma, and school problems.

CHPCC is located on the ground floor of Children's Hospital just off Longwood Avenue. It is readily accessible by public transportation. Laboratory, radiology, and subspecialty services are available on site. The facility is handicapped accessible.

Specialty Services

The Young Parents Program (YPP) was launched in 1980 to provide comprehensive medical care, mental health services, and advocacy to high-risk, inner-city teen mothers and their young children. In 1995, YPP received a federal grant to incorporate intensive parenting education into the program for young mothers. Since 1997, YPP has been working closely with young fathers to develop a program that is appealing and tailored to the needs of young fathers in the community. In 2001, YPP received further five-year funding from the federal Office of Adolescent Pregnancy Programs. YPP also has been one of five pilot sites in Boston for a Men's Health Educator funded through ABCD Title X funds. In collaboration with community-based programs, YPP currently offers outreach, advocacy, job and school referrals, individual counseling, a parenting support group, health education, and primary physical and mental health services to fathers of children born to adolescent mothers. In 2006, there were 1,361 visits to YPP.

Advocating Success for Kids (ASK) addresses the growing number of children with school and behavioral problems through evaluation, referral for services, and advocacy. The ASK team includes a developmental pediatrician for educational assessments, psychologist, social worker, and university student volunteers. Through private funding, ASK has been able to add a half-time social worker dedicated to this program, thus increasing the capacity for multidisciplinary assessment and therapeutic work. A half-time psychologist was added in January 2006. The volunteers create a vital bridge of communication between parents and the school. They also link families with community-based school and social programs. The goal is to maximize communication between parents and the schools and negotiate services for Boston school children. In 2006, with seed funding from the Massachusetts Disability Association and U.S. Department of Health and Human Services Maternal and Child Health Bureau, ASK launched practice-wide structured developmental screening at CHPCC primary care visits. This represents a major effort in obtaining early identification of learning and developmental problems. In 2006, ASK served 180 children from CHPCC.

Healthy LINKS specifically targets children with asthma who receive their primary care at Children's. A registered pharmacist works with physician, nurse practitioner, and nursing staffs to provide asthma education visits. Patients are instructed on the correct use of inhalers, medicines, and peak flow meters. Environmental risks such as smoking, poor housing, and pets are addressed. The goal is to secure careful follow-up and home management plans for all CHPCC patients with asthma. In 2006, 415 patients were served.

Reach Out and Read (ROAR), a nationwide program that began in CHPCC in 1998, seeks to make early literacy a standard part of pediatric primary care. Providers encourage parents to read aloud to their young children and give books to their patients to take home at all pediatric check-ups from six months to five years of age. Parents learn from their medical providers that reading

aloud is the most important thing they can do to help their children love books and to start school ready to learn. Pediatricians, nurse practitioners, child life specialists, and educators help to make ROAR a success in CHPCC.

A Spanish Consultation Program provides coordinated, culturally appropriate care for Spanish-speaking children with complex medical needs. A team consisting of a bicultural pediatrician, resource specialist, and social worker sees the families. Coordination of subspecialty services, home medical equipment, and other services is provided.

A General Pediatric Consultation Program provides general pediatric consultation for children with previously undiagnosed medical symptoms. A pediatrician meets with the child and family for an in-depth evaluation and assessment, review of previous records, and physical exam. When necessary, the child is linked with appropriate subspecialty services.

A Child Life Specialist supported through private funds enriches the environment at CHPCC and makes it more child-sensitive. In collaboration with medical providers and social workers, the child life specialist uses play to prepare children for medical procedures, to reduce anxiety, and to manage behavior problems. The specialist creates a child-friendly environment in the waiting area, and gets to know and enhances CHPCC's ability to care for some of the center's most troubled children.

Nutrition

A part-time nutritionist is available to see families in conjunction with their medical visit to address issues of obesity, underweight, and special dietary needs. The availability of a nutritionist as part of CHPCC makes it easier for families to receive these services and for CHPCC to improve coordination of care.

In addition, the hospital's Growth and Nutrition Program, staffed by physicians, nurses, psychologists, nutritionists, and social workers, provides care to children who are severely underweight. A broad range of disorders associated with poor growth is diagnosed and treated through the program. Treatments include high-calorie diets, education, family services, and behavior modification programs.

One Step Ahead

CHPCC continued the One Step Ahead (OSA) program, an obesity prevention and nutrition program that uses a cross-disciplinary approach to address the complex roots that prevent maintenance of a reasonable and healthy weight and body mass index (BMI). Every child is diagnosed and monitored in a highly personal manner. CHPCC enables access to care that is rarely seen in inner-city communities while remaining cognizant of cultural/ethnic issues that may affect a child's diet. By analyzing the child's entire environment (family, school, health, education, social), the staff can develop a customized kaleidoscope experience. In 2006, 104 children were served.

Psychology

An attending psychologist provides evaluations and ongoing psychotherapy. Psychology services are fully integrated into medical and social services. In 2006, there were 312 psychology visits.

CHPCC FY06 Accomplishments

- CHPCC completed 35,660 patient visits.
- Healthy LINKS continues to provide intensive asthma education visits and clinical materials for families. Asthma education also is being offered at CHPCC-sponsored family events such as kindergarten registration and the camp fair.
- In conjunction with the Boston Public Schools, the ASK Program sponsored two on-site kindergarten registration days. Qualitative and quantitative evaluation has been initiated. An additional clinical day has been added.
- Structured developmental screening has been initiated and works in collaboration with Children's Early Intervention Program.
- ROAR provided new books to children between the ages of 6 months and 5 years and countless more 'gently used' books to older siblings.
- YPP completed a federally funded collaboration with Brigham and Women's Hospital and Boston Medical Center to provide parenting services to adolescent parents. A nurse practitioner provided baby-centered Touchpoints-guided medical exams to all newborns. Increased numbers of young fathers began attending medical visits.
- A staff social worker established the Proud Mamas teen mother rowing team. The team participated in a regatta in Holyoke, MA, in August 2006.
- The Rainbow Team continues to improve the care of children with special health care needs. The team is addressing issues of case management, medicines and durable goods, routine care, and general patient support services.

Appendix C

Adolescent/Young Adult Medicine Program Profile

In 2006, the Adolescent/Young Adult Medicine Program of Children's Hospital Boston supported 14,000 adolescent patient visits. In this program, physicians, nurse practitioners, dietitians, and mental health clinicians provide medical, gynecological, nutritional, and psychological care and counseling. The program provides second opinions for a wide range of medical problems and subspecialty consultations for eating disorders, HIV-positive and high-risk youth, and medical gynecologic and reproductive health issues, including menstrual disorders, delayed puberty, contraception, and sexually transmitted diseases.

Two programmatic examples of community outreach and community collaboration to improve care for adolescents and young adults are:

The Center for Young Women's Health (CYWH). The center was created in recognition of the urgent need for education, clinical care, research, and health care advocacy for adolescent girls and young women. CYWH, the first of its kind in the nation, offers health information, clinical care, and a variety of programs and services designed to educate and empower girls and young women ages 10-22. The CYWH website, www.youngwomenshealth.org, contains a variety of health related materials for teen girls. More than three million girls (ages 12-20), parents, health care providers, and others visited the web site in 2006. An additional 400 young women (ages 14-18) were served through local presentations with youth advisors and 170 girls participated in the Citywide Girl's Summit in August 2006.

Boston HIV Adolescent Provider and Peer Education Network for Services (HAPPENS). Boston HAPPENS (www.childrenshospital.org/happens) began as a network of health care and human service agencies, led by Children's, who collaborated to identify HIV-positive and homeless youth and connect them with health care providers. The hospital's Adolescent Clinic houses the adolescent-specific HIV clinical program. An interdisciplinary team provides health education, risk reduction, HIV counseling, and testing to adolescents and young adults. Through affiliation with the state health department, the program is able to test youth without cost and registration barriers as a DPH-affiliated HIV test site. Boston HAPPENS also provides primary care, HIV specialty care, reproductive health services, mental health services, case management, mental health support, and support groups to youth age 12-25 who are living with HIV. In FY06, HAPPENS provided outreach, care, or support to 39 HIV-positive youth, with 26 receiving medical care through the HAPPENS clinic, 30 receiving case management and outreach services, and 15 receiving individual or group mental health services from the team. During the year, 376 youth accessed HIV counseling and testing services, and three tested positive. Boston HAPPENS provided post-sexual assault follow-up (including monitoring and clinician and family support for those receiving HIV Post-Exposure Prophylaxis and serial HIV testing, and risk assessment and risk reduction counseling) for up to six months for 60 youth seen for sexual assault in the hospital's Emergency Department or referred from outside providers. The program also provides in-service training and consultation on adolescent HIV to residents, outside clinicians, community health centers, residential programs for at risk youth, etc. Many more at-risk youth, plus youth-serving providers and programs are reached through street and event outreach and

health education at health fairs and other community activities. In addition, more than 160 health care providers are served at “Wellness” or “Adolescent HIV” monthly meetings for community health workers and providers, and yearly “Adolescent and HIV” CME/CEU courses.

Research based in Boston HAPPENS also provided community benefit. The Adolescent Trials Unit (part of the 15-site NIH-funded ATN, or Adolescent Trials Network for HIV/AIDS Interventions) worked closely with community agencies in its prevention and clinical research subject recruitment, with one prevention trial (Proyecto Amistad) based at Martha Eliot Health Center, and access to clinical studies occurring both at the hospital and at the Sidney Borum Jr. Health Center and MEHC. The program’s community prevention project, Connect to Protect, developed and disseminated a youth resource directory (posted on the HAPPENS web site), conducted a venue-based HIV risk behavior and seroprevalence survey with community partners in Roxbury and Dorchester, provided technical assistance to several community partners in collaborative grant writing, and in this final year of funding has been disseminating results and lessons learned from ATN and Connect to Protect work to community partners, several youth networking groups, and neighborhood coalitions. A final report on this project is being prepared to share with community partners and local public health programs.

Appendix D

Child Protection Program Profile

The Child Protection Program of Children's Hospital Boston provides outpatient medical and psychosocial clinical assessment services to children who have been, or are suspected to have been, maltreated. Founded in 1972, the program consists of the AWAKE (Advocacy for Women and Kids in Emergencies) project, an outpatient child protection clinical services program (CPCS), and a child protection team (CPT) of hospital consultants.

The program includes a multidisciplinary group of professionals from the Departments of Medicine, Social Work, Nursing, Psychology, and the Office of General Counsel. Child Protection Team members, representing all of the above departments, are available around the clock to consult on cases of child abuse and neglect. These services are provided for approximately 1,500 cases each year, resulting in the annual filing of approximately 400 suspected child abuse or neglect reports to the Massachusetts Department of Social Services (DSS).

Each member of the CPP plays a vital and integral role in the mission of the program, which is to evaluate and provide care for patients at Children's who may have been abused or neglected and to implement child protection and safety. The Child Protection Program seeks to increase the awareness, knowledge, and prevention of child abuse within the hospital and the community.

The Child Protection Program's three program areas include:

The Advocacy for Women and Kids in Emergencies (AWAKE) Project, founded in 1986, is a domestic violence and child abuse program that provides free, community-based advocacy services to individuals and families living with domestic violence or partner abuse. The project seeks to bridge the gap between child abuse prevention and domestic violence advocacy through a variety of activities. AWAKE staff provide consultation to hospital or health center staff regarding appropriate patient care and interventions when domestic violence is suspected. In addition to this crisis response work, AWAKE provides training to hospital staff and in the community, both locally and nationally. In 2005, AWAKE staff served 253 clients and 227 children. In addition to direct services, the AWAKE program also provides training and case consultations to community providers.

An AWAKE on-call advocate is available to respond to requests for service Monday through Friday, 8:30 a.m.-5p.m. During off-hours, the CPT consultant on call provides immediate consultation in those cases possibly involving domestic violence, but will refer individuals in need of ongoing domestic violence advocacy back to the AWAKE staff for immediate follow up on the next business day.

The Child Protection Clinical Services (CPCS) Program is an outpatient child maltreatment clinic staffed by CPP psychologists, nurses, social workers, and physicians. The CPCS provides outpatient evaluations and treatment for children who are suspected of having been maltreated while offering parents and other treatment providers expert consultation on a range of issues

related to child maltreatment. CPCS staff may offer expert consultation on symptoms of trauma, normative child development, navigation of the child protective service delivery system, and community resources.

Children may be referred to the CPCS by Children's clinical staff, DSS, their pediatricians, or parents or guardians. In cases where it is appropriate for the referred child to be evaluated at CPCS, evaluations may be limited to medical assessments, including a medical exam and other outpatient studies, or may include a series of one-on-one interviews with the child and his or her primary caretakers. Typically, the CPCS uses a three-session evaluation model. Referrals for additional evaluation or treatment may be made on completion of the outpatient evaluation. In addition, CPCS staff offer short-term trauma treatment and treatment for children ages 12 and under who may be demonstrating sexual behavior problems. Here, too, CPCS clinical staff will work closely with parents/guardians to determine the best course of treatment for their child. Finally, the CPCS team provides training to the hospital and local community agencies, mental health centers, and schools.

The **Child Protection Team (CPT)** is a multidisciplinary team of consultants comprising physicians, attorneys, psychologists, social workers, nurses, and advocates, including several members of the AWAKE and CPCS teams. CPT provides 24-hour, on-call coverage, expert consultation services, professional training, and case-specific support to hospital staff on issues of child maltreatment. In 2006, the Child Protection Team received an estimated 1,500 referrals to assess children with child abuse concerns at Children's ambulatory clinic sites and emergency department. Additionally, the team includes a nurse liaison to DSS who works collaboratively with hospital and DSS staff to respond to the unique needs of children being treated at Children's while in the legal custody of DSS.

Participation in Community Based Program Committees. CPP staff are active and contributing members on advisory and program development committees associated with several community-based agencies and evolving local programs. These include the Children's Advocacy Center of Suffolk County, the Family Justice Center, the DSS Right from the Start Project, the Pediatric Sexual Assault Nurse Examiner Advisory Committee, the Governor's Commission on Child Abuse and Neglect /Domestic Violence and Sexual Assault, COBTH, the NASW Domestic Violence Committee, the Fatality Review Board, the AAP Massachusetts Chapter, the Shaken Baby Coalition of Greater Boston, and the DSS Case Review Committee. These activities are aimed at addressing the broader social and systems issues that impact the health and welfare of children in our communities.

The Suffolk County Children's Advocacy Center (CAC) offers children who have been abused access to medical professionals, police officers, DSS, social workers, mental health professionals, prosecutors, victim witness advocates, and domestic violence professionals. The outcome of the assessment is a comprehensive safety plan for the child as well as a treatment plan including appropriate services. In 2006, CAC served 895 children with 19 percent of them being between the ages of 0 and 6 years, 25 percent between 7 and 12 years, and 48 percent between 13 and 18 years (8 percent were of unknown age). Seventy-two percent of the children were female and the majority (70 percent) of the referrals related to suspected sexual abuse. Nearly 50 of the youths referred to the CAC were exploited through prostitution.

Children's supports the CAC by providing human and financial resources to the program. The hospital provides the time of medical professionals (a physician, a social worker, and a psychologist) one day a week to conduct interviews, develop assessments, and compose safety plans. The hospital also is the single largest contributor of capital costs incurred in moving the center to a new location in Brighton and its incorporation into a larger program called the Family Advocacy Center.

Community- Based Direct Services. The AWAKE PROJECT staff currently provide school-based, psycho-educational groups in urban middle schools. Initiatives are underway to expand the school-based component of the Child Protection Program's community based work. CPCS staff are involved in initiatives to provide school-based trauma evaluations and support to educators.

Training. The Child Protection Program staff provides training on a range of topics related to family violence and child maltreatment to hospital staff and the community. Training is designed to provide clinicians and other professionals with a strong clinical foundation and pragmatic information that will prepare them to respond effectively to incidents of child maltreatment or family violence in a multitude of settings.

Trainings are designed to respond to the needs of each unique audience. Topics may include:

- historical contexts that have fostered family violence and its prevalence today
- indicators and symptoms of family violence, child maltreatment, or neglect
- diversity and its implications in practice
- screening skills
- appropriate responses to disclosure
- legal mandates
- documentation standards.

The range of training forums is diverse. For example, each year CPP staff train DSS front-line workers on the identification of child abuse and neglect. Additionally, program staff regularly lecture at the Harvard Schools of Education, Public Health, and Medicine, and the Boston University School of Public Health. Finally, each year, several CPP team members present at both local and national conferences on a broad range of child protection topics.

In addition, and with the support of the Sylvia Krakow Memorial Fund, the CPP offers a bi-monthly Interpersonal Violence Seminar Series featuring local and nationally recognized leaders and scholars presenting on a range of topics from violence prevention, social policy, and advocacy to child maltreatment research and offender treatment. In addition, throughout the year, CPP staff offer Child Protection Grand Rounds on topics such as Munchausen by Proxy, Shaken Baby Syndrome and the Law, Child Sexual Abuse in the Context of Domestic Violence, Protective Services, and the Medically Complex Child, among others.

Appendix E

Support for and Partnerships with Community Health Centers

Community health centers are a critical part of the health care “safety net” for traditionally underserved children and families in Boston. They provide primary care, including medical, dental, and mental health services, particularly to the uninsured and underinsured. Without community health centers, many families would go without regular health care, or would use hospital emergency departments. Health centers also help connect patients with social services and other community resources, thus giving families an even broader system of support.

Recognizing the importance of community health centers as essential partners in ensuring access to care, Children’s Hospital Boston provides support to 11 other health centers around the city of Boston through affiliation agreements (in addition to its own Martha Eliot Health Center in Jamaica Plain). These partnerships take the form of financial support, programmatic support, and provider support. In turn, community health centers are critical partners in the hospital’s efforts to increase prevention, early intervention, and treatment efforts for the most prevalent health concerns facing children and youth in the city.

Financial Support

Affiliation agreements allow Children’s to provide unrestricted funding for pediatric programs. Since FY99, Children’s has provided funding to community health centers to ensure that children throughout Boston have access to a medical home.

Programmatic Support

Children’s is committed to helping children lead healthy, safe, and active lives; to ensure that they enter school ready to learn; and to encourage them to be engaged in the world around them. To accomplish this, the hospital must address the most serious health issues faced by the city’s children. These problems – asthma, obesity, unintended and intentional injury, and mental illness – are best addressed by a coordinated and child-centered program of prevention, treatment, and education. By partnering with community health centers, the hospital is able to broaden its reach into these communities and provide a continuum of needed services in these issue areas to children and their families. Strategies include the following:

- Community health centers are on the front lines of the efforts to deliver more mental health services to children and youth. By working with the health centers, Children’s Department of Psychiatry is able to reach more children with much needed psychiatric services. Through the *Children’s Hospital Neighborhood Partnerships*, the hospital has placed psychiatrists in South Cove Community Health Center, Dimock Community Health Center, and Early Head Start at Dimock, Brookside Community Health Center, Southern Jamaica Plain Community Health Center, and the Martha Eliot Health Center. This provides needed support to clinicians at the health centers, particularly in the area of medication management. For more information, please see Appendix G.
- Too many children with behavioral and developmental problems are not identified early enough. Primary care providers have identified a need for specialized assessments. As the

“family doctor” to a large number of Boston children, community health centers provide the best opportunity to reach children with developmental needs early. Children’s *Advocating Success for Kids (ASK)* program works with community health centers to provide educational and developmental assessments for children and youth with emotional, behavioral, and learning difficulties, and offers case management to families. ASK screens and assesses children at Bowdoin Street, Joseph Smith, and Martha Eliot health centers. In 2006, staff served 180 children in the Children’s Hospital Primary Care Center and 64 at community health centers, totaling 244 children. For more information, see Appendix G.

- Community health centers were among the first providers to become aware of the growing problem of obesity and overweight in children and youth. Through the *Fitness in the City* initiative, Children’s offered financial support for fitness promotion and obesity prevention programs at eight community health centers. Hospital staff also provide support for implementation and evaluation of these programs. In return for these funds, health centers will share their successes and lessons learned with one another and with the hospital. For more information, see Appendix I.
- Primary care providers at both Children’s and community health centers are focused on prevention. One area where prevention activities have potential to be successful is in injury prevention. The hospital is supporting community health centers in their efforts through the distribution of materials and products. The *Injury Free Coalition for Kids* program has distributed bicycle helmets to health centers who have requested them. In FY06, the program distributed 1,200 sports helmets at Children’s Hospital Primary Care Center and Martha Eliot Health Center. The Injury Prevention Program also distributed 109 car seats to families at MEHC. For more information, see Appendix H.

In addition to programmatic support of these focus areas, Children’s supports more general programming at the health centers. For example, recognizing that oral health is an important component of overall health, Children’s has committed support to the dental clinic at Dimock Community Health Center for five years.

Provider Support

Children’s is committed to helping providers at community health centers offer the best possible care. The hospital subsidizes the credentialing of community health center physicians to be on the hospital’s medical staff. The hospital also provides the health centers with computer connectivity to its hospital information system via the Internet to ensure access to patient information. The hospital offers technical assistance as needed to provide all patients with the highest quality care. In addition to providing information on programs for continuing medical education and subsidizing the cost for staff to attend educational offerings, the hospital has developed specific training opportunities:

- Through the *Emergency Pediatrics Project*, a Children’s Emergency Department physician offers training in emergency preparedness for community health center providers and other staff. This training focuses not on large-scale disasters, but rather on what to do in case of an emergency with an individual pediatric patient. Following a mock patient “code,” the physician debriefs the staff, goes over procedures, provides necessary supplies, and returns

for a follow-up review several months later. The hospital also subsidizes a pediatric advanced life support course for community health center staff.

- The hospital offers community health center staff the opportunity to see successful programs in action through the *Community Shadowing Program*. To date, four health center clinicians have “shadowed” hospital physicians who are running programs such as OWL (Optimal Weight for Life), a multi-disciplinary clinic dedicated to the evaluation and treatment of children who are overweight/obese through comprehensive medical evaluation, nutritional counseling, behavior modification and group therapy. The program is available to all community health center clinicians in whatever field they choose. Clinicians also are able to see the full range of hospital activities.

Appendix F Asthma Programs

Asthma is the leading cause of hospitalization at Children's. The hospital is the largest provider of clinical services to children with asthma in Massachusetts, with almost 16,000 inpatient and outpatient visits for asthma as a primary or complicating diagnosis in FY06.

Changing these statistics requires an all-out effort, combining patient care, research, training, community health and education, and public policy advocacy all directed toward reducing the burden of this serious chronic, but very manageable, disease. Children's has focused its programs to improve asthma management in a child's everyday life. With supportive resources and education, children with asthma can lead healthy and active lives.

Direct services are provided for inpatients (through the Emergency Department or the Short Stay or Intermediate Care units) and outpatients (through the Primary Care Center, Adolescent Medicine, Pulmonary Clinic, and Allergy/Immunology Department).

The hospital is one of a few "centers of excellence" for asthma **research** in the U.S., having received a \$1.2 million annual NIH grant to establish an Asthma and Allergic Disease Research Center. Immunology research – understanding the immune mechanisms involved in asthma – is a prime focus. Current research projects include studies on the role of certain cells in the effective treatment of asthma and on mouse and dust allergens in the home and in school settings.

In addition to **training** research fellows, the hospital provides ongoing training to medical residents, staff nurses, and school nurses. An asthma clinical nurse specialist teaches residents how to discharge children with asthma medications and how to create asthma action plans, meets monthly with staff nurses for asthma education, and serves as the hospital's nurse consultant for asthma. The hospital offers asthma training to schools and school nurses on request. Thus far in FY06, 40 trainings or presentations were made, reaching more than 750 participants.

In the **community**, Children's asthma programs cover a full continuum of care: prevention, evaluation, treatment, parental support, case management, training and education, and policy advocacy. This approach engages the entire community – families, schools, community health centers, advocacy groups, and community based organizations – and stresses treatment of the child in the context of his or her environment.

The Community Asthma Initiative (CAI) helps children and families improve how they manage asthma. By supporting families with case management, home visits, and asthma education, CAI aims to reduce the number of asthma-related emergency department visits and hospital admissions

Partners in the hospital's asthma initiatives include the Boston Public Health Commission, the Boston Asthma Initiative, the Boston Public Schools, the Boston Urban Asthma Coalition, the Asthma Regional Council, and other community and city government partners.

To improve access to asthma education, the hospital is a lead partner and funding source in a major asthma awareness campaign targeted to Boston neighborhoods with particularly high asthma rates. Children's joined with partners WGBH, the Boston Public Health Commission, the Boston Public Library, and the Boston Children's Museum to launch a campaign featuring the popular children's TV program "Arthur." The "Kids with Asthma Can... Asthma Management Campaign" emphasizes the three main quality-of-life indicators for children with asthma: playing, sleeping, and learning. The campaign includes several elements: a traveling "Buster" play with characters from the show, presented at 80 sites throughout the city; a series of Family Asthma Education Nights held at Boston Public Library branches; educational materials to help children learn about asthma; and a campaign with advertising on buses and the T and in transportation shelter/information areas in the targeted neighborhoods.

In FY06, Children's provided almost 16,000 asthma-related patient visits in the hospital and reached more than 3,400 children, youth, parents, and caregivers with asthma services and education in community settings.

Overall Asthma Goal: Improve the self-management of asthma by children and their families.

Overall Approach:

The hospital's approach to asthma is comprehensive, including:

- **A case management**/home visitation program offering the full continuum of asthma services
- **Education and public awareness** efforts for families, schools, and community-based organizations through speakers' bureaus, health fairs, distribution of asthma education materials, and public-private partnerships
- **Public policy advocacy** efforts to ensure adequate coverage for asthma education, case management, home visitations, environmental assessments, and asthma medications and device
- **Public awareness** efforts to help increase the number of families practicing good asthma management in Boston.

Key Partners:

Key partners in the hospital's asthma efforts include public and private agencies and organizations, all working to improve the health and lives of children with asthma. They include the Boston Public Health Commission (BPHC), the Boston Asthma Initiative, the Boston Urban Asthma Coalition, and others.

- Developing safe and healthy activities that promote access to care, physical activity, psycho-emotional wellness, and asthma knowledge are goals of a multi-pronged program with the BPHC called the *Asthma Health Project*. Among the programs are: the annual Boston Asthma Games, which offer safe participation in athletic activities along with asthma education; the Boston Asthma Swim, offering asthma education and swimming exercise in three sites in Dorchester, Jamaica Plain, and Charlestown; and the Boston Asthma Summer Program, a week-long camp for urban children with moderate asthma.
- The hospital is a member of the *Boston STEPS* initiative and an active participant in the BPHC's working group that is helping to implement a community mobilization grant from the CDC to reduce the burden of asthma, as well as obesity, diabetes, and fitness, in seven Boston neighborhoods.

- The hospital is an active member of the *Boston Urban Asthma Coalition*, comprising community-based organizations, government agencies, and others all working to stem the rising prevalence of asthma in inner-city Boston.
- Children’s also supports, operationally and financially, the *Boston Asthma Initiative*, aimed at improving asthma management through student education and mentoring, school- and home-based assessments, and provider education.
- To help raise awareness across the city about asthma management, Children’s joined forces with WGBH, BPHC, the Children’s Museum, and the Boston Public Library to launch the “Kids with Asthma Can...Asthma Management Campaign.”

Asthma Goals:

- Provide a comprehensive asthma program that improves access to and asthma services for children, promotes healthy home environments, and improves asthma knowledge among children and families
- Increase the capacity of health care providers, schools, and community organizations to provide appropriate asthma education and physical activity programs to children and also improve asthma knowledge among children and families
- Reduce disparities in childhood asthma outcomes, raise public awareness, and advocate for public policy changes to ensure that children and families have access to the educational and medical resources they need
- Involve families and caregivers as well as health care providers and school personnel, to help increase the number of families practicing good asthma management in Boston, through the “Kids with Asthma Can...” campaign.

Strategies:

- Identify patients to participate in CAI through Children’s Emergency Department visits, admissions, and provider referrals
- Provide general asthma and medication management education
- Collaborate with Boston Asthma Initiative to provide home visits, environmental assessments, and educate families about how to lessen asthma triggers
- Participate in outreach and community events around asthma issues
- Conduct educational workshops to train providers and families
- Collaborate with the New England Asthma Regional Council and Boston Urban Asthma Coalition to develop legislation and advocate for public policies that ensure families have access to education and medical resources
- Participate in community outreach thorough public awareness initiatives such as the “Kids with Asthma Can...” campaign.

Asthma Accomplishments for FY 06:

- 197 patients were identified to participate in the case management program, and 104 were enrolled; 66 families received home visits
- Initial results from the Community Asthma Initiative are promising. At baseline, 87 percent of families reported that asthma limited their child’s physical activity, and after six months, 32 percent reported a limitation. Sixty-six percent had an emergency department visit at

baseline, and after 6 months, only 21 percent reported a visit. At baseline, 97 percent reported a missed school day, and after six months, only 65 percent reported a missed day.

- Asthma Health Project staff completed 43 educational speaking engagements to educate an estimated 780 people about asthma management.
- Staff participated in 16 community events to provide families with asthma education. These fairs reached an estimated 2,290 people.
- In addition, a total of 207 children participated in the Asthma Health Project, including 88 children in the Boston Asthma Games, 42 children in the Boston Summer Asthma Program, and 77 children in Boston Asthma Swim.
- With the support of 30 legislative cosponsors and 26 community organizations, a legislative Act Relative to Coverage for Asthma Education and Training was filed.
- The “Kids with Asthma Can...” campaign was launched in August 2006. To date, 36 plays have been performed.

Appendix G

Mental Health Programs

Children's Hospital Boston is one of the leading providers of mental health services to children in Boston, with more than 14,000 outpatient visits, 800 medical consultations, 400 inpatient admissions for mental health care in 2006.

Research has shown that mental health programs with comprehensive, integrated, community-based approaches are most effective in preventing such mental health problems as conduct disorder, and alcohol and drug abuse. In addition, interventions involving family, school, and community are more likely to be successful than efforts aimed at a single domain. Further, efforts linking outreach and preventive programs run through schools and other community-based settings with clinical services at mental health clinics, community health centers, or school-based health clinic settings have been found to be effective.

All these approaches are evident in Children's comprehensive approach to mental health care, which includes not only direct patient care, but also research, training, community health, and public policy advocacy.

Much of the mental health care provided by the hospital is offered through three **direct-care** departments, all operating integrated and comprehensive services: Psychiatry, Social Work, and Developmental Medicine

The Department of Psychiatry has a community of **researchers** whose work focuses on neurobehavioral development, mood disorders, attention/conduct disorders, and coping/medical illness. Mental health research is based on the premise that brain, behavior, and environment comprise a dynamic, integrated system in the developing child, and the key to progress is in-depth study, appreciating and then defining the complexity of the developing child.

The hospital provides mental health **training** to clinical providers as well as school and community health center staff members about topics such as mental health issues in the school setting, behavioral health issues, violence prevention, pediatric developmental screenings, advocating for patients, psychopharmacology, and how to advocate for public policy changes.

In the **community**, limited access to child mental health services is well-documented and represents a growing problem. Urban children and families in particular have problems with finding and accessing culturally and linguistically appropriate mental health services. These access barriers can be further complicated when care is not provided in a community setting. Children's has recognized this fact and has expanded its mental health services by providing psychiatrists in community health centers and other settings. The hospital also delivers care through prevention and wellness initiatives based in community health centers and schools, and through other community organizations. These initiatives comprise the *Children's Hospital Neighborhood Partnerships (CHNP)*. CHNP works to increase access to mental health services, improve the quality of services available, build capacity in partner organizations, and strengthen the ability of children to function successfully. Mental health initiatives in the community also

provide screening, evaluation, education, support services, case management, treatment, and advocacy for children with mental health problems. By integrating and linking these efforts, and by deepening and intensifying the hospital's relationships with community partners, community capacity is strengthened to help Boston's children grow up strong and do well in their daily lives.

As discussed previously, the hospital also has funded expansion of mental health services in the community by placing psychiatrists in five community health centers. The hospital also has expanded access to services by developing and supporting school- and family-based support and specialized mental health care.

The CHNP initiative was recognized as a "notable program" in the Attorney General's 2006 Community Benefit Program Awards. Its treatment team also received a 2006 National Alliance for the Mentally Ill/Eli Lilly "Heroes in the Fight" award, given to individuals and groups who work tirelessly on behalf of those dealing with mental illness.

Because of the importance of mental health and the difficulty in accessing services, the hospital has developed the only mental health **advocacy** program of its kind in the U.S., the *Child and Adolescent Mental Health Advocacy Initiative* (CAMHAI). Its goal is to bring about broad change in the mental health system and in mental health services through raising awareness of mental illness and highlighting barriers to care.

In the 2005-06 legislative session Children's actively targeted 10 bills, including supporting a bill to increase mental health benefits, mental health parity law reform, prevention strategies for shaken baby syndrome, and improved evaluations of children who have been sexually traumatized. Through CAMHAI, the hospital also worked toward successful opposition to a bill attempting to limit access to psychotropic drugs.

In addition to prevention and wellness, direct services are offered in four primary care settings in Boston through the *ASK (Advocating Success for Kids) Program*. ASK offers "one-stop-shopping" for access to services for children with medical, emotional, and behavioral issues or school-functioning problems and learning delays. Services include assessments and screenings to determine a child's school and emotional functioning, and development of recommendations for educational and social services. The ASK program also provides extensive follow-up with parents, teachers, and school staff.

In FY06, Children's provided more than 14,000 outpatient visits, 800 medical consultations, and 400 inpatient admissions for mental health care. In addition, Children's provided services to an estimated 3,700 children and youth, 1,900 teachers, school staff and community providers, and 650 parents in school and community settings.

Overall Mental Health Goal: Improve access to prevention and treatment services for children with mental health care needs.

Advocating Success for Kids (ASK).

Goals:

- Increase access to services for parents and children with school problems and developmental needs to promote healthy home environments and to help children do better in school
- Increase capacity for health care providers to better manage developmental and school problems in their own setting
- Increase parental understanding of their children's issues, the educational laws that support families, and how to navigate the school and health systems
- Ensure the best care for patients and families and respond to referring provider needs

Strategies:

- Identify children to participate in the program through primary care providers
- Create action plans with recommendations tailored to meet the needs of every child
- Help parents connect with recommended services
- Provide support to parents of children with school problems
- Train providers to help identify and manage children with learning, developmental, and emotional/behavioral issues
- Support providers and clinical staff and provide consultation as needed
- Educate and train teachers how to manage behavioral problems in the school setting
- Educate and empower parents to learn more about and help manage their child's diagnoses

Children's Hospital Neighborhood Partnerships (CHNP).

Goals:

- Increase access to mental health services for unserved and underserved children and families
- Improve the quality and effectiveness of mental health services by providing training, support, and professional development opportunities for practitioners from diverse disciplines
- Build the capacity of partner organizations to respond to the needs of the population, by increasing critical knowledge, skills and awareness relevant to mental health concerns
- Strengthen children's ability to function successfully across domains (home, school, neighborhood, work) and relationships (family, peer)
- Assure the best delivery of care, work with multiple systems such as health centers, schools and Head Start centers
- Support state-wide collaboration to determine appropriate mental health policy

Strategies:

- Identify children in need of services, and provide services that are available according to need and regardless of ability to pay
- Provide mental health training and consultation to school staff/administrators
- Provide training for future community-based mental health professionals
- Conduct prevention work in school-based partnerships for staff, administrators, trainees, nurses and teachers
- Collaborate with health centers, schools, Head Start and ABCD
- Work with Children's Child and Adolescent Mental Health Initiative and the Massachusetts Society of Prevention to Cruelty to Children to support the mental health advocacy campaign

Key Mental Health/School Functioning Program Accomplishments for FY 06:

Advocating Success for Kids (ASK)

- Served 244 children, of which 124 were new consultations, and provided 362 follow-up consultations; 180 were in CHPCC and 64 were in community health centers
- Provided support and established relationships with 94 schools and 4 community health centers
- Developed website for providers in primary care settings with “how to” tools for identifying and screening learning, developmental, and emotional/behavioral issues. As of January 2007, the website has had 817 visits
- Trained 361 providers in community setting, and provided education and support for 261 parents
- Provided feedback and consultation to 125 community providers
- Surveyed 65 parents (79 percent reported a high satisfaction with the ASK Program), and surveyed 72 providers (95 percent reported being highly satisfied or very satisfied with ASK)

Children’s Hospital Neighborhood Partnerships (CHNP)

- Partnered with 18 Boston schools (15 BPS, 2 private and 1 parochial)
- Partnered with Judge Baker Children’s Center and five community health centers – Dimock, South Cove, Martha Eliot, Southern Jamaica Plain, and Brookside
- Served a total of 3,447 children: 1,135 children received direct treatment and consultation services, and 2,312 students and 366 parents served through prevention activities
- Provided mental health training and consultation to 1,599 staff/administrators and trainees, including school nurses, primary care staff at community health centers, and teachers
- Provided 629 consultations to school staff and administrators
- CHNP offers an array of prevention services to each partner. Prevention work is offered in response to problems emerging from specific students or groups, or following events that have impacted the school. In FY06, 2,312 students were served in prevention activities, and 366 parents through outreach and support services.
- CHNP’s two large-scale prevention initiatives include:
 - Family Connections, which works with children, families, and staff to help create positive interactions in Head Start for families facing difficulties. With funding from Boston ABCD and the U.S. Department of Health and Human Services, the program serves seven Early Head Start and Head Start Centers and provides city-wide training conferences for Head Start staff.
 - The Swensrud Depression Prevention Initiative, which works to prevent and treat depression in school-aged children and train educators and parents about mental health issues through: teaching children and teens how to identify depression and promote overall mental health; training educators and parents to recognize the signs of depression and other mental health problems; and the use of innovative tools for the prevention of mental illness.
- Child and Adolescent Mental Health Advocacy Initiative (CAMHAI) initiated work with the Massachusetts Society for the Prevention of Cruelty to Children to develop a report with recommendations to improve the mental health care system; and started planning to launch a major advocacy campaign in 2007 to get the recommendations implemented.

- CHNP received the Heroes in the Fight Award-Treatment Team from the National Alliance for Mental Illness (NAMI) in November 2006.
- CHNP received a grant from Jane's Trust to support services in two impoverished BPS elementary schools over two years.

Appendix H Injury Prevention Programs

Injuries – both unintentional and intentional – are the leading cause of death for children ages 1-19 in Massachusetts and result in 250,000 emergency room visits in a year. Unintentional injury is the leading cause of death for persons ages 1-34, and accounts for approximately 15 percent of medical spending from ages 1-19. Intentional injury or violence to children and young people – everything from physical and sexual abuse to suicide – is an increasingly serious problem, particularly in urban areas.

As part of its 2006 needs assessment effort, the hospital surveyed Boston families to help identify community concerns and gaps in current injury prevention programs. Based on their recommendations and data analysis, the most needed programs today are those that can respond to intentional injury – the result of the recent surge of violence in the city.

Children’s is addressing prevention of both unintentional and intentional injuries through a comprehensive effort that encompasses direct services, research, training, community health initiatives, education, and public policy advocacy.

Its **direct services** include a trauma department within the hospital’s Department of Surgery that ranks in the top 10 hospitals in the U.S. in terms of volume, a Division of Emergency Medicine that treats 11,000 injury patients each year, a Regional Poison Control Center and Division of Sports Medicine (see below), and other services that treat both unintentional and intentional injuries.

Research efforts include a “Safer Homes” study that is expected to provide new data on injury incidence; there is evidence that water-, bicycle-, and poisoning-related injuries seen in the hospital’s Emergency Department have decreased. Another study, a “Kids in the Back” observation program, is collecting data on children riding in the back of cars and those using booster seats, plus adults using safety belts, to provide data for developing an effective intervention.

Training efforts target staff at both Children’s and Martha Eliot Health Center. Staff have been trained in fitting bicycle helmets. A hospital-sponsored course on child and passenger safety is being prepared for staff. Nurses have been trained in testing car seats. And Safer Homes home visiting staff have been trained in the intervention.

Advocacy efforts focus on child passenger safety, bicycle and wheeled sports safety, poison control, and child protection, and include work toward enacting a primary seat belt enforcement law, prevention of shaken baby syndrome, and funding for staff training and response to severe physical and sexual traumas.

In the **community**, the hospital’s **unintentional injury** prevention program is carried out through its selection as a site for the *Injury Free Coalition for Kids (IFCK)*, a national childhood injury prevention program of the Robert Wood Johnson Foundation. The Boston program’s goal

is to reduce injuries to children under the age of 15 in Jamaica Plain over a four-year period. IFCK has a safer homes program, focused on reducing the risk of injuries from fire, poisoning, and falls; car seat and sports helmet safety programs, both of which involve education and distribution of car seats and sports helmets; and is actively involved in outreach by participating in community health fairs and events.

Children's also has a strong commitment to help prevent sports-related injuries in children. The hospital's Division of Sports Medicine provides comprehensive assessment, treatment, and follow-up care to children, adolescents, and young adults with sports-related orthopedic injuries. In addition to providing care at the hospital, the division also brings its resources to the community through the Boston Public Schools Sports Medicine Initiative. Staff and orthopedic residents coordinate and supervise medical coverage for BPS sporting events; in 2006, staff contributed more than 100 hours of time at BPS events. The division also has provided medical coverage for a variety of mass-participation sporting events such as the Boston Marathon, the Bay State Games, events at the Reggie Lewis Track and Athletic Center, and other summer sports camps and recreational programs.

A variety of hospital-based programs and community partnerships have been developed to reduce the prevalence of **intentional injuries**, including child abuse and youth violence.

Hospital programs include clinical assessment services for those who have been maltreated, a 24-hour consultation service, and an advocacy program for battered women and their children. The hospital also partners with government agencies and others to prevent and treat children who are at risk or have been neglected or abused. Children's has provided both clinical and financial support to the Suffolk County Children's Advocacy Center, which treats children who have been abused.

Children's provided more than \$1 million to support initiatives through the spring and summer of 2006 to promote peace and prevent violence. The funds supported more than 30 community organizations and city government agencies in developing and implementing initiatives designed to engage youth, provide opportunities for training, and offer role models in a positive work environment. These included: securing 156 paid summer job placements for youth (including 36 students hired at Children's) by providing funds to city and community programs; access to recreation and youth development opportunities such as camp scholarships for 80 Boston children from Martha Eliot Health Center and Children's Hospital Primary Care Center; funding renovations at the Melnea Cass Memorial Pool in Roxbury; supporting activities at the BELL Summer Program; funding for 10 community health centers to develop violence prevention or recreation programs; and a series of grants to 12 community organizations for innovative programs such as peace education at a child care center, expansion of recreational opportunities at local YMCA's, and peer leadership programs.

In FY06, Children's provided treatment to an estimated 11,000 children through Emergency Medicine, and hospital-based prevention and protection services reached more than 1,700 children. In addition, the hospital reached almost 3,000 children, youth, parents, and caregivers in community settings.

Overall Injury Prevention Goal: Reduce the incidence of mortality and morbidity due to childhood injuries.

Injury Prevention Goals:

- Child bike safety: reduce the incidence of unintentional injuries in certain geographical focus areas in the City of Boston
- Motor vehicle safety: decrease the incidence of hospitalizations as a result of the failure to use booster seats, car seats, and seatbelts in geographical focus areas
- Home safety: reduce harm from home injuries in geographical focus areas
- Safety awareness: increase community awareness around safety issues through educational workshops and community events, as well as training parents and providers.

Strategies:

- Target community events to reach children in schools in Jamaica Plain and Roxbury
- Distribute sports helmets and provide training on how to correctly fit and wear them
- Collaborate with community health centers and other organizations to provide helmets and education
- Distribute car seats and provide training to families on how to properly install them
- Hold a car seat checkpoint in the community for families to have their car seats checked by safety technicians
- Collaborate with community-based groups to make home visits to targeted families to assess injury risks in the home
- Distribute carbon monoxide detectors and provide education to families

Injury Prevention Accomplishments for FY 06:

- Through community outreach and events and partnerships with community health centers, the Children's Hospital Primary Care Center, and Martha Eliot Health Center, 1,200 sports helmets were distributed to Boston children, and 109 car seats were distributed to 63 low-income Boston families.
- The injury prevention staff participated in 26 community safety events and health fairs, which reached an estimated 1,085 parents and 1,740 children.
- Hosted the first car seat checkpoint with 50 families in attendance; 63 car seats were installed.
- 39 families received home assessments, and 37 received carbon monoxide detectors. For families who received home visits, 62 percent of families reported using cabinet safety latches at the initial visit and 87 percent at the follow up visit; 51 percent of families reported having a fire safety plan at the initial visit and 91 percent reported a plan at the follow up; and 64 percent reported using safety covers on electrical outlets at the initial visit and 100 percent were using at follow-up.
- Two parent educational workshops were held.

Appendix I

Fitness and Nutrition Programs

Obesity is a complicated medical, social, and lifestyle issue for children, especially children living in urban areas. Children who are struggling with being overweight or who are at risk need access to specialty medical services, nutrition education, and recreational opportunities, which may not always be available in health care settings. Thus, Children’s Hospital Boston’s approach to this issue is to support and work with community partners who are delivering nutrition education and physical activities.

The hospital’s current focus is on working to identify best practices among obesity prevention programs – both hospital-based and in the community – to ensure that its programs are optimally effective in encouraging fitness and nutrition among children and adolescents.

Children’s is internationally recognized for its treatment program to help overweight and obese children. The Optimal Weight for Life (OWL) program is the largest pediatric obesity clinic in New England, currently serving more than 700 children annually (one-fourth of whom are from the city of Boston). The OWL clinic is staffed by a multidisciplinary team that includes physicians, nurse practitioners, dietitians, psychologists, social workers, and exercise physiologists – all working to treat children and adolescents who are overweight or obese and those with Type II diabetes. The focus of the program is on health eating and diet, but also includes individualized meal plans and exercise programs, plus behavior modification and group counseling.

This track record, coupled with a focus on local children at risk and strong community connections, makes Children’s ideally suited to expand efforts to help prevent and treat these problems, which are reaching epidemic proportions.

The consequences of obesity and lack of fitness can have both short-and long term negative impacts – everything from early onset of cardiovascular disease to diabetes. To reverse this trend, Children’s is finding solutions and ways to prevent the problems of obesity on all fronts – through **direct services** such as the OWL program described above and other programs described below, plus research, training, community health, and public policy advocacy.

Obesity-related **research** at Children’s spans a range of issues, including nutrition and food consumption patterns, diabetes and health, school programs, eating disorders, and evaluation of community-based programs.

Clinicians are assisted in remaining current through **training** sessions, “shadowing” programs, and conferences.

Improving school nutrition and physical activity are two fitness-and-nutrition related **advocacy** activities. Two bills have been introduced in the state legislature to address these problems.

In the **community**, *One Step Ahead*, a community-focused treatment and prevention program, serves Boston children ages 3-13 by providing evaluations, counseling, and helps to identify and refer them to other nutritional, educational, and recreational resources. At the Martha Eliot Health Center, the *I'm in Charge* program targets young people ages 9-20 who are overweight and at risk for Type II diabetes and provides them with education, clinical care, and access to other community resources.

In addition, the hospital has provided funding to eight hospital-affiliated community health centers with existing fitness and nutrition programs. This funding program, called "Fitness in the City," is aimed at building community capacity to help reduce childhood obesity; and to help identify the best practices to provide obesity prevention services in the community. In addition, the hospital's contribution to the United Way has enabled Children's to support "scholarships" for Jamaica Plain and Roxbury children to attend *Body by Brandy4Kids*, a Roxbury-based program designed to support physical fitness and healthy living for children at risk for health issues associated with obesity.

In FY06, Children's provided hospital-based obesity treatment to 600 children, and reached more than 500 children and youth in community settings.

Overall Fitness and Nutrition Goal: Reduce the prevalence of childhood obesity for children in Boston.

Fitness in the City

Goals:

- Develop a community-based obesity prevention/treatment model to reduce the prevalence of childhood obesity and overweight problem in Boston through a variety of treatment interventions such as behavioral therapy, reduction in sedentary behavior, and nutrition and physical activity education
- Increase the capacity of Boston health care providers and families to identify and manage overweight and obesity among children by raising awareness of families, communities, and providers around issues of childhood obesity
- Collaborate with community organizations and the Boston Public Schools to reduce barriers and increase opportunities for children and families to access healthy foods and safe, affordable physical activity opportunities, to reduce disparities in childhood obesity outcomes, and enhance advocacy for policy changes

Strategies:

- Enroll children identified as being at risk or are overweight in an intervention program to address obesity
- Measure Body Mass Index (BMI) of all participating children
- Enhance collaboration with community health centers and other community partners and Children's Hospital programs (OWL and OSA)
- Collaborate with Blue Cross Blue Shield, United Way of Massachusetts Bay, Northeastern University Sports Center and UMASS Boston to provide physical activities/interventions for referred children

- Establish data tracking systems at health centers and provide ongoing support and technical assistance
- Train at least 15 providers around issues of childhood obesity
- Adopt standards for the sale of food and beverages in schools through state legislation

Accomplishments:

- All 8 community health centers are measuring BMI
- 118 children enrolled in the case management/nutrition program
- 52 attended Brandy's Gym
- 243 received physical activity interventions
- 2 health centers participated in a day-long shadowing program at OWL
- All 8 centers have established a tracking system
- 15 providers were trained around issues of childhood obesity

I'm iN Charge

Goals:

- Empower youth and their families to “take charge” of weight control by teaching and supporting healthy behaviors, focusing on nutrition and exercise
- Develop the knowledge and capability of pediatric and adolescent medicine primary care physicians to manage high-risk overweight youth in a community-based and culturally appropriate manner
- Challenge community and cultural opinions about healthy behaviors, specifically nutrition and exercise
- Create a model, adapted from the hospital's OWL Program, to meet the needs of the local population, which can be replicated in other health centers in Boston

Strategies:

- Create individualized plans for each participant in the program; provide education to parents/caregivers about how to help support their child to eat right
- Provide culturally-sensitive, developmentally appropriate nutrition education
- Offer individualized nutritional counseling to address specific cultural and familial issues
- Provide an exercise program for participants to help them access physical activity
- Provide ongoing medical consultation to MEHC primary care providers on how to identify and manage high-risk youth
- Establish mechanisms of communication with primary care providers to promote effective and appropriate management of weight
- Initiate community education and workshops to increase community awareness and promote healthy lifestyles
- Advocate for policy changes to remove barriers to adopting healthy behaviors

Accomplishments:

- Served 39 patients for a total of 464 patient visits
- Held four parent education sessions with 30 parents in attendance
- 26 nutrition education groups were held for participants

- Two training sessions were held for primary care providers to enhance the referral process
- Initiated a tracking system for INC participants, which is better integrated within the health center's medical record system
- Developed a progress report for primary care providers to receive updates on participants' progress
- Trained three Adolescent Medicine fellows in how to manage high-risk overweight children
- Participated in two community health fairs, participated in a television program targeting the Latino community, and testified at a State House hearing concerning the ban of soft-drinks in public schools.

One Step Ahead (OSA)

Goals:

- Reduce the number of children in Boston who are overweight or at risk for being overweight by providing multidisciplinary treatment and prevention services
- Establish collaboration with affordable local community exercise programs to connect families to safe and affordable means of exercise
- Expand services to children through community outreach and education
- Establish research partnerships with the Prevention Research Center on Nutrition and Physical Activity in Youth at the Harvard School of Public Health

Strategies:

- Identify children through primary care providers to participate in the program
- Assess each participating child for their eating habits and level of physical activity, as well as family dynamics and home and school environment
- Offer nutritional counseling and promote physical activity
- Provide behavioral support to children and families using a behavioral psychologist
- Collaborate with local fitness centers such as the Roxbury YMCA and Body by Brandy
- Provide individualized outreach to patients and families to assess physical activity interest
- Establish the link between families and physical fitness centers by helping to arrange visits or make phone calls
- Provide educational materials about healthy eating and physical activity

Accomplishments:

- 104 children have participated in the program for a total of 195 patient visits with children and families
- 80 children have been referred to community centers for physical fitness opportunities
- 100 children have been provided with individualized assessments
- 52 percent of the participating children had a decreased BMI, 24 percent maintained their BMI, and 47 percent reported a decrease in television viewing
- 46 parents/caregivers completed a satisfaction survey and all agreed that the program had a positive impact on their child.

Appendix J Advocacy

Expanding Access to Care. Children’s Hospital Boston has been a long-standing leader in improving children’s health insurance and has helped drive the effort to expand children’s coverage. The hospital is a founding member and the primary hospital grantor of the Children’s Health Access Coalition (CHAC), an initiative of Health Care For All. CHAC has had substantial success over the past decade in improving access through coverage expansions and advocating for affordable premiums. Massachusetts now has one of the best child insurance rates in the nation (more than 96 percent of all children have coverage).

Children’s has provided critical resources and support to efforts to ensure that these policy gains are translated into actual coverage, both by enrolling uninsured children on-site and through community partnerships with the Massachusetts Covering Kids and Families Initiative, the Boston Public Health Commission, and other local groups. Children’s continues to think big and work proactively.

Children’s partnered with Community Catalyst, a national consumer advocacy organization, to expand advocacy efforts regionally through the New England Campaign for Children’s Health. This is a coalition of key stakeholders in child health from across New England that seeks to improve access to care and advance health care coverage for children at the state and federal level, as well as to enhance the quality of pediatric care.

Advocacy in Core Commitment Areas. The hospital has comprehensive child health policy advocacy initiatives in the four core commitment areas of asthma, mental health, injury prevention, and fitness and nutrition. Priorities for the 2005-2006 state legislative session included ensuring adequate insurance coverage for asthma education, improving school nutrition standards, requiring that physical education be taught in schools, promoting child passenger safety, and advocating for mental health coverage and quality.

Because of the hospital’s unique vantage point, Children’s expertise is frequently requested by state policy-makers. Hospital staff has provided testimony to oversight committees on mental health, substance abuse, and public health on barriers to community-based mental health services and on child protection issues, highlighting programs for our legislative leaders. Hospital staff regularly consult with, and serve on panels convened by, administrative officials including the Executive Office of Health and Human Services, the Department of Public Health, the Department of Social Services, the Department of Mental Health, and the Attorney General. For example, Children’s has provided significant leadership to the Mental Health Commission for Children, helped to convene clinical stakeholders for the Attorney General’s Safe Schools Initiative, and offered medical support and guidance to DSS’s “Working with Families Right from the Start” initiative.

Training and Partnerships to Improve Child Advocacy Results. The hospital’s government relations professionals work closely with hospital leadership and clinicians to assess and recommend policy initiatives that will benefit children and oppose those that will have a negative

impact. With proper support and training, medical and public health experts from the hospital provide their expertise on children's issues at hearings and in meetings with legislators at the state and federal level. Twenty-five experts have testified at hearings and/or advised policymakers in meetings on key child health access and community health priority issues.

As part of its mission to be the leading pediatric training program for the next generation of physicians, the hospital also has developed a program to help residents in pediatric medicine gain advocacy experience and make a positive impact in the community. The Advocacy Clinic Training (ACT) program, under the direction of resident leaders, gives pediatric medicine residents the opportunity to meet with legislators, conduct home visits for children with special health needs, and volunteer in community-based organizations. Residents gain valuable insight into their patients' lives that cannot always be ascertained from a patient visit, and draw on this experience to inform legislators.

Children's also leverages the important voice of families, hospital staff, and community partners in its advocacy efforts through the 1,300 member Children's Advocacy Network (CAN). In 2006, Children's developed a program to give 35 CAN advocates a chance to deepen their commitment to advocacy by participating in a special training series to become more effective advocates. The training provided them with the knowledge and skills needed to participate more fully in the policy-making process. Other hospital initiatives included engaging 15 medical residents in legislative advocacy through meetings with their legislators or staff to discuss issues ranging from school wellness to breastfeeding, from access to asthma education to access to care; and supporting the participation of seven families in Family Advocacy Day in Washington, DC, where they met with their members of Congress to advocate for continued and expanded Medicaid coverage and funding to train pediatric specialists.

Children's strongly believes there is strength in numbers, and maintains partnerships with many children's health-related coalitions, including the Boston Urban Asthma Coalition, the Boston Public Health Commission's Mental Health Policy Advocacy Coalition, the Seatbelts Are For Everyone (SAFE) Coalition, and the Massachusetts Coalition on Obesity Prevention and Education (COPE). The hospital is committed to enhancing the work of these coalitions by providing leadership, technical assistance, and financial support. The coalitions have advocated successfully for a range of important child health initiatives, such as substantial expansion of and full funding for child health and pre-natal care programs. These partnerships also have led to important collaborations in the development of resource materials, such as the "Guide to Children's Mental Health Services" for parents.

Appendix K

Supporting Essential Community Partners

Partnerships are a key element in attaining the vision of “Healthy Children. Healthy Communities.” A task beyond the reach of any one organization – despite its level of commitment – achieving this goal requires a concerted and sophisticated effort to integrate and coordinate care. It truly “takes a village to raise a *healthy* child.”

In addition to its own efforts toward the goal, Children’s Hospital Boston actively helps build and support the efforts of the “village” that is steward of the health of Boston’s children, on three levels:

- partnering with community health centers, the Boston Public Schools, government agencies, and community-based organizations to address the core commitment areas of asthma, mental health, injury prevention, and fitness and nutrition as well as partnering with community programs aimed at improving child health more broadly
- helping to shore up and support the infrastructure for the delivery of health and social services to children and families throughout Boston
- acknowledging and acting on the hospital’s civic role and responsibilities, including support of local organizations that help make Boston a vibrant place to live and work.

In these relationships, the hospital seeks to leverage its unique vantage point as the Commonwealth’s only solely pediatric hospital to “advocate” for the health and well-being of children, and brings a purposeful, child-focused, family-centered, and culturally sensitive point of view to its support of the efforts of community health partners.

The following provides more specific examples of the hospital’s many partnerships.

Partnerships Aimed at Improving Child Health.

*For a more complete description of the hospital’s relationships with **community health centers**, see Appendix E.*

*For a more complete description of the hospital’s relationship with the **Boston Public Schools**, see Appendix L.*

Boston Public Health Commission

Children’s has been an active and financially supportive partner in the Boston Public Health Commission’s (BPHC) initiatives with children, adolescents, and young adults, working together on the most pressing public health issues for city children.

- *Boston STEPS Initiative.* Children’s is an active participant in both the planning and implementation of the Boston STEPS Initiative. The Executive Director of the Martha Eliot Health Center chairs the Health Care Systems Committee for STEPS, which is focused on coordinating efforts among health centers, schools, and other community groups addressing asthma, diabetes, and nutrition/obesity. MEHC also is one of the STEPS sites implementing

the *I'm iN Charge* program, which targets Latino and African American at risk youth for diabetes.

- The *Asthma Health Project*. Children's partners with BPHC in funding, planning, and implementing the Asthma Health Project, which includes the Boston Asthma Games, Boston Asthma Swim, and Boston Asthma Summer Program. In addition, the Children's Asthma Initiative has worked closely with BPHC around planning for services and seeking funding to improve the environment and health of children and families living with asthma in Boston and in Boston Public Housing.
- *Substance Abuse*. Staff from Children's is planning and implementing training for BPHC staff around issues of adolescent substance abuse screening, assessment, intervention, and treatment.

Supporting the Infrastructure for Health and Social Services.

*For a more complete description of the hospital's relationships with **Community Health Centers**, see Appendix E.*

*For more complete description of the hospital's relationship with the **Boston Public Schools**, see Appendix L.*

Mayor's Office and Child Health. City government partnerships include co-sponsorship with the Mayor's Office on the Mayor's Award for Excellence in Health, which is given each year to a Boston-based program that effectively promotes the development of healthy children.

Financial support to community programs. In addition to partnerships with city government, community health centers and schools, the hospital provides financial and in-kind contributions to more than 75 local organizations to build community capacity toward improved child health. The hospital is able to seed innovative, community-based programs through its Community Child Health Fund (CCHF) and a partnership with the local Community Health Network Area (CHNA). Through these two initiatives, the hospital supports community-based organizations and schools that improve the health and well being of children and families and their projects such as anti-violence initiatives, nutrition education and physical activity, asthma management, and substance abuse.

The Community Child Health Fund (CCHF) provides seed funding for innovative projects designed to meet the health needs of children in the Boston neighborhoods of Allston/Brighton, Dorchester, Mission Hill, Mattapan, Roxbury, Jamaica Plain, and the South End. Applicants for these funds must show how their project will provide a culturally responsive way to address the core health issues of asthma, mental health, injury prevention, fitness/nutrition, and access to care. CCHF provides a total of \$50,000 annually for projects, based at the hospital, in community health centers, schools, or in community based organizations. CCHF has distributed 66 grants since 2000, for a total of approximately \$370,000.

The following is a list of organizations funded in 2006. A complete listing of grant recipients since 2000 appears in Appendix N.

Organization	Project Title	Year Funded	Category
Boston Arts Academy	CHNP	2006	Mental Health
Healthworks Foundation	Young Women on the Move	2006	Fitness/Nutrition
Inquilinos Boricuas en Accion	Rhythmic Reflectionz	2006	Injury Prevention
Sociedad Latina	Unique Rhythm	2006	Fitness/Nutrition
Child Care Choices of Boston	Muevanse Todos	2006	Fitness/Nutrition
Hyde Square Task Force	WEPA	2006	Fitness/Nutrition
Neponset Health Center	Vung Do, Vung Vang, Vung Xanh	2006	Mental Health
New England SCORES	Kick, Run, Have Fun	2006	Fitness/Nutrition

Civic Responsibilities

Every institution, whether large or small, private or not-for-profit, has a responsibility to be involved in its community. As one of the state’s largest not-for-profit employers, Children’s is dedicated to being a “good neighbor” to local, surrounding communities as well as in helping to ensure that Boston remains strong. At the same time, Children’s is the only free-standing children’s hospital in the state with a mission to improve the health of children. Thus, through civic engagement, the hospital tries to merge its role as a large employer with its mission to improve the lives of children.

That means the hospital must make vibrant the city where children and families reside. As discussed earlier, the hospital helps support the infrastructure for the delivery of health and social services to children and families throughout Boston. At the same time, it seeks to assure that low- and middle-income families can remain a part of the city – that they have stable employment, career development opportunities, and affordable housing in livable, family-friendly neighborhoods.

The hospital is active in a number of organizations that improve the City of Boston. The hospital’s Chief Executive Officer is a member of the Board of the Greater Boston Chamber of Commerce, and the hospital participates in many of the Chamber’s events and forums each year. The hospital also is a proud sponsor of Mass Inc., encouraging thoughtful dialogue and research related to civic life. The hospital’s Chief Operating Officer is a member of the board of the Massachusetts Taxpayers Foundation, the Medical Area Service Corporation (MASCO), and the Artery Business Committee. Other senior staff members represent the hospital with the state’s Catastrophic Health Care Committee and the Boston Plan for Excellence, including its “Principal for a Day” program.

Appendix L

Support for and Partnerships with Boston Public Schools

Recognizing that schools have an enormous role in the everyday lives of children and their families, Children's Hospital Boston considers the Boston Public Schools (BPS) to be key partners in implementing its community health strategy. Through direct services, Children's reaches an estimated 3,700 children and 650 parents, as well as 1,500 teachers and staff. In addition to providing services, the hospital provides funding to support the BPS infrastructure. This BPS partnership is focused on providing support in four key areas:

- bringing health services and programs to schools
- supporting school nurses
- strengthening the health infrastructure in the BPS
- encouraging students to learn about health care careers.

School services and programs. These are focused on access to health care and mental health services, improving student school functioning, and educating students and school staff on asthma management and injury prevention. They include:

- The *Children's Hospital Neighborhood Partnerships (CHNP)*, which provides school-based mental health services in 18 schools, reaching an estimated 3,447 children and 366 parents
- The *ASK Program (Advocating Success for Kids)*, which provides educational and developmental assessments for children and case management for families; the program provided 124 consultations to new children and 362 follow-up consultations to children, primarily in the Boston Public Schools.
- At the *Gardner School* in Allston/Brighton, Children's provides a pediatrician one day a week to provide general pediatric care including physicals, treatment of minor health problems, and health education for students and staff.

School nurses. In FY06, Children's provided 125 scholarships to BPS nurses for professional development training courses. Sample classes included: Common Childhood Conditions in Primary Care and ADHD and Autism, the Annual Pediatric Asthma and Allergy Update, Children and Adolescents Optimizing their Diabetes Care, and Responding to the Needs of Victims of Dating, Domestic, and Family Violence.

School health infrastructure. In 2006, Children's built on the foundation of its long-standing collaboration with the BPS and the City of Boston on the "Countdown to Kindergarten" initiative by making a significant financial contribution to the city's broader efforts to reach children aged birth-to-five and their families. The hospital increased its annual support of Countdown, provided a paid part-time staff person to the city for six months to conduct research on this subject, and funded two years of a new, free play group for Boston parents and their young children at the West Zone Early Learning Center.

Health careers. Children's recognizes that one of the best ways to enrich and diversify its workforce is to recruit, train, and promote Boston residents. One of the hospital's strategies in this effort is to provide summer jobs and other internship opportunities to BPS high school

students. This provides students with employment opportunities, but more importantly, gives them exposure that may inspire them to pursue health careers. Children's participates in the following programs that benefit students:

- *Summer jobs for BPS students.* During the summer of 2006, for the fifth year in a row, Children's participated in various programs including the Summer Jobs Campaign, led by Mayor Thomas Menino and the Private Industry Council (PIC), to provide BPS youth with employment opportunities. In FY06, the hospital placed 36 students, including 20 from the PIC, 13 from Parker Hill/Fenway ABCD, and three from Mission Safe.
- *The Student Career Opportunity Outreach Program (SCOOP),* developed by hospital nurses, educates, informs, and offers nursing career options to students. SCOOP inspires high school students to enter nursing through direct nurse-to-student education and career advice. In FY06, 20 students participated in the program.
- *Health Education and Career Network Expo.* The hospital reached approximately 300 local students through participating in the Health Education and Career Network Expo in Roxbury, periodic job shadowing, and career exploration events.

Appendix M
2006 Children’s Hospital Boston Community Advisory Board Members

Laurie Cammisa, Esq. V.P for Child Advocacy Children’s Hospital Boston	Elsa Meuse, RN School Nurse Gardner Elementary School
Kathy Cook, N.P. Nurse Practitioner Bowdoin Street Health Center	David Mooney, M.D. Director, Trauma Program Children’s Hospital Boston
The Honorable Kevin Fitzgerald Sergeant at Arms The State House	Will Morales Executive Director Youth Enrichment Services
Linda Grant, M.D. Medical Director Boston Public Schools	Margaret Noce Coordinator JPC: Tree of Life
Dorothy James Parent, CHB Patients	Judy Palfrey, M.D. Chief, General Pediatrics Children’s Hospital Boston
Robert Lewis Director Boston Centers for Youth and Families	Sonia Pinnock, MSW Social Worker Martha Eliot Health Center
Claudio Martinez Executive Director Hyde Square Task Force	Laurie Sherman Mayoral Advisor for Education, Health and Human Services Office of Mayor Thomas Menino Parent, CHB Patients
Roger Swartz, MPH Bureau Director, Community Health Initiatives Boston Public Health Commission	Roland Tang, M.D. Pediatrician South Cove Community Health Center

**Appendix N
Community Child Health Fund**

The Community Child Health Fund (CCHF) at Children’s Hospital Boston provides seed funding for innovative projects designed to meet the health needs of children in the Boston neighborhoods of Allston/Brighton, Dorchester, Mission Hill, Mattapan, Roxbury, Jamaica Plain, and the South End. Applicants for these funds must show how their project will provide a culturally responsive way to address the core health issues of asthma, mental health, injury prevention, fitness/nutrition, and access to care. CCHF provides a total of \$50,000 annually for projects, based at the hospital, in community health centers, schools, or in community based organizations. CCHF has distributed 66 grants since 2000, for a total of approximately \$370,000. A complete listing of grant recipients follows.

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Child Care Choices of Boston	Muevanse Todos	2006	Fitness/Nutrition
Hyde Square Task Force	WEPA	2006	Fitness/Nutrition
Neponset Health Center	Vung Do, Vung Vang, Vung Xanh	2006	Mental Health
New England SCORES	Kick, Run, Have Fun	2006	Fitness/Nutrition
Arts in Progress	Circles of Girls	2005	Mental Health
Children’s Hospital Neighborhood Partnerships	Violence Reduction through Group Therapy	2005	Mental Health
Crittenden House	Fit@Crit	2005	Fitness/Nutrition
Hyde Square Task Force	Women Engaged in Physical Activity	2005	Fitness/Nutrition
Children’s Hospital Primary Care Center	Young Fathers Group	2005	Mental Health
Adolescent Substance Abuse Program	Group Therapy	2005	Mental Health
Children’s Hospital Primary Care Center	Rowing Strong Rowing Together	2005	Fitness/Nutrition
Fenway High School	Adolescent Health Collaboration	2005	Mental Health
New England SCORES	Kick Run Have Fun	2005	Fitness/Nutrition
Neponset Health Center	Vung Do Vung Vang, Vung Khan	2005	Asthma
Wang YMCA	Girls Crew Program	2004	Fitness/Nutrition

Boston Chinatown Neighborhood Center	Asthma Swim Project	2004	Asthma
Wediko Children's Services	Dever Elementary School Collaboration	2004	Mental Health
Martha Eliot Health Center	We Got Next!	2004	Fitness/Nutrition
Children's Hospital Neighborhood Partnerships	Parent Input, Education, and Support	2004	Mental Health
Gardner Extended Services School	Physical Recreation and Nutrition	2004	Fitness/Nutrition
Hyde Square Task Force	Women Engaged in Physical Activity	2004	Fitness/Nutrition
Urban Improv	Jamaica Plain Youth Anti-Violence Network	2004	Injury Prevention
Dorchester House	FANTastic Girls	2004	Fitness/Nutrition
Children's Hospital Primary Care Center	One Step Ahead	2004	Fitness/Nutrition
Bridge Over Troubled Waters	Aiding young people to be self-sufficient	2003	Mental Health
Family Nurturing Center of Massachusetts	Welcome Baby Project	2003	Access to Care
Jamaica Plain Children's Mental Health Network	Prevention Services in Boston Public Schools	2003	Mental Health
Jamaica Plain Asthma Environmental Initiative	Asthma Leader Program	2003	Asthma
YMCA of Greater Boston	Swimming to Success	2003	Asthma
Children's Hospital Primary Care Center	Children's Hospital Asthma Project	2003	Asthma
Refugee and Immigrant Assistance	East African Child Abuse Awareness Project	2003	Injury Prevention
Coalition for Health and Human Services in Jamaica Plain	Nurturing Parent and Youth Support Groups	2003	Injury Prevention
Boston Public Health Commission	Home Safety for Child Care Providers	2003	Injury Prevention
Bromley Heath Tenant Management Corporation	Bromley Heath Health and Hygiene Project	2002	Access to Care
Child Care Resource Project	Health Access Project	2002	Access to Care
Martha Eliot Health Center	Breaking Down Barriers to Care	2002	Access to Care
Dimock Community Health Center	Dimock Cares	2002	Mental Health
Massachusetts Families for Kids	Building a Healthy Community for Youth	2002	Mental Health

West Roxbury High School	Healthy Connection	2002	Mental Health
Dimock Community Health Center	PACE	2002	Asthma
Children's Hospital Division of Immunology	Environmental Control of Mouse Allergen	2002	Asthma
Pediatric Health	Asthma Advocacy through Education	2002	Asthma
Egleston Square YMCA	Youth Basketball League	2002	Injury Prevention
Whittier Street Health Center	Somali Health Access and Education Project	2001	Access to Care
Dimock Community Health Center	Easy as ABC	2001	Access to Care
Children's Hospital Division of Immunology	Environmental Control of Mouse Allergen	2001	Asthma
Crittenden Hastings House	Asthma Management Program	2001	Asthma
Codman Square Health Center	Asthma Management Program	2001	Asthma
Children's Hospital General Pediatrics	Improving the Health of Asthmatic Children	2001	Asthma
Dorchester Multi Service Center	Vietnamese Youth Initiative	2001	Injury Prevention
Children's Hospital Department of Neurosurgery	Think First	2001	Injury Prevention
Joseph Smith Community Center	Mom to Mom/Madre a Madre	2000	Access to Care
Children's Hospital Interpreter Services	Hola, Bienvenu, Willkommen	2000	Access to Care
Children's Hospital General Pediatrics	Improving Adolescent Parent Compliance	2000	Access to Care
Children's Hospital Center for Families	IMPACT	2000	Asthma
Children's Hospital Young Adult Medicine	Check it Out	2000	Asthma
Pediatric Health Associates	Healthy Link	2000	Asthma
Martha Eliot Health Center	Multi Family Asthma Group Intervention	2000	Asthma
Children's Hospital Department of Ophthalmology	Prevention of Eye Injuries	2000	Injury Prevention