

## Home Field Advantage:

Children's therapists team up with schools to improve mental health where kids live and learn



Cheryl Watson-Harris, principal, Tobin K-8 School; CHNP social workers, Karen Capraro-Gentuso, LICSW, EdM and Mwaniki Mwangi, MSW, LICSW

Five years ago, Kevin was struggling academically and acting up in class. Joanne Cox, MD, his primary care provider at Children's Hospital Boston suggested he see the school-based therapist, Shella Dennerly, PhD, LICSW, who directs Children's Hospital Neighborhood Partnerships (CHNP), the community mental health program in Children's Department of Psychiatry. As part of CHNP, Dennerly worked in Boston area schools to provide free-of-charge mental health services to children and their families. "Many students in urban schools are unable to receive the mental health care they need—not because families don't want it, but because access to services and navigating the mental health system is challenging," says Dennerly.

Established in 2002, CHNP has 15 school partnerships throughout Boston. By offering services in environments that are familiar to children and their families, CHNP aims to increase access to care, promote social-emotional development, build the capacity of partnering schools to address mental health and

reduce the stigma associated with mental health needs. This model allows clinicians to work with students from preschool through high school providing a range of services from individual therapy, crisis management, group counseling, family engagement and classroom interventions.

The need for such services is huge: Nationwide, one in five kids has a mental health problem, and only 20 to 30 percent receive the proper care. In low-income, urban settings, these numbers are much higher, since issues like poverty, exposure to violence and systemic discrimination put children at greater risk for developing mental health problems. These problems manifest in the classroom, where teachers struggle to help children with self-regulation, family stress and behavioral problems. Two of CHNP clinicians, Mwaniki Mwangi, LICSW and Karen Capraro-Gentuso, LICSW, EdM have seen Kevin and two of his siblings at the Maurice J. Tobin K-8 school in Roxbury for years. "At first, I was nervous," says Maria, a single mother of four. *continued p.6 >*

## By the Numbers >

Children's Hospital Neighborhood Partnerships Program

- 1,961 students received services from CHNP in 15 partner schools during the 2010 – 2011 school year
- 293 teachers participated in professional development workshops by CHNP
- 756 families who participated in parent workshops and community events
- 10 number of days students wait for CHNP therapy services in the schools, as compared with 42 days in outpatient settings
- 90% of teachers feel that CHNP services contribute to their students' ability to do well in the classroom



## About the OCA

The Office of Child Advocacy (OCA) is a leader in bringing together hospital and community resources to advance solutions that address the health needs of Boston's children.

# Waiting to Exhale

Reducing asthma triggers through home visits and family education



Susan Sommer, NP, CAI clinical director; Margarita Lorenzi, asthma educator and home visitor

Miguel's asthma troubles started at an exceptionally early age. Whereas most children aren't diagnosed with asthma until they're older than 2, at just 22 months old, Miguel had already had several asthma attacks severe enough to require aggressive treatment in the Emergency Department (ED). Living in a run-down apartment in an urban Boston neighborhood didn't help; in fact, this was a significant contributing factor.

Poorly controlled asthma can lead to severe, even life-threatening attacks, according to Susan Sommer, NP, clinical director of the Children's Hospital Boston Community Asthma Initiative (CAI). What's more, when a child has poorly controlled asthma, the frequent trips to the ED tax both his family and the health care system. "A child's asthma can impact his whole family's life in multiple ways," says Sommer. "A child can't run and play, which further affects his health. The child, his siblings and his parents don't sleep well at night because he's coughing or wheezing.

And the child misses a lot of school and his parents have to miss work, which causes a host of related problems."

Children's developed the CAI in 2005 to find a cost-effective way to help families directly address problems like these, which affect an alarmingly high number of children who live in Boston's urban neighborhoods. While asthma is a widespread chronic disease that affects millions of kids, it's most prevalent in low-income areas and among Latino and Black children, whose rate of hospital admissions is three to five times higher than for white children.

Soon after Miguel was referred to CAI by a nurse practitioner in Children's primary care clinic, Sommer traveled to his apartment complex to meet his family and provide one-on-one assistance. Sommer's case management takes myriad forms, depending on a family's medical and social needs, but it always includes a home assessment, asthma management and medication education, working with the

child's health care providers and helping the family remove barriers to improving the child's asthma control.

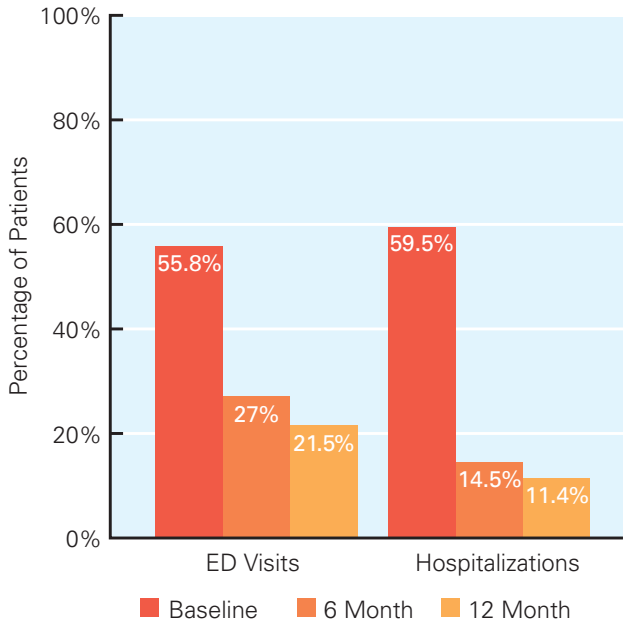
Providing direction on how to reduce asthma-inducing conditions in homes is a major part of her work, and one that can be much more complex than it might seem. "It can be hard for some families to have someone they don't know come into their home," says Sommer. "I appreciate that, and I always approach my work, not from a judgmental place, but from the perspective of working together to make the home more "asthma-friendly."

When Sommer met Miguel at his home in April, he'd had a tough year, including several ED visits due to asthma attacks. Little storage space in the family's small apartment had led to some problems with clutter, which attracted dust and pests—two big asthma triggers. But the unit's general state of disrepair was a larger problem. "There were so many holes, and they were so big, there was no way for the family to repair them," she says. "Parts of the bathroom walls and tiles were falling off, and a plastic sheet covered a window that didn't close."

One of the biggest triggers, unfortunately, was the family cat, to which, it was recently discovered, Miguel was allergic. While the family was receptive to his doctor's recommendation to find the cat a new home, they worried that the apartment's mouse problem would worsen without it. Over the years they'd lived there, the family had had a hard time getting the landlords to repair the holes where the mice came in.

During the home visit, Sommer showed Miguel's family how to minimize mice by blocking entry points, tightly sealing trash, storing food in sealed plastic containers, reducing sources of water and

### Reduction in the Percentage of Patients Who Experienced Any Emergency Department Visits and Hospitalizations\*



\* Based on parent-reported data about their child and themselves in the past 6 months.

areas where rodents can nest. She also supplied them with pest management materials, a HEPA vacuum cleaner and dust mite proof bedding encasements.

Sommer also made a referral to Inspectional Services Department (ISD), the city housing inspectors, since there was a clear need for the property management to repair the bathroom and many holes, as well as professional pest control services. “We’re lucky in Boston, in that there’s a simple referral process for medical providers to refer apartments for inspection if they think there are code violations that are asthma triggers,” she says. “It’s a great tool because families are often reluctant to call ISD themselves because they’re afraid the landlord will retaliate.”

Soon, ISD visited the home and cited the landlord for numerous code violations. The property management company quickly responded to the citation, and by May, many improvements were made. Sommer was also quick to partner with Miguel’s primary care provider to identify a medication combination that controlled his symptoms.

For Sommer, the unusually fast pace at which this case progressed was hugely gratifying. CAI follows families for a year, in general, but longer, if needed, until a child’s asthma is under good control—that is, the child can sleep through the night, play as much as he wants, attend school regularly and isn’t requiring ED visits for acute symptoms. “Miguel is so young, and a lot may still evolve with his asthma,” she says. “But I’m happy to say that by eliminating the mice and the need for a cat, as well as making sure that the parents understand his asthma medications, we seem to have made a lot of progress in keeping his asthma well under control.”

For more information on CAI, visit [childrenshospital.org/community](http://childrenshospital.org/community)

### By the Numbers >

Community Asthma Initiative

800 patients enrolled since 2005

81% drop in percentage of patients who have had any asthma-related hospitalizations

62% drop in percentage of patients who have had any emergency department visits

41% decrease in the percentage of children who have had any missed school days

46% decrease in the percentage of parents/caregivers who have had any missed work days

# Providing a Safety Net for Young Parents

The Young Parents Program (YPP), a specialty clinic within the Children's Hospital Boston's Primary Care Center (CHPCC), provides comprehensive medical care, mental health services and advocacy to high-risk, urban teen parents and their young children. Launched in 1980, YPP deploys a multidisciplinary team of experts in medical, social and developmental issues of adolescence and early childhood who serve approximately 250 teenage mothers, 75 young fathers and 300 babies annually. In 2011 alone, YPP had 1,534 appointments. "Young parents must flourish physically, mentally and socially for their children to succeed," says Joanne Cox, MD, director of CHPCC. "That's why YPP provides specialized services to meet the unique needs of this vulnerable population."

## Ensuring access to care, support and services

Embedded within the YPP teen-tot medical clinic, Project Connect recently completed its fourth year of a five-year federal grant from the Department of Health and Human Services. Project Connect serves mothers 18 and younger, fathers under the age of 25, and their children. Its goals are three-fold: to provide comprehensive pediatric and adolescent care; to integrate social services, primary care and health education with case management; and to provide linkages to community services, including teen living programs, schools, daycares, home visiting and job training. By remaining focused on these goals, Project Connect improves parenting knowledge and skills—lessening the chances of subsequent pregnancies and promoting adolescents' growth toward healthy, self-sufficient adulthood. To date, 220 individuals have participated in Project Connect: 152 mothers and 68 fathers.

## Focusing on fathers

"A father's connection to his child is important to the child's long-term health and well being. Yet, young fathers often lack parenting knowledge and confidence or may have high levels of conflict with the child's mother," says Cox. To address these issues, Project Connect developed fathers' groups that focused on parenting knowledge, self-efficacy and relationship skills. Fathers were included in all of their child's medical visits to emphasize the importance of being an equal partner and parent. During these visits, the young fathers and staff discussed co-parenting, employment, health and relationships. Fathers reported that gentle persistence from YPP staff helped them become comfortable seeking support with medical care, mental health services and vocational assistance.

"Everyone thinks I'm the exception, I've beaten the odds. But I had extraordinary help. If everyone had help, achievement like mine could be the norm."

— Former YPP mother, Advisory Board member, college graduate and master's degree candidate

## Reaching out to the community

The YPP team provides outreach and support to the community in several ways. Families can access educational workshops focused on children over the age of one. Workshops are open to extended family members and friends in order to benefit anyone caring for the child. Topics include developmental milestones, playing with your toddler and setting limits.

In addition to participating in health fairs and other community functions, YPP staff has disseminated findings from YPP and Project Connect at various conferences such as the Society for Adolescent Health and Medicine and Pediatric Academic Societies. Manuscripts were also accepted with the Journal of Maternal and Child Health and the American Journal of Public Health.

"YPP staff and patients are strong voices advocating for change and influencing policy as well," says Cox. YPP is a member of Massachusetts Alliance on Teen Pregnancy, a policy group for organizations and agencies working with pregnant and parenting teens, and participates in their annual event to bring together teen parents and their children and supporters to advocate for young parent programs. YPP also recently supported and helped to establish S.T.E.P.S. (Summit for Teen Empowerment Progress and Parenting Success), a joint project with Children's, Massachusetts Alliance on Teen Pregnancy, Brigham and Women's Hospital, Northeastern University, March of Dimes and the Mt. Pleasant Fund. Workshops focused on child development, stress management, budgeting and raising a child in someone else's home. More than 85 young parents, including YPP families, attended to share stories and learn how to access resources.

For more information on YPP, visit:  
[childrenshospital.org/ypp](http://childrenshospital.org/ypp)

# Responding to Violence

Making Boston neighborhoods safer for children and families

The Jamaica Plain Violence Intervention and Prevention Collaborative (JP VIP) was created in response to numerous incidents of violence in the neighborhood immediately surrounding Martha Eliot Health Center (MEHC). Mildred Hailey, former executive director of the Bromley Heath-Tenant Management Corporation and Jim Cote, former executive director of MEHC took the lead in bringing together the community organizations to create a coalition to address this violence.

Since its inception in 2008, the mission of the JP VIP has been to help youth and families of Jamaica Plain and neighboring communities live safe and healthy lives by providing education about mental health services and helping families to access resources. In 2011, JP VIP responded to 19 fatal incidents. "By intervening in the immediate aftermath of a traumatic event, we want to reduce the long term effect of trauma on youth and family members," says Patricia Knight, JP VIP Trauma Response coordinator.

Recognizing the strong correlation between mental health issues and violence, the JP VIP wanted to get feedback from community residents. "We know that families are faced with intense socioeconomic pressures such as poverty, lack of education or housing issues and this stress can lead to feelings of hopelessness," says Deborah Dickerson, director of Community Health Initiatives for the Office of Child Advocacy at Children's. Focus groups with over 100 residents from Jamaica Plain and Roxbury were held to get the community's input on mental health issues and their experiences with access to available resources. "The focus groups confirmed our belief that some of the resources available to families are not culturally sensitive and that more education about mental health is needed," says Dickerson.

The JP VIP is planning to take the information they learned from these focus groups and plan a community-wide forum in the spring. The goal of the forum will be to further educate families on mental health and resources available.

# JP VIP Community Partners

- Academy, Bromley, Egleston Safety Task Force
- Boston Public Health Commission
- Bromley-Heath Tenant Management Corporation
- Brookside Community Health Center
- Children's Hospital Boston
- The Dimock Center
- Ecumenical Social Action Committee, Inc. (ESAC)
- Family Service of Greater Boston
- JP Unidos/United
- Martha Eliot Health Center
- MassHousing
- New Academy Estates
- Southern Jamaica Plain Health Center
- Spontaneous Celebrations/Beantown Society
- West Roxbury Courthouse



COACH students from the 2011 program

## By the Numbers >

Children's Workforce Development Efforts

72 students were hired last summer as part of Children's COACH Program (Community Opportunities Advancement Children's Hospital); 70 were from Boston

17 students participated in SCOOP (Student Career Opportunity Outreach Program) to learn about nursing careers; 6 were from Boston

5 students from Sociedad Latina were hired for after-school jobs at Children's

30% of Children's 9,500 employees reside in Boston

## Home Field Advantage *(continued from p.1)*

"I didn't know how much to share, and what they'd think of my situation. But they made us feel comfortable and my son wanted to talk to his therapist—and even looked forward to it. He needed that time to express himself and ended up loving them. We all did." Soon, the CHNP team was meeting regularly with Maria's whole family. "Our therapists help us express ourselves and come up with ideas on how to solve problems, whether they're about home or school matters," says Maria. "Family sessions are amazing; we find out what's at the heart of an issue and what we can do better." Maria finds her own relationship with the therapists to be an invaluable outlet. "It can be overwhelming to juggle a full-time job, going to school at night and the kids, and it helps to have someone just listen."

The consistent, ongoing relationships that the clinicians have developed with Maria's family have allowed her children to feel comfortable talking to them about nearly any topic. "My teenage daughter is more comfortable talking about peer pressure and sex with her therapist than with me, and her therapist fills that communication gap for us," she says. Maria has seen the direct relationship between having mental health services and her children's performance at school. Concerned phone calls about Kevin's academics and behavior have given way to glowing report cards. "Now, teachers say how wonderfully he's doing, and that has a lot to do with the help he gets from Children's," she says. "He does his homework, and he's on the honor roll."

What makes CHNP unique is its integration into the fabric of the school and how closely its clinicians work with teachers. In working hand in hand with schools, the program builds the capacity of schools to address students' mental health. The partnership's benefits—to students, teachers and the community—are clear to Cheryl Watson Harris, principal of the Tobin K-8 school. "Because the clinicians are school-based, the supports are aligned with school-wide practices, and the children and parents feel as though the approach is more holistic and comprehensive," she says. "Many of my colleagues have marveled at this partnership, as the support from CHNP helps create a comprehensive care program that maintains open communication among school staff, parents and CHNP. Most students served by CHNP have made tremendous improvements—classes have been turned around."

For Maria, the effects are long-lasting. "My children are good influences on each other," she says. "In our family sessions, we've cried together and we've laughed together, and that has made us stronger. And having people who care about us and help us cope with things differently, we've become like a family. These are people my kids will never forget. I know I won't."



**Q&A** with Mwaniki F. Mwangi, MSW, LICSW, and Karen Capraro-Gentuso, LICSW, EdM, clinical social workers in CHNP

### **Why is CHNP important to the schools you work in?**

**MM:** We're extremely flexible and can help each student, teacher, classroom and school with the specific issues they're facing each day. This lets us provide our services in a meaningful, comprehensive way. When a class was having a particular issue, we taught a curriculum empowering the kids to make healthy, safe choices. If there's a class struggling, we go in and work to help the children learn new behaviors, like social skills and anti-bullying behavior.

### **How is CHNP different?**

**KC:** We don't just come in, do therapy and leave. We're in the school with the teachers and kids every day. We're a regular presence and we make sure we're seen by students and parents. Teachers really value that we're part of the school. It's also less stigmatizing for the kids to talk to us if they're having problems since we're seen as part of the school community.

### **How does CHNP help teachers?**

**MM:** Teachers find it helpful to get our perspective on difficulties they're having in the classroom. For example, my consultation with a teacher who has a student with ADHD included setting up a plan for the first 10 minutes of the class to help the student focus on a routine for starting class. We talked about the student's behavior not from a disciplinary perspective but from a mental health perspective.

### **What made you want to be a part of CHNP?**

**KC:** When you treat children's mental health issues in a hospital, you don't see the kids in their natural environment. School is where they're really comfortable it's their second home. Since the kids are comfortable, it breaks down barriers.

For more information on this story, visit:  
[childrenshospital.org/community/stories](http://childrenshospital.org/community/stories)

## Innovation in Mental Health Service Delivery

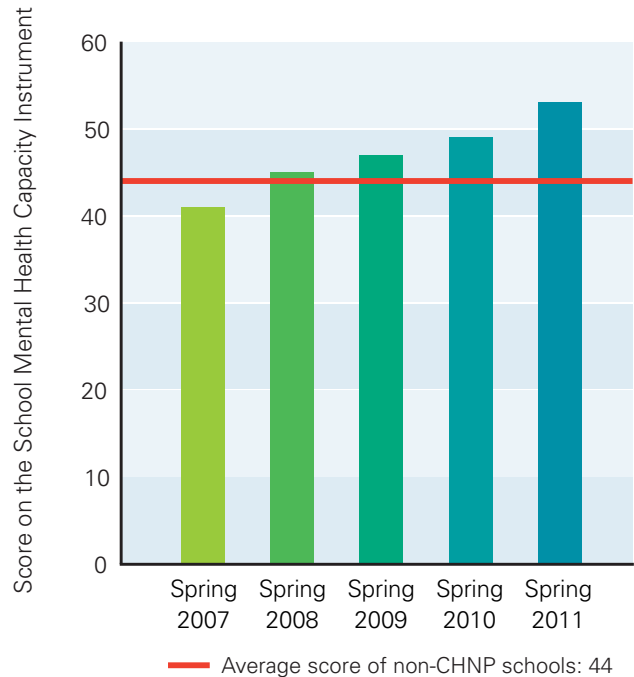
Founded in 2002, the Children’s Hospital Neighborhood Partnerships (CHNP) began as a program to partner with individual schools. Now in its 10th year, the program has evolved into a model that is positioned to help schools across the city and state build the necessary internal capacity to proactively address student behavioral health issues that impact academic and life success. (See chart.)

Based on lessons learned through the CHNP and the hospital’s psychiatry program, Children’s has identified the need to address pediatric mental health issues on a much broader scale. In 2006, Children’s partnered with the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) to co-found the Children’s Mental Health Campaign (CMHC) in an effort to change how children’s mental health services are provided in Massachusetts. CMHC’s work resulted in the enactment of three landmark laws that together improved access to mental health services, spurred early identification of children with mental health needs, increased schools’ capacity to address the mental health needs of students, expanded insurance coverage for children in need of mental healthcare services and reduced the number of kids “stuck” in inappropriate care settings.

CHNP was a leader in the development of the approach to reforms in education and children’s mental health. CHNP’s founding director was instrumental in drafting the legislative language that created the Task Force on Behavioral Health and Public Schools. With representation from Children’s and CHNP, the Task Force created a Safe and Supportive Schools Framework, which would require all schools to develop action plans for creating safe and supportive environments by 2017. From testifying in support of the legislation to chairing the CMHC Workgroup on Education and Mental Health, CHNP continues to be involved in the advocacy efforts to pass this pending legislation.

Eager to implement this proposal, the Boston Public Schools (BPS) has invited CHNP to be its main partner in the development of a district wide behavioral health model that will pilot many of the bill’s elements and will serve as a model for school districts across the country. The model will enable schools to provide a comprehensive system of care that integrates appropriate levels of behavioral support for all students. In preparation for these changes, CHNP is also playing a larger role in BPS’s professional development practices. Drawing on its experience at the school level, CHNP is co-sponsoring and leading monthly professional development workshops for teachers and administrators district-wide. This presents yet another opportunity to promote systemic change by building capacity within BPS.

Change in CHNP Schools\*  
Mental Health Capacity Scores



\* Teachers rate the extent to which systems, procedures and policies to address mental health are integrated into the school.

CHNP currently reaches almost 2,000 children in 15 Boston schools. Yet, the program’s model and relationships it has developed with education agencies and policy makers offer the potential to impact the lives of Boston’s 57,000 students and students across the Commonwealth.

For more information on CHNP, visit:  
[childrenshospital.org/chnp](http://childrenshospital.org/chnp)

## Bridging the Gap

# Between Research and the Community

The Children's Hospital Boston Collaborative Center for Community Research (C-CORE) was created in 2010 with funding from the National Institutes of Health and Children's. C-CORE aims to reduce child health disparities in Boston through an innovative partnership among four local cornerstones of child health and education — Children's, the Boston Public Health Commission, Boston Public Schools and the Boston Conference of the Massachusetts League of Community Health Centers. "Our goal is to support folks from Children's and the Boston community in conducting research to improve the health of Boston's youth, families and communities," says Mark Schuster, MD, PhD, chief of General Pediatrics at Children's, William Berenberg Professor of Pediatrics at Harvard Medical School and C-CORE's director.

C-CORE activities are guided by the principles of community-based participatory research (CBPR), an approach that engages community members and researchers in a partnership throughout the research process. "Our team is dedicated to ensuring that research represents community interests and that results have the potential to lead to sustainable programs and policies," says General Pediatrics research director Laura Bogart, PhD, associate professor of Pediatrics and C-CORE's associate director. To ensure that C-CORE is responsive to community needs, its activities are

informed by a 40-member Community-Academic Advisory Board of stakeholders from local community organizations and researchers from Children's and other academic institutions. C-CORE also receives input from the Mayor's Youth Council, a group composed of high school students representing every Boston neighborhood.

C-CORE facilitates collaborations between researchers and community partners, identifies community health priorities and research opportunities and works to design, implement and evaluate new projects. In December 2011, with funds made available by Children's, C-CORE provided two grants to community organizations conducting CBPR pilot projects in partnership with Children's faculty.

In an effort to fill a gap in understanding health and health disparities among Boston's youth, C-CORE is supporting partners at the BPHC to conduct the Boston Child Health Study. This study, another project funded by Children's, will create the first comprehensive inventory of child health and health disparities in Boston using phone surveys, Medicaid claims data, and resource assessments of local neighborhoods. In addition, C-CORE will be completing a needs assessment of Children's researchers this spring to better understand their community-based research experiences and interests, as well as their need for resources to foster and maintain community research partnerships.

As part of its teaching mission, C-CORE aims to educate academic and community partners about child health issues and CBPR. Activities include a planned June 2012 Community-Academic Forum entitled, "Misunderstanding & Mistrust of Health Research and Health Care: Opening a Dialogue in Boston."

Disseminating C-CORE's work through community outreach and a public website is an important function as it will reinforce the use of community-based research in addressing child health disparities. In the long-term, dissemination activities will strengthen capacity for conducting high-quality community research that improves the health and well-being of Boston's children and youth.

For more information on C-CORE, visit:  
[childrenshospital.org/ccore](http://childrenshospital.org/ccore)

## C-CORE Leadership

**Mark Schuster, MD, PhD**, General Pediatrics, Children's (Director)

**Laura Bogart, PhD**, General Pediatrics, Children's (Associate Director)

**Deborah Allen, ScD**, Boston Public Health Commission  
(Community Research Associate)

**April Allen, MPA, MA**, General Pediatrics, Children's

**Jill Carter, EdM, MA**, Boston Public Schools

**Paula McNichols**, Massachusetts League of Community Health Centers  
and Brookside Community Health Center

**Shari Nethersole, MD**, Office of Child Advocacy, Children's

**John Riordan, MCRP**, Office of Child Advocacy, Children's

**Diana Santiago, JD, MPH**, Boston Public Health Commission

**Snehal Shah, MD, MPH**, Boston Public Health Commission

**Shanna Shulman, PhD**, General Pediatrics, Children's

## Children's first Annual William L. Boyan Award Honors Sociedad Latina



**Back row, from left,** Giovanni Martinez, Sociedad Latina; William L. Boyan, former Children's Board of Trustees chair and chair of Children's Board Committee on Community Service; James Mandell, MD, Children's chief executive officer; Joseph Monge, Sociedad Latina; Alexandra Oliver-Dávila, executive director, Sociedad Latina and Stephen R. Karp, chairman Children's Board of Trustees. **Front row, from left,** Giovanna Franco, Joel Colon and Marcos Suares of Sociedad Latina.

On November 14, 2011, Children's Hospital Boston awarded the first annual William L. Boyan Award for Excellence in Community Health to Sociedad Latina, a youth development organization located in Roxbury. The William L. Boyan Award honors a community organization for their work and commitment to the children and families of Boston. Each year, the theme of the award will change. The focus for the 2011 award was to support a program within a community organization, health center, city agency or Boston school that addressed the mental health needs of children.

The \$50,000 award will help Sociedad Latina to expand their mental health services by hiring a full time case manager. Sociedad Latina will be an internship site for Boston College social work students who will provide weekly mental health workshops for families. These workshops will help Sociedad families access resources, better understand mental health and work together to promote good mental health in the Latino community.

For more information on Sociedad Latina, visit:  
[sociedadlatina.org](http://sociedadlatina.org)

## Children's helps celebrate the launch of the Madison Park Recreation Center

On December 10, 2011, Boston Centers for Youth and Families (BCYF) launched the Recreation Center at Madison Park, a re-purposed facility that will allow BCYF's Recreation Division to expand and enhance its current program offerings as well as to develop new initiatives to improve the quality and accessibility of recreation, sports and fitness programs citywide. The Recreation Center, which is shared space with Madison Park High School, features two gymnasiums, a swimming pool, football field, dance studio, tennis courts, running track and a workshop training room.

"This is all about individuals and organizations from across the city coming together to improve people's lives," said Mayor Thomas M. Menino, who attended the event. "Madison Park is going to be a great conveyor for youth sports in our city, and I am looking forward to seeing the programs and activities that are going to come out of here that really help people."

Healthy Kids, Healthy Futures (HKHF), a partnership between Northeastern and Children's Hospital Boston, holds its Saturday Open Gym free play program at Madison Park. HKHF provides education and training to prevent childhood obesity in the neighborhoods of Fenway, Mission Hill, Jamaica Plain and Roxbury with its cornerstone being the Saturday Open Gym for Boston families with young children.

For more information on HKHF, visit:  
[northeastern.edu/healthykids](http://northeastern.edu/healthykids)

Shari Nethersole, MD, medical director for community health, Children's Hospital Boston; Daphne Griffin, executive director, Boston Centers for Youth and Families; Mayor Thomas M. Menino, City of Boston; Ryan Fitzgerald, director of recreation and sport, Boston Centers for Youth & Families; Dr. Carol R. Johnson, superintendent, Boston Public Schools; Councilor Tito H. Jackson, Boston City Councilor, District 7; Robert Gittens, vice president, Government Relations and Community Affairs, Northeastern University and member, Children's Board Committee for Community Service.



# Making a Difference, Big Time

## Proven Community Health Programs Move toward Systemic Change

By M. Laurie Cammisa, Esq., vice president for Child Advocacy



**N**early 20 years ago, Children's Hospital Boston was among the first in the country to expand the traditional academic missions of patient care, teaching and research to embrace a fourth core mission: community health.

Back then, our community health mission consisted of a few programs that provided services

to Boston children and families. Over the years, our approach to improving community health has evolved and matured. We've embraced partnerships. We've proactively engaged our communities. We've concentrated our community health programs in core areas where we have the expertise and resources to make the most difference and where significant public health needs exist.

This gradual evolution has resulted in what is today a wholly strategic approach to improving child health. We have two key aims — focusing on the most pressing health care needs of children and providing services through program models that not only work but can lead to systemic change.

Along the way, our strategy evolution has included taking a critical look at how we are organized. We developed a clear operating model that defines our work and a performance measurement system that guides our activities — things like measuring and tracking performance, reporting progress and results and learning from data to make informed decisions. We developed a program evolution model, which is a framework that informs the development and growth of our programs in our four core health areas (asthma, obesity, mental health and child development) and ensures that these programs are making progress toward systemic change.

### A Portfolio of Programs

The hospital views four key programs (Advocating Success for Kids, Children's Hospital Neighborhood Partnerships, Community Asthma Initiative and Fitness in the City) as a portfolio, and we manage this portfolio with a triple focus.

One focus is to guarantee that the hospital's investment of resources (human and financial) is targeted to programs that address local needs, alleviate health disparities, partner and

engage with our community and provide services through models that lead to systemic change. For Children's, systemic change encompasses a range of activities: taking a program to scale, replicating the program, ensuring needed public policy changes, building capacity and sharing knowledge that leads to changes in pediatric practice.

Another is to ensure that, by employing a uniform set of standards and criteria, these programs measure value and social impact—things like improving health outcomes and quality of life, proving cost-effectiveness and building community capacity.

A third is to align with the hospital's overall need to excel in a changing health care environment. The hospital fits our focus areas and interventions into a continuum of care model that looks for ways to prevent short- and long term illness and eliminate or avoid medical costs. By doing so, we are setting the stage for a number of key elements of national health care reform, including reductions in medical costs, the patient-centered medical home and population health management.

### Working toward Systemic Change

The portfolio approach allows us to measure progress and demonstrate quantitatively that our programs work. But how can we make a difference on a larger scale? There are two answers, both of which the hospital is employing to work toward systemic change.

In the first place, we are building community capacity—to arm our community partners with the tools they need to broaden the programs we have created together. An example is Fitness in the City (see page 14), which our health center partners have adapted in a variety of ways to involve more children and families in addressing obesity through nutrition education and exercise opportunities.

Secondly, we are taking our programs "to scale" by bringing the proven model to a larger population through public policy advocacy. The hospital's approach to community mental health programming, through the Children's Hospital Neighborhood Partnerships (CHNP), is one example of scalability and advocacy working together toward systemic change (see page 1). Asthma care is another.

Children's developed its Community Asthma Initiative (CAI) in 2005. CAI provides case-management and home visits, offers education to caregivers and providers, distributes asthma control supplies and connects families to resources.

# Leading the Community Mission

## Board Committee for Community Service

Members of the Board Committee for Community Service offer insight and review the hospital's strategy for its community mission. The Board provides insight into the needs of the community as well as approves the hospital's community benefits plan.

**Winston Henderson, JD, chair**  
Nano Terra, Inc.

**Zamawa Arenas**  
ARGUS Communications

**Tristram Blake**  
formerly of South End Community Health Center

**Sandra L. Fenwick (ex-officio)**  
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**Margaret M. Noce**  
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**Robert Restuccia**  
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**Adita Vazquez**  
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Salem District Court

**Wendy A. Watson**  
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**Gregory J. Young, MD**  
Pediatric Physician's Organization at Children's Hospital

**M. Laurie Cammisa, Esq., staff**  
Children's Hospital Boston

Rigorous evaluation of the program demonstrated that CAI has improved health outcomes for children and also is cost-effective. Armed with quantitative measures of success, the hospital worked with the Asthma Regional Council of New England to make a business case for replication locally, state-wide and regionally, urging payers to ensure that all children have access to these types of asthma services. Using this business case, we worked with an even broader coalition of local and state asthma organizations in Massachusetts to advocate for public policy changes.

The coalition has been successful. The state legislature earmarked \$3 million in its FY11 Medicaid budget for a demonstration project that will provide case management services to children with asthma. The Centers for Medicare and Medicaid Services (CMS) approved Massachusetts' Medicaid waiver renewal proposal, including this pilot program. Soon, we expect the state's Medicaid program to issue a request for proposals and select six pediatric practices to participate in the asthma pilot.

Working on another front — sharing lessons learned — to expand the impact of the CAI, we partnered with the Boston Public Health Commission as they created the Boston Home Visiting Collaborative. This collaborative has developed tools, standards and processes for asthma home visits across the city, with a universal referral system and training of community health workers to expand capacity. Significant portions of this work are based on what we have learned through the CAI.

So, while the hospital's CAI program has reached 800 Boston children with moderate to severe asthma since its inception, it is building a model that has the potential to reach every child in Massachusetts who suffers from asthma.

I'd say that is making a difference, big-time.

For more information on Children's community mission, visit:

[childrenshospital.org/community](http://childrenshospital.org/community)

# Going to ASK for Answers

Through Children’s support, a family finds a path to a brighter future

**T**heresa left her home and family in Cape Verde for Boston when she was 10, and grew up in DSS custody. So when learning difficulties left her unable to finish high school, she didn’t have many people to turn to for help. Then, when her own young daughter, Claudia, showed similar signs of learning difficulties, she felt alone, all over again. “I’m a young parent—I’m 26—and I just finished high school only a few years ago,” she says. “Watching my daughter have the same problems at school is the hardest part of being a mother, since all I want is for her to succeed in school.”

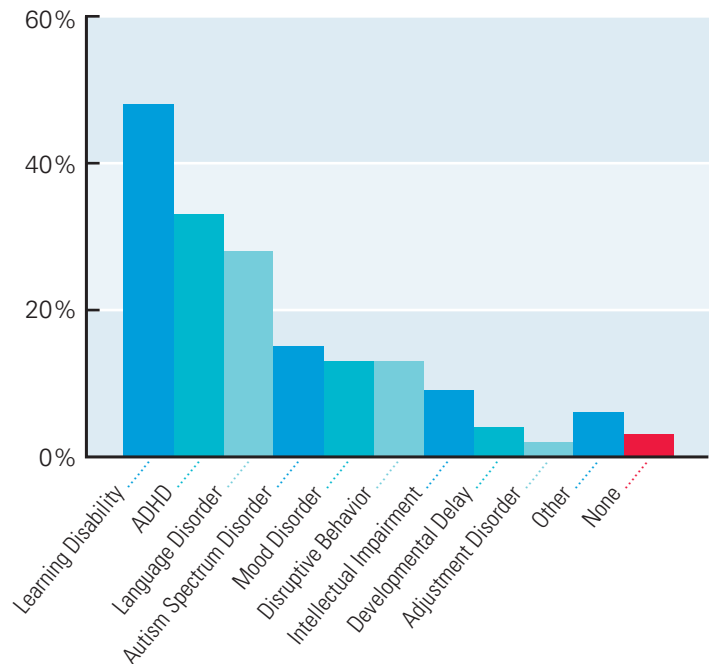
Claudia, now 7, showed signs of having learning disabilities when she started kindergarten, and her primary care provider at Dorchester’s Bowdoin Street Health Center referred her to the Advocating Success for Kids (ASK) Program for an evaluation. Started in 2000, Children’s Hospital Boston formed ASK to address primary care physicians’ concerns about many of their patients’ unmet learning, developmental, emotional or behavioral needs.

Today, ASK is staffed by two physicians, a psychologist, a nurse practitioner, three pediatric fellows, two post-doctoral psychology fellows, four social workers and an educational specialist, who work together to evaluate children referred from Children’s primary care team, as well as from three community health centers. The families they see, like Theresa’s, are mostly low-income minority families living in urban areas who otherwise wouldn’t have access to such a comprehensive developmental service. While the program has grown tremendously over the years, ASK retains its core approach: developing an understanding of a child’s unique challenges in school and at home, proposing interventions (such as school evaluation and in-school and/or home-based supports), working with parents to get those interventions in place and advocating on their child’s behalf. Its goal also remains the same: to optimize children’s health and success at school, positioning them for a brighter future.

“Parents have so much on their plates already, that it can be overwhelming to find ways to address their children’s learning or behavioral challenges,” says ASK social worker Casey Walsh, LICSW, who has worked with Theresa’s family for years. “Kids like Claudia with unclear learning needs may not get adequate support in the classroom, and parents need help figuring out how to access the right resources.”

This kind of help can take many forms, including connecting families to community specialty services, setting up medical appointments, referring to specialty education programs and coordinating with a child’s teachers. For Claudia, it centered on first completing a comprehensive evaluation, communicating with

Common Diagnosis for ASK Patients



her teachers and observing her in school. Then the team documented the nature of her learning issues so that an appropriate Individualized Education Program (IEP) for her school could be developed. But ASK didn’t leave it at that: Walsh stayed involved to see the plan through, and to act as a source of support for Theresa. “That’s the great thing about ASK,” says Walsh. “Our program allows us to partner with parents so they better understand their child’s diagnostic concerns and special education rights. When parents are armed with this knowledge they develop the confidence to advocate for their kids.”

Theresa had tried everything to get her daughter the extra help she needed at school, to no avail. “I work hard and my husband works hard just to make a living, and it’s challenging to get to the IEP meetings and constantly follow up about them,” she says. “It was too much, and so I called Casey. Within a week, she had an IEP on my doorstep. It was amazing.”

Over the years, Walsh has worked with Theresa on everything from finding a new school for her daughter and attending the IEP meetings with her, to coordinating appointments for specialty care for Claudia. Once, when a school failed to implement Claudia’s IEP, the ASK team arranged a lawyer to represent the family and helped Theresa through the ensuing due process, including testifying on Claudia’s behalf.

# Providing a Community Voice

## Community Advisory Board

Community Advisory Board (CAB) members identify opportunities for partnership, serve as advocates and ambassadors and help connect hospital experts with local organizations.

**Margaret Noce, chair**

Jamaica Plain Coalition: Tree of life/Arbol de Vida

**Dorys Alarcon**

Children's Hospital Boston

**M. Laurie Cammisa, Esq.**

Children's Hospital Boston

**Jill Carter, EdM, MA**

Boston Public Schools

**Yi Chin Chen**

Hyde Square Task Force

**Katherine Cook, NP**

Bowdoin Street Health Center

**Lauren Dewey-Platt**

Fenway Resident

**Patricia Flaherty**

Mission Hill Resident

**Alexandra Oliver-Dávila**

Sociedad Latina

**Sheneal Parker**

Fenway Resident

**Laurie Sherman**

Mayor Thomas Menino's Office

**Christopher Sumner**

Wheelock College

**Roland Tang, MD**

South Cove Community Health Center

**Michelle Urbano**

Boston Public Health Commission

**Andrea Swain**

Yawkey Club of Roxbury

**May Vaughn-Ebanks**

Roxbury YMCA

**John Riordan, staff**

Children's Hospital Boston

"Casey has been wonderful," says Theresa. "If I attend a school meeting that I don't understand, she's always willing to explain it. She gives me the motivation and the ability to organize so I can be there for my kids."

Last year, Theresa brought her now 3-year-old son, Richard, for an ASK evaluation because he still wasn't talking, and the team recommended early intervention to address his developmental delays. They set up appointments for speech therapy and hearing tests and coordinated his placement in a nutrition program at Children's.

Claudia is still followed by ASK and Theresa relies on Walsh to support her at school meetings to ensure Claudia is making progress. "If I'm having a rough day, Casey will sit on the phone and talk, and I like knowing I have that support," she says. Theresa sees ASK as a valuable resource to other struggling parents. "Like me, some of them don't have anybody. The help I got in the past five years has transformed me from a teen mom into a grown woman who takes care of my own house and my small, but great, family," she says. "There are lots of hardworking people who get left behind, and who need some help. ASK stepped in and helped me and I don't know where I'd be without it."

For more information on ASK, visit:

[childrenshospital.org/ask](http://childrenshospital.org/ask)

## By the Numbers >

Advocating Success for Kids

**356** children served by ASK each year

**67%** have public insurance

**7.5** average age of ASK children

**48%** of children in the program have a learning disability

**33%** have ADHD

**15%** are on the autism spectrum

# Fitness in the City:

A low-tech, community-based, highly effective approach to weight management



Katherine Cook, NP, Bowdoin Street  
and Roland Tang, MD, South Cove

**W**atching fewer hours of television. Drinking fewer cans of soda. Increasing the amount of time spent exercising. Lowering body mass index (BMI).

What's this a prescription for? Reducing obesity among children aged 6–18 who are seen in 11 Boston community health centers.

That's the goal of Fitness in the City (FIC), a partnership between Children's Hospital Boston and the health centers, which is supported by Kohl's Cares. Launched in 2005, FIC relies on nutrition services, education, and physical activity opportunities coordinated at each site by a case manager. Over 900 obese and overweight children are referred by their health center-based primary care provider to participate every year.

"The case manager is the program's secret weapon," said Shari Nethersole, MD, medical director for community health in the Office of Child Advocacy at Children's. "He or she serves as a 'coach' to participants—providing motivation and connecting them with culturally appropriate, accessible and affordable resources. Case managers are the main link with the child's primary care provider and parents."

Case managers conduct intake and follow-up surveys with participants, engage parents to help develop wellness goals, support participants through nutrition and physical activity referrals, educate health center staff about available local resources, perform data management and meet to share best practices.

## Grassroots approach helps health centers build capacity

While Children's has a well-established and highly successful hospital-based obesity management program, OWL (Optimal Weight for Life) is only able to reach a fraction of the overweight and obese children in Boston's urban core neighborhoods. So the hospital explored a more grassroots, community-based approach and capitalized on its longstanding relationships with community health centers.

"Many obesity initiatives focus on schools, but we felt that the participation of family members was vital to a child's success in managing overweight and obesity," said Nethersole. "Health centers were chosen because family members would be more likely to be engaged in a child's treatment program if it was located in their health center. In addition, health centers know their populations intimately, can address cultural and linguistic needs, and can mold the program to address barriers and leverage resources in their own communities."

FIC has become an integral part of the health centers' obesity efforts. "We have benefited greatly from our participation in regular meetings convened by Children's with other health centers in the program," says Roland Tang, MD, a pediatrician at South Cove Community Health Center in Chinatown. "The meetings often include best-practice presentations, and the open exchange of ideas about what works and what doesn't for other health centers. It has helped us make informed decisions about the direction of our own program." The program also has helped centers develop or improve their data collection systems. "Prior to having Fitness in the City, we were not collecting BMI data on all our young patients," said Katherine Cook, NP, MSN, at Bowdoin Street Health Center in Dorchester. "Today, through Children's evaluation support, we're able to track BMI measures as well as other important behavioral change indicators."

FIC's grassroots approach has proven to be a "low-tech" solution to a vexing and increasing child health problem.

For more information on FIC, visit:  
[childrenshospital.org/community](http://childrenshospital.org/community)

## Improving a Community's Odds



When two of Maria Baker's three sons, Arthur 12, and Michael, 6, went from a healthy weight to overweight, with one bordering on obese, their pediatrician knew they needed help.

They're not alone. Childhood obesity is on the rise nationwide, with Black and Latino children affected at a higher rate than white children. Some suffering from conditions once considered strictly adult diseases, such as type 2 diabetes, hypertension and sleep apnea — obese children may face shorter life spans than their parents. And overweight children are more than twice as likely to be hospitalized.

The odds weren't in her sons' favor, but that's changing with the help of Fitness in the City (FIC). Living in public housing, Maria felt there were few outlets for her boys to be active. Through FIC, the case manager gave them a free YMCA membership. Now Maria takes the boys to the Y three times a week for karate and swimming, and she works out too. FIC keeps costs low by connecting families to existing community resources, such as the Y.

The family's also making healthier nutrition choices. "I used to eat anything," says Arthur, referring to the junk food he often bought after school. "Now, I'm healthy. I even feel more focused on school."

## FIC Participating Health Centers

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

## By the Numbers >

Fitness in the City

**60%** of children in FIC decreased or maintained their Body Mass Index (BMI)

**245** scholarships were awarded to motivated FIC participants to join local gyms or other physical activity resources

Number of weekend TV-hours watched by FIC kids decreased from **4.3** to **3.54**

Numbers of cans of soda or juice consumed per day decreased from **2.5** to **2.3**

Number of days per week FIC kids exercised 30 minutes or more increased from **3.2** to **3.5**

# Martha Eliot Health Center

A resource for teens and families



Located in Jamaica Plain, the Martha Eliot Health Center (MEHC) was established in 1966 to address the needs of inner-city children, adolescents and families. Many of Martha Eliot's patients reside in the neighborhoods surrounding the health center—Jamaica Plain, Mission Hill, Roxbury and Dorchester—all parts of Boston hit by violence and persistent poverty. Many patients are recent immigrants to Boston from countries as varied as the Dominican Republic, Somalia and Haiti. As Children's Hospital Boston's community health center, MEHC embodies more than 40 years of commitment to provide and ensure that families can access the highest quality of health care.

## Adolescent Services Program (ASP)

In addition to poverty and violence, MEHC's adolescent patients struggle with pregnancy, sexually transmitted diseases, chemical or alcohol dependency, as well as school and behavioral problems. These adolescent patients find many obstacles to treatment—too old for pediatricians, too young for adult providers and striving for independence from their parents. Addressing the urgent needs of these vulnerable young adults is challenging. The MEHC's Adolescent Services Program (ASP) has been essential to supporting these teens and meeting their unique needs. ASP reaches across multiple disciplines, combining the efforts of the mental health, medical and youth development staff at MEHC. Together, the team helps these at-risk youth build confidence, develop crucial decision-making skills and enhance their ability to resolve conflicts. What's the ultimate goal? To ensure these adolescents grow into healthy, productive adult members of their community.

## Just in Time (JIT)

A key component of the Adolescent Services Program, Just in Time (JIT) is a mental health and crisis intervention service for urban youth who struggle with the effects of violence and poverty. JIT's structure incorporates the services of a mental health counselor with expertise in issues related to adolescents within the primary care setting. This innovative model enables the JIT social worker to handle mental health issues as they arise. As most adolescents are unlikely to schedule separate counseling appointments, JIT prevents adolescents in crisis from becoming lost.

Last year, the JIT social worker handled 95 referrals and was able to provide each teen with a short-term intervention to address concerns such as educational stressors or the challenges of pregnancy and parenting. For others, JIT handled issues related to both domestic and community violence. Through JIT, 37 adolescents received referrals to longer-term therapy last year. A referral to longer-term therapy allowed these adolescents to benefit from continued support around their stressors. To ensure that adolescents adhered to recommendations for long-term treatment, JIT staff worked closely with Adolescent Services to follow up on these referrals and get at-risk youth the help they so desperately needed.

For more information on MEHC, visit [childrenshospital.org/mehc](http://childrenshospital.org/mehc)

## Helping Youth in Crisis

Luz, 17, came to MEHC anxious and depressed. During her meetings with the JIT social worker, Luz revealed that her life had been deeply affected by gang violence. Luz's father was incarcerated for gang-related activities. Her boyfriend had been a gang member who was shot and killed in 2010 during a fight with a rival gang; sadly, the same fate had befallen her mother's boyfriend several years earlier. JIT paired Luz with a home-based therapist who worked intensively with her on anxiety, grief and plans for the future—something Luz had never before been able to envision. Today Luz is entering her last year of high school and is preparing to attend college. She still meets regularly with her home-based therapist and for the first time in her life, is feeling hopeful about what lies ahead.

# Children's and the Boston Public Schools

Working together to build the capacity of families and schools

Children Hospital Boston's overarching goal in its work with the Boston Public Schools (BPS) has been to help support students while building the capacity of families and individual schools to address the health-related issues that can impact a student's ability to focus on learning. For over 10 years, Children's has partnered with the BPS in a variety of ways, including efforts to prepare families for their preschoolers' entrance into the BPS system, promote positive child health and development, offer training for school staff as well as help students overcome barriers that may prevent them from functioning in school.

## Supporting students

For more than 10 years, the Children's Hospital Neighborhood Partnership (CHNP) has been in Boston schools providing a comprehensive array of mental health services to youth. In SY10–11, CHNP provided prevention, early intervention and clinical intervention services to over 1900 students in 15 CHNP partner schools. (For more information on CHNP, see page 1.)

## Bolstering school personnel

- Beyond supporting students, CHNP has facilitated professional development opportunities for 293 teachers and was successful in supporting schools to better address student mental health issues, as measured by steady increases in capacity over time. (See chart page 7.)
- BPS school nurses are eligible for hospital-funded scholarships to assist their professional development. Since 2005, Children's has invested approximately \$25,000 to offer 340 scholarships to 75 BPS nurses. Additional programs provide training and support to teachers and staff on topics such as asthma, autism and social, emotional and behavioral health.
- Children's has provided support to convert the school paper medical records to an electronic medical record format that allows school medical personnel to better track individual student health issues.



## Encouraging parents

- Children's experts lead workshops at BPS' Parent University, which helps parents to better understand the connection between health and school success, enhance their ability to address health issues such as asthma and support their children's ability to develop self-regulation skills.
- Since its inception, Children's has supported Countdown to Kindergarten, a program to help children and families with the transition to kindergarten, as well as the initiative's Play to Learn program at the Hennigan School in Jamaica Plain, which serves as a bridge between pre-school and the BPS system.

## Moving forward

BPS is eager to begin implementation of the Safe and Supportive Schools Framework developed by the Massachusetts Task Force on Behavioral Health and Public Schools and has invited CHNP to be its partner in the development of a district-wide behavioral health model that will pilot many of the elements in the framework. As BPS prepares for these changes, CHNP is co-sponsoring and leading monthly district-wide workshops for teachers and administrators in support of BPS's professional development practice. (For more details, see page 7.)

# Community Health Centers:

## Partners in health and access for local children

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

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

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

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

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

### Building capacity

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

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

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

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

### Addressing health needs

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

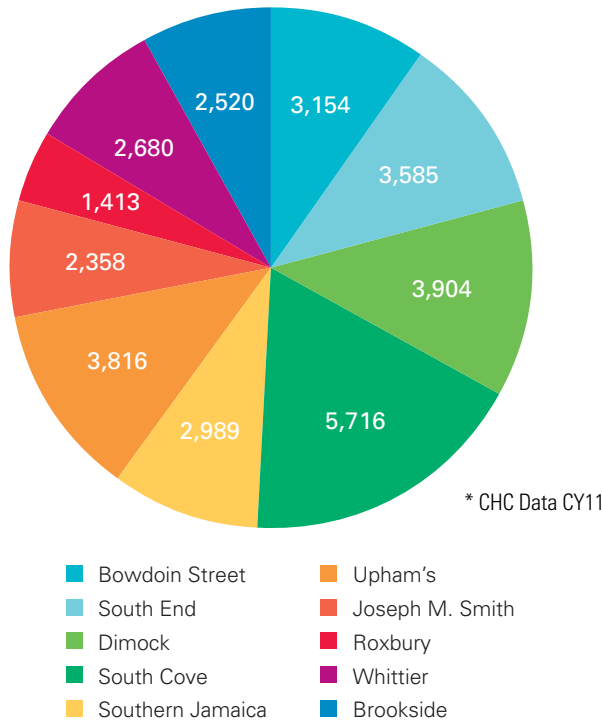
The Dimock Center in Roxbury participates in Fitness in the City, OWL on the Road and CHNP. “For us, this means support for our nutritionist and a Children’s endocrinologist who comes once a month. These professionals are invaluable in helping us work with young patients who are, or are at risk for,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

### Focusing on quality and outcomes

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

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

N = 32,135 for 10 health centers



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

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

### Improving access

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

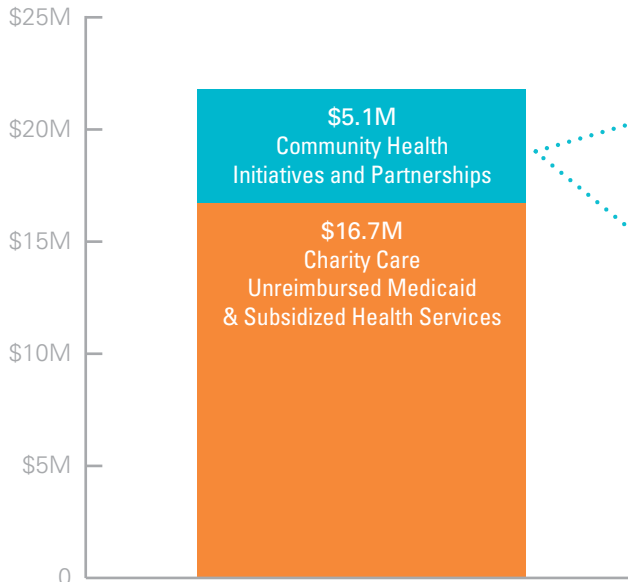
And finally, health centers and Children's share a desire to address children's health issues on a broader level. Children's works with community organizations, health centers and city, state and federal policy-makers to bring attention to children's health issues, such as improved access to asthma care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

## Children's-Affiliated Community Health Centers

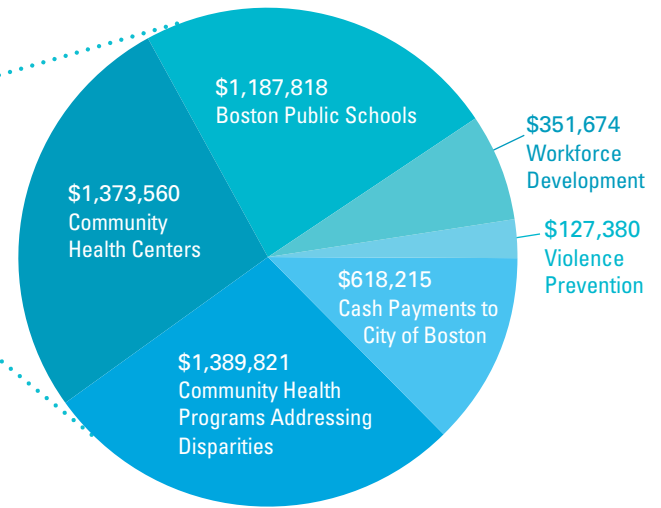
- Bowdoin Street Health Center, Dorchester
- Brookside Community Health Center, Jamaica Plain
- The Dimock Center, Roxbury
- Joseph M. Smith Community Health Center, Allston
- Martha Eliot Health Center, Jamaica Plain \*
- Mattapan Community Health Center, Mattapan
- Roxbury Comprehensive Community Health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

\* Children's owned and operated.

# FY11 Investment in Boston Children and Families\*



Invested to Benefit the Health & Well-Being of Boston Children and Families:  
**\$21.8 Million Total**



**\$5.1 Million Invested to Support Community Health Initiatives and Partnerships**

\* Financials as of March 2012

## spotlight

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Children's Hospital Boston's community programs are made possible in part through the generosity of BJ's Charitable Fund, Covidien, Josephine and Louise Crane Foundation, Kohl's Department Stores, Newman's Own Foundation, People's Federal Savings Bank, The Boston Foundation, The Thoracic Foundation, The Ludcke Foundation and many others. Our sincerest thanks!

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## Children's Listens and Learns From Residents and Stakeholders

Everything Children's Hospital Boston does in fulfilling its community mission is based on how it can best utilize its expertise and resources to address the critical health issues families face today. A comprehensive assessment helps the hospital to identify and understand the current issues. "Children's uses both formal and informal methods to listen and learn from our community," says Christine Healey, manager for Program and Community Partnerships in the Office of Child Advocacy at Children's. This process involves continued community engagement—seeking input and having ongoing conversations with families and community leaders including key partners like the City of Boston, the Boston Public Health Commission (BPHC) and the Boston Public Schools.

Guided by Children's Community Advisory Board, Children's conducts a formal health assessment every three years to "takes the pulse" in Boston neighborhoods surrounding the hospital. Focus groups with residents, interviews with key stakeholders and an analysis of data and best practice literature provides an in-depth view of not just concerns and needs, but also the strengths and assets of the community. "Our goal is to use the information gathered to develop the hospital's action plan which aims to leverage resources and find synergies," says Healey.

The results also impact Children's community mission which is focused on: 1) improving access to care and serving as a safety net hospital, 2) implementing programs to improve health in four key areas (asthma, obesity, mental health and child development) and achieve systemic change, and 3) supporting partners to address the social determinants of health that affect the entire community.

Children's last formal report was completed in 2009 and the hospital is now preparing for its next assessment. The data collection process is underway as the hospital embarks on the Boston Child Health Assessment Mapping Project, in partnership with the BPHC. See page 8.

For more details on the needs assessment process, visit [childrenshospital.org/community](http://childrenshospital.org/community)