

Humans of CDI

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Dr. Alexy Arauz Boudreau is an academic community pediatrician improving the health of vulnerable children through primary care re-design, research and community initiatives. As Director for Pediatric Population Health at Massachusetts General Hospital for Children (MGHfC) she has taken a lead role in transforming MGHfC pediatric primary care practices into patient centered medical homes implementing population health management and quality improvement efforts to develop a holistic system for promoting child development and addressing health disparities. Under her leadership the pediatric population health coordinators program has been established meeting quality metrics in risk contracts and setting the stage for proactive population health management.

She is also an innovative leader at MGH promoting diversity and inclusion. As the Associate Director of the MGH Center for Diversity and Inclusion she has adapted a team communication course to address dynamics in multicultural health care teams to improve team communication and thus health care quality.

Her research has focused on addressing health disparities and studying medical home implementation to enhance child development. Her research has assessed the association of cultural competence with the quality of well-child care, the addition of health coaches as an approach to obesity prevention, and most recently, understanding how practices transform into a medical home and its benefits.

Dr. Arauz Boudreau is a member at the Massachusetts General Hospital Division of General Pediatrics and practices as a primary care pediatrician at MGH Chelsea HealthCare Center. She received her medical degree from Harvard Medical School and a Master's in public health from Harvard School Public Health. She has completed the Harvard Pediatric Health Services Research Fellowship and the Mongan Commonwealth Fund/Harvard University Fellowship in Minority Health Policy.

To learn more about Alexy, the impact CDI had on her career, and much more, keep reading.

What impact has receiving the PSDA/CTDA award had on your career and science?

The CTDA award gave me an opportunity to discover my career path would be based on implementing new models of care delivery. The program funded through that career built off the work of other clinicians who on their own time were trying to address childhood obesity by offering augmented group visits with a physician, physical therapist and nutritionist. It gave children and their parents an opportunity to try new things and begin to implement lifestyle changes, things that cannot readily happen in a 15-20 min visit with a PCP. The award allowed us to hire a community health worker to assist families with resource finding and partner with another researcher to study the effects of our program on activity change, physiological parameters and anthropometrics. The study led to benefits among our participant and personally to larger grants. Aside from the grants I learned I could develop an academic career where my main role would be to implement in practice settings evidence-based models of care partnering with other translational researchers.

How has this institution changed since you arrived? What brings you hope?

I arrived at MGH over 20 years ago, with the last five years accelerating change as we re-organized from Man's Greatest Hospital to the MGB Health System. When I first came to MGH I quickly learned how deep our traditions ran, and the tremendous pride each member took of being part of this hospital. During late night call conversations with our environmental staff, it was made evident that there was nothing like being able to say you worked at MGH, regardless of your role. The reason, each one of us is driven by mission, whether that is to discover a key gene, develop new prosthetic material, treat the rarest cancer, develop a new surgical procedure or serve the populations that have been marginalized by our society. We are all here to further the boundaries of our disciplines as we add our piece to healing the human condition. We take pride in being able to name the history that came before (bow ties and all), partner with our teams and younger generation of trainees, and further the science and art of medicine.

Today the ethos of MGH still remains, as we all find new ways to expand our identity to embrace our sister institutions. That transition has been painful as we say good-bye to some of the most esteemed leaders, make decisions through new mechanisms and develop new channels of communication. However, as I talk to colleagues across the network and ask: what do you love about your home institution, I am learning their answers are very similar: utter respect for hard working colleagues, a passion to find a better way and commitment to healing the human condition.

Tell us about your heritage. How does your heritage influence your work?

A few summers ago, I visited the Pequot Museum with my mother. As we were walking through the exhibits, it seemed each one brought back a memory for my mother. *Look at that "casita" that is how we would make them. And that is how my mother would cook. And there is the doll my dad would make out of corn husks.* We were walking through 1800 exhibits and my mother was recollecting how she grew up in the hills of El Salvador in mid 1900s.

The experience made me think about heritage, how history is written, and our constructs of race and ethnicity. From that moment I never had to think twice when picking race: **mixed**. So assimilated through the generations that there is no tribe to name, but with traditions that made it to my mother in the hills of El Salvador long after they has been ways of living in North America.

Having grown up moving between societies that are race based and class based, no wonder I learned to be a bridge across difference. To listen deeply to other perspectives and find common ground. For me, it was a matter of survival back then and today a way to remain true to the sacred call of medicine among the evolving financial pressures in our health care system.