

*Community Benefits Report
to the Attorney General
FY 08*

February 28, 2009

**Prepared by:
Beth Israel Deaconess Medical Center
330 Brookline Avenue
Boston, MA 02215**

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SECTION I: MISSION STATEMENT

Summary

The pioneering founders of both the Beth Israel and New England Deaconess Hospitals shared a common purpose and vision of providing care to the most vulnerable of our society. That cherished legacy continues today with Beth Israel Deaconess Medical Center's deeply ingrained commitment to enhancing the health and well being of underserved communities. By working collaboratively with residents and community-based organizations, we have identified needs and challenges and then together developed strategies and approaches to realize our shared goal of improved health status.

Beth Israel Deaconess's commitment to enhancing the health and well-being of urban and diverse communities is embedded in the mission statement as follows:

"The mission of Beth Israel Deaconess Medical Center is to serve our patients compassionately and effectively, and to create a healthy future for them and their families. Our mission is supported by our commitment to personalized, excellent care for our patients; a workforce committed to individual accountability, mutual respect and collaboration; and a commitment to maintaining our financial health...In addition to serving our patients, the Medical Center is committed to being active in our local community as well. Service to community is at the core...and an important part of our mission. We have a covenant to care for the underserved and to work to change disparities in access to care. We know that to be successful we need to learn from those we serve... We recognize that the diversity, talent, innovation, and commitment of all of our employees contribute to our strength and are a major component of our success."

Approval of Governing Body

The Board of Directors has charged its permanent Community Benefits Committee with authority and oversight of activities to fulfill the mission of community service. The charge of the Community Benefits Committee is to:

"(i) recommend broad guidelines by which the Corporation's programs and policies serve its communities; (ii) make recommendations of policies and priorities with regard to programs that meet the health care needs of its communities; (iii) strengthen the integration of the corporation's community service activities, public health programs and its overall strategic planning efforts; (iv) review, at least annually, the extent and nature of the commitment of resources to programs targeted at improving the current and future health status of surrounding communities; (v) encourage collaborative relationships with other providers and government entities to support and enhance rational and effective public health policies and programs; (vi) discuss public policy issues and relevant legal and regulatory matters related to public health and community benefits and advise the Board of Trustees of the implications for the Corporation; and (vii) educate trustees, staff and the community about how the Corporation addresses its mission to focus on the health needs of its communities."

SECTION II: INTERNAL OVERSIGHT AND MANAGEMENT OF COMMUNITY BENEFITS PROGRAMS

Beth Israel Deaconess Medical Center recognizes that the most successful community benefits programs are those that are implemented organization-wide and integrated into the very fabric of the medical center's culture, policies, and procedures. It is not a stand-alone effort that is the responsibility of one staff or department but rather an orientation and value manifested throughout our structure, the way in which we provide care here at the medical center and in affiliated practices in urban neighborhoods.

The Community Benefits Guiding Principles that follow below provide direction as activities are planned and undertaken. Complementing the overall medical center's Vision, Values and Mission Statements, these Guiding Principles were adopted by a broad-based constituency including the Board of Directors, Community Benefits Committee, and senior managers. They provide the framework for Community Benefits efforts that are spearheaded by the Director of Community Benefits. The Director is accountable to the General Counsel and Senior Vice President of Corporate and Community Affairs with direct access to the President/CEO. It is the responsibility of these three senior managers to ensure that Community Benefits is an effort that is addressed by the entire organization and that the needs of underserved populations are considered every day in discussions on resource allocation, policies, and program development. This is the structure and methodology employed to ensure that community benefits is not the purview of one office alone and to maximize the extent to which efforts across the organization are fulfilling the goals of community benefits.

Guiding Principles

I. Why?

Our community benefits program is designed to ensure that:

- Beth Israel Deaconess Medical Center is a good corporate citizen and, as a not-for-profit organization, fulfills its special obligation to serve the community.*
- as a healthcare provider, our services improve the health status of the community.*
- we remain true to the histories of Beth Israel and New England Deaconess Hospitals, each of which was particularly committed to the community service component of their multiple missions (clinical, research, teaching, community).*
- the experiences of staff and providers at Beth Israel Deaconess Medical Center are enriched through opportunities to work with diverse patients, colleagues, and organizations.*

II. What and For Whom?

- *Community benefits calls for a particular focus on underserved populations. Individuals may be underserved due to the many factors that influence if and how one is able to access and interact effectively with the healthcare system, including income level, insurance status, health status, ethnicity, sexual orientation, gender, age, etc.*
- *A major focus is to ensure that Beth Israel Deaconess Medical Center is a welcoming and culturally competent organization for all patients and employees, including minorities and other populations traditionally underserved.*
- *Our efforts focus primarily, but not exclusively on health care, so that our financial resources are leveraged with our clinical, academic, and administrative strengths. The health care arena is where Beth Israel Deaconess Medical Center can have the greatest impact on the community.*

III. How?

- *We partner with community leaders and community-based organizations; they serve as links to the community and teachers of how we can better serve the populations they represent. In addition, we collaborate with a wide variety of organizations because healthcare services by themselves are not adequate to maximize improvement of health status.*
- *Improving the community's health requires more than clinical services. We look to public health, prevention, and other health-related approaches not traditionally provided by many acute care hospitals.*
- *Our commitment to the community benefits mission is as fundamental as our commitment to our patient care and academic missions. That is, rather than abandon any of these fundamental missions when budget restraints tempt us, we will constantly seek ways to fulfill all of them in as effective and efficient a manner as possible.*
- *Community benefits programs are most successful when implemented organization-wide, just as are quality and respect. Community benefits cannot succeed as a stand-alone activity. The importance of these principles and the efforts that result must be embraced by trustees, senior management and providers alike, as well as by the communities served.*

SECTION III: COMMUNITY HEALTH NEEDS ASSESSMENT

Process and Information Sources

Beth Israel Deaconess Medical Center's Community Benefits program is predicated on the notion of partnership and dialogue with its many communities. Our understanding of these communities' needs is derived from discussions with, and observations by, healthcare and health-related workers in the neighborhoods as well as more formal assessments through available public health data, focus groups, surveys, etc. These data are then augmented by demographic and health status information gleaned from a variety of sources including The Massachusetts' Department of Public Health, The Boston Public Health Commission, federal resources such as the Institute of Medicine, and review of literature relevant to a particular community's needs.

The articulation of each specific community's needs (done in partnership between Beth Israel Deaconess Medical Center and community partners) is used to inform our decision-making about priorities for community benefits efforts. Following the Guiding Principles described above, for each priority area, we work in concert with community residents and leaders to design specific actions to be undertaken each year. Each component of the plan is thus developed and eventually woven into the annual goals and agenda for the medical center's Community Benefits Plan that is adopted by the Board of Director's Community Benefits Committee.

Summary of Findings

The community partners with which Beth Israel Deaconess Medical Center works most closely are our seven affiliated community health centers. Recognizing the expertise of our local collaborators, we have conjointly conducted community health needs assessments and developed appropriate action interventions. Examples of assessments conducted over the past years (that have shaped our community benefits plan) include:

- **The Community Healthy Heart Partnership:** an effort that combined a wide-scale cardiovascular screening program with an analysis of available public health data and a review of the literature to document cardiovascular disease (CVD) within communities of color and to implement a community-based CVD management program. The assessment of more than 1,500 individuals indicated that a disproportionate number of adults (up to 40% in the Roxbury neighborhood) were at risk for CVD, warranting immediate education and intervention. The screening program also revealed a high incidence of diabetes as a co-morbid condition which eventually led to expansion into diabetes chronic disease management programs at three of our community health centers.

- The Latino Health Needs Assessment: a collaborative undertaking of BIDMC, the Latino Health Institute, Harvard Pilgrim Health Care, and seven Latino community-based organizations that included focus groups and health data analysis, culminating in a major symposium to develop an Action Agenda. Several program initiatives derive from this assessment and planning process including BIDMC's Latino mental health team and Sobremesa, the city's only networking group for Spanish speaking mental health clinicians that meets quarterly at BIDMC.
- Community Care Alliance: CCA, the network of seven BIDMC-affiliated community health centers (CHC), completed a strategic planning process that recommended actions to build capacity both within individual health centers and collectively as a network. Among the identified projects were efforts to support the development of a skilled workforce at the CHCs; to identify opportunities to reduce administrative overhead (e.g. eliminating redundancy in the credentialing process at the CHCs and at the medical center); and to improve access to hospital-based care for patients without insurance.
- The Senior Health and Education Access Project: a comprehensive 70-item needs assessment conducted with multilingual, isolated seniors living in Dorchester. Noteworthy among these findings were the number of unmet needs (even among those seniors already enrolled in social service programs) including the prevalence of depression and substance abuse; the demand for dental services, hearing evaluations and nutritional improvements; and the desire for more social opportunities.

Targeted assessments such as these, in concert with ongoing dialogue with community-based organizations and the various quantitative demographic and health data publicly available drive the direction of our public health program priorities. Of special note is the work with the Mayor's Task Force to Eliminate Racial and Ethnic Disparities and the concomitant Hospital Working Group of the Boston Public Health Commission. Joining together with our colleagues, numerous data sets were analyzed, best practices identified, and strategies developed for implementation by the City's academic medical centers and community health centers. These action plans are described in following sections.

Massachusetts landmark health care reform legislation also informs our understanding of the communities' health needs and directs our community benefits plan. Of the estimated 450,000 uninsured residents, a significant number are those cared for in our affiliated health centers, our hospital-based primary care clinic, and BIDMC's Emergency Department. The new health insurance products have provided access to comprehensive care for thousands and BIDMC has been actively engaged in the implementation process at both the community level and within the medical center. BIDMC's community benefits plan incorporates the research and recommendations of public policy and health departments, advocacy groups (e.g. Health Care for All), industry leaders (e.g. Massachusetts League of Community Health Centers) and our health center partners in helping existing patients transition from the Uncompensated Care Pool into these new Medicaid and Commonwealth Care managed care programs, and enrolling new patients in health care plans.

SECTION IV: COMMUNITY PARTICIPATION

The Community Benefits Plan is developed in concert with community partners, based on community self-definition of particular health concerns and issues, and integrated with available data on public health indicators. In most circumstances, our community collaborators are our seven affiliated health centers:

- Bowdoin Street Health Center
- The Dimock Center
- Fenway Health
- Joseph M. Smith Community Health Center
- Outer Cape Health Services
- Sidney Borum Jr. Health Services
- South Cove Community Health Center

In turn, each of these community health centers is part of a larger network of community-based health, social service, and resident organizations, facilitating BIDMC's collaboration with these groups. Our relationship with Kit Clark Senior Services is an example of how our partnership with Bowdoin Street Health Center has subsequently blossomed into a significant relationship and programming with another important community agency and constituency.

By joining with these community partners, additional participants to the Community Benefits assessment and planning process are identified and engaged. The Diabetes Program at Bowdoin Street Health Center is an excellent example of how this process is successfully implemented. In 1998, Bowdoin Street participated in the Community Healthy Heart Partnership described earlier. In implementing the program to address heart disease however, the providers became increasingly concerned about the co-morbid condition of diabetes. Bowdoin Street staff reconfigured its chronic disease management program to include a focus on diabetes and established a relationship with the world renowned Joslin Diabetes Clinic. Bowdoin's exceptional program was recognized by the Smith Family Foundation which awarded \$1.2 million to Bowdoin Street and three other health centers to develop "best-practice" models of care for underserved patients with diabetes. The planning process for this program now includes input from community and specialty care providers (primary care providers from the four health centers and Joslin) as well as patients, community residents, and a funding Foundation that is committed to bringing national resources to improving care for diabetes.

SECTION V: THE COMMUNITY BENEFITS PLAN

Priorities for Community Benefits Activities

Despite the United States' status as one of the world's most affluent economies, there continue to be many residents without access to culturally competent healthcare and subsequently, significant racial and ethnic disparities in health status and outcomes. Leading the list of obstacles to access is the lack of community-based quality primary and specialty care such as that delivered by community health centers. Next are barriers related to financial, cultural, and linguistic factors in accessing care within mainstream medical settings. This situation is particularly exacerbated for those newly immigrated to the United States, individuals with limited English proficiency, and those who have been traditionally disenfranchised and isolated from majority institutions.

The priorities of Beth Israel Deaconess Medical Center's Community Benefits Plan are developed in collaboration with community partners, drawing upon data on health status disparities and our own community needs assessments. A number of key criteria are used to articulate priority areas for Community Benefits programs including:

- Underserved populations as measured by lack of access to services and/or health status problems;
- Historical relationships with community-based organizations and communities historically served by the medical center;
- Geographic proximity between the community and BIDMC;
- Strong relationships with community-based organizations representing and/or serving the community; and
- Communities with health needs and priorities that are congruent with the expertise (clinical and other) of BIDMC.

Based on these criteria and the results of our community needs assessments, Beth Israel Deaconess Medical Center's Community Benefits' priorities are:

1. Increase access to community-based primary care and specialty services.
2. Increase access to medical center-based specialty services.
3. Reduce racial/ethnic disparities in health status of underserved populations.

Goals, Objectives and Strategies

Goal I Increase access to community-based primary care and specialty services

Objectives

- Support primary care, OB/GYN, and specialty care capacity and services at affiliated health centers and practices in underserved communities
- Enhance access to community-based health care through expansion of the Community Care Alliance's network activities
- Facilitate referral of patients without insurance or without a primary care provider to community practices
- Assist community residents and patients with enrollment in new health insurance products available through health care reform legislation.

Strategies

Beth Israel Deaconess Medical Center believes that community health centers are in a unique position to provide accessible primary care and specialty services to medically underserved diverse inner city and rural communities. These health centers understand the needs and cultural sensitivities of their communities and know best how to translate them into effective programs. Over the past few years, BIDMC has made significant strides in increasing and supporting the development of primary and specialty care urban practices by helping affiliated health centers including, Dimock, Fenway, Joseph M. Smith, Outer Cape, Sidney Borum and South Cove, to recruit and retain physicians. Our merger with Bowdoin Street Health Center, and collaborations with community organizations such as Kit Clark Senior Services also play a major role in expanding access to primary and specialty care in underserved communities.

Beth Israel Deaconess Medical Center's partnership with community health centers takes many forms. In addition to providing financial support for primary and specialty care physicians and mid-level providers, we also work with health centers to credential their professional staff. Additionally, providers at affiliated health centers have access to BIDMC's admitting privileges and to managed care contracts; Harvard Medical School appointments and teaching opportunities; and Beth Israel Deaconess Medical Center-sponsored educational programs.

Apart from the support offered to physicians, the partnership includes other vital support that assists the centers and their providers in offering patients better access to care. Access to BIDMC's impressive array of electronic information streamlines communications between the medical center and the health centers, including physicians' ability to view laboratory and x-rays on-line in real time, and to order radiographic studies electronically. And support does not only mean clinical expertise; BIDMC also makes available to health centers a wide array of

administrative support services which include marketing, public relations, information systems, and program development assistance.

In 1997, BIDMC was instrumental in helping its seven-affiliated health centers form a new network called Community Care Alliance (CCA). By collaborating together on clinical and administrative issues, CCA helps its members continue to provide high-quality, cost-effective healthcare services by collectively contracting for services and funds, as well as sharing resources and expertise for the benefit of their patients and communities. With formal recognition by the federal government through the Health Resources and Services Administration's (HRSA) Health Center Controlled Network Initiative (HCCN), CCA receives financial and technical assistance support for system-wide infrastructure enhancements as well as integrated clinical programming. Beth Israel Deaconess Medical Center's Community Benefits staff are actively engaged in managing and participating in these network activities.

In January 2005, the Commonwealth implemented the "Critical Access Waiver," prohibiting uninsured patients from being seen in hospital-based primary care clinics if the services are otherwise available in community-based settings. In FY 06, with the support of a grant from BlueCross BlueShield of Massachusetts, BIDMC implemented its *Commitment to Continuity* program to safely transition eligible patients from Healthcare Associates (our hospital-based clinic) to community health centers. The Primary Care Access Specialist also worked with Emergency Department patients—both those without insurance and/or without a primary care physician (PCP)—to engage them in a PCP relationship. In FY 06, more than 1,800 patients were contacted by the Primary Care Access Specialist with 233 patients successfully referred to community health center providers. In subsequent years, the program continues with patients directed to the Find-a-Doc phone line where bilingual counselors facilitate referrals to community health center physicians.

Massachusetts' landmark health care reform law has proven to be a boon to the estimated 475,000 uninsured in the Commonwealth. BIDMC and our health center partners undertook an aggressive outreach campaign to educate existing patients and potential beneficiaries about the new insurance plans and how to enroll. With our CCA partners, we developed multilingual postcards, provided dozens of workshops and dedicated enrollment sessions to ensure that continuity of care was provided for patients. All totaled, BIDMC and CCA enrolled more than 6,500 in Commonwealth Care plans with additional enrollees in MassHealth and Commonwealth Choice. Many thousands more (close to double the number of Commonwealth Care enrollees) applications were processed through the Virtual Gateway and continued to qualify for assistance from the Health Safety Net Program (formerly the Uncompensated Care Pool).

Goal II Increase access to medical center-based specialty care

Objectives

- Increase access to culturally competent specialty care
- Ensure continued access of uninsured populations to specialty care
- Increase interpreter services available to medical center patients
- Provide multilingual patient information and educational materials
- Support the efforts of affinity groups that target underserved populations such as the Multicultural Cancer Task Force, the Latino Provider Group, and the Gay and Lesbian Advisory Group
- Facilitate the Latino mental health team
- Steward the Cancer Patient Navigation Program
- Facilitate HIE (health information exchange) between community providers and specialists

Strategies

There is a growing body of literature that emphasizes the importance of cultural factors in providing appropriate care to patients. With the continuing shift and significant change in Boston's demographic profile, it is incumbent upon those within the healthcare industry to ensure that these issues are systematically addressed. Cultural influences determine cognitive constructs including the very definitions of health, illness, and well-being and dictate when and if an individual seeks medical care. Certainly understanding one's cultural background provides guidance for developing health promotion strategies as well as influencing the design of treatment interventions and patients' adherence to medical protocols.

To realize our goal of facilitating access to specialty care, Beth Israel Deaconess partners with representatives of diverse cultural backgrounds to tailor our service delivery model. To familiarize Vietnamese and Chinese elders with the medical center, we hosted specialized tours and educational forum. The Cancer Patient Navigator program is another initiative developed especially to provide support to those community patients recently diagnosed with cancer who need to come to the medical center for radiation therapy and chemotherapy. By understanding the cultural worldview and constructs of our diverse patients, we are increasingly successful at forging a therapeutic alliance that ensures adherence to treatment plans and better health outcomes.

An important covenant between Beth Israel Deaconess and our community health center partners is our commitment to caring for under- and uninsured patients. The medical center is proud of our institutional policy that care is provided to all patients regardless of financial status. Even in recent times of severe fiscal constraint, the continuance of this policy as it applies to primary and specialty care is a meaningful statement that reflects our core values.

Among the underserved are those for whom English is not the first language. As one of the first hospitals with an established Interpreter Services Department, Beth Israel Deaconess Medical Center has a proven track record in helping patients overcome linguistic barriers to care, and has expanded its interpreter services capacity and resources every year reflecting the growing non-English speaking patient population. Six years ago, BIDMC became the first Boston hospital to employ an American Sign Language interpreter, further enhancing our capacity to serve the Deaf and Hard-of-Hearing community. By developing multilingual wayfinding signage and by translating patient information and educational materials, we have also facilitated access to the medical center's specialty care.

Another strategy with demonstrable results is the creation of "affinity" groups to identify program enhancements tailored to a particular group's needs. The Gay and Lesbian Advisory Group, the Latino Provider Group, and the Multicultural Cancer Task Force exemplify the power that an organized group has in creating a "voice" for underserved constituents. In concert with the leadership of these groups, educational programs that raise awareness of cultural influences on care delivery have been offered and new initiatives begun, such as the Latino mental health program.

The timely communication of health information between specialists and community physicians is critical in caring for our shared patients and ensuring seamless delivery of quality care. To that end, BIDMC and Community Care Alliance were fortunate to be awarded a planning grant by the federal government (HRSA) to develop a system for Health Information Exchange (HIE). Using "push" technology, we are now able to send Emergency Department and Inpatient Discharge notes directly to the health center providers to effect "hand-offs" that ensure continuity of care between the hospital and community practitioners.

Goal III Reduce racial and ethnic disparities in health status

Objectives

- Enhance community-based disease management and screening programs
- Collaborate in multi-hospital community-based research and public health initiatives
- Participate in health promotion/prevention educational campaigns
- Collaborate with community-based organizations to advocate on social issues (e.g. housing, transportation) that impact health status and public policy
- Ensure that there is equitable care for all patients

Strategies

Presidential leadership in articulating a national public health goal to eliminate racial and ethnic disparities in health by 2010 resonated deeply with Beth Israel Deaconess Medical Center's long-standing commitment to underserved communities. Whether it was our advocacy in the early 1980's as one of Boston's first hospitals to care for those with AIDS, or our leadership in the 1990's infant mortality "death-zone" crisis, BIDMC has consistently striven to improve access to state-of-the-art healthcare for all. One of the greatest advantages of an academic medical center is the "translational" relationship between research and clinical care—being able to translate "bench" research into "bedside" care. By extending the expertise of our centers of clinical excellence into community-based settings, we can eventually realize our shared goal of eliminating health disparities.

Within the healthcare arena, chronic disease management programs are garnishing much-needed attention. Through effective medical management and lifestyle interventions, morbidity and mortality from diseases such as diabetes, hypertension, and hyperlipidemia can be significantly diminished, resulting in improved health status and quality of life. By tailoring these interventions for specific ethnic and cultural groups, we can dramatically improve adherence with therapeutic protocols, thereby decreasing hospitalizations, emergency room utilization, workplace absenteeism, and a host of other economic and social issues associated with poor health.

Working in concert with our community partners, Beth Israel Deaconess Medical Center has developed a community-based chronic disease management model that can be adapted to accommodate the needs of a particular community and/or patient population. The model's components include community outreach to identify at-risk individuals, an education campaign, and clinical services. Additionally, we have tried to ensure the sustainability of each new program by institutionalizing it within the health center's operations, and leveraging our resources to bring in other

collaborative partners. For many of our health centers, we have engaged The Joslin Diabetes Center as a partner to provide enhanced clinical programming, including on-site sessions by a bilingual/bicultural diabetologist at the Joseph M. Smith Community Health Center. At Bowdoin Street, leading edge approaches include group medical visits and support groups now offered in four languages.

The Senior Health Education and Access Project (SHEA) exemplifies BIDMC's commitment to broad-based collaboration to improve the health and quality of life for underserved seniors. Begun nine years ago, the SHEA project is a joint effort of Kit Clark Senior Services, Bowdoin Street Health Center and BIDMC. By providing a comprehensive health/social needs assessment, SHEA has been remarkably successful in identifying and remedying conditions that allow seniors to live independently and with dignity in their communities. Recognized by the American Association of Health Plans as a national model, the SHEA collaborators worked with 30 Councils of Aging as well as other healthcare providers to replicate the project.

Just as racial and ethnic disparities in access to care have been documented, so too have disparities in cancer survivorship been identified. In 2004, BIDMC joined with The Wellness Community—Greater Boston and The Dimock Center to launch one of the first community based support groups for cancer patients of color. Since its inception, the Wellness Community at Dimock has served more than 70 survivors and family members who attend the weekly drop-in, free-of-charge support group. In FY 08, several enrichment programs were offered including Yoga with Mimi and Writing for Wellness.

As the medical mecca of the world, the Harvard Medical School (HMS)/ Longwood Medical Area is rich with resources and yet, this expertise tragically, rarely reaches Boston's most vulnerable residents. Under the leadership of the former Dean, Dr. Joseph Martin, there has been a mandate and support to build bridges between these two worlds, and BIDMC has been an active participant in these multi-institutional partnerships. The Dana Farber/ Harvard Cancer Center's (DF/HCC) Initiative to Eliminate Cancer Disparities Committee is one example where seven HMS-affiliated institutions are working together on community education and outreach campaigns as well as efforts to make state-of-the-art cancer care accessible to the communities of color through clinical trial enrollment and enhanced culturally competent care in our hospitals. In FY 08, the Initiative continued its work with the Black Ministerial Alliance on the Faith-Based Cancer Disparities Network. Together with nine churches we distributed *The Choice is Yours*, a monthly educational pamphlet that is inserted into the church bulletin. A Resource Tool-kit was also created for Health Ministers use in offering

programs tailored to their individual congregations' needs around cancer education and prevention programming. During National Minority Cancer Awareness month, the Network organized a "Week of Healing and Prayer" as well as an educational poster campaign in Boston libraries.

The Conference of Boston Teaching Hospitals (COBTH) is another alliance with a defined focus on community-based public health issues. Several years ago, COBTH formed a Domestic Violence Subcommittee that continues to provide services to victims and training to medical providers on all aspects of interpersonal violence (rape, sexual assault, and domestic violence). With a leadership role in COBTH's Community Benefits Committee, BIDMC has been actively involved in the City of Boston's programs to address infant mortality and the Mayor's Crusade Against Cancer. Working with the Boston Public Health Commission, BIDMC supports the cancer transportation program to ensure that all Boston patients are able to get to hospital cancer treatment appointments.

Through the Department of Public Health's Community Health Network Alliance (CHNA) program, Beth Israel Deaconess participates in the planning and support of CHNA 19's (Boston) activities as well as the programs of the Roxbury Community Alliance for Health. BIDMC funds both the General Grants program, providing support for the 12 neighborhood alliance groups, as well as a Targeted Grants program, focused on cancer prevention and education. In FY 08, the Alliance's Youth Tobacco Disparities initiative completed a survey utilizing Global Information Systems (GIS) technology to document disparate tobacco advertising in storefronts and presented testimony to the Boston City Council.

BIDMC's partnership with the Boston Public Health Commission also included participation in the Mayor's Task Force to Eliminate Health Disparities. The results of the Task Force and its Hospital Working Group Subcommittee are the basis of our efforts today to ensure the delivery of equal care and to eliminate racial and ethnic health disparities. Following the framework outlined by the Hospital Working Group, BIDMC focuses its work in four key areas: measurement of health disparities; workforce diversity; cultural competence training; and participation in community-based efforts. In FY 08 we improved our capture of race/ethnicity demographic patient information—a necessary precursor to implementing process improvement efforts to ensure that all patients receive equitable care. Several new workforce development initiatives were begun to advance employees of color to address the shortage within certain health care professional areas by creating advancement opportunities for our existing workforce. These "pipeline" programs as well as intentional recruitment strategies resulted in significant success in diversifying our workforce at all levels of the organization. Educational programs on

cultural competence were added including a new module in New Employee Orientation to ensure that every employee understands the value that BIDMC places on treating each patient and family with respect and dignity.

As the first hospital in the nation to author a Patient Bill of Rights, BIDMC takes very seriously its commitment to ensure equitability of care for all patients. The Community Benefits Board's Equitable Care Subcommittee is leading the medical center's effort in evaluating BIDMC's performance on this dimension, and conducted four studies this year to assess equitable care. In FY 08, the Board and senior leadership produced its seminal report, *Ensuring Equitable Care at BIDMC* that includes a blueprint for advancing this agenda.

Process for Measuring Outcomes, Evaluating Effectiveness, Updating the Plan

Continuous quality improvement is a value and process that is well integrated into Beth Israel Deaconess Medical Center's operations. Articulating objectives with measurable outcomes is "standard operating procedure" for community benefits sponsored programs. As the nature of our work frequently entails community participation or multi-agency collaboration, these measurements are often process-oriented but nonetheless provide valuable data in designing services and program initiatives. Many of the programs described above, have their own Community Advisory Boards to which there is accountability and which provide valuable guidance in evaluating program effectiveness. Likewise, BIDMC's Community Benefits Committee routinely reviews Community Benefits and other medical center programs to ensure that our resources are expended with efficacy and efficiency.

Equally valuable in our program evaluation process is the feedback, advice, and comment of our community health center partners. In regular meetings with community providers, we routinely review programmatic and outcome data, investigate further study when needed and plan new initiatives in response to community need.

In concert with all these groups—Community Advisory Boards, Board members, community health center and community-based organizational partners—we not only evaluate program effectiveness but also update our Community Benefits Plan. In the course of working together, new needs or public health issues may be identified and we jointly develop action steps, including studies to delineate the problems or new strategies to address issues. Although the basics of the Plan don't change year-to-year (i.e. racial and ethnic disparities in health status will not change quickly), the particular focus may be shifted to accommodate new information or a new circumstance. For example, over the course of the past several years, we joined with our community health center and hospital colleagues in an initiative of the Boston Public Health Commission to address the issues of obesity and associated health risks, now reaching epidemic proportions for large numbers of Boston residents.

Process and Considerations for Determining a Budget

The economic vicissitudes of the healthcare environment are one of our nation's most widely debated public policy issues. Public and private payer shortfalls and reductions in key federal funding have contributed to the financial challenges presented to Boston's teaching hospitals. Compounding Beth Israel Deaconess Medical Center's circumstance were continued consolidation and reorganization of hospital services resulting in major facility moves; limited available labor pool (a national problem) in critical areas like nursing, radiology technicians, and pharmacists; and the implementation of an exacting financial turnaround plan to ensure the medical center's ongoing viability.

In spite of these challenges, BIDMC's commitment to the underserved and our Community Benefits programming remains strong. Countervailing these pressures is the deeply ingrained mission of community service and care for underserved communities, and our Community Benefits programs have survived remarkably intact. Even at the height of BIDMC's financial woes in 2001-2002, BIDMC was stalwart in its commitment, roundly rejecting The Hunter Group's recommendations that we reduce our commitment to community health programs. In BIDMC's Strategic Plan adopted by the Board of Directors in November 2003, our support of community health centers was reaffirmed. Named as one of our Heart and Soul programs, President and CEO Paul Levy pledged to increase funding of these centers by 40% over the next four year time period.

Today, we continue that commitment to care for our most vulnerable populations and to sustain our relationships with community health center partners. We not only support public health initiatives through our own resources, but also work together with community partners to leverage funding through public and private philanthropy. We will also continue to work with the Commonwealth to achieve adequate Medicaid reimbursement and close the gap in payment for services delivered both at the medical center and within community-based settings. And, as more community physicians are refusing to accept Medicaid and Medicare, the medical center is increasingly asked to take on these patients, creating financial pressure at the medical center and as importantly, disrupting the exemplar system of community-based care for which Boston and Massachusetts is known.

SECTION VI: PROGRESS REPORT: ACTIVITY DURING FY 08

Expenditures

As documented in the chart below, BIDMC provides substantial support of more than \$48.96 million for community public health initiatives; charity care; unreimbursed Medicare, MassHealth, and Massachusetts Connector Plans; bad debt; and community service programs. BIDMC takes very seriously its commitment to be a good neighbor and continues to increase its support of community health centers and their primary care, obstetrics, and specialty care services. At the medical center, we have invested significantly in Interpreter Services as well as other initiatives (such as multilingual wayfinding and translated patient education materials) to ensure that we are providing linguistically and culturally responsive care to patients from diverse backgrounds. BIDMC's commitment to community benefits activities grows as do our efforts to partner with other Harvard Medical School institutions to leverage our combined resources and expertise.

COMMUNITY BENEFIT EXPENDITURES (related to the whole report)

TYPE	ESTIMATED TOTAL EXPENDITURES FOR FY 08	APPROVED PROGRAM BUDGET FOR FY 09*
COMMUNITY BENEFITS PROGRAMS	(1) Direct Expenses \$9,644,799 (2) Associated Expenses \$0 (3) Determination of Need Expenditures \$40,500 (4) Employee Volunteerism N/A (5) Other Leveraged Resources \$1,337,183	\$9,700,000 *Excluding expenditures that cannot be projected at the time of the report.
COMMUNITY SERVICE PROGRAMS	(1) Direct Expenses \$460,299 (2) Associated Expenses N/A (3) Determination of Need Expenditures N/A (4) Employee Volunteerism N/A (5) Other Leveraged Resources N/A	
NET CHARITY CARE or UNCOMPENSATED CARE POOL CONTRIBUTION (from DHCFP) *	\$ 10,105,394	
CORPORATE SPONSORSHIPS	\$54,500	
	TOTAL \$21,642,675*	
TOTAL PATIENT CARE-RELATED EXPENSES FOR FY 07: \$877,240,582		

* DHCFP's Net Charity Care as of January 27, 2009; BIDMC estimates that the final settlement for FY 08 will be \$10,503,586. Total Charity Care is \$48,969,987 and includes BIDMC's final settlement of \$10,503,586 to Health Safety Net, plus \$17,818,431 in unreimbursed Medicare services; \$15,497,930 in unreimbursed MassHealth services; bad debt of \$1,966,402 and \$658,676 in operational assessment of DHCFP.

Major Programs and Initiatives

- *Access to Community-Based Primary and Specialty Care:* In FY 08, BIDMC provided support for primary care providers at seven affiliated health centers at 14 sites. Through this initiative, more than 80,000 individuals in more than 385,000 patient visits were served by our partners including: Bowdoin Street Health Center, The Dimock Center, Fenway Community Health, Joseph M. Smith Community Health Center, Outer Cape Health Services, Sidney Borum Jr. Health Services, and South Cove Community Health Center. The target populations included underserved, low-income, multi-racial/ethnic populations who are disenfranchised and traditionally excluded from mainstream medical care.

Making health care services available within neighborhood settings improves the likelihood that patients will receive necessary, often life-preserving, consultation and treatment. In FY 08, BIDMC-supported specialties included: pulmonology, obstetrics/gynecology, surgical consults, podiatry, endocrinology, and infectious disease physicians. We also continued our support of The Wellness Community at Dimock, which expanded significantly this year, serving more than 40 cancer survivors and their families with a free-of-charge, weekly cancer support group as well as enrichment classes: Yoga with Mimi and Writing for Wellness.

For many of our health center patients, the escalating cost of medications has resulted in Solomon-like decisions to “eat, heat or treat.” Several years ago, BIDMC and CCA spearheaded a comprehensive pharmacy initiative that resulted in an on-site pharmacy at Fenway Health and a 340B contract pharmacy for South Cove Community Health Center patients. This year, BIDMC supported the development of a new on-site pharmacy at The Dimock Center which is scheduled to open in FY 09.

Although many assume that Cape Cod is a well-resourced, wealthy community, in fact, it is one of the Commonwealth’s most medically underserved areas, challenged by geography and economics. Almost 40% of the Outer Cape’s year-round residents are unemployed in the winter months and without adequate health insurance. The nearest hospital is 50 miles away on a two-lane highway, frequently referred to as “suicide alley.” In an effort to meet the needs of the Outer Cape, BIDMC expanded its on-site infectious disease services with three specialists traveling to the Cape each month. With the purchase of new colposcopy equipment, BIDMC and Outer Cape physicians can now perform important cancer screening examinations that previously required a 3.5 hour trip to Boston. Expanded residency educational programs at Outer Cape Health Services (OCHS) provide opportunities for these physicians-in-training to learn about underserved communities while introducing them to potential careers in community primary care settings. Finally, BIDMC partnered with OCHS to upgrade to a digital radiology service and in FY 09, BIDMC will begin to read those x-rays.

Obesity has reached epidemic levels and disproportionately affects low-income African American, Caribbean Islander and Latino communities. In a recent report by the Boston Public Health Commission, 64% of adults living in Dorchester are overweight or obese, increasing the risk of diabetes, high blood pressure, heart disease, stroke, asthma, arthritis and certain cancers. In FY 08, BIDMC's Bowdoin Street Health Center (BSHC) continued to participate in the Fitness in the City program that included activities and measurements in three domains: (a) clinical interventions included *BMI calculations* on 100% of all children ages 2-18 to identify obese or at-risk patients; and *5-2-1 counseling* to provide counseling during routine well-child visits; (b) nutritional programs including *cooking classes* for overweight youth, ages 8-12; and (c) physical activities including the *after-school sports program* in which 10 youth, ages 8-12 participated in gym, swimming and water sports; *the Ronan Park summer sports program* that offered drop-in sports activities for 22 youngsters; *community education* in which six community residents participated in coach training and then supported the Ronan Park program; and *case management services* in which 22 overweight/obese children received individualized coaching by the Wellness Coach/Youth Sports Coordinator to develop tailored plans to improve their physical well-being.

As part of its designation as a Center of Excellence for the National Parkinson Foundation, BIDMC offers a community education and outreach program. The program has two audiences: community providers who need education and support to identify/diagnose and manage patients with Parkinson Disease (PD); and community residents who need information in recognizing PD and help in living and coping with the disease. In FY 08 BIDMC sponsored two major conferences for patients with Parkinson Disease and their families: in November, 225 individuals attended our PD update while in May, 45 Latino patients and families attended our Spanish symposium. Additionally, this year we were successful in videoconferencing the November symposium to Outer Cape residents where we had a "standing-room only" audience. Also launched in FY 08, was our *Ask the Experts* Series, a monthly educational series for individuals with Parkinson's disease and their care partners.

- *Diabetes Chronic Disease Management Programs:* Working collaboratively with three health centers--Dimock, Bowdoin, and Joseph M. Smith Community Health Centers—we have implemented comprehensive chronic disease programs that encourage self-management skills as well as family support. Each health center tailors the program to its particular ethnic community based on the best-practice, evidence-based models available.

For our Bowdoin Street Health Center, this has translated into the development of group medical visits for patients with diabetes. The Heart and Soul: Living with Diabetes self-care group is offered in four languages with the result that more than 70% of patients have documented self-management goals. A home visit assessment component and the depression screening protocol are fully integrated

into the program model. Improvements in many of the metrics used in the Bowdoin Street program demonstrate the effectiveness of this self-efficacy approach to diabetes management. The average HbA1c for Bowdoin patients is 6.9; 91% of patients had the recommended 2 HbA1c tests annually; 72% of patients had the recommended foot exam; 100% had the pneumococcal vaccine; 97% used a statin and 99% used aspirin to reduce cardiac risk.

The Beth Israel Deaconess Physician Organization (BIDPO) provides additional support for its member practitioners through its diabetes registry and case management services. Data on key performance measures (e.g. twice annual HbA1cs, annual LDL, urine microalbumin, and eye exams, annual foot and eye exams) are reported to physicians to help them better manage their diabetic patients. A BIDPO case manager augments the provider team's efforts by reaching out to patients who are not following the recommended protocol in an effort to educate them and provide the prescribed care.

One of the greatest difficulties in managing a chronic disease like diabetes is the unavailability of fresh fruits and vegetables. Neighborhoods like Bowdoin Street are bereft of supermarkets and residents purchase much of their groceries in local bodegas. Working with the Boston Food Project, the Food in the Hood coalition, and an independent farmer, Bowdoin Street operates a weekly Farmer's Market in its parking lot on Wednesday afternoons. This program has been a boon to patients committed to eating healthier meals and to residents of the Bowdoin/Geneva area.

- *Access to Medical Center-Based Specialty Care:* Not all specialty care can be delivered within a community setting and hospital visits are unavoidable. This Community Benefits initiative included substantial resources from the Center for Violence Prevention and Recovery, the Social Work Department, the Division of Infectious Diseases, Pharmacy, and Interpreter Services. Also included in this initiative are BIDMC's efforts to provide culturally competent care and our contribution to the Health Safety Net Fund and net charity care.

BIDMC's care for newly arrived residents and those with limited English proficiency increased in FY 08 and is reflected in continued growth within Interpreter Services. This year, the department recorded 83,772 face-to-face encounters, a 12% increase over the previous year (and a 119% increase in the seven year period of 2001-2008). Particularly noteworthy is the demand for Spanish, Cape Verdean, Vietnamese and Chinese interpretation. In addition, Interpreter Services provided 38,681 telephonic encounters (growth of 25% in one year's time). Our commitment to written translation of patient information and educational materials remained strong, too. In FY 08, more than 100 documents were translated, including a variety of communications from appointment notifications, to patient satisfaction surveys; quality of life instruments, informed consents, and advance directive materials. We also began a project wherein we are translating emergency department discharge instructions into languages with

the highest volume. These materials may be ordered free-of-charge by departments and in many cases, may also be downloaded by providers in their offices and units. The medical center continued to fund its health literacy initiative to ensure that patient education, information and consent forms are written in Plain English and at the appropriate level.

To promote access to care at the hospital, FY 08 provided case management and navigation services through our community resource specialists. Working with multidisciplinary treatment teams throughout the medical center, these individuals provide valuable advice and assistance in helping patients access transportation, food, shelter/housing, financial benefits and other entitlement programs. Vulnerable patients struggling with HIV/AIDS, cancer, psychiatric issues and a myriad of other chronic diseases are particularly well-served by the community resource specialists.

The continuing escalation of the cost of pharmaceuticals as well as the implementation of the Medicare Part D benefit received much attention in the press and was reflected in our Community Benefits activities. BIDMC continued its commitment to a "free-care" pharmacy and our Medication Assistance Counselors continued to help patients with applications to Pharmaceutical Assistance Programs offered by drug companies.

- *Support for Community Care Alliance:* Eleven years ago, the health centers affiliated with Beth Israel Deaconess Medical Center joined together to form a limited liability company, Community Care Alliance (CCA). BIDMC continued to support CCA's collaboration to effect clinical and administrative synergies that improve care for their collective underserved patient populations. In FY08, Beth Israel Deaconess Medical Center's Office of Community Benefits continued to provide management services for CCA and was successful in securing an additional \$125,000 in federal funds for support of a CCA information technology project. The project used "push" technology to enhance Health Information Exchange between the medical center and community providers by pushing inpatient and emergency department discharge notes electronically to the health centers. In addition to this enhanced service, BIDMC also supported CCA's Mystery Shopping program, computerized Pharmaceutical Assistance Program, and a Utilization Review and Management project to monitor and improve medication management and hospital utilization of managed care patients.
- *Health Care Reform:* In April 2006, the Commonwealth passed its historic health care reform legislation. In FY 08, BIDMC continued to provide extensive outreach and education activity to enroll eligible patients in these new insurance products and the expanded MassHealth program. A recent study conducted under the auspices of the Community Benefits Board Committee demonstrated the success of our efforts and the Commonwealth's as we identified 14,863 patients who received "free care" in FY 06 to see if they were now insured. More than 50% of patients were covered by either public or private insurance and only 959

of the original 14,863 were still “free care.” (The outcomes of approximately 30% of these patients were unknown). Additionally, BIDMC provided care to more than 8,000 patients newly enrolled in Connector products.

BIDMC is also interested in evaluating the impact of health care reform on utilization of services and patient outcomes. With our partners at Harvard School of Public Health, we are studying the impact of health care reform on mammography utilization at Bowdoin Street Health Center and The Dimock Center.

- *Community-Based Public Health Initiatives:* The determinants of health status are more often than not related to lifestyle choices and behaviors as well as environmental factors. Many Community Benefits efforts provided support to ameliorate environmental conditions, modify behaviors, and strengthen individuals and families including HIV, tobacco, and violence prevention programs; Healthy Families; Boston Urban Asthma Coalition/Healthy Homes Partnership; Reach Out and Read; Peer Leadership programs; Hepatitis B/C education and screenings. In FY 08, BIDMC supported emergency preparedness plans for the health centers, including training of staff to manage and triage patients in catastrophic situations.

Unfortunately this fiscal year saw continued violence and gang-related activity, particularly in the Bowdoin/Geneva neighborhoods. Bowdoin Street Health Center played a key role in organizing the community and helping the Police Commissioner implement new approaches in community policing. The health center participated in The Boston Foundation’s new planning process, Street Safe, while continuing its work with the Safe Neighborhood Initiative. With St. Peter’s Church, Bowdoin Street is leading the Violence Intervention and Prevention program of the Boston Public Health Commission. While these programs target specifically the most at-risk youth and their families, Bowdoin Street staff are equally committed to activities that unite the community and celebrate the hard-working residents who are committed to building healthier and stronger communities. Bowdoin’s support of the “Urban Wild” is an example of these community-building events.

Domestic violence is another threat to safety addressed through Beth Israel Deaconess’ Center for Violence Prevention and Recovery. As one of the founders of the Domestic Violence Council of the Conference of Boston Teaching Hospitals, BIDMC has lead the way in developing a continuum of education, outreach and treatment interventions to deal with both victims of violence and perpetrators. In FY 08, the Center collaborated with the Department of Public Health and the Governor on a renewed initiative that resulted in a Domestic Violence Public Health Advisory in June 2008 and production of an “Information Packet for Health Care Providers.”

As a Level I Trauma Center, Beth Israel Deaconess places great value on prevention strategies and therefore engages in a variety of community outreach programs. In FY 08, the Trauma team made numerous presentations to seniors on falls prevention, medication safety and winter safety.

BIDMC is an active member of CHNA 19, serving on the Alliance's Operations Committee as well as the Roxbury Alliance for Community Health. In FY 08, BIDMC provided support for the General Grants and Cancer Grants programs as well as serving as one of the team leaders for the Alliance's Tobacco Disparities Initiative. Youth from six neighborhoods conducted a survey of outdoor advertising, documenting tobacco companies' irresponsible marketing techniques to unsuspecting youth of color. Working in collaboration with Harvard School of Public Health, youth used a GIS camera to photograph storefronts and outdoor signage to create computer maps of offending stores in relation to schools, day care centers and playgrounds. The youth presented at Boston City Council and are continuing their efforts to enforce existing regulations regarding tobacco advertising. Finally, BIDMC also plays a leadership role in the Alliance's MassCONNECT project. An NCI-sponsored demonstration project, MassCONNECT aims to develop community-based cancer education, prevention and early identification programs.

- *Latino Mental Health Services:* In response to the Latino Health Needs Assessment and Planning Process, BIDMC established the Latino Mental Health Service. In addition to providing individual and group psychotherapy, and psychopharmacologic services, the Latino Mental Health Service also sponsors Sobremesa, the City's only networking and educational forum for Spanish-speaking mental health professionals.
- *Educational and Job Partnerships:* As an academic medical center, BIDMC's mission includes a strong commitment to workforce development programs that enhance the skills of our diverse employees and provide career advancement opportunities. Over the past several years, BIDMC launched many innovative incumbent worker programs, and has become a leader among employers in Massachusetts in developing programs to help employees grow their careers.

In FY08, BIDMC offered employees five "pipeline" programs to train for the following professions: Nurse, Surgical Technologist, Research Administrator, Medical Laboratory Technician, and Patient Care Technician. Our programs are designed to be compatible with the schedule of a full time worker, with programs conveniently held on site, on line, and with weekend labs. The programs are offered at little or not cost to employees, provided they agree to work at BIDMC in their new role upon graduation.

In FY 08, BIDMC launched the Employee Career Initiative, a new program to provide career and academic counseling to all employees, and offer pre-college and college level science courses to employees on site at BIDMC at no charge.

In addition to these programs, BIDMC also offered English as a Second Language (ESOL) courses to its employees through a contract with Jewish Vocational Services (JVS). Through JVS, we were also able to offer our employees the opportunity to attend classes to help them understand the citizenship process and prepare to take the exam. BIDMC offers employees the chance to practice their English skills in a weekly "Table Talk" lunch session, and also sponsors some employees in an ESOL program run by Dana Farber Cancer Institute.

BIDMC is committed to making employment opportunities available to qualified community residents. In January and July, 2008 we held community outreach sessions at The Work Place, one of Boston's one-stop career centers. At these sessions, information was presented on job opportunities and job seekers were helped with the on-line application website and process. A similar presentation was made at Operation Able, a training program for older workers. BIDMC regularly works with The Work Place, Mission Main, Fenway Community Development Corporation, Jamaica Plain Neighborhood Development Corporation and other community based organizations to interview qualified community residents who have applied for jobs at BIDMC.

Recognizing our commitment to the Boston area's student population, in FY08 BIDMC offered 34 summer job opportunities and seven mid-year internships to introduce high school students and out-of-school youth to careers in the medical field. We accept students referred from the ABCD Parker Hill/Fenway Neighborhood Service Center, the Mission Hill organization Sociedad Latina, the Boston Private Industry Council, The GOTCHA program (affiliated with Dudley Street Neighborhood Initiative and Bowdoin Street Health Center), Fenway High School, the John D. O'Bryant School's Gateway program, and Brookline Public Schools into these work experience programs.

BIDMC also hosts more than 20 Boston public school students each year in the Boston Private Industry's annual Job Shadow Day and hosts groups of students from these programs to tour our skills lab. Again, working with the Boston Private Industry Council, we sponsored three former high school interns in *P.S. Health Care*, a program to support Boston Public School graduates as they pursue college degrees in health care. Our sponsorship involves a part-time job at the hospital that helps young people earn money and gain additional health care experience while in college.

Finally, BIDMC is especially proud of our collaboration on the Red Sox Scholars program. Established in 2003, we now have more than 150 students who are paired with BIDMC professionals in a long-term relationship—with the promise by the Red Sox Foundation of a \$10,000 college scholarship awaiting them!

- *Being a Good Neighbor*: In addition to the targeted initiatives described above, Beth Israel Deaconess participates in many coalitions and programs that target specific health issues like the Massachusetts Breast Cancer Coalition and the

Mayor's Health Line. BIDMC was instrumental in establishing Mission Hill's Elder Friendly Business District, a Boston Partnership of Older Adults-sponsored program to make the area more accessible for senior residents. This is a model program that we expect will be replicated in other Boston neighborhoods. Additionally, residents of our abutting neighborhoods are also beneficiaries of our support including The Fenway's Senior Health Center, housing linkage programs, and annual payments in lieu of taxes.

This year, BIDMC also continued a decade's worth of environmental awareness and action. The Healthy Work/Healthy Home program began as a partnership between the medical center and Health Care Without Harm and includes year-round projects, culminating in an Environmental Day and Environmental Action Awards. Highlights of BIDMC's successes include:

- Reducing water consumption by 13% which translates into 89 million pounds of fluid not pumped into wastewater treated by the Massachusetts Water Resource Authority. In addition to the environmental advantages, BIDMC reaped savings of 14% in water and sewer expense.
- Reducing energy use by 40% - 50% per vending and beverage machine by installing independent control units (also reduces expense of operating the machine by 50%).
- Lighting efficiency continues to be an area of environment concern; as of August 2007, approximately 70% of BIDMC lights meet new energy standards.
- BIDMC disposes of more than 2,600 pieces of computer equipment annually in ways that are environmentally responsible, including recycling, resale and donation.
- BIDMC recycles approximately 216 tons of paper and 222 tons of cardboard each year.
- Converting to a new type of lamp in 2004 reduced the mercury content of BIDMC lamps by approximately 110,000 mg.

SECTION VII: NEXT REPORTING YEAR, FY 09

Approved Budget/Projected Expenditures

Beth Israel Deaconess Medical Center's commitment to underserved communities remains strong as evidenced by increased funding in FY 09 of community health centers and public health programming, keeping our promise to this important "heart and soul" program. BIDMC will continue to support community-based initiatives for chronic diseases like diabetes and HIV in addition to our significant work in public safety and violence prevention. With a focus on building the infrastructure of our communities, BIDMC will support the Farmer's Market and celebratory events that create stronger and healthier communities.

In FY 09, too, BIDMC will continue support of medical-center based initiatives that promote access to hospital specialty services. With the specter of increasing rates of unemployment, we will assist patients with enrolling in insurance options including those who may now qualify for Commonwealth Care, Commonwealth Choice or the Health Safety Net Fund. BIDMC is committed to continuing our work with our community partners to see that all patients are enrolled in plans that provide the maximum coverage and that those without insurance are able to access care and necessary medications. This year we will reinstitute our Cancer Patient Navigator program while continuing to support the work of our community resource specialists, medication assistance counselors and others who provide case management and "wrap around" services for our most vulnerable patients.

Our work in eliminating disparities in access and health outcomes will also continue with the implementation of the recommendations articulated in our inaugural report, *Ensuring Equitable Care at BIDMC*. Under the leadership of the Board's Community Benefits Committee, we will host our annual Board-to-Board dinner, one of our strategies to ensure that the voices and needs of underserved communities are heard by both lay and senior leadership at the medical center.

In FY 09, BIDMC will also continue its significant collaborations with other Harvard Medical School-affiliated institutions. By marshalling our resources we have reaped success in addressing public health issues that have seemed intractable when singly approached. The Dana Farber/Harvard Cancer Center's (DF/HCC) Community Engagement Committee is a case in point. By collaborating together through the DF/HCC—which includes BIDMC, Dana Farber Cancer Institute, Children's Hospital, Harvard Medical School, Massachusetts General Hospital, Brigham and Women's Hospital, and Harvard School of Public Health—a dialogue with faith-based organizations addresses jointly the significant disparities in morbidity and mortality in people of color. This collaborative work will continue with educational and outreach efforts to help historically disenfranchised and vulnerable patients access state-of-the-art cancer care. With the Black Ministerial Alliance, we will once again sponsor the "Week of Prayer and Healing" during National Minority Cancer Awareness week, and

additionally will host a resource fair for pastors and lay ministers to support their work with congregants.

Anticipated Goals and Program Initiatives

The Community Benefits goals for FY 09 remain the same, although the strategies and particular programmatic initiatives may change in response to new data and new funding or partnership opportunities. Of serious concern is the impact of the Commonwealth's and the federal government's decreasing support of public health programs and BIDMC is working very closely with our community health partners to fill gaps created by loss of funding. Clearly, BIDMC cannot "make up the difference" for all these lost dollars, but we can work together to identify alternative ways of delivering services and meeting needs or finding new resources. Although we do not anticipate shifting our Community Benefits financial support at this time, it is a fluid environment, and it is conceivable that we may redirect our priorities to sustain a health safety net if the health centers' situation deteriorates.

A stronger relationship with Community Care Alliance (CCA) also illustrates a new "way of doing business" that promises financial efficiencies and enhanced service opportunities. In January 2002, the opportunity arose to more closely align CCA and BIDMC when a decision was made to contract with the Office of Community Benefits for management services rather than hire a new Executive Director for CCA. This arrangement promotes synergies within the CCA-Medical Center relationship and strengthens the continuum of care provided to underserved patients. By integrating many aspects of CCA and Community Benefits activities, we are leveraging resources and expertise among all the collaborators to address: quality improvement projects in both administrative and quality areas; clinical research opportunities; continued infrastructure and capacity-building at the individual health centers; and shared clinical programming and administrative services. In FY 09, CCA will continue its pioneering work in creating an infrastructure to support an electronic health information exchange system.

In FY 09, BIDMC plans to continue and expand programs designed to welcome patients of diverse ethnic and racial backgrounds. As described in the Equitable Care Report, BIDMC is committed to understanding the experience of our diverse patients and will explore alternative methodologies that go beyond the written surveys required by the federal government. With BIDMC's emphasis on service excellence and quality care, we plan to add the "equitability lens" to many of our studies and processes to ensure that all patients are treated in a culturally responsive, respectful and equal manner.

Projected Outcomes

In FY 09, Beth Israel Deaconess expects the following outcomes from its Community Benefits initiatives:

- Increased primary care capacity at affiliated community health centers to serve at least 10% more patients;
- Increased availability of community-based specialty care e.g. expanded cardiology services at Bowdoin Street Health Center;
- Increased enrollment of patients in Commonwealth Care and Commonwealth Choice insurance plans;
- Continued education of financial benefits staff at both BIDMC and affiliated community health centers to understand the intricacies of health care reform;
- Expanded diabetes chronic disease management programs at BIDMC and in our affiliated community health centers;
- Enhanced program offerings and participation in the Wellness Community at Dimock;
- Expanded availability of interpreter services to meet the demand of an increasingly diverse patient population;
- Increased availability of translated patient education materials including at least 10 more Emergency Department discharge instructions in four languages;
- Additional opportunities for employees from underserved groups to participate in pipeline/workforce development programs;
- Increased financial support of CCA;
- Continued implementation of BIDMC-CCA Health Information Exchange plan;
- Continued support of CHNA 19 by serving on the Operations Committee and as fiscal agent as well as programmatic oversight of Alliance initiatives e.g. MassCONNECT, Youth Tobacco Disparities Project, MassCONNECT 4 Kids;
- Expansion of Faith-Based Cancer Disparities Network activities;
- Implementation of recommendations from BIDMC's first Annual Equitable Care Report.

SECTION VIII: CONTACT INFORMATION

Ediss Gandelman
Director, Community Benefits
Beth Israel Deaconess Medical Center
330 Brookline Avenue, BR 270
Boston, MA 02215
617.667.2602
egandelm@bidmc.harvard.edu