



COMMUNITY. Connections





Serving our community

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 that embraces individual accountability, mutual respect and collaboration, and a dedication to maintaining our financial health.

Service to community is at the core 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 who we serve.

The BIDMC Community Benefits mission is fulfilled by:

- Implementing programs and services in Greater Boston and Cape Cod to improve the health status of medically underserved communities that face barriers to using the healthcare system, as well as minimizing the impact of other social determinants of health.
- Ensuring that all patients receive equitable care that is respectful
 and culturally responsive and that the medical center is welcoming
 and inclusive.
- Encouraging collaborative relationships with other providers and government entities to support and enhance rational and effective health policies and programs.

Contents

Letter from the Chair of the Board and Chief Executive Officer	. 2
BIDMC's Inclusion Statement	. 3
Letter from the Director of Community Benefits	. 4
BIDMC by the Numbers	. 5
Program Highlights	
The Dimock Center	. 6
Center for Violence Prevention and Recovery	. 8
Interpreter Services	10
LGBT Support	12
Community Care Alliance	14
Patient Access Services	16
Healthy Eating/Active Living	18
Safe Routes to School.	20
Diabetes Health Literacy	22
Appendices	
BIDMC Community Benefits Guiding Principles	25
Community Health Needs Assessment & Implementation Strategy	27
Community Ranofits Committee	,or

Dedicated to making a difference

We're deeply proud of Beth Israel Deaconess Medical Center's legacy of welcoming underserved populations and providing patient-centered care to those in need. Our commitment to equitable care for members of our diverse community continues in the work we do every day within our walls and in our neighborhoods.



Dr. Kevin Tabb, CEO, and Carol Anderson, Chair, Board of Directors, BIDMC

This year, BIDMC is honoring many

milestones in relationships and initiatives that improve the lives of those for whom we care. Our partnership with The Dimock Center now spans 50 years, allowing us to deliver seamless transitions of care for individuals and families. BIDMC's Center for Violence Prevention and Recovery got its start 45 years ago and continues to provide a safe place for survivors to begin their healing process. Forty years ago, we were one of the first hospitals in the country to offer medical interpretation services. We've been celebrating the LGBT community for 25 years through our annual Pride event and, 20 years after its founding, the Community Care Alliance is still strengthening the voice of our community health center partners.

In this 2018 edition of our Community Benefits report, you'll also read about programs to promote health and wellness. Now in its fifth year, Healthy Eating/Active Living at Charles River Community Health is helping address social isolation among seniors. At Bowdoin Street Health Center, the recently launched Prevent T2 program, designed by the Centers for Disease Control and Prevention, is helping improve health literacy and outcomes for individuals at risk for type 2 diabetes.

BIDMC remains dedicated to working collaboratively to care for those who are underserved, vulnerable, or who face challenges in achieving optimal health and well-being. As the Beth Israel Deaconess family continues to grow, we pledge to build on our rich history with a commitment to improving the health of all our patients with dignity and respect.

Landusm **

Carol Anderson

Chair, Board of Directors

Kevin Tabb, MD

Chief Executive Officer



Beth Israel Deaconess Medical Center VALUES and WELCOMES every member of our DIVERSE COMMUNITY. We believe that everyone has the RIGHT to receive the medical and behavioral health care they need. We welcome all patients regardless of race, religion, country of origin, immigration status, disability or handicap, gender identity, sexual orientation, age, military service or source of payment.

We RESPECT our patients' privacy. We do not share health information with immigration officials or anyone else unless we are required to do so by law.

We support the respect and DIGNITY of our patients, visitors, and staff. We do not



tolerate hate speech or acts, or disrespectful behavior. If you feel afraid, threatened, or harassed in any way while at BIDMC, or you witness such behavior at BIDMC, please tell a staff member immediately. You may also email patientrelations@bidmc.harvard. edu or call 617-975-9750.

Your COMFORT, HEALTH, and SAFETY are our top priority.

Welcome

On behalf of the Beth Israel Deaconess Medical Center Community Benefits Committee, I present the 2018 Community Connections report. As we continue to respond to the findings of our 2016 Community Health Needs Assessment, I'm pleased to share with you a sampling of programs from our expanded Community Health Implementation Strategy that are making a difference for individuals and communities.

As one of our country's top academic medical centers, BIDMC leads the way not only in innovative clinical care, research and education, but also in the creation of a welcoming and respectful environment for the diverse patient population we serve.

We understand that conditions in our neighborhoods, schools and workplaces affect health and wellness, and recognize that these social determinants of health (e.g., economic stability, access to education, availability of fresh

foods, safe neighborhoods) continue to have a tremendous impact on many segments of the population. As such, our Community Benefits programs support evidence-based initiatives aimed at improving individual and population

health as well as advancing health equity.

Social Chronic Determinants and Health Disease Management **Risk Factors** Equitable Care Behavioral Access to Care Health and Use

We partner with the Community Care Alliance, our network of affiliated community health centers, the Boston Public Health Commission and an extensive array of health, social service and other communitybased organizations. We coordinate efforts to increase access to quality healthcare, chronic disease management and prevention services, healthy foods and opportunities for physical activity. We collaborate

to reduce mental illness and substance use. These efforts help us focus on the underserved and those who may face disparities due to race, ethnicity, socioeconomic status, immigration status, language, age, sexual orientation or gender identity.

Moving forward, BIDMC remains committed to improving the health of our communities by providing extraordinary care where the patient comes first.

Nancy Kasen





Diverse

Low Income Individuals

By the numbers

FY 2017 | Oct. 1, 2016 - Sept. 30, 2017

Dental patients served at CCA Community Health Centers

Dental visits were provided at CCA **Community Health Centers**

More than

In-Kind and Grant Funding

Leveraged Grants/Funds

including 8.658

Behavioral Health patients

Patients served at **CCA Community Health Centers**



BIDMC Interpreter Services

staff had

218,006 interactions with patients

in 73 languages



employees received Employee Career **Initiative services** including classes offered on site in partnership with Bunker Hill Community College





of HIV-positive patients at The Dimock Center were also screened for HCV

7,175 children 1,000 school staff

44 Boston Public Schools

participated in BIDMC's

Walking Club

to promote physical activity



Bowdoin Street Health Center's Youth Leadership Program

focused on helping them develop strong personal leadership skills, contribute to positive community change and advance violence prevention.

Charity Care



Participants tracked their progress with baseline and follow-up gait/balance tests





Rowena Golay (right), with her daughter, Vanessa, and grandson, Ryder, is grateful for the deep connections she's formed over the years with the people at The Dimock Center.



50 years and going strong

BIDMC supports The Dimock Center's mission to heal and uplift individuals, families and the community

Rowena Golay remembers when the homeless shelter was built at The Dimock Center, when the detox center opened, and when it was remodeled recently. But most of all, she remembers the people.

"You get that bond with people," she says. "My kids felt so good about the doctors in pediatrics, they never wanted to go upstairs to the adult clinic." Her great granddaughter, Armani, was born at Beth Israel Deaconess Medical Center and is the 5th generation in the Golay family to be cared for at Dimock.

The deep connection goes well beyond the pediatric team, beyond the rheumatologist who took care of her son with lupus, beyond the teachers at the on-site preschool her daughters attended. Dimock was also there for her, without judgment, when she decided to get clean after 25 years of drug addiction. "I said 'I want to stop for my kids. I've got to stop, but I don't know how.' And Dimock was right there," she says. "It wasn't an easy road, but I'm thankful I did it and that it's over with."

Rowena is grateful for Lorraine, a social worker who believed in her. "She was a main part of me getting myself clean. She would go out of the way after work to come to my house in Roxbury and sit with me and pray with me." Rowena stays in touch with Yvonne, the counselor who was with her from the beginning of her recovery. "She's seen me grow. I've had a lot of support. There's a lot of things Dimock helped me with in my growth to becoming a parent."

Clean now for more than 22 years, Rowena feels closer than ever to her kids. "We have our little family arguments, but they're still there for me and I'm still there for them." Seven years ago, she moved to Randolph to be near her grandkids. They affectionately call her Big Mama and like to tease her, each one claiming to be her favorite.

"I've got 29 grandchildren and one on the way. My life is for them. Anything I can do for them, that's what my plan is now."

She's happy in Randolph. It's nice, guiet and peaceful.

"I love it out here, but I'm still going to stay at Dimock no matter what. I could go to other places, but it's been a long journey and Dimock is just there for me."





A steady presence for 45 years

Improving the health and well-being of those impacted by violence

The effects of trauma and violence on the physical and mental health of individuals, families and communities are both deeply personal and of public health concern.

For 45 years, the Center for Violence Prevention and Recovery (CVPR) at BIDMC has provided free, confidential trauma-informed services and programs for survivors. The Center supports approximately 700 individuals each year, helping them heal from violence, explore safety options and gain access to resources.

Initially established as the Rape Crisis Intervention Program in 1974, the CVPR addresses the needs of survivors of sexual assault, domestic violence, community violence, homicide, terrorism and trafficking. Services are available to people of any culture, age, sexual orientation, gender identity and religion.

The CVPR's expert clinicians not only help reduce the barriers to mental and physical healthcare that survivors often need, they train healthcare providers to identify and respond to people who are experiencing or have previously experienced violence.

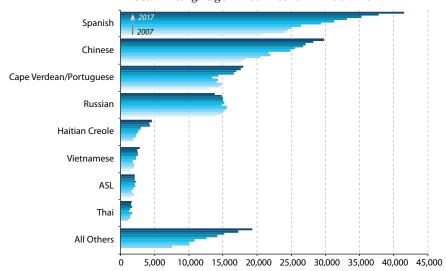
In 2010, the CVPR launched Homicide Support Services and expanded its partnership with the Louis D. Brown Peace Institute to better support families and communities affected by gun violence. The Center was available to the community after 9/11 and the Boston Marathon bombing, and continues to engage in innovative collaborations between healthcare providers and community organizations to provide a strong network of support for all survivors.





Jane Kontrimas pioneered the field of medical interpretation. Before computers, the internet or even books on the topic existed, she created a glossary of Russian medical terms for newly hired staff. She has been bridging communication between health care providers and patients for more than 40 years and has trained countless interpreters. Her passion for excellence is a big reason BIDMC's Interpreter Services department now serves patients and families in more than 70 languages.

Staff Language Encounters FY2007-2017



40 years of Interpreter Services at BIDMC

Leading from the start

When Jane Kontrimas graduated from college with a Russian language degree, she wasn't sure what the future might hold. But a wave of immigrants and political refugees seeking asylum arriving from the former Soviet Union soon made her path clear. The families were escaping anti-Semitism and needed help gaining access to housing, vocational training and healthcare.

"One of my first jobs after college was working at the Jewish Family and Children's Services where I was interpreting for social workers in the resettlement office," she says. "Out of all the aspects of that work, the part I liked best was the medical appointments. It became clear that hospitals needed to be able to communicate with patients, and I was pleased to be hired for that position at Beth Israel Hospital."

At the time, as far as Jane knew, she was the only medical interpreter in Boston. She was a pioneer, figuring things out as she went, developing the field from scratch. As the need for more interpreters grew, she began training bilingual volunteers and workstudy students. She attended clinical education sessions to gain knowledge about the medical culture and doctors' expectations, and she learned from the patients themselves. "I would sit with them, and sometimes they would tell me their life story, so that I understood better where they were coming from, their culture and their health beliefs."

In the 1980s, Jane joined other interpreters to start the Massachusetts Medical Interpreters Association. They published the first U.S. standards of practice for medical interpreters in 1995; their work informed the official national standards of practice of the National Council on Interpreting in Health Care. With one of the oldest and most experienced Interpreter Services department in the country, BIDMC now supports more than 200,000 interpreter encounters each year.

Forty years in, Jane is still passionate about her work. She continues to advance her field, conduct trainings for interpreters and clinicians, and she remains an ever-steady presence for patients and families.

"When I walk into the room, everybody's face lights up, and they all relax as if they feel, 'Oh, thank goodness, now we can communicate with each other.' And that makes me feel my job is useful to people, so I like that."

Receives Greater Boston Business Inaugural Gay and Lesbian Achievement Council Award of Excellence for 2002 Awards are held education initiatives aimed at Beth Israel Hospital officially participates in increasing cultural competence within the Boston PRIDE Parade for the first time a large organization "Do ask, Do tell" by Jennifer Potter, MD, published in Annals of Internal Medicine Hosts Gay & Lesbian Healthcare Symposium The Gay and Lesbian Advisory Committee The Gay and Lesbian Advisory receives the P/21 Award for Education Committee becomes the BIDMC Lesbian Gay Bisexual Transgender **Advisory Committee** Sponsors Gay & Lesbian Symposium on **Healthy Aging** Is awarded an Honorable Mention by Human Rights Campaign Release of Making It Better – PRIDE at Creates a Gay and Lesbian-Sensitive BIDMC video in support of the It Gets **Provider Listing** Better Project (https://bit.ly/2KVldXE) Publishes A Healthcare Guide for the Gay and Lesbian Community BIDMC is recognized as a Leader in LGBT Healthcare Equality by the Co-sponsors the Gay Men's Domestic 2012 **Human Rights Campaign for meeting** Violence reception criteria in all four survey categories in Hosts symposium on Better Health Care the HRC's Healthcare Equality Index: for the Lesbian and Gay Communities: patient non-discrimination, employee Opportunities for Teaching and Learning non-discrimination, visitation, and cultural competency training Revises language on registration and BIDMC forms to be inclusive of sexual orientation BIDMC holds focus group for LGBT+ and ally providers Publishes a Lesbian and Gay The LGBT Sensitive Forms Taskforce is Employee Resource Guide formed to address inclusivity in patientfacing forms and materials BIDMC CEO signs letter to CMS and ONC in support of SOGI inclusion in Launches Be Well! Gay and Lesbian Meaningful Use **Wellness Series** Hosts symposium A Welcoming Place for All: Improving Access & Quality for The Gender Identity Steering Gay and Lesbian Patients Committee begins work on updating Designs a Marketing Campaign the BIDMC electronic medical record to include the Gay and Lesbian community IT request to include SOGI fields in

WebOMR is approved

Collaborates with Mass Medical Society

to host Hearing All Voices conference

Celebrating the LGBT community for 25 years

BIDMC offers a welcoming environment for all

In June 1970, New Yorkers marked the one-year anniversary of the Stonewall riots with the first Gay Pride parade. The parade was a celebration of sexual diversity, a stand against violence and discrimination, and a cry for equal rights. The following year, Boston and other cities across the country followed New York's lead and started hosting Pride events of their own.

Our history of caring for the Lesbian, Gay, Bisexual, Transgender (LGBT) community goes back nearly as far. In 1974, the former New England Deaconess Hospital began supporting the burgeoning Fenway Community Health Center. And in the mid-1980s, Beth Israel Hospital's medical staff welcomed and treated AIDS patients and assisted Fenway's doctors in gaining admitting privileges.

BIDMC, one of the first hospitals to form an LGBT Advisory Committee, has been recognized by the Human Rights Campaign as a national leader since 2010, and continues to strive to ensure that policies and practices provide equal treatment.

The BIDMC Patient Bill of Rights, the first in the country, ensures that all patients receive access to care. BIDMC is now one of the first hospitals in the country to recognize that harms to respect and dignity can be as detrimental to one's health as physical harms. BIDMC understands that seemingly small acts help patients feel respected and safe. And that simple change makes it more likely that they will seek the care they need, whether it's routine screenings or treatment of a chronic condition.

It's in that spirit that BIDMC commemorates 25 years of hosting its own Pride event, celebrating the creation of a welcoming and inclusive environment for LGBT employees, patients and families.









Dr. Harvey Bidwell has been a practicing physician and beloved community member at Bowdoin Street Health Center for 43 years.

Judy Su, nurse practitioner at South
Cove Community Health
Center, helped to launch its
mammography screening
program in 2003. Today,
SCCHC performs
more than 5,000
screenings every
year. Judy is pictured
below, center, with
mammography team
members Jane Connors
and Fun Fun Cong.

17,973 LGBT patients were seen at CCA Community Health Centers in FY'17

1,549 patients that identify as transgender were seen at CCA Community Health Centers in FY'17

"I am drawn to this work because access to care supports not only the health of the individual, but that of the larger community," says Forest Malatesta, Community Resource Navigator at Outer Cape Health Services (OCHS). She is pictured above, center, with Brianne Smith and Leo Blandford of OCHS.

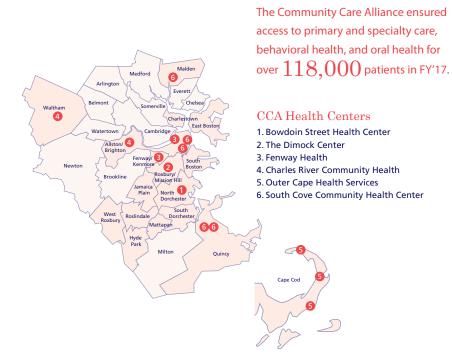
20 years of synergy

BIDMC and the Community Care Alliance are better together

Beginning in 1968, as the community health center movement was gaining momentum, Beth Israel Hospital and New England Deaconess Hospital were partnering with local health centers to improve access to care for low-income, diverse, urban and rural communities. Not long after these two institutions came together as Beth Israel Deaconess Medical Center, the Community Care Alliance (CCA) was founded as a partnership of community health centers.

Today, the CCA ensures access to high-quality, affordable, primary and specialty care, behavioral health resources and oral healthcare for more than 118,000 patients. BIDMC's six licensed and/or affiliated community health centers serve patients at 15 locations in communities disproportionately affected by chronic disease and cancer.

Twenty years of synergy among the CCA health centers and BIDMC means that patients get the right level of care in the right location. Through collaboration with and support from BIDMC, the health centers effectively and efficiently care for all patients, and address the needs of the community, including health risk factors and social determinants of health.





BIDMC's team of dedicated financial counselors, left to right: Joanna Rodriguez, Shanara Rice, Gail Mason, Altagracia Lazala, Shannon Vaughn, Angie Alvarez Not pictured: Madrid Spain, Maria Spinola, Jeff Bechen (Director)

BIDMC's Patient Access Services:

Staff screened 9,776 patients for eligibility and enrolled 8,716 patients into entitlement programs in FY'17. 99% of those enrolled patients were enrolled into MassHealth.

Removing barriers

Health insurance for the hospital's most vulnerable

Not long ago, Gail Mason, Manager of Patient Access Services, reconnected with a patient she helped at the beginning of her nearly 40-year career at BIDMC. The man recognized her from across the room and had to let her know that the bridge to care she provided more than 35 years ago was a big part of the reason he was alive today.

Gail oversees a team of nine financial counselors. Each morning they run a report to see who has been admitted to the hospital overnight and the status of their insurance. After they determine which patients need a financial consultation, they make their rounds, sitting with patients at the bedside, putting them at ease.

"It's a lot for people. It's hard enough when you're well, let alone when you're sick," says financial counselor Shannon Vaughn. "Sometimes they're scared, or don't know what paperwork they need or what questions to ask. It's all about advocating for the community. And they need it."

The fiercely dedicated team is passionate about patient care and has a deep understanding of health insurance. They enroll patients in MassHealth, find missing paperwork, interpret complicated insurance information and look for ways to expand coverage so patients aren't faced with unexpected, and often overwhelming, costs.

"We're able to help patients and families and assure them that they don't have to handle it on their own," says Gail. "Having someone they trust hopefully alleviates some of the fear and lets them concentrate on what they should be doing, which is getting well."

The team follows patients even after they're discharged, offering support, fielding questions and helping renew coverage each year. Recently, after weeks of paperwork and back and forth calls, Shannon was very happy to inform a chronically ill patient and his family that he had been approved for MassHealth Standard. "I love helping people," she says. "It gives me satisfaction to know we helped them get health insurance. That they're going to be okay."

"Every little bit helps. If we help one person get coverage, they can come to the clinic for follow-up services instead of going to the emergency room," adds Gail. "And if they can get registered with a primary care doctor and get the care they need, then it's an even better success story."



Twin sisters Mahn and Mong Nguyen stay active and connected at Charles River Community Health.



5 years of Healthy Eating/Active Living

BIDMC supports Charles River Community Health's holistic view of health

Once a week, like clockwork, you'll find Mahn Nguyen at a Charles River Community Health fitness class. "I need it," she says. "Every day I go, I feel better."

Despite some health issues, 68-year old Mahn glows with health. In 2008, she received a donor kidney from her twin sister Mong after learning that her own were failing. Both sisters eventually bounced back from surgery at BIDMC, returning to regular life and normal activities. But, in 2016 when Mahn broke her shoulder in a bike accident, recovery was harder. The shoulder healed, but the discomfort remained. She went to physical therapy, but it didn't get better. "My body was so tired," she says. "It made me feel lazy."

The pain prevented Mahn from exercising and kept her in the house, so her doctor recommended group exercise. Studies have shown that regular group physical activity can alleviate social isolation and help older adults achieve better physical, mental and social health.

Mahn joined a class offered through the Healthy Eating/Active Living program at Charles River Community Health (CRCH). The BIDMC-funded program was launched in 2013 to promote healthy eating and physical activity for children, youth and adults, with a focus on low-income, immigrant families in Allston and Brighton. Most participants walk from their homes to CRCH for free tai chi, yoga and other group classes. These classes are conveniently located at the same place they receive their healthcare.

After a few weeks of tai chi, Mahn's symptoms were already less noticeable. Just a month or two later, she was essentially pain free. While eliminating shoulder discomfort was her main goal, Mahn says she's also been very happy with the social connections she gets from the program.

"When I was sitting at home, I felt very sad. There was nobody to talk to," she says.
"When I go out to the classes, I meet people and talk. We share everything and I feel
a lot better."

On days when there isn't a class scheduled, the group still often meets to take a walk along the river. "Exercise is very, very important for us," she says. "I feel healthier than before when I stayed home, and at night, I sleep easy."





The Massachusetts Safe Routes to School (SRTS) program works to increase safe biking and walking among elementary and middle school students. It uses a collaborative, community-focused approach that bridges the gap between health and transportation. SRTS utilizes the six E's to implement its program: education, encouragement, enforcement, evaluation, engineering, and equity.

Teens and Mentors of the Safe Routes to School program, left to right: Hannon Fallon, mentor; Valerie Rivera, teen designer; Frederick Plowright, assistant mentor: Brandon Anderson, teen designer; and Dominique Butori, mentor



Public health meets public art

BIDMC teams up with Artists for Humanity, Boston Public Health Commission and Safe Routes to School

When Valerie Rivera started working as a teen designer at Artists for Humanity (AFH), an organization that provides jobs in art and design to under-resourced youth, she was quiet and shy. "It's a really nice program, because you learn about yourself as you go along," she says.

"Valerie's been in the studio since her freshman year, and when she first came in she didn't talk to anyone. But over the years, she's become more confident, and now she's a chatterbox," says Dominique Butori, an artist and AFH mentor.

Valerie and Dominique are part of a team of youth apprentices and professional artists commissioned by the Boston Public Health Commission to create public art for Safe Routes to School. The national program encourages more walking and biking, with the goal of increasing physical activity and reducing obesity. BIDMC provided funding for the design, building and installation of bike racks at local Boston Public schools without bike parking.

The design process began with a brainstorm. "We don't like setting too many restrictions, because then we miss out on really good ideas," says Dominique. "Then we start to narrow it down. We want something that's artistic and looks pretty in the neighborhood, but is also functional," adds Hannah Fallon, also an artist and AFH mentor.

"It's inspirational to put it all out there, and then find something that will actually work for other people," says fellow teen designer Brandon Anderson.

The team narrowed the choices, then built a handful of designs to scale out of cardboard, and locked a bike to each to determine which actually worked. From those designs, Safe Routes selected a steel arch with a Cheshire Cat quote from Alice in Wonderland, "Every adventure requires a first step."

"It's great to see a project that I actually participated in get finished," says Anderson.
"And it feels personal because a lot of the schools are near where I live."

Both students will now leave AFH to attend college. Anderson will be studying computer science and engineering at Benjamin Franklin Institute of Technology. Rivera will be majoring in Japanese at UMass Boston. "I'm really glad that I chose this program," says Valerie. "I value my experience and wouldn't change it for anything."



Bow

Nehemie and Clinical Dietitian Jessica Burch at the Bowdoin Street Health Center Wellness Center kitchen. The Wellness Center was built to offer free or low-cost programs to improve the health of both BSHC patients and community residents. It offers two well-equipped exercise rooms and a state-of-the-art demonstration kitchen.

Center's Diabetes Initiative is a comprehensive care management program, serving more than 900 adults diagnosed with diabetes. Bowdoin Street's Diabetes education program is recognized by the American Diabetes Association.



Getting control over chronic disease

CDC's Prevent T2 education and lifestyle change program finds a home at Bowdoin Street Health Center

For Nehemie, a Boston Public School teacher, getting type 2 diabetes seemed inevitable. "In my community it's almost to the point where you know it's going to happen," she says. "But, I'm in my 20s, and I thought I'd get it together before then."

A visit to her primary care doctor proved otherwise, revealing an elevated hemoglobin A1c level, an indication that Nehemie has prediabetes. Her doctor prescribed a new program at Bowdoin Street Health Center for people at risk for type 2 diabetes. "I wanted to take control and do something about it," she says. "If I build good habits now, the future will be a lot better."

The Prevent T2 program was designed by the Centers for Disease Control and Prevention (CDC) to improve health literacy—the ability to assess, understand, evaluate and use health information—and combat the growing numbers of Americans diagnosed with type 2 diabetes each year. "The CDC did studies and, unsurprisingly, the thing that worked the best was a more intensive group program about lifestyle modification," says Jessica Burch, RDN, LDN, CLC, a clinical dietitian who leads the group at Bowdoin.

The year-long program, supported by Bowdoin and BIDMC's Department of Community Benefits, combines course work and coaching with exercise and cooking classes. Participants share struggles, strategies and successes. "We're here to lead discussion, but we're not actually the main participants," says Jessica. "The idea is to have the people who are living this come up with ideas and solutions for each other. That's what works."

"The group keeps me accountable," says Nehemie. "And the class is helping empower all of us. It's like, here are the tools, here are some tips and tricks, go ahead and do it, and do your best."

CDC research shows that people who lose five to seven percent of their body weight and adopt the lifestyle changes in the Prevent T2 program reduce their risk of developing diabetes by as much as 70 percent.

Ten weeks in, Nehemie has already lost nine pounds. "I've heard it takes 60 days to form a habit, and I've been doing this longer than that now, so I feel like this is a commitment that is going to hold."

Appendices

BIDMC Community Benefits Guiding Principles

I. Why?

Our Community Benefits program is designed to ensure that:

- Beth Israel Deaconess 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 Hospital and New England
 Deaconess, each of which was particularly committed to the community service
 component of their multiple missions (clinical, research/teaching, community).
- The experiences of providers and staff at Beth Israel Deaconess 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 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 identity, age, etc.
- A major focus is to ensure that Beth Israel Deaconess is a welcoming and culturally competent organization for all patients and employees, including racially/ethnically diverse groups and other populations traditionally underserved.
- Our efforts focus primarily, but not exclusively, on healthcare, so that our financial resources are leveraged with our clinical, academic and administrative strengths.
 The healthcare arena is where Beth Israel Deaconess 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. 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 senior management, providers and
 trustees alike, as well as by the communities served.

Community Health Needs Assessment & Implementation Strategy

BIDMC's Community Health Needs Assessment engages the community to gain a better understanding of community capacity, strengths and challenges as well as community health status, barriers to care, service gaps, underlying determinants of health and overall community need. The information gathered in 2016 informs BIDMC's Community Health Implementation Strategy.

While BIDMC provides services to all patients who come through its doors, the medical center focuses its community benefits efforts on improving the health status of the low-income, underserved populations living in its Community Benefits Service Area (CBSA) of Allston/Brighton, Chinatown, Dorchester, Fenway/Kenmore and Roxbury. BIDMC also has historical ties to working with the Greater Boston's LGBT population and underserved communities in Quincy, as well as with some of the most isolated, vulnerable areas of Cape Cod, specifically the Outer Cape in the communities of Harwich, Wellfleet, Truro and Provincetown.

This work is done in partnership with an extensive array of health, social service and other community-based organizations throughout BIDMC's CBSA. BIDMC also collaborates with the Boston Public Health Commission, community coalitions and the Community Care Alliance (CCA), which is a network of community health centers committed to serving underserved populations in BIDMC's CBSA.

BIDMC's Community Health Implementation Strategy is structured to address health disparities and inequities due to race, ethnicity, socioeconomic status, age, sexual orientation or gender identity.

BIDMC has focused on four priority areas, which together encompass the broad range of health issues and social determinants of health facing BIDMC's CBSA. These four areas are: (1) social determinants and health risk factors; (2) chronic disease management; (3) access to care; and (4) mental health and substance use.

Priority Area 1Social Determinants and Health Risk Factors

Data continue to show that meeting the whole health needs of individuals requires examining and addressing the social and environmental factors that contribute to poor health and disparities.

Determinants that may limit a person's ability to care for their own and/or their families' health include:

- Poverty
- Lack of employment opportunities
- Exposure to violence
- Poor access to transportation
- Racial segregation
- Language barriers/literacy
- Provider linguistic/cultural competency
- Social support
- Community integration

This is particularly true for racially/ethnically diverse, foreign born and non-English speaking residents living BIDMC's CBSA, including the Boston neighborhoods of Allston/Brighton, Dorchester, Fenway, Roxbury and South End/Chinatown.

It is crucial that these disparities be addressed and, to this end, BIDMC's Implementation Strategy continues to include a number of programs, strategic interventions and services that are carefully targeted to address these inequities.

Priority Area 2

Chronic Disease Management

BIDMC's CBSA is affected by many of the most costly chronic conditions, including heart disease, diabetes, asthma, hypertension, cancer and HIV/AIDS.¹

BIDMC focuses on primary care engagement and understanding health risk factors including:

- Community-based education
- Screenings and preventive care
- Timely access to evidence-based treatment
- Coordinated care, including access to follow-up services

BIDMC engages with a broad range of existing programs that work to address prevention and service coordination, improve follow-up care and ensure that those with chronic and infectious conditions are connected to the services they need.

1https://www.cdc.gov/chronicdisease/about/costs/index.htm Accessed 9/25/18

Priority Area 3

Access to Care

Access to health insurance and to primary care has shown to have a profound effect on one's ability to prevent disease and disability, increase life expectancy, and perhaps most importantly, increase quality of life.²

Despite having strong, robust safety net systems, many in BIDMC's CBSA remain uninsured.³

Segments of the population, particularly low income, diverse and vulnerable

populations, still face significant barriers to care and struggle to access services due to:

- Lack of and/or inadequacy of insurance
- High costs
- Lack of transportation
- Cultural, linguistic and health literacy barriers
- Shortages of providers willing to serve Medicaid-insured or low-income, uninsured patients

BIDMC partners with the six community health centers that make up the CCA to ensure access to equitable, inclusive care in Boston's neighborhoods, as well as the adjacent city of Quincy and the Outer Cape region. BIDMC works with the health centers to support and educate patients with chronic diseases, provide evidence-based care and treatment and ensure access to needed specialty care. Additionally, BIDMC supports community outreach and programs at the health centers that focus on improving access, equity and health outcomes through a social determinants of health lens.

 ${}^2 https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-health Accessed 9/24/18$

³Some health centers in BIDMC's CBSA have significantly higher uninsured rates than the state average, ranging from 4% at South Cove Community Health Center to 44% at Charles River Community Health.

Priority Area 4

Mental Health and Substance Use

Individuals, families and communities in every geographic region and every population segment in BIDMC's CBSA are profoundly affected by limited access to behavioral health services.

These communities and their health service systems are burdened by high rates of:

- Depression/anxiety
- Suicide
- Alcohol abuse
- Opioid and prescription drug use
- Marijuana use, particularly in youth

National Institute of Health research suggests that Americans with chronic diseases are nearly three times as likely to also be diagnosed with depression. And a diagnosis of a chronic condition paired with depression is associated with increased medical symptoms, poor adherence to self-care treatments and higher costs.⁴ Additionally, the stigma associated with mental illness and drug or alcohol use, too often creates a barrier to seeking treatment.

BIDMC is committed to supporting efforts to provide culturally appropriate and inclusive behavioral health and substance use services for community members and their families.

⁴https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4406996/, Accessed 9/24/18

Produced by the Office of Community Benefits, Beth Israel Deaconess Medical Center

Carol Anderson, Chair, Board of Directors Kevin Tabb, MD, Chief Executive Officer Nancy Kasen, Director, Community Benefits

Project Manager: Kelly McCarthy
Design: Jane N. Hayward, BIDMC Media Services
Photography: Danielle Duffey and James Derek Dwyer, BIDMC Media Services
Writer/Editorial Support: Kelly Lawman

For more information, please call the Office of Community Benefits at (617) 667-2602. E-mail: nikasen@bidmc.harvard.edu

Community Benefits Committee

Carol F. Anderson,
Chair, Board of Directors
Phyllis Barajas, Co-Chair
Pamela Scott, Co-Chair
Jonathan Bornstein
Arese Carrington, MD
Elizabeth Cheng
Helen Chin Schlichte

Kelley Chunn
Jose de la Rosa
Stephen Denny
Thomas DeSimone
Matthew E. Epstein
Lee Ann Fatalo
Joan Feinberg Berns, PhD
Paula Ivey Henry, PhD

Edward Ladd Vivien Li Femi Obi April Tang June Tatelman Luis Vidal Fred Wang Tracey West





330 Brookline Avenue Boston, MA 02215 bidmc.org













