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...Service to community is at the core...and an important part of our mission. We have a commitment to care for the underserved and to work to change disparities in access to care.
Our Commitment

Beth Israel Deaconess Medical Center (BIDMC) is deeply connected to the communities we serve. Like our founders before us, we care for those who are underserved, vulnerable or challenged by barriers to care due to race, ethnicity, sexual orientation, gender identity or language preference.

Natural and more inclusive health care reform have seeded unprecedented changes that are transforming our health care system. A primary goal of reform is a more holistic, coordinated approach to health care. This focus is on public health, prevention and keeping our communities healthy, in addition to the traditional role of treating illness and injury. BIDMC is at the forefront of these efforts, but for the medical center and many of our partners, this approach is not particularly new. BIDMC has always been dedicated to working with our community to address disparities in access and health outcomes. Our network of community-based services, combined with support for community health programming, exemplifies our decades-long commitment. Our future commitment is strongly rooted as we cultivate opportunities for measurement, nourish evidence-based programs, and focus on outcome-based assessments.

In this edition of our Community Connections annual report, you will read about BIDMC’s commitment to public health, prevention, strong primary care and overall health in the communities we serve. For example, health and fitness programs at BIDMC’s Bowdoin Street Health Center give community residents access to healthy foods, safe streets and a Wellness Center. At the Dimock Center, a Head Start Program for young children is another evidence-based example of how community organizations are working with families to ensure that they have the knowledge and skills to raise healthy families.

Through these and other efforts, we strive to provide the very best care possible to our patients and promote the development of healthy communities. On behalf of the BIDMC Boards and staff, we thank the dedicated members of the Community Benefits Committee and everyone who has been involved in this critical work.

—Kevin Tabb, MD, President and CEO, and Daniel Jick, Chair, Board of Directors

Growing Community Health Programs • Seeding Health Improvement • Nourishing the Communities We Serve

Our Community Connections

On behalf of the BIDMC Community Benefits Committee, I am proud to present this year’s Community Connections report. In this edition, we review the results of our Community Health Needs Assessment (CHNA), outline the major elements of our Community Health Improvement Plan (CHIP), and highlight some of our recent accomplishments.

In developing our community benefits program, we believe that it is vital to work in close collaboration with the communities we serve, our community health stakeholders and our state and local government partners. We take care to invest in evidenced-based programs that have the greatest potential to promote healthy living, increase access and strengthen primary care. This allows us to expand on existing resources, tailor our work to each community’s need, and stimulate more sustainable, population-based approaches to community health. We believe that in the long term this will lead to greater program impact and better health outcomes for those living in our community.

Serving many of greater Boston’s most underserved, vulnerable and at-risk communities, BIDMC has contributed more than $107 million in in-kind and grant funding over the past year to support dozens of community health programs. Additionally, BIDMC has leveraged $4.9 million in grant and other funds to address health disparities and health inequities, and provided more than $18.2 million in charity care.

This support, along with the hearts, minds and commitment of our volunteers and staff, is dedicated to the people we care for today and the health and well-being of the many families we help to serve in the future.

—Nancy Karen, Director, Community Benefits

Community Benefits Approach

BIDMC community benefits efforts focus on improving the health status of the low income, underserved populations living in Boston’s urban core neighborhoods, in the city of Quincy, adjacent to Boston, and on Cape Cod, particularly in isolated Outer Cape communities. Much of BIDMC’s support of these neighborhoods, cities and towns is accomplished by partnering with a network of community health centers that are part of the Community Care Alliance (CCA). The six health centers that are part of the CCA operate fourteen clinic locations that are integral to their communities and are dedicated to providing the highest quality care to those living in their service area, with a special emphasis on those who are low income, underserved and vulnerable.

Community Health Needs Assessment Approach and Methods

BIDMC’s Community Health Needs Assessment (CHNA), along with our associated Community Health Improvement Plan (CHIP), are the culmination of nearly one year of work to better understand and address the health-related needs of those living in our Community Benefits service area.

In conducting the CHNA, our team worked closely with the community and our community partners. The assessment collected a wide range of quantitative data from existing Federal, Commonwealth and local sources, as well as community survey data gathered directly from more than 700 community residents. It also compiled important qualitative information through interviews and focus groups with health and social service providers.

The following are the key target populations and leading health priorities identified by BIDMC’s CHNA and the focal points of our CHIP.

Key Target Populations

- Boston Urban Core
  - Chronic disease in adults
  - Mental illness in adults
  - Substance abuse in adults/youth
  - Lack of health education/health literacy
  - Obesity, fitness/exercise
  - Nutrition
  - Safe neighborhoods
  - Reduction of carbon footprint
- Older Adults
  - Isolation and depression
  - Mental illness in adults
  - Lack of health education/health literacy
  - Obese, fitness and nutrition
  - Access to primary care, specialty care and mental health services
- Racial/Ethnic Minorities
  - Chronically ill adults
  - Health literacy/language barriers
  - Health education/language
  - Access to primary care, specialty care and mental health services

Leading Health Priorities

- Disease Management and Prevention
  - Diabetes, heart disease, cancer, depression, anxiety, stress
  - Substance abuse
  - Depression, anxiety, stress
  - Access to care
  - Homicide, domestic violence
- Behavioral Health
  - Depression, anxiety, stress
  - Substance abuse
  - Access to care
- Healthy Living
  - Obesity, fitness and nutrition
  - Nutrition
  - Safe neighborhoods
  - Environmental sustainability
  - Reduction of carbon footprint

For more information, please call the Office of Community Benefits at (617) 667-2602.
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Kevin Tabb, MD, President and CEO with Daniel Ick, Chair, Board of Directors

Nourishing the Communities We Serve

Key Target Populations
Low Income
• Obesity
• Diabetes
• Substance-use disorder
• Mental illness

Chronic Disease
• Depression
• Anxiety
• Stress

Environmental sustainability
• Reduction of carbon footprint

Access to Care
• Primary care
• Medical specialty care

Behavioral Health
• Depression
• Anxiety
• Substance-use disorder

Healthy Living
• Smoking cessation
• Cancer prevention

Disease Management and Prevention
• Diabetes
• Hypertension
• Depression
• Anxiety
• Substance-use disorder

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many of the region’s most vulnerable areas. These health centers provide culturally and linguistically appropriate, comprehensive, high-quality, accessible care and services to individuals in need, regardless of insurance status or their ability to pay. BIDMC’s support has been used to conduct outreach, promote patient-centered care, address chronic disease and expand access to integrated specialty care services.

Community Care Alliance Outreach Grants

BIDMC supports a network of health centers called the Community Care Alliance that operates in many of the region’s most vulnerable areas. These health centers provide culturally and linguistically appropriate, comprehensive, high-quality, accessible care and services to individuals in need, regardless of insurance status or their ability to pay. BIDMC’s support has been used to conduct outreach, promote patient-centered care, address chronic disease and expand access to integrated specialty care services.

Bowdoin Street Health Center’s Health and Wellness Initiatives

BIDMC, along with its Bowdoin Street Health Center, is developing a primary care approach that focuses on preventing disease, supporting health promotion and addressing the underlying determinants of health. New programs promote healthy eating, active living and healthy behavior decisions, as well as provide services to community supports that address some of the leading community determinants of health.

Head Start Child Nutrition Program

The Dimock Center with support from BIDMC, has implemented a childhood nutrition program in its Head Start early education classrooms. The program provides healthy snacks as well as education on healthy eating and physical activity that is integrated into the curriculum. The program also includes family counseling and workshops led by teachers, BIDMC staff and Dimock’s licensed nutritionists.

Bowdoin Street Health Center’s Health Education and Support Project

The project, which is a city-wide forum for addressing childhood exposure to violence. It is often associated with long-term physical, psychological and emotional harm and has become a national issue for many low income individuals and communities. BIDMC is supporting this project in the community, to help develop secondary traumatic stress.

Community-Based Obstetrics and Women’s Services

BIDMC’s needs assessment clearly identified that lack of access to specialty care services, particularly obstetrical and women’s services, was an issue for many low income individuals and families. With this in mind, BIDMC has been working with Bowdoin Street Health Center’s South Cove Community Health Center to develop a wide range of community services for women (e.g., obstetrical, gynecological and fertility services) that are accessible to all, regardless of one’s ability to pay.

The Walking Club

BIDMC’s Cardiovascular Institute (CVI) is a national leader when it comes to heart disease and cardiovascular health. The CVI created a Walking Club that provides free on-line tools for companies and middle schools which include workout logs, health information sheets and even a smartphone app. Kits and pedometers are distributed to students in Boston Public Schools. The program encourages students to walk during non-school hours with a parent or guardian in an effort to combat childhood obesity and cultivate healthy lifestyle behaviors.

Mammography at Outer Cape Health Services and Fenway Health

Lack of access to medical specialty care services, such as radiology and mammography screening, was identified as one of the leading health issues for low-income, Medicaid insured and uninsured residents throughout BIDMC’s community benefit service areas. On the outer part of Cape Cod, residents are often forced to travel more than an hour to access many essential medical services. BIDMC’s Radiology Department worked with staff from Outer Cape and Fenway Health to provide mammography screening and other radiology services within these communities.

Defending Childhood

Staff at BIDMC’s Bowdoin Street Health Center know all too well the tremendous impact that childhood violence has on families and communities. It is often associated with long-term physical, psychological and emotional harm and has become a national issue for many low income individuals and communities. BIDMC is supporting this project in the community, to help develop secondary traumatic stress.

Screening Substance Abuse, Screening and Treatment Referrals

BIDMC’s continuum of care includes evidence-based screening and referral programs that use sophisticated tools to identify individuals who have substance abuse issues who need help. Some of those who screen positive are provided specialized counseling and are referred for needed services, including making sure they are engaged with local primary care providers.

Seeding Higher Quality, More Efficient Services

In order to take full advantage of Medicare’s emphasis on electronic health information systems that allow them to share information with Health Insurance, coordinate care with other service providers and communicate more clearly with patients. Ultimately these activities allow health centers to reduce costs while providing higher quality, more patient-centered services. BIDMC has raised $1.5 million in grants, which it has funneled to its affiliated health centers to enhance and strengthen health information exchange.

Seeding Access to Primary Care Services

BIDMC is piloting financial support for Joseph M. Smith Community Health Center (JMSCOH) to assist in developing a new, state-of-the-art clinic. The Health Center, located in the Allston-Brighton neighborhood and will allow JMSCOH to expand access, provide more patient-centered services, and enhance the quality of the services provided. JMSCOH will also provide a one-stop shopping approach to health care that will help ensure that patients receive the right care, in the right place, at the right time.

Seeding Community Wellness: BIDMC’s Bowdoin Street Health Center is collaborating with the Boston YMCA, South Boston’s Senior Center, and through the YMCA, to implement an evidence-based community health program. The program identifies those with chronic conditions and provides a comprehensive array of services including targeted health education, behavior change counseling, exercise classes, nutrition classes, and workshops, primary care-based, chronic disease management services.
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Community Connections 2014
Growing Community Health Programs • Seeding Health Improvement • Nourishing the Communities We Serve

Our Community Benefits Committee
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Henry Aron, MD
Phyllis Barajas, MD
Alvaro Lima
Edward Ladd
Paula Ivey Henry, PhD
Joan Feinberg Berns, PhD
Phyllis Barajas
Committee Chair
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The following are the key target populations and leading health priorities identified by BIDMC’s CHNA and the focal points of our CHIP.

- PERCENT HISPANIC/LATINO
- Disease management and Prevention
- Behavioral Health
- Health education, screening, prevention
- Depression, anxiety, stress
- Substance abuse
- Homicide, domestic violence

Community Health Needs Assessment Approach and Methods
BIDMC’s Community Health Needs Assessment (CHNA), along with our associated Community Health Improvement Plan (CHIP), are the culmination of nearly one year of work to better understand and address the health-related needs of those living in our Community Benefits service area.

Community Connections
Seeding Health
Growing Community Health Programs • Seeding Health Improvement • Nourishing the Communities We Serve

BIDMC’s CHNA, which was conducted in accordance with the Community Health Needs Assessment (CHNA) Standards and Guidelines, included an in-depth analysis of four key factors:

- Community Health Assessment Matrix (CHAM), which provided a comprehensive analysis of the health needs of our Community Benefits service area.
- Organizational Health Assessment (OHA), which assessed the strengths and opportunities for improvement within BIDMC.
- Environmental Scan, which identified trends and opportunities in the community.
- Local Data and Trends, which included epidemiological data, healthcare utilization, and other community-specific data.

The CHNA was completed in collaboration with the Community Benefits service area and included input from a diverse group of stakeholders, including community residents, providers, and community leaders.

On behalf of the BIDMC Boards members of the Community Benefits Committee and everyone who has been involved in this critical work.

—Kevin Tabb, MD, President and CEO, and Daniel Jick, Chair, Board of Directors

Our priorities are to:

- Address health disparities and health inequities, and provided more than $18.2 million in charity care.
- Seed health prevention programs that have the greatest potential to promote healthy living, increase access and strengthen primary care.
- Focus on public health, prevention, and promotion.
- Work with community leaders, organizations and stakeholders to ensure access to care due to race, ethnicity, sexual orientation, gender identity or status.
- Leverage $4.9 million in in-kind and grant funding over the last 5 years.
- Each year we have leveraged partnerships with our community stakeholders to address health disparities and health inequities.

For more information, please call the Office of Community Benefits at (617) 632-2300.
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