



Beth Israel Deaconess
Medical Center



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

Community Connections

2014

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





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

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.

National and state 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. The 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 our community. 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 evidenced-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

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 \$10.7 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 seek to serve in the future.

—Nancy Kasen, Director, Community Benefits

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 broad 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.

Boston Urban Core

- ▶ Chronic disease in adults
- ▶ Mental illness in adults
- ▶ Substance abuse in adults/youth
- ▶ Lack of health education/health literacy
- ▶ Obesity, fitness and nutrition
- ▶ High Emergency Department utilization

Racial/Ethnic Minorities

- ▶ Chronically ill adults
- ▶ Mental health issues
- ▶ Health literacy/language barriers
- ▶ Health education/promotion
- ▶ Access to primary care, specialty care and mental health services

Older Adults

- ▶ Isolation and depression
- ▶ Chronic disease
- ▶ Older adults discharged from hospital
- ▶ Fragmentation of services
- ▶ Care coordination, follow-up

Low Income

- ▶ Chronically ill adults
- ▶ Mental health issues
- ▶ Health education/health literacy
- ▶ Access to care

Disease Management and Prevention

- ▶ Diabetes, heart disease, cancer, asthma
- ▶ Health education, screening, disease management

Behavioral Health

- ▶ Depression, anxiety, stress
- ▶ Substance abuse
- ▶ Access to care
- ▶ Homicide, domestic violence

Access to Care

- ▶ Primary medical care
- ▶ Medical specialty care
- ▶ Behavioral health care
- ▶ Dental care

Leading Health Priorities

Healthy Living

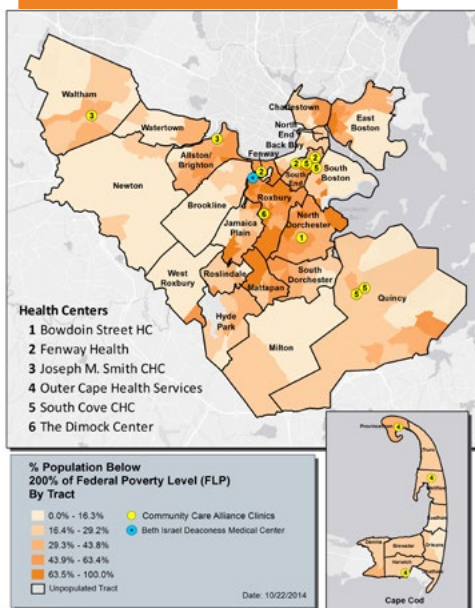
- ▶ Obesity, fitness/exercise
- ▶ Nutrition
- ▶ Food security
- ▶ Safe neighborhoods
- ▶ Environmental sustainability
- ▶ Reduction of carbon footprint

Key Target Populations

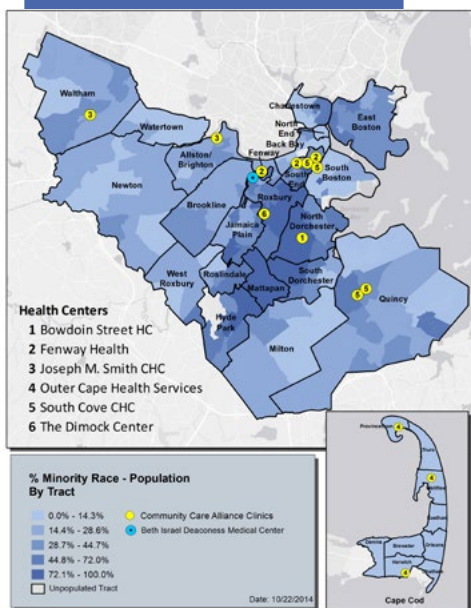
Community Benefits Approach

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 all rooted in 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.

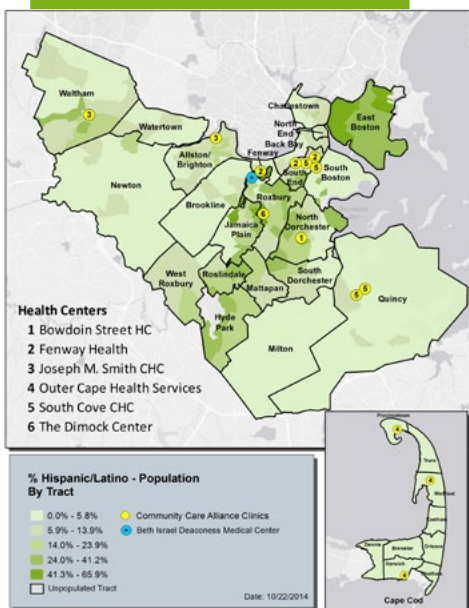
PERCENT OF POPULATION BELOW 200% OF FEDERAL POVERTY LEVEL



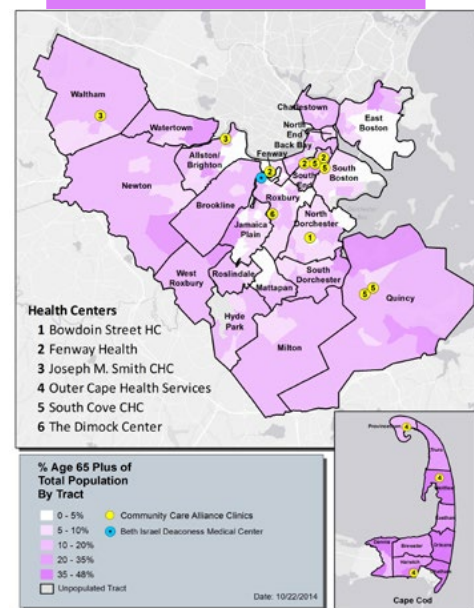
PERCENT MINORITY RACE



PERCENT HISPANIC/LATINO



PERCENT AGE 65 OR OVER





Behavioral Health

Substance Abuse Treatment (Opioid Abuse)

The impact that substance abuse has on communities and service providers in BIDMC's community benefits service areas is significant. This fact was one of the leading findings from BIDMC's 2013 needs assessment. Some studies estimate that nearly one in five patients seen in primary care practices around the country have an underlying substance abuse issue. The Dimock Center, with recent support from BIDMC, has been maintaining and strengthening a primary care-based opioid treatment program since 2007. The program reaches out to those struggling with opioid dependence and provides a combination of medication, counseling and care management services that has proven to be particularly effective for racial and ethnic minority populations.

Latino Mental Health

The BIDMC Latino Mental Health Service (LMHS) provides culturally and linguistically appropriate mental health services to Latino patients and their families. In 2013, the LMHS provided services to more than 1,200 Latinos, who received group and individual counseling and other treatment services. LMHS also sponsors *Sobremesa*, which is a city-wide forum for Spanish-speaking mental health professionals.

Violence Prevention and Recovery

BIDMC has led the way in developing a continuum of education, outreach and treatment interventions to respond to victims of urban violence. Our rape crisis service provides follow-up care at no cost to sexual assault victims. BIDMC also offers a free overnight stay for domestic violence and/or sexually assaulted patients without a safe shelter or home. The Center's community violence initiatives include neighborhood-based support groups as well as the Advocate Education and Support Project which offers targeted programs for the advocates and supervisors who work with victims of crime and violence who develop secondary traumatic stress.

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 crisis. Bowdoin Street is working to address this issue by providing home-based and community-based counseling services to its inner-city patients from Dorchester, Roxbury and Mattapan. Bowdoin Street and the Boston Public Health Commission are organizing a community coalition with the goal of more fully understanding, preventing and addressing childhood exposure to violence.

Disease Management & Prevention

Patient-Centered Medical Home Initiative

BIDMC is working with Harvard Medical School to create multidisciplinary primary care teams that utilize evidence-based prevention and care management protocols supported by new electronic medical records. This team-based approach enables more personalized care, more streamlined patient flow and fosters better communication between health care providers – ultimately leading to a safer patient experience, higher quality of care and an improved patient experience.

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 benefits service area. 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.

Bowdoin Street Health Center's Diabetes Initiative

The Diabetes Initiative at BIDMC's Bowdoin Street Health Center is a comprehensive care management program serving more than 600 adults diagnosed with diabetes. As part of the Patient-Centered Medical Home model, members of a multidisciplinary team collaborate to promote improved health outcomes through disease prevention, early detection, education and treatment. The program includes individual appointments with a dietitian, nurse or physician, as well as group medical visits, self-care management visits, exercise programs and behavioral health programs. All of these services are sensitive to patients' language, health literacy and learning needs.

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 toolkits for companies and middle school students which include workout logs, 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.

Access to Care

Lesbian, Gay, Bisexual and Transgender (LGBT)/HIV Program

Many studies have shown that LGBT patients who have HIV experience major disparities in access and health outcomes. Fenway Health has been at the forefront of the HIV/AIDS epidemic since the 1980s. BIDMC proudly partners with Fenway Health on a joint HIV/Primary Care residency track, which prepares trainees to provide high-quality, well-coordinated, patient-centered HIV care for the LGBT community. Building on BIDMC's long-standing relationship with Fenway Health, this program will train 12 residents in its first four years.

Social Determinants of Health: Primary Care Residency Training Curriculum

BIDMC is launching an innovative program to train its primary care residents using a new curriculum focused on social justice and community health. Topics include social determinants of health, racial and ethnic disparities in health, health literacy, patient advocacy and immigrant health, among others. In addition to lectures, residents participate in neighborhood visits, shadow community health practitioners and attend community meetings.

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.

Community-based Obstetrical 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, South Cove Community Health Center, Fenway Health and The Dimock 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.

Healthy Living

Healthy Eating and Physical Activity

Joseph M. Smith Community Health Center (JMSCHC) partners with BIDMC to promote healthy eating and increased physical activity. BIDMC's support allows JMSCHC to implement a community-based program combining Zumba fitness classes with nutrition education and cooking demonstrations. By conducting this program in the community, JMSCHC reaches out to those in need, addresses a major health concern and promotes better engagement in primary 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 behaviors, as well as provide families with community supports that address some of the leading social determinants of health.

Boston Food and Fitness Collaborative

BIDMC supports the Boston Food and Fitness Collaborative (BFFC) which is a city-wide partnership that promotes a comprehensive approach to healthy living, focusing on creating more opportunities for daily physical activity and improving access to healthy foods. BIDMC's support has allowed BFFC to support local farmers markets, organize community events, educate community grocers and conduct important research.

Head Start Childhood 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 incorporated into the curriculum. The program also includes family counseling and workshops led by teachers, BIDMC staff and Dimock's licensed nutritionists.

Seeding Substance Abuse Screening, Treatment and Referral. BIDMC is implementing an evidence-based screening and referral program that uses proven screening tools to identify individuals who have substance abuse issues when seen in the emergency department. Those who screen positive are provided specialized counseling and are referred for needed services, including making sure they are engaged with a local primary care provider.

Seeding Higher Quality, More Efficient Services. In order to take full advantage of Massachusetts and federal health reform efforts, community health centers must develop sophisticated electronic health information systems that allow them to share information with health insurers, 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 providing financial support to Joseph M. Smith Community Health Center (JMSCHC) to assist in developing a new, state-of-the-art clinic. The health center's new site will be located in the Allston/Brighton neighborhood and will allow JMSCHC to expand access, provide more patient-centered services and enhance the quality of the services provided. JMSCHC's goal is to 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, Sportsmen's Tennis and Enrichment Center, Nourish Boston, Tufts University's Train4Change Program and Harvard Medical School Center for Primary Care, 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 periodic, primary care-based, chronic disease management services.

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.

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