

NEW ENGLAND BAPTIST HOSPITAL

FISCAL YEAR 2002 COMMUNITY BENEFIT REPORT

Name of Hospital: New England Baptist Hospital

Address of Hospital: 125 Parker Hill Avenue
Boston, MA 02120

Name, address and telephone number of hospital employees primarily responsible for Community Benefit planning:

Joseph Dionisio
Interim President & CEO

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Director of Community Relations

New England Baptist Hospital
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Boston, MA 02120 617/754-5410

I. Community Benefit Mission Statement

Approved by NEBH Board of Trustees, June 1995

New England Baptist Hospital adopted the “Kellogg Community Benefit Guidelines” in September 1994. By this action, the hospital is committed to the following principles:

- There is evidence of the hospital’s formal commitment to a community benefit program for a designated community.
- The scope of the program includes hospital-sponsored projects for the designated community in each of the following areas:
 - improving health status
 - addressing the health problems of communities of color, the poor and other medically underserved populations;
 - containing the growth of community health care costs.
- The hospital’s program includes activities designed to stimulate other organizations and individuals to join in carrying out a broad health agenda in the designated community.
- The hospital fosters an internal environment that encourages hospital-wide involvement in the program.

The hospital is committed to quantifying and allocating resources to implement this program.

To avoid duplication of services among hospitals in the area and to most effectively use the resources of New England Baptist Hospital to improve the community’s health status, the hospital has defined its community primarily in programmatic terms and has adopted its community benefit mission as follows:

- The hospital will build on and utilize its expertise in musculoskeletal disorders and work programmatically to develop outreach, education and provision of services to address musculoskeletal health. To fulfill the mission of our adopted guidelines, the hospital will work with community agencies and residents across Boston to identify areas of special need in musculoskeletal disease and collaborate on programs to address these needs, with special focus on underserved populations.
- The hospital will expand and enhance our programs in primary care and prevention with emphasis on the areas of breast cancer and cardiac disease. This effort will focus on underserved populations in the City of Boston, especially in the Roxbury community.
- The hospital will continue to work with our immediate neighborhood of Mission Hill and work with community agencies and residents on their continuing health needs assessments to find the most effective ways the hospital can address our community’s health.
- The hospital will continue its commitment to support existing programmatic activities, which address a broader definition of health. These collaborative activities include job training programs and other educational activities.

This Community Benefit Mission Statement will be evaluated and amended, if necessary, to ensure we are meeting the needs of our community and fulfilling this mission.

II. Internal Oversight and Management of Community Benefits Program

The Community Benefit Planning process has the internal oversight and management components described below:

A. Management Structure

President's Oversight

The Director of Community Relations reports to the president of the hospital and senior management team on community benefit activities and plans.

Dedicated Staff Member

Director of Community Relations, responsibilities include:

- coordinating the hospital's current community benefit program with numerous departments throughout the hospital,
- planning, organizing and evaluating this program in collaboration with the hospital administration, NEBH staff advisors, the Board-level Committee and the community.

NEBH Staff Advisors

Community relations staff regularly work with NEBH staff advisors to help develop and implement community benefit activities. These advisors help make recommendations to the Board-level committee on the direction of the hospital's community benefit efforts. These advisors are selected for one or more of the following reasons:

- Advisors are health care providers who can offer their expertise as the hospital collaborates with the community to develop new health programs addressing the points in its mission.
- Advisors are residents of the hospital's traditional geographic community and can help the committee assess the needs of this community.
- Advisors are involved with the hospital's community benefit program providing direct services and can help determine their effectiveness
- Advisors have special expertise essential to the community benefit planning process, e.g., staff from Organizational/Quality Improvement department have community education expertise.
- Advisors are directly responsible or involved in managing the clinical areas identified in the community benefit mission statement, specifically to address musculoskeletal disease and the primary care areas of breast and cardiac health, and can guide the committee as it works with the community to develop programs.

Board of Trustees: Community Benefit Committee

The Hospital's Board of Trustees voted in 1994 to form a board committee to direct the hospital's community benefit programs. The Community Benefit Committee has a chair who is a hospital Trustee and consists of members selected from the Trustees and/or Corporators, and such additional persons as the planning process moves forward, including members of the designated hospital community, who may provide insight and recommendations on community health issues. The Committee is responsible for developing and directing the hospital's Community Benefit Programs in accordance with the hospital's mission. Working in conjunction with the NEBH Staff Advisors, the Committee will evaluate, quantify and recommend policy to implement the hospital's current and future community programs and will be responsible for recommending approval of the Community Benefit plan to the administration.

B. Sharing Information

The hospital has an employee newsletter called "HillTopics" where community benefit activities are routinely shared. In addition, there is a senior management department managers meeting where community benefit activities are reported. Finally, the board committee chair provides regular reports to the Board of Trustees.

III. Community Health Needs Assessment

The hospital is a specialty-referral hospital for the region and not a full-service community hospital, serving a narrowly defined geographic community. Because of this, and to avoid duplication of services, the hospital identified the resources and strengths we had in our specialty areas. We then met with and worked with community participants to define what needs there were in each of the hospital categories of strengths and resources. In each of our four areas of focus defined in the community benefit statement, there was a needs assessment, community participation and a plan developed. Information sources and summary of findings of these needs assessments are provided in the Community Benefit Plan section.

IV. Community Participation

Similar to the community needs assessment process, the hospital identified the resources and strengths of its specialty areas and then sought out community partners for each area to help us develop and implement our plans and projects. In addition, there are community partners on the board committee who review and evaluate the plan and our reports.

Community Collaborations to Develop and Implement Plan

The hospital serves as a member of or is actively working with the following organizations to plan and develop community health programs identified in its mission statement. It should be clear that this is only a partial listing of the many organizations with which the hospital works on other community projects.

Musculoskeletal Health

- Boston Health Alliance (Boston Community Health Network Area (CHNA))
- The Arthritis Foundation
- The Lupus Foundation
- Massachusetts Department of Public Health

Primary Care

Breast Health

- Boston Health Alliance (Boston Community Health Network Area (CHNA))
- The Boston YWCA EncorePlus Program
- Mass. Department of Public Health Women's Health Network
- The American Cancer Society
- The Celtics Wives Save Lives

Cardiac Health

- Boston Heart Party/Pfizer
- American Heart Association

Mission Hill/Roxbury Neighborhood Involvement

- The Roxbury Community Alliance for Health
- Mission Link
- Friends of McLaughlin Playground
- ABCD
- Mission Hill Main Streets
- Mission Hill Walk for Health
- Project LIFE

Job Training and Education

- Farragut Elementary School
- Roxbury Preparatory Charter School
- ABCD Summerworks/Private Industry Council
- Dartmouth College
- Roxbury Community College
- Northeastern University
- Mass Bay Community College
- Bridges to the Future Collaborative: Jamaica Plain Neighborhood Development Corporation and Fenway Community Development Corporation.

V. THE COMMUNITY BENEFITS PLAN

In each of the hospital's four priority areas, the hospital worked with key hospital and community health partners to conduct a needs assessment using different models, to establish target communities who were underserved, to develop goals for the programming and to set indicators for evaluation. The projects for each area are described below.

MUSCULOSKELETAL HEALTH

Mission

The hospital will build on and utilize its expertise in musculoskeletal disorders and work programmatically to develop outreach, education and services to address musculoskeletal health. To fulfill the mission of our adopted guidelines, the hospital will work with community agencies and residents across Boston to identify areas of special need in musculoskeletal disease and collaborate on programs to address these needs, with special focus on underserved populations.

Arthritis and Lupus Initiative

A. & B. Goal, Plan Development and Need:

The goal of this initiative is to address access, education, treatment and support needs of people with arthritis, especially underserved populations in the City of Boston, targeting women of color. This goal was identified after the Arthritis Foundation and the hospital worked together with a joint goal of providing outreach and services into the community of color. The hospital and the Arthritis Foundation partnered with the Women's Service Club, a social service agency in the South End. The executive director of that agency at the time was a community member of the Arthritis Foundation and a woman of color. The three organizations developed and led a series of focus groups for women of color in the community, providers and advocates, to assess needs of this community. These were held at the Women's Service Club in South End/Lower Roxbury. These focus groups helped identify a need for more education and support in the community for those with arthritis and a few years later, for those in the community with lupus. This led to the program below.

The Arthritis and Lupus Support Group

The hospital sponsors a peer-led support group to address the many issues around living with arthritis, both osteo- and rheumatoid arthritis, and for lupus sufferers. The group is approximately 75% African-American and 25% Caucasian. At least 50% of the members are from Roxbury, Dorchester and Jamaica Plain. Most of the participants are women, but the group does have a few men.

C. Short and Long-Term Strategies and Goals

The long-term goal is to meet the identified needs of more support and education for women of color. During 1997, the group used “Managing Pain,” a text to teach pain sufferers how to identify and manage their pain through a variety of techniques. The hospital provided financial support for supplies, a staff member from the pastoral care department to assist the peer leaders and other technical expertise when needed. During 1998, the steering committee, in response to suggestions provided by participant evaluations, scheduled sessions that covered a broader number of topics with experts invited to make short presentations to the group and then group discussion. The 1999 support group meetings focused again around a theme, “Mind, Body and Spirit” with a goal of helping participants know their disease and relationship with their inner self and the spirit that brings them together. The 2000 group selected a text, “Strong Women Stay Young,” to use as a guide. The book outlines a weight training exercise program, along with nutrition guides. In addition, the leaders developed a notebook for each participant with sections to record progress and additional information. The group also co-sponsored a “Living with Arthritis” program for Boston residents. Based on a survey of the group, in 2001 the theme was “Working/Not Working with Arthritis.” The group explored resources to help people access services to continue working, to help get back to work or to support families when out of work. In 2002, the theme is again be “Managing Pain”, as the group has many new members and they have identified the need to return to this topic.

The group will be selecting their topic of focus for 2003 in February. The group has undergone transition during 2002. Because of the strength of the group and the strategic planning of the former peer leaders, this transition has been smooth and the new leaders will be mentored and supported by the hospital, the Arthritis and Lupus Foundations, and most importantly, the former peer leaders. This successful transition is a direct result of the leadership of Valaree Crawford, former peer leader and member of the NEBH Community Benefit Board Committee. The short-term goal for this year was to try and export the program but that will be put off during this year of transition.

D. Process for Evaluation and Outcomes:

The group provides evaluations after every meeting to assess value and learning for the group. At the end of each year, an overall evaluation is provided and the group decides together what they would like to cover for the next year. In addition, attendance is monitored to make sure the group remains vital and outreach is being done. The group currently has a waiting list.

E. Process for Budget:

The peer leaders compile the group’s decision regarding their needs for the coming year and meet with the hospital’s community relations staff to determine the hospital support.

F. Process for reviewing, evaluating and updating the Plan:

In addition to the peer leaders and the community relations staff assessment of the effectiveness of the group, the community relations board committee receives regular reports on the group’s activities and provides input. One of the peer leaders sits on the Board committee. The Arthritis Foundation and Lupus Foundation also provide feedback on the group effectiveness and provide input.

Osteoporosis Program

A & B Goal, Plan Development and Need

One woman out of three will sustain a fracture related to osteoporosis at some point in her lifetime. More than 25 million people in the United States (80% are women and 20% are men) are

affected by the disease. Yet, osteoporosis can be prevented through education about and adoption of healthy behaviors around nutrition, exercise and supplements. The Massachusetts Department of Public Health (DPH) has identified osteoporosis as a public health issue and established the Osteoporosis awareness program. The hospital Community Benefit committee subsequently identified osteoporosis as an area it wanted to investigate as a community program. The hospital has worked with DPH on their osteoporosis programming. In addition, the hospital also, as part of our work with the Boston Health Alliance (the Boston CHNA – a network of community health advocates and organizations), expanded its osteoporosis programming to several neighborhoods in the City of Boston.

C. Short and Long-Term Strategies and Goals

The long-term goal is to prevent osteoporosis through increased education, screening and hopefully, behavior change. New England Baptist Bone & Joint Institute has presented education and screening activities during Osteoporosis Month since 1996. During Osteoporosis Month in 2002, the hospital offered seven screenings at a variety of locations including Kit Clark Senior Center in Dorchester, Parker Hill/Fenway ABCD and the Boston YWCA Mothers and Daughters Breakfast at the Reggie Lewis Track Center. The hospital screened nearly 200 women.

In connection with the hospital's new magnetic resonance imaging machine (MRI), community linkage dollars were allocated by NEBH. In collaboration with the Boston Community Health Network Alliance, an RFP was developed for community groups to seek funding from this NEBH pool. In 2002, the hospital funded five neighborhood-led osteoporosis projects. These include educational programming in Allston-Brighton, an exercise program for seniors in Jamaica Plain, a community awareness event in Roxbury, a series of nutrition workshops in the South End/Lower Roxbury, and an intergenerational educational breakfast in Dorchester.

In 2003, there are three projects that will be funded by the hospital. The exercise program in Jamaica Plain, which has been a resounding success, will continue and add another site. The South End/Lower Roxbury neighborhood will continue its series of nutrition workshops at more sites with a special emphasis on recruiting more Latina participation. In South Boston, youth will be targeted for an education sessions during summer camps. This type of outreach is important because it is essential to build bone mass in adolescents.

The DPH Osteoporosis Awareness program was in a state of change in 2002 and it is unclear if it will be separately funded in FY2003. However, the hospital will work with DPH to make sure its important work is not ended. The hospital will continue to offer osteoporosis screening and information sessions for the community, especially during Osteoporosis Month in May.

D. Process for Evaluation and Outcomes:

The hospital tracks attendance at its own osteoporosis events. In addition, each of the neighborhood groups funded by through the hospital and the Boston Alliance must provide a report and evaluation of its groups' activities using the osteoporosis funding.

E. Process for Budget:

The committee works with the staff to determine funding needs for osteoporosis programming for the coming year. The funding for the Boston Alliance projects is set but allocation is determined by the steering committee composed of members from DPH, the Boston Public Health Commission, the Mass Prevention Center and the hospital.

F. Process for reviewing, evaluating and updating the Plan:

The NEBH Community Benefit Committee will review the plan each year and provides comments and suggestions for updates based on the evaluations provided.

Musculoskeletal Health and Outreach Programs in 2003

Church Outreach

The hospital has embarked upon an outreach and needs assessment effort with area churches in an effort to do more outreach for its musculoskeletal programming. Currently, the hospital is actively working with the New Covenant Christian Church in Mattapan. We participated in the health fair at the church this fall and are part of the planning process for their health event in 2003. Our work with Mission Church in Mission Hill was put on hold at the church's request.

Latino Outreach

The hospital is currently investigating needs and resource requirements for outreach to the Latino community for musculoskeletal health. The hospital's expertise in orthopedics is needed by this population: according to Healthy People 2010 statistics among adults ages 18 and older with chronic joint symptoms who experience limitations in activity due to arthritis, 28% are Hispanics/Latinos. A considerable number of Latinos who receive care through NEBH are seen in the Occupational Medicine department, which contracts with employers in the construction and hospitality (hotel) industries (among others) to provide health services for employees injured on-the-job. Many of the patients served in Occupational Medicine are new immigrants and low income; these at-risk individuals are the primary target population for the proposed initiative. The hospital is in the community needs assessment phase.

PRIMARY CARE:

Mission

The hospital will expand and enhance our programs in primary care and prevention with emphasis on the areas of breast cancer and cardiac disease. This effort will focus on under-served populations in the City of Boston, especially in the Roxbury community.

Breast & Cervical Cancer Screening

A. & B. Goals, Program Development and Need

Despite several years of concentrated outreach to women of color and poor women, there is still a disparity in breast cancer mortality rates between women in the general population compared to women of color and poor women. The hospital, in collaboration with the Boston Celtics Wives Save Lives organization, the American Cancer Society and the Boston YWCA EncorePlus program have worked together on a breast health initiative since 1993. The goal of this program is to reach women of color, underinsured and underserved women, including older women to reduce this disparity.

C. Short and Long-Term Strategies and Goals

The long-term goal is to increase early detection of breast and cervical cancer, especially among women of color and poor women, in order to reduce mortality rates. The hospital sought and received designation as a medical services provider for the Massachusetts Department of Public Health Breast and Cervical Cancer Initiative and has now expanded its free services to include cervical screening. This expanded program began in July 1998. Although in 2002, the DPH program only reimbursed for screening and diagnostic services, the hospital remains committed to providing all necessary treatment, including surgery.

The hospital's target population for the Breast and Cervical Health Service is un- or underinsured women, with emphasis on reaching underserved women especially in its immediate service

community of Mission Hill and Roxbury. The women we are serving are un- or underinsured and meet low-income requirements set by the DPH (a few patients are granted waivers if their need is great and they do not meet requirements).

Our records for FY02 (July 2001 to June 2002) show that racial/ethnic breakdown is as follows: 77% White; 15% African American; 4% Asian. 8% identified themselves as Spanish/Hispanic/Latina.

Our goals for Fiscal Year 2003 are to screen 90 women and increase our diversity. We believe we have moved forward on increasing diversity by expanding our provider pool to include a Haitian gynecologist. We also want to ensure we meet DPH criteria for the program including timely resolution of abnormal test results. The hospital did very well on preliminary criteria measurements for 2002, including a 54% re-screening rate (the national goal, which has not been reached, is 45%). Long-term goals include revitalizing outreach and education program. We have made a first step in this by funding an education program in Roxbury, which will focus on breast cancer and nutrition links.

D. Process for Evaluation and Outcomes:

The Department of Public Health conducts an annual review of the program, including outreach efforts, diversity of client base, efficiency and quality of service, and mechanisms in place to ensure that clients receive access to other needed health care services.

E. Process for Budget:

The budget is determined each year based on the number of women screened determined by the Department of Public Health.

F. Process for reviewing, evaluating and updating the Plan:

The Community Benefit committee will review the annual report on the numbers of women served and the DPH evaluation of the quality of the program. The committee also provides input on how the program fits into the hospital's mission.

Cardiac Health

A. & B. Goals, Program Development and Needs

Cardiac disease is the second leading cause of death in the Roxbury community (The Boston Neighborhood Health Status Report: Roxbury). In addition, a growing body of research shows a disparity in the diagnosis of cardiac disease between blacks and whites. Also, the leading cause of death in women is cardiac disease, yet women remain unaware the threat of cardiac disease and seriously underestimate their risk for cardiac disease.

The hospital has partnered with the American Heart Association, Pfizer, and hospitals in the Partners and CareGroup health system to provide the Boston Heart Party, a free cardiac screening and education program for women in Massachusetts, ages 40 to 80.

C. Short and Long-Term Strategies and Goals

The long-term goal is to increase awareness of cardiac disease and risk for women. The Boston Heart Party is a screening initiative to raise awareness of women about the growing danger of heart disease. It is also intended to collect data about heart disease in women. The Heart Party is a collaborative of hospitals in the area, the American Heart Association, and Pfizer. Each partner agrees to host or participate in screenings for blood pressure, cholesterol and blood sugar. The

information collected at these screenings is anonymous and is collated to help practitioners better understand the risk factors for women and cardiac disease. At the screenings, the women who participate are counseled about lifestyle and risk factors and provided with an array of cardiac information. In the case of women at risk, every effort is made to provide a referral for follow-up treatment.

D. Process for Evaluation and Outcomes:

Evaluation of the Heart Party is done by Pfizer, who collects data about the number of women served, the number of screenings provided, the number of women at risk who were identified and data regarding risk factors. Internal evaluation is done through assessing the response to the screenings provided by NEBH. In addition, a report on the Heart Party will be provided to the Community Benefit Committee and the Board.

E. Process for Budget:

The budget for the Heart Party is determined by Community Relations staff based on projected numbers of screening and need for staff and/or promotional material. Supplies are provided by Pfizer.

F. Process for reviewing, evaluating and updating the Plan:

The Community Benefit Committee will review the Heart Party and provides input on how it fits into our mission and evaluates its success. In addition, NEBH meets with the planning committee for the Heart Party, made up of providers across the city to review, evaluate and update the Heart Party.

Mission Hill/Roxbury Neighborhood Involvement

Mission

The hospital will continue to work with our immediate neighborhood of Mission Hill and work with community agencies and residents on their continuing health needs assessments to find the most effective ways the hospital can address our community's health.

A & B. Goals, Program Development and Needs:

Although the hospital is a regional provider for its specialty services, NEBH recognizes its responsibility to the neighborhood surrounding our campus. The hospital utilizes sustained involvement with a variety of community groups to assess the most efficient and effective use of its resources in promoting the health and well-being of the Mission Hill neighborhood. We depend upon these groups to tell us what their needs are. The hospital does focus on work with youth, women and seniors. The hospital also has been asked and is a major contributor to neighborhood development, including supporting a shuttle bus that serves the community, and maintaining a neighborhood playground.

The hospital also is a member of the Roxbury Community Alliance for Health (CHNA – Community Health Network Alliance), a collaboration of health care providers, social service agencies and residents, working to address the health needs of the Roxbury community. The Alliance works together to identify community health needs and develops programming to address those needs.

C. Short and Long-Term Strategies and Goals

Long term goals of these initiatives focus on the health and well-being of Mission Hill. Health is defined broadly in this case and includes neighborhood development, employment, housing and safety. Short-term goals include working with a variety of agencies on a number of initiatives to benefit seniors, youth and women in the community.

Long-term goals for the Roxbury Community Alliance include improved health of the Roxbury community included in the CHNA. Short-term goals vary from year to year, and in 2002 it was providing a range of health information important to the community's senior citizens, including osteoporosis and breast cancer information, which was funded under a grant provided by NEBH. The group engaged in a strategic planning process in 2002 and will focus its efforts moving forward on obesity, a major public health issue especially among African-American youth.

D. Process for Evaluation and Outcomes:

Mission Hill is a unique community because it is surrounded by so many health care institutions. A needs assessment of the neighborhood was done several years ago, and identified these issues: neighborhood development, employment, housing and safety. Since then, there has not been a neighborhood needs assessment or an evaluation of the response to this initial assessment. NEBH intends to embark on a series of conversations with community leaders and join collaborative groups working to address community-wide issues. This is crucial in an era of declining resources for social service programs.

E. Process for Budget:

The budget is developed by Community Relations staff and will be reviewed by the Community Benefit Committee.

F. Process for reviewing, evaluating and updating the Plan:

The hospital plans ongoing participation with Mission Hill community groups. A goal for 2003 is to work with the community to sharpen the focus of NEBH's efforts in Mission Hill. This will be reviewed, evaluated and updated by the Community Benefit Committee.

The hospital will also to continue to participate with the Roxbury Alliance to assess and address community health needs for the Roxbury community. As stated, the Alliance has decided to focus on obesity as a result of its strategic planning process.

JOB TRAINING/EDUCATION

Mission

The hospital will continue its commitment to support existing programmatic activities, which address a broader definition of health. These collaborative activities include job training programs and other educational activities.

A & B. Goals, Program Development and Needs:

The hospital's last area of focus is providing employment, supporting job training and supporting the educational needs of the health care workers of tomorrow. The healthcare industry faces a daunting labor shortage in the years ahead, which could seriously impact our public health. In addition to promoting neighborhood development by providing jobs, the hospital works with schools from elementary school up and with job training programs to help encourage young people to enter healthcare as a career and to succeed.

C. Short and Long-Term Strategies and Goals

At NEBH, our philosophy centers around a continuum of programming beginning with work in the elementary schools through to entry level positions and above at the hospital. We have programs designed to introduce health care careers to elementary & middle school students through partnerships with local schools. We work with high school students through existing partnerships with the Private Industry Council and ABCD Summerworks. We work with college students, providing clinical internships and, now, our new Nursing Fellowship program. Finally,

we have begun a new program called Bridges to Future, which completes this progression by providing a skill building and career advancement program for entry-level workers. Bridges to the Future is a collaborative of institutions and two community agencies. In FY2002, the collaborative behind Bridges was successful in gaining refunding of the program and is joining with new partners to found the Boston Health Care and Research Training Institute.

D. Process for Evaluation and Outcomes:

For work with the elementary, middle and high schools, Community Benefit staff meets with school and program staff to determine needs and then develop programming to meet those needs. These can include role-modeling, visits to the hospitals to meet staff, tutoring and curriculum enhancement. These programs will be evaluated by the Community Benefit Committee.

For the Nursing Fellowship program, the process includes oversight by senior management at the hospital and at the schools with which we work. The evaluation and outcomes are measured by the number of successful applicants to the program.

Bridges to the Future is overseen by a steering committee of employers, including NEBH, employees, and community representatives. This group evaluates the success of the program based on the criteria set during the planning process.

E. Process for Budget:

The budget for the elementary/middle/high school programs are developed after meeting with the schools and then reviewed by the Community Benefit Committee. The Nursing Fellowship program is budgeted based on the number of applicants who apply each year. Human Resources determines the budget based on the amount of release time needed by employees participating in the Bridges program and on the amount of time needed for the steering committee.

F. Process for reviewing, evaluating and updating the Plan:

All programs will be reviewed, evaluated and updated by the Community Benefit Committee. In addition, the Bridges Steering Committee evaluates the Bridges program.

VI. Progress Report: Activity During Reporting Year

Expenditures

TYPE	Estimated Expenditures for FY2002	Approved Program Budget for FY2003
Community Benefits Programs	\$390,788	390788
Community Service Programs	\$12,750	
Net Charity Care or UC Pool	\$2,363,796	
Corporate Sponsorships	\$86,895	
TOTAL	\$2,854,229.00	

CB total includes the DPH reimbursement.

Total Patient Care-Related Expenses for FY2002:

New England Baptist Hospital has not filed its 403 Cost Report for FY2002, but will do so in April and this report will be updated.

In FY2002, NEBH, similar to many hospitals across the state faced a challenging environment. This was related to many reasons including a labor shortage across the state, increased supply costs and declining reimbursement rates among them. The hospital is facing a major shortfall for FY2002 of nearly \$20 million and is working diligently on a turnaround plan, which should begin to have an effect in FY2003. Hospital leadership meets regularly with the Attorney General to keep him updated on our progress.

The pressure on the hospital is grave, but the commitment to community benefit remains. The challenge is to become more strategic and smarter about how to spread our very thin resources. The Community Benefit Board Committee has reviewed and approved the proposed FY2003 Community Benefit budget. This budget will be reviewed throughout the year as the hospital implements its turnaround plan.

The figure provided by the Attorney General's office for Net Charity Care was \$2,200,796, which was the hospital's contribution to the free care pool. This figure does not include \$163,000 of charity care at cost provided by the hospital. This NEBH charity care number does not include charges, bad debt, Medicare or Medicaid shortfalls and therefore we believe it is more accurate to include it in our net charity care figure. It should also be noted that the Attorney General's figure is based on unaudited figures, and may need to be revised when the audit is complete.

Major Programs and Initiatives

Program/Initiative	Target Population/Objective	Partners	Hospital Contact	Budget 2002
Arthritis and Lupus Initiative	To provide support and education for women of color in Boston area with arthritis and lupus	Arthritis Foundation, 617-244-1800 Lupus Foundation 508-872-5200 Peer Leaders	Janice Sullivan 617-754-5410 jsulliv5@caregroup.harvard.edu	\$4,500 (for actual group, does not include planning, etc.)
Osteoporosis Education/Screening	To raise awareness for Boston women and girls, especially in the neighborhoods of Mission Hill, Roxbury, Dorchester and Mattapan	Boston Health Alliance 617-423-4337 x. 510 Department of Public Health Number unknown at this point.	Janice Sullivan 617-754-5410 jsulliv5@caregroup.harvard.edu	\$11,000
Breast and Cervical Health Program	To provide breast and cervical cancer screening to un- and underserved women in the Boston area	DPH: Women's Health Unit 617-624- Boston YWCA Encore Plus Program 617-351-7600	Susan Judge-Burns, NP 617-754-6464 sjudge-burns@caregroup.harvard.edu	\$50,000
Mission Hill Neighborhood	To help neighborhood development and safety: maintenance of McLaughlin Playground.	City of Boston Parks Department 617-635-4500 Friends of McLaughlin Playground	Janice Sullivan 617-754-5410 jsulliv5@caregroup.harvard.edu	\$50,000
Nursing Fellowship Program	To train the nurses of tomorrow and to help students at Roxbury Community College and Northeastern University finance their education	Roxbury Community College Northeastern University	Marita Prater 617-754-5249 mprater@caregroup.harvard.edu	\$67,495

Notable challenges, accomplishments and outcomes for each of the programs noted above are included in the Community Benefit Plan narrative.

VII. Next Reporting Year

A. Approved Budget/Projected Expenditures

The budget and expenditures for FY2003 reflect areas of focus identified in the FY2002 budget planning with a few exceptions. Some funding is also allocated to continue the community needs assessment for the Latino Health Outreach project.

B. Anticipated Goals and Program Initiatives/Outcomes

Arthritis and Lupus Initiative

The goal of this initiative is to address access, education, treatment and support needs of people with arthritis, especially underserved populations in the City of Boston, targeting women of color. For 2003, the theme for the group will be decided in March. The group has a waiting list and the need to export this program to other sites and train new leaders has been identified. However, this will be put on hold as the group leadership is in transition and will need time to orient.

Osteoporosis Program

The goal of this program is to increase awareness on the prevention of osteoporosis and to education about the risk factors for osteoporosis. The hospital will continue to fund and participate in osteoporosis activities in communities in the City of Boston. The need for these activities are identified by the local CHNA and are reflected by the projects developed by that group. In 2003, there are three projects that will be funded by the hospital. The exercise program in Jamaica Plain, which has been a resounding success, will continue and add another site. The South End/Lower Roxbury neighborhood will continue its series of nutrition workshops at more sites with a special emphasis on recruiting more Latina participation. In South Boston, youth will be targeted for an education sessions during summer camps. This type of outreach is important because it is essential to build bone mass in adolescents.

The DPH Osteoporosis Awareness program was in a state of change in 2002 and it is unclear if it will be separately funded in FY2003. However, the hospital will work with DPH to make sure its important work is not ended. The hospital will continue to offer osteoporosis screening and information sessions for the community, especially during Osteoporosis Month in May.

Church Outreach

The hospital has embarked upon an outreach and needs assessment effort with area churches in an effort to do more outreach for its musculoskeletal programming. The hospital will continue to expand its efforts with the New Covenant Christian Church in Mattapan.

Latino Outreach

The hospital plans to continue with Phase II analysis, including a community needs assessment in FY2003. The hospital is also still seeking funding for an immediate project to improve interpreter services on site.

Breast & Cervical Cancer Screening

The goal of this program is to reach women of color, underinsured and underserved women, including older women to reduce this disparity. Our goals for Fiscal Year 2003 are to screen 90

women and increase our diversity. We also want to ensure we meet DPH criteria for the program including timely resolution of abnormal test results. Long-term goals include revitalizing outreach and education program.

Boston Heart Party

The Boston Heart Party is a screening initiative to raise awareness of women about the growing danger of heart disease. It is also intended to collect data about heart disease in women. Goals for FY2003 are to continue to participate in the Heart Party and to evaluate the effectiveness of this program to determine continued participation in FY2004.

Mission Hill/Roxbury Neighborhood Involvement

The goals of these initiatives focus on the health and well-being of Mission Hill. Health is defined broadly in this case and includes neighborhood development, employment, housing and safety. This is accomplished by working with a variety of agencies on a number of initiatives to benefit seniors, youth and women in the community. In 2003, NEBH intends to focus its initiatives in the community based on a series of conversations with neighborhood groups.

Goals for the Roxbury Community Alliance include the improved health of the Roxbury community included in the CHNA. In 2003, the group intends has decided to put its strategic focus on fighting obesity, especially among youth.

Job Training/Education

The hospital's last area of focus is providing employment, supporting job training and supporting the educational needs of the health care workers of tomorrow. At NEBH, our philosophy centers around a continuum of programming beginning with work in the elementary schools through to entry level positions at the hospital. Goals in 2003 are to expand our work with middle-school students, including the establishment of a health careers club.

VIII. Contact Information

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Annual Report Standardized Summary
New England Baptist Hospital
Boston, Massachusetts
www.nebh.caregroup.org

Region Served:

NEBH considers the area within the Route 128 beltway as its primary catchment area for all hospital services. Although it is located in Mission Hill, the hospital draws patients not only from within the Route 128 belt, but often from around the state and the country because of its specialty services.

Report for Fiscal Year 2002

Community Benefits Mission:

- Programs to address musculoskeletal disease, focus on underserved populations.
- Programs to address breast cancer and cardiac disease, focus on under-served populations.
- Neighborhood of Mission Hill/Roxbury and community agencies and residents to address identified needs.
- Support education/job training programs, from elementary school to entry level workers.

Program Organization and Management

- **Dedicated Staff Member** -- Director of Community Relations, reports to senior management and president
- **NEBH Staff Advisors** – Staff advisors are one of the following: health care providers with expertise, residents of the hospital’s traditional geographic community, can assess program effectiveness, are responsible for the clinical areas identified in the community benefit mission statement.
- **Board of Trustees: Community Benefit Committee** -- consists of members selected from the Trustees and/or Corporators, and such additional persons as the planning process moves forward, including members of the designated hospital community, who may provide insight and recommendations on community health issues.

Key Collaborations and Partnerships

Community Collaborations to Develop and Implement Plan

The hospital serves as a member of or is actively working with the following organizations to plan and develop community health programs identified in its mission statement. It should be clear that this is only a partial listing of the many organizations with which the hospital works on other community projects.

Musculoskeletal Health

- The Arthritis Foundation
- The Lupus Foundation
- The National Scoliosis Foundation
- Massachusetts Department of Public Health

Primary Care

Breast Health

- Mass. Department of Public Health Breast and Cervical Cancer Initiative
- The American Cancer Society

- The Boston YWCA EncorePlus Program
- The Celtics Wives Save Lives

Cardiac Health

- Boston Heart Party/Pfizer
- American Heart Association

Mission Hill/Roxbury Neighborhood Involvement

- The Roxbury Community Alliance for Health
- Mission Link
- Friends of McLaughlin Playground
- ABCD
- Mission Hill Main Streets
- Project LIFE

Job Training and Education

- Farragut Elementary School
- Roxbury Preparatory Charter School
- Bridges to the Future Collaborative: Jamaica Plain Neighborhood Development Corporation and Fenway CDC.
- Dartmouth College
- Roxbury Community College
- Northeastern University
- Mass Bay Community College

Community Health Needs Assessment

The hospital is a specialty referral hospital and not a full-service community hospital. Because of this, and to avoid duplication of services, the hospital identified the resources and strengths in our specialty areas. We then met with and worked with community participants to define needs in each of the hospital categories of strengths, musculoskeletal, primary care, neighborhood development and job training and education. In each of these areas, there was a needs assessment, community participation and a plan developed. Information sources and summary of findings of these needs assessments are provided in the community benefit plan section. See full narrative beginning on page 5.

Community Benefits Plan

- Musculoskeletal: Arthritis and Lupus, support and education to target women of color with arthritis and lupus, outcomes/evaluation by committee and support group participants. Osteoporosis, increase awareness/prevent osteoporosis for women and girls, outcomes/evaluation by committee and Boston Health Alliance steering committee.
- Breast and Cervical/Heart Party: Increase screening and reduce mortality for breast and cervical cancer and heart disease in women, evaluated by committee and DPH.
- Mission Hill/Roxbury: Improve health and well-being of community, evaluated by committee and regular communication with neighborhood.
- Education/Job Training: encourage, teach and train health care workers of tomorrow, evaluated by Bridges steering committee and committee.

Key Accomplishments of Reporting Year

- Successful completion of year's theme for support group, "Managing Pain." Very well attended and the group currently has a waiting list. Successful transition to new peer leadership.
- The hospital provided osteoporosis education and screenings to over 200 women and funded osteoporosis education/awareness and screening activities in Roxbury, Dorchester, the South End, Franklin Hill and Jamaica Plain.
- Bridges to the Future training was successful with 27 of NEBH employees participating in foundation skills training and two of them were promoted so far.

Plans for Next Reporting Year

- Osteoporosis Program - Funded three neighborhood-led osteoporosis projects in Jamaica Plain, South End/Lower Roxbury and South Boston.
- Latino Outreach - community needs assessment in FY2003.
- Breast & Cervical Cancer Screening - screen 90 women and increase diversity.
- Mission Hill/Roxbury Neighborhood Involvement - In 2003, focus its initiatives in the community based on conversations with community groups.
- Job Training/Education - expand our work with middle-school students.

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