



Community Benefits Full Narrative Report Fiscal Year 2003

Massachusetts Eye and Ear Infirmary
Boston, Massachusetts
www.meei.harvard.edu
Region Served: Greater New England

I. Mission Statement

A: Summary

In compliance with the Massachusetts Attorney General's voluntary Community Benefits guidelines, we are pleased to submit the Massachusetts Eye and Ear Infirmary's Community Benefits Plan and a listing of some of our activities for fiscal year 2003.

The Infirmary was founded in 1824 as a charitable clinic to provide eye and ear care to Boston's needy. Although the health care field and medicine have undergone many changes during the last 180 years, the Infirmary's commitment to provide the highest quality eye and ear, nose and throat care to those in need of it, regardless of a person's ability to pay, has not wavered.

During fiscal year 2003, the Infirmary dedicated – without receiving remuneration – a portion of its financial and personnel resources to treat, preserve and restore vision, hearing and voice in people from Boston, New England, the United States and the world who otherwise could not afford the care. As a unique resource, the Infirmary treats a large number of patients from a broader geographic area than many other Massachusetts hospitals. In addition, the Infirmary acts as a resource in its specialties for the Massachusetts General Hospital, which attracts patients from throughout the state and does not have its own departments of ophthalmology and otolaryngology. In fiscal year 2003, the Infirmary and the Massachusetts Eye and Ear Associates, Inc., its full-time physician group practice, provided more than \$3,042,000 in free care to patients in health service areas throughout the Commonwealth, in addition to the programs described in this report.

The Infirmary's Community Benefits Mission Statement is as follows. It was re-examined and re-approved by the hospital's Board of Directors on October 22, 2002:

Be it Resolved:

“Be it resolved that the Massachusetts Eye and Ear Infirmary (“the Infirmary”) hereby reaffirms its commitment to serve the identified health care needs of its constituent communities/patient populations (“the designated community”).

That designated community is further defined for this purpose as residents of the Greater Boston area with, or at risk of, disorders of vision, hearing, voice or speech, with a special emphasis on underserved populations.

That such a commitment is recognized as an integral part of the mission of the Infirmary.

That efforts to fulfill this commitment will build upon traditional partnerships between the Infirmary and the designated community, recognizing the value of such collaboration.

That the Infirmary will develop, implement, and update as necessary a formal plan for fulfilling this commitment, which plan will include allocation of appropriate resources to address identified health care needs of the designated community.”

B. Approval of Governing Body

The Infirmary’s Community Benefits Mission Statement was initially reviewed and approved by the Infirmary’s Board of Directors on September 7, 1994. The mission statement was re-examined and revised by the Community Benefits Advisory Committee and re-approved by the Infirmary’s Board of Directors on October 22, 2002.

II. Internal Oversight and Management of the Community Benefits Program

The Infirmary established a formal Community Benefits Advisory Committee in early 1995 to promote community and hospital-based involvement in the development of its Community Benefits program. The Community Benefits mission statement serves as the Community Benefits Advisory Committee’s guiding principles.

The committee consists of representatives from Boston-area nonprofit agencies and organizations, members of the Infirmary’s medical, resident and management staffs, members of the Infirmary Board, and Infirmary Trustees. An Infirmary Trustee, Suzanne Murray, is chairwoman of the Committee, which met as a group once in fiscal year 2002. The Infirmary’s two-person Office of Public Affairs provides the main staffing support. The committee’s membership is intentionally dynamic, allowing for the committee to expand or contract as needed.

Current members of the committee are as follows:

Suzanne Murray	Chairwoman, MEEI Trustee
Diane E. Kaneb	Board member, MEEI
Mary E. Leach	Committee Coordinator, Director of Public Affairs, MEEI
Fran Annand, R.N.	Director, Nursing Education, MEEI
Nathalie Azar, M.D.	Director, Pediatric Ophthalmology, MEEI
Chris Regan	Vice President of Human Resources, MEEI
Beth Caruso	Staff Member, Perkins School for the Blind
Camille Condon	Director, International Patient Services, MEEI
Donna Hultman	Audiologist, MEEI
Carl Munroe	Past President, Mass. Lions Eye Research
John O’Sullivan Francis	Community Development Corp., MEEI Trustee
Andrea Galvin	Mass. Commission for the Deaf
Janice Gatty, Ph.D.	Staff Member, Clark School for the Deaf
Janet Huettig, LICSW	Director of Social Work, MEEI
Laura Foulke	Liasion, Neighborhood House Charter School, Dorchester
Yu Sing Jung	Jung/Brannen Associates, MEEI Trustee
Barbara Katz	General Counsel, MEEI (Committee Invitee)
Demetrios Vavvas, M.D.	Ophthalmology, MEEI
Paulette Turco	Acting Director, Vision Rehabilitation, MEEI
Michele Gorham	Coordinator, Public Affairs, MEEI
Anita Nasra	Assistant Director, Kit Clark Senior Services
F. Curtis Smith	President, MEEI

A. Methods for sharing information about Community Benefits mission/programs with staff at all levels of the institution

The Infirmary shares information with staff of all levels at the Infirmary through presentations at Leadership Group meetings, articles in “Update,” the president’s newsletter, and in the weekly employee E-newsletter, “E-Forum.” We share information about our program externally by posting it on the Infirmary’s Web site: www.meei.harvard.edu, including articles in “Contact,” our external newsletter, and in the Infirmary’s annual report.

III. Community Health Needs Assessment

A. Process, including participants

It was difficult to conduct a community health needs assessment. The Massachusetts Eye and Ear Infirmary is a specialty hospital that cares for patients from all over the Commonwealth, the United States and the world. The Community Benefits Advisory Committee discussed on several occasions the development of a Community Benefits Plan.

The committee agreed that the Infirmary should continue providing the community services it has historically provided including lectures, support groups, educational opportunities and medical missions as part of the formal Community Benefits Plan. They decided to explore new options for proactive Community Benefits to add to this plan.

The committee brainstormed on new projects that would become the Infirmary's proactive plan for Community Benefits. The committee members initially suggested an array of possible projects, ranging from efforts to eradicate African river blindness to developing an education program to reduce industrial eye and ear injuries. Upon the committees' request, the two staff members from the Public Affairs Office, which oversees Community Benefits, researched and collected information on specific suggestions. Communication with committee members continued during the year.

To narrow its focus, the committee defined the term "community" for purposes of the Infirmary's Community Benefits Plan as follows:

"The Massachusetts Eye and Ear Infirmary has a unique role in both the local, community and state, and the regional and national levels. For the purpose of its Community Benefits Plan, the Infirmary defines its "community" as residents of the Greater Boston area with, or at risk of, disorders of vision, hearing, voice or speech, with a special emphasis on underserved populations."

The committee ultimately narrowed its focus to one segment of the defined community: school-age children with potential vision and hearing problems. Through research, the

Public Affairs staff learned that public schools provide vision and hearing screening to their students. They discovered that charter schools do not provide screenings upon receiving a telephone call from the headmaster of the Neighborhood House Charter School in Dorchester, Mass., who had heard about the development of the Infirmatory's Community Benefits program and expressed a need for its services.

Understanding that the Infirmatory is a small specialty hospital with limited staff and resources, the committee determined that it was best to continue the numerous community service projects it has provided for years and to focus its energies on a Community Benefits (proactive, planned) project that was achievable: providing screenings and any necessary follow-up care to the students at the Neighborhood House Charter School.

The Neighborhood House Charter School Vision and Hearing Care Program was developed, and we have been providing vision and hearing screenings and follow-up care to the students of this growing school ever since. The program has grown as the school's population has grown. Services were initially provided to 50 students. We now care for the current student population of more than 200 children.

We have recently become involved with the Upham Corners Charter School, which is temporarily located in Dorchester, and provided screenings for them at the start of FY03.

B. Information sources

Public Affairs staff members spoke to various representatives in the Boston Public School System to learn the extent of current screening programs and to members of the Neighborhood House Charter School to discuss needs.

C. Summary of findings

The Public Affairs staff learned that public schools provide vision and hearing screenings, yet charter schools do not. The Neighborhood House Charter School in Dorchester, Mass., was identified as a charter school in need of vision and hearing services.

IV. Community Participation

A. Process and mechanism

The Infirmary's Community Benefits Plan is posted on the Infirmary's Web site www.meei.harvard.edu and promoted from the front page twice a year. As part of the posting, feedback is sought on how the Infirmary can help its community better meet its needs. Committee members are encouraged to share their ideas, as are Infirmary employees.

B. Information sources

During the initial planning stage, the Infirmary sought people to become members of the Community Benefits Advisory Committee, both from the hospital and from the community. We sought members who have an interest in or knowledge of the needs of the visually or hearing impaired.

C. Summary of findings

The Community Benefits Advisory Committee initially reviewed Community Benefits activities historically underway at the Infirmary. They also reviewed and approved the Community Benefits Plan to provide screenings to the Neighborhood House Charter School and received copies of the Infirmary's annual report. The Infirmary's Board of Directors receives updates on Community Benefits activities and copies of the report.

V. Community Benefits Plan

A. Process of development of the Plan, including how the community was involved (if not previously described)

Please see section IV above.

B. Choice of target population/identification of priorities, including an explanation of how these relate to the results of the community health needs assessment

The Community Benefits Advisory Committee narrowed its focus to school-age children after reading research that showed children who can see and hear well will achieve more in school and ultimately in life. In our informal needs assessment, we learned that the

Neighborhood House Charter School in Dorchester, Mass., lacked vision and hearing services. Given the Infirmary's limited resources and staffing, the committee agreed to formally "adopt" this school and provide whatever services were needed.

C. Short-term (one-year) and long-term (three to five years) strategies and goals

The Infirmary's short-term goal is to provide free vision and hearing screenings and any necessary follow-up care to students at this adopted school. Longer-term goals include expanding the scope of involvement at this school by providing educational experiences and mentoring. As staffing permits, we hope to eventually be able to provide this service to another school that is in need of assistance.

D. Process for measuring outcomes and evaluating effectiveness of the program

The evaluation process for the success of the Neighborhood House Charter School Vision and Hearing project focuses mainly on analyzing information from interaction with school and Infirmary officials. The key areas of interest include the percentage of students who received needed follow-up care; the Infirmary's communication process with the school and the parents; and ways the Infirmary can improve the testing and follow-up process.

E. Process and considerations for determining a budget

It is difficult to plan for an exact budget figure for the Neighborhood House Charter School Vision and Hearing project because it is dependent on the care needed by the students. The budget for the Neighborhood House Charter School project could exceed \$12,000 per year. This figure is dependent on the number of students who come to the Infirmary for their follow-up care, as well as what is needed for that follow-up care. In kind contributions of staff time, equipment and materials equal approximately \$5,000 per year. The Infirmary has committed to caring for these children's vision and hearing needs regardless of cost.

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

The Infirmary's Community Benefits Advisory Committee initially formed the Community Benefits Plan. This committee was reinvigorated in fiscal year 2002, reviewed the current plan, and submitted the Community Benefits mission statement to the Infirmary's Board of Director for re-approval. The committee agreed to continue with the current plan, adding new activities as appropriate and as needed.

VI. Progress Report: Activity During the Reporting Year

(1) Expenditures

TYPE	ESTIMATED TOTAL EXPENDITURES FOR [FY03]	APPROVED PROGRAM BUDGET FOR [NEXT FISCAL YEAR]*
COMMUNITY BENEFITS PROGRAMS	(1) Direct Expenses \$12,000 (2) Associated Expenses (3) Determination of Need Expenditures (4) Employee Volunteerism \$5,000 (5) Other Leveraged Resources	\$12,000 *Excluding expenditures that cannot be projected at the time of the report.
COMMUNITY SERVICE PROGRAMS	(1) Direct Expenses \$15,250 (2) Associated Expenses (3) Determination of Need Expenditures (4) Employee Volunteerism \$40,095 (5) Other Leveraged Resources	
NET CHARITY CARE	\$3,042,000	
CORPORATE SPONSORSHIPS		
	TOTAL \$3,114,345	

A. Major programs and initiatives

In fiscal year 2003 (Oct. 1, 2002 - Sept. 31, 2003), the Infirmary, its employees, and full-time medical staff were involved in many community service projects. The following is a listing of some of these efforts:

Services for Children

Neighborhood House Charter School Vision and Hearing Care Program

Donation: The Infirmary’s budget for the project could exceed \$12,000 per year. This figure is dependent on the number of students who come to the Infirmary for their follow-up care, as well as what is needed for that follow-up care.

In Kind: Staff time, equipment and materials (approximately \$5,000)

Provided vision and hearing screenings at Dorchester-based school. The school has more than 200 students, ages 4 through 13, in grades K-8. The Infirmary’s program involved conducting vision and hearing screenings and then working with the students’ parents/guardians to ensure that those who need follow-up care receive it, regardless of their ability to pay.

Of the 205 students who were screened for vision, 37 students were referred for follow-up care (7 new glasses, 7 new prescriptions). No significant pathology was discovered this year. However, many children were found to be in need of corrective lenses. The students have enjoyed showing off their new spectacles, although some long for the BG (before glasses) days. Of the 203 students screened for hearing, 13 failed the hearing screening. The school nurse followed up with the parents of each child who needed further attention. One of the students in an early grade was found during the hearing screening to have a marked deficit in his left ear. He is being followed by MEEI physicians. All children who failed hearing and vision screenings were invited to come to the Infirmary for free care if care by their own pediatricians was unavailable.

Upham Corners Charter School Vision Screening

Donation:

In Kind: Staff time/supplies (approximately \$2,000)

On Jan. 10, 2003, Infirmary physicians and staff provided free vision screenings to nearly 80 children at the Upham Corners Charter School. Early identification of vision programs is important to ensure the academic success of children and the overall quality of life. Nyuma Harrison, R.N., the school nurse, wrote: "We were all moved by the very high level of professionalism and thoroughness that you demonstrated with each individual screening, and we feel fortunate to live in a city where we can have direct access to programs and institutions such as the one that you present."

Children in Health Care Week

Donation:

In Kind: Staff time/supplies (approximately \$4,000)

Child Life specialists, nurses, physicians, social workers and anesthesiologists participated in "Children in Hospitals" day at the Children's Museum and provided hands-on activities to educate youngsters about what to expect when they visit a hospital. The Infirmary's Child Life Specialist offered children and their parents follow-up information. The museum event was attended by thousands of Boston-area children.

Hearing Screenings for Head Start Programs in Boston (two)

Donation:

In Kind: Staff time/supplies (approximately \$600)

Audiologists and graduate students provided hearing screenings the Charlestown Head Start. They screened 70 children per day.

Services for the Elderly

Hearing Aid Orientation Classes

Donation:

In Kind: Staff time (approximately \$2,000)

Hearing Aid orientation classes were held on Fridays at the Infirmary and its satellite in Stoneham for those new to hearing aids. Family members and friends of patients were also encouraged to attend. The classes help to orient the patient to hearing aid wear and offers the

opportunity for discussion with family members and friends to help them better understand the difficulties experienced by individuals with hearing loss and to improve communication.

Public Form on Age-related Macular Degeneration

Donation:

In Kind: Staff time and supplies (approximately 120 hours)

The Infirmary's first public forum on age-related macular degeneration was held on May 1, 2003 in the Meltzer Auditorium, 3rd floor. This free program, offered by the Department of Ophthalmology, included lectures by Johanna Seddon, M.D., Meg DeAngelis, M.D., Joan Miller, M.D., and Chys Peralta, O.T.

Public Form on Hearing

Donation:

In Kind: Staff time and supplies (approximately 120 hours)

The Infirmary's second annual public forum on hearing and hearing loss, "Have You Heard," was held on Nov. 1, 2003, in the Meltzer Auditorium, 3rd floor. This free program, offered by the Department of Audiology, included lectures by Sharon G. Kujawa, Ph.D., Stefan Heller, Ph.D., and Chris Halpin, Ph.D., and round-table discussions on the latest in cochlear implants and basic hearing research. Organizations offering resources for individuals with hearing loss attended to provide further information. This forum is an annual event.

NOAH AAO Meeting (12/14/02)

Donation:

In Kind: Staff time (approximately \$165)

Vision Rehabilitation Services staff worked a public education booth for several hours for NOAH, the National Organization for Albinism and Hypopigmentation, to increase public and professional awareness at the Annual Academy of Optometry Meeting.

Low Vision Care Lecture (12/15/02)

Donation:

In Kind: Staff time (approximately \$55)

Vision Rehabilitation Services staff discussed the adaptive equipment and techniques available to enhance daily living activities for those with low vision with optometric professionals.

Perkins School for the Blind Lecture (6/11/03)

Donation:

In Kind: Staff time (approximately \$55)

Vision Rehabilitation staff provided a one-hour lecture to parents of children at the Perkins School of the Blind as part of an early intervention program.

Healthy Vision Month Event (5/14/03)

Donation:

In Kind: Staff time (approximately \$165)

Vision Rehabilitation staff participated in the first Boston event to celebrate "Healthy Vision Month," along with many Boston area vision community service agencies and entities.

Heritage of Danvers Lecture (7/30/03)**Donation:****In Kind:** Staff time (approximately \$50)

Vision Rehabilitation staff presented a lecture to residents about services and devices for those who have decreased vision.

Brookline Senior Center (9/17/03)**Donation:****In Kind:** Staff time (approximately \$55)

Vision Rehabilitation staff provided a one-hour lecture to residents of this senior center.

Services for Other Special Populations**R.O.S.E. Fund Collaboration****Donation:****In Kind:** Infirmery surgical charges; pre- and post-op visits, physicians' and staff time.

As part of the renewed collaboration with the R.O.S.E. (Regaining One's Self-Esteem) Fund, Massachusetts Eye and Ear Infirmery saw two patients who were victims of domestic violence in FY 2003.

One patient, Kim, had been repeatedly assaulted by the father of her two children. On Thanksgiving 1990, Kim took their children to their grandmother's house for dinner. Her boyfriend arrived drugged. Later, on the way home, she gave him \$30 to buy formula. Four hours later he got back; no formula. He brutally punched her in the eye, knocking her to the floor. Heather managed to call the police. When her abuser realized that she had made the call, he walked over to her, lying on the floor, and kicked her in the chest. Kim was taken to Massachusetts Eye and Ear Infirmery where she was treated for traumatic scleral laceration. Dr. Peter Rubin was one of her surgeons. In 1995, Kim's eye had to be enucleated. Subsequently, Kim became addicted to pain-killers and other drugs. By 2003, she was sober/drug-free, living in a shelter, and enrolled in a Medical Assistant program from which she will graduate in March 2004.

When Kim returned to the Infirmery late in 2003, she needed minor surgery to correct the fit of her prosthesis. But first, Dr. Rubin ordered a comprehensive eye examination and special safety glasses to protect her good eye. Dr. Rubin performed minor corrective procedures under local anesthesia in his office. Kim is delighted with the results and is moving on. Among her other ambitions is a desire to make a documentary film about children who survive domestic violence.

The second patient, Heather, became involved with her abuser when she was 16. When their daughter was 3, he assaulted his little girl and went to jail, but a plea bargain got him a suspended sentence. About a week after he got out he allegedly did something most people would have considered impossible. According to prosecutors, he virtually separated Heather's nose from her face. With four or five vicious blows, he completely dislodged it to one side.

Heather went through reconstructive surgery, but had complications because she changed hospitals (she was afraid to come to Boston when her abuser was on the run) and the second hospital wasn't aware of internal stitches in the nose and eye area. When these were taken care of, Heather was left with a red scar that ran from her inner left nostril to the right eye duct and under that eye.

At the time of her first visit to Massachusetts Eye and Ear Infirmary in the fall of 2003, Heather had just graduated from the Dove Shelter transitional plan. Heather began a series of laser treatments with Dr. John Lazor to erase her scars. Heather worked hard at turning her life around and is seeking a better future for herself and her family.

Uveitis Support Group

Donation:

In Kind: One co-leader, one volunteer, meeting space (\$1,100)

Group meets every two months, and between 15 and 45 people attend.

Donation to worldwidehearing.org

Donation:

In Kind: Staff time

The Department of Audiology donated 20 behind-the-ear hearing aids to the DAWN program, Hopi Indian Elderly Services, in Arizona.

Collection of Used Eyeglasses for the Lions Club

Donation:

In Kind: Staff time

Staff in the Infirmary's Laser Center collected used eyeglasses for donation to the Lions Club. The Public Affairs staff members promote the program to internal and external audiences to continue these efforts.

Education Opportunities

PRISM

Donation:

In Kind: Staff time (three staff members, approximately 5 hours each)

For the second year in a row, students from PRISM (Program for Research Investigation in Science and Math) visited the Infirmary's Jenks Vestibular Laboratory to learn about balance disorders. The students were given testing procedures to simulate the problems people with balance disorders face.

Work and Family Series

Donation:

In Kind: staff time (approximately \$500)

Program includes family support and ongoing educational workshops held to help employees and their families address elder and child care issues. Open to the public. Examples of courses include Smart Solutions for Busy Parents and Making Sense of Adolescence.

Office of Parenting Seminars

Donation:

In Kind: Post and advertise seminars (\$550)

Public seminars outside of the contract services the Infirmary receives from Harvard's Office of Parenting. The Infirmary supports the efforts of the Office of Parenting by advertising and encouraging employees to participate.

Domestic Violence Task Force

In Kind: Staff Time (\$100)

Internal MEEI task force that educates MEEI employees and patients about domestic violence. During the month of October 2002, a story board education program in the lobby of MEEI educated both employees and patients about facts concerning domestic violence.

Vision Rehabilitation Center Conferences

Donation:

In Kind: Staff time

Conferences, which are open to the public, are held throughout the year as part of the Center's training program.

Hospital Lectures

Donation:

In Kind: Staff time

Vision Rehabilitation Services presented various lectures throughout the year on a variety of topics. These lectures were open to the public.

Local Community Investments

United Way Campaign

Donation:

In Kind: Staff time (approximately \$3,000)

Employees organized the annual United Way Campaign, which resulted in nearly \$20,000 in contributions to this national organization.

Mayor's Health Line

Donation: (\$1,000)

In Kind:

The Infirmary donated funds to support the Mayor's Health Line, which assists residents seeking low cost, affordable or free health care.

Pine Street Inn

Donation: \$1,500

In Kind: Staff time

Members of the Infirmary's dietary department participated in various activities to benefit the Pine Street Inn. This included serving meals and raising funds by selling items and donating the proceeds.

Other Services

Free Transportation Program

Donation: approximately \$10,000

In Kind: The Infirmary provides free taxi vouchers to patients with special needs through its transportation program.

Optical Shop -- Free Eyeglasses Program

Donation:

In Kind: (approximately \$11,500)

The Infirmary provided approximately \$11,550 in free eyeglasses to the needy through its optical shop. One hundred and sixty-six people were helped.

Social Services Caring Above and Beyond Fund

Donation: (approximately \$1,500)

In Kind: Staff time (approximately \$2,000)

The Department of Social Work provides funding for food, transportation, parking and other incidentals to patients throughout the year.

Financial Assistance to Pediatric Patients/Families

Donation: (approximately \$1,250)

In Kind:

The Department of Social Work provides utilized funds raised by the Friends of MEEI for "small necessities" for pediatric patients and their families. This includes transportation and food.

Hearing Aid Center

Donation:

In Kind: (approximately \$6,000)

The Infirmary's Hearing Aid Center provides an estimated \$6,000 each year in free hearing aids for those in need.

Howe Library Assistance

Donation:

In Kind: staff time/materials (approximately \$1,200)

The Medical Librarians at the Infirmary's Howe Library assist the general public and those who request information from the Infirmary's Web site in finding medical material concerning any medical problem of interest. This could be as extensive as a computer search or as minimal as a quick scan of a book or look on the Internet.

B. Notable challenges, accomplishments, outcomes

Fiscal year 2003's most notable accomplishment is the continuation of the vision and hearing program at the Neighborhood House Charter School and seeing those children who have been diagnosed with poor vision now wearing glasses and succeeding academically. We are also pleased that shortly after fiscal year 2002 ended, we were contacted by a new charter school, the Upham Corners Charter School, and we provided vision screenings for their students. In addition, we are proud of our continued involvement in helping battered women and children through the R.O.S.E. Fund.

VII. Next Reporting Year

A. Anticipated goals and program initiatives

The Infirmary's goal is to continue the myriad of Community Benefits activities that are carried out throughout the hospital and to continue its proactive Community Benefits program. We hope to explore other activities to add to our plan.

B. Projected outcomes

We plan to screen all children at the Neighborhood House Charter School and to provide any necessary follow-up care. We hope the outcome is improving these children's vision and hearing and ultimately their lives.

VIII. Contact Information

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