I. Mission Statement

Boston Medical Center (BMC) formed in July 1996 by the merger of Boston City Hospital, Boston Specialty and Rehabilitation Hospital, and Boston University Medical Center Hospital. As the private, not-for-profit successor to Boston City Hospital, the 547-bed Boston Medical Center is the major hospital provider to the working poor, underinsured and uninsured in Suffolk County and greater Boston, Massachusetts, and is at the hub of community health care delivery in its region.

Boston Medical Center’s mission is to “provide consistently excellent and accessible health services to all in need of care regardless of status and ability to pay.” Approximately 50% of BMC patients are uninsured or on Medicaid, over 30% do not speak English or need an interpreter to access health care, and more than 75% live in Suffolk County. Our core patient population demographics are uninsured or underinsured, racial, ethnic or cultural minorities of lower socioeconomic status. Many are newcomers to our community or first generation Americans; some are refugees and asylum seekers.

In addition to health care services, Boston Medical Center provides a wide range of social services to meet the basic needs of the many vulnerable people we serve. Leveling the health care playing field for our patients goes beyond our commitment to providing exceptional health care without exception: we realize that we must work in a multidisciplinary fashion and at multiple levels of patients’ needs to help secure our patients’ health. Our services have evolved over many years, including at our predecessor institutions, to provide benefits and services in line with our public health mission. Many programs that started at Boston Medical Center – like the Reach Out and Read program – are now nationally replicated models to improve the health and development of vulnerable populations.

Boston Medical Center’s Community Benefits program is not formalized in a specific annual Community Benefits Plan, however, senior management, the Board of Trustees and individual departments have made ongoing financial commitments to various
programs and services for the vulnerable populations we serve. **These programs, which may be categorized by the overarching themes of ensuring access to health care for underserved populations and securing the fundamentals of health in key areas of public health concern, and which receive significant, dedicated budgetary support from the hospital or departments in addition to philanthropic or grant funds, are what we have defined as our “Community Benefits” programs for the purposes of this report.** In addition to these programs, there are numerous other community services provided at Boston Medical Center and in the community by our employees and medical staff to foster community health. Many of these programs are supported at the departmental level, or through grants, philanthropy or volunteerism. In the text of this report, we highlight a sampling of those programs along with our discussion of community benefits.

Through our Board of Trustees and leadership of our clinical departments, BMC annually prioritizes and invests in significant programming to improve the health status of the communities we serve, with particular regard to improving health status and access for the lower-socioeconomic communities within Suffolk County (Boston, Chelsea, Winthrop and Revere). Examples include BMC’s founding membership in the Boston HealthNet, an integrated service delivery network comprised of Boston Medical Center, the Boston University School of Medicine, and 15 community health centers; the largest Interpreter Services Program on the Eastern seaboard; an on-site Preventive Food Pantry and Demonstration Kitchen; the Birth Sisters Program, which provides culturally competent support to women before, during and after childbirth; and the Family Advocacy Program, which provides on-site legal services to pediatric patient families.

For this fiscal year 2005 report, we highlight programs within the following particular areas of focus by Boston Medical Center:

- Reducing barriers that result in racial and ethnic disparities in health care access and outcomes, including enhanced communication between patients, their families and the medical center staff and administration,
- Food insecurity, malnutrition and nutritional needs of vulnerable populations,
- Weight management, nutrition education and exercise opportunities for inner city youth,
- Increasing opportunities for cancer screenings and sustained access to cancer care, and
- Culturally competent care for pregnant and post-partum women and their children.

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1 Health centers participating in Boston HealthNet are Boston Health Care for the Homeless Program, Codman Square Health Center, Dorchester House Multi-Service Center, East Boston Neighborhood Health Center, Geiger-Gibson Community Health Center, Greater Roslindale Medical and Dental Center, Harvard Street Neighborhood Health Center, Manet Community Health Center, Mattapan Community Health Center, Neponset Health Center, Roxbury Comprehensive Community Health Center, South Boston Community Health Center, South End Community Health Center, Upham’s Corner Health Center, and Whittier Street Health Center.
II. Internal Oversight and Management of Community Benefits Program

A. Management Structure

The BMC Board of Trustees has the authority to approve community benefits and community service initiatives and allocate appropriate resources for their support. The Board has delegated authority to the Chief Executive Officer and the Executive Vice President for Network Development for the setting of priorities with implementation allocated across the institution to relevant program areas. Leadership and planning also occurs at the departmental level with many programs and services conceived, designed, funded and operated through specific departments of the hospital. Senior management and department leaders work closely with the BMC Office of Development to secure additional resources to ensure programs can be comprehensive and sustained. While the hospital does not currently have a formal Community Benefits Advisory Committee, senior management receives input concerning community needs from multiple areas of the hospital and assesses these needs and costs in determining overall budgetary priorities and program allocations for the hospital.

B. Method of sharing information about community benefits

Major activities are communicated within the institution through a variety of mechanisms. Senior management articulates its community benefit and community service priorities to clinical leadership at regular meetings. In addition to communication from managers, staff at all levels of BMC receive information concerning community benefits and services priorities and programs through the BMC intranet, articles covering initiatives in our campus newspaper MedCenter News, and announcements that are disseminated via all-staff electronic mail. Community Connections, a newsletter that is distributed twice a year through community newspapers in Boston neighborhoods, provides the community served by BMC with relevant community and public health information, including screenings and research activities at the medical center. Approximately 90,000 newsletters are distributed.

III. Community Health Needs Assessment

A. Process, including participants

Boston Medical Center’s process for community needs assessment is grounded in our role as the largest provider of free care to vulnerable communities in our area and in the Commonwealth. In forming BMC, a unique structure was established by which BMC’s chief executive officer is a member of the Boston Public Health Commission, and the Boston Public Health Commission’s executive director is a member of BMC’s board. This overlap ensures that the city’s public health agenda is always foremost on the hospital’s agenda. In addition, BMC’s membership in the Boston HealthNet provides a direct link to neighborhood-based care that keeps BMC in tune with the pulse of the communities its serves and strengthens community-based care. The boards of each
community health center are comprised of community residents and leaders; these interests are then relayed to the BMC board level by the four BMC board members are leaders at Boston HealthNet community health centers. An annual retreat of the Boston HealthNet provides an opportunity to examine issues of common concern, as do standing committees, including the Boston HealthNet Executive Board, CFO Forum, Clinical Committee, Clinical Computing Collaborative, Retreat Planning/Strategic Planning Committee, Rounder Committee, and Scholastic Review Committee.

B. Information Sources

Community input is sought and received from numerous community sources, including formal Community Advisory Boards for several of our programs and through our Patient Advocacy Office. A Patient Ambassador Program, initiated in 2005 and staffed by hospital non-clinical employees who visit patients at the bedside, has provided an important vehicle for obtaining candid feedback from patients and their families about additional services needed to support them in accessing and receiving care at Boston Medical Center. Through BMC’s relationship with other community organizations, community concerns are solicited at multiple levels of our organization to inform where we place our programming emphasis.

Published information sources for community benefits planning include health status reports, collaboration with community organizations, and patient survey data conducted both at the hospital level and within individual clinical departments. The Boston Public Health Commission’s annual Health of Boston report provides a snapshot of the health status of the people of Boston and its neighborhoods. The information contained in the report provides the hospital with benchmark data to help identify priority areas for the allocation of clinical and financial resources.

Our clinicians are active on numerous neighborhood, city and state-level committees and coalitions, including those sponsored by the City of Boston, the Massachusetts legislature and the Department of Public Health. These clinical leaders are a major source of information and advocacy for the creation and evolution of BMC’s community programs.

C. Summary of findings

In this report, we highlight five themes that have been of particular concern for our institution, and hence are centralized components of our Community Benefits. They are 1) access and communication barriers to care for low-income and non-English-speaking populations, including logistical and linguistic barriers, 2) hunger and malnutrition among our patients, 3) cancer care access and outcomes disparities, 4) pediatric overweight, 5) pre- and post-natal care (aka “perinatal care”) for vulnerable women and newborns. These themes are responsive to data that we encounter in treating our patients, working with community health centers and other community agencies, and in local and national reports.
Some particularly troubling data to which our Community Benefits, Community Services and institutional priorities were directed in fiscal year 2005:

- **Access and Communication:** Populations of lower socioeconomic status (often who are minority) face logistical barriers to accessing regular primary and preventive care, and in turn experience greater disparities in health care access and outcomes. Patients who do not speak English and have low general literacy rates, as well as different cultural experiences of patients and providers, contribute to health care disparities. Black and Latino residents are more than twice as likely to not have health insurance, and twice as likely to be unable to afford to see a doctor when they need one. *(The Disparities Project, Boston Public Health Commission, 2005).* Following through on appointments and treatment plans is difficult for patients facing the challenges of poverty; in some BMC clinics the no-show rate for scheduled appointments is 30%.

- **Hunger and Malnutrition:** 20 percent of all households in low-income communities lack adequate food, and one child in three in these communities is a member of a family that is unable to meet its basic need for food. *(Project Bread/UMass Boston 2003 study)* Only 39 percent of those eligible in Massachusetts were enrolled in Food Stamps. *(USDA)* Hunger and malnutrition are pervasive among our patient population, experienced by young and old alike, with serious detrimental consequences.

- **Cancer** is the leading cause of death in Boston, and disproportionately affects minorities. The cancer mortality rate for Boston’s African-American residents is 22% higher than the citywide average. Boston’s prostate cancer death rate for African-American men was more than two-and-a-half times that of white men in 1999. The neighborhoods disproportionately burdened by breast cancer mortality are the same neighborhoods where large numbers of low-income and/or racial/ethnic minority residents live, and where many residents rely on some form of public assistance. Our chief of surgical oncology, recruited to BMC from another Boston hospital 5 years ago, has noted that the mean diameter of breast cancers at BMC in 2003 was 2.3 cm., equivalent to tumors sizes seen in the 1980s in his former site, which predominantly served insured, middle class women.

- **Pediatric Overweight/Obesity:** Black and Latino high school students in Boston are more than twice as likely as their white counterparts to be overweight or obese, and are one-third less likely to get the recommended amount of exercise *(Boston Public Health Commission)*. Social and environmental factors underlying childhood and adult obesity include lack of inexpensive exercise options in low-income communities and the absence of nutrition education from home and school. Access to clinical health care programs for low-income overweight and obese youth is hindered by lack of publicly funded insurance coverage for weight-loss/physical activity programs. Finally, primary care physicians practicing in community health center settings often lack the expertise to treat their overweight pediatric patients.

- **Perinatal care:** African American women, compared to White women, in Boston are 2.7 times more likely to deliver an infant who will die before its first birthday *(Health of Boston 2004, 2002 data)* and have a disparate incidence of preterm and low birth weight babies. Black infants are three times as likely to weigh less than
3.3 pounds at birth as White infants, and expectant Black mothers are less likely to have adequate prenatal care (The Disparities Project, Boston Public Health Commission, 2005). In 2003, Mattapan, populated by predominantly Black residents, had the highest rate of both preterm births and low birth weight infants of all Boston neighborhoods (Health of Boston 2005).

IV. Community Participation

As indicated above, Boston Medical Center’s Community Benefits are wide-ranging. Various program elements have received substantial input from community groups and community health center clinicians and leadership. Specific community partnerships for various Community Benefits and Community Services are noted in the descriptions in Section VI. Community participation from Board members is an important source of participation in our planning processes. A Friends of Women’s Health group initiated in fiscal year 2005 is also turning community attention to specific needs of our female patients.

V. Community Benefits Plan

A. Process of development of the Plan

As noted earlier in this document, BMC does not have a formal Community Benefits Plan. Key elements of programs funded at Boston Medical Center in fiscal year 2005 that we would consider “Community Benefits” (as explained in Section I) include the following programs and services. Additional programs are summarized in the table at Section VI.B.

B. Priorities

Access and Communication:

Shuttle Service: For a significant number of our low-income patients with serious illnesses and without their own vehicles, riding public transportation to and from Boston Medical Center can be a challenge. To facilitate access, Boston Medical Center’s Shuttle Service transported over 103,162 patients and their families between Boston HealthNet community health centers and the hospital in fiscal year 2005. For patients who are very ill, home pick up and drop off is provided. The shuttle buses travel along three routes and run from 7 am-7 pm Monday-Friday. We also provided taxi vouchers to patients who needed that service to facilitate return to home after a hospital stay.

Interpreter Services: To facilitate linguistic access, the BMC Interpreter Services Department facilitated more than 148,000 interactions with patient visitors, their family members and/or other visitors in fiscal year 2005. Coverage is offered to every department of the hospital. The BMC Interpreter Services Department was one of the first to be established in the United States, and is one of the busiest. The staff of 35 has 18 languages covered at all times during business hours.
hours, six languages are on call at all times. Using contractors, telephonic or video interpreting, Interpreter Services can easily cover 30 languages at any time, and an almost unlimited number of languages when needed. We believe we are the only Interpreter Services Department in Boston with full time medical interpreter staff for the Bosnian, Somali, Kurdish, Albanian, Polish and Cape Verdean communities.

Metro Boston Behavioral Health Resource Center: The Metro Boston Behavioral Health Resource Center grew out of the recognition of significant unmet behavioral health needs in the low-income communities surrounding BMC, and the lack of access to information on mental health issues, resources and services among the many poor, minority and immigrant constituencies that BMC serves. With the support of BMC’s Department of Behavioral Health and the Massachusetts Department of Mental Health, consumers affiliated with the NAMI Greater Boston Consumer Advocacy/Affiliate Network opened the center on BMC’s campus in 2005. This “Consumer and Family Peer Education and Recovery Community” is dedicated to improving the lives of people living with psychiatric conditions and their families, friends, and other supporters, and is a springboard for community-based outreach programming.

**Hunger and Malnutrition:**

Preventive Food Pantry and Demonstration Kitchen: Opened in October 2001 to address hunger-related illness and malnutrition among BMC’s low-income patient population, the preventive food pantry and demonstration kitchen fill a therapeutic gap for our patients. Our patients’ food choices are often limited by whatever is least expensive to purchase or most available through local charity distribution networks. Much of this food is nutritionally inappropriate and even harmful to patients with dietary-related illness or food allergies. Individuals facing hunger or at risk of malnutrition are referred by BMC care providers to the Food Pantry with “prescriptions” for supplemental food and nutritional support. The “prescriptions” outline food packages that best promote physical health, prevent future illness, and facilitate recovery. Patients referred by providers in Pediatrics, Geriatrics, Family Medicine, Oncology and the Boston Center for Refugee Health and Human Rights currently have access to the Pantry, and may visit up to twice a month to receive a week’s supply of free groceries for their household, including fresh meats and vegetables. The Demonstration Kitchen complements the work of the Pantry by educating patients about nutrition through cooking methods that are compatible with their medical and dietary needs, as prescribed by their physician. Classes in fiscal year 2005 included nutrition and menu planning for diabetic patients in Internal Medicine and a Women’s Group from the Boston Center for Refugee Health and Human Rights at BMC.

Family Advocacy Program’s Food Stamp Access Initiative: Launched in 2004 with support from a federal government grant, and sustained in 2005 through support from the USDA and a grant from the State Street Foundation, the Food
Stamp Access Initiative links lawyers and interns from the hospital’s Family Advocacy Program with families through a weekly food stamp application assistance clinic, regular BMC Food Stamp Outreach Days, and collaboration with Patient Financial Services registration staff to submit Food Stamp applications alongside Medicaid/Medicare applications. In the last year, FAP has handled over 150 food stamp applications, hosted 10 Outreach Days, and has reported in writing on Food Stamp access barriers to the Department of Transitional Assistance.3

Cancer:

BMC has made cancer care a top institutional focus because public health data show that the populations we serve are disproportionately afflicted with high cancer mortality rates. Our efforts in this area encompass not only the construction of a new building (opening in fall 2006), which will consolidate ambulatory cancer services on our campus, but also programmatic expansion. We have emphasized the recruitment of oncology providers with additional clinical skills and cultural competency, as well as increased outreach for cancer prevention education and screening, and expanded patient navigator support in several clinical areas. Same-day diagnostic appointments and multidisciplinary care are emphasized in many clinical areas. Walk-in mammography appointments have become a standard feature to facilitate access. Dedicated staff in our clinical trials office has worked thoughtfully to build trusting relationships with members of the community to support minority participation in cancer clinical trials. The minority enrollment rate in cancer clinical trials is 25% and 49% for breast cancer, which far exceeds the startlingly low national average of 3%. Several programs highlighted below work collaboratively on community outreach and education. They provided several free Saturday screening and cancer survivor events in fiscal year 2005, in addition to extensive community-based outreach.

Numerous departments at BMC undertake Cancer screenings and educational outreach. Some of these programs are grant-funded; others arise from the in-kind and volunteer contributions of departments and their staff. Examples include efforts by the Breast Imaging Department in 2003-2005 to provide educational outreach at community centers, churches, homeless shelters, and other locations. The department has collaborated with BMC’s Women’s Health Network, the Cancer Education and Prevention Community Outreach Program, and the Prostate

3 The Family Advocacy Program (FAP) at BMC is a national leader in medical-legal collaboration to address the root causes of pediatric poor health and development. Focusing on ensuring that low income families’ basic needs to food, shelter, health care and educational services are met, FAP serves BMC pediatric patients as well as families at several Boston HealthNet health centers, in partnership with local law firms and philanthropic supporters. Originally underwritten by the Department of Pediatrics, the 12-year old program is now solely grant philanthropically funded. In 2005, FAP received major grants from the W.K. Kellogg Foundation and the Robert Wood Johnson Foundation to establish the National Center for Medical Legal Collaboration to assist other sites around the country replicate its innovative model. In April 2006, it renamed to program as the Medical-Legal Partnership for Children, to reflect its new national scope.
Cancer Screening Initiative to conduct outreach and in-reach to BMC patients and minority communities to provide free screening days targeting uninsured or underinsured women. Over 4,000 women have accessed free mammography services through combined outreach efforts in the past several years.

Our Cancer Education and Prevention Community Outreach Program began in 2001, when BMC was awarded a grant to participate in a national trial for the prevention of prostate cancer. Understanding the impact of prostate cancer as well as other cancers on African Americans and other minorities, we targeted our local community and attended as many community events as possible to distribute information about cancer and the benefits to early detection. Since then, we have held 3 successful men’s educational sessions on prostate cancer where community leaders, prostate cancer survivors, nurses and physicians from BMC spoke. We further expanded our efforts to include 5 successful cancer screenings at BMC targeting breast, prostate and head and neck cancers. Since 2004, a total of 579 cancer screenings were performed, with 60 (10%) of the attendees needing further referrals for abnormal exams. These referrals gave many participants access to health care and appointments with primary care doctors at BMC, who otherwise would not have done so on their own.

Prostate Cancer Screening Initiative. Boston Medical Center created the Prostate Cancer Screening Initiative in 2000 to counter this major public health problem, which will affect an estimated one in five American men over a lifetime, with black men being at a significantly greater risk of developing prostate cancer and going undiagnosed for longer due to lack of early detection. Fiscal year 2005 was BMC’s fifth year of the PCSI. Thirty-one events were held, providing screening to 1,361 men and educational outreach to numerous others. Screening events are a collaborative effort among BMC, numerous community health centers, Boston HealthNet, the City of Boston Public Health Commission, and a wide variety of religious and community institutions and organizations. The majority of screenings are held in locations most likely to attract the greatest number of patients who are at risk for prostate cancer, including health centers, churches, festivals, shelters, and area businesses. Clinicians also screen for hypertension, diabetes and high cholesterol. With these additions, our screenings help detect the most prevalent health risks within our target community and provide immediate and follow-up medical care and referral. In addition, patients have the opportunity to learn more about their health insurance options. Those who are eligible for MassHealth (Medicaid) benefits are given assistance with application forms and in choosing a primary care physician. Our goal is to connect men to primary care providers who can help them with their long-term health care needs.

Smoking Cessation Program: Re-launched in fiscal year 2005 by the Department of Behavioral Health, the program is open to patients, the general public and BMC employees desiring support to stop smoking.
Pediatric Obesity:

**Nutrition and Fitness for Life Program:** As national and local rates of pediatric overweight began to skyrocket in the 1990s, the Department of Pediatrics at BMC determined that it would dedicate resources to founding a program that would provide clinical and community-based resources to underserved overweight youth. Through the dedicated efforts of staff in Pediatrics and BMC’s adult weight management program, the Nutrition and Fitness for Life model was born. It offers three primary components: 1) clinical services targeting children with >95thile of Body Mass Index, 2) the FANtastic Kids afterschool program, developed in collaboration with Dorchester House MultiService Center and now operating at four community health centers, to provide teen-mentored nutrition education and fitness activities for overweight youth who are referred by their physicians and may not be physically ready for other programs, and 3) continuing medical education for community health center clinicians to increase their capacity to treat pediatric overweight in their settings. This program fills a large gap in services to one of the populations most impacted by the pediatric obesity epidemic: nearly 80% of the program’s participants are either Medicaid, free care or recipients of other public assistance; 90% are Black or Hispanic.

Perinatal Care:

The Birth Sisters Program. BMC created the Birth Sisters program to provide culturally competent prenatal, labor, birth and postpartum support services within clinic, hospital and home environments. Birth Sisters, many of whom are bilingual, come from a variety of cultural and ethnic backgrounds and reside in local neighborhoods. They serve to enhance the services offered by BMC physicians and nurse midwives by providing extra support to women in the hospital and at home before, during and after their pregnancy. Women seeking to become a Birth Sister must undergo a rigorous training course to qualify them to perform these services. Patients are referred to the program by their prenatal providers, and generally include women with an increased risk for complications of pregnancy based on physical and social factors. Data collected from the program show decreased complications during delivery, fewer cesarean sections, improved breastfeeding initiation rates, and enhanced bonding between mother and child. The program emphasizes elements emphasized by the Institute of Medicine: improving access to care by using risk assessment techniques, developing outreach capacity, and expanding the use of prenatal education and lifestyle modification, and providing psychosocial supports.

C. Short-term, long-term strategies and goals

Although BMC lacks a formal Community Benefits Plan, its short-term strategy is to bring key resources to its patients and the communities they live in to make it easier for them to access care and live healthy lives. Some of the programs funded by the hospital will remain as ongoing hospital financial commitments; others over time will be sustained through philanthropic support (and reimbursement if the case can be made for
clinical programs) once the hospital has given a program the support to develop a model with demonstrated results. Our long-term goal is to see that the people and communities we assist in (for example) accessing preventive care and treatment, addressing unmet behavioral health issues, learning about child health and development, and accessing food and nutritional guidance, will lead healthier, happier, safer, and more productive lives. Programs will evolve according to changes in community demographics and issues and the availability of medical center financial resources.

D. Process for measuring outcomes and evaluating effectiveness of programs

Program data are maintained for all of Boston Medical Center’s programs. Rates of use for the programs and community impact help the Finance Department, the Board and departments see trends in needs, whether programs are having the intended effect, and make decisions about where to place emphasis from year to year. Feedback is solicited from program directors and senior managers to assess success and make modifications.

E. Process and considerations for determining a budget

For programs that are funded from the hospital budget (as opposed to grants or philanthropy), budgets are reviewed as part of the hospital’s annual budget planning process. Considerations include numbers of people served, need addressed by program and ability to secure funding through other sources.

F. Process for reviewing, evaluating and updating the Plan

As noted above, BMC does not have a formal Community Benefits Plan.

V. Progress Report: Activity During Reporting Year

A. Expenditures

Expenditures for selected BMC Community Benefits and Community Services programs are consolidated on the Expenditures chart. Estimated hospital and department expenditures on programs that we would categorize as a Community Benefit in fiscal year 2005 totaled $4,980,432. Additional philanthropic and grant support of approximately $2,380,764 helped BMC meet the expenses of these programs. (Total Community Benefits programs expenses = approximately $7,482,839.) A detailed breakdown of expenditures by program is available by request.

An additional $2,341,427 was funded by the hospital or secured through grant or philanthropic funding on the sampling of BMC community services also appearing on the table below. We note that due to the size and variety of programs at Boston Medical Center and our decentralized process, this expenditure and budget summary does not attempt quantify the costs associated with numerous other programs and projects of Boston Medical Center that make valuable contributions to the community.
B. Major programs and initiatives

Please see the table below, which provides a summary highlighting selected Community Benefits and Community Services programs of Boston Medical Center in fiscal year 2005. The table on the next page provides a partial list of programs, due to the decentralized nature of BMC’s programs. Programs we have designated as “Community Benefits” (according to the definition we set out in Section I) are noted with a “(CB)” in the “Program or Initiative” column.

<table>
<thead>
<tr>
<th>PROGRAM OR INITIATIVE</th>
<th>TARGET POPULATION/OBJECTIVE</th>
<th>PARTNER(S)</th>
<th>HOSPITAL/HMO CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston HealthNet Shuttle Service and other transportation support (CB)</td>
<td>Transportation for ambulatory patients who need to travel between BMC and the Boston HealthNet health centers; direct taxi and van hospital-to-home service in specific cases</td>
<td>Boston HealthNet</td>
<td>Mary Boyan Transportation Coordinator 617-638-6849 <a href="mailto:mary.boyan@bmc.org">mary.boyan@bmc.org</a></td>
</tr>
<tr>
<td>Interpreter Services (CB)</td>
<td>Interpreter services that communicate health issues/concerns, diagnoses, and treatment plans, for BMC patients with limited English proficiency. (With 35 staff, per diem supplementation, and 30 languages covered at all times, BMC’s Interpreter Services department is the largest on the East Coast.)</td>
<td>Massachusetts Medical Interpreters Association, Massachusetts Commission for the Deaf and Hard of Hearing</td>
<td>Oscar Arocha Director 617-414-7204 <a href="mailto:oscar.arocha@bmc.org">oscar.arocha@bmc.org</a></td>
</tr>
<tr>
<td>Metro Boston Behavioral Health Resource Center (CB)</td>
<td>Consumer-oriented behavioral health resources and referrals for low-income, indigent, limited English-proficient patients and community members who have unmet mental health needs.</td>
<td>Massachusetts Department of Mental Health, National Alliance for Mental Illness</td>
<td>Joan Taglieri Director of Clinical Service Department of Behavioral Health 617-414-1972 <a href="mailto:joan.taglieri@bmc.org">joan.taglieri@bmc.org</a></td>
</tr>
<tr>
<td>Preventive Food Pantry and Demonstration Kitchen (CB)</td>
<td>Individually “prescribed” free food for malnourished, low-income patients, and cooking demonstrations/nutrition education adapted for specific health needs.</td>
<td>Food for Free, Greater Boston Food Bank, Ocean State Job Lot, Project Bread</td>
<td>Latchman Hirallal Food Pantry Manager 617-414-3834 <a href="mailto:latchman.hirallal@bmc.org">latchman.hirallal@bmc.org</a></td>
</tr>
<tr>
<td>Child Protection Team (CB)</td>
<td>Social, legal, and medical consultations for BMC clinicians who suspect pediatric patients have been</td>
<td></td>
<td>Irene Tien, MD Director 617-414-4397</td>
</tr>
<tr>
<td>Program</td>
<td>Description</td>
<td>Contacts</td>
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<tr>
<td><strong>Cancer screenings and educational outreach, including Prostate Cancer Screening Initiative (CB)</strong></td>
<td>BMC patients and community members, including a disproportionate number of uninsured and underinsured men and women of color. American Cancer Society New England Division, Friends of Women’s Health at BMC, Multiple community-based organizations, including churches, shelters, and elder care centers.</td>
<td>Kathleen Finn, RN, NP, AOCN Nurse Manager Cancer Research Center 617-638-8256 Al Smith Community Outreach Officer 617-638-6138 <a href="mailto:al.smith@bmc.org">al.smith@bmc.org</a></td>
<td></td>
</tr>
<tr>
<td><strong>Nutrition and Fitness for Life Program (CB)</strong></td>
<td>Multi-pronged program aimed to increase nutrition and fitness for underserved children and families experiencing co-morbidities related to overweight and obesity. Provides clinical services, community-based fitness and nutrition education for youth, and clinical education to providers to increase capacity at health centers to treat overweight pediatric patients.</td>
<td>Carine Lenders, MD, MS Director 617-414-5357 Vivien Morris, MPH, MS, RD Fantastic Kids Admin. Dir. 617-414-687</td>
<td></td>
</tr>
<tr>
<td><strong>Birth Sisters (CB)</strong></td>
<td>Culturally and linguistically competent prenatal, labor, and postnatal support by community women for childbearing women at risk of poor maternal and infant outcomes. Urban Midwife Associates</td>
<td>Julie Mottl-Santiago, CNM, MPH Clinical Director 617-414-5162 <a href="mailto:julie.mottl-santiago@bmc.org">julie.mottl-santiago@bmc.org</a></td>
<td></td>
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<tr>
<td><strong>Smoking Cessation Program (CB)</strong></td>
<td>An outpatient program open to any individual who wishes to stop smoking. Department of Behavioral Medicine</td>
<td>Robert Sokolove, PhD Health Psychologist 617-414-5098 <a href="mailto:robert.sokolove@bmc.org">robert.sokolove@bmc.org</a></td>
<td></td>
</tr>
<tr>
<td><strong>Community Connections newsletter (CB)</strong></td>
<td>Distributed twice a year through community newspapers in Boston neighborhoods. The newsletter includes relevant community and public health information, including screenings and research activities at BMC.</td>
<td>Ellen Berlin Director, Corporate Communications 617-638-8491 <a href="mailto:ellen.berlin@bmc.org">ellen.berlin@bmc.org</a></td>
<td></td>
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<tr>
<td><strong>SPARK (Supporting)</strong></td>
<td>Medical, educational, Children Affected by AIDS</td>
<td>Martha Vibbert, PhD,</td>
<td></td>
</tr>
<tr>
<td>Program Description</td>
<td>Services/Supports Provided</td>
<td>Contact Information</td>
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<tr>
<td><strong>Parents and Resilient Kids House (CB)</strong></td>
<td>nutritional, and mental health supports for young people ages 6 to 24 with HIV/AIDS and other complex medical, behavioral and/or social concerns.</td>
<td>Foundation, Mass. Community AIDS Partnership, City of Boston</td>
<td></td>
</tr>
<tr>
<td><strong>Pediatric AIDS Clinic (CB)</strong></td>
<td>Clinical services and additional supports for HIV-infected babies and children</td>
<td>Steve Pelton Chief Pediatric Infectious Disease 617-414-7408 <a href="mailto:spelton@bu.edu">spelton@bu.edu</a></td>
<td></td>
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<tr>
<td><strong>Child Life Program (CB)</strong></td>
<td>Counseling and advocacy for BMC pediatric patients facing the many stressors and results of chronic illness, serious injury, and long-term hospitalization.</td>
<td>Tricia Roth Child Life Coordinator 617-414-5762 <a href="mailto:tricia.roth@bmc.org">tricia.roth@bmc.org</a></td>
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</tr>
<tr>
<td><strong>Tumor Registry (CB)</strong></td>
<td>Cancer data registry managed by BMC to collect and report data</td>
<td>Catherine Race Cancer Registrar 617/638-7205 <a href="mailto:Catherine.Race@bmc.org">Catherine.Race@bmc.org</a></td>
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<tr>
<td><strong>Boston Heart Party</strong></td>
<td>Cardiovascular screening for women in the community and BMC and Boston HealthNet patient populations.</td>
<td>Pfizer Corporation</td>
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<tr>
<td><strong>Elders Living at Home Program (ELAHP)</strong></td>
<td>Temporary and emergency housing and case management for men and women ages 55 and above (BMC patients and elders referred from other agencies) who lack stable housing and need temporary shelter and health care while looking for a permanent residence.</td>
<td>Committee to End Elder Homelessness, Action for Boston Community Development, City of Boston Elderly Commission, Shelter Commission and Inspectional Services Department, Pine Street Inn</td>
<td></td>
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<tr>
<td><strong>Patient Navigators</strong></td>
<td>Support in managing complex treatment plans for BMC cancer patients, most of whom face poverty-related challenges that make full treatment difficult if not impossible</td>
<td>Avon Foundation, Boston Foundation and private family foundation</td>
<td></td>
</tr>
</tbody>
</table>

**Committee to End Elder Homelessness**, **Action for Boston Community Development**, **City of Boston Elderly Commission**, **Shelter Commission**, and **Inspectional Services Department**, **Pine Street Inn**
<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
<th>Supporting Organizations</th>
<th>Contact Information</th>
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| **Family Advocacy Program**      | Legal assistance in accessing benefits that secure basic needs for pediatric patient families. | Volunteer Lawyers Project, Health Law Advocates, Boston Bar Association, Brown Rudnick, Day Berry & Howard, and other local law firms, East Boston Neighborhood Health Center, Codman Square Health Center, Dorchester House Multi-Service Center, Mattapan Community Health Center, Upham's Corner Health Center | Ellen Lawton, JD Director  
617-414-3658  
ellen.lawton@bmc.org |
| **Women’s Health Network**       | Screening, diagnostic, therapeutic, and referral services predominantly for women of color with breast and cervical cancer. | CDC and Mass. DPH; community settings that host screenings: health centers, Pine Street Inn, Rosie’s Place, churches, breast cancer walks, etc., Boston affiliate of the Susan G. Komen Foundation | Chava Chapman, MbBch, MPH  
Director  
617-638-7920  
chava.chapman@bmc.org |
| **Grow Clinic**                  | Medical treatment, advocacy, and services for children diagnosed with Failure to Thrive (FFT). | Community health centers, HeadStart, Boston Visiting Nurses Association, Department of Social Services, WIC sites, Expanded Food and Nutrition Education Programs | Deborah Frank, MD  
Director  
617-414-5252  
dafrank@bu.edu |
| **Winter Coat Distribution**     | Free winter coats, hats, and gloves for low-income BMC patients, including refugees and children, distributed through Pediatrics, Emergency Department, the Boston Center for Refugee Health and Human Rights, social work and community health centers. | Ocean State Job Lots, TJX Companies, Nine West, Rothschild Coats, Cradles 2 Crayons, private donors | Alee Miller  
Gift Coordinator  
617-414-5567  
alexandra.miller@bmc.org |
| **Project ASSERT (Alcohol and Substance abuse Services through Education, Referral and Treatment)** | Referral and admissions assistance for at-risk patients and community members who need access to a comprehensive drug and alcohol treatment network. | Local drug and alcohol rehabilitation programs | Edward Bernstein, MD  
Director  
617-414-3453  
edward.bernstein@bmc.org |
| **Domestic Violence Institute at BMC** | Legal advocacy services and community referrals for victims of domestic violence, based in Menino campus Emergency Department; predominantly staffed by law students and funded by Northeastern University law school. | Northeastern University School of Law | Judy Linden, MD  
Medical Director  
617-414-4537  
jlinden@bu.edu |
| **Child Witness to Violence**    | Counseling and referral                                                      |                                                                                          | Betsy Groves, LICSW                         |
C. Section Not Applicable to Hospitals

D. Notable challenges, accomplishments and outcomes

In the last fiscal year, major accomplishments of these programs of Boston Medical Center included:

- Interpreter services supported 148,000 patient visits
- The Shuttle Service provided rides to 103,602 patients and families
- 40,919 patients and their household members (an average of 3,500 monthly) received food from the Preventive Food Pantry. In 2005, the Pantry expanded access to include referrals from Family Medicine as well as outpatient cancer patients.
- 1,500 low-income people received free winter coats, hats, and gloves
- 1,361 men were screened for prostate cancer at sites throughout the Boston community
- 700 women were supported by Birth Sisters during pregnancy, childbirth, and early motherhood
- 200 pediatric patients with Failure to Thrive were served by the Grow Clinic
- 117 elderly, homeless men and women were housed and received intensive services through the Elders Living at Home Program.
- Our Breast Health Services program received the fourteenth annual Monroe E. Trout Premier Cares Award for helping breast cancer patients in the hospital’s multi-cultural community access care more effectively and efficiently. The Cares Award, sponsored by Premier and its not-for-profit member hospitals, recognizes exemplary efforts by community organizations to improve the health of the medically underserved.

VII. Next Reporting Year

Budgeted hospital expenses for programs denoted with (CB) above are $8,187,304. The goals of the above programs in fiscal year 2006 is to continue to provide effective and accessible services to vulnerable populations in the Boston community and to continue to expand efforts that deepen our relationship with the communities we serve. Project outcomes include numbers served, changes in health status, and patient satisfaction.

BMC’s goals in community programming in fiscal year 2006 are to continue to provide effective and accessible services to vulnerable populations in the Boston community and to continue to expand efforts that deepen our relationships with the communities we serve. We will continue to offer core services as described above. We will also be
placing increased emphasis on work with community-based organizations in the areas of perinatal care, cancer screening and education, and domestic violence services.

VII. Contact Information

Meredith Benedict
Director, Foundation Relations
Office of Development
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Boston, MA 02118
617/638-8978
meredith.benedict@bmc.org