Beth Israel Deaconess Medical Center - FY2012

Community Benefits Mission Statement

The mission of Beth Israel Deaconess Medical Center is to serve our patients compassionately and effectively, and to create a healthy future for them and their families. Our mission is supported by our commitment to personalized, excellent care for our patients; a workforce committed to individual accountability, mutual respect and collaboration; and a commitment to maintaining our financial health. The Medical Center is committed to being active in our community as well. Service to community is at the core...and an important part of our mission. We have a covenant to care for the underserved and to work to change disparities in access to care. We know that to be successful we need to learn from those we serve.

This Community Benefits mission is fulfilled by:

• Implementing programs and services in Greater Boston and Cape Cod to improve the current and future health status of medically underserved communities which are challenged by barriers in accessing and interacting effectively with the healthcare system, and impacted by other social determinants of health.

• Ensuring that all patients receive equitable care that is respectful and culturally responsive and that the medical center is welcoming and inclusive.

• Encouraging collaborative relationships with other providers and government entities to support and enhance rational and effective health policies and programs.

Target Populations

Name of Target Population	Basis for Selection	
Low income medically underserved in Greater Boston and Cape Cod Regions, medically underserved due to access barriers related to sexual orientation, gender identity, race, ethnicity, geographic distance.	Community health needs assessments; public health data available from government (MDPH, Boston Public Health Commission, federal agencies) and private resources (foundations, advocacy groups); BIDMC's areas of expertise.	

Publication of Target Populations

Not Specified

Hospital/HMO Web Page Publicizing Target Pop.

www.bidmc.org

Key Accomplishments of Reporting Year

• Supported increased capacity of primary care and OB/GYN practices at 7 affiliated health centers
• Increased community-based specialty care services, mammography, and CHC-based pharmacies.
• Continued efforts to provide care for diverse patients through Cancer Navigator, Interpreter Services, multilingual patient education and cultural competence initiatives
• Supported two statewide EOHHS Patient-Centered Medical Home pilot projects, including participation of three BIDMC-affiliated CHC sites
• Expanded Bowdoin Street Health Center's Healthy Food Equity Project
• Continued violence prevention and intervention programs in Bowdoin/Geneva neighborhood that dramatically decreased incidents of violence in area
• Implemented new case management services within CHCs, aligned with payment reform efforts, and focused on decreasing hospital re-admission rate.

Plans for Next Reporting Year
BIDMC's FY 2013 priorities will focus on improving the health status of the medically underserved by increasing access to primary and specialty care services both in the community and at the medical center. Through our collaborations with individual health centers, and collectively through the Community Care Alliance (BIDMC's seven affiliated health centers), we will address health disparities (related to race, ethnicity, sexual orientation/gender, and physical attributes) and implement targeted public health programs and chronic disease management programs. We will continue our efforts on implementing, strengthening, and leveraging the patient-centered medical home service delivery model to ensure coordinated, cost-effective, high quality care for our community. Emphasizing prevention and physical activity, we will continue to partner with our seven health centers to identify and address the underlying root causes and contributing factors hindering health and well-being in our community.

Community Benefits Process

Select Community Benefits Process

Community Benefits Leadership/Team
The Board of Directors has charged its permanent Community Benefits Committee with authority and oversight of activities to fulfill the mission of Community Benefits. Specifically, the responsibilities of the Committee are to:

"(i) recommend broad guidelines by which the Corporation's programs and policies serve its communities; (ii) make recommendations of policies and priorities with regard to programs that meet the health care needs of its communities; (iii) strengthen the integration of the corporation's community service activities, public health programs and its overall strategic planning efforts; (iv) review, at least annually, the extent and nature of the commitment of resources to programs targeted at improving the current and future health status of surrounding communities; (v) encourage collaborative relationships with other providers and government entities to support and enhance rational and effective public health policies and programs; (vi) discuss public policy issues and relevant legal and regulatory matters related to public health and community benefits and advise the Board of Trustees of the implications for the Corporation; and (vii) educate trustees, staff and the community about how the Corporation addresses its mission to focus on the health needs of its communities."

The membership of BIDMC's Community Benefits Committee aspires to be representative of the constituencies and target populations of our programmatic endeavors including those from diverse racial and ethnic backgrounds, age, gender, sexual orientation and gender identity, as well as those from corporate and non-profit community organizations. Senior management is actively engaged in the development and implementation of the Community Benefits plan, ensuring that hospital policies and resources are allocated to support planned activities.

It is not only the Board and senior leadership that are held accountable in fulfilling BIDMC's Community Benefits mission. Consistent with the medical center's core values is the recognition that the most successful community benefits programs are those that are implemented organization-wide and integrated into the very fabric of the medical center's culture, policies and procedures. It is not a stand-alone effort that is the responsibility of one staff or department but rather an orientation and value manifested throughout our structure, reflected in how we provide care here at the medical center and in affiliated practices in urban neighborhoods and rural areas.

Providing direction for our collective commitment and effort are The Community Benefits Guiding Principles that follow below. Adopted by a broad-based constituency of Board, senior leadership and staff, these principles provide the framework for the execution of the plan, spearheaded by the Director of Community Benefits. The Director is accountable to the Senior Vice President of Community Affairs, with direct access to the President/CEO. It is the responsibility of these three senior managers to ensure that community benefits is addressed by the entire organization and the needs of the underserved populations are considered every day in discussions on resource allocation, policies and program development. This is the structure and methodology employed to ensure that community benefits is not the purview of one office alone and to maximize the extent to which efforts across the organization are fulfilling the goals of community benefits.

Guiding Principles

I. Why?

Our community benefits program is designed to ensure that:

• Beth Israel Deaconess Medical Center is a good corporate citizen and, as a not-for-profit organization, fulfills its special obligation to serve the community.

• As a healthcare provider, our services improve the health status of the community.

• We remain true to the histories of Beth Israel and New England Deaconess Hospitals, each of which was particularly committed to the community service component of their multiple missions (clinical, research, teaching, community).

• The experiences of staff and providers at Beth Israel Deaconess Medical Center are enriched through opportunities to work with diverse patients, colleagues, and organizations.

II. What and for Whom?

• Community benefits calls for a particular focus on underserved populations. Individuals may be underserved due to the many factors that influence if and how one is able to access and interact effectively with the healthcare system, including income level, insurance status, health status, ethnicity, sexual orientation, gender, age, etc.

• A major focus is to ensure that Beth Israel Deaconess Medical Center is a welcoming and culturally competent organization for all patients and employees, including minorities and other populations traditionally underserved.

• Our efforts focus primarily, but not exclusively on health care, so that our financial resources are leveraged with our clinical, academic, and administrative strengths. The health care arena is where Beth Israel Deaconess Medical Center can have the greatest impact on the community.

III. How?

• We partner with community leaders and community-based organizations; they serve as links to the community and teachers of how we can better serve the populations they represent. In addition, we collaborate with a wide variety of organizations because healthcare services by themselves are not adequate to maximize improvement of health status.

• Improving the community's health requires more than clinical services. We look to public health, prevention, and other health-related approaches not traditionally provided by many acute care hospitals.

• Our commitment to the community benefits mission is as fundamental as our commitment to our patient care and academic missions. That is, rather than abandon any of these fundamental missions when budget restraints tempt us, we will constantly seek ways to fulfill all of them in as effective and efficient a manner as possible.

• Community benefits programs are most successful when implemented organization-wide, just as are quality and respect. Community benefits cannot succeed as a stand-alone activity. The importance of these principles and the efforts that result must be embraced by trustees, senior management and providers alike, as well as by the communities served.

Community Benefits Team Meetings
December 13, 2011
March 13, 2012
May 8, 2012
September 11, 2012

Community Partners
The Community Benefits Plan is developed in concert with community partners, based on community self-definition of particular health concerns and issues, and integrated with available data on public health indicators. In most circumstances, our

community collaborators are our seven affiliated health centers that collectively serve approximately 100,000 patients in 15 sites. These centers are:

- Bowdoin Street Health Center
- The Dimock Center
- Fenway Heath
- Joseph M. Smith Community Health Center
- Outer Cape Health Services
- Sidney Borum Jr. Health Services
- South Cove Community Health Center

In turn, each of these community health centers is part of a larger network of community-based health, social service and resident organizations, facilitating BIDMC's collaboration with these groups. The Diabetes Program at Bowdoin Street is an excellent example of how this process is successfully implemented. Originally begun as the Community Healthy Heart Partnership to address cardiovascular disease, Bowdoin's providers became increasingly concerned about the co-morbid condition of diabetes. By reconfiguring its chronic disease management program to include a focus on diabetes, Bowdoin established a relationship with the world renowned Joslin Diabetes Center and was subsequently chosen as one of four health centers to receive $1.2 million to develop "best practice" models of care for underserved patients with diabetes. The collaboration now includes input from community and specialty care providers as well as patients, community residents and a funding Foundation that is committed to bringing national resources to improving care for diabetes. Additional stakeholders' voices and resources have subsequently shaped Bowdoin's development of a Healthy Food Equity Strategic Plan to sustain the Farmer's Market and implement a Corner Store Initiative.

Other community constituencies are involved in the planning and execution of BIDMC's community benefits programming. BIDMC is an active participant in the Boston Alliance for Community Health (BACH). Joining with such grass-roots community groups and residents, the Boston Public Health Commission, Massachusetts Department of Public Health, and academic partners, we are striving to create a vision for both city-wide and neighborhood-based health improvement planning and action. Another important partnership is BIDMC's involvement with the Faith-Based Cancer Disparities Network. A coalition of 10 churches, the Black Ministerial Alliance, the American Cancer Society, and the Dana-Farber/Harvard Cancer Center (of which BIDMC is a founding member), we are collectively addressing the unequal burden of cancer within communities of color.

Community participation is an important operational component in many other medical center venues. Community voices resonate in the hospital-wide Patient and Family Advisory Council (PFAC) which joins existing PFACs in the Neonatal Intensive Care Unit (NICU), the Intensive Care Unit (ICU), the Universal Access Council and our Health Education Council. In all these groups, there is an intentional, deliberate strategy to ensure our many diverse communities—ethnic, racial, linguistic, physical ability, gender, age, sexual orientation/gender identity—are represented and included.

Other community partners with which BIDMC staff join in developing and implementing community benefits health improvement efforts include:
ABCD Parker Hill/Fenway Neighborhood Service Center
ABCD Health Services
AIDS Action Committee
Albert Schweitzer Fellowship Program
Allianza Hispanica
Alliance for the Mentally Ill
American Cancer Society
American Heart Association
American Parkinson Disease Association, MA chapter
American Stroke Association
Atrius/Harvard Vanguard
BAMSI (Brockton Area Multi-Service, Inc)
Barbara McInnins House
Bay Cove Human Services
Bird Street Community Center
BlueCross BlueShield of MA Foundation
Body by Brandy
Boston Alliance for Community Health

Boston Area Rape Crisis Center
Boston Career Link
Boston Center for Independent Living
Boston Center for Youth and Families-Street workers Program
Boston Collaborative for Food and Fitness
Boston Elder Info
Boston Emergency Medical Service
Boston Green Ribbon Commission/Healthcare sector
Boston Healthcare Careers Consortium
Boston Inspectional Services
Boston Living Center
Boston Natural Areas Network/Youth Conservation Corps
Boston Police Department
Boston Private Industry Council
Boston Public Health Commission
Boston Public Schools
Boston Red Sox Foundation
Boston Regional Domestic Violence Providers
Boston R.O.C.K.S Out City Program
Boston Senior Home Care
Boston Urban Asthma Coalition
Boston Visiting Nurses Association
Bottom Line
Bowdoin Geneva Alliance
Bowdoin Street Geneva Avenue Main Streets Program
Bowdoin Street Health Center
Boys and Girls Club of Dorchester
Brookline Health Department
Brookline Public Schools
Brookline Senior Center
Brookline Center
Buckle Up Boston
Bunker Hill Community College
Cambridge College
Cape Verdean Adult Day Health Program
Career Collaborative
Catholic Charities
Center for Community Health Education and Research (CCHER)
Child Witness to Violence Project
Children's Hospital Boston
College Bound Dorchester
Combined Jewish Philanthropies
Commonwealth Corporation
Community Care Alliance
Teaching Hospitals
Dorchester Environmental Health Coalition
Community Servings
Compass School
Cradles to Crayons
CVC Unido
Conference of Boston Dorchester Youth Collaborative
Dana-Farber Cancer Institute
Dana Farber/Harvard Cancer Center
Dorchester Bay Economic Development Corporation
Dorchester CARES
Dream Big!
Ecumenical Social Action Committee

EPA New England
Evercare
Ethos
Family Table
Family Nurturing Program
Fenway Health
Fenway Community Development Corporation
Fenway High School
Fitness in the City
Friends of Geneva Cliffs
Friendship Works
Gay Men's Domestic Violence Program
Geneva Avenue Head Start
GOTCHA (Get Off The Corner Hanging Around) Youth Summer Program
Guardian Medical Companions
GLAD
GLBT Domestic Violence Coalition
Greater Boston Environmental Justice Network
Greater Bowdoin/Geneva Neighborhood Association
Greater Four Corners Action Collaborative
Harvard CATALYST
Harvard Cooperative Program on Aging
Harvard Medical School
Harvard School of Public Health
Health Care for All
Healthcare Without Harm
Health Resources in Action
Healthy Homes Partnership
Hearth
Hebrew Senior Life
HIV Dental Program
HomeStart
Hospitality Homes
Hyde Square Task Force
International Institute of Boston
Jane Doe, Inc.
Jewish Children's and Family Services
Jewish Community Housing for the Elderly
Jewish Community Relations Council
Jewish Domestic Violence Coalition
Jewish Vocational Services
JFI Health Law Institute
John D. O'Bryant School of Math and Science
Joseph M. Smith Community Health Center
Justice Resource Institute
Joslin Diabetes Center
Kit Clark Senior Services
Latino Health Institute
Lead Action Collaborative
Lend-A Hand Society
Leventhal Sidman Jewish Community Center
Louis D. Brown Peace Institute
Massachusetts Attorney General Office
Massachusetts Commission for the Blind
Massachusetts Comprehensive Cancer Control Coalition
Massachusetts Commission for the Deaf and Hard of Hearing
Massachusetts Department of Developmental Services

Massachusetts Department of Children and Families
Massachusetts Department of Public Health
Massachusetts Department of Transitional Assistance
Massachusetts Division of Medical Assistance
Massachusetts Executive Office of Health and Human Massachusetts Hospital Association
Massachusetts Immigration and Refugee Advocacy Coalition
Massachusetts League of Community Health Centers
Massachusetts Prostate Cancer Coalition
Massachusetts Rehab Commission
Massachusetts Workforce Investment Board
MassCONECT
Mattapan Collaborative for Food and Fitness
Mayhim Hayim
Mayor's Office of Jobs and Community Services
Medical Academic and Scientific Community Organization, Inc. (MASCO)
Millennium Training Institute
Mission Hill Main Streets Elder Friendly Business Initiative
Mission Hill Youth Collaborative
Multicultural Coalition on Aging
National Parkinson Foundation
Neighborhood Diabetes Program
Neighborhood Health Plan
Newton Senior Center
New England Baptist Hospital
Northeastern University
Operation ABLE
Outer Cape Health Services
Parkinson Support Network of Cape Cod
Partnership for Community Health
Pathways to Wellness
Peterborough Senior Center
Project H.O.P.E.
Project Bread/Food Source Hotline
Reach Out and Read
Rock, Roll & Ride/BCYF Recreation Commission
Roxbury Community Alliance for Health
SAGE-Boston (Stop Abuse Gain Empowerment)
Salvation Army
Second Step
Sexual Assault Nurse Examiner Program
Sidney Borum Jr. Health Center
Silent Spring Institute
Sociedad Latina, Inc.
South Cove Community Health Center
St. Peter's Church
St. Peter's Teen Center/Catholic Charities
Solutions at Work
Span
Sportsman's Tennis Club
Squashbusters
St. Mary's Center for Women and Children
Steps to Success
Street Safe Boston
Strongest Link
Suffolk Law School Battered Women's Advocacy Clinic
Suffolk County District Attorney's Office
Teen Empowerment

The Boston Foundation
The City School
The Dimock Center
The Food Project
The Partnership, Inc.
The Work Place
Tri-Cap
UMASS Boston
United Cerebral Palsy
Uphams Corner WIC
Victims Rights Law Center
Vietnamese American Civic Association
Yad Chesed
YMCA Black Achiever's Program
YMCA Training, Inc.

Community Health Needs Assessment

Date Last Assesment Completed and Current Status

Beth Israel Deaconess Medical Center's Community Benefits program is predicated on the notion of partnership and dialogue with its many communities. Our understanding of these communities' needs is derived from discussions with, and observations by, healthcare and health-related workers in the neighborhoods as well as more formal assessments through available public health data, focus groups, surveys, etc. These data are then augmented by demographic and health status information gleaned from a variety of sources including The Massachusetts' Department of Public Health, The Boston Public Health Commission, federal resources such as the Institute of Medicine, and Centers for Disease and Prevention, and review of literature relevant to a particular community's needs.

The articulation of each specific community's needs (done in partnership between Beth Israel Deaconess Medical Center and community partners) is used to inform our decision-making about priorities for community benefits efforts. Following the Guiding Principles described above, for each priority area, we work in concert with community residents and leaders to design specific actions to be undertaken each year. Each component of the plan is thus developed and eventually woven into the annual goals and agenda for the medical center's Community Benefits Plan that is adopted by the Board of Director's Community Benefits Committee.

Summary of Findings

The community partners with which Beth Israel Deaconess Medical Center works most closely are our seven affiliated community health centers (CHC). The 2009 Needs Assessment conducted with these collaborators provides the foundation for our work plan that is reviewed and updated annually with the CHC administrative and clinical leadership. The major findings articulated systems-level needs and strategies to optimize the health of underserved communities by strengthening our vertically-integrated system of care. To deliver quality care across the continuum of settings, the needs assessment supported:

• Building the capacity of the CHC's through recruitment, retention, and education of a skilled, linguistically and culturally competent workforce (providers and staff); capital infrastructure needs; and quality improvement initiatives;
• Ensuring access to specialty and Emergency Department care at BIDMC;
• Enhancing health information exchange processes and technologies;
• Expanding community-based residency training and research opportunities
• Conjointly developing population-based public health improvement strategies and programs;
• Supporting efforts to position BIDMC/CHC for new models of health care delivery and payment reform associated with state and federal health care reform.

This systems-level analysis facilitates clinical quality improvement efforts that help patients navigate care from the community to the hospital and back, and enhance communication between providers, resulting in safer and better health outcomes. With the implementation of the Commonwealth's historic health care reform legislation, the CHCs underscored the urgency for CHC and BIDMC to participate in all insurance products so continuity of care is not disrupted. The recommendations informed by the needs assessment speak to clinical, administrative and fiscal

efficiencies and economies of scale as well as the safer and more effective health outcomes that derive from the vertical integration of the health care delivery system jointly crafted over three decades of working together.

While the CHC needs assessment detailed systems-level needs, BIDMC has also conducted targeted assessments that address specific population needs that contribute to the community benefits plan. Examples of these assessments include:

• Healthy Food Access Project: The unprecedented rates of obesity (58%), hypertension (22%), and diabetes (8%) of adults living in the North Dorchester area prompted Bowdoin Street Health Center (BSHC) to develop a Healthy Food Equity strategic plan based on a comprehensive needs assessment. In the Bowdoin-Geneva neighborhood where more than one-third of households are car-free, there are no full-service grocery stores and limited places for residents to purchase fresh produce. Like other small corner market enterprises, the 11 food/convenience stores are not equipped to store and sell fresh, healthy foods but rather carry lower-priced pre-packaged foods. Recommendations currently being implemented include: sustaining BSHC's Farmer's Market, launching a Corner Store Initiative; and enhancing education about healthy eating.

• The Latino Health Needs Assessment: a collaborative undertaking of BIDMC, the Latino Health Institute and seven Latino community-based organizations that included focus groups and health data analysis, culminating in a major symposium to develop an Action Agenda. Several program initiatives derive from this assessment and planning process including BIDMC's Latino mental health team and Sobremesa, the city's only networking group for Spanish speaking mental health clinicians that meets quarterly at BIDMC.

• The Parkinson Support Network (PSN) of Cape Cod: BIDMC forged an alliance of three major healthcare providers, local community-based organizations (senior-serving organizations, hospice) and individuals/families living with Parkinson Disease (PD) to complete a needs and resource assessment of PD programs on Cape Cod. And area with a documented burden of disease, the Cape region is woefully underserved, particularly in education, psychosocial support and wellness/exercise programming. The PSN now offers quarterly and annual educational symposiums; started a new support group in Barnstable (so there are now support groups in each of the four areas of the Cape); and provides wellness activities including dance and choral singing.

• Community Benefits Strategic Planning Process: In 2009 BIDMC completed the first phase of a multi-pronged strategic planning process. Phase I included key informant interviews with BIDMC Board members, Chiefs of Service and senior leaders as well as Community Health Center executive directors and community leaders. Recommendations of this study are integrated into the community Benefits Plan, including enhance integration of services between the medical center and community so we truly offer a seamless continuum of care for patients that is safe, equitable, efficient, effective, and of the highest quality; recognize the crisis in primary care by encouraging medical students/residents to pursue careers in primary care, expose residents to community health experience during their training; frame the delivery of health care as not only caring for individuals but also healthy communities by addressing social determinants of health and incorporating more of a preventative/wellness orientation.

Targeted assessments such as these, in concert with ongoing dialogue with community-based organizations and the various quantitative demographic and health data publicly available drive the direction of our public health program priorities. Of special note is the work with the Health Equity Task Force and Boston Public Health Commission work groups collectively execute public health initiatives such as the city-wide H1N1 vaccination program undertaken in 2010. Similarly, BIDMC is a strong collaborator with the Commonwealth's Executive Office of health and Human Services and the Massachusetts league of community Health Centers in two Patient-Centered Medical Homes (PCMH) Projects, aimed at transforming the way health care is delivered and reimbursed. Several of BIDMC's affiliated health Center re implementing the PCMH model as is BIDMC's ambulatory Health Care Associates department.

Massachusetts landmark health care reform legislation also informs our understanding of the communities' health needs and directs our community benefits plan. Despite published rates of less than 5% of Massachusetts residents being uninsured, according to the Uniform Data System Calendar Year 2011 Massachusetts report, the rate of uninsured patients remains high. On average, one out of every four or five health center patients are uninsured. BIDMC remains committed to ensuring that these uninsured patients have access to care, and as such, BIDMC remains actively engaged at the community/local and state levels.

Consultants/Other Organizations

Not Specified

Data Sources

Community Focus Groups, Hospital, Consumer Group, Interviews, MassCHIP, Public Health Personnel, Surveys, CHNA

Select Community Benefits Programs

Diabetes Chronic Disease Management Programs

Brief Description or Objective	With more than 50% of disease attributable to health behaviors, BIDMC and our CHC providers collaborate on interventions to promote positive behavior change and eliminate barriers to adopting healthier lifestyles. The Bowdoin Street Health Center's (BSHC) Diabetes Initiative is a comprehensive care management program, caring for more than 600 adults diagnosed with diabetes through individual appointments, group medical visits, self-care management visits, exercise and behavioral health programs. Bowdoin was Boston's first health center to earn recognition by the American Diabetes Association. BIDMC also supports Joseph M. Smith CHC's (JMSCHC) Live and Learn Diabetes Program, including a collaboration with The Joslin Clinic for both JMSCHC and BSHC patients.
Program Type	Direct Services,Outreach to Underserved
Target Population	• **Regions Served:** Boston, Waltham • **Health Indicator:** Other: Cardiac Disease, Other: Diabetes, Overweight and Obesity • **Sex:** All • **Age Group:** All Adults • **Ethnic Group:** Asian, Black/African American, Hispanic/Latino • **Language:** English , Haitian Creole , Portuguese , Spanish , Vietnamese

Goals

Statewide Priority: Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
Target is 95% of patients with DM will test HbA1c < 9	82% of patients achieved targeted goal
Target is 83% of patients with DM, age 18-75 will have one HbA1c test/ year	91% of patients had one HbA1c test
Target is 85% of patients with DM, age 18-75, will have LDL-C screening/ yr.	97% of patients had LDL-C screening
Target is 72% of DM patients will have one eye exam/ yr	74% of patients had eye exam
Collaboration with The Joslin Clinic sustained at BSHC and JMSCHC	Joslin continues involvement with both health centers

Partners

Partner Name, Description	Partner Web Address
Bowdoin Street Health Center, 230 Bowdoin St, Dorchester, MA 02122, contact: Adela Margules, 617-754-0200	
Joslin Clinic, One Joslin Place, Boston, MA 02215, contact: 617-713-3419	www.joslin.harvard.edu
Joseph M. Smith Community Health Center, 287 Western Avenue, Allston, MA 02134; contact Elizabeth Browne, 617-783-0500	

Contact Information	Nancy Kasen, Beth Israel Deaconess Medical Center, Office of Community Benefits 330 Brookline Avenue Boston, Ma 02215 617-667-2602 , nikasen@bidmc.harvard.edu
Detailed Description	Not Specified

Latino Mental Health Service

Brief Description or Objective	In response to the Latino Health Needs Assessment and Planning Process, BIDMC established the Latino Mental Health Service. In addition to providing individual and group psychotherapy, and psychopharmalogic services, the Latino Mental Health Service also sponsors Sobremesa, the City's only networking and educational forum for Spanish-speaking mental health professionals.
Program Type	Community Participation/Capacity Building Initiative,Direct Services,Health Professional/Staff Training,Outreach to Underserved,Physician/Provider Diversity
Target Population	• **Regions Served:** County-Middlesex, County-Norfolk, County-Suffolk • **Health Indicator:** Mental Health • **Sex:** All • **Age Group:** All Adults • **Ethnic Group:** Hispanic/Latino • **Language:** Spanish

Goals
Statewide Priority: Address Unmet Health Needs of the Uninsured, Reducing Health Disparity

Goal Description	Goal Status
Provide culturally competent mental health services to Latino patients and their families	Provided 1,136 individual and group psychotherapy visits and psychopharmacologic visits
Provide educational and networking opportunities for bilingual/bicultural mental health clinicians	Provided quarterly Sobremesa networking sessions; each session was attended by about 30 clinicians

Partners

Partner Name, Description	Partner Web Address
A network of bilingual/bicultural Latino mental health clinicians and outreach workers	

Contact Information	Nancy Kasen Beth Israel Deaconess Medical Center 330 Brookline Avenue Boston, MA 02215 617-667-2602, nikasen@bidmc.harvard.edu
Detailed Description	Download/View Attachment(15.42 KB) File Name: sobremesa flier.docx

Violence Intervention Program in Bowdoin/Geneva Neighborhood

Brief Description or Objective	After years of unchecked violence and gang-related activity in the Bowdoin/Geneva neighborhood, FY 12 saw fewer incidents and a growing sense of hope. Over the past three years, Bowdoin Street Health Center has joined with St. Peter's Teen Center to lead the Violence Intervention and Prevention (VIP) program of the Boston Public Health Commission. VIP's goals are to organize and engage residents in building a sense of community, knowing your neighbor, and identifying environmental issues (the "broken window theory"). The VIP outreach team includes five resident Block Captains, engaged in a door-to-door campaign in these community-organizing activities. A particular focus of VIP are middle school-aged youth (of which there are 600 in the B/G neighborhood) to ensure that they have access to after-school and summer programs as well as health services. In FY 2012, the Bowdoin Geneva Alliance (BGA) was convened to bring together local service providers to identify unmet needs and to learn new ways of working together. The BGA has also sponsored a Resource Fair and developed a Resource Guide to help local residents with jobs and housing, both key factors in creating a safer neighborhood. To aid in these kinds of efforts, Mayor Menino designated departmental representatives to form a Neighborhood Response Team (NRT) that meets bi-

	weekly with residents and community groups. Together, they conduct neighborhood “walk-arounds” to address problems. Additionally, the Boston Globe embedded reporters for several months resulting in a five part series entitled 68 Blocks, which highlights the violence that plagues the neighborhood and the activities (i.e., community garden, block parties, etc.) to build cohesion.
Program Type	Community Participation/Capacity Building Initiative,Direct Services,Outreach to Underserved,Prevention,Support Group
Target Population	• **Regions Served:** Boston-Dorchester • **Health Indicator:** Injury and Violence • **Sex:** All • **Age Group:** All Adults, All Children, Child-Teen • **Ethnic Group:** Asian, Black/African American, Hispanic/Latino • **Language:** Cape Verdean Creole , English , Haitian Creole , Portuguese , Spanish , Vietnamese

Goals
Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Create sense of community and engagement to decrease violence	Implemented door-to-door campaign with neighborhood captains
Identify environmental issues that diminish community sense of ownership	Act on "broken window theory" and address neglected housing, trash, abandoned cars, etc
Host Healing Services, especially after incidents of violence	Seven healing services held, attended by hundreds of residents.

Partners

Partner Name, Description	Partner Web Address
Boston Public Health Commission	www.bphc.org
Safe Streets Streetworkers, Boston Police Department	
Community residents and local businesses including the Bowdoin/Geneva Main Streets Program	
St Peters Teen Center, Dorchester, MA	

Contact Information	Adela Margules Bowdoin Street Health Center 230 Bowdoin Street Dorchester, MA 02122 617-667-2602, amargule@bidmc.harvard.edu
Detailed Description	Download/View Attachment(14.67 KB) File Name: Healing Services Held.docx

Healthy Food Equity Project

Brief Description or Objective	Obesity has reached epidemic levels and disproportionately affects low-income African-American, Caribbean Islanders and Latino communities. The Boston Public Health Commission found that 64% of adults living in Dorchester are overweight or obese, increasing the risk of diabetes, high blood pressure, heath disease, stroke, asthma, arthritis and certain cancers. Bowdoin Street’s assessment of healthy, affordable food options revealed no full-service supermarkets in the neighborhood but rather small corner stores not equipped to store and sell fresh fruits and vegetables. Bowdoin’s Health Food Equity plan articulated three strategies to provide access to healthier food choices: sustaining a weekly Farmer’s Market during the spring-autumn months; launching a Healthy Corner Store Initiative to work with local vendors on profitably supporting different food choices; and implementing a community education campaign. Key to the Healthy Food Equity Project are the Healthy Champions—a cadre of

	youth who created a community garden, sold their produce at the Farmer's Market, and who educated their peers and families about healthier eating habits. This year, staff from BIDMC continued to support Bowdoin Street's Farm to Family Program, a CSA (Community Supported Agriculture) project. CSA shares were purchased, resulting in a subsidy to underwrite a weekly carton of fresh fruits and vegetables for a local family. FY 2012 demonstrated an 18% growth in overall participation, with 87% volunteering to subsidize shares for low income families. In addition to increasing the volume of shares and subsidies, in FY 2012, the Farmers market began offering certified organic produce and eggs, selling seafood including whole and filleted fish, as well as shellfish, and was able to accept debit and credit cards to ease payment. Seven special events held at the market targeting community sub-groups (WIC and neighborhood kids, seniors, families with school-aged children) increased visibility and healthy lifestyle education opportunities.
Program Type	Community Health Needs Assessment,Community Participation/Capacity Building Initiative,Prevention
Target Population	• **Regions Served:** Boston-Dorchester • **Health Indicator:** Other: Cardiac Disease, Other: Diabetes, Other: Nutrition, Other: Stroke, Overweight and Obesity • **Sex:** All • **Age Group:** All • **Ethnic Group:** Asian, Black/African American, Hispanic/Latino, White • **Language:** All

Goals

Statewide Priority: Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
Expand Healthy Champions Program	Youth participated in Healthy Champions program, tending garden, participating in Farmer's Market, working with local restaurants on "special Healthy Champions menus," educated peers and adults on healthy eating habits.
Provide access to fresh fruits and vegetables	Farmer's Market held weekly from June through September; implemented CSA program involving 97 shares sold and 84 families receiving subsidized cartons of fruits and vegetables
Implement Healthy Corner Store Initiative	Institutionalized the marketing of healthy food options in "corner store" in the Bowdoin Geneva neighborhood.

Partners

Partner Name, Description	Partner Web Address
Boston Public Health Commission	www.bphc.org
Boston Food Project	www.thefoodproject.org

Contact Information	Adela Margules Bowdoin Street Health Center 230 Bowdoin Street Boston, MA 02122, amargule@bidmc.harvard.edu
Detailed Description	Download/View Attachment(920.96 KB) File Name: Farm to Family 2012_inforeg.pdf

Community Based Primary and Specialty Care

Brief Description or Objective	BIDMC believes that community health centers (CHC) are in a unique position to provide accessible primary care and specialty services to medically underserved diverse inner city and

	rural communities. These health centers understand the needs and cultural sensitivities of their communities and know best how to translate them into effective programs. BIDMC is committed to strengthening the capacity of its seven affiliated CHCs including: Bowdoin Street, Dimock, Fenway, Joseph M. Smith, Outer Cape, Sidney Borum and South Cove. The partnership takes many forms: recruitment, retention, financial support and credentialing of physicians and mid-level providers; BIDMC admitting privileges and access to managed care contracts; Harvard Medical School appointments and teaching opportunities; and BIDMC-sponsored educational programs and access to Up-to-Date. BIDMC's commitment to community-based care translates into a growing number of specialists providing care at CHCs, and a range of procedures (e.g. high-resolution anoscopy) and ancillary services (radiology) performed on-site. In addition to clinical expertise, BIDMC also makes available to health centers a wide array of administrative support services which include marketing, public relations, information systems, legal, purchasing, human relations and program development assistance.
Program Type	Direct Services,Health Coverage Subsidies or Enrollment,Health Professional/Staff Training,Health Screening,Outreach to Underserved,Physician/Provider Diversity,Prevention
Target Population	• **Regions Served:** Boston, Provincetown, Quincy, Waltham, Wellfleet • **Health Indicator:** Access to Health Care, Immunization, Injury and Violence, Mental Health, Other: Alcohol and Substance Abuse, Other: Alzheimer Disease, Other: Asthma/Allergies, Other: Bereavement, Other: Cancer, Other: Chronic Pain , Other: Cultural Competency, Other: Diabetes, Other: Domestic Violence, Other: Family Planning, Other: Hepatitis, Other: HIV/AIDS, Other: Hypertension, Other: Language/Literacy, Other: Lead Poisoning, Other: Nutrition, Other: Parkinson's Disease, Other: Pregnancy, Other: Public Safety, Other: Pulmonary Disease/Tuberculosis, Other: Rape, Other: Safety, Other: Sexually Transmitted Diseases, Other: Sickle Cell Disease, Other: Smoking/Tobacco, Other: Stroke, Other: Uninsured/Underinsured, Overweight and Obesity, Responsible Sexual Behavior, Substance Abuse, Tobacco Use • **Sex:** All • **Age Group:** All Adults, All Children • **Ethnic Group:** Asian, Black/African American, Hispanic/Latino, White • **Language:** Cape Verdean Creole , Chinese , English , Haitian Creole , Other , Portuguese , Russian , Spanish , Vietnamese

Goals

Statewide Priority: Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity, Supporting Healthcare Reform

Goal Description	Goal Status
Increase number of patients receiving primary care, OB/GYN and specialty care at affiliated CHCs	Patients served increased by 2%.New South Cove Community Health Center site opened in Quincy
Increase number of specialists practicing at CHC sites	New specialty services added include radiology, podiatry, and orthopedics
Increase number of residents with CHC preceptor	Numbers of resident sessions increased from 53 to 56, preceptors continue to be compensated.
Increase capacity of CHC pharmacies	New pharmacy added at Joseph M. Smith Community Health Center in Waltham.

Partners

Partner Name, Description	Partner Web Address
Bowdoin Street Health Center, 230 Bowdoin Street, Dorchester, MA 02122	
Fenway Health, 1340 Boylston Street, Boston, MA 02215	www.fenwayhealth.org
The Dimock Center, 55 Dimock	www.dimock.org

Street, Roxbury, MA 02119	
Joseph M. Smith Community Health Center, 287 Western Avenue, Allston, MA 02134	www.jmschc.org
Outer Cape Health Services, PO Box 1944, North Eastham, MA 02651	www.outercape.org
Sidney Borum Jr. Health Center, 130 Boylston Street, Boston, MA 02116	www.sidneyborum.org
South Cove Community Health Center, 145 South Street, Boston, MA 02111	www.scchc.org

Contact Information	Nancy Kasen 330 Brookline Ave, BR 27 Boston, MA 02215, nikasen@bidmc.harvard.edu
Detailed Description	Not Specified

Community Care Alliance Network

Brief Description or Objective	In 1997, BIDMC was instrumental in helping its seven-affiliated health centers form a new network called Community Care Alliance (CCA). By collaborating together on clinical and administrative issues, CCA helps its members continue to provide high-quality, cost-effective healthcare services by collectively contracting for services and funds, as well as sharing resources and expertise for the benefit of their patients and communities. With formal recognition by the federal government through the Health Resources and Services Administration's (HRSA) Health Center Controlled Network Initiative (HCCN), CCA has received financial and technical assistance support for system-wide infrastructure enhancements as well as integrated clinical programming. Beth Israel Deaconess Medical Center's Community Benefits staff are actively engaged in managing and participating in these network activities.
Program Type	Community Education,Community Health Needs Assessment,Direct Services,Health Coverage Subsidies or Enrollment,Health Professional/Staff Training,Health Screening,Mentorship/Career Training/Internship,Outreach to Underserved,Physician/Provider Diversity,Prevention
Target Population	• **Regions Served:** Boston, Provincetown, Quincy, Waltham, Wellfleet • **Health Indicator:** Access to Health Care, Immunization, Injury and Violence, Mental Health, Other: Cultural Competency, Other: Uninsured/Underinsured • **Sex:** All • **Age Group:** All Adults, All Children • **Ethnic Group:** Asian, Black/African American, Hispanic/Latino, White • **Language:** Cape Verdean Creole , Chinese , English , Haitian Creole , Other , Portuguese , Russian , Spanish , Vietnamese

Goals
Statewide Priority: Address Unmet Health Needs of the Uninsured, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
Identify opportunities for administrative and fiscal savings	Continue monthly regulatory OIG review for all CHC personnel; continue Facebook page and support CHC efforts to learn and utilize social media
Administer ASK developmental evaluation program	Continued to provide monthly developmental assessments at two health centers for school-aged children with learning and behavioral issues
Conduct "Mystery Shopping" to address QI issues around access and patient experience.	Mystery shopped ten clinics monthly with reports back to CHC managers. Completed 110 surveys.

Partners

Partner Name, Description	Partner Web Address
Fenway Health	www.fenwayhealth.org
South Cove Community Health Center	www.scchc.org
Outer Cape Health Services	www.outercape.org
The Dimock Center	www.dimock.org
Bowdoin Street Health Center	www.bidmc.org
Sidney Borum Jr. Health Center	www.sidneyborum.org
Joseph M. Smith Community Health Center	www.jmschc.org
Children's Hospital Boston	www.childrenshospital.org

Contact Information	Nancy Kasen, Managing Director CCA, 330 Brookline Ave, BR 270 Boston, MA 02215 617-667-2602, nikasen@bidmc.harvard.edu
Detailed Description	Download/View Attachment(1782.18 KB) File Name: cca brochure_11_30_11.pdf

Patient-Centered Medical Home

Brief Description or Objective	The Patient-Centered Medical Home (PCMH) model is touted as key to ensuring quality, effective and cost-efficient care, organized around patients' needs, learning styles, and preferences. As we strive to provide "the right care at the right time in the right setting by the right provider," both our CHC and BIDMC's ambulatory primary care (HCA) sites are actively engaged in comprehensive and intense practice transformation activities. BIDMC has partnered with the Massachusetts Executive Office of Health and Human Services (EOHHS) and the Massachusetts League of CHCs in two initiatives to support implementation of the PCMH within our CHC and HCA practices. The first pilot involved 14 CHC sites in collaboration with the Commonwealth Fund, providing the foundation for EOHHS' spread of the PCMH to an additional 30+ primary care practices. In 2011, Bowdoin Street Health Center earned recognition by the National Committee on Quality Assurance as a Level 3 PCMH, the highest accreditation level. In 2012, South Cove Community Health Center applied for a Level 3 PCMH at its Washington Street location (received in CY 2013). Additionally, BIDMC's Bowdoin Street Health Center, HCA, and The Dimock Center are partnering with Harvard Medical School on PCMH training for medical students and residents.
Program Type	Direct Services
Target Population	• **Regions Served:** Boston, Waltham • **Health Indicator:** All • **Sex:** All • **Age Group:** All Adults, All Children • **Ethnic Group:** All • **Language:** All

Goals
Statewide Priority: Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
Support the Commonwealth Fund's PCMH Project for 14 sites in MA	All pilot sites have implemented PCMH to varying degrees; all now participating in expanded EOHHS pilot.
Seek NCQA recognition as a Level 3 PCMH for Bowdoin Street Health Center	Bowdoin Street remains a Level 3 NCQA certified medical home

Partners

Partner Name, Description	Partner Web Address

Joseph M. Smith Community Health Center	www.jmschc.org
Bowdoin Street Health Center	www.bidmc.org
Fenway Health	www.fenwayhealth.org
Massachusetts League of Community Health Centers	www.massleague.org
Executive Office of Health and Human Services	www.mass.gov
South Cove Community Health Center	www.scchc.org
The Dimock Center	www.dimock.org

Contact Information	Nancy Kasen 330 Brookline Avenue, BR 270 Boston, MA 02215, nikasen@bidmc.harvard.edu
Detailed Description	Not Specified

Parkinson Support Network of Cape Cod

Brief Description or Objective	The Parkinson Support Network of Cape Cod (PSN) is an alliance of individuals/families living with Parkinson disease (PD), health care providers, and senior serving institutions to bring much-needed services and programs to Cape Cod residents. Based on a needs assessment and resource inventory, the PSN is committed to building a Cape-wide coordinated and comprehensive network that stimulates educational programs, access to up-to-date information about PD, psychosocial support services, and specialized exercise and wellness programs.
Program Type	Community Education,Community Health Needs Assessment,Community Participation/Capacity Building Initiative,Direct Services,Outreach to Underserved,Support Group
Target Population	• **Regions Served:** Other-Cape and Islands • **Health Indicator:** Other: Parkinson's Disease • **Sex:** Female, Male • **Age Group:** All Adults • **Ethnic Group:** All • **Language:** English

Goals
Statewide Priority: Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Build suitable coalition with shared vision, mission and workplan	Organizational structure solidified with statement of mission, vision, Board recruitment and Operating Guidelines adopted
Host Spring Fling! Dinner Dance to provide opportunities for socialization	Event held with 85 guests on May 20, 2012
Sponsor wellness/exercise programs	Offered dance, drumming, and choral group singing classes
Implement educational series for Cape residents	Five education sessions (November 9th, October 20th, September 14th, July 13th, and May 11th) were offered via WebEx and in Hyannis

Partners

Partner Name, Description	Partner Web Address
Cape Cod Healthcare	www.capecodhealth.org
Spaulding Rehab, Sandwich, MA	www.spauldingrehab.org
American Parkinson	www.apdama.org

Disease Association, MA chapter	
Boston University Parkinson Disease Center	www.bumc.bu.edu/parkinsonsdisease
Parkinson's Support Network of Cape Cod	www.parkinsonscapecod.org

Contact Information	Nancy Kasen 330 Brookline Ave, BR 270 Boston, MA 02215, nikasen@bidmc.harvard.edu
Detailed Description	Not Specified

Reducing disproportionate burden of cancer in communities of color

Brief Description or Objective	As a Cancer Center of Excellence recognized by the American College of Surgeon's Commission on Cancer, BIDMC is a leader in translating bench science into clinical care and community practice—"bench to trench." Community-based prevention and screening programs include events such as skin-cancer screenings and mobile mammography as well as support of community health fairs. In FY 12, BIDMC again participated in a Department of Public Health/American GI Association free screening event in which four uninsured patients received free colonoscopies. BIDMC participates in the Faith-Based Cancer Disparities Network, facilitating the educational and outreach programs within 10 churches and the Black Ministerial Alliance. In FY 12, over 150 church members participated in a three session health education program which addressed many of the risk factors associated with obesity. In an eight month span, the following results were noted: an overall decrease in the participants BMI, inclusion of health related topics during worship and other church related events and policy changes to eliminate the use of sugar sweetened beverages at church related meetings. When cancer specialty care or inpatient hospitalizations are necessary, BIDMC offers the services of Patient Navigators (Chinese and Latina albeit serve other ethnicities also) who bridge the gulf between community providers and the medical center. To provide support for our Patient Navigators, BIDMC sponsors a city-wide Patient Navigator Network that meets quarterly for education and support. Often times hearing from others "in the same boat" can be very therapeutic and BIDMC offers numerous groups on-site as well as Tea Time (for Chinese women with breast cancer) and Latinas with Cancer. BIDMC also supports the Mayor's Cancer Crusade that provides transportation for Boston residents for treatment sessions and support groups.
Program Type	Direct Services,Health Screening,Outreach to Underserved,Prevention,Support Group
Target Population	• **Regions Served:** Boston, Quincy, Waltham • **Health Indicator:** Other: Cancer, Other: Uninsured/Underinsured, Tobacco Use • **Sex:** All • **Age Group:** All Adults • **Ethnic Group:** All • **Language:** All

Goals
Statewide Priority: Address Unmet Health Needs of the Uninsured, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
Support the Mayor's Cancer Crusade Transportation Program	Provide annual subsidy to the Mayor's Cancer Crusade to provide transportation for Boston residents to treatment and support groups
Increase number of mammograms in CHCs and mobile van	Continued to provide screening at CHCs and on van; exploring possibility of providing radiologist services at Fenway Health and Outer Cape Health Services to enable on-site mammography services
Collaborate with Faith Based Cancer Disparities Network	Over 150 church members participated in a three session health education Enrolled 123

	church members in weekly exercise program. Implemented Zumba and Yoga at the Bethel African Methodist Episcopal Church.
Coordinate and host city-wide Patient Navigator Network	Quarterly luncheons held for networking support and education to city-wide cancer navigators.
Provide cancer support groups	Continued Tea Time group for Chinese women with breast cancer and Latinas with Cancer group.
Offer cancer navigators	Latina and Chinese Cancer Navigators provided service to more than 871 patients in FY 12
Participate in DPH/American GI Association free colonoscopy screening day	Provided free colonoscopy screening for four uninsured men and women

Partners

Partner Name, Description	Partner Web Address
Dana Farber/Harvard Cancer Center	www.cancerdisparities.org
American Cancer Society	www.cancer.org
Boston Public Health Commission	www.bphc.org
Massachusetts Department of Public Health	www.mass.gov

Contact Information	Nancy Kasen 330 Brookline Avenue, BR 270 Boston, MA 02215, nikasen@bidmc.harvard.edu
Detailed Description	Download/View Attachment(1498.81 KB) File Name: faith based walking.pdf

Access to care for the uninsured and underinsured

Brief Description or Objective	Massachusetts' landmark health care reform law has proven to be a boon to the estimated 475,000 uninsured in the Commonwealth with more than 98% of residents now participating in insurance products. Despite health care reform, roughly one in five (21.3%) patients seen at a Massachusetts health center is uninsured according to the CY 2011 UDS data. For many who continue to be without coverage, they may qualify for assistance from the Health Safety Net Program, a fund to which BIDMC makes a significant annual contribution. A team of financial benefits counselors work with uninsured and underinsured patients to facilitate access to entitlement programs through the Virtual Gateway, while Medication Assistance Councilors aid patients with obtaining no-cost pharmaceutical prescriptions. BIDMC also maintains a free-care pharmacy to help needy patients until other resources are available.
Program Type	Direct Services,Health Coverage Subsidies or Enrollment,Outreach to Underserved
Target Population	• **Regions Served:** All Massachusetts • **Health Indicator:** Access to Health Care • **Sex:** All • **Age Group:** All Adults, All Children • **Ethnic Group:** All • **Language:** All

Goals
Statewide Priority: Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
Subsidize Health Safety Net	Annual contribution to HSN

Trust Fund	
Provide financial benefits and medication assistance counseling	Staff continued to provide service to enroll patients through Virtual Gateway and receive medications through PAP programs
Provide fee-care pharmacy medications	Provided 3,139 prescription medications to indigent patients

Partners

Partner Name, Description	Partner Web Address
Not Specified	

Contact Information	Nancy Kasen 330 Brookline Avenue, BR 270 Boston, MA 02215, nikasen@bidmc.harvare.edu
Detailed Description	Not Specified

Seamless Continuity of Care

Brief Description or Objective	As patients move between community-based and hospital-based care (ambulatory specialty care, emergency department or inpatient hospitalization), it is imperative that providers in both settings have accurate, real-time clinical information. BIDMC has harnessed technology to ensure this communication through Health Information Exchange (HIE) enhancements and we remain an important part of the Governor's launch of the state healthcare information exchange. Four years ago, the health centers and BIDMC collaborated on a HRSA-funded project to "push" emergency department and inpatient discharge summaries to primary care providers. This HIE project was the foundation of subsequent IT solutions that now provide timely communication and enhance continuity of care across settings and providers. With rising concern about unnecessary emergency department visits and re-admissions, information technology provides data to community-based providers that make possible immediate follow-up care in the community, decreasing errors, unnecessary re-admissions, and duplicate tests and procedures. BIDMC implemented the interfaces for the downloading of lab and radiologic reports as well as notes from specialists directly into the electronic health records of community practitioners. In FY 12, a multi-disciplinary BIDMC team continued its collaboration with the Boston Public Health Commission (BPHC) through the NeighborCare Initiative to encourage adoption of communication strategies (including those piloted at BIDMC) by all Boston hospitals and to publicize the capabilities of community health centers.
Program Type	Direct Services,Outreach to Underserved
Target Population	• **Regions Served:** All Massachusetts • **Health Indicator:** All • **Sex:** All • **Age Group:** All Adults, Child-Infant • **Ethnic Group:** All • **Language:** All

Goals
Statewide Priority: Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Enhance health information exchange between BIDMC and community practices	Enhancements affected through NEHEN and the PUSH projects
Build SOFT interfaces with CHCs	Developed interface for lab with e-Clinical Works and setup/tested soft interfaces with three health centers
Standardize sending of inpatient and ED discharge summaries	Implemented components of NeighborCare including discharge summaries that include primary care provider information; timely (48 hours) information sent to the

	primary care provider
Implement Web OMR Lite for viewing results and specialist reports	More CHC providers using Web OMR in FY 2012

Partners

Partner Name, Description	Partner Web Address
Community Care Alliance members	

Contact Information	Nancy Kasen 330 Brookline Avenue, BR 270 Boston, MA 02215, nikasen@bidmc.harvare.edu
Detailed Description	Not Specified

Primary Care Access Project

Brief Description or Objective	For more than seven years, BIDMC has dedicated resources to helping patients connect with community-based primary care physicians. This initiative began in the Emergency Department, concerned initially with efforts to ensure that patients received the necessary follow-up care after an ED visit. The ED visit is also the opportunity to help those without insurance or without a primary care provider find the care to which they are entitled and in need. BIDMC maintains the Find-A-Doc Call Center where detailed information about our CHCs, their services and availability of appointments is updated monthly to facilitate timely appointments for patients. Our outreach efforts expanded beyond the Emergency Department to help local residents learn about neighborhood-based primary care options and to help enroll residents and employees of local businesses in insurance products and other entitlement programs.
Program Type	Direct Services,Health Coverage Subsidies or Enrollment,Outreach to Underserved
Target Population	• **Regions Served:** All Massachusetts • **Health Indicator:** Access to Health Care, Other: Uninsured/Underinsured • **Sex:** All • **Age Group:** All Adults • **Ethnic Group:** All • **Language:** All

Goals
Statewide Priority: Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
Facilitate referrals to community PCPs	Find-A-Doc Call Center triages calls from both providers, patients, and community-at-large to connect with community providers. Call Center listing is updated monthly so accurate, timely information is available
Conduct community outreach activities to enroll local residents and employees of local businesses	Community outreach activities are ongoing

Partners

Partner Name, Description	Partner Web Address
Not Specified	

Contact Information	Nancy Kasen 330 Brookline Avenue, BR 270 Boston, MA 02215, nikasen@bidmc.harvare.edu
Detailed Description	Not Specified

Access to care for geographically isolated communities

Brief Description or	Although many assume that Cape Cod is a well-resourced, wealthy community, in fact, it is

Objective	one of the Commonwealth's most medically underserved areas, challenged by geography and economics. Almost 40% of the Outer Cape's year-round residents are unemployed in the winter months. The nearest hospital is 50 miles away on a two-lane highway, frequently referred to as "suicide alley." BIDMC continues to offer on-site infectious disease (including high resolution anoscopies) and pulmonary services, and has offered support for Outer Cape's installation of new digital radiology service. BIDMC also continued it significant support of the Med-Flight helicopter program that transports geographically distant patients for quaternary care at the medical center. For those patients and families long distances from home, BIDMC provides housing assistance through programs like Hospitality Homes or specially adapted apartments for those undergoing bone marrow transplantation.
Program Type	Direct Services
Target Population	• **Regions Served:** Provincetown, Wellfleet • **Health Indicator:** Access to Health Care, Injury and Violence • **Sex:** All • **Age Group:** All Adults • **Ethnic Group:** All • **Language:** All

Goals
Statewide Priority: Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Address unmet needs for rural Cape Cod	Work with Outer Cape staff to install/implement mammography and digital radiology services
Provide access for remote communities to quaternary care	Ongoing support for Medflight

Partners

Partner Name, Description	Partner Web Address
Outer Cape Health Services	www.outercape.org

Contact Information	Nancy Kasen 330 Brookline Ave. BR 270 Boston, MA 02215, nikasen@bidmc.harvard.edu
Detailed Description	Not Specified

Nutrition and Wellness Programs

Brief Description or Objective	Obesity has reached epidemic levels and disproportionately affects low-income African American, Caribbean Islander and Latino communities. With 38% of children, ages 6-18, found to be overweight or obese, BIDMC's Bowdoin Street Health Center (BSHC) developed a bevy of coordinated approaches to address this most significant health concern. The Fitness in the City includes activities and measurements for all children who are obese or at-risk for obesity. Complementing this effort is The Optimal Weight for Life Programs (OWL on the Road) that offer a multidisciplinary team of pediatrician, nutritionist and wellness coach for those who are significantly overweight. Roughly 16 new OWL patients have been enrolled each year since 2009. In FY 2012, the BSHC piloted a group visit model with 13 families (17 OWL patients). Through the Healthy Champions program, youth are both educated and in turn, teach the community about the benefits of incorporating healthy and affordable foods into their daily lives. Bowdoin Street's Campaign for Wellness continues (originally launched in FY 2011) to expand capacity by increasing the number of exam rooms but as importantly, to create a demonstration kitchen for healthy cooking classes; a large exercise room to accommodate dance and group programming, and a gym with work-out equipment.
Program Type	Community Education,Community Participation/Capacity Building Initiative,Direct Services,Health Screening,Outreach to Underserved,Prevention,Support Group
Target Population	• **Regions Served:** Boston-Dorchester, Boston-Mattapan, Boston-Roxbury • **Health Indicator:** Other: Diabetes, Other: Nutrition, Other: Uninsured/Underinsured, Overweight and Obesity, Physical Activity • **Sex:** Female, Male

	Age Group: All Children • **Ethnic Group:** Black/African American, Hispanic/Latino • **Language:** Cape Verdean Creole , English , Haitian Creole , Other , Spanish , Vietnamese

Goals
Statewide Priority: Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
Collect measurements on all pediatric patients	BMIs collected on all patients
Provide 5-2-1 counseling during routine well-child visits	Nutrition, healthy eating, and exercise information shared at routine pediatric appointments.
Engage children in exercise programs	Refer children to subsidized exercise programs at community locations (the YMCA, Body by Brandy)
Develop fund-raising and programmatic plan for Wellness Center	Fundraising nearing target

Partners

Partner Name, Description	Partner Web Address
Bowdoin Street Health Center	www.bidmc.org
Children's Hospital Boston	www.childrenshospital.org

Contact Information	Adela Margules Bowdoin Street Health Center 230 Bowdoin Street Boston, MA 02212, amargule@bidmc.harvard.edu
Detailed Description	Not Specified

MY CHILD: serving families with children with severe emotional disturbance

Brief Description or Objective	In understanding the root of the epidemic of violence in the Bowdoin/Geneva neighborhood, much attention has been devoted to supporting families with children birth to five years, and creating a nurturing holding environment for parents and these youngsters. Supported by a federal grant from the Substance Abuse and Mental Health Administration in partnership with the Massachusetts Executive Office of Health and Human Services and the City of Boston, Bowdoin joined with other community organizations to plan implementation of this important new initiative. In FY 12, MY CHILD outreach and behavioral health staff enrolled 24 families who could benefit from intensive intervention and case management.
Program Type	Community Participation/Capacity Building Initiative,Direct Services,Outreach to Underserved
Target Population	• **Regions Served:** Boston-Dorchester • **Health Indicator:** Mental Health • **Sex:** Female, Male • **Age Group:** All Adults, Child-Infant, Child-Preschool • **Ethnic Group:** Black/African American, Hispanic/Latino • **Language:** Cape Verdean Creole , English , Haitian Creole , Portuguese , Spanish

Goals
Statewide Priority: Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
Implement processes and protocols for MY CHILD project	Referral processes articulated with appropriate referrals made by primary care providers
Implement intensive case management and intervention	24 families enrolled with defined intervention plans underway.

Increase overall number of families discharged with a formal discharge transition plan to 50%	For FY 2012, the percentage increased from 23% to 44%, slightly below the goal of 50%

Partners

Partner Name, Description	Partner Web Address
Boston Public Health Commission	www.bphc.org

Contact Information	Adela Margules Bowdoin Street Health Center 230 Bowdoin Street Dorchester, MA 02122, www.bidmc.org
Detailed Description	Not Specified

Center for Violence Prevention and Recovery

Brief Description or Objective	Domestic violence, sexual assault and community violence are addressed through Beth Israel Deaconess' Center for Violence Prevention and Recovery (CVPR). As one of the founders of the Domestic Violence Council of the Conference of Boston Teaching Hospitals, BIDMC has lead the way in developing a continuum of education, outreach and treatment interventions to respond to victims of violence. The Rape Crisis service and Post HIV Exposure Prophylaxis program provides follow-up care at no cost to sexual assault victims. BIDMC also offers a free overnight stay for domestic violence and/or sexually assaulted patients without a safe shelter or home. The Center's community violence initiatives include neighborhood-based support groups as well as the Advocacy Education & Support Project (AESP) which offers targeted programs for the advocates and supervisors who work with victims of crime and violence who develop Secondary Traumatic Stress (STS) and strategies to prevent those exposed to secondary violence from developing STS.
Program Type	Direct Services,Health Professional/Staff Training,Outreach to Underserved,Prevention,Support Group
Target Population	• **Regions Served:** Boston, Cambridge • **Health Indicator:** Injury and Violence, Mental Health • **Sex:** All • **Age Group:** All Adults, All Children • **Ethnic Group:** All • **Language:** Cape Verdean Creole , English , Spanish

Goals
Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Provide support and therapeutic intervention to victims of domestic violence, sexual assault and community violence	Continued to provide individual and group therapy
Provide rape crisis services	Provided rape counseling as well as Post HIV exposure prophylaxis medications
Provide free overnight stay for domestic violence and/or sexual assault victims without safe shelter	Provided 40 Safe Bed stays
Diminish effects of secondary traumatic stress in advocates and supervisors	Provided three educational programs and support groups for twenty-one affected workers

Partners

Partner Name, Description	Partner Web Address
Community Advocacy Program,	www.cchers.org

CCHERS, Northeastern University	
COBTH Domestic Violence Advisory Council	www.cobth.org
Fenway Health Violence Recovery Program	www.fenwayhealth.org
Jane Doe, Inc.	www.janedoe.org
Boston Area Rape Crisis Center	www.barcc.org
The Network/La Red	www.thenetworklared.org

Contact Information	Lisa Hartwick Beth Israel Deaconess Medical Center 330 Brookline Avenue Boston, MA 02215, lhartwic@bidmc.harvard.edu
Detailed Description	Not Specified

Healing the Community

Brief Description or Objective	Responding to traumatic incidents on a community level requires skilled mental health clinicians who support children and families who are coping with the after-effects of violence. Bowdoin Street Health Center expanded its team of counselors who offer individual and group sessions at the health center as well as a series of Healing Services at St. Peter's Teen Center. BIDMC's Center for Violence Prevention and Recovery (CVPR) applies its expertise in offering neighborhood-based support groups in many of Boston's most troubled areas. But it is not only community residents who are affected by violence—those advocates and supervisors who work with victims of crime and violence may develop Secondary Traumatic Stress (STS). The Advocate Education and Support Project is a series and support group created specifically for staff from different settings—district attorney's offices, health centers, shelters—to come together to discuss the challenges of this work, to identify sources of STS, and to create a network of support.
Program Type	Direct Services,Outreach to Underserved,Prevention,Support Group
Target Population	• **Regions Served:** Boston-Dorchester • **Health Indicator:** Injury and Violence, Mental Health, Other: Safety • **Sex:** All • **Age Group:** All Adults, All Children • **Ethnic Group:** Black/African American, Hispanic/Latino, White • **Language:** Cape Verdean Creole , English , Haitian Creole , Portuguese , Spanish , Vietnamese

Goals
Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Create opportunities for grieving and support	Held seven Healing Services for community residents
Expand mental health services at Bowdoin Street Health Center	Added capacity of professional mental health team
Support Advocate Education and Support Project	Implemented educational series for advocates and supervisors

Partners

Partner Name, Description	Partner Web Address
St Peters Teen Center, Dorchester, MA	
Center for Violence Prevention & Recovery	www.bidmc.org
St. Peters Church, Dorchester MA	
Catholic Charities	

Contact Information	Lisa Hartwick 330 Brookline Ave. Boston MA 02215, lhartwic@bidmc.harvard.edu
Detailed Description	Download/View Attachment(14.68 KB) File Name: Healing Services Held.docx

Boston Alliance for Community Health

Brief Description or Objective	Through the Department of Public Health's Community Health Network Alliance (CHNA) program, Beth Israel Deaconess participates in the planning and support of CHNA 19's (Boston) activities as well as the programs of the Roxbury Community Alliance for Health. In FY 10, BIDMC participated in a year-long strategic planning process that resulted in a significant reorganization of the CHNA with implementation undertaken in FY 11. BIDMC remains an active participant in Roxbury Community Alliance for Health (RCAH), supporting its two signature programs—the Roxbury Weigh-In and Jazz in the Park. The RCAH developed a Roxbury Community Resource Guide for residents. The RCAH is exploring potential synergies and collaborative opportunities with the Greater Boston Aligning Forces for Quality (GB AF4Q). GB AF4Q is focused on improving the health of children with asthma and adults with diabetes in Roxbury.
Program Type	Community Health Needs Assessment,Community Participation/Capacity Building Initiative,Healthy Communities Partnership
Target Population	• **Regions Served:** Boston • **Health Indicator:** All • **Sex:** All • **Age Group:** All Adults, All Children • **Ethnic Group:** All • **Language:** All

Goals
Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Build a Community Health Improvement Planning process	Participated in implementation of BACH's strategic plan, attended BACH/BPHC's Mobilizing through Action, Planning and Partnership (MAPP) training and sessions, and contributed through DON in funding this initiative.
Improve the health status of Roxbury residents.	RCAH undertook MAPP and needs assessment in FY 2012.

Partners

Partner Name, Description	Partner Web Address
Boston Public Health Commission	www.bphc.org
Department of Public Health	www.mass.gov
Health REsources in Action	www.hria.org
Boston Alliance for Community Health	

Contact Information	Nancy Kasen 330 Brookline Ave. BR 270 Boston, MA 02215, nikasen@bidmc.harvard.edu
Detailed Description	Not Specified

Office of Multicultural Affairs

Brief Description or Objective	Knowing the importance of provider/patient cultural concordance in providing quality care, in FY 2010 BIDMC inaugurated The Office of Multicultural Affairs (OMA), naming Dr. Rafael Campo as its Director. The OMA was created to reaffirm the institution's ongoing commitment to diversity and specifically charged the OMA recruitment of diverse residents and fellows, retention of junior faculty of color and education of house staff and faculty. Evidence of this successful organizational change and strategy was seen in the FY 2011 residency recruitment

	efforts where we experienced a 25% increase in the number of underrepresented (URM) applications interviewed and a 47% increase in the number of URM applicants ranked to match at BIDMC. The number of URM applications has held steady in FY 2012. The BIDMC CEO has established a Diversity Task Force to address issues of URM recruitment and retention.
Program Type	Health Professional/Staff Training,Mentorship/Career Training/Internship,Outreach to Underserved,Physician/Provider Diversity
Target Population	• **Regions Served:** Boston • **Health Indicator:** Not Specified • **Sex:** All • **Age Group:** Not Specified • **Ethnic Group:** Asian, Black/African American, Hispanic/Latino, Native Hawaiian/Pacific Islander • **Language:** All

Goals
Statewide Priority: Reducing Health Disparity

Goal Description	Goal Status
Increase diversity of residents and fellows in training	URM applicants have remained steady between FY 11 and FY 12.
Increase knowledge about diversity and cultural	Working to establish liaisons with GME office, Multicultural Affairs Office and program directors.
Participate in recruitment fairs targeting diverse medical students	Attended annual meetings of Student National Medical Association & Latino National Medical Association.

Partners

Partner Name, Description	Partner Web Address
Not Specified	

Contact Information	Rafael Campo, MD BIDMC, Office of Multicultural Affairs 330 Brookline Ave Boston, MA 02215 http://www.bidmc.org/MedicalEducation/MulticulturalAffairs.aspx, rcampo@bidmc.harvard.edu
Detailed Description	Not Specified

Ensuring Equitable Care Through Evidence-Based Strategies and Research

Brief Description or Objective	The Institute of Medicine's report, Unequal Treatment, focused the nation's attention on disparate care and health outcomes among the US populace. BIDMC's clinical and research community embraced the challenges of advancing knowledge about the root-causes of racial and ethnic health disparities, and developing evidence-based strategies to improve health status of affected groups. For example, Eileen McCarthy, PhD, MPH leads a study to better understand the factors influencing Asian Americans with cancer and their choice(s) for end of life care; Christina Wee, MD, MPH leads a study to understand the interplay of race and obesity on four outcomes including mortality, cardiovascular risk, delays in diagnosis and control of cardiovascular risk factors and health care expenditures. In a separate study, Dr. Wee is also examining our understanding of how patients value bariatric surgery and its different outcomes specifically around decision making for African American and Hispanic/Latino patients. James Rodrique, PhD, continues his five-year study to identify the most effective approach for increasing African-American patients' willingness to consider living donor kidney transplants. The research enterprise frequently extends beyond BIDMC's campus, involving collaboration with other Harvard Medical School (HMS)-affiliates. The Dana Farber/Harvard Cancer Center (DF/HCC) illustrates the synergies reaped from collaborative ventures as this is the nation's largest comprehensive center funded by the National Cancer Institute. The DF/HCC's Initiative to Eliminate Cancer Disparities is one example where seven institutions are working together on community education and outreach campaigns as well as efforts to make state-of-the-art cancer care accessible to communities of color through clinical trial enrollment and enhanced culturally competent care in our hospitals. The Harvard Catalyst

	is the latest collaboration, bringing together the expertise of Harvard University's ten schools and 18 academic healthcare centers and other partners to aid the translation of scientific advances into clinical practice and public health policy.
Program Type	Community Participation/Capacity Building Initiative,Health Professional/Staff Training,Outreach to Underserved,Prevention
Target Population	• **Regions Served:** Boston, Harwich, Provincetown, Quincy, Truro, Wellfleet • **Health Indicator:** All • **Sex:** All • **Age Group:** All • **Ethnic Group:** All • **Language:** All

Goals
Statewide Priority: Reducing Health Disparity

Goal Description	Goal Status
Participate in multi-institutional collaborations to reap synergies and share knowledge	Increasing representation of BIDMC faculty and staff in DC/HCC, Catalyst, HSPH, etc. collaborations
Advance knowledge about causes and remedies of health disparities	Research/clinicians engaged in health disparities research efforts

Partners

Partner Name, Description	Partner Web Address
Harvard Catalyst	www.catalyst.harvard.edu
Dana Farber/Harvard Cancer Center	www.dfhcc.harvard.edu
MassCONECT	www.hsph.harvard.edu/massconect/

Contact Information	Nancy Kasen 330 Brookline Ave, BR 270 Boston, MA 02215 , nikasen@bidmc.harvard.edu
Detailed Description	Not Specified

Access to Culturally-Responsive Care

Brief Description or Objective	A growing body of literature emphasizes the importance of cultural factors in providing appropriate care to patients. Cultural influences determine cognitive constructs including how patients' define health, illness, and well-being, even dictating when and if an individual seeks medical care. Certainly understanding one's cultural background provides guidance for developing health promotion strategies as well as influencing the design of treatment interventions and patients' adherence to medical protocols. With an intentional focus on these issues for more than 15 years, BIDMC has developed a set of tools and approaches to ensure delivery of culturally-responsive care. From intake assessment forms to multilingual patient satisfaction questionnaires, we have tried to apply "culture eyeglasses" to facilitate communication with, and understanding of, the patients' orientation and experience. Among the most underserved are those for whom English is not the first language. As one of the first hospitals with an Interpreter Services Department, BIDMC has a proven track record in helping patients overcome linguistic barriers to care, expanding interpreter services capacity and resources every year, reflecting the growing non-English speaking patient population. BIDMC was the first hospital to employ an American Sign Language interpreter and installed a Sorenson videophone to increase communication access by the Deaf and Hard-of-Hearing. By developing and translating patient information and educational materials, we have also facilitated access to care, helped patients understand their course of treatment, and adhere to discharge instructions and other medical regimens.
Program Type	Direct Services,Health Professional/Staff Training,Outreach to Underserved,Physician/Provider Diversity
Target Population	• **Regions Served:** Boston, Harwich, Provincetown, Quincy, Truro, Waltham, Wellfleet • **Health Indicator:** Access to Health Care • **Sex:** All

	• **Age Group:** All, All Adults • **Ethnic Group:** All, Asian, Black/African American, Hispanic/Latino • **Language:** Cambodian , Cape Verdean Creole , Chinese , English , Haitian Creole , Portuguese , Russian , Spanish , Vietnamese

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
Increase understanding of cultural impacts on health care delivery, health status and health outcomes	Continue or incorporate information on cultural competence in New Employee Orientation, departmental in-services and Grand Rounds presentations, annual Comprehensive Employee Education programs.
Make available tools and resources to facilitate cross-cultural communication	Augmented existing written materials and computer resources to aid patient/provider communication.
Understand the experiences of diverse patients	Patient satisfaction data from multilingual surveys and focus groups.
Increase capacity of Interpreter Services department	Number of interpreter services interactions totaled 185,322 in 70 languages
Translate patient educational and informational materials	189 documents translated this year into top volume languages

Partners

Partner Name, Description	Partner Web Address
Not Specified	

Contact Information	Shari Gold-Gomez 330 Brookline Ave Boston, MA 02215 , sgomez@bidmc.harvard.edu
Detailed Description	Not Specified

Educational and Workforce Development

Brief Description or Objective	As an academic medical center, BIDMC's mission includes a strong commitment to workforce development programs that enhance the skills of our diverse employees and provide career advancement opportunities. In FY11, BIDMC offered incumbent employees four "pipeline" programs to train for the following professions: Nurse, Nurse RN to BSN, Research Administrator, and Medical Laboratory Technician to Medical Technologist. BIDMC's Employee Career Initiative (ECI) provides career and academic counseling, on-site academic assessment, on-site pre-college and college-level science courses to employees at no charge. Tuition reimbursement and competitive scholarships as well as ESOL, GED prep, basic computer skills and citizenship classes are additional offerings. BIDMC is committed to making employment opportunities available to qualified community residents through training internships conducted in partnership with community agencies such as St. Mary's Center for Women and Children and YMCA Training, Inc. We also provide feedback to community organizations such as The Work Place and Crittenden Women's Union on adults applying to jobs at BIDMC. Recognizing our commitment to the Boston area's student population, the medical center provides summer jobs and mid-year internships to introduce high school students and out-of-school youth to careers in the medical field. In partnership with the Boston Private Industry Council, we host Boston Public High School students in the annual Job Shadow Day with additional student groups touring our skills lab. Senior leaders are active in advocating on behalf of educational and job opportunities. Lisa Zankman, Senior VP of Human Resources, is a member of the Commonwealth's Workforce Investment Board. Joanne Pokaski, Director of Workforce Development, is a member of the Boston Private Industry Council and chairs the PIC's Boston Health Care Careers Consortium.

Program Type	School/Health Center Partnership
Target Population	• **Regions Served:** All Massachusetts • **Health Indicator:** All • **Sex:** All • **Age Group:** All Adults • **Ethnic Group:** All • **Language:** All

Goals
Statewide Priority: Not Specified

Goal Description	Goal Status
189 documents translated this year into top volume languages	Offered five pipeline programs, graduating 11 who were promoted to new positions
Provide opportunities through Employee Career Initiative (ECI) for college-level courses as well as counseling	265 employees received ECI services including classes offered on site in partnership with Bunker Hill Community College. This is a 40% increase over FY 2011.
Offer ESOL classes, GED classes, a basic computer skills course and citizenship classes	21 employees were enrolled in ESOL classes; 3 were enrolled in GED prep; 17 employees successfully completed a 10-week computer skills class; and 11 attended citizenship classes.
Provide Job and career introductory opportunities for community residents	Hosted 16 adults in training internships, four of whom were subsequently hired; offered feedback and advice to community organizations on 49 adults who applied for jobs.
Provide job and career introductory opportunities for middle and high school students	Provided 40 paid summer job opportunities; 2 mid-year internships; numerous tours of medical center and skills lab; hosted 35 BPS students for PIC's annual Job Shadow Day

Partners

Partner Name, Description	Partner Web Address
Bunker Hill Community College	www.bhcc.mass.edu
Boston Private Industry Council	www.bostonpic.org
Jewish Vocational Service-Boston	www.jvs-boston.org
Sociedad Latina, Inc	www.sociedadlatina.org

Contact Information	Joanne Pokaski 330 Brookline Ave Boston, MA 02215 , Jpokaski@bidmc.harvard.edu
Detailed Description	Not Specified

Albert Schweitzer Fellowship

Brief Description or Objective	The Albert Schweitzer Fellowship (ASF) is a nonprofit organization, hosted at Beth Israel Deaconess Medical Center, whose mission is to improve the health and well-being of vulnerable people by developing Leaders in Service: individuals who are dedicated and skilled in meeting the health needs of underserved communities, and whose example influences and inspires others. The Boston Schweitzer Fellows Program, founded in 1992 by BIDMC's Dr.

	Lachlan Forrow, is the oldest of thirteen program sites across the US with 2,754 fellows nationwide, roughly 500 of who served in Massachusetts over the two decades. This year, the Boston program sponsored 15 Massachusetts fellows who are addressing a wide range of health disparities including childhood obesity, food allergies in low income families, and working to diversify the next generation of healthcare leaders. BIDMC's affiliated community partners are frequent sites for Schweitzer Fellows including a fatherhood engagement program at The Dimock Center.
Program Type	Health Professional/Staff Training,Outreach to Underserved,Physician/Provider Diversity
Target Population	• **Regions Served:** Boston, Cambridge • **Health Indicator:** Immunization, Injury and Violence, Mental Health, Other: Alcohol and Substance Abuse, Overweight and Obesity, Physical Activity, Responsible Sexual Behavior, Substance Abuse • **Sex:** All • **Age Group:** Adult, Child-Primary School, Child-Teen • **Ethnic Group:** Asian, Black/African American, Hispanic/Latino, White • **Language:** English , Spanish

Goals
Statewide Priority: Not Specified

Goal Description	Goal Status
Support ASF's mission of developing leaders in service	Administrative and financial support of the program
Partner with ASF to host students at BIDMC-affiliated sites	Created opportunities for students to learn about and work in BIDMC-affiliated community health centers.

Partners

Partner Name, Description	Partner Web Address
Albert Schweitzer Fellowship program	www.schweitzerfellowship.org

Contact Information	Sylvia Stevens-Edouard 330 Brookline Ave, BR 270 Boston, MA 02215 , ssteven1@bidmc.harvard.edu
Detailed Description	Download/View Attachment(1749.63 KB) File Name: ASF_Brochure.pdf

Trauma, Emergency Management and Public Health Surveillance

Brief Description or Objective	BIDMC has a robust trauma and emergency management program that is integrated into the City of Boston and the Commonwealth's emergency preparedness system. Crises for which we routinely plan range from natural disasters and terrorist scenarios to outbreaks of widespread illness like last year's H1N1 epidemic. BIDMC is a regular participant in citywide drills, also including our health center partners in the simulations. The Trauma team provides numerous in-service trainings throughout the year, including semi-annual Advanced Trauma Support classes for New England-wide hospital personnel. The emergency management team supports planned major events in Boston including the July 4th celebration, First Night, Hub on Wheels and the Boston Marathon. This year, BIDMC continued its pilot of new software with the Boston Public Health Commission to submit syndromic surveillance, reportable lab results and immunization data to public health registries there and at the Department of Public Health. BIDMC collaborated in 16 exercises or events which included city, state and/ or federal partners. BIDMC Emergency Management sits and participates in the following city and state committees o MASCO Emergency Preparedness Committee o Boston Healthcare Preparedness Coalition- co-chair o COBTH Emergency Management Committee o Urban Shield Planning Committee o BPHC Training and Exercise workgroup o State regional 4C project workgroup o State region 4 workplace violence workgroup o BPHC Patient Tracking workgroup o Milton LEPC Committee o Needham LEPC Committee BIDMC also participates in the ASPR hospital preparedness program.
Program Type	Direct Services,Health Professional/Staff Training,Mentorship/Career Training/Internship
Target Population	• **Regions Served:** Not Specified

	• **Health Indicator:** Injury and Violence, Other: First Aid/ACLS/CPR, Other: Public Safety • **Sex:** All • **Age Group:** All Adults • **Ethnic Group:** All • **Language:** English

Goals
Statewide Priority: Not Specified

Goal Description	Goal Status
Collaborate with city and state emergency management programs to ensure preparedness of medical center and CHCs for untoward emergencies	Participated in trainings, simulations and planning meetings. Provided a hospital based presentation/training to twelve BPHC Massachusetts Response Corps volunteers in September.

Partners

Partner Name, Description	Partner Web Address
Not Specified	

Contact Information	Meg Femino Director, Emergency Management 330 Brookline Ave, Sherman 246 Boston, MA 02215 , mfemino@bidmc.harvard.edu
Detailed Description	Not Specified

Healthier Neighborhoods and Environmental Sustainability

Brief Description or Objective	Like any good neighbor, BIDMC is actively engaged in creating a vibrant, sustainable community that fosters healthy lifestyles, enhanced quality of life, and improved environmental conditions—be it lead-free homes; improved air quality; green spaces; and parks and recreational facilities. BIDMC joins with colleagues at both the grass-roots level and city and state government to reduce detriments to public health and address social determinants that impact health status. As part of our commitment to enhancing the physical environment BIDMC maintains pocket parks and open, green spaces while also partnering in the Bowdoin/Geneva neighborhood to create the Geneva Urban Wild. Public safety is of concern within our local neighborhoods as well as the Bowdoin area, and BIDMC's police and public safety presence contribute to a sense of well-being. The medical center has an excellent, cooperative working relationship with the Boston Police Department (BPD) and essentially serves as their "eyes and ears" in the Longwood Medical Area and on Bowdoin Street. BIDMC security technology and apparatus, including cameras and a BPD shot-spotter at Bowdoin, have been used to identify perpetrators and assist BPD investigators. Within the hospital itself, BIDMC is implementing its Environmental Strategic Plan, spearheaded by our Environmental Sustainability Coordinator and multi-departmental committee. Significant improvements were made in reducing energy and water consumption and increased recycling efforts. Most impressively, BIDMC reduced its fuel consumption within BIDMC-owned vehicles by 19% and reduced CO2 emissions by almost 200,000 pounds annually, a result of shuttle consolidation undertaken collaboratively with our Longwood Avenue medical colleagues.
Program Type	Community Participation/Capacity Building Initiative,Healthy Communities Partnership
Target Population	• **Regions Served:** Boston • **Health Indicator:** Environmental Quality • **Sex:** All • **Age Group:** All Adults, All Children • **Ethnic Group:** All • **Language:** All

Goals
Statewide Priority: Not Specified

Goal Description	Goal Status
By FY 2012, increase recycling rate to 33%	Overall recycling rate increased from 20.4% in FY 09 to 31% in FY 12

Between FY 2010 and FY 2012 reduce energy use by 7%	Goal exceeded - reduced energy use by 8.3% in FY 12
Between FY 2010 and FY 2012 reduce water use by 6%	Goal exceeded – reduced water use by 14% in FY 12
Between FY 2010 and 2012 reduce fuel consumption by 30%	Goal met – reduced fuel use by 30% in FY 12
Achieve fiscal savings through environmental sustainability efforts	Realized $600,000 savings – a 250% increase from FY 10

Partners

Partner Name, Description	Partner Web Address
Jen Henderson, MASCO	www.masco.com
Paul Lipke	www.noharm.org
Practice GreenHealth	www.practicegreenhealth.org
EPA-New England	www.epa.gov/aboutepa/region1.html

Contact Information	Amy Lipman Environmental Sustainability Coordinator 330 Brookline Avenue Boston, MA 02215, ablipman@bidmc.harvard.edu
Detailed Description	Not Specified

Wellnss Program: The Walking Club

Brief Description or Objective	Not only does BIDMC's CardioVascular Institute have expertise in heart disease, but also they are in the vanguard with prevention programs to promote heart healthy behaviors. The Walking Club provides free kits that include workout logs, information sheets, eCards and even a smartphone app. The Walking Kits have been adapted for corporate entities, patients with special needs, and middle school students. Adopted by fourteen schools, the curriculum contains information on the benefits of walking, a look at which parts of the anatomy are used during this exercise, and some basic science and math work—calculating heart rate and steps into miles. While the kit is used by science/health and gym teachers, one of the primary goals of the program is to encourage students to walk during non-school hours with a parent/guardian in an effort to combat childhood obesity and inculcate healthy lifestyle behaviors. Each child is given two pedometers—one for him/herself and one for a parent or guardian. In FY 2012, BIDMC produced a video to inspire people to walk (http://www.bidmc.org/YourHealth/BIDMCInteractive/TheWalkingClub.aspx). The video used the original BIDMC Walkin' in Boston song, was taped on the Esplanade, and included local celebrities (i.e., Keith Lockhart, Loren and Wally, and Red Sox players) and a crowd of BIDMC employees and walking club members doing a "flash mob". The video received more than 6,000 views in its first six weeks on YouTube. The video called attention to the walking effort and to Walking Kit materials that were on the page with the video. This marketing of the Walking Club resulted in more downloads of the Walking Kit materials than in any other year since the Walking Club began.
Program Type	Community Education,Community Participation/Capacity Building Initiative,Direct Services,Healthy Communities Partnership,School/Health Center Partnership
Target Population	• **Regions Served:** Boston • **Health Indicator:** Overweight and Obesity • **Sex:** All • **Age Group:** All • **Ethnic Group:** All • **Language:** English

Goals
Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Expand pilot Walking Club project to additional middle schools	Walking Club in 14 schools

Provide printed materials, pedometers, smartphone app to all participants	20-page School Walking kit enhanced; smartphone app publicized; YouTube video created; 6,000 pedometers distributed to participating schools

Partners

Partner Name, Description	Partner Web Address
Boston Public Schools	www.bostonpublicschools.org
Boston Public Health Commission	bphc.org
American Heart Association	heart.org
Boston Red Sox	boston.redsox.mlb.com

Contact Information	Rhonda Mann Beth Israel Deaconess Medical Center 330 Brookline Avenue Boston, MA 02215, rmann@bidmc.harvard.edu
Detailed Description	Download/View Attachment(874.88 KB) File Name: walking for wellness.pdf

Expenditures

Program Type	Estimated Total Expenditures for FY2012		Approved Program Budget for 2012
Community Benefits Programs	Direct Expenses	$10,252,487	$33,000,000 *Excluding expenditures that cannot be projected at the time of the report.
	Associated Expenses	Not Specified	
	Determination of Need Expenditures	$50,500	
	Employee Volunteerism	Not Specified	
	Other Leveraged Resources	$3,377,951	
Net Charity Care	HSN Assessment	$9,271,625	
	HSN Denied Claims	$10,033,181	
	Free/Discount Care	Not Specified	
	Total Net Charity Care	$19,304,806	
Corporate Sponsorships		$3,500	
	Total Expenditures	$32,985,744	
Total Patient Care-Related Expenses for FY2012			$948,310,831
Comments: Total Charity Care is $57,416,103 and includes BIDMC's payment of $19,304,806 to the Health Safety Net, plus $5,937,966 in unreimbursed Medicare Services; $26,449,283 in unreimbursed MassHealth services; and bad debt of $5,724,048.			

Optional Information

Expenditures	Amount		
Community Service Programs	Direct Expenses	$125,860	
	Associated	Not Specified	

	Expenses		
	Determination of Need	Not Specified	
	Expenditures		
	Employee Volunteerism	Not Specified	
	Other Leveraged Resources	Not Specified	

Total Community Service Programs	Not Specified

Bad Debt:	$5,724,048 Certified
IRS 990:	Not Specified