

FY 2015 BWH Community Health Implementation Plan Progress Report

Brigham and Women's Hospital

BWH has a long-standing commitment to promoting health equity and reducing health disparities for patients, families, employees, and vulnerable members of the community. BWH is particularly committed to working with residents of Boston's diverse neighborhoods to break through the barriers to health – economic, social, educational and cultural – so often encountered by the individuals and families in our community. As part of that commitment, the Center for Community Health and Health Equity (CCHHE) was established in 1991 to serve as the coordinating department for community health programs and acts as a liaison for community-based organizations and the hospital. The CCHHE develops, implements, manages, and evaluates initiatives that aim to address and minimize disparities in health status. To achieve these goals, the Center works in partnership with other hospital departments and with community health centers, schools, and community-based organizations to identify barriers to health care and related services and to address the social factors contributing to health and well being.

2013 Community Health Needs Assessment

The Patient Protection and Affordable Care Act requires hospitals to conduct Community Health Needs Assessments (CHNA) every three years. In spring 2013, BWH embarked on a supplementary CHNA process aimed at exploring whether key findings from the earlier assessment changed as well as examine in-depth the perceptions, challenges, and opportunities around the aforementioned focus areas. Prioritization of community health needs identified during the CHNA process involved consideration of a number of factors including: the magnitude and severity of the issue; feasibility including technical and financial capacity and strength of partnerships; alignment with Brigham and Women's Hospital's mission and current work; and potential impact such as the ability to 'move the needle' and demonstrate measurable outcomes.

The 2013 CHNA engaged over 150 residents and stakeholders through key informant interviews or one of the 13 focus groups conducted at community sites throughout BWH's priority neighborhoods. The CHNA also included an analysis of public health data from sources such as the U.S. Census, the Boston Public Health Commission, and the Massachusetts Department of Education.

BWH's complete 2013 CHNA report can be found on the CCHHE's website:

http://www.brighamandwomens.org/about_bwh/communityprograms/default.aspx

2013 CHNA Priorities Areas, Strategies & Achievements

Through the 2013 CHNA process, BWH identified the following priority areas for its implementation plan: **chronic diseases, obesity/healthy living, violence and trauma, income and poverty, reproductive and maternal health, and access to care for vulnerable populations**. The following section outlines the strategies adopted by BWH to address each of these priority areas, including specific efforts and accomplishments. This report of progress covers the time period of October 1, 2014 to September 30, 2015 (FY15).

Chronic Diseases

Cancer

BWH maintained efforts to increase the rates of colorectal cancer screenings among diverse patients served at our two licensed community health centers (Southern Jamaica Plain Health Center [SJPHC] and Brookside Community Health Center [BCHC]). Patients were connected to a bilingual community health worker in BWH's **Open Doors to Health Colorectal Cancer Screening Initiative**. In FY15, specific activities related to colorectal cancer include:

- Three hundred and forty-three patients were referred to the patient navigator and received a range of services including transportation assistance, medical escort to and from the colonoscopy appointment, colonoscopy procedure education, Spanish translation and appointment scheduling.
- Seventy percent (70%) of navigated patients (50 years of age or older) completed colonoscopies, which is a significant increase from the period prior to patient navigator implementation when the completion rates were 48.5%.

BWH also provided financial assistance to low-income, uninsured and underinsured women with breast cancer to help pay for necessary services related to their breast cancer diagnosis through the **Connecting Hope, Assistance and Treatment (CHAT) Program**. CHAT program activities in FY15 include:

- One hundred and three CHAT applications were processed and resources provided to 98% of approved CHAT clients (n=101). Resources were provided for transportation assistance, breast prostheses and compression garments.
- In partnership with Community Servings, CHAT provided a series of nutrition education workshops for participants to encourage social interaction in addition to providing nutrition education.

Asthma

Through its efforts in the **Partners Asthma Center Community Asthma Program (CAP)**, BWH offers an asthma education program that provided services for adults and children in Greater Boston and beyond in community health centers, schools and other locations to decrease the burden of asthma. The package of services includes bilingual (English and Spanish) in-home asthma education for patients, environmental assessment and 3 remediation, and specialized asthma care. In the efforts to decrease the burden of asthma on Greater Boston the following goals were achieved through the CAP program in FY15:

- CAP addressed the health care needs of over 250 patients with increased access to quality health care through its specialty asthma clinics in the community health centers.
- CAP educated 30 families in the comfort and convenience of their own home, assisted with environmental remediation, transfer process, and other social care needs through our home visiting program.
- The program raised asthma awareness, provided educational materials for over 450 community members via health fairs and other community events throughout the City.
- More than 200 allied health care professionals were trained through the Asthma Educators Institute live and on-line programs.
- CAP created the first Massachusetts Community Health Center Asthma Educators' Collaborative (MACHCAEC) and a website (<http://mabetterbreathing.org>) to help asthma educators across the state communicate with and learn from each other.

Obesity/Healthy Living

BWH is committed to promoting healthy eating choices, lifestyles and physical activity among patients and visitors through efforts led by the BWH Nutrition Department, Food Services, and the Cardiovascular Division. BWH licensed community health centers, Southern Jamaica Plain Health Center (SJPHC) and Brookside Community Health Center (BCHC), were also key to implementing community outreach efforts in this area, as described below:

- SJPHC's Health Promotion Center continued to provide multiple movement and exercise programs.
- BCHC's Health Corps Interns and Urban Youth Sports Coordinators offered community based programming for children and case management support.
- BCHC's Pediatric and Urban Youth Sports programs maintained coordination with the Nutrition Department's "Fitness in the City" Program incorporating physical activity.
- BCHC also expanded the Healthy Life-Styles Clinic, a curricula-based 12-week program of classes and group visits for children and families.

Violence and Trauma

Through its **Passageway program**, BWH raised awareness of domestic violence and provided free, voluntary and confidential services to patients, employees and community members who were experiencing domestic violence (DV). As a result of the work through the Passageway program, a number of important goals were reached in FY15 including:

- Passageway provided 8,322 contacts to or on behalf of 1,295 patients/employees of the BWHC, supported health centers and community.
- Passageway provided 43 education/training sessions to over 1,200 health care providers and community members on the impact of DV and health.
- Passageway provided 1,758 individual consultations with providers regarding domestic violence cases.

The **Violence Recovery Program (VRP)** works to reduce the disproportionate burden of violence in our communities and improve health outcomes through direct interventions, education, prevention, community building and trauma recovery. Violence Recovery Advocates meet with patients within 24 hours of admission, provide safety assessments, and help develop an individualized plan for ongoing advocacy and support after discharge. The **Violence Prevention Program (VPP)** provides training, education and support to the BWH and local community on the health impacts of both community and domestic violence. VRP and VPP accomplishments during FY15 include:

- VRP provided services to 104 patients of BWH admitted for treatment of penetrating injuries.
- VPP provided 16 educational sessions to over 500 people, including national presentations at the National Healthcare and Domestic Violence Conference, and the National Network of Hospital Violence Intervention Programs Conference.
- In collaboration with the Boston Public Health Commission, VPP created and implemented an innovative training for home visitor professionals to understand and work with victims of trauma and violence.

Income and Poverty

BWH recognizes that while genes and lifestyle behaviors affect health, one's health is most profoundly influenced by more upstream factors such as quality of education, economic stability, employment

status, and other social and economic factors. These factors determine the context in which people live and shape the opportunities that are available to them, which in turn impact their health and the health of their families. Therefore, BWH is committed to enhancing educational and career opportunities as well as expanding innovative community and school-based programs.

To support the career success of young people, BWH's **Student Success Jobs Program (SSJP)** introduces high school students in the 10th through 12th grades from partnering Boston Public Schools to careers in health care, science and medicine by offering paid after school and summer internships within the hospital, and by providing the guidance of health care professionals who serve as role models and mentors. SSJP creates pathways into science, health or medicine careers for those who have traditionally been underrepresented in the field, with 96 percent of students self-identified as people of color. Specific achievements of SSJP for young people prior to 10th grade in FY15 include:

- SSJP served 90 students in FY15 and the program maintained 100% college matriculation.
- 95% of alumni entered college after SSJP or have graduated from college, and 72% of those students majored in a health or science field. 70% reported that they were the first in their family to enroll in college.

The **Student Success Jobs Program Summer Internship for College Students (SSJP College)** is an intensive summer employment opportunity for students that have successfully graduated from the Student Success Jobs Program for high school students. SSJP College Summer Internship Program was created to support SSJP graduates, currently in college, majoring in a health related field. In FY, SSJP College's achieved the following:

- SSJP College served 21 students, providing them with paid internships for ten weeks in a BWH department as well as networking opportunities through an educational workshop and a resume writing workshop.
- BWH partnered with Health Career Connection (HCC), a national summer college Internship program for aspiring health care and public health professionals, and served as a placement site for six HCC Interns.

BWH provided additional educational and job readiness support to young people in our communities. These activities and corresponding accomplishments are detailed below:

- **Project TEACH (Teen Education About Careers in Health)** is a summer program targeted at rising 10 grade students attending BWH partnering high schools in the surrounding neighborhoods. Twenty-five youth participated in summer 2015.
- The *Survey of Academic Youth Outcomes (SAYO) Evaluation System* captures changes in youth that are associated with participation in a high-quality academic enrichment programs and likely to occur over a one-year period. Scores are calculated from direct student feedback (anonymous survey) and a third party observer trained as a SAYO youth development observer. When compared to the 79 programs participating in the Boston Summer Learning Community, Project TEACH received the highest score possible(4.0) in the following:
 - Organization of Activity
 - Youth relations with adults



- Youth relations with peers
- Level of youth participation

Project TEACH also scored above average in:

- Youth feel challenged
 - Youth enjoy and feel engaged
 - Staff build relationships and support individual youth
 - Staff promote engagement and stimulate thinking
- The **Elementary School Literacy Initiative** is designed to help strengthen reading, comprehension, listening and writing skills in kindergarten to third grade students in select Mission Hill schools. The program provides an opportunity for BWH employees to volunteer directly in the schools as pen pals or Brigham Book Buddies.
 - In FY15, 108 Pen Pal students were served and 135 Brigham Book Buddy students were served.
 - Out of all participating teachers, 96% of teachers reported excellent benefits of the program in support of their students' literacy skills.
 - 100% of teachers involved with the Pen Pal and Brigham Book Buddy Program reported increased enthusiasm for reading and writing among their students.
 - The **Health and Science Club** provides an informal learning environment that enables elementary school students to work together on science experiments in small groups led by hospital employees, and listen to presentations by BWH staff guest speakers.
 - In FY15, 48 students have been served in the Health and Science Club Program.
 - BWH provided grant support to the **Health Careers Engagement project at Edward M. Kennedy Academy for Health Careers (EMK)**, a Horace Mann Charter School that prepares students in the 9th through 12th grades for careers in health sciences.
 - In FY15, 340 youth in grades 9-12 participated.
 - BWH provides a financial contribution to the operation of the **South Street Youth Center (SSYC)** whose mission is to provide a safe, educational, and engaging space during out-of-school time for young residents of South Street Development.
 - In FY15, 101 youth accessed the Center.
 - SSYC provided 20 youth with employment assistance and 52 received educational assistance.
 - BWH **Summer Science Academy (SSA)** is a six-week summer program designed to stimulate interest in science, health and medical careers and is targeted to rising 9th grade students attending BWH partnering middle schools and organizations in the Mission Hill neighborhood.
 - In FY15, SSA served 20 students; 95% of the participants in FY15 were youth of color attending schools in Roxbury.



- Using the *Survey of Academic Youth Outcomes (SAYO) Evaluation System* (described on the previous page), when compared to the 79 programs participating in the Boston Summer Learning Community, SSA received the highest score possible (4.0) in the following:
 - Social Emotional Environment
 - Staff build relationships and support individual youth
 - Youth relations with adults
 - Youth relations with peers
 - Level of youth participation
 - Staff promote engagement and stimulate thinking
 - Youth Engagement and behavior

SSA also scored above average in:

- Youth feel challenged
- Youth enjoy and feel engaged
- Staff build relationships and support individual youth
- Supportive social environment

In addition, SSA had an above average rate of attendance, when compared to programs across the city.

- For 24 years, BWH and the **Maurice J. Tobin School in Mission Hill** have partnered to support the school's academic mission by increasing parent, family, community, and hospital involvement in students' learning. In FY15, efforts were made to support students and teachers directly in the classroom in order to improve educational outcomes and achievement.
 - In FY15, 438 children and their families participated in the BWH-Maurice J. Tobin Partnership.
 - Forty-two BWH employees volunteered to be matched with a Tobin student needing additional assistance to read. These employees volunteer once a week for an hour for the entire school year through the non-profit, Read to a Child.

BWH Workforce Development Office offers community residents guidance to increase their hiring potential at BWH. By working collaboratively with preferred community agencies, BWH provided employment and career counseling to residents, identified skill gaps, referred residents to appropriate programs available in the community and facilitated interviews of qualified community residents.

BWH has a long-standing commitment to improving the health status of Boston residents, with a focus on Boston neighborhoods surrounding the hospital with disproportionately poor health and social outcomes, and documented need for comprehensive health and social services. **BWH makes a unique commitment to the neighboring residents of Mission Hill.** We take a broad approach to community health which includes supporting neighborhood schools, youth serving organizations, anti-poverty programs, housing and public health initiatives, and employment and business development throughout Mission Hill.

- In FY15, over 2,000 people received support from the resources that were provided to Mission Hill organizations.

- \$27,000 was allocated to two organizations that serve youth in Mission Hill creating 23 summer jobs for neighborhood youth.
- BWH worked in close partnership with the Parker Hill/Fenway ABCD Emergency Food Pantry; the food pantry served over 500 families and over 2,000 individuals.
- BWH offered a free meal program for 75 Mission Hill Senior; this program has been in existence for over 20 years.

Maternal and Reproductive Health

For more than 20 years, has addressed the issues of infant mortality and low birth weight by connecting patients at six Boston-based community health centers with case managers who provide them with education, guidance and support throughout their pregnancies. BWH also provides ongoing technical assistance and training for the case managers. The **Stronger Generations Case Manager Program** seeks to improve birth outcomes by addressing the social and medical needs of pregnant women. Through our Stronger Generations program, the following goals were achieved:

- BWH led a Young Parent Ambassador Program to provide outreach, resources and social support for pregnant and parenting young families. The program hired six young parents as BWH employees to participate in a year-long leadership, personal development and training program aimed at education, workforce development and self-sufficiency.
- Strong Generations led a consortium of 25 providers and community organizations for pregnant and parenting young adults.
- BWH Stronger Generations organized a city-wide summit for pregnant and parenting young adults called the Summit for Teen Empowerment and Parenting Success (STEPS). STEPS convened over 90 pregnant and parenting young adults and 40 young parent providers in the Boston area.
- The program continued collaboration with a BWH midwife to lead a prenatal yoga study measuring the effects of yoga on gestational weight gain, targeted maternal and infant birth outcomes, and stress management. Twelve women participated in a 12-week study.
- Strong Generations distributed over 45 infant car seats for families in need, and provided them with information and education related to infant/child safety.
- The program provided 320 women and families with transportation assistance to attend prenatal, postpartum and pediatric medical appointments at 10 health care sites.
- In FY15, 805 women were served by case managers through the Stronger Generations Case Management Program; 90% of women referred to a case manager attended the recommended 80% of prenatal visits, exceeding adequacy of prenatal care measures.
- Resources, including diapers, wipes, infant supplies, transportation assistance, cab vouchers, etc., were provided to over 300 clients of the case management program.

Access to Care for Vulnerable Populations

Consistent with its strategic commitments, BWH continued its efforts to delivery high-quality, culturally- and linguistically-competent healthcare to our patients and their families and ensure access to **Certified Application Counselors (CACs)** (also known as financial counselors) for patients facing economic challenges. BWH employs a team of patient financial counselors at its main seven campus and other locations to assist patients with health insurance enrollment. In delivering high quality access to care BWH provided the following assistance to patients and their families in FY:

- BWH CACs contributed to the estimated 80 patient financial counselors that served approximately 73,000 patients who needed assistance with their coverage.

BWH has two licensed health centers in Jamaica Plain: **Southern Jamaica Plain Health Center (SJPHC)** and **Brookside Community Health Center (BCHC)**. SJPHC has been serving the community for 42 years and seeks to provide personal, high quality health care with compassion and respect to a diverse community. Similarly, BCHC's mission is to provide high quality, family-oriented comprehensive health care, with a focus on serving the low income population of the community, regardless of ability to pay. The following are important achievements of BWH's two health centers in FY15:

- At SJPHC, 10,563 patients were served, totaling 46,000 visits.
- BCHC staff provided care to 11,240 patients. This includes 949 new patients, 43% of whom reported incomes less than \$100/week. BCHC provided 63,549 patient visits in FY15.

In addition, in FY15, BWH continued to facilitate access to BWH healthcare facilities and services for the Mission Hill community. Specific achievements include:

- BWH collaborated with a major Mission Hill organization to provide a free flu clinic, which served over 40 Mission Hill seniors. BWH also participated in several neighborhood health fairs and several neighborhood health education presentations.

The **Health Equity Research and Intervention (HERI) team** performs social determinants of health research and collaborates with individuals, institutions and communities to contribute the best science, evidence, and resources toward eliminating inequities in health status and access for diverse groups. Accomplishments of the HERI team in FY15 include:

- HERI partnered with the Division of Aging to publish a paper in the journal of Preventive Medicine, highlighting disparities in ideal cardiovascular health among African Americans.
- HERI continued partnerships with the Roxbury Tenants of Harvard, and the Mission Hill Senior Legacy Project organization for community needs assessment and program development.
- New partnerships developed with the Boston CareerSolutions to developed programming to support people who are trying to reduce stress and stay healthy during their job search.
- HERI provided support to the Mission Hill Senior Legacy organization to help fundraising and program development for mental health services needs of elders in Mission Hill.
- HERI began supporting researchers in the BWH Department of Women's Health to increase capacity for health disparity research in women's health policy.

Additional Achievements

As an approach to improving community health, SJPHC is working with a group of 16 youth (8 white youth and 8 youth of color) in a **racial healing and reconciliation (R & R) process**. Through this process, youth are challenged and supported to understand the levels of the system of racism, explore racial identity development theory, and transform into racial justice activists, channeling their efforts to address the impact of racism on the social determinants of health with a focus on employment, workforce development and education. Specific achievements of the Racial Healing and Reconciliation Team in FY15 include:

- Training completed in June 2015 and a new group of 16 youth started in October 2015.
- The R&R team provided 10 community trainings; as of FY15, over 1,280 individuals have been trained through this project.

Additional Community Health Needs Assessment Work in FY15

In 2014, BWH was presented with an opportunity to further prioritize the issues raised in its 2013 CHNA. Working with consultants from the Institute of Community Health and the Engagement Lab at Emerson College, BWH and its planning partners (Boston Alliance for Community Health, Boston Public Health Commission, MA department of Public Health and community residents – through two ten-tax payers coalitions) developed and implemented an interactive online gaming platform, “What Matters for Health” on Community PlanIt. In the game, participants competed with one another over a series of three week-long missions to share ideas and deliberate about health priorities in the hospital’s five key neighborhoods. A total of 889 people registered and 488 played, contributing over 8,000 comments and ideas. The analysis of this data along with updated qualitative and quantitative data will inform our Community Health Needs Assessment and Implementation plan in 2016.

In addition, in FY15, BWH began working collaboratively on community engagement and data collection, as part of CHNA development, with several other Boston hospitals participating in the Conference of Boston Teaching Hospitals (CoBTH).

More information on all BWH Community Health programs and activities, including project partners, can be found in our annual report submitted to the Office of the Massachusetts Attorney General. The report can be accessed on the following link:

http://www.brighamandwomens.org/about_bwh/communityprograms/default.aspx