



Lahey Clinic Medical Center 2008 Community Benefits Report

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Section I. Introduction

Lahey Clinic Medical Center (LCMC), as a major healthcare provider, strives to uphold the value of service to those members of our community in need of access to healthcare. Through our Community Benefits Initiative, and in a culture of caring commitment, we aspire to build and sustain collaborative partnerships with other community service providers, seek resources and initiate programs in the context of documented unmet health and social needs.

All levels of the staff from LCMC are dedicated to providing services through community collaborative initiatives designed to improve the health status and quality of life of residents within the communities we serve. We achieve this through a well-coordinated community benefit program, which integrates the LCMC community, community services and health education.

FY 2008 Lahey Clinic Community Benefits Initiative (LC CBI) Report serves to document the progress to date. This report builds on the LCMC Community Benefits Reports submitted for FY 1996-2007 and proposes a strategy for continuation of the LC CBI process for developing well planned programs with projected costs for FY 2009.

Section II. Mission Statement Section

Lahey Clinic Medical Center **Community Benefits Mission Statement**

- The LCMC affirms its commitment to identifying and serving the health and wellness needs of its community through a Community Benefits Program.
- The foundation of this program is based upon a collaborative initiative between LCMC employees, community leaders, representatives of community agencies, and community residents. Through collaborative planning and coalition building, LCMC strives to serve as a catalyst and a leader within the community.
- We commit to focus on the unmet health needs of residents with particular emphasis placed upon underserved and economically deprived individuals. We will assess community health needs and establish priorities. Services to improve the health status of community members will be implemented in conjunction with community providers.
- Through its ongoing Community Benefits Initiative, LCMC will maintain strong community ties by working toward promoting the health and wellness of the community members we serve. This commitment of offering community benefits services will be in alignment with LCMC's mission of providing care of the highest quality.

The Lahey Clinic Medical Center's Community Benefits Mission Statement was initially endorsed in February, 1995 by LCMC Chief Executive Officer and Chairman of the Board of Governors, John Libertino, M.D.

Section III. Community Benefits Initiative Committee

A Community Benefits Initiative Committee was formally organized in September, 1996 and meets five times a year. It serves as the main support of the LCMC Community Benefits Initiative. Participation by community agencies, resident representatives and LCMC staff members involved with community benefit programs is continually sought. The committee oversees the planning, implementation and the evaluation process. In representing the community and LCMC, members bring unmet assessed health issues to the table through sub-committees representing priority areas.

Members as of 2008:

Janet Brown, LICSW Volunteer	Rick Metters Executive Director, Boys & Girls Clubs of Woburn
Joan Butler, Executive Director Minuteman Senior Services, Burlington	Marge McDonald Director, Burlington Council on Aging
Jeffrey Doran Senior. Vice President, Administration, LCMC	Donna Popkin, Director Billerica Council on Aging
Charles Franich, LICSW Burlington Community Life Center	Debralee Quinn, RN Nursing Education, LCMC
Marissa Hamilton Minuteman Senior Services	Sara Rizzari, Executive Director Atria Longmeadow Place, Burlington
Jan Hanson Community Health Network Area #15, Coordinator	Margaret Rocco Victim Advocate, Burlington Police Department
Amy Harding Communications and Marketing, LCMC	Wayne S. Saltsman, M.D. Geriatric Medicine, LCMC
Scott Hartman Director, Communications & Marketing, LCMC	Barbara Savage Director, Planning & Development, LCMC
Kathy Hassey, BA,BSN, MEd Director, School Health Institute Northeastern University	Carolyn Shea, Community Outreach Director Atria Longmeadow Place, Burlington
Mary Iodice Manager, Volunteer & Community Services, LCMC	Lu Shurlan, LICSW Manager, Employee Assistance Program, Quality Resources, LCMC
John Jope, LCSW, Executive Director Arlington Council on Aging	Donna Silva Coordinator, Volunteer & Community Services, LCMC Committee Chair
Peg Kennedy SHINE Program Manager Minuteman Senior Services, Burlington	Wesley Simons, Director Burlington Community Life Center, Burlington
Merle Kushner, LICSW Domestic Violence Committee Coordinator. LCMC	Laura VanZandt Executive Director, REACH, Waltham
Terri Marciello, Director of Elder Services Buzzell Senior Center, Wilmington	Beverlee Vidoli, GRI Vidoli Associates, Burlington

Section IV. Community Benefits Planning Methodology

A. Lahey Clinic Medical Center Community Benefits Organizational Structure

Internal Oversight and Management of The Lahey Clinic Community Benefits Initiative

In February 2001, Lahey Clinic's Chief Executive Officer, David M. Barrett, M.D., delegated the responsibility for administrative leadership and operational oversight of the ongoing development of the community benefits process to Senior Vice President, Jeffrey P. Doran, also a member of the Community Benefits Initiative Committee. Departmental Community Benefits budgetary oversight and responsibility for the researching and writing process for the Community Benefits Report is under the leadership of the Manager of Volunteer and Community Services, Mary Iodice. Donna Silva, Coordinator of Volunteer & Community Services is the Chair of the Lahey Clinic Community Benefits Initiative Committee.

The administrative leadership and operational oversight for continual development and coordination of the community benefit process is in collaboration with many LCMC department staff and community representatives working through the Community Benefits Initiative Committee. Lahey Clinic's Board of Governors maintains oversight authority for the development and implementation of LCMC's Community Benefits Plan.

In FY08, the LC CBI Committee continued to collaborate with community organizations, as well as CHNA #15, to implement the DoN funded programs related to Lahey Clinic's campus expansion project. Many new programs addressed the needs of senior and youth populations as well as health conditions such as diabetes and heart disease. In May, 2008 a community showcase sponsored by Lahey Clinic and CHNA 15 was held at Lahey Clinic giving community agencies an opportunity to "showcase" their programs and network with other community organizers.

In FY09, the LC CBI Committee will continue to collaborate with community organizations and local /state agencies to support initiatives directed towards unmet health and psychosocial needs of community residents across a broad service area. CHNA #15/Lahey Clinic will hold the community showcase in May, 2009. In addition, we will conduct a broad based community needs assessment which will identify and clarify the health care needs and priorities of the residents in Lahey Clinic's core service area.

B. Designation of Community Benefits Priority Areas of Focus

LCMC provides community benefit programs and services to residents across a broad service area. The 2008 Community Benefits Plan concentrated on the following areas for community health improvement including:

1) assessed broad-based public health issues and 2) vulnerable populations with assessed health and psychosocial unmet needs.

Public Health Issues

- ◇ **Domestic Violence.** Domestic violence continues to be nationally cited as one of the top ranked public health problems. In Massachusetts the issue has become a focus of time, resources, and public concern from the highest government level to grass roots organizations in virtually all communities. LCMC, in collaboration with many of its community partners, concentrates its efforts on domestic violence education and prevention through the 16 year Domestic Violence Initiative/A Lahey Clinic/Community Partnership.
- ◇ **Pulmonary Issues/Tuberculosis.** With the closing of the Middlesex Hospital in 1997, there was a need for continuation of outpatient tuberculosis services for the population in Community Health Network Area #15 (CHNA #15)'s 12 communities, the Pulmonary Department at LCMC responded to a Request for Proposal (RFP) to the Department of Public Health. LCMC was granted funding to be the health care provider to help subsidize the free TB outpatient services. This service continued throughout 2008.

Designated Vulnerable Populations

- ◇ **Geriatric Population:** In response to confirmed needs, a series of Chronic Disease Self-Management Workshops (CDSM) and MyPyramid Healthy Eating Program were designed to help seniors better manage their health conditions.
- ◇ **Youth Population:** Since the start of LCMC's community benefits involvement, there has been a focus on providing services to youth at risk in a number of communities. Starting in FY 2000, a five year commitment for a total of \$165,000 Determination of Need (DoN) funding was allocated to prevent youth self destructive behaviors, in collaboration with the CHNA #15 projects which included youth representatives. In FY 05, LCMC committed to another five years of funding which, although not focused entirely on the at-risk youth population, did include programs that provided services to youth such as enhancing the Smoking Cessations Programs at the middle school and high school level as well as funding for a Ropes Course for Lahey Clinic's Health Adventures Program for at-risk students.

C. Needs Assessment Process Background

This summarizes the process submitted in detail in reports through FY2006. In 1992 Physician Fellows in the Community Primary Care Oriented Program initiated a formal needs assessment of health issues in Lahey Clinic's primary services areas: Bedford, Billerica, Burlington, Lexington, Reading and Woburn. Data collection was extensive and resulted in ranking health problems in 20 categories for aspects related to health impact and unmet need.

In 1995, LCMC researched in-depth a broader set of unmet health and social needs in the Town of Burlington. Research was extensive using local and national data, individual and group interviews across a wide spectrum of professions and organizations. Consistently, issues found to be top priority by individuals in the community were supported by available statistics.

In a less formal process the same information resources have been used to confirm the validity of priority areas for service. Population diversity, locations, age and gender have been followed closely to initiate or modify programs. In FY 09, Lahey Clinic has committed to conducting a formal community needs assessment of its core service area.

Table 1

**LCMC Burlington Community Health and Social Issues Assessment Survey
Summary of Top Issues Identified in 1995
(re-validated as still relevant in 2006)**

Category	Ranked in Order of Importance by the Community
Populations identified at Risk	
Uninsured Individuals and/or Families	1
Children, Adolescents and their Families	2
Elders	3
Children/Adolescents	
Child Abuse	1
Teen Violence	2
Teen Dating Violence	3
Elders	
Elder Abuse/Neglect	1
Lack of Assisted Living Units	2
Alzheimer's Disease	3
Homebound Populations	
Access to Medical Care for the Homebound	1
Access to Physician Services for the Homebound	2
Access to Medical Care for the Disabled	3
Medical Issues	
Gap in Physicians' Awareness of Community Resources	1
Smoking	2
Needs for Mammograms for Socio-economically Deprived	3
Mental Health & Social Issues	
Domestic Violence	1
Substance Abuse	2
Stress	3

D. Key Collaborations and Partnerships

Lahey Clinic's Community Benefits Initiative (LC CBI) process is based on the belief that the most effective way to improve the health status of a community is through the development of active partnerships with other healthcare providers, community organizations, and community members. When community organizations and individuals plan collectively to implement healthcare and other human service programs, the likelihood of successfully aligning programs with the unique needs of the targeted populations, significantly increases. **The collaborative partners of LC CBI during 2008 were:**

Domestic Violence Initiative/Lahey Clinic/Community Partnership - (DVI) - In 1992, as a result of the work of the LCMC Cluster Committee, domestic violence was selected as a top public health issue. The Domestic Violence Initiative Committee (DVI) was formed to develop and implement programs designed to prevent and lessen the impact of domestic violence. Participants include LCMC clinical and administrative staff, as well as many representatives from community agencies across the primary service area. LCMC and community representatives continue to initiate and implement educational programs to heighten awareness of domestic violence and the need for training to respond to domestic violence.

Refuge, Advocacy and Change (REACH) (formerly called Support Committee for Battered Women (SCBW) - Consulting organization to the DVI and DVI projects, provides expertise, advocacy and resources. In 2008, REACH received a \$10,000 grant through the LCMC DoN Program to fund its Emergency Shelter Program for individuals and families seeking refuge from lethal violence when Massachusetts emergency shelters are full.

Burlington Community Life Center - Town funded counseling agency for adolescents. The Director of Burlington Community Life Center as well as a social worker are members of the Community Benefits Initiative Committee and the DVI.

Burlington Police Department- Active in the Domestic Violence Initiative (DVI) Program.

The Burlington Business Roundtable and the **Burlington Rotary Club** - LCMC maintains an active membership in these organizations

Burlington Clergy Association- Membership and training involvement, through the Domestic Violence Initiative.

Burlington Public Schools - Co-sponsor of Health Adventures.

The Executive Office of Elder Affairs of the Commonwealth of Massachusetts The founding and lead agency for the statewide Serving Health Information Needs of Elders Program (SHINE).

Minuteman Senior Services- An ongoing oversight and collaborative partner for the SHINE Program. The Executive Director and SHINE Coordinator are members of the LC CBI Committee.

Councils on Aging- Councils in Burlington, Wilmington, Arlington and Billerica are current collaborative partners for programs such as the Intergenerational Program, Chronic Disease Self-Management Program and the Healthy Eating Program. A senior exercise program has been ongoing at the Burlington Council on Aging since 1995.

Atria Longmeadow Place, Senior Life Care Residence - Host of Community Benefits Initiative meetings. The Executive Director and Outreach Director of Atria Longmeadow Place are members of the Community Benefits Initiative Committee.

American Cancer Society – Partner in the Daffodil Days fundraisers and co-sponsor of “Look Good, Feel Better” Program.

Department of Public Health - Continues to serve as a resource for the DoN connection to the LC CBI and CHNA #15.

Community Health Network Area #15 - (CHNA #15) - LCMC is an active member of CHNA #15, an affiliate organization of the Department of Public Health. The CHNA #15 Coordinator is

an active member of the LC CBI Committee. The 2005-2010 LCMC DoN commitment of \$550,000 a year is in collaboration with CHNA #15. Through this coalition, the LC CBI has enhanced its networking with additional community organizations to gain and share information and strategically develop projects to work toward meeting unmet health and social needs.

SAHELI - Saheli, Friendship for South Asian Women is a group dedicated to helping South Asian women in Boston and surrounding areas. Saheli was founded in 1996 as an affiliate of the India Association of Greater Boston (IAGB). A representative from SAHELI is on the Domestic Violence Committee at LCMC.

Section V. Community Benefits Activities and Accomplishments – FY 2008

Designated Community Benefits Priority Areas of Focus

- A. Domestic Violence**
- B. Pulmonary Disease/ Tuberculosis**
- C. Geriatric Population**
- D. Youth Population**

A. Domestic Violence Initiative (DVI)

Mission

LCMC and its partners are committed to alleviating the public health and social problems associated with domestic violence (relationship violence) in all its forms. We are striving to be a safe place for and an accessible resource to people whose lives have been impacted by domestic violence. The Domestic Violence Initiative's goals are to:

- Heighten the public's awareness of domestic violence issues;
- Provide leadership to Lahey Clinic and the community in the area of Domestic Violence
- Train Lahey Clinic staff and work with community agencies to recognize and respond to the needs of the victims of domestic violence and maximize compliance with mandatory reporting requirements; and
- Provide crisis intervention and strive to become a safe haven for victims in need of protection and linkage with services.

Membership

Co-Chairs Dr. Alison Dick and Dr. Margaret Scott
Coordinator: Merle Kushner, LICSW

Members:

- Lahey Clinic Representatives include staff from GYN, GIM, the Employee Assistance Program (EAP), Social Work, Emergency, Psychiatry, Security, Human Resources, Nursing, and Clergy.
- Community Representatives include the Burlington Police Department, REACH (the area's domestic violence service group), the Burlington Community Life Center, Minuteman Senior Services, SAHELI (the area's South Asian Women's service group), the Burlington Council on Aging, the Edinburg Center, and the Middlesex District Attorney's Office.

Review of FY 2008 Accomplishments of the Domestic Violence Initiative

- Prevention and intervention continued to be provided for Lahey Clinic employees through the Employee Assistance Program.
- Social Work staff are on-call 24 hours/day, 7days/week for trauma cases.
- The standardized domestic violence inservice training program was revised; content includes documentation and self-neglect. Content focus is on universal screening, mandatory reporting, recognizing signs of abuse, special considerations for practice in the medical setting, and resource access.
- On going revision of the initial patient assessment in collaboration with Nursing occurs.
- The Lahey Clinic employee orientation materials were revised and expanded.
- Bi-weekly orientation for all new staff includes information on Domestic Violence.
- Mandatory education for all employees includes a section on Domestic Violence.
- In 2008, the domestic violence training program for all residents and fellows continued.
- In the past year REACH continued to be able to provide shelter to many, in part because of the CBI/DoN grant.

- A support group for elder women experiencing relationship violence organized by MMSS and made possible by the CBI/DoN is now an ongoing group.
- On Feb 14, 2008 White Ribbon Day was observed at Lahey.
- On March 6, the Gay, Bisexual, Lesbian Transgender relationship violence screening tool was reviewed with DVI members by Maureen Maskell, REACH advocate.
- On March 12 and 13, 2008 allied health professional trainings occurred.
- May 28 DVI coordinator joins Middlesex County DA Leaders in Elder Abuse Prevention Initiative.
- June 17 presentation to GIM Triage Nurses by Merle Kushner and Margaret Rocco, REACH advocate.
- On September 4, Meena Sonia Hewett and Rita Shah of SAHELI led a discussion with DVI on cultural issues and domestic violence and future training needs..
- On September 18, Dr Margaret Scott, Margaret Rocco, and a survivor addressed participants in continuing education program for nurses on women's issues..
- On September 23, Margaret Rocco presented to Behavioral Medicine and Psychiatry.
- On September 27, SAHELI's annual walk/run to support non-violence and their Women's Assistance Fund was held and supported by the Domestic Violence Initiative.
- On October 1, at The Lahey Social Work Lecture series, Jean Haertl, the Director of Workplace and Domestic Violence Prevention for the Commonwealth of Massachusetts, presented on domestic violence in the workplace.
- On October 19, SAHELI held a screening and discussion of the film Provoked, at Lahey Clinic.
- On October 22, there was a staffed informational table and display of the DVI quilt and the Clothesline Project at Lahey Clinic.
- On October 24, at Lahey Grand Rounds, Marian Ryan, Middlesex ADA and head of the Family Protection Bureau, spoke on elder abuse.
- On October 30, Lahey and DVI members supported REACH for the STARS, a fundraiser for REACH.
- On November 4, SAHELI presented to Behavioral Medicine and Psychiatry.
- On November 12, at the Lahey Social Work Lecture Series, Meena Sonia Hewett and Dr. Lija Joseph spoke about cultural concerns for South Asians accessing health care.
- On December 17, Meena Sonia Hewett .held a follow-up session with the Lahey social work staff.
- Communications occurred throughout the year with representatives from REACH, the REACH advocate at Burlington Police Department, Emergency, and EAP and Social Work staff, and the Burlington Police Department to improve care collaboration and access to services. Services and safety planning were initiated for many patients while still at the hospital and for staff in need.
- Domestic Violence Initiative members are represented at the Woburn District Court's Domestic Violence Roundtable, at the Conference of Boston Teaching Hospital's (COBTH) committee on domestic violence, and with the newly formed Leaders in Elder Abuse Prevention Task Force.
- Resource brochures are maintained throughout Lahey Clinic. Domestic violence prevention posters, with attached stickers referring to REACH and statewide resources for victims are placed throughout the Clinic.
- Lahey Clinic Discharge forms now include the national domestic violence hotline number.

FY 2009 Goals:

- Ensure access to a safe bed for all victims identified at Lahey Clinic in collaboration with REACH.
- Increase collaboration with REACH’s Advocacy Program.
- Develop and meet training goals.
- Develop outcome measures to assess program effectiveness.
- Continue to restructure and refocus committee to work collaboratively on goals of a direct benefit to the community.

Summary of Costs – Domestic Violence Initiative

FY 2008

Net Cost to LCMC - \$4,892

FY 2009 projected cost - \$5,038

B. Pulmonary Disease/Tuberculosis

Tuberculosis Outpatient Clinic.

In 1998, The Department of Public Health (DPH) approved Lahey Clinic Medical Center’s Pulmonary Department as the site for a free Tuberculosis Treatment Outpatient Clinic. LCMC treats patients referred by local health departments, healthcare institutions, community shelters, and other sources with community linkages for evaluation of patients with suspected tuberculosis.

The TB Clinic directed by Dr. John Beamis and Deborah McManus, R.N., provides a valuable community benefit and is a resource for approximately 14 communities surrounding Burlington. The TB Clinic will continue to provide the highest quality care to all patients and provide access to those populations at risk for TB. The TB Clinic is available to any resident of the Commonwealth, but special consideration is given to more vulnerable individuals who have lack of access to treatment.

Summary of Costs - TB Clinical Services

FY 2008

Number of patient visits – 263

Total Cost - \$59,966

Revenue - \$12,782

Net Cost to LCMC – \$47,184

FY 2009 Projected Cost

Number of patient visits - 260

Total Cost - \$61,764

Revenue - \$12,730

Net Cost to LCMC - \$49,034

C. Geriatric Population

Senior Dinner Program - The Senior Dinner program provides weekly discounted meal for adults 55 and over. The program was initiated in 1993.

FY 2008

Participants – Approx. 40 weekly

Cost - \$31,245

Revenue - \$8,216

Net Cost to LCMC - \$23,029

FY 2009 projected cost - \$32,182

SHINE (Serving Health Information Needs of Elders) Program- LCMC provides office space, supplies, publicity and support to the SHINE Health Benefits Program. The SHINE counselors, certified by the Executive Office of Elder Affairs, provide free Medicare, Medicaid, and supplemental insurance counseling to community members. Community partners include Minuteman Senior Services, the coordinating agency for LCMC's SHINE Services and the Massachusetts Executive Office of Elder Affairs, the statewide oversight agency of this program. The SHINE training and coordination at LCMC is provided by Cindy Phillips, Coordinator of SHINE, through Minuteman Senior Services as well as a being an active member of the LCMC/CBI Initiative Committee. LCMC and SHINE began the collaboration in 1994.

FY 2008

Elders Served:219

Net Cost to LCMC- \$15,109

FY 2009 projected cost - \$15,562

Senior Fitness Program - The free program held at the Burlington Council on Aging offers exercise classes twice weekly to seniors, led by Susan Nathan, a physical therapy employee,

FY 2008

Participants – Average: 50 weekly

Net cost to LCMC - \$2,814

FY 2009 projected cost - \$2,899

D. Youth Population

Health Adventures – LCMC, in partnership with the Marshall Simonds Middle School of the Burlington Public Schools, was chosen as one of nine pilot sites (the only site in a suburban setting) for the Health Adventures Program. It was developed in 1996 and sponsored by the American Hospital Association's American Society of Directors of Volunteer Services (ASDVS). The philosophy of the program is based on identifying at-risk youths, chosen by the middle school guidance counselors and the school principal, to help raise their self esteem while making a connection between the experiential learning offered and potential job skills. Each student is paired with an adult volunteer mentor, who shares with his/her student the experience of interactive science learning, an introduction to health related careers, and positive adult role modeling.

Monthly, on nine Saturday mornings, different LCMC department professionals host the Health Adventurers by teaching from a hands-on learning curriculum involving case study. Nurses, physicians, technicians, paramedics, therapists, pharmacists, and other hospital employees discuss their professions. The participating departments include: Clinical Laboratory, Emergency and Paramedic Services, Medical Library, Medical Records, Cardiology, Nursing, Pharmacy, Operating Room, Clinical Research, Physical Therapy, Social Services, Planning, Engineering and Design.

The LCMC Coordinator of Volunteer and Community Services, Donna Silva, in partnership with the Principal Richard Connors, coordinates the program. It has been so meaningful to all participants that LCMC and the Marshall Simonds School have chosen to continue to offer the Health Adventures Program each school year with an average of ten new middle school students. In addition, the program also introduces the adolescent participants to volunteerism by planting the seeds for them to understand and appreciate the value of service to others. Each summer two to four of the Health Adventurers successfully volunteer their time in the Junior Volunteer Program at LCMC.

Nationally, this model has been expanded by 50 more sites at hospitals throughout the country. In 1996 at the President's Summit on Volunteerism, ASDVS was represented and made a commitment in America's Promise Book to offer thousands of adolescents the opportunity to participate in Health Adventures. LCMC's Health Adventures Program was featured in the Massachusetts section of America's Promise Review of Programs.

FY 2008

Participants: 9 students, 10 mentors

Net cost to LCMC - \$15,213

FY 2009 projected costs - \$15,669

Section VI. Determination of Need Funded Programs – FY 08

In 2004, to meet the requirements of the **DoN Community Health Service Initiatives Process** through the Massachusetts Department of Public Health (DPH), LCMC made a commitment to allocate a total of approximately \$550,000 a year over a five year period to community programs. In collaboration with CHNA #15, LCMC concentrates on many health and social needs in various communities. All recipients of DoN funds are required to evaluate the results of their programs (see form at the end of this section) and to share results, good or needs improvement, with other grantees at an annual showcase held at Lahey Clinic. Original reports are on file with Volunteer and Community Services. **The following is an update on projects completed in FY 08 utilizing Year Four Funding:**

- 1. Council on Aging Exercise Programs and Health Lectures** – The Burlington, Wilmington, Arlington and Billerica Councils on Aging all received funding for valuable programs to benefit seniors in their communities.

Burlington Council on Aging:

Tai Chi Classes – Tai Chi helps improve the balance of the elderly and helps to reduce the risk of falling. A series of Tai Chi classes over 36 weeks were offered in 2008.

Exercise Classes – The “Senior Stretch” exercise classes are ongoing.

Total for Burlington Council on Aging: \$15,000

Wilmington Council on Aging:

Tai Chi Classes – Wilmington completed two eight-week sessions of Tai Chi Classes in 2008.

Line Dancing Classes – Two eight-week sessions were completed.

Health Lectures – Three sessions on Health, Nutrition and Exercise were held in 2008.

Total Control: A Pelvic Wellness Program for Woman – A seven week session meeting twice a week was conducted at the Buzzell Senior Center by the Burbank Family YMCA. The program is a gynecologist designed and medically based total body workout that puts the focus on fitness from the inside out.

Where the Athlete’s Train – This program was provided through The Competitive Athletes Training Zone (CATZ) adult fitness program. The goal is to attract “baby boomers” of Wilmington and elders that are in exercise programs and are interested in trying a new exciting endeavor.

Exercise Equipment – Hand-held weights, a storage rack, 50 floor mats and 50 flat bands were purchased in 2008.

Total for Wilmington Council on Aging: \$15,000

Arlington Council on Aging :

Low Impact Aquacise Program – This total body workout for active seniors is conducted in shallow water and is designed to improve a

participant's flexibility, strength, endurance, coordination and balance. This program ran twice weekly throughout 2008.

Tai Chi Classes – A total of 48 classes ran in 2008.

“Walk the Rink” Program – The program was held indoors at the Veteran's Memorial Rink in Arlington. A fitness instructor led the classes that met twice weekly for 12 weeks.

Muscle-Strengthening /Osteoperosis Prevention Program – 24 one-hour classes were held in 2008.

Pilates and Meditation – Two eight week sessions for a total of 16 classes were held in 2008.

Transportation by Council on Aging Van – For those who wish to participate but have no way of getting to/from exercise sites.

Total for Arlington Council on Aging: \$15,000

Billerica Council on Aging:

High Impact Aerobics Classes – Classes were held twice per week throughout 2008.

Reiki Treatment Clinic – Under the direction of Reiki Master, Rosemarie Bass, twice a month for a total of 6 hours per month.

Holistic Health Fair – Invitations were extended to licensed practitioners of Acupuncture, Reflexology, Chiropractic care, Reiki, Medication, Yoga, Massage, Qi Gong and more.

Personal Safety Course – A four week course was offered in personal safety instruction.

Purchase fitness equipment – Leg weights, stretch bands, a massage table and a ping pong table were purchased in 2008.

Total for Billerica Council on Aging:\$15,000

2. Wellness Programs in Burlington, Wilmington, Billerica and Woburn

Chronic Disease Self-Management.

This workshop is aimed at helping participants to better manage their chronic health conditions. At the end of the six-week workshop, participants have the tools and skills to meet the challenges of chronic illness while working to do the things they want to do and continue and enhance relationships that are important to them.

Three workshops were held at the Burlington and Woburn, two at Billerica and one at Winchester Council on Aging. Participants self-reported a better sense of dealing with daunting issues, managing fatigue, dealing with difficult emotions, and communicating better with their doctor. The overall feeling of hope prevailed.

Total # participants at the four councils combined were 143

Self-reported changes in health behaviors and health status

	Improved	No Change	Worse/less
Exercise	109	21	1
Feelings of Discouragement	98	21	7
Feelings of Control	107	21	4

Total for Chronic Disease Self-Management: \$29,358

Healthy Eating with MyPyramid.

The Healthy Eating with MyPyramid workshop is a national program developed at Lahey Clinic. It combines a lecture component and hands on experience. The workshop focuses on making better choices to help maintain or improve participant's wellness and independence and prevent chronic disease development or progression through good nutrition practices. The first four sessions are educational with a strong behavior change component. The last two sessions are hands on. One session is dedicated to label reading and comparison at a local supermarket. The last session is luncheon at a local restaurant where participants can put into practice what they have learned and to make better choices even when eating out.

Four workshops were offered in Burlington and Woburn, two in Billerica and one at The Marshall Middle School. A total of 148 seniors and 8 students attended the workshop.

Self-reported changes in eating habits

	Improved	No Change	Worse/less
Health benefits such as lower blood pressure, reduce medication, lower cholesterol.	59	68	1
Change in eating habits by following MyPyramid.	142	6	0
Reading labels.	140	4	0

Self-reported changes in eating habits by students

	Improved	No answer
Changes in eating habits	7	1

What did you like most about the workshop:

Guest Speaker	4
Reading Labels	5
Demonstration	6
Everything	2

Total for Eating Health with MyPyramid: \$47,040

Yesterday and Today Intergenerational Program.

Seniors and young adults came together to share their knowledge and personal experience about growing up many years ago and growing up today. There were 14 seniors and 38 campers from the Woburn YMCA in the Woburn program.

In Billerica, there were 12 seniors and 25 students from the Town of Billerica Recreational Department, counselors in training.

Each group met three times and shared the rich stories of their childhood, mutual interests and respect for each other. For seniors, the program resulted in a positive social exchange with the younger generation. For students, the program resulted in a deeper life long sensitivity to the senior population and a clearer understanding of shared similarities and differences. The connection of generations brought joy and meaning to their day as was evident by the smiles on their faces.

Total for Yesterday and Today Intergenerational Program: \$18,004

YouCan! Steps to Healthier Aging.

The YouCan! Steps to Healthier Aging is designed to contribute and support two initiatives; President Bush's initiative Healthier US and the Department of Health and Human Services Steps to a HealthierUS Initiative. Because of the success of these Wellness programs offered through the Community Benefits Initiative, LCMC was asked by the Administration on Aging to join in this nationwide program.

Two workshops were presented at the Burlington and two workshops at Billerica COA. There were 80 participants enrolled, 12% men and 88% women. The participants met once a week for six weeks. Each participant was given a step counter to be worn and record their steps everyday. The goal of the program was to walk 10,000 steps every day. Starting at baseline, the participants determined their normal daily steps. From that point on, their weekly goal was to increase their steps by 10% each day for each of the remaining five weeks. Along with the walking portion of the program a nutrition segment targeting fruits, vegetables, calcium, fiber and portion size was offered with an overview of MyPyramid.

There was a wide variation in number of steps on average per week. Some walked as little as 294 steps, some as much as 15,821.

At the end of the program 100% had increased their steps from baseline. 16% were less than 10% increase and 84% recorded over 10% increase per week.

What we learned.

All participants walked on their own utilizing the local mall and parks. Participants received a binder with each week's materials, pages to record their steps and their food choices were included. The step counters were of high quality, worked well and were easy to use.

Many of the participants were very enthusiastic and continue to use their step counters as a tool to maintain their walking program

Total for YOUCAN! Eat Better and Move More: \$17,960

2. **Educational Series for School Nurses on Crisis Awareness**– A joint sponsorship between the LCMC CBI Committee and the Massachusetts School Nurse Organization (MSNO). Two programs were held at Lahey Clinic to address the management of diabetes in the school setting. The first program entitled “Diabetes Treatments and Trends” was held on December 1, 2007. Speakers included Cindy Pasquarello, CDE, a diabetes nurse educator from Joslin Clinic, a parent presentation by Laura Plunkett, author of “Family Challenges for Raising a Healthy Child” and a school nurse panel. Over 110 school nurses attended the program. The second program was an intensive course held on March 15, 2008 at Northeastern University Burlington Campus was conducted by two National Association of School Nurses (NASN) staff members for the Helping Administrator to the Needs of the Student with Diabetes in school (H.A.N.D.S.) program. 98 school nurses participated.

Total for School Nurse Programs: \$11,570

3. **Nutrition Presentations and Cooking Classes** – Registered Dieticians offered a series of cooking classes at Lahey Clinic for community residents from surrounding towns. Six classes were conducted, in 2006/2007 targeted patients who have been diagnosed with diabetes or cardiac disease and are interested in learning to cook healthful meals. There were 180 participants.

Total for Nutrition Presentations and Cooking Classes: \$3,439

4. **Domestic Violence Programs** –

- a. **Emergency Shelter Program** – The program, coordinated by REACH (Refuge, Education, Advocacy, Change) provides a hotel based “safe home” model for individuals and families seeking refuge from lethal violence when Massachusetts emergency shelters are full. REACH provides a “safe home” at a hotel and advocacy services to survivors. Participants receive access to REACH victim and legal advocacy services and 24-hour hotline support.

Total for Emergency Shelter Program: \$10,000

- b. **Support Group for Older Women Experiencing Intimate Partner Abuse** - Through this eight week program, the participants developed an understanding of domestic violence, the dynamics and cycles of domestic violence, safety planning and options and resources available to them.

Total for Support Group: \$6, 000

Total for Domestic Violence: \$16,000

5. **Postive Choices: Support of Youth Program – Town of Woburn:** The Reeves Elementary School conducted two programs focused on self-esteem and taking care of your body. The first program was entitled “Totally Courageous Basketball with Steve Granata. Using his athletic abilities, Steve communicates a messages of having a positive attitude and making the right choices. This program was presented to Kindergarten through grade 3 and separately to fourth and fifth

grades. In addition, “Good Character.....Good Choice bracelets were purchased for the 75 fifth graders to provide a tangible reminder of the need for good decision making. The second program entitled Mark Rothstein’s World of Jump Rope uses jump rope skills to promote basic character education including manners, teamwork and respect. This program was offered as a school-wide assembly as well as a separate program for each grade level. Both programs reinforced the basic foundation of strong decision making skills, particularly as it relates to kids making the choice NOT to use drugs, alcohol and tobacco. Additionally, childhood obesity is at an all-time high and has created a host of related problems such as high cholesterol, high blood pressure and Type I diabetes in so many of our young children. The program promotes striving for healthy, active and fit lifestyle, free of drugs and alcohol.

Total for Postive Choices Presentations: \$2,850

6. Health Adventures Program – A Partnership between Lahey Clinic and Marshall Simonds Middle School, Burlington for at-risk youth. (See p.16 for detailed program description) Two programs were conducted in FY2008.

Rock Climbing - A 2 ½ hour program at a state-of-the -art indoor rock climbing facility. Instruction was provided by two staff members for 10 students. The goal of the program is to foster self-esteem, confidence and team building among the middle school students as well as bonding with their adult volunteer mentors.

Ropes Course- A day-long series of mental and physical challenges that requires a group to utilize all of its individual and group problem solving, decision-making, communication and leadership skills. Through fun games and trust-building activities, the middle school students and mentors move through a progression of events that promote continued bonding and recognition of the group’s strengths and weaknesses.

Total for Health Adventures: \$2,200

7. Teen Depression and Suicide Workshops – In April, 2008, The Burlington Community Life Center conducted workshops for 10th graders on depression and suicide. The discussions focused on helping teens to identify the signs of teen depression and suicide and when to ask an adult for help.

Total for Teen Depression and Suicide Workshops: \$2,600

8. Human Service Referral Directories – LCMC provided a complimentary copy of the **Human Service Referral Directory** to all responding members of the 12 CHNA 15 towns as well as an additional 800 copies to the Massachusetts School Nurse Organization as part of a cooperative educational effort to help health and social service providers meet their ever increasing daily job challenges.

Total for Human Service Referral Directories: \$25,030

9. Town of Burlington Transportation Fund: \$5,000

10. Town of Arlington Transportation Fund: \$5,000

11. Emergency Preparedness – The Metropolitan Boston Emergency Medical Services Council (EMS Region IV) and the Northeast Emergency Medical Services (Region III) purchased emergency preparedness equipment and systems to support their respective service areas.

Total for Emergency Preparedness: \$150,000

12. Conducted Community-wide Flu Clinic - \$ 24,940

13. CHNA #15 and Massachusetts Partnership for Healthy Communities - \$226,460

Total FY 08 DoN Expenses: \$647,451

DoN PROGRAM EVALUATION FORM

Date _____

Organization / Agency _____

Contact Person _____ Title _____

Address

Telephone _____ Fax _____

Email

NAME OF PROGRAM

This is a: stand-alone program [] part of a larger program (name) [_____]

Population served

Time period _____ Number of sessions _____

Budget allocated _____ Total expended _____

Program goal(s)

Program objective(s)

Unduplicated count (number of participants)

Duplicated count (units of service delivered)

Program goal(s) met / unmet (if unmet, explain why) _____

Program objective(s met / unmet (if unmet, explain why) _____

Unanticipated results (positive & negative) (please list) _____

Do you plan to repeat this program? YES [] NO []

If so, when and where? _____

What changes should be made? Why? _____

If none, why not? _____

Might this program be replicated elsewhere? YES [] NO []

If so, where? _____

Comments, anecdotes

Please attach/include program evaluation summaries, printed materials, publicity, products, etc.

Section VII Community Health Education Programs and Services

Community Health, Prevention and Intervention

Smoking Prevention and Cessation Programs - Freedom from Smoking

Lahey Clinic Medical Center offers the American Lung Association's *Freedom from Smoking*® program. A nurse practitioner and certified instructors review this step-by-step plan for smoking cessation. An introductory session is presented without cost or obligation, registration for the seven-part program is \$100 per person. Regular sessions usually meet Wednesdays at 6:00 PM.

Freedom from Smoking emphasizes winning strategies to help participants adopt a non-smoking lifestyle including:

- Smoking patterns and triggers
- Stress management
- Self-image
- Coping strategies
- Symptoms of recovery
- Preventing relapse
- Fitness and exercise
- Developing a support system

Participants receive a course guide and a relaxation CD.

FY 2008

Cost to LCMC - \$10,315

Revenue - \$2,600

Net Cost to LCMC - \$7,715

FY 2009 projected cost - \$10,624

Support Groups - LCMC and LCN offer support groups through the Quality Resources/Social Services Department, and Psychiatry and Behavioral Medicine.

Support groups include:

- ◆ Alzheimer's Caregiver Support Group
- ◆ Brain Tumor Support Group
- ◆ Breast Cancer Group
- ◆ Breast Cancer Group (Lahey Clinic Medical Center, North Shore)
- ◆ Cardiac Support Group
- ◆ Cardiovascular Rehabilitation Education
- ◆ Charcot-Marie-Tooth (CMT)
- ◆ Diabetes Support Group
- ◆ Diabetes Support Group (Lahey Clinic Medical Center, North Shore)
- ◆ Gastric Bypass Support Group
- ◆ General Cancer/I Can Cope Support Group
- ◆ Hepatitis Support Group
- ◆ Ileoanal (J Pouch) Support Group
- ◆ Ostomy Association

- ◆ Kidney Transplant Support Group
- ◆ Laparoscopic Adjustable Band Support Group
- ◆ Look Good, Feel Better (Women receiving radiation or chemotherapy)
- ◆ Marfan's Syndrome
- ◆ Multiple Sclerosis Support Group
- ◆ Newly Diagnosed Breast Cancer Group
- ◆ Ovarian Cancer Group
- ◆ Stroke Survivor and Caregiver Support Group

FY 2008

Net cost to LCMC - \$37,255

FY 2009 projected costs - \$38,372

Educational Programs and Services

Programs for Vocational Schools and Community Colleges - Clinical training, job shadowing and classroom education are provided by LCMC professionals, in cooperation with area schools. Participants include Shawsheen Vocational School, Middlesex Community College, Peabody Educational Council, Minuteman Vocational Technical School, and Greater Lowell Regional Vocational Technical School.

FY 2008

Net cost to LCMC - \$43,470

FY 2009 projected costs - \$44,774

LABBB Program - Program for special needs adolescents who are placed in competitive employment upon completion of the program.

FY 2008

Participants – 29

Net Cost to LCMC - \$85,831

FY 2009 projected cost - \$88,405

EMT/Paramedic Continuing Education - LCMC's uniquely organized continuing education program for community EMT's paramedics (often from local fire departments) offers the most technologically sophisticated, life saving treatment education. The LCMC Emergency Services Coordinator manages this program.

FY 2008

Total Program cost - \$63,590

FY 2009 projected cost - \$65,497

English as a Working Language (EWL) - This established workplace literacy model program, coordinated by Patricia McAullife of Human Resources at LCMC, assists employees achieve their GED diplomas, make career advancements, attain their US citizenship and greatly improve their ability to communicate in English with supervisors, coworkers and patients. Employees are allowed to attend classes twice weekly on work time in a computer lab with individualized instruction. The

program serves approximately 15 departments with employees from 11 countries. In FY 98 and 03 the program received an award from the Coalition for Adult Education in Massachusetts. In FY 99, the EWL Program at LCMC was chosen by the University of Southern California as one of seven to participate in a national grant studying the benefits of work-place-based educational programs. The program was featured in the October 2003 issue of Health Facilities Management Magazine highlighting Lahey Clinic's continued commitment to educate and invest for its own enhancement.

Yearly average -62 students
FY 2008 cost - \$52,500
FY 2009 projected cost - \$54,075

Waiving of Room Fees for Outside Groups - To support community outreach, LCMC waives room fees for many community groups for their meetings and support groups.

FY 2008
Net cost to LCMC - \$26,522
FY 2009 projected cost - \$27,317

Donations-LCMC and LCN have made many financial donations to charitable organizations and causes, such as The American Heart Association, People Helping People, the Burlington Firefighters, the AIDS Walk, the American Cancer Society's Daffodil Days, Toys for Tots and the Burlington Scholarship Foundation.

FY 2008
Net Cost to LCMC - \$56,250
FY 2009 projected cost- \$40,000

Publications - The Lahey Clinic Magazine, Health and Wellness News from the Lahey Clinic newsletter and Medical Ethics provide timely and useful information to patients and community residents, on a variety of healthcare topics and community health education.

FY 2008
Net cost to LCMC - \$285,013
FY 2009 projected cost - \$293,563

Section VIII Charity Care

Massachusetts Uncompensated Care Pool, LCMC's contribution

FY 2008

\$4,930,474

Administration of the Free Drug Program - Uninsured and underinsured patients in need of certain medications are offered free medications through the LCMC pharmacy's administration of the Free Drug Program.

FY 2008

Net cost to LCMC - \$5,881

FY 2009 projected cost - \$6,057

Free Counseling and Support Services - Individual, family, group, couples counseling and support services are provided free of charge to those in need.

FY 2008

Net cost to LCMC - \$199,393

FY 2009 projected cost - \$205,374

Psychiatry & Behavioral Medicine Consultation & Referral Services

FY 2008

Net cost to LCMC - \$76,046

FY 2009 projected cost - \$78,327

Administration of the Community Benefits Effort

Administration of Community Benefits at LCMC includes 40% of the salary of the Coordinator of Volunteer and Community Services, 20% of the salary of the Manager of Volunteer & Community Services, and a portion of the salary of the Senior Vice President providing oversight and direct involvement in the community benefit process at LCMC.

FY 2008

Net cost to LCMC - \$49,726

FY 2009 projected cost - \$51,217

Volunteer Contribution to Community Benefits

Although not considered a net cost to the organization for the Community Benefits reporting, 29,813 volunteer hours for FY 2008 were donated by volunteers at LCMC and within some of the community outreach programs. The dollar evaluation of these hours at the nationally quoted rate for the value of volunteer service per hour at \$19.51 totals \$581,651*.

* Not included in total community benefit cost

Contribution to Lives of Community Members, Businesses and Global Health Care

Lahey Clinic Medical Center, Lahey Clinic Northshore, and the Physician Community Group Practices provide job opportunities, as well as services to many community residents. The community resident employees, in turn, offer their support to local businesses, schools and other institutions. With its strong tertiary services, LCMC offers additional business benefits to its communities. Many patients travel to LCMC from all over the United States and the world. They and their families support the shopping, hotel, travel, and cultural services available in nearby areas, thereby strengthening the business environment for all.

Lahey Clinic, through the efforts of a number of medical professionals, sponsors a very strong Global Outreach Program. The LCMC Philanthropy Department coordinates fundraising for medical supplies, coordination of the program efforts, and the recruitment of physicians and other health professionals, who volunteer their time and pay travel expenses to impoverished countries in the world to deliver medical care.

**Section IX Summary of 2008 Community Benefits Inventory
of Costs and Projected Costs – FY 2009**

Designated Community Benefits Priority Area Funding:	FY 2008	FY 2009 Projected Cost
Domestic Violence	\$ 4,892	\$ 5,038
Pulmonary Issues/Tuberculosis	\$ 59,966	\$ 61,764
Geriatric Population		
• Senior Dinner Program	\$ 31,245	\$ 32,182
• SHINE Program	\$ 15,109	\$ 15,562
• Senior Fitness Program	\$ 2,814	\$ 2,899
Total Geriatric Population	\$ 49,168	\$ 50,643
Youth Population		
• Health Adventures	\$ 15,213	\$ 15,669
Total Youth Population Programs	\$ 15,213	\$ 15,669
DON Funded Programs(LC CBI/CHNA #15 Coalition)	\$ 647,451	\$ 647,649
Administration of Community Benefits	\$ 49,726	\$ 51,217
Total Community Benefits Cost	\$ 826,416	\$ 831,980
Revenue and Grants	\$ 20,998	\$ 20,930
Total Community Benefits Net Cost	\$ 805,418	\$ 811,050
Community Health Education Programs and Services		
• Support Groups	\$ 37,255	\$ 38,372
• Smoking Prevention and Cessation	\$ 10,315	\$ 10,624
• Programs for Vocational Schools and Community Colleges	\$ 43,470	\$ 44,774
• LABB Program	\$ 85,831	\$ 88,405
• EMT/Paramedic Continuing Education	\$ 63,590	\$ 65,497
• English as a Working Language Program	\$ 52,500	\$ 54,075
• Donation of Room Fees for Outside Groups	\$ 26,522	\$ 27,317
Donations	\$ 56,250	\$ 40,000
Publications	\$ 285,013	\$ 293,563
Total Community Health Education and Services	\$ 660,746	\$ 662,627
Revenue	\$ 2,600	\$ 2,600
Total Community Health Education & Services Net Cost	\$ 658,146	\$ 660,027
Charity Care		
• Uncompensated Care Pool	\$4,930,474	\$4,930,474
• Free Drug Program	\$ 5,881	\$ 6,057
• Free Counseling & Support Services	\$ 199,393	\$ 205,374
• Psychiatry & Behavioral Medicine Consultation and Referral Services	\$ 76,046	\$ 78,327
Total Charity Care	\$ 5,211,794	\$ 5,220,232
Total Community Benefits/Service/Charity Care Net Cost	\$ 6,675,358	\$ 6,691,115