



MASSACHUSETTS EYE AND EAR

Massachusetts Eye and Ear Community Health Needs Assessment, Implementation Plan, and Annual Community Benefit Progress Report

Fiscal Year 2019

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I. Introduction

A. Background

Massachusetts Eye and Ear (Mass. Eye and Ear) is a specialty hospital dedicated to excellence in the care of disorders that affect the eye, ear, nose, throat, and adjacent regions of the head and neck. Mass. Eye and Ear also provides primary care and serves as a referral center for outpatient and inpatient medical and surgical care. In conjunction with Harvard Medical School, Mass. Eye and Ear is committed to the education of future health care professionals, as well as the education of the public concerning the prevention, diagnosis, and treatment of the diseases in its specialties and concerning the rehabilitation of patients affected by these diseases. In order to provide the highest quality of contemporary care and greater advancements in care in the future, Mass. Eye and Ear conducts laboratory and clinical research in its areas of specialty. Mass. Eye and Ear recognizes its obligation to serve as a source of excellence in patient care, teaching, and research in Massachusetts, the United States, and the world.

Historically, Mass. Eye and Ear has demonstrated its commitment to serving disadvantaged populations through its community benefit and community service programs. In FY2010, while continuing these programs, Mass. Eye and Ear underwent an assessment and planning process to focus institutional resources and partnerships on its first three-year plan in accordance with the Attorney General's community benefit guidelines. Every year since, Mass. Eye and Ear has reported on the accomplishments of its community benefit strategies. Every three years, it has conducted community health needs assessments and developed three-year plans to meet the prioritized needs of its identified communities and populations. Like the community benefit plans of other hospitals across the Commonwealth, the Mass. Eye and Ear plan focuses on populations that face greater obstacles to care than the general public and/or are disproportionately affected by conditions that affect their daily functioning and quality of life. However, the Mass. Eye and Ear plan builds upon its institutional expertise, services, and partnerships which are, due to its clinical focus on the eye, ear, nose, throat, and adjacent regions of the head and neck, distinctly different than those of general hospitals across Massachusetts. Our community benefit plan is primarily designed to improve the vision, hearing, and other conditions of the nose, throat, head and neck among vulnerable populations in our service area.

B. Document Overview

This document describes in detail Mass. Eye and Ear's:

- Community benefit mission;
- The process involved in its community health needs assessment (CHNA) and implementation planning;
- The CHNA findings and priority communities, populations, and issues;
- The implementation plan goals, objectives, expected outcomes, strategies, and the Attorney General's categories addressed by each strategy; and
- Progress in relation to the final year of the last three-year community benefit plan, including the resources expended on the strategies.

C. Assessment and Planning Process

Mass. Eye and Ear utilized a small Community Benefit (CB) Working Group under the leadership of Jennifer Street, Senior Vice President for Communications and Planning and outside consultants Hope Kenefick, MSW, PhD and Dawn Baxter, MBA to coordinate its CHNA and planning processes. The team analyzed patient and community-level data, gathered insights from community partners and other key informants, identified the hospital's priority communities, populations, and issues, and developed preliminary goals, objectives, and strategies for the implementation plan.

Jennifer Street and the CB Working Group convened the CB Advisory Committee¹, a new 15-member group comprised of internal and external stakeholders, to review and discuss the CHNA findings, priorities, and the proposed implementation plan elements. Membership of the CB Advisory Committee will be expanded in FY19 to include additional external partners with expertise in the plan's priority populations and issues.

Jennifer Street then met with the hospital's senior leadership, including the President/CEO, and the officers and vice presidents from the hospital's clinical, research, and administrative areas to review the community benefit mission statement, CHNA findings, and the proposed implementation plan. The CB Working Group incorporated the feedback provided by these groups and readied the document for presentation to the hospital's Board of Directors in March of 2019. Following the Board meeting, the CB Working Group prepared the final 2019-2021 community benefit document. Membership of these four Community Benefit Committees (i.e., the CB Working Group, CB Advisory Committee, senior leadership group, and Board of Directors) is provided in Appendix A.

D. The Community Benefit Mission Statement

As part of this year's community benefit planning process, Mass. Eye and Ear's leadership re-affirmed its Community benefit Mission Statement, which is:

Be it resolved:

- *That Massachusetts Eye and Ear hereby reaffirms its commitment to serve the identified health care needs of its constituent communities/patient populations ("the designated community").*
- *That designated community is further defined for this purpose as residents of the Greater Boston area with, or at risk of, disorders of vision, hearing, voice or speech, with a special emphasis on underserved populations.*
- *That such a commitment is recognized as an integral part of the mission of Mass. Eye and Ear.*
- *That efforts to fulfill this commitment will build upon traditional partnerships between Mass. Eye and Ear and the designated community, recognizing the value of such collaboration.*
- *That Mass. Eye and Ear will develop, implement, and update as necessary a formal plan for fulfilling this commitment, which plan will include allocation of appropriate resources to address identified health care needs of the designated community.*

The Mass. Eye and Ear Community benefit Mission statement is posted publicly on the hospital's website and as part of the annual report submitted to the Attorney General's Office.

¹ Community members on the CB Advisory Group and those who completed key informant interviews as part of the CHNA were asked to submit community engagement forms to the hospital and Office of the Attorney General.

II. The Community Health Needs Assessment Methods, Findings, and Priorities

The CHNA was designed to identify the Mass. Eye and Ear priority communities, populations, and issues for its implementation plan. For most Massachusetts hospitals, community-level data available through the Massachusetts Department of Public Health and Boston Public Health Commission are useful in understanding the specific health needs of communities and those in which disparities exist. These data are typically used to select vulnerable communities and populations and to target services to address particular health issues and disparities. Because neither the Boston Public Health Commission nor the Massachusetts Department of Public Health collect and report data on vision, hearing and other head and neck conditions in Massachusetts communities, Mass. Eye and Ear had to rely on its own patient data, Census data, guidance from the Centers for Disease Control and Prevention, and information gathered from internal and external stakeholders to define its target communities and populations and to formulate priorities for its community benefit plan. The CHNA is described below as a two-step process. The first step involved identifying the target communities and priority populations. The second involved identifying the needs of the priority populations within the target communities.

CHNA Process Step 1. Identify Mass. Eye and Ear's priority communities and populations for its Community Benefit Plan

The assessment to inform the next Mass. Eye and Ear Community Benefit Plan began with analysis of 12 months of patient data (December 1, 2017 through November 30, 2018) to better understand the population served. Patients from outside of Massachusetts were excluded from analyses, leaving a representative sample of 134,709 patients who utilized services at Mass. Eye and Ear's main campus and its Longwood facility. Below, observations about patients' sex, age, socio-economic status (SES), race/ethnicity, primary language, and their geographic locations are provided. These data were used to guide the selection of target communities and populations of focus. The findings about patients' sex, race/ethnicity, geographic location, and SES are provided and are followed by profiles of Mass. Eye and Ear's patients that were used to identify its priority populations.

Sex: Over half (55.5%) of patients included in the data set are female.

Age: The mean age of patients in the data set was 53.08 years, with a range of 0 to 108. The median and mode were 58 and 71, respectively.

Race/ethnicity: Roughly 87% of patients elected to provide data about their race and ethnicity at the time of registration at Mass. Eye and Ear. Figure 1 below shows the racial/ethnic breakdown of patients, the majority of whom (71.74%) are White. Additionally, 8,103 (5.53%) of patients identified their ethnicity as Hispanic.

Figure 1. Race/ethnicity of Mass. Eye and Ear patients²

American Indian/Alaska Native	193	0.13%
Asian	7,040	4.8%
Black/African American	8,783	5.99%
Native Hawaiian or Other Pacific Islander	108	.07%
White	105,181	71.74%
Other	6,880	4.69%
Unknown	18,426	12.57%

Primary language: Nearly 8,800 (5.9%) of Mass. Eye and Ear’s patients who elected to provide data on their language identified a primary language other than English. The most common primary language among Mass. Eye and Ear patients is Spanish (3.14%) followed by Chinese (.72%) and Portuguese (.54%). See Figure 2.

Figure 2. Primary language (other than English) of Mass. Eye and Ear patients³

Spanish	4604	3.14%
Portuguese	786	.54%
Chinese	1058	.72%
Haitian Creole	439	.30%
Vietnamese	289	.20%
Russian	518	.35%
French	122	.08%
Khmer/Cambodian	68	.05%
Italian	173	.12%
Arabic	547	.37%
Albanian	76	.05%
Cape Verdean	116	.08%
	8796	5.9%

Geography: As shown in Figure 3, just over 18% of Mass. Eye and Ear's patients reside in Boston. Another 35.4% live in the suburban communities around Boston and within the geographic area surrounded by Interstate 128 (128 belt), and 31% live west of Interstate 128, but still east of Interstate 495. The remaining 15.4% of patients live elsewhere in MA (e.g., west of Interstate 495 or on the Cape or Islands).

² At the time of the CHNA, Mass. Eye and Ear was in the midst of integrating multiple systems within Partners HealthCare System. As a result, data on race/ethnicity were pulled and calculated separate from the rest of the patient data used in the CHNA. These data were run for FY18 with a total n of 146,611. Because they were not included in the larger dataset, the analyst was not able to stratify other data (e.g., geographic location, SES, age) by race/ethnicity.

³ Like the race data, primary language data were pulled and calculated separate from the rest of the patient data used in the CHNA. These data were run for FY18 with a total n of 146,611. Because they were not included in the larger dataset, the analyst was not able to stratify other data (e.g., geographic location, SES, age) by primary language.

Figure 3. Geographic location of Mass. Eye and Ear patients living in Massachusetts

Boston (includes 519 Mission Hill residents)	24,539	18.2%
Within 128 belt (except Boston)	47,626	35.4%
East of 495/West of 128	41,784	31.0%
Elsewhere in MA	20,760	15.4%

Boston is home to the largest concentration of Mass. Eye and Ear patients (18.2%) followed by 15 other communities (See Figure 4). With the exception of Brockton, all of these communities are within the 128 belt. Together with Boston, these 14 communities are home to 54,227 or 40.3% of Mass. Eye and Ear's patients.

Figure 4. 15 Communities outside of Boston that are home to largest concentrations of patients

1	Cambridge	4424	3.3%
2	Brookline	2768	2.1%
3	Revere	2631	2.0%
4	Quincy	2540	1.9%
5	Somerville	2269	1.7%
6	Medford	2215	1.6%
7	Malden	2139	1.6%
8	Chelsea	1935	1.4%
9	Lynn	1899	1.4%
10	Everett	1697	1.3%
11	Brockton	1378	1.0%
12	Arlington	1344	1.0%
13	Stoneham	1292	1.0%
14	Saugus	1275	.9%
15	Melrose	1260	.9%
		31066	23.1%

Note that within the data set, some patients were listed as living in Boston with no specified neighborhood, whereas others were listed as living in one of Boston's 21 neighborhoods (See Figure 5).

Figure 5. Neighborhoods of Boston (except Bay Village and West End)



In fact, patient data were available for 13 of the 21 neighborhoods (See Figure 6). Rather than roll the data for the 13 neighborhoods into the Boston numbers, the consultants kept the data separate to understand which neighborhoods have significant numbers of Mass. Eye and Ear patients. However, it should be noted that the actual numbers associated with those neighborhoods should be higher, as some patients living in those neighborhoods are simply classified as living in Boston. Other neighborhoods of Boston may be home to Mass. Eye and Ear patients but, because specific neighborhood information is not available, we do not know which, if any, patients reside in those neighborhoods.

Figure 6. Neighborhood of Mass. Eye and Ear's patients who reside in Boston

Allston	457	1.8%
Boston	10095	40.3%
Brighton	1255	5.0%
Charlestown	1470	5.9%
Dorchester	2781	11.1%
East Boston	1092	4.4%
Hyde Park	1117	4.5%
Jamaica Plain	1710	6.8%
Mattapan	667	2.7%
Mission Hill	519	2.1%
Roslindale	1149	4.6%
Roxbury	995	4.0%
South Boston	647	2.6%
West Roxbury	1104	4.4%
	25058	100.0%

CHNA Conclusion #1: Although Mass. Eye and Ear cares for patients from all over the Commonwealth, the hospital's primary service area includes the communities within the Route 128 belt, including Boston.

Socio-economic status: Determining the SES of patients is challenging. However, for the purposes of the CHNA, means-tested public insurance plans and charitable “free” care were used as proxies for low income. Self-pay was a proxy for uninsured or under-insured.⁴ Together, patients with these payer types were considered to be of low SES. Note that, in Massachusetts, several private insurance companies contract with MassHealth (i.e., the state’s Medicaid program) to provide coverage for MassHealth patients. It is difficult to differentiate which patients listed as having a commercial payer actually are MassHealth patients. Thus, the exclusion of these patients from the analysis and the use of imperfect proxies likely led to an under-estimation of the percentage of low-income patients. Additionally, most patients who are 65 and over have some form of Medicare as their payment method (n=36,543 or 27.1%), which provides no indication of SES. With these caveats, the data indicate that at least 10.5% of Mass. Eye and Ear’s patients are of low SES (See Figure 7) with 7.5% on publicly-provided payers and 3% un- or under-insured.

Figure 7. SES of Mass. Eye and Ear’s patients using insurance as proxy

Medicaid	9692	7.2%
Other Government	380	0.3%
Free Care	413	0.3%
Self-Pay	3671	2.7%
Low SES:	14156	10.5%
Medicare	36543	27.1%
Commercial Payers	84010	62.4%
TOTAL (All Patients):	134709	100.0%

Profiles of Mass. Eye and Ear's low-income patients:

Patients with low SES or who are un/under-insured

Of the 14,156 patients identified as likely to have low SES, 1,819 (55.2%) are women. Nearly 64% of patients identified as having low SES live within the 128 belt, including those in Boston (See Figure 8).

Figure 8. Geographic location of Mass. Eye and Ear's low-income or un/under-insured patients

Boston	3316	23.4%
Within 128 (excluding Boston)	5723	40.4%
East of 495/West of 128	3073	21.7%
Elsewhere in MA	2044	14.4%
	14,156	100.0%

As shown in Figure 9 below, outside of Boston, 15 communities are home to the highest concentration of patients thought to be of low SES (4,632 in all or 32.7% of the hospital’s patients with low SES). With the exception of Brockton, Lawrence, and Peabody, all of these communities are within the 128 belt.

⁴ Whereas Free Care and public programs are means-tested and thus are fair estimates of those who are low-income, self-pay patients may not be low-income, but they are classified as un/under-insured because they do not have coverage for the type of services provided by Mass. Eye and Ear.

Figure 9. 15 Communities outside of Boston with highest concentration of patients with low SES

1	Chelsea	719	5.1%	8	Quincy	236	1.7%
2	Revere	629	4.4%	9	Somerville	233	1.6%
3	Lynn	509	3.6%	10	Medford	196	1.4%
4	Everett	410	2.9%	11	Peabody	156	1.1%
5	Cambridge	398	2.8%	12	Lawrence	154	1.1%
6	Malden	347	2.5%	13	Waltham	141	1.0%
7	Brockton	254	1.8%	14	Salem	121	0.9%
				15	Winthrop	120	0.8%

Because of data integration issues between Mass. Eye and Ear and Partners HealthCare System in FY19, race/ethnicity and primary language data for patients identified as having low SES is not available. Therefore, the consultants relied on Census data to identify the Massachusetts communities that are home to the largest populations of people of color, Hispanics, and those who speak a language other than English at home. While searching for those data, the consultants also identified the Massachusetts communities with the lowest per capita income. Figure 10 provides data on the top 10 Massachusetts communities for each of these indicators.⁵ Twelve of the 19 communities are in the top 10 for two or more of the indicators. As shown in the righthand column, eight of the communities with the highest concentration of Mass. Eye and Ear patients with low SES are also in the top 10 for one or more of the indicators. Six of the communities with the highest concentration of Mass. Eye and Ear patients with low SES (shaded gray in the table) are within the 128 belt (including Boston). Five of those six (Boston, Chelsea, Lynn, Malden, and Revere) are among the communities affected by two or more of the indicators. Chelsea, for example, where 719 patients with low SES live, is one of the state’s most racially diverse communities, has one of the largest Hispanic populations and the greatest proportion of those who speak a language other than English at home, and it has one of the state’s lowest per capita incomes.

⁵ Racial diversity information available at <https://www.bostonglobe.com/2014/12/04/diversity-map-massachusetts/Q3OqhKZEJoLj84vzTCIhAN/story.html>; Data on Hispanics available at: https://en.wikipedia.org/wiki/Hispanics_and_Latinos_in_Massachusetts; Data on language available at: <https://www.masslive.com/expo/news/erry-2018/08/50d91076058614/these-are-the-massachusetts-ci.html>; Data on lowest per capita income available at: <https://www.onlyinyourstate.com/massachusetts/poorest-cities-ma/>

Figure 10. Top 10 communities for racial diversity, Hispanics, language other than English spoken at home, and lowest per capita income (and with greatest concentration of Mass. Eye and Ear patients with low SES)

	Communities	Most racially diverse	Largest Hispanic populations	Greatest proportion of those who speak language other than English at home	Lowest per capita income	Communities with greatest concentration of Mass. Eye and Ear low SES patients
1	Amherst				X	
2	Aquinnah	X				
3	Boston	X	X	X		X
4	Brockton	X		X	X	X
5	Chelsea	X	X	X	X	X
6	Everett			X		X
7	Fall River				X	
8	Holyoke		X	X	X	
9	Lawrence	X	X	X	X	X
10	Lowell	X	X	X		
11	Lynn	X	X			X
12	Malden	X		X		X
13	New Bedford		X		X	
14	North Adams				X	
15	Randolph	X		X		
16	Revere		X	X		X
17	Springfield	X	X		X	
18	Southbridge				X	
19	Worcester		X			

CHNA Conclusion #2: The 128 belt is home to a number of communities with the state’s lowest per capita income, as well as large concentrations of people who are racially/ethnically diverse and/or who speak a language other than English at home. Thus, focusing on communities within the 128 belt (including Boston) will ensure that Mass. Eye and Ear reaches populations that are socially vulnerable as they are likely to experience barriers to care related to discrimination, language, and or socio-economic factors.

Profile of Mass. Eye and Ear's geriatric and pediatric populations:

Mass. Eye and Ear has clinical expertise in serving pediatric and geriatric or senior patients. These potentially vulnerable groups were selected in FY10, during the first CHNA, as priority populations for Mass. Eye and Ear's Community benefit Plan due to the impact of hearing/vision impairment on children's development and hearing/vision impairment and balance issues on the health and safety of elders. Since then, Mass. Eye and Ear’s CHNAs have included analysis of patient data for seniors and children to look at trends (e.g., where they live) that would be important to include in implementation planning.

Seniors (age 65+): Patients aged 65 and over make up 37.2% of those seen at Mass. Eye and Ear during the selected timeframe, a total of 50,158 individuals. Among senior patients, 57% are female. The average age of the senior group is 75 with a range of 65 to 108. For Mass. Eye and Ear's seniors in general, over half (53.1%) live within the 128 belt, including Boston (See Figure 11).

Figure 11. Geographic location of Mass. Eye and Ear's geriatric patients

Boston	8623	17.2%
Within 128 (excluding Boston)	18010	35.9%
East of 495/West of 128	15778	31.5%
Elsewhere in MA	7747	15.4%
	50158	100.0%

Figure 12 shows the 15 communities outside of Boston with the largest concentration of Mass. Eye and Ear's senior patients; 23.3% of the hospital's senior patients live in these communities and all but one community (Quincy) is within the 128 belt.

Figure 12. 15 Communities outside Boston with highest concentration of Mass. Eye and Ear's seniors

1	Cambridge	1590	3.2%	8	Stoneham	610	1.2%
2	Brookline	1169	3.2%	9	Lynn	576	1.1%
3	Revere	937	1.9%	10	Everett	558	1.1%
4	Quincy	888	1.8%	11	Chelsea	520	1.0%
5	Medford	886	1.8%	12	Melrose	517	1.0%
6	Malden	799	1.6%	13	Saugus	514	1.0%
7	Somerville	703	1.4%	14	Winthrop	511	1.0%
				15	Arlington	501	1.0%

Because most of the senior patients at Mass. Eye and Ear have some form of Medicare for health care coverage, the payer data are not a useful proxy for SES. Therefore, U.S. Census data were examined to understand the demographic profiles (i.e., proportion of seniors and those living below the poverty level) in Boston and each of the 15 other communities with the highest concentration of Mass. Eye and Ear's senior patients. Figure 13 shows that five of the communities (in gray) have a larger proportion of senior residents than the state in general. Nine communities (in gray) have a larger proportion of residents living below the poverty level than the state in general. Figure 13 shows that many of the communities with the highest concentration of Mass. Eye and Ear's senior patients also have high rates of poverty. Except for Quincy, all of these communities are within the 128 belt (including Boston), which suggests that concentrating community benefit programming on communities within the 128 belt will have the greatest likelihood of reaching Mass. Eye and Ear's senior patients, including many who live in communities that are disproportionately affected by poverty.

Figure 13. U.S. Census data on residents 65+ and poverty in communities in which the largest concentration of Mass. Eye and Ear senior patients reside

	2017 US Census population estimate	Residents 65+	Residents living below poverty level
Massachusetts*	6,902,149	16.2%	10.5%
Boston	685,094	11.0%	20.5%
Cambridge	113,630	11.3%	13.5%

Brookline**	58,732	15.6%	11.4%
Revere	53,993	14.5%	13.0%
Quincy	94,166	15.3%	10.5%
Medford	57,797	14.5%	10.3%
Malden	61,246	12.0%	15.9%
Somerville	81,360	9.5%	12.4%
Stoneham**	21,437	18.7%	4.3%
Lynn	94,063	11.5%	18.2%
Everett	46,324	10.9%	13.9%
Chelsea	40,227	9.2%	19.5%
Melrose	28,367	16.2%	3.9%
Saugus	28,251	19.6%	8.1%
Winthrop	18,625	17.8%	8.2%
Arlington	45,510	16.4%	5.2%

*2018 U.S. Census estimate; **2010 Census Data

Children (under 18 years old): In the selected timeframe, Mass. Eye and Ear provided services to 13,001 patients under the age of 18. These children comprise 10.4% of the total patient population. The pediatric population is made up of more males (55.8%) than females. As shown in Figure 14, roughly 47% live within the 128 belt (including Boston).

Figure 14. Geographic location of Mass. Eye and Ear's pediatric patients

Boston	1427	10.9%
Within 128 (excluding Boston)	4708	36.2%
East of 495/West of 128	4636	35.6%
Elsewhere in MA	2230	17.2%

The payer source for these patients indicates that 21.4% are of lower SES, in other words recipients of means-tested public insurance or Free Care or without insurance to pay for services at Mass. Eye and Ear (self-pay) and thus un/under-insured (See Figure 15).

Figure 15. Insurance of Mass. Eye and Ear Pediatric patients

Medicaid	2471	19.0%
Other Government	101	0.8%
Free Care	1	0.0%
Self-Pay	213	1.6%
Low SES:	2786	21.4%
Medicare	0	0.0%
Commercial/Other Payers	10,215	78.6%
TOTAL (All Patients):	13,001	100.0%

Over half (55.2%) of pediatric patients who are classified as having low SES live in communities within the 128 belt, including Boston (See Figure 16).

Figure 16. Geographic location of Mass. Eye and Ear's pediatric patients with low SES

Boston	336	12.1%
Within 128 (excluding Boston)	1201	43.1%
East of 495/West of 128	706	25.3%
Elsewhere in MA	543	19.5%

Figure 17 shows the communities outside of Boston with the highest concentration of pediatric patients, as well as those with the highest concentration of pediatric patients who have low SES. In all, 3,351 or 25.7% of Mass. Eye and Ear's pediatric patients live in 15 communities outside of Boston. All but three (i.e., Quincy, Brockton, and Braintree) of these communities are within the 128 belt. Nine communities outside of Boston that are home to the highest concentration of pediatric patients are also home to the highest concentration of children who have low SES. Eight of the communities with the highest concentration of children with low SES are within 128 belt; 881 or 31.6% of Mass. Eye and Ear's pediatric patients with low SES live in these eight communities. These data suggest that concentrating community benefit programming on communities within the 128 belt will likely reach a large proportion of Mass. Eye and Ear's pediatric patients, including many who have low SES.

Figure 17. The 15 communities outside Boston with highest concentration of Mass. Eye and Ear's pediatric patients and the 15 communities with the highest concentration of pediatric patients with low SES and/or who are un/under-insured

	Children		Low-income children	
Chelsea	387	3.0%	245	8.8%
Revere	360	2.8%	180	6.5%
Lynn	304	2.3%	148	5.3%
Cambridge	288	2.2%	45	1.6%
Everett	273	2.1%	129	4.6%
Quincy	252	1.9%	51	1.8%
Malden	217	1.7%	76	2.7%
Brockton	211	1.6%	104	3.7%
Somerville	197	1.5%	33	1.2%
Brookline	183	1.4%		
Medford	153	1.2%		
Braintree	135	1.0%		
Waltham	132	1.0%		
Melrose	131	1.0%		
Newton	128	1.0%		
Lawrence			45	1.6%
Taunton			38	1.4%
Middleboro			34	1.2%
Haverhill			32	1.1%
Weymouth			26	.9%
Winthrop			25	.9%

All of Suffolk County and much of Middlesex County are located within the 128 belt, where most of Mass. Eye and Ear's patients reside and where the largest concentrations of vulnerable patients (e.g.,

children, seniors, those with low SES) live. The U.S. Census data for Massachusetts' counties displayed in Figure 18 show that: Suffolk county is home to the largest proportion of the state's residents living below the Federal Poverty Level. Together, Suffolk and Middlesex counties are home to 25.9% of the Commonwealth's residents who live below the poverty line. Middlesex and Suffolk counties are home to 26.7% of the Commonwealth's seniors. Middlesex and Suffolk counties are home to 36.7% of the Commonwealth's children under age 18.

Figure 18. 2017 US Census Estimates: Seniors, children, and those living below the poverty line in MA counties

	population	% living below poverty line	% seniors (65+)	% of children (under 18)
Massachusetts	6,902,149	10.5%	16.2%	20.0%
Barnstable	213,444	7.6%	29.9%	15.1%
Berkshire	126,313	10.6%	22.8%	17.1%
Bristol	561,265	11.1%	16.7%	20.7%
Dukes	17,325	7.6%	23.4%	17.6%
Essex	785,205	10.2%	16.6%	21.4%
Franklin	70,702	10.4%	21.2%	17.6%
Hampden	5,196	4.0%	23.0%	18.4%
Hampshire	161,834	10.2%	16.6%	14.8%
Middlesex	1,602,947	8.0%	15.0%	19.9%
Nantucket	11,229	5.7%	14.6%	20.9%
Norfolk	700,322	6.7%	16.6%	21.1%
Plymouth	515,142	7.3%	17.6%	21.6%
Suffolk	797,939	17.9%	11.7%	16.8%
Worcester	826,116	10.4%	15.3%	21.3%

By concentrating on communities within the 128 belt, as well as some efforts that extend statewide (especially in the area between 128 and Interstate 495), Mass. Eye and Ear will likely reach the greatest concentration of its current patients, its most vulnerable patients (i.e., seniors, children, those with low SES), as well as non-patients who are seniors, children, and those living in poverty who may benefit from Mass. Eye and Ear's community benefit activities.

According to the Donahue Institute at the University of Massachusetts,⁶ the senior population (65+) is projected to steadily increase over the next 15 years whereas the population of children will remain relatively stable (See Figure 19).

Figure 19. Projected proportions of seniors and children in MA (2015-20130)

	Seniors	Children
2015	15.3%	22.9%
2020	16.9%	22.4%
2025	19.1%	22.3%
2030	21.1%	22.5%

⁶ Renski, H., Koshgarian, L. & Strate, S. (2013). Long-term Population Projections for Massachusetts Regions and Municipalities. UMass Donahue Institute, November.

Table uses data from UMass Donahue Institute (2013) report cited above.

These projections suggest that the need for Mass. Eye and Ear's community benefit activities targeting seniors and children will persist (and even grow for seniors) over time.

CHNA Conclusion #3: Analyses showed that large numbers of patients who are children or elderly or who have low SES reside within the 128 belt. Due to the factors that make children, seniors and low-income individuals vulnerable, these groups should be prioritized within the community benefit plan. Although the plan should not exclude those living outside of Boston and the 128 belt, it should emphasize services for those living within the area because residents are so likely to experience barriers to care. Mass. Eye and Ear should build upon a solid foundation of outreach and service provision to these communities and include strategies for improving access to care in the community benefit plan.

In 2012, Mass. Eye and Ear opened its Longwood facility in the Mission Hill neighborhood of Boston. Since that time, the hospital has included Mission Hill in both its CHNA and implementation plan to ensure that the neighborhood benefits from Mass. Eye and Ear's community investments. The Mission Hill neighborhood has a population of 20,304 and 36.7% of its residents live below the federal poverty level. The median income of Mission Hill residents is \$47,473. Nearly one-third (32.9%) have less than a high school education. Twenty-three percent of residents were born outside of the U.S. and 6.2% of residents have low or no fluency in English.⁷ Among the residents 12.8% are children (under age 18) and 10.5% are seniors (age 65 or over).⁸

CHNA Conclusion #4: Mission Hill, location of the hospital's Longwood facility, is home to many residents who are vulnerable due to their SES, race/ethnicity, and language, as well as a large proportion of children and seniors. Thus, some of Mass. Eye and Ear's community benefit strategies should focus on addressing the needs of children, seniors, and low-income residents in the Mission Hill neighborhood.

CHNA Process Step 2. Identifying the priority issues for the next community benefit implementation plan

To supplement the quantitative data analysis, Mass. Eye and Ear administered a survey with existing community benefits partners, gathering information about past and current activities as well as interest in future partnership initiatives. In-depth key informant interviews with current and potential partners who serve the priority target populations (children, seniors, and groups vulnerable due to economic or other access barriers) rounded out the qualitative data gathered for the assessment. Below we offer brief descriptions of the organizations that participated in the interviews, organized by target population served.

Focus on Children

⁷ <http://www.city-data.com/neighborhood/Mission-Hill-Boston-MA.html>

⁸ https://en.wikipedia.org/wiki/Mission_Hill,_Boston

Camp Harbor View serves 900 youth each year from Boston's underserved neighborhoods through summer camp sessions on Long Island in the Boston Harbor, as well as programs for campers and their families throughout the year. Camp is free and includes a four-week session in July or August, round trip transportation, apparel, three meals per day, and access to school-year programming and social services. Campers are 11 – 14 years old and come from 13 of Boston's neighborhoods. There is a focus on targeting children who are most in need of the programming Camp Harbor View provides. Most are low income. The three most represented neighborhoods are Dorchester, Roxbury and Mattapan. Mass. Eye and Ear provides vision screening for campers on the Island each summer. Camp Harbor View is eager to continue its partnership with Mass. Eye and Ear.

St. John Paul II Catholic Academy is the largest Catholic elementary school in the Northeast. It serves 1,252 students from Preschool through Grade 8 on three Dorchester campuses. St. John Paul II students represent over 50 countries; 78% of students are children of immigrants from Haiti, Cape Verde, Vietnam and other African, Hispanic and Caribbean nations. Twenty-three languages are spoken in the homes of students, including Vietnamese, Spanish, Haitian Creole, Portuguese, Polish, Chinese and Greek. Mass. Eye and Ear responded to a request to provide hearing screening for students last year and has committed to providing both hearing and vision screening for the upcoming year.

Fenway High School is a pilot school for the City of Boston with a unique schedule and programming to support students' academic, emotional, and social well-being. The student body of over 300 students is racially/ethnically diverse: 52% are Latino; 36% are Black; 6% identify as Asian/Pacific Islander, Native American, or other; and 6% are White. The majority (75%) of students live at or below the federal poverty level. Fifty percent come from homes where English is not the primary language and 21% have documented learning disabilities. The school is located in Mission Hill and draws its student from all over Boston. Mass. Eye and Ear is in discussions with Fenway to identify opportunities for student internships at Mass. Eye and Ear.

Focus on Seniors:

Roxbury Tenants of Harvard Association, Inc. (RTH) is a non-profit housing and human service organization that was founded by residents of the neighborhood in 1969. Its mission is to ensure community participation in decision-making, to foster the improvement of housing, recreation and related facilities for the residents of the Mission Hill area of Boston, and to improve the social and economic condition of the community. RTH has a variety of on-site programs for the residents who reside at Mission Park and additional neighborhood housing adjoining the site. RTH offers a wide array of classes for youth and adults and plans special events throughout the year for the community. Mass. Eye and Ear has partnered on varied initiatives with RTH over the past several years, ranging from vision and hearing screenings to financial support to invitations to Mass. Eye and Ear events in the neighborhood. RTH is interested in a continued and more intentional partnership with Mass. Eye and Ear. There are 700 seniors who live on the property. RTH offers senior events on a regular basis, including senior "chit chats" that are held monthly, with groups in Chinese, Spanish, Russian and English. RTH has the ability to provide translators and are available to convene groups for educational sessions and to distribute information. They welcome Mass. Eye and Ear's participation in health fairs and senior wellness days and partnership on additional programs and events targeted to seniors.

Elderly Housing Development Operations Community (EHDOC) is a nonprofit elderly housing organization that develops and manages safe, secure, and affordable housing for senior citizens across the United States. EHDOC operates in 17 states, including two sites in Massachusetts. The Charlestown

facility has 42 units (52 residents) and a senior center that provides services to the whole community (including to residents of 1,100 units of senior housing across the street from them). Fifty percent of the residents are Asian. About two-thirds of the residents are very low income (incomes < \$20,000). The South Boston EHDOC site has 50 housing units. EHDOC staff have established a range of community partnerships to help provide services to the many low-income residents they serve. Their goal is to enable residents to age in place, living independently with supports and avoiding nursing homes/long-term care facilities for as long as possible. A Service Coordinator helps people navigate the various systems, from screenings to health care follow up, accessing glasses, dealing with insurance and transportation issues, etc. EHDOC is not a current Mass. Eye and Ear partner, but is very interested in exploring partnership opportunities on behalf of the seniors it serves.

The Mission Hill Health Movement (MHHM), incorporated as a 501c3 in 1969, strives to improve and secure the health of the Mission Hill community through partnerships, collaborations, education and health and wellness advocacy and programs. Although MHHM's programs target the community broadly, its partnership with Mass. Eye and Ear has largely benefitted seniors. Mass. Eye and Ear provides free head and throat screenings at MHHM's annual Mission Hill Health and Wellness Fair, which has been of great interest to seniors, including African American men, often a difficult population to reach concerning medical services. MHHM remains interested in partnering with Mass. Eye and Ear for screenings and possibly exploring a program around young people and hearing loss as related to headphone use.

Focus on Socially/Economically Vulnerable Groups

United Way's Project Connect is a one-day, full-service event every July that invites providers from across Greater Boston to support families who are homeless and/or in transition. The event gathers service providers to offer such resources as housing and shelter assistance; employment services and job coaching; health, wellness, and salon services; government and legal services; professional (i.e., work/interview appropriate) clothing and shoes; school supplies; and child care. When participants arrive, they are paired with a volunteer guide who ensures they make every connection they need and helps arrange follow up meetings. Mass. Eye and Ear has been onsite to offer vision and hearing screening each year since Project Connect's inception. Project Connect values Mass. Eye and Ear's participation and would like to explore methods for helping vulnerable families access follow-up services if screening indicates such a need.

Vision Coalition Massachusetts/Year Up Partnership. The mission of Vision Coalition Massachusetts is to remove poor vision as an impediment to literacy, education, and a better way of life. They offer free vision screenings, free eye exams, and free eyeglasses. Year Up's mission is to provide urban young adults with the skills, experience, and support that will empower them to reach their potential through professional internships and coursework. Students at the Year Up program in Boston are trying to improve their lives by getting the training they need and an internship with a local business that will enable them to take their careers to the next level. Most Year Up students are economically disadvantaged; 72% of Year Up student households are under 200% of the federal poverty guideline, 46% live in public, subsidized, or Section 8 housing, and 18% receive public assistance.

Many Year Up students are getting their training and doing their internships with poor vision. Typically, 60 out of a class of 140 fail their vision screening with vision of 20/30 or worse. Most of these students know their vision shortcomings, but vision problems go untreated because these students do not have the health insurance or financial resources to get the regular eye care they need. Since 2007, Year Up

has teamed up with Vision Coalition and Mass. Eye and Ear to provide students with complete eye exams, eyeglass prescriptions, and eyeglasses from the Mass. Eye and Ear optical shop. The model is very effective in assisting participants with follow-up care at Mass. Eye and Ear when warranted.

Both the qualitative and quantitative findings were reviewed by the CB Working Group, which identified several needs among the priority populations in the priority communities. There is a need for:

- Vision screening, examinations, and follow up care for seniors, children, and others who have no or very limited access to such services.
- Hearing screening, examinations, and follow up care for seniors, children, and others who have no or very limited access to such services.
- Education, screening, support, and services for other clinical conditions (beyond vision and hearing) related to the head and neck
- Improved access to care for members of the target communities and populations who would benefit from services to address vision and hearing problems and/or other conditions of the head and neck, but whose access is limited due to linguistic or financial issues, lack of transportation, and/or a lack of knowledge about their conditions and the services to address them.
- Job readiness opportunities for economically and socially vulnerable populations.

With the projected growth of the senior population, the increase in income disparities, and the small number of institutions offering the types of clinical expertise and services available at Mass. Eye and Ear within Metro Boston, it is likely that the need for Mass. Eye and Ear services in its target communities will likely to persist for many years to come. Some of the identified needs affect large numbers of people in the target communities, whereas others affect smaller groups of people, either because pockets of people experience impeded access to services that are otherwise generally available or because a clinical condition is rare and the resources to address it are extremely limited.

CHNA Conclusion #5: Based on the findings from the CHNA, five priority issues should be addressed in the next community benefit implementation plan, namely: vision, hearing, other conditions of the head and neck, access to care, and job readiness.

With the selection of the priority issues, all of the community benefit plan priorities were established. Figure 20 below shows the priority communities, populations, and issues for Mass. Eye and Ear’s strategic implementation plan.

Figure 20. Mass. Eye and Ear Community Benefit Priorities at-a-glance

Priority Communities	Priority Populations	Priority Issues
<ul style="list-style-type: none"> • Communities within Route 128 belt • Boston • Mission Mill 	<ul style="list-style-type: none"> • Seniors • Children • Socially/economically vulnerable 	<ul style="list-style-type: none"> • Vision • Hearing • Other conditions of the head and neck • Access to care • Job readiness

Additional Themes Identified by Current and Potential Community Partners

Mass. Eye and Ear's partners expressed positive feelings about their collaborations with the hospital and hope to continue them. There is a willingness and readiness of partners to develop even deeper relationships with Mass. Eye and Ear on behalf of the populations they serve.

Three additional and important themes emerged from the survey and key informant interviews:

- Coordination of follow-up care for issues that emerge during screenings is critical;
- Vision and hearing issues are prevalent and are impediments to educational attainment/career advancement in vulnerable populations and can lead to increased social isolation for seniors;
- Service agencies are interested in more intentional and strategic planning to maximize the effectiveness of their partnerships with Mass. Eye and Ear and to take full advantage of Mass. Eye and Ear's expertise.

Partner perspectives on these (overlapping) themes are described below.

Follow-up Care

Ensuring that individuals who are identified with hearing, vision or other medical issues actually get follow-up care and aids (e.g., hearing aids or eye glasses) is challenging and largely dependent on the resources of the organization that is hosting screenings. In most schools, for example, a school nurse can follow up with families to help navigate the health care system. The Vision Coalition is focused on facilitating access to care at Mass. Eye and Ear as warranted for Year Up participants. Some organization serving seniors have case management capabilities that allow them to assist seniors with transportation and appointments. But in many situations (e.g., health fairs, Project Connect for families in transition) there are limited mechanisms to facilitate access to follow-up treatment. To ensure that those screened ultimately experience better outcomes, partners noted the importance of a process for coordinating follow up to ensure that care is received by those who need it.

Implications of Vision and Hearing Issues

Partners acknowledged the importance of addressing hearing, vision and other problems as health issues. But they noted that *not* addressing such problems can have broad implications for individuals. Educational attainment can be seriously hampered in children who have hearing or vision problems. Elders with such issues often become socially isolated. Adults may find their work compromised if they have unaddressed vision or hearing challenges. Partners noted that most people recognize when they have vision or hearing issues, but that barriers to insurance, treatment and accessing glasses or hearing aids remain impediments. Mass. Eye and Ear can play a critical role in addressing such vulnerabilities by extending its expertise around vision and hearing to these populations.

Intentional Planning with Partners

Partners feel that Mass. Eye and Ear is very responsive to requests for assistance on specific initiatives (e.g., screening at health fairs, financial support for events, screening for children at school/camp). There is a willingness and readiness among the partners to develop deeper strategic relationships that take advantage of Mass. Eye and Ear's expertise and/or address specific needs of the clients served by

the partners. Having an individual at Mass. Eye and Ear who is dedicated to community benefits relationships and planning and a process for facilitating collaborative planning would allow closer collaboration between Mass. Eye and Ear and community providers on behalf of the target populations.

CHNA Conclusion #6: Based on the CHNA findings, Mass. Eye and Ear should engage in strategic planning with the Community Benefit Advisory Committee over the first year of the next three-year plan to address the desire for closer partnerships, especially partnerships that will help Mass. Eye and Ear to provide follow-up care for individuals identified as having a vision or hearing problem, and address the hearing and vision issues that cause isolation among seniors, pose a barrier to academic success for children, or impede career advancement among low-income adults.

III. Community Benefit Implementation Plan

Per the Attorney General's Community Benefit Guidelines, we have established a three-year plan, the contents of which Mass. Eye and Ear intends to implement each of the next three years. However, given the additional themes that emerged from the qualitative research and desire for strategic planning to develop deeper partnerships, Mass. Eye and Ear will engage with the Community Benefit Advisory Committee over the next year to conduct planning to address these themes. Thus, we expect years 2 and 3 of the plan will be modified based on the year 1 planning. The CB Working Group will report subsequent changes to the plan to the Attorney General's office once the additional planning has occurred. Below are the elements of the plan that we believe will remain constant over the next three years.

A. Developing Community Benefit Plan Goals

The five goals of the Community Benefit Implementation Plan are as follows:

1. Improve vision among members of Mass. Eye and Ear's priority communities and populations by ensuring access to the information, support, screening and clinical services they need to prevent and address vision problems.
2. Improve hearing among members of Mass. Eye and Ear's priority communities and populations by ensuring access to the information, support, screening and clinical services they need to prevent and address hearing problems.
3. Increase education, screening, support, and services for other clinical conditions (beyond vision and hearing) related to the head and neck.
4. Improve access to care for members of Mass. Eye and Ear's priority communities and populations who may not be able to get the services they need for vision, hearing, or head/neck conditions due to linguistic, transportation, or financial barriers or lack of information.
5. Increase job readiness of members of socially/economically vulnerable groups in the target communities.

B. Defining objectives, strategies and targets for the Community benefit Plan

Because neither the Boston Public Health Commission nor the Massachusetts Department of Public Health collect and report data on vision, hearing, and other head and neck conditions in Massachusetts communities, guidance was sought from other sources to develop objectives that would support the goals of the community benefit plan. The best guidance available for this purpose came from the Centers for Disease Control and Prevention. The CDC's Healthy People 2020 objectives established targets related to vision, hearing, balance, smell, taste, and voice/speech, all issues related to the services provided by Mass. Eye and Ear. Massachusetts was not among the states that reported data related to these objectives to the CDC. The CB Working Group reviewed all of the relevant Healthy People 2020 objectives to understand which support the larger community benefit goals (see Appendix B). Another benefit of utilizing the Healthy People 2020 objectives is that Mass. Eye and Ear is able to make a contribution toward national public health priorities by addressing selected national objectives in Massachusetts.

The CB Working Group developed measurable objectives for each implementation plan goal and then identified strategies to accomplish each objective. With guidance from internal and external partners and using available data on needs and potential demand for services, as well as capacity associated with each of the community benefit strategies, the CB Working Group established targets for each of the three years of the plan. The goals, objectives, strategies, and targets/expected outcomes for the next three years were reviewed with the other CB Committees and approved by hospital leadership. The logic model (below) provides a user-friendly way of explaining what Mass. Eye and Ear and its partners want to accomplish (i.e., the objectives), how each objective will be achieved (i.e., the strategies), and the progress expected toward the objectives each year (i.e., the targets/expected outcomes).

C. The Community Benefit Strategies

Below, we describe the strategies in each of the plan's priority issue areas. Per the Attorney General's February 2018 Guidance, hospitals should categorize their community benefit strategies in two ways (See Figure 21). The AG also asks that hospitals attend to four statewide health priorities (chronic disease with a focus on cancer, heart disease, and diabetes; housing stability/homelessness, mental illness and mental health; and substance use disorders). The statewide health priorities are encompassed in the AG's health need categories, and thus, any strategy that addresses one of the health priorities will be evident based on the strategy's designated health need.

Figure 21. Attorney General’s Program Types and Health Need Categories and statewide priorities

Program Types	Health Needs Categories & Statewide Priorities
<ol style="list-style-type: none"> 1. Direct clinical services 2. Community-clinical linkage (i.e., coordination of health care delivery, public health, and community- based activities to promote healthy behaviors). 3. Total population or community-wide interventions (i.e., tools, supports, services for a broader population) 4. Access/coverage support (e.g., charity care) 5. Infrastructure to support community benefit collaborations across institutions (e.g., general support to an organization that provides an important service for a priority population of the hospital) 	<ol style="list-style-type: none"> 1. Chronic disease <ul style="list-style-type: none"> •Cancer •Heart Disease •Diabetes 2. Housing stability/homelessness 3. Mental health/mental illness 4. Substance use disorder 5. Additional health needs identified by the community⁹

The Attorney General guidance also suggests that hospitals should consider six priorities adopted to guide the Community Health Initiative (CHI) investments funded by the Determination of Need (DoN) process. These six categories are listed in Figure 22 below.

Figure 22. Six CHI/DoN Priority Issues

Priority	Description
Built Environment	Physical parts of where we live, work, travel, and play, including transportation, buildings, streets, and open spaces
Social Environment	A community’s social conditions and cultural dynamics
Housing	Development and maintenance of safe, quality, affordable living accommodations for all people
Violence	The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, with behavior likely to cause physical or psychological harm
Education	Year or level of overall schooling a person has
Employment	Availability of safe, stable, quality, well-compensated work for all people

The strategies listed below are those Mass. Eye and Ear intends to implement over each of the next three years. For each strategy, we have listed the program type and the health need addressed. When applicable, we have also described the CHI/DoN priority addressed. In an effort to align reporting on the final year of the last community benefit plan with the revised community benefit guidance, the report (see Section IV) also provides the AG categories. In the strategy descriptions below, we also provide some detail about past collaboration, especially within the last year, to illustrate which are ongoing

⁹ Because of the hospital’s specialized clinical foci, most Mass. Eye and Ear’s strategies address the health need “additional health needs identified by the community.”

partnerships. The majority of the strategies are those rooted in long-standing partnerships that will continue over the next three years and enable Mass. Eye and Ear to effectively address its priorities.

Priority area 1: Vision-related strategies

Neighborhood House Charter School (NHCS): NHCS was founded in 1995 to provide a better educational option for low-income Boston families and to incubate innovative practices that have the potential to improve public education for all students. Today, NHCS serves 400 students and is one of the most sought-after schools in the city, successfully serving a diverse community of children in grades pre-K through 8 from Dorchester and surrounding Boston neighborhoods. Mass. Eye and Ear's Departments of Audiology and Ophthalmology partner with NHCS's school nurse to offer vision and hearing screening to all students. Children who need follow-up care receive it, free if necessary, at Mass. Eye and Ear. Working with NHCS' school nurse, Mary McNulty-Anglin, we set a goal of screening all children in advance of flu season in upcoming years to maximize the number of children in attendance for screening. **Program Type:** Direct Clinical Services; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Camp Harbor View: Camp Harbor View serves 900 youth per year from Boston's underserved neighborhoods through summer camp sessions on Long Island in the Boston Harbor, as well as programs for campers and their families throughout the year. Camp is free and includes a four-week session in July or August, round trip transportation, apparel, three meals per day, and access to school year programming and social services. Campers are 11 – 14 years old and come from 13 of Boston's neighborhoods. There is a focus on targeting children who are most in need of the programming that Camp Harbor View provides, particularly those who are low income. Each summer, Mass. Eye and Ear staff members travel to Camp Harbor View to conduct on-site vision screenings and identify those in need of follow-up care. In 2018 Mass. Eye and Ear held two days of screening involving 23 Mass Eye and Ear staff members. We intend to conduct such screening annually. **Program Type:** Direct Clinical Services; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Vision Coalition/Year Up Boston: The mission of Vision Coalition Massachusetts is to remove poor vision as an impediment to literacy, education, and a better way of life. Vision Coalition provides free vision screenings and free eyeglasses. Mass. Eye and Ear partners with Vision Coalition Massachusetts by performing full eye exams and providing medical care for participants in Year Up Boston, which the Vision Coalition identified through screening as needing vision care. Year Up serves young urban adults, providing them with the skills, experience, and support that will empower them to reach their potential through professional careers and higher education. Most Year Up students are economically disadvantaged and are getting their training and doing their internship with poor vision. Although nearly 43% of students screened fail their vision screening and know their vision shortcomings, lack of health insurance or financial resources cause them to go untreated. Since 2007, Year Up has partnered with Vision Coalition and Mass. Eye and Ear. Mass. Eye and Ear staff members provide eye exams to these young adults, provide eye glasses (which are purchased at cost by Vision Coalition), and ensure that those who need follow-up care are linked to services. Mass. Eye and Ear did not conduct follow up exams in 2018, but has scheduled sessions for 2019. **CHI/DoN Priority:** This strategy supports the CHI/DoN priority of education by helping young people overcome vision barriers to educational attainment. **Program Type:** Direct Clinical Services; **Health Need Addressed:** Additional Health Needs Identified by the Community.

United Way's Project Connect: Project Connect is an annual one-day, full-service event to support families in Greater Boston who are homeless and/or in transition. Service providers offer a range of

resources (e.g., housing and shelter assistance; employment services and job coaching; health, wellness, and salon services; government and legal services; professional attire; school supplies; and child care). Volunteer guides ensure families make every connection they need and help arrange follow up meetings. Mass. Eye and Ear has been onsite to offer vision and hearing screening each year since Project Connect's inception. **Program Type:** Direct Clinical Services; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Roxbury Tenants of Harvard (RTH) Health Fair: In September of 2015, Mass. Eye and Ear participated in the first RTH Health Fair in the RTH Community Center gymnasium. Eight Mass. Eye and Ear staff members provided vision screening for 200 adults and children. Mass. Eye and Ear also distributed informational materials and has participated in years when the health fair has been held. RTH did not host a health fair in 2018, but we look forward to participating in 2019 event. **Program Type:** Direct Clinical Services; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Free Eyeglasses Program: Social work staff, patient financial counselors, and Optical Shop staff collaborate to provide free glasses to Mass. Eye and Ear patients who meet income and other eligibility guidelines and who are unable to pay for glasses. **Program Type:** Direct Clinical Services; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Low Vision Support Group: Mass. Eye and Ear is committed to providing coping strategies for daily living, problem-solving techniques and goal-orientated action plans for patients with low vision. In previous years the group addresses emotions evoked by vision loss (e.g., sadness/grief, frustration, uncertainty), as well as how to communicate with health care professionals, family, friends and strangers. This group did not meet in FY2018 due to lack of patient interest, but Mass. Eye and Ear is committed to reconvening group when there is a group of patients interested in participating. **Program Type:** Community-Clinical Linkage; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Vision Rehabilitation: In the area of vision rehabilitation education, Mass. Eye and Ear staff is committed to responding to requests from organizations serving seniors to provide supportive education related to vision rehabilitation. In 2018, efforts included:

- Dr. Kevin Houston's participation in an advocacy day on Capitol Hill with National Alliance of Eye and Vision Research (NAEVR); and
- Submitting a resolution to Mass Medical Society to raise awareness about lack of low vision device coverage by insurance companies.

Program Type: Community-Clinical Linkage; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Health Expos and Community Fairs: Mass. Eye and Ear staff attended several community/health events to educate the public about ear, nose, throat and eye care and about available health service in various communities. These included:

- The Mission Hill Health Fair
- The Emerson Health and Wellness Expo
- The Stoneham Town Day

Program Type: Community-Clinical Linkage; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Priority area 2: Hearing-related strategies

Hear @ Boston: Hear@Boston, a chapter of the Hearing Loss Association of America, is a community organization that helps empower people who have hearing loss by facilitating opportunities for social engagement, education and skill development. Mass. Eye and Ear donates meeting space and complimentary parking for attendees, and Mass. Eye and Ear clinicians serve as speakers for meetings and events. Many of Hear@Boston's members are young professionals between the ages of 20 and 45, but the group encourages people of all ages to join. **Program Type:** Community-Clinical Linkage; **Health Need Addressed:** Additional Health Needs Identified by the Community.

The Hearing Aid Center: The Mass. Eye and Ear Hearing Aid Center provides support, both financial and educational, as well as loaner hearing aids and bone-conduction hearing devices to patients with hearing loss. These services are provided to patients, as well as members of the community, through participation at local health fairs and school screenings. In FY18, Mass. Eye and Ear did not have any requests to access funding for hearing aids, but did provide loaner devices to patients. **Program Type:** Community-Clinical Linkage; **Health Need Addressed:** Additional Health Needs Identified by the Community.

St. John Paul II Catholic Academy: St. John Paul II is the largest Catholic elementary school in the Northeast. It serves over 1,200 students from Preschool – Grade 8 on three Dorchester campuses. St. John Paul II students represent over 50 countries and 23 different languages are spoken in the homes of students. Mass. Eye and Ear provides hearing screening for students; in upcoming years, Mass. Eye and Ear will also provide vision screening. **Program Type:** Direct Clinical Services; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Have you heard? Public Forum on Hearing and Hearing Loss: The Public Forum on Hearing and Hearing loss is a program hosted by Mass. Eye and Ear Audiologists for the general public with a special focus on issues impacting the aging population, including general hearing health, hearables and hidden hearing loss. **Program Type:** Community-Clinical Linkage; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Neighborhood House Charter School: As described above, Mass. Eye and Ear's Departments of Audiology and Ophthalmology partner with NHCS's school nurse to offer vision and hearing screening to all students. Children who need follow-up care receive it, free if necessary, at Mass. Eye and Ear. Working with NHCS' school nurse, Mary McNulty-Anglin, we set a goal of screening all children in advance of flu season in upcoming years to maximize the number of children in attendance for screening. **Program Type:** Direct Clinical Services; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Roxbury Tenants of Harvard Health Fair: As described above, Mass. Eye and Ear staff members look forward to attending RTH's next health fair and providing hearing screening for adults and children, as well as distributing informational materials. **Program Type:** Direct Clinical Services; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Roxbury

United Way's Project Connect: As described above, Mass. Eye and Ear has been onsite to offer vision and hearing screening each year since Project Connect's inception. **Program Type:** Direct Clinical Services; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Health Expos and Community Fairs: As described above, Mass. Eye and Ear staff attended several community/health events to educate the public about ear, nose, throat and eye care and about available health service in various communities. These included:

- The Mission Hill Health Fair
- The Emerson Health and Wellness Expo
- The Stoneham Town Day

Program Type: Community-Clinical Linkage; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Priority area 3: Strategies related to conditions of the head and neck

Head and Neck Cancer Screening: Mass. Eye and Ear partnered with the Mission Hill Health Fair to offer free head and neck cancers screening on September 22, 2018. Dr. Mark Varvares and his team provided screenings at the neighborhood health fair in an effort to increase awareness of these types of cancers. Oral and other head and neck cancers remain a target for early detection, as when they are diagnosed early, they are easier to treat and cure. Two attendees were referred for follow up care. **Program Type:** Direct Clinical Services; **Health Need Addressed:** Chronic Disease - Cancer.

Facing Forward (formerly known as R.O.S.E. Fund Collaboration): Facing Forward screens and refers to Mass. Eye and Ear survivors of violence in need of reconstructive surgery. Mass. Eye and Ear's surgeons perform these life-altering surgeries free of charge. There were no patients referred in FY18; Mass. Eye and Ear will remain available to respond to requests for this service. **CHI/DoN Priority:** This strategy supports the CHI/DoN priority related to violence by addressing the needs of survivors of domestic violence. **Program Type:** Direct Clinical Services; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Skin Cancer Screenings: Mass. Eye and Ear held free skin cancer screenings in Boston in May of 2018. Patients were screened by Dr. Molly Yancovitz, Dr. Jessica Fewkes, and Dr. Tot Tan and a team that included LPNs, RNs, and administrative support. Clinicians screened 37 patients; of these, four were referred to dermatology for diagnosis of potential skin cancers. All patients received information about sunscreens, atypical moles, and skin cancer. **Program Type:** Direct Clinical Services; **Health Need Addressed:** Chronic Disease - Cancer.

Public Forum on the Nose and Sinuses ("Know Your Nose"): Again this year, Mass. Eye and Ear offered a public seminar on the nose and sinuses. Targeting the general public, and especially seniors, the event was publicized primarily through patient communications. The seminar addressed such topics as "The Nose and Sinuses," "Medical Treatment of Sinusitis," "Surgical Treatment of Sinusitis," and "The Bleeding Nose." A video recording of the program is available online for individuals who are interested in the content but who could not attend the in-person sessions. **Program Type:** Community-Clinical Linkage; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Public Forum on Understanding Thyroid Nodules and Thyroid Cancer: Mass. Eye and Ear physicians have offered seminars focused on the thyroid that include such topics as "Thyroid Nodules and Thyroid Cancer," "Thyroid Exam and Function," and "Ultrasound and the Thyroid." This program did not occur in

FY2018 due to schedule conflicts, but will be part of our health series in FY19 and future years. **Program Type:** Community-Clinical Linkage; **Health Need Addressed:** Chronic Disease – Cancer.

Boston Cured Cancer Club Support Group: The Boston Cured Cancer Group for Laryngectomees supports the rehabilitation of laryngectomees and helps offer understanding to patients and their loved ones. Mass. Eye and Ear has a strong collaborative relationship with this organization, providing meeting space and speakers for the groups. Mass. Eye and Ear refers new laryngectomy patients to the Boston Cured Cancer Group, hosts the support group, and provides parking. Participants in the groups, mostly older people, are largely from Metro Boston, but some come from greater distances. The group meets eight times per year at Mass. Eye and Ear. **Program Type:** Community-Clinical Linkage; **Health Need Addressed:** Chronic Disease – Cancer.

Facial Paralysis Support Group: The Facial Paralysis Support Group has evolved into a virtual forum for individuals with facial paralysis and those close to them to meet and share their experiences and to discuss support, treatment, coping and self-image. If they meet in person, Mass. Eye and Ear hosts and provides meeting space, social work and physician support. While the group is open to all individuals with facial paralysis and their families, participants are generally from Metro Boston. Mass. Eye and Ear publicizes the support group via social media and through a partnership with the Facial Paralysis Support Network. **Program Type:** Community-Clinical Linkage; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Graves' Disease/Thyroid Eye Disease Support Group: Mass. Eye and Ear offers a Thyroid Eye Disease (Graves' Disease) support group, which allows members to express their concerns about this chronic illness to help form a social connection with others and improve coping skills. The open forum gives members the opportunity to exchange information about Graves' Disease and gives physician speakers a chance to inform members of the latest treatments. Mass. Eye and Ear donates meeting space for this group, which meets quarterly. Physicians from both Mass. Eye and Ear and Mass. General Hospital contribute to the program. **Program Type:** Community-Clinical Linkage; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Priority area 4: Strategies related to access to care

Charitable Care: Mass. Eye and Ear provides free or discounted care to patients who are unable to cover the full cost of the services they utilize. This free or discounted care meets Mass. Eye and Ear's Financial Assistance Policy. We make every effort to identify appropriate insurance coverage for our patients and to help them access the coverage for which they are eligible. However, each year Mass. Eye and Ear extends care to patients that is not fully reimbursed. **Program Type:** Access/Coverage Supports; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Transportation for Needy Patients: Mass. Eye and Ear provides free taxi transportation for patients and families in emergency situations. **CHI/DoN Priority:** This strategy supports the CHI/DoN priority of built environment by providing transportation to needy patients. **Program Type:** Access/Coverage Supports; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Volunteer Escorts for Patients: Mass. Eye and Ear manages a program to provide escorts to patients who need assistance navigating the hospital and surrounding area. These include taxi escorts; escorts to trains or buses; escorts to accommodations; escorts within hospitals (Mass. Eye and Ear and Mass.

General Hospital); and assistance with Patient Medical Passports.¹⁰ **Program Type:** Access/Coverage Supports; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Consultation for Non-Mass. Eye and Ear Patients: Mass. Eye and Ear's social work staff provides information and referral for financial resources, vision and hearing resources, homecare, and education to non-Mass. Eye and Ear patients. **Program Type:** Access/Coverage Supports; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Free Medications: Mass. Eye and Ear's Needy Patient Fund covers the cost of medications for patients who cannot afford to pay for them. **Program Type:** Access/Coverage Supports; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Social Work Consultations for Patients Needing Financial Assistance: The staff from Mass. Eye and Ear's Department of Social Work assists patients in securing lodging, meal vouchers, parking vouchers, and other small necessities that make it possible for patients and families to receive treatment at Mass. Eye and Ear. **Program Type:** Access/Coverage Supports; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Financial Counseling Assistance: The hospital's financial counselors work with patients to assess insurance coverage, identify coverage options for which the un/under-insured may be eligible, and to provide assistance in applying for and accessing coverage. **Program Type:** Access/Coverage Supports; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Howe Library: Mass. Eye and Ear's research library staff regularly assists patients who are seeking information about their medical conditions. Services include computer searching and retrieval of articles, finding books for users, and providing computers, copiers, printers, and assistance to people in using them. **Program Type:** Access/Coverage Supports; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Free Parking: Mass. Eye and Ear offers free parking to patients and their families that enables them to come for care and participate in support groups. **Program Type:** Access/Coverage Supports; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Financial support to organizations that improve access to care for the priority populations: Mass. Eye and Ear provides financial support in the way of grants, donations, foundation support, and scholarships to organizations that address the priority issues of vision, hearing, and other conditions of the head and neck among the priority populations within the priority communities. Requests for support vary each year. Each is reviewed based upon organizational need and the extent to which the requesting organization supports Mass. Eye and Ear's objectives. A full list of organizations supported in FY18 can be found in Appendix C. **Program Type:** Access/Coverage Supports; **Health Need Addressed:** Additional Health Needs Identified by the Community.

¹⁰ A patient resource utilized to set appointment expectations around duration of visit, length time, and what to expect during their time at the hospital. The passports are used in ophthalmology clinics. Volunteers help the patients understand the passports and improve their experience while waiting.

Roxbury Tenants of Harvard: Mass. Eye and Ear provides financial support for RTH’s Senior Prom, in-kind donations in the form of refreshments for seniors, and invitations to residents to attend art exhibits and other events at the Mass. Eye and Ear Longwood site.

Priority area 5: Strategies related to job readiness

Project Search: This partnership with the Mass. Commission for the Blind and the Polus Center for Social and Economic Development offers internships for eight individuals with visual impairment, an opportunity that allows interns to develop transferrable job skills. In 2018, Mass. Eye and Ear was recognized as “Employer of the Year” by the Massachusetts Commission for the Blind for this program.

CHI/DoN Priority: This strategy supports the CHI/DoN priority of employment. **Program Type:** Infrastructure to support Community Benefit Collaborations across Institutions; **Health Need Addressed:** Additional Health Needs Identified by the Community.

Mass. Eye and Ear Student Program: Each year, Mass. Eye and Ear provides internships and summer jobs to low-income Boston area youth and young adults so they can gain job readiness skills and work experience. Interns are hosted from Fenway High School, the Boston Private Industry Council, as well as Bunker Hill Community College.

The Mass. Eye and Ear Community Benefit Logic Model

The logic model below illustrates how the strategies support Mass. Eye and Ear’s community benefit goals and objectives. The logic model details the goal, objectives, strategies, and expected outcomes (with annual targets) for each of the priority areas. Most of the objectives for vision, hearing, smell and taste were adopted from the Healthy People 2020 objectives and their associated expected outcomes are primarily short-term (vs. long-term) in nature. However, in some cases, such as when eyeglasses or hearing devices are provided, short-term improvements have lasting (long-term effects). Mass. Eye and Ear recognizes the Attorney General’s interest in measuring the impact of community benefit strategies on health outcomes. Thus, as we work with our CB Advisory Group, we will look for additional opportunities to incorporate evaluation strategies that demonstrate the effect of our work on health outcomes.

Goal 1: Improve vision among members of Mass. Eye and Ear’s priority communities and populations by ensuring access to the information, support, screening and clinical services they need to prevent and address vision problems.

Objectives: <i>(The number of the HP2020 objective(s) to which objective corresponds noted in parenthesis)</i>	Strategies	Annual vision targets and expected outcomes		
		Year 1	Year 2	Year 3
1. Reduce blindness and visual impairment in children and adolescents aged 17 years and under (V2)	(1) Neighborhood House (2) Camp Harbor View (3) RTH (4) Free Eyeglasses (5) Project Connect	1.1 Over 645 children and adolescents will be screened for visual impairments and follow up care will be provided to 100% those who need it. 1.2 At least 50 people who require eyeglasses but who cannot afford them will receive them for free.	2.1 Over 655 children and adolescents will be screened for visual impairments and follow up care will be provided to 100% those who need it. 2.2 At least 50 people who require eyeglasses but who cannot afford them will receive them for free.	3.1 Over 675 children and adolescents will be screened for visual impairments and follow up care will be provided to 100% those who need it. 3.2 At least 50 people who require eyeglasses but who cannot afford them will receive them for free.
2. Increase the proportion of adults who have had a comprehensive eye examination, including dilation, within the last 2 years (V4)	(1) Vision Coalition (2) RTH (3) Project Connect	1.3 At least 75 people (50 young adults and 25 seniors) will receive comprehensive eye exams.	2.3 At least 75 people (50 young adults and 25 seniors) will receive comprehensive eye exams.	3.3 At least 75 people (50 young adults and 25 seniors) will receive comprehensive eye exams.
3. Reduce visual impairment due to uncorrected refractive error (V5.1)	(1) Vision Coalition (2) Neighborhood House (3) Camp Harbor View (4) RTH (5) Free Eyeglasses (6) Project Connect	1.4 100% of those among the children and adults screened will be offered follow up care at Mass. Eye and Ear or by appropriate referral See target 1.2	2.4 100% of those among the children and adults screened will be offered follow up care at Mass. Eye and Ear or by appropriate referral See target 2.2	3.4 100% of those among the children and adults screened will be offered follow up care at Mass. Eye and Ear or by appropriate referral See target 3.2
4. Increase awareness of measures to reduce visual impairment related to diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration (V5.2-V5.5)	(1) Health Expos, public forums and community fairs	1.5. At least 1,000 people from the general public will have access to information about visual impairments and measures to reduce them.	2.5 At least 1,000 people from the general public will have access to information about visual impairments and measures to reduce them.	3.5 At least 1,000 people from the general public will have access to information about visual impairments and measures to reduce them.
5. Increase support for those with vision impairment/blindness including those affected by glaucoma (V5.3)	(1) Health Expos and community fairs (2) Low vision support group (as requested), including for Glaucoma (if requested)	1.6 1,000 people will have access to information about glaucoma and at least 55 will receive support for and education about glaucoma and other conditions affecting vision	2.6 1,000 people will have access to information about glaucoma and at least 65 will receive support for and education about glaucoma and other conditions affecting vision	3.6 1,000 people will have access to information about glaucoma and at least 80 will receive support for and education about glaucoma and other conditions affecting vision
6. Increase awareness of the types of available personal protective eyewear and the importance of its use in recreational activities and hazardous situations around the home among children and adolescents aged 6 to 17 years and among adults 18 years and over (V6)	(1) Health expos and community fairs	1.7 At least 1,000 people will have access to information about the importance of personal protective eyewear	2.7 At least 1,000 people will have access to information about the importance of personal protective eyewear	3.7 At least 1,000 people will have access to information about the importance of personal protective eyewear
7. Increase awareness of the importance of vision rehabilitation and available services and assistive and adaptive devices among people with visual impairments (V7)	(1) Vision Rehab; (2) Health expos and community fairs	See targets 1.5, 1.6 & 1.7 1.8 Educate 105 individuals about rehab services.	See targets 2.5 - 2.7 2.8 Educate 115 individuals about rehab services.	See targets 3.5 - 3.7 3.8 Educate 125 individuals about rehab services.

Goal 2: Improve hearing among members of Mass. Eye and Ear’s priority communities and populations by ensuring access to the information, support, screening and clinical services they need to prevent and address hearing problems.

Objectives: <i>(The number of the HP2020 objective(s) to which objective corresponds noted in parenthesis)</i>	Strategies	Annual hearing targets and expected outcomes		
		Year 1	Year 2	Year 3
1. Increase awareness among adults with hearing loss and those who are deaf or very hard of hearing of the available technology for improving auditory functioning (ENT-VSW-3)	(1) Public Forum on Hearing & Hearing Loss	1.1 Educate at least 150 adults with hearing loss or who are deaf or hard of hearing about available technology for improving auditory functioning	2.1 Educate at least 150 adults with hearing loss or who are deaf or hard of hearing about available technology for improving auditory functioning	3.1 Educate at least 150 adults with hearing loss or who are deaf or hard of hearing about available technology for improving auditory functioning
2. Increase support to adults with hearing loss and those who are deaf or very hard of hearing (ENT-VSL-3)	(1) Hear@Boston	1.2 10 adults who are deaf or very hard of hearing will receive support and information about their conditions and available treatments and technologies.	2.2 10 adults who are deaf or very hard of hearing will receive support and information about their conditions and available treatments and technologies	3.2 10 adults who are deaf or very hard of hearing will receive support and information about their conditions and available treatments and technologies
3. Increase awareness of the importance of and resources for regular hearing examinations (ENT-VSL-4)	(1) Roxbury Tenants of Harvard screenings by referral (2) Public Forum on Hearing & Hearing Loss (3) Health expos and community fairs (4) Project Connect	1.3 At least 1175 adults and caregivers will have access to information about the importance of and resources for regular hearing examinations.	2.3 At least 1180 adults and caregivers will have access to information about the importance of and resources for regular hearing examinations.	3.3 At least 1185 adults and caregivers will have access to information about the importance of and resources for regular hearing examinations.
4. Increase the proportion of adolescents aged 12 to 19 years who have had a hearing examination in the past 5 years (ENT-VSL-4.3)	(1) Neighborhood House (2) St. Pope John Paul II Catholic Academy (3) Project Connect	1.4 At least 300 children will have a hearing examination.	2.4 At least 325 children will have a hearing examination.	3.4 At least 325 children will have a hearing examination.
5. Increase the number of persons who are referred by their primary care provider or other health care provider for hearing evaluation and treatment (ENT-VSL-5)	(1) Neighborhood House (2) Hear@Boston (3) St. Pope John Paul Catholic Academy	1.5 100% of those screened for hearing loss AND those receiving support for a hearing loss issue who need a referral for evaluation and treatment will be offered one.	2.5 100% of those screened for hearing loss AND those receiving support for a hearing loss issue who need a referral for evaluation and treatment will be offered one.	3.5 100% of those screened for hearing loss AND those receiving support for a hearing loss issue who need a referral for evaluation and treatment will be offered one.
6. Increase awareness of the causes of noise-induced hearing loss and the importance of hearing protection (earplugs, earmuffs) when exposed to loud sounds or noises for adolescents aged 12 to 19 and adults aged 20 to 69 (ENT-VSL-6)	(1) Health expos and community fairs (2) Public Forum on Hearing & Hearing Loss (3) Hear@ Boston (4) Project Connect	1.6 At least 1,185 individuals will have access to information about the causes of noise-induced hearing loss and the importance of hearing protection among adolescents and adults.	2.6 At least 1,190 individuals will have access to information about the causes of noise-induced hearing loss and the importance of hearing protection among adolescents and adults.	3.6 At least 1,195 individuals will have access to information about the causes of noise-induced hearing loss and the importance of hearing protection among adolescents and adults.
7. Increase awareness of the importance of and resources for screening newborns for hearing loss by no later than age 1 month. (ENT-VSL-1)	(1) Hear@Boston	1.7 At least 10 individuals will receive information about the importance of and resources for screening newborns for hearing loss by the age of 1 month.	2.7 At least 10 individuals will receive information about the importance of and resources for screening newborns for hearing loss by the age of 1 month.	3.7 At least 10 individuals will receive information about the importance of and resources for screening newborns for hearing loss by the age of 1 month.
8. Increase awareness of tinnitus and the resources to treat it (ENT-VSL-9)	(1) Hear@Boston Tinnitus Public Seminar (year 2 or 3)		2.8 At least 10 individuals will receive information about tinnitus and the resources to treat it.	3.8 At least 10 individuals will receive information about tinnitus and the resources to treat it.
9. Increase awareness among adults with hearing loss and those who are deaf or very hard of hearing of the available technology for improving auditory functioning (ENT-VSW-3)	(1) Public Forum on Hearing & Hearing Loss	1.1 Educate at least 150 adults with hearing loss or who are deaf or hard of hearing about available technology for improving auditory functioning	2.1 Educate at least 150 adults with hearing loss or who are deaf or hard of hearing about available technology for improving auditory functioning	3.1 Educate at least 150 adults with hearing loss or who are deaf or hard of hearing about available technology for improving auditory functioning

Goal 2 Continued:

Objectives: (The number of the HP2020 objective(s) to which objective corresponds noted in parenthesis)	Strategies	Annual hearing targets and expected outcomes		
		Year 1	Year 2	Year 3
10. Increase support to adults with hearing loss and those who are deaf or very hard of hearing (ENT-VSL-3)	(1) Hear@Boston	1.2 10 adults who are deaf or very hard of hearing will receive support and information about their conditions and available treatments and technologies.	2.2 10 adults who are deaf or very hard of hearing will receive support and information about their conditions and available treatments and technologies	3.2 10 adults who are deaf or very hard of hearing will receive support and information about their conditions and available treatments and technologies
11. Increase awareness of the importance of and resources for regular hearing examinations (ENT-VSL-4)	(1) Mission Hill Audiology screenings by referral (2) Public Forum on Hearing & Hearing Loss (3) Health expos and community fairs (4) Project Connect	1.3 At least 1175 adults and caregivers will have access to information about the importance of and resources for regular hearing examinations.	2.3 At least 1180 adults and caregivers will have access to information about the importance of and resources for regular hearing examinations.	3.3 At least 1185 adults and caregivers will have access to information about the importance of and resources for regular hearing examinations.
12. Increase the proportion of adolescents aged 12 to 19 years who have had a hearing examination in the past 5 years (ENT-VSL-4.3)	(1) Neighborhood House (2) Project Connect	1.4 At least 250 children will have a hearing examination.	2.4 At least 250 children will have a hearing examination.	3.4 At least 250 children will have a hearing examination.
13. Increase the number of persons who are referred by their primary care provider or other health care provider for hearing evaluation and treatment (ENT-VSL-5)	(1) Neighborhood House (2) Hear@Boston (3) Project Connect	1.5 100% of those screened for hearing loss AND those receiving support for a hearing loss issue who need a referral for evaluation and treatment will be offered one.	2.5 100% of those screened for hearing loss AND those receiving support for a hearing loss issue who need a referral for evaluation and treatment will be offered one.	3.5 100% of those screened for hearing loss AND those receiving support for a hearing loss issue who need a referral for evaluation and treatment will be offered one.
14. Increase awareness of the causes of noise-induced hearing loss and the importance of hearing protection (earplugs, earmuffs) when exposed to loud sounds or noises for adolescents aged 12 to 19 and adults aged 20 to 69 (ENT-VSL-6)	(1) Health expos and community fairs (2) Public Forum on Hearing & Hearing Loss (3) Hear@ Boston	1.6 At least 1,185 individuals will have access to information about the causes of noise-induced hearing loss and the importance of hearing protection among adolescents and adults.	2.6 At least 1,190 individuals will have access to information about the causes of noise-induced hearing loss and the importance of hearing protection among adolescents and adults.	3.6 At least 1,195 individuals will have access to information about the causes of noise-induced hearing loss and the importance of hearing protection among adolescents and adults.
15. Increase awareness of the importance of and resources for screening newborns for hearing loss by no later than age 1 month. (ENT-VSL-1)	(1) Hear@Boston	1.7 At least 10 individuals will receive information about the importance of and resources for screening newborns for hearing loss by the age of 1 month.	2.7 At least 10 individuals will receive information about the importance of and resources for screening newborns for hearing loss by the age of 1 month.	3.7 At least 10 individuals will receive information about the importance of and resources for screening newborns for hearing loss by the age of 1 month.
16. Increase awareness of tinnitus and the resources to treat it (ENT-VSL-9)	(1) Hear@Boston	1.8 At least 10 individuals will receive information about tinnitus and the resources to treat it.	2.8 At least 10 individuals will receive information about tinnitus and the resources to treat it.	3.8 At least 10 individuals will receive information about tinnitus and the resources to treat it.

Goal 3: Increase education, screening, support, and services for other clinical conditions (beyond vision and hearing) related to the head and neck.

Objectives: <i>(The number of the HP2020 objective(s) to which objective corresponds noted in parenthesis)</i>	Strategies	Annual targets and expected outcomes		
		Year 1	Year 2	Year 3
1. Provide surgical and follow-up care to address facial injuries that result from violence (none)	(1) Facing Forward	1.1 If there is a request for care, at least 3 individuals will receive reconstructive surgery to address injuries caused by violence	2.1 If there is a request for care, at least 3 will receive reconstructive surgery to address injuries caused by violence	3.1 If there is a request for care, at least 3 will receive reconstructive surgery to address injuries caused by violence
2. Increase awareness of conditions affecting smell/taste and the interventions available to address these problems. (ENT-VSL-16)	(1) Know Your Nose	1.2 At least 150 individuals will receive information about conditions that affect smell and taste and the interventions available to address them.	2.2 At least 150 individuals will receive information about conditions that affect smell and taste and the interventions available to address them.	3.2 At least 150 individuals will receive information about conditions that affect smell and taste and the interventions available to address them.
3. Increase awareness of head/neck, skin, and thyroid cancers and detect and refer those affected to appropriate care (none)	(1) Head & Neck Cancer Screening (2) Skin Cancer Screenings (3) Boston Cured Cancer Club Support Group (4) Graves' Disease/Thyroid Eye Disease Support Group (includes thyroid nodules/thyroid cancer)	1.3 At least 50 people will be screened for head/neck cancer and 25 will be screened for skin cancer. 1.4 290 individuals affected by head/neck cancer, skin, or thyroid cancer will receive support and information about their condition and resources to address it.	2.3 At least 60 people will be screened for head/neck cancer and 30 will be screened for skin cancer. 2.4 290 individuals affected by head/neck cancer, skin, or thyroid cancer will receive support and information about their condition and resources to address it.	3.3 At least 75 people will be screened for head/neck cancer and 35 will be screened for skin cancer. 3.4 290 individuals affected by head/neck cancer, skin, or thyroid cancer will receive support and information about their condition and resources to address it.
4. Increase support to those affected by head/neck cancer (none)	(1) Boston Cured Cancer Club Support Group; Graves' Disease/Thyroid Eye Disease Support Group (includes thyroid nodules/thyroid cancer)	1.5 At least 25 people affected by head/neck cancer will receive support and information about their condition and resources to address it.	2.5 At least 25 people affected by head/neck cancer will receive support and information about their condition and resources to address it.	3.5 At least 25 people affected by head/neck cancer will receive support and information about their condition and resources to address it.
5. Increase support to those with facial paralysis (none)	(1) Facial Paralysis Support Group (virtual meeting)	1.6 130 individuals affected by facial paralysis will receive support and information about their condition and available resources.	2.6 130 individuals affected by facial paralysis will receive support and information about their condition and available resources.	3.6 130 individuals affected by facial paralysis will receive support and information about their condition and available resources.

Goal 4: Improve access to care for members of Mass. Eye and Ear’s priority communities and populations who may not be able to get the services they need for vision, hearing or head/neck conditions due to linguistic, transportation, or financial barriers or lack of information.

Other objectives, cont’d:	Strategies	Annual targets and expected outcomes		
		Year 1	Year 2	Year 3
1. Decrease barriers to care caused by language, lack of transportation, lack of or insufficient insurance coverage, and lack of knowledge about health conditions and available resources (none)	(1) Transportation for Needy Patients; (2) Social Work Consultations for Patients Needing Financial Assistance (3) Financial Counseling (4) Consultations for Non-Mass. Eye and Ear patients (5) Howe Library (6) Free Parking (7) Volunteer escorts (8) Free medications (9) Charitable care	1.1 325 people who need assistance with transportation will receive taxi vouchers. 1.2 30 Mass. Eye and Ear patients who need assistance with lodging, food and other vital necessities will receive help in securing those resources. 1.3 At least 25 non-Mass. Eye and Ear patients who require information and referrals for financial resources, vision and hearing resources, home care and education will receive help in securing those resources 1.4 4,300 un/under-insured patients who require assistance in identifying and accessing coverage for which they may be eligible are offered financial counseling services. 1.5 At least 30 people who require information about a clinical condition or service will be assisted in securing the information they need. 1.6 At least 2,000 people who require free parking will receive it. 1.7 At least 125 people who require navigation assistance will receive assistance from an escort	2.1 330 people who need assistance with transportation will receive taxi vouchers. 2.2 30 Mass. Eye and Ear patients who need assistance with lodging, food and other vital necessities will receive help in securing those resources. 2.3 At least 25 non-Mass. Eye and Ear patients who require information and referrals for financial resources, vision and hearing resources, home care and education will receive help in securing those resources 2.4 4,400 un/under-insured patients who require assistance in identifying and accessing coverage for which they may be eligible are offered financial counseling services. 2.5 At least 30 people who require information about a clinical condition or service will be assisted in securing the information they need. 2.6 At least 2,200 people who require free parking will receive it. 2.7 At least 125 people who require navigation assistance will receive assistance from an escort	3.1 330 people who need assistance with transportation will receive taxi vouchers. 3.2 30 Mass. Eye and Ear patients who need assistance with lodging, food and other vital necessities will receive help in securing those resources. 3.3 At least 25 non-Mass. Eye and Ear patients who require information and referrals for financial resources, vision and hearing resources, home care and education will receive help in securing those resources 3.4 4,500 un/under-insured patients who require assistance in identifying and accessing coverage for which they may be eligible are offered financial counseling services. 3.5 At least 30 people who require information about a clinical condition or service will be assisted in securing the information they need. 3.6 At least 2,500 people who require free parking will receive it. 3.7 At least 125 people who require navigation assistance will receive assistance from an escort
2. Provide financial support to organizations that directly address Mass. Eye and Ear objectives (none)	(1) RTH (2) Others TBD each year based on need and extent to which organizations requesting support address Mass. Eye and Ear objectives	1.8 A select few partners who support the Mass. Eye and Ear mission and provide resources to our target community or population will receive financial support.	2.8 A select few partners who support the Mass. Eye and Ear mission and provide resources to our target community or population will receive financial support.	3.8 A select few partners who support the Mass. Eye and Ear mission and provide resources to our target community or population will receive financial support.

Goal 5: Increase job readiness of members of socially/economically vulnerable groups in the target communities.

Other objectives, cont'd:	Strategies	Annual targets and expected outcomes		
		Year 1	Year 2	Year 3
1. Provide job readiness support to at-risk and/or low-income individuals (none)	(1) Mass. Eye and Ear Student Program (2) Project Search	1.1 Provide job readiness support to at-risk and/or low-income individuals through at least 25 internships and summer jobs. 1.2 Conduct 10 job search/job readiness workshops for at risk and/or low-income individuals	2.1 Provide job readiness support to at-risk and/or low-income individuals through at least 25 internships and summer jobs. 2.2 Conduct 10 job search/job readiness workshops for at risk and/or low-income individuals	3.1 Provide job readiness support to at-risk and/or low-income individuals through at least 25 internships and summer jobs. 3.2 Conduct 10 job search/job readiness workshops for at risk and/or low-income individuals

IV. Annual Community Benefit Program and Expenditure Report

Evaluation of the most recent year's progress toward the community benefit plan targets, including information about the extent to which those annual targets were met and our plans for improvement where needed. Each at-a-Glance table that describes the number of individuals, target audience and geographic area served, the Attorney General's program type and health need categories, and the costs/resources expended for the reportable year (FY18) for each strategy.

Strategy	Issue Area	Program Type	Health Need Addressed	Target population	Geographic area	# served this year	Cost/resources expended this year
Neighborhood House Charter School	Vision and Hearing	Direct Clinical Service	Additional Health Needs Identified by the Community	Children, pre-K through 8	Boston	620	\$5,790
Camp Harbor View	Vision	Direct Clinical Service	Additional Health Needs Identified by the Community	Children ages 11 to 14	Boston	245	\$9,208
Vision Coalition/Year Up	Vision	Direct Clinical Service	Additional Health Needs Identified by the Community	Young adults	Metro Boston	0	\$0
United Way's Project Connect	Vision and Hearing	Direct Clinical Service	Additional Health Needs identified by the Community	Adults and children who are homeless or in transition	Metro Boston	40	\$931.71
Roxbury Tenants of Harvard	Vision and Hearing	Direct Clinical Service	Additional Health Needs Identified by the Community	Adults and children	Boston	50	\$2,300
Free Eyeglasses Program	Vision	Direct Clinical Service	Additional Health Needs Identified by the Community	Low income patients	Statewide	75	9,220
Low Vision Support Group	Vision	Community-Clinical Linkage	Additional Health Needs Identified by the Community	General Public	Statewide	0	\$0
Vision Rehabilitation Community Outreach	Vision	Community-Clinical Linkage	Additional Health Needs Identified by the Community	Seniors	Metro Boston/Boston	N/A	\$2,280
Health Expos and Community Fairs	Vision	Community-Clinical Linkage	Additional Health Needs Identified by the Community	General Public	Metro Boston	5,000	\$5,170
Hear@Boston	Hearing	Community-Clinical Linkage	Additional Health Needs Identified by the Community	General public but especially adults, ages 20-45	Metro Boston	60	\$3,200
Hearing Aid Center	Hearing	Community-Clinical Linkage	Additional Health Needs Identified by the Community	Low income patients, aged 70 and over	Statewide	100	\$10,800
Head and Neck Cancer Screening	Hearing	Direct Clinical Services	Chronic Disease - Cancer	General public	Statewide	29	\$2,805
St. John Paul Academy	Hearing	Direct Clinical Services	Additional Health Needs Identified by the Community	Children	Boston	230	\$1,340

Have you Heard? Public Forum on Hearing and Hearing Loss	Hearing	Community-Clinical Linkage	Additional Health Needs Identified by the Community	Patients and general public with an interesting in learning more about hearing issues	Massachusetts	150	\$5,991.20
Facing Forward	Other Conditions of the Head and Neck	Direct Clinical Services	Additional Health Needs Identified by the Community	Survivors of domestic violence	Statewide	0	\$0
Skin Cancer Screening	Other Conditions of the Head and Neck	Direct Clinical Services	Chronic Disease - Cancer	General public	Boston	37	\$5,122
Public Forum on the Nose and Sinuses	Other Conditions of the Head and Neck	Community-Clinical Linkage	Additional Health Needs Identified by the Community	General Public, especially seniors	Statewide	150	\$5,991
Public Forum on Thyroid Issues	Other Conditions of the Head and Neck	Community-Clinical Linkage	Chronic Disease - Cancer	General Public	Statewide	N/A	0
Boston Cured Cancer Club Support Group for Laryngectomees	Other Conditions of the Head and Neck	Community-Clinical Linkage	Chronic Disease - Cancer	Persons who have had Laryngectomies, primarily seniors	Primarily metro Boston with some statewide participants	20	\$1,200
Facial Paralysis Support Group	Other Conditions of the Head and Neck	Community-Clinical Linkage	Additional Health Needs Identified by the Community	Individuals with facial paralysis and their families	Primarily metro Boston with some statewide participants	1,008	\$0
Graves' Disease/ Thyroid Eye Disease Support Group	Other Conditions of the Head and Neck	Community-Clinical Linkage	Additional Health Needs Identified by the Community	General Public	Statewide	8	\$510
Charitable Care	Access	Access/Coverage Supports	Additional Health Needs Identified by the Community	Low Income patients (See formula for calculating Charitable Care below table)	Statewide	N/A	\$2,382,608
Transportation for Needy Patients	Access	Access/Coverage Supports	Additional Health Needs Identified by the Community	Low Income patients/families	Metro Boston	320	\$16,300
Volunteer Escorts for Patients	Access	Access/Coverage Supports	Additional Health Needs Identified by the Community	Patients needing assistance, esp. older	Boston	126	\$3,000

				patients			
Consultations for non-Mass. Eye and Ear patients	Access	Access/Coverage Supports	Additional Health Needs Identified by the Community	General public, especially low-income patients/families	Statewide	30	\$5,200
Free Medications and other concrete necessities (lodging, meals, etc.)	Access	Access/Coverage Supports	Additional Health Needs Identified by the Community	Low-income patients	Statewide	10	\$10,500
Financial Counseling Consults	Access	Access/Coverage Supports	Additional Health Needs Identified by the Community	Un/under-insured patients	Statewide	150	\$336,960
Social Work Consults	Access	Access/Coverage Supports	Additional Health Needs Identified by the Community	Un/under-insured patients	Statewide	30	\$2,160
Howe Library	Access	Access/Coverage Supports	Additional Health Needs Identified by the Community	General public	Statewide	30	\$4,576
Free Parking	Access	Access/Coverage Supports	Additional Health Needs Identified by the Community	Patients/families & for local non-profit	Statewide	2,967	\$41,536
Financial support to organizations that improve access to care for priority populations (see Appendix C for full list)	Access	Access/Coverage Supports	Additional Health Needs Identified by the Community	Those with vision impairment	Statewide	N/A	\$46,250
Project Search	Job Readiness	Infrastructure to Support Community Benefits across Institutions	Additional Health Needs Identified by the Community	Individuals with visual impairment	Eastern MA	8	\$213,000
Mass. Eye and Ear Student Internship Program	Job Readiness	Infrastructure to Support Community Benefits across Institutions	Additional Health Needs Identified by the Community	Low-income youth	Boston	21	\$97,920
Community Benefit Assessment and Planning Resources	Other: Community Benefit Planning	Infrastructure to Support Community Benefits across Institutions	Additional Health Needs Identified by the Community	Costs associated with the CHNA and planning, including staffing, consultants, food, and parking	NA	N/A	31,350

Charity Care Explanation: In 2018 our Net Charity Care totaled \$2,382,608, which includes the Health Safety Net (HSN) Assessment and Shortfall, HSN denied claims, and free or discounted care provided to patients that meet Mass. Eye and Ear’s Financial Assistance Policy. The Net Charity Care provided each year is a reflection of Mass. Eye and Ear’s and the Community benefit Committee’s commitment to the delivery of high-quality care to our patients and is an important strategy for ensuring access to care in our community benefit plan. Below, detail related to the hospital’s Net Charity Care, total revenue, total patient care related expenses, and bad debt is provided.

FY 2018	
1)	2,382,608 Net Charity Care
a.	1,798,569 Health Safety Net (HSN) Assessment and Shortfall
	1,663,175 HSN invoice liability & shortfall
	119,634 FY 20 DHCFCP Assessment (expensed to dept # 7150-0019)
b.	80,942 Cost of HSN denied Claims
	167,034 Denied claim charges
	48.46% CHIACost to Charge Ratio
c.	Free or discounted care provided to patients that meet Infirmarary's Financial Assistance Policy
	503,096

	<u>Description</u>	<u>Adjust Code</u>
	A SELF PAY DISCOUNT ALLOW	9702499
	A COMMUN BENEFIT FREE CARE	9702531
	A CHARITY CARE ADJUSTMENT	9705815
	A INTERNATIONAL MEDICAL HARDSHIP	9700510
(53)	A MEDICAL HARDSHIP 100% DISCOUNT OF CHG	9700502
	A MEDICAL HARDSHIP 54% DISCOUNT OF CHG	9700501
	A MEDICAL HARDSHIP 77% DISCOUNT OF CHG	9700503
217,075,163	Net Patient Service Revenue	(D403, Schedule VA, Column 2, line 52.01)
230,574,278	Total Patient Care Related Expenses (D403, Schedule XVIII, Col 2, line 37)	
5,700,695	Bad Debt Costs (from Form990, Schedule H)	

Although we understand that the FY2018 bad debt figure of \$5,700,695 cannot be included in the total annual community benefit expenditure, we have opted to report the amount because, along with our Net Charity Care, it provides a more accurate picture of the extent of “charitable” or non-reimbursed care provided in FY2015 at Mass. Eye and Ear. Mass. Eye and Ear complies with all 12 debt collection practices outlined by the Attorney General’s Office as requirements for reporting bad debt in the annual community benefit report.

Summary of FY18 Progress

In FY18, Mass. Eye and Ear’s total community benefit expenditure was \$3,570,541.00. As requested in the Attorney General’s revised Community Benefit Guidelines for Non-Profit Hospitals, we have accounted for the expenditures by both Program Type and Health Need Addressed (see below).

Mass. Eye and Ear’s FY18 Community Benefit Expenditures by Program Type

Program Type	Expenditure
Access/Coverage Supports (includes Charity Care)	\$3,156,412.00
Community-Clinical Linkages	\$35,142.00
Direct Clinical Services	\$36,717.00
Infrastructure to Support Community Benefits across Institutions	\$342,270.00
TOTAL:	\$3,570,541.00

Mass. Eye and Ear’s FY18 Community Benefit Expenditures by Program Type

Health Need Addressed	Expenditure
Additional Health Needs Identified by the Community* (Includes Charity Care)	\$3,561,414.00
Chronic Disease (i.e., Cancer)	\$9,127.00
TOTAL:	\$3,570,541.00

* Because of Mass. Eye and Ear’s specialized clinical focus, most of Mass. Eye and Ear’s strategies address health needs that would be categorized as “additional health needs identified by the community.”

FY18 was a very productive year for Mass. Eye and Ear and its partners. As shown in the tables below, Mass. Eye and Ear’s strategies proved successful at reaching or surpassing most of our annual targets and supporting our community benefit objectives. Of the 31 FY18 targets, 25 were either met or exceeded. In cases for which targets were not met, quality improvement plans have been established and are described in the tables below.

FY 18 progress related to vision targets

Expected outcome/target	Annual progress	Explanation/QI plans
Over 675 children and adolescents will be screened for visual impairments and follow up care will be provided to 100% those who need it.	Exceeded target with 985 in FY18	None needed
At least 50 people who require eyeglasses but who cannot afford them will receive them for free.	Exceeded target with 75 in FY18	None needed
At least 75 people (50 young adults and 25 seniors) will receive comprehensive eye exams.	Exceeded target with 1,030 in FY18	None needed
100% of those among the children and adults screened will be offered follow up care at Mass. Eye and Ear or by appropriate referral	Target met - All people who are screened are offered follow up care	None needed
At least 1,000 people from the general public will have access to information about visual impairments and measures to reduce them.	Exceeded target with 5,000 in FY18	None needed
1,000 people will have access to information about glaucoma and at least 80 will receive support for and education about glaucoma and other conditions affecting vision	Exceeded target with 5,000 in FY18	None needed
At least 1,000 people will have access to information about the importance of personal protective eyewear	Exceeded target with 5,000 in FY18	None needed

FY 18 progress related to hearing targets

Expected outcome/target	Annual progress	Explanation/QI plans
Educate at least 150 adults with hearing loss or who are deaf or hard of hearing about available technology for improving auditory functioning	Target met with 150 in FY18	None needed
10 adults who are deaf or very hard of hearing will receive support and information about their conditions and available treatments and technologies	Exceeded target with 60 in FY18	None needed
At least 1185 adults and caregivers will have access to information about the importance of and resources for regular hearing examinations.	Exceeded target with 5,195 in FY18	None needed
At least 250 children will have a hearing examination.	Exceeded target with 290 in FY18	None needed
100% of those screened for hearing loss AND those receiving support for a hearing loss issue who need a referral for evaluation and treatment will be offered one.	Target met - All people who are screened are offered follow up care	None needed
At least 1,195 individuals will have access to information about the causes of noise-induced hearing loss and the importance of hearing protection among adolescents and adults.	Exceeded target with 5,230 in FY18	None needed
At least 10 individuals will receive information about the importance of and resources for screening newborns for hearing loss by the age of 1 month.	Exceeded target with 60 in FY18	None needed
At least 10 individuals will receive information about tinnitus and the resources to treat it.	Exceeded target with 60 in FY18	None needed

FY 18 progress related to targets for other conditions of the head and neck

Expected outcome/target	Annual progress	Explanation/QI plans
At least 5 individuals will receive reconstructive surgery to address injuries caused by violence	Target not met; no surgeries took place in FY18	No requests made for reconstructive surgery in FY18; continue outreach to ensure access to this service for those who need it.
At least 75 individuals will receive information about conditions that affect smell and taste and the interventions available to address them.	Exceeded target with 150 in FY18	None needed, however, we are considering live streaming of sessions to further increase access to Know Your Nose
At least 50 people will be screened for head/neck cancer and 25 will be screened for skin cancer.	Exceeded targets with 57 and 37, respectively, in FY18	None needed
290 individuals affected by head/neck cancer, skin, or thyroid cancer will receive support and information about their condition and resources to address it.	Target not met; 94 in FY18	Increase outreach to those who may be interested in thyroid Forum
At least 25 people affected by head/neck cancer will receive support and information about their condition and resources to address it.	Exceeded target with 28 in FY18	None needed
130 individuals affected by facial paralysis will receive support and information about their condition and available resources.	Exceeded target with 1,008 in FY18	None needed

FY 18 progress related to access targets

Expected outcome/target	Annual progress	Explanation/QI plans
330 people who need assistance with transportation will receive taxi vouchers.	Target not met; 320 in FY18	Requests fell short of projection; continue to screen for patients who need transportation assistance and offer vouchers when needed
30 Mass. Eye and Ear patients who need assistance with lodging, food and other vital necessities will receive help in securing those resources.	Exceeded target with 146 in FY18	None needed
At least 25 non-Mass. Eye and Ear patients who require information and referrals for financial resources, vision and hearing resources, home care and education will receive help in securing those resources	Exceeded target with 30 in FY18	None needed
4,500 un/under-insured patients who require assistance in identifying and accessing coverage for which they may be eligible are offered financial counseling services.	Target not met; 150 in FY18	Target may need adjusting. More patients are covered by insurance than in the past so demand for assistance has decreased, although it will continue to be offered to all un/under-insured patients.
At least 30 people who require information about a clinical condition or service will be assisted in securing the information they need.	Target met with 30 in FY18	None needed
At least 2,500 people who require free parking will receive it.	Exceeded target with 2,967 in FY18	None needed
At least 125 people who require navigation assistance will receive assistance from an escort	Exceeded target with 126 in FY18	None needed
A select few partners who support the Mass. Eye and Ear mission and provide resources to our target community or population will receive financial support.	10 organizations plus RTH received financial support in FY18	None needed

FY 18 progress related to job readiness targets

Expected outcome/target	Annual progress	Explanation/QI plans
Provide job readiness support to at-risk and/or low-income individuals through at least 34 internships and summer jobs.	Target not met; 29 in FY18	We will reach out to current and additional partners to increase the number who gain experience at the hospital.
Conduct or participate in 4 job search/job readiness workshops for at risk and/or low-income individuals	Target not met; none in FY18	We will reach out to schools in targeted areas to support and participate in their programming.

Appendix A

The Massachusetts Eye and Ear Infirmary Community Benefit Committees

Community Benefit Working Group

Jennifer Street, Senior Vice President, Communications and Planning
Erin Duggan, Senior Director of Communications and External Relations
Dawn Baxter, M.B.A., Independent Consultant
Hope Kenefick, M.S.W., Ph.D., Independent Consultant

Community Benefit Advisory Committee

Jennifer Street, Senior Vice President, Communications and Planning
Erin Duggan, Senior Director of Communications and External Relations
Kate Hannigan, Events Manager
Mark Varvares, MD, Professor and Associate Chair of Otolaryngology-Head and Neck Surgery at Harvard Medical School
Kevin Franck, PhD, Director of Audiology
Becky Brown, Director of Patient Access
Tuyen Nguyen, Chief Ophthalmic Technician
Jenny Callahan, Camp Harbor View, Director of Operations and Partnerships
Mary McNulty-Anglin, RN, Neighborhood House Charter School (Nurse)
Alan Cregg, Executive Director, Vision Coalition
Janet Huettig, Director of Social Work
Jennifer Farmer, Patient Access Manager
JoAnn Graziano, RN, Mass. Eye and Ear, Longwood
Dawn Baxter, M.B.A., Independent Consultant
Hope Kenefick, M.S.W., Ph.D., Independent Consultant

Senior Leadership Group

John Fernandez, President
Joan Miller, MD – Chief of Ophthalmology
Brad Welling, MD, PhD, Chief of Otolaryngology
CarolAnn Williams, Chief Financial Officer and Senior Vice President Administration
Jeff Pike, Senior Vice President Surgical and Clinical Services
Ken Holmes, VP Network Development and Physician Services
Martha Pyle Farrell, Senior Vice President Human Resources, General Counsel and Compliance
Rachel Wasserstrom, Vice President Otolaryngology
Debra Rogers, Senior Vice President Ambulatory Services
Eileen Lowell, RN, Chief Nursing Officer and VP Patient Services
Kathrin Bourdeu, MD, PhD, Chief of Anesthesia

Mass. Eye and Ear Board of Directors

Wycliffe Grousbeck
Jonathan Uhrig
Robert Atchinson
DeWalt Ankeny, Jr.

Katrine Bosley
James Carlisle
Charles de Gunzburg
John Fernandez
Harvey Freishtat
Eugene Hill
Lyle Howland
Diane Kaneb
Robert Knapp
Thomas Lauer
Keith Lillemoe, MD
Joan Miller, MD
Thomas Sequist, MD
Tiina Smith
D. Bradley Welling, MD, PhD

Appendix B: Healthy People 2020 Objectives for Vision, Hearing and other Conditions of the Head and Neck

Vision

- V-1: Increase the proportion of preschool children aged 5 years and under who receive vision screening.
- V-2: Reduce blindness and visual impairment in children and adolescents aged 17 years and under.
- V-3: Reduce occupational eye injuries.
 - V-3.1 Reduce occupational eye injuries resulting in lost work days.
 - V-3.2 Reduce occupational eye injuries treated in emergency departments (EDs).
- V-4: Increase the proportion of adults who have a comprehensive eye examination, including dilation, within the past 2 years.
- V-5: Reduce visual impairment.
 - V-5.1: Reduce visual impairment due to uncorrected refractive error.
 - V-5.2: Reduce visual impairment due to diabetic retinopathy.
 - V-5.3: Reduce visual impairment due to glaucoma.
 - V-5.4: Reduce visual impairment due to cataract.
 - V-5.5: Reduce visual impairment due to age-related macular degeneration (AMD).
- V-6: Increase the use of personal protective eyewear in recreational activities and hazardous situations around the home.
 - V-6.1 Increase the use of personal protective eyewear in recreational activities and hazardous situations around the home among children and adolescents aged 6 to 17.
 - V-6.2 Increase the use of protective eyewear in recreational activities and hazardous situations around the home among adults aged 18 years and older.
- V-7: Increase vision rehabilitation.
 - V-7.1 Increase the use of vision rehabilitation services by persons with visual impairment.
 - V-7.2 Increase the use of assistive and adaptive devices by persons with visual impairment.
- V-8 (Developmental) Increase the proportion of Federally Qualified Health Centers (FQHCs) that provide comprehensive vision health services.

Newborn Hearing Screening

ENT VSL

- 1** Increase the proportion of newborns who are screened for hearing loss by no later than age 1 month, have audiologic evaluation by age 3 months, and are enrolled in appropriate intervention services no later than age 6 months

ENT VSL

- 1.1 Increase the proportion of newborns who are screened for hearing loss no later than age 1 month

ENT-

- VSL-1.2 Increase the proportion of newborns who receive audiologic evaluation no later than age 3 months for infants who did not pass the hearing screening

ENT-

- VSL-1.3 Increase the proportion of infants with confirmed hearing loss who are enrolled for intervention services no later than age 6 months

Ear Infections (Otitis Media)

- ENT-VSL-2** Reduce otitis media in children and adolescents

Hearing

- ENT-VSL-3** Increase the proportion of persons with hearing impairments who have ever used a hearing aid or assistive listening devices or who have cochlear implants
- ENT-VSL-3.1 Increase the proportion of adults aged 20 to 69 years with hearing loss who have ever used a hearing aid
- ENT-VSL-3.2 Increase the proportion of persons who are deaf or very hard of hearing and who have new cochlear implants
- ENT-VSL-3.3 Increase the proportion of adults aged 70 years and older with hearing loss who have ever used a hearing aid
- ENT-VSL-3.4 Increase the proportion of adults aged 70 years and older with hearing loss who use assistive listening devices
- ENT-VSL-4** Increase the proportion of persons who have had a hearing examination on schedule
- ENT-VSL-4.1 Increase the proportion of adults aged 20 to 69 years who have had a hearing examination in the past 5 years
- ENT-VSL-4.2 Increase the proportion of adults aged 70 years and older who have had a hearing examination in the past 5 years
- ENT-VSL-4.3 Increase the proportion of adolescents aged 12 to 19 years who have had a hearing examination in the past 5 years
- ENT-VSL-5** Increase the number of persons who are referred by their primary care physician or other health care provider for hearing evaluation and treatment
- ENT-VSL-6** Increase the use of hearing protection devices
- ENT-VSL-6.1 Increase the proportion of adults aged 20 to 69 years who have ever used hearing protection devices (earplugs, earmuffs) when exposed to loud sounds or noise
- ENT-VSL-6.2 Increase the proportion of adolescents aged 12 to 19 years who have ever used hearing protection devices (earplugs, earmuffs) when exposed to loud sounds or noise
- ENT-VSL-7** Reduce the proportion of adolescents who have elevated hearing thresholds, or audiometric notches, in high frequencies (3, 4, or 6 kHz) in both ears, signifying noise-induced hearing loss
- ENT-VSL-8** Reduce the proportion of adults who have elevated hearing thresholds, or audiometric notches, in high frequencies (3, 4, or 6 kHz) in both ears, signifying noise-induced hearing loss

Tinnitus (Ringing in the Ears or Head)

- ENT-VSL-9** Increase the proportion of adults bothered by tinnitus who have seen a doctor or other health care professionals
- ENT-VSL-9.1 Increase the proportion of adults bothered by tinnitus in the past 12 months who have seen a doctor
- ENT-VSL-9.2 Increase the proportion of adults bothered by the onset of tinnitus in the past 5 years for whom it is a moderate, big, or very big problem, who have seen or been referred to an audiologist or otolaryngologist (ENT physician)

ENT-VSL-10 Increase the proportion of adults for whom tinnitus is a moderate to severe problem who have tried appropriate treatments

Balance and Dizziness

ENT-VSL-11 Increase the proportion of adults with balance or dizziness problems in the past 12 months who have ever seen a health care provider about their balance or dizziness problems

ENT-VSL-12 Increase the proportion of adults with moderate to severe balance or dizziness problems who have seen or been referred to a health care specialist for evaluation or treatment

ENT-VSL-13 Increase the proportion of persons who have tried recommended methods for treating their balance or dizziness problems

ENT-VSL-13.1 (Developmental) Increase the proportion of children who have tried recommended methods for treating their balance or dizziness problem

ENT-VSL-13.2 Increase the proportion of adults who have tried recommended methods for treating their balance or dizziness problem

ENT-VSL-14 Reduce the proportion of adults with balance and dizziness problems who experienced negative or adverse outcomes in the past 12 months

ENT-VSL-14.1 Reduce the proportion of adults with balance and dizziness problems in the past 12 months who reported their condition got worse or did not improve

ENT-VSL-14.2 Reduce the proportion of adults with balance and dizziness problems in the past 12 months who were prevented from doing regular activities within the home or outside

ENT-VSL-14.3 Reduce the proportion of adults who have missed days of work or school in the past 12 months because of balance and dizziness problems

ENT-VSL-15 Reduce the proportion of adults with balance and dizziness problems who have fallen and been injured

ENT-VSL-15.1 Reduce the proportion of adults with balance and dizziness problems who have fallen in the past 5 years while experiencing symptoms of dizziness, vertigo, or imbalance

ENT-VSL-15.2 Reduce the proportion of adults with balance and dizziness problems who have been injured as a result of a fall for any reason in the past 12 months

Smell and Taste (Chemosenses)

ENT-VSL-16 (Developmental) Increase the proportion of adults with chemosensory (smell or taste) disorders who have seen a health care provider about their disorder in the past 12 months

ENT-VSL-17 (Developmental) Increase the proportion of adults who have tried recommended methods of treating their smell or taste disorders to improve their condition in the past 12 months

ENT-VSL-18 (Developmental) Reduce the proportion of adults with chemosensory (smell or taste) disorders who as a result have experienced a negative impact on their general health status, work, or quality of life in the past 12 months

Voice, Speech, and Language

- ENT-VSL-19** (Developmental) Increase the proportion of persons with communication disorders of voice, swallowing, speech, or language who have seen a speech-language pathologist (SLP) for evaluation or treatment
- ENT-VSL-20** (Developmental) Increase the proportion of persons with communication disorders of voice, swallowing, speech, or language who have participated in rehabilitation services
- ENT-VSL-21** (Developmental) Increase the proportion of young children with phonological disorders, language delay, or other developmental language problems who have participated in speech-language or other intervention services
- ENT-VSL-22** (Developmental) Increase the proportion of persons with communication disorders of voice, swallowing, speech, or language in the past 12 months whose personal or social functioning at home, school, or work improved after participation in speech-language therapy or other rehabilitative or intervention services

Appendix C:

Organizations receiving financial support in FY18 to improve access to care for priority populations

<u>Organization</u>	<u>FY18 Donation</u>
BrightFocus Foundation (eye research) <ul style="list-style-type: none"><i>BrightFocus drives innovative research worldwide and promotes awareness of Alzheimer's, macular degeneration, and glaucoma.</i>	\$1,000
Camp Harbor View Beach Ball <ul style="list-style-type: none"><i>Camp Harbor View serves over 1,000 youth each year from Boston's underserved neighborhoods, at no cost to the youth or their families, in three major program areas: Summer Camp, Leadership Academy and Youth and Family Support Services.</i>	\$24,000
Carroll Center for the Blind/Walk for Independence <ul style="list-style-type: none"><i>The Carroll Center for the Blind has pioneered many innovative services allowing people who are blind or have low vision to learn the skills to be independent in their homes, in class settings, and in their work places. Services include vision rehabilitation, vocational and transition programs, assistive technology training, educational support, and recreation opportunities for individuals who are visually impaired of all ages.</i>	\$1,500
Fenway High School <ul style="list-style-type: none"><i>Our mission is to create a socially committed and morally responsible community of learners that values its students as individuals. Fenway's goal is to encourage academic excellence and to develop intellectual habits of mind, self-esteem, and leadership skills among all students.</i>	\$1,750
Mission Hill Road Race <ul style="list-style-type: none"><i>The Mission Hill Road Race is an annual event to raise money to support Kevin W. Fitzgerald park on Mission Hill.</i>	\$1,000
Perkins School for the Blind <ul style="list-style-type: none"><i>Perkins is a progressive, multi-faceted organization committed to improving the lives of people with blindness and deaf-blindness all around the world.</i>	\$5,000
Schwartz Center for Compassionate Care <ul style="list-style-type: none"><i>The Schwartz Center for Compassionate Healthcare's mission is simple but compelling: to promote compassionate care so that patients and their caregivers relate to one another in a way that provides hope to the patient, support to caregivers and sustenance to the healing process.</i>	\$5,000
United Way STEM Breakfast <ul style="list-style-type: none"><i>Every year, more than 300 influential leaders from the region's health care, science, technology, engineering, venture capital, finance, biomedical, and pharmaceutical industries gather together to support our region's youth STEM (science/technology/engineering/math) programs. Hosted by our STEM Leadership Committee, the STEM Leadership Breakfast is a unique event, equal parts networking breakfast and STEM fundraiser, all designed to foster excitement among Boston's middle school students for math, science and technology.</i>	\$5,000
Vision Walk <ul style="list-style-type: none"><i>VisionWalk is a signature fundraising event of the Foundation Fighting Blindness. Over 10 Million Americans are affected by blinding retinal diseases including macular degeneration, retinitis pigmentosa and Usher syndrome. The Foundation Fighting Blindness is working to find treatments and cures for these devastating diseases.</i>	\$1,000

Walk for Hearing**\$1,000**

- *The HLAA Walk4Hearing is a national program that reaches out to the more than 48 million people with hearing loss, their families, friends, and hearing health professionals to raise awareness about hearing loss, good hearing health, and communication access.*

