

# Community Health Improvement Plan 2023-2025

## Contents

I.	Executive Summary.....	3
A.	Introduction .....	3
B.	Overview of the 2022 CHNA .....	4
C.	Regional collaborations (if applicable).....	5
D.	Priority communities and populations .....	5
E.	Priority issues determined by CHNA.....	6
F.	Primary focus of implementation strategy objectives.....	6
G.	CHIP planning process.....	7
II.	Mass Eye and Ear 2023-2025 CHIP .....	8

# I. Executive Summary

## A. Introduction

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 is an international center for treatment and home to the world's largest vision and hearing research centers. Mass Eye and Ear is a member of Mass General Brigham and a teaching hospital of Harvard Medical School.

**Mission:** 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 handicapped by these diseases.

In order to provide the highest quality of contemporary care and even better 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.

**Vision:** Massachusetts Eye and Ear will be the preeminent world-wide source of advances and leaders in preserving and restoring vision, hearing, balance and voice, as well as in curing disorders of the head and neck.

As part of the 2023-2025 community benefit planning process, Mass Eye and Ear's leadership reaffirmed 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.

## B. Overview of the 2022 CHNA

Like most non-profit hospitals, Mass Eye and Ear conducts triennial community health needs assessments (CHNA) to identify priority communities, vulnerable populations, and health concerns, and to inform three-year community health improvement plans. In the summer of 2022, Mass Eye and Ear's Community Benefit Advisory Committee embarked on its [2022 CHNA](#) to inform its 2023-2025 community health improvement plan (CHIP).

Like all CHNAs, the 2022 CHNA fulfills the IRS Section H/Form 990 mandate to:

- Identify health-related needs in the community, as well as community strengths and resources;
- Describe issues that affect the community overall, as well as concerns for certain sub-populations; and
- Provide data useful to the hospital and others for planning and developing programs and initiatives.

The 2022 CHNA relied upon the following data sources:

- **Patient Data:** De-identified data for a sample of 146,557 patients who sought care at Mass Eye and Ear between March 1, 2020 – February 28, 2021 were analyzed to inform selection of the hospital's target community and vulnerable populations.
- **U.S. Census Data:** The most recently available U.S. Census and American Community Survey data were used to understand the demographics and needs related to the Social Determinants of Health in the target communities.
- **Healthy People 2030:** Local and state public health data are not available on health conditions addressed by Mass Eye and Ear. However, the U.S. Centers for Disease Control and Prevention's Healthy People 2030 sensory and communications objectives offered insight into community health needs related to vision, hearing, balance, taste, and smell.
- **Key Informant Interviews and Surveys:** Fourteen internal and external stakeholders who have expertise and experience with specific populations and/or health issues participated in telephone interviews of up to 60-minutes in length and using a semi-structured interview guide. Interview data were reviewed for common and divergent themes about the major community health issues. Eight of the key informants also completed an online survey to describe the populations with which they work and the needs and barriers to care they see among their respective populations. A table detailing the populations served by these survey respondents is available in the appendices.

The table below summarizes the key elements of the 2022 CHNA.

<b>Target communities</b>	Within the 128 Belt, including Boston and Mission Hill with some statewide activities to reach those outside the target communities
<b>Vulnerable populations</b>	Children, seniors, and people of color, those who are socially and economically vulnerable, including those who are homeless
<b>Clinical concerns</b>	Vision, hearing, balance, cancer
<b>Barriers to care</b>	Insurance/cost, transportation, understanding and navigating the health system due to language and health literacy issues, time, and fear of COVID

<b>Needs</b>	Education; screenings/exams, follow-up care and coordination between them; and publicizing of opportunities available through Mass Eye and Ear and in community
<b>Opportunities</b>	Available technology to improve access for those with vision and hearing impairments and desire for greater partnership/collaboration among community agencies, including opportunities to promote Mass Eye and Ear activities and services through community partners' organizations

The hospital's Community Benefit Advisory Committee (CBAC) met on September 26, 2022 to review the CHNA findings to select the priority communities, populations, and issues for the upcoming CHIP. Thereafter, Mass Eye and Ear's senior leadership reviewed the CBAC's recommendations and approved the CHNA and its conclusions.

### C. Regional collaborations (if applicable)

Not applicable

### D. Priority communities and populations

While Mass Eye and Ear cares for patients from all over the Commonwealth, targeting the communities encircled by Route 128 (the 128 belt) will allow the hospital to reach some of the most racially, ethnically, and linguistically diverse communities in the state, as well as those with the state's lowest per capita income. These communities, including Boston and its Mission Hill neighborhood, are home to large concentrations of individuals who likely face barriers to care related to discrimination, language, and or socio-economic factors. The CBAC also determined that the priority populations for the upcoming CHIP should include seniors, children, people who are socially and economically vulnerable, including those who are homeless.

**Seniors:** Seniors face multiple barriers to care. In the past few years, COVID-19 increased isolation for many seniors. Fear of infection caused many to delay care, which exacerbated already existing health problems, particularly related to hearing and vision. Frailness and problems with balance put seniors at risk for falls, which can affect their overall health and well-being. Some seniors face challenges with transportation to/from the hospital. While telehealth has increased access to care for many people, challenges with technology make it a less effective method for care delivery to seniors. Seniors on fixed incomes have to make difficult choices about how they spend their money, often sacrificing their health and well-being in the process and prioritizing other housing and food over eyeglasses, hearing aids, and medications that are essential to their well-being.

**Children:** Hearing and vision problem put children at risk for developmental, behavioral, and mental health challenges. Hearing problems in children are often linked to headphone use, which increased during the pandemic because children spent more time using headphones while attending school online. Some parents may not sufficiently understand the importance of early or routine screenings, the impact of vision or hearing impairment on children's development, or how to access, navigate, and pay for health care services and assistive devices. Such lack of understanding makes it difficult for parents to advocate

for their children’s hearing and vision-related needs and, in particular, for the follow-up care children need following detection of a hearing or vision-related problem. Thus, for some parents, simply informing them of a child’s screening results is not adequate to ensure follow-up care will occur. The location of the Mass Eye and Ear’s main campus may be difficult to access for those families with transportation challenges. Social workers could help parents anticipate, identify, and address any developmental, behavioral, or mental health concerns that may arise due to their child’s vision or hearing-related impairments.

**Socially/Economically Vulnerable Individuals:** Individuals who are considered to be socially and/or economically vulnerable are at-risk for undiagnosed and unaddressed hearing, vision, and balance issues and head and neck cancers. Un/under-employment, lack of insurance, costs of care, transportation, lack of knowledge (i.e., about the conditions, importance of routine exams, possible prevention strategies, and services available and how to access them), discrimination, and fear and mistrust of the health care system are all barriers to care. Those who are homeless have a unique set of needs that require intensive services from Mass Eye and Ear to ensure they receive the care they need to improve their health. While patients who are homeless constitute a small number of patients seen at Mass Eye and Ear overall, they generally present with very complex circumstances. As is true nationally,<sup>1</sup> many of these patients struggle with substance use disorders and/or mental health conditions. At Mass Eye and Ear, patients who are homeless generally seek care for vision-related concerns caused by traumatic injury and/or conditions that have been exacerbated due to delayed care. Locating safe accommodations to discharge patients with such complex needs requires intensive intervention by Mass Eye and Ear’s social work staff.

## E. Priority issues determined by CHNA

Based upon the CHNA findings, the CBAC selected four clinical priorities and a fifth related to improving access to care.

Clinical Priorities	<ul style="list-style-type: none"> <li>• Vision</li> <li>• Hearing</li> <li>• Balance</li> <li>• Head and neck cancers</li> </ul>
Improving Access to Care	<ul style="list-style-type: none"> <li>• Insurance/cost</li> <li>• Transportation</li> <li>• Difficulty accessing, understanding, and navigating health system due to language, health literacy and trust issues</li> <li>• Follow-up care when problems are detected at screening</li> </ul>

## F. Primary focus of implementation strategy objectives

The central focus of this CHIP is to improve access to care and the health of community members related to clinical priorities.

## G. CHIP planning process

Mass Eye and Ear utilized a small Community Benefit (CB) Working Group under the leadership of Erin Duggan Lynch, Senior Director of Engagement and Planning and outside consultant Hope Kenefick, MSW, PhD to coordinate its CHIP planning processes. Utilizing data from the CHNA, the team drafted the CHIP components. The CHIP objectives were informed by Healthy People 2030 objectives related to the clinical priorities, as well as data from the CHNA interviews and surveys. The CHNA data also informed the development of strategies for each of the identified priorities. The CHNA findings indicated that improving health related to the priority outcomes would require a collection of strategies, including education, outreach and navigation, screenings and follow-up care, provision of free and low-cost preventive or assistive devices, and assistance with resources related to cost, insurance, transportation, and providing resources in languages other than English.

On January 31, Erin Duggan Lynch and the CB Working Group convened the CBAC, a group comprised of internal and external stakeholders, to review the draft recommendations for the CHIP. The group discussed the CHIP components in detail, and offered feedback and additions. Thereafter, the CHIP was revised based on the CBAC's guidance.

On February 2, Erin Duggan Lynch then met with the hospital's senior leadership, including the interim president, and the officers and vice presidents from the hospital's clinical, research, and administrative areas to review the community benefit mission statement and CHIP. The CB Working Group incorporated the feedback provided by senior leadership and readied the document for presentation to the hospital's Board of Directors. The 2023-2025 Mass. Eye and Ear CHIP, including mission statement, were approved by hospital leadership and its Board of Directors and prepared for submission to the Massachusetts Attorney General by February 14, 2023. Membership of these CBAC, senior leadership group, and Board of Directors is provided in Appendix A.

## II. Mass Eye and Ear 2023-2025 CHIP

The tables below detail the goals, objectives, strategies, partners and expected outcomes for each of its priorities. Within the tables, are strategies that will address the needs of residents within the priority communities (within the 128 Belt, including Boston and Mission Hill) as well as some that will benefit residents statewide. Additionally, several strategies in the CHIP are designed to improve access to care and outcomes for the priority populations of seniors, children, and those who are socially and economically vulnerable, including those who are homeless.

Two types of strategies differentiate the 2023-2025 CHIP from past plans.

1. The pandemic affected how Mass Eye and Ear interacts with its priority communities and populations and delivered upon strategies outlined in the previous CHIP. Support groups, once hosted on the hospital campus, moved to a virtual meetings. In-person screenings and health fairs were discontinued. While testing and vaccines have enabled social gatherings to resume, health care providers and staff still exercise precautions to limit spread of the virus. The health of many of those prioritized by the Mass Eye and Ear CHIP (e.g., seniors, communities of color) were disproportionately affected by the pandemic. Resuming important educational and screening activities in the community will require working in collaboration with external partners to identify safe opportunities to maximize participation of residents. Thus, the 2023-2025 CHIP contains assessment of such opportunities among its strategies; these strategies are necessary to effectively meet the needs of the community.
2. Because CHNAs across multiple MGB hospitals identified transportation as a major barrier to care, a systems-level working group will be convened to strategize about possible solutions. Mass Eye and Ear staff will participate in this systems-level effort while employing institution-specific strategies as well.

Measuring success: There is a clear relationship between the CHIP strategies and the desired outcomes. For example, *“reduced visual impairment due to uncorrected refractive error”* will be achieved through screenings, referral to follow-up care, and the provision of free eye glasses to those who need them. Similarly, *“improved identification and treatment of head and neck cancers among affected individuals in the priority populations and target communities”* will be accomplished through head and neck cancer screenings and referrals to follow-up care. Within the CHIP strategies, are targets for what will be accomplished each year (e.g., numbers of people who will receive particular resources, percentages of patients who will be connected to services, completion of an assessment). Each of the three years, the CBAC will measure its success in implementing the CHIP by reporting on the extent to which the target were achieved. Meeting the annual targets is essential to ensuring the CHIP outcomes are realized.

Priority 1: Vision

Goal 1: Improve vision among members of Mass Eye and Ear’s priority populations.

Objective 1.1 Improve access to information, support, screening, and follow-up care needed to prevent and address vision problems.
Expected outcomes:
Reduced blindness and visual impairment in children and adolescents ages 17 years and under.
Increased proportion of adults who have had a comprehensive eye examination, including dilation, within the last 2 years
Reduced visual impairment due to uncorrected refractive error
Increased awareness of measures to reduce visual impairment related to diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration
Increased support for those with vision impairment/blindness including those affected by glaucoma
Increased awareness of and access to 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
Increased awareness of the importance of vision rehabilitation and available services and assistive and adaptive devices among people with visual impairments
Improved understanding about available vision supports and services at Mass Eye and Ear and how to access them.
Strategies*
1.1a. In collaboration with community partners, complete an assessment to determine optimal ways of reaching children and adolescents for screening (Year 1).
1.1b. At screening events that are based upon assessment results (see 1.1a), screen 100% of children and adolescents for vision-related problems and offer follow-up care or appropriate referral to 100% who need it. (Years 2 and 3)
1.1c. In collaboration with community partners, complete an assessment to determine optimal ways of reaching adults, especially seniors and those most at risk for poor vision, for screening (Year 1).
1.1d. At screening events that are based upon assessment results (see 1.1c), screen 100% of adults for vision-related problems and offer follow-up care or appropriate referral to 100% who need it. (Years 2 and 3)
1.1e. Provide free eyeglass to at least 50 people who require them but who would otherwise not be able to afford them.
1.1f. Explore other opportunities to extend free eyeglasses to those who need them but who cannot otherwise afford them (Year 1).
1.1g. Assess opportunities and develop pathways to streamline referrals for vision care with PCPs in target communities (Years 2 and 3).
1.1h. Provide free educational materials and information on vision-related problems (i.e., diabetic retinopathy, glaucoma, cataract, age-related macular degeneration), the importance of protective eye wear and routine eye care, and the vision-related services and supports available at Mass Eye and Ear via health fairs, at vision screenings, and on the hospital website, blog and social media platforms.
1.1i. At screening events and health fairs, offer free protective eyewear to those who identify as needing it for recreational and/or home use.
1.1j. Provide space for low-vision support group(s) when/if they return to in-person meetings.
Potential Partners
Roxbury Tenants of Harvard, Camp Harborview, Neighborhood House Charter School, Project Connect, Free Eyeglasses – Mass Eye and Ear Social Work, Vision Coalition, Vision Rehab, Health Expos, public forums, and community fairs, low vision support group, including for Glaucoma (Mass Eye and Ear Departments of Ophthalmology and Otolaryngology – Head and Neck Surgery)

Priority 2: Hearing

Goal 2: Improve hearing among members of Mass Eye and Ear’s priority populations.

Objective 2.1 Improve access to information, support, screening, and follow-up care needed to prevent and address hearing problems.
Expected outcomes:
Increased 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
Increased awareness of the importance of and resources for regular hearing examinations
Increased awareness of the importance of and resources for screening newborns for hearing loss by no later than age 1 month
Increased proportion of adolescents aged 12 to 19 years who have had a hearing examination in the past 5 years
Increased number of persons who are referred by their primary care provider or other health care provider for hearing evaluation and treatment
Increased awareness among those with hearing loss and those who are deaf or very hard of hearing of the available technology for improving auditory functioning
Increased awareness of tinnitus and the resources to treat it
Improved understanding about available hearing supports and services at Mass Eye and Ear and how to access them.
Increased support to adults with hearing loss and those who are deaf or very hard of hearing
Improved hearing among those with hearing impairments.
Strategies*
2.1a Provide free educational materials and information on the causes of hearing-related problems, hearing related conditions including tinnitus, the importance of hearing protection and regular hearing examinations, and the hearing related services and supports available at Mass Eye and Ear via health fairs, at hearing screenings, and on the hospital website, blog and social media platforms.
2.1b. At screening events and health fairs, offer free hearing protection to 100% of those who identify as needing it.
2.1c. Assess opportunities and develop pathways via pediatricians and primary care providers in target communities to extend information to patients (and parents of infants and children) about the importance of regular hearing examinations and to streamline referrals from these pediatricians and PCPs to Mass Eye and Ear. (Years 2 and 3)
2.1d. In collaboration with community partners, complete an assessment to determine optimal ways of reaching expectant parents, parents of newborns, children, seniors, and others at risk for hearing loss and/or difficulty accessing hearing-related screening and resources. (Year One)
2.1e. At screening events that are based upon assessment results (see 2.1d), screen 100% of attendees for hearing-related problems and offer follow-up care or appropriate referrals to 100% who need it. (Years 2 and 3)
2.1f. Provide screening/exams for ENT issues at Boston Health Care for the Homeless and appropriate follow-up services at the hospital for those who need them.
2.1g 100% of patients with hearing loss or who are deaf or hard of hearing who are seen at Mass Eye and Ear will receive information about available hearing-related technology to improve auditory function.
2.1h Up to 10 individuals who require assistive devices to improve their hearing but who otherwise cannot afford them will receive appropriate devices at reduced cost or for free.
2.1i Provide space for support groups for those who are deaf or hard of hearing when/if support groups return to in-person meetings.
Potential Partners

Roxbury Tenants of Harvard, Boston Health Care for the Homeless, health expos and community fairs, Project Connect, Neighborhood House Charter School, Elderly Housing Development and Operations (South Boston and Charlestown)

Priority 3: Balance

Goal 3: Improve balance among members of Mass Eye and Ear’s priority populations.

Objective 3.1 Improve access to information, support, assessment, and follow-up care needed to address balance problems and prevent falls.
Expected outcomes:
Improved identification of balance-related needs.
Improved support to those with balance challenges.
Improved understanding about available supports and services at Mass Eye and Ear related to balance and how to access them among those at risk for balance-related falls.
Decreased falls among those at-risk for balance-related injuries.
Strategies*
3.1a. In collaboration with Mass Eye and Ear Balance Program and community partners, develop program for improving and extending balance resources to at-risk members of target communities (Year 2).
3.1b. Launch collaborative program to address balance issues in target communities (see 3.1a) and extend information and resources to those identified as at-risk for balance related falls (Year 3).
3.1c. At health fairs, hearing and vision screenings with seniors, and on hospital website and social media platforms, provide free education materials and information on trip hazards and balance-related falls, and the resources at Mass Eye and Ear to address balance problems.
Potential Partners
Mass Eye and Ear Vestibular Division, Elderly Housing Development and Operations (South Boston and Charlestown), Roxbury Tenants of Harvard

Priority 4: Head and Neck Cancers

Goal 4: Improve the health and well-being of those affected by head and neck cancers within the priority populations.

Objective 4.1 Improve access to information, support, screening, and follow-up care needed to prevent and treat head and neck cancers, particularly skin cancers.
Expected outcomes:
Among the priority populations and in the target communities, increased awareness about head/neck, skin, and thyroid cancers, strategies to reduce cancer risk, and available cancer-related supports and services at Mass Eye and Ear and how to access them.
Improved identification and treatment of head and neck cancers among affected individuals in the priority populations and target communities.
Improved support to those with head and neck cancers.
Strategies*
4.1a. At health fairs and on hospital website and social media platforms, provide free education materials and information on head/neck, skin, and thyroid cancers, how to reduce cancer-related risks, and the resources and supports at Mass Eye and Ear and how to access them.
4.1b. In collaboration with community partners, complete an assessment to determine optimal ways of implementing cancer screenings with the priority populations and in the target communities (Year 1).
4.1c. At cancer screening events that are based upon assessment results (see 4.1b), screen 100% of attendees and offer follow-up care or appropriate referrals to 100% who need it. (Years 2 and 3)
4.1d. Provide space for supports groups related to head/neck cancers when/if support groups return to in-person meetings.
Potential Partners
Facing Forward, Head & Neck Cancer Screening and Skin Cancer Screenings, Boston Cured Cancer Club Support Group, Graves' Disease/Thyroid Eye Disease Support Group (includes thyroid nodules/thyroid cancer)

Priority 5: Access to Care

Goal 5: Decrease barriers to care posed by insurance/cost, transportation, language, and lack of understanding about and distrust in the health system.

Objective 5.1 Improve access to resources and supports that enable utilization of Mass. Eye and Ear services
Expected outcomes:
Decreased barriers to care caused by language, lack of transportation, and lack of or insufficient insurance coverage,
Enhanced financial support at community organizations that directly address Mass Eye and Ear objectives and support the hospital’s priority populations/communities.
Improved access to and understanding of insurance coverage.
Improved transportation for patients who need it, particularly after discharge.
Improved navigation within Mass Eye and Ear.
Improved access to surgical care and follow-up care for facial injuries resulting from violence.
Improved understanding among patients who do not read/understand English about the resources and services available at Mass Eye and Ear.
Strategies*
5.1a. Up to 325 patients who need assistance with transportation will receive taxi vouchers.
5.1b. Up to 30 patients who need assistance with lodging, food, and other vital necessities will receive help securing those resources.
5.1c. Up to 25 individuals who are not necessarily Mass Eye and Ear patients but who are within the target populations/communities and who need information and referrals for financial resources, vision and hearing resources, and/or home care and education will receive help in securing the resources they need.
5.1d. Up to 2,000 people who require free parking will receive it.
5.1e. Participate in MGB system-wide working group on transportation.
5.1f. Up to 125 people who require navigation assistance within Mass Eye and Ear will receive assistance from an escort.
5.1g. If requested, up to three individuals will receive reconstructive surgery to address injuries caused by violence.
5.1h. 100% of patients who require help in understanding and enrolling in MassHealth and Health Connector Plans for which they are eligible will receive assistance, and those enrolled in other insurances will receive support in understanding their covered benefits.
5.1i. Translate educational materials designed to inform patients about clinical conditions related to vision, hearing, balance, and head and neck cancers; strategies to reduce and prevent risks; and the supports and services available at Mass. Eye and Ear (see strategies 1.1g, 2.1a, 3.1c, 4.1a) into the most commonly spoken languages in the target communities.
5.1j Provide job readiness support to at-risk and/or low-income individuals through internships and summer jobs and job readiness workshops.
Potential Partners
Mass Eye and Ear Social Work Department (Transportation for Needy Patients, Social Work Consultations for Patients Needing Financial Assistance, Volunteer escorts, Consultations for Non-Mass Eye and Ear patients, Free medications); Financial Counseling; Howe Library; Free Parking; Charitable care; Project Search; Mass Eye and Ear Internship Program

\*Strategies and specific targets are annual (each of the three years) unless otherwise specified.

Appendix A:

<p>Membership of the Mass Eye and Ear Community Benefit Advisory Committee</p>	<ul style="list-style-type: none"> <li>• Erin Duggan Lynch – Senior Director, Community Planning and Engagement, Mass Eye and Ear</li> <li>• Aalok V. Agarwala, MD, MBA – Chief Medical Officer, Mass Eye and Ear</li> <li>• Amy C. Watts, OD – Director, Optometry and Contact Lens Service, Director, Vision Rehabilitation Service, Mass Eye and Ear</li> <li>• Becky Brown – Director, Patient Access, Mass Eye and Ear</li> <li>• Meaghan P. Reid, AUD – Director, Clinical Audiology, Mass Eye and Ear</li> <li>• Jennifer C. Farmer – Manager, Patient Access, Mass Eye and Ear</li> <li>• Gregory W. Randolph, MD, FACS – Director, Thyroid and Parathyroid Endocrine Surgical Division, Mass Eye and Ear</li> <li>• Antonio Rosetti – Clinical Manager, Care Coordination, Mass Eye and Ear</li> <li>• Jenny Callahan – Director of Scholarships and Alumni Engagement, Camp Harborview</li> <li>• Mary McNulty-Anglin – School Nurse, Neighborhood House Charter School</li> <li>• Karen Gately – Executive Director, Roxbury Tenants of Harvard</li> <li>• Kate Hannigan – Senior Events Manager, Mass Eye and Ear</li> <li>• Jenifer Whitmore – Program Manager, Polus Center</li> <li>• Rebecca Froncki – Director, Project Management, Mass Eye and Ear</li> </ul>
<p>Membership of the Mass Eye and Ear Senior Operations Team</p>	<ul style="list-style-type: none"> <li>• CarolAnn Williams – President</li> <li>• Aalok V. Agarwala, MD, MBA – Chief Medical Officer</li> <li>• Kathy Charbonnier, RN – Interim Chief Nursing Officer</li> <li>• Marybeth Cunnane – Chief, Radiology</li> <li>• Martha Pyle Farrell – Senior Vice President and General Counsel</li> <li>• Debra Rogers – Senior Vice President, Ophthalmology</li> <li>• Pernell Reid – Senior Vice President, Otolaryngology</li> <li>• Michael Ricci – Chief Information Officer</li> <li>• Hernan Santana – Vice President, Research</li> <li>• Stephen Record – Senior Director, Surgical and Clinical Operations</li> <li>• Sharon Whittaker – Senior Director, Human Resources</li> <li>• Ann Vinton – Director of Financial Planning and Analysis</li> <li>• Benjamin Mizell – Chief, Anesthesiology</li> </ul>

Membership of the  
Mass Eye and Ear  
Board of Directors

- Joan Alfond
- Robert Atchinson – Adage Capital Management, L.P.
- Minnie V. Baylor-Henry – B-Henry & Associates, LLC
- Katrine Bosley
- William T. Curry, MD – Chief Medical Officer, MGH
- Charles de Gunzburg – First Spring Corporation
- Cynthia M. Deysher
- Eve J. Higginbotham, SM, MD – Vice Dean for Penn Medicine Office of Inclusion, Diversity and Equity, Perelman School of Medicine, University of Pennsylvania
- Eugene Hill – SV Life Sciences
- Lyle Howland
- Diane E. Kaneb
- Robert Knapp – Ironsides Partners
- Thomas Lauer
- Joan W. Miller, MD – Chief, Ophthalmology, Mass Eye and Ear
- Rodney Pratt – LVMH North America
- Eileen Sivoella
- Thomas Sequist, MD – Chief Medical Officer, Mass General Brigham
- Jonathan Uhrig
- Mark Varvares, MD – Chief, Otolaryngology-Head and Neck Surgery, Mass Eye and Ear
- CarolAnn Williams – President, Mass Eye and Ear

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<sup>i</sup> Polcin, D.L. (2016). Co-occurring substance abuse and mental health problems among homeless persons: Suggestions for research and practice. *Journal of Social Distress and the Homeless*, January 2, 25(1); 1-10. Accessed on September 16, 2022, at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4833089/>