

# YOUR 2020 GENEROSITY

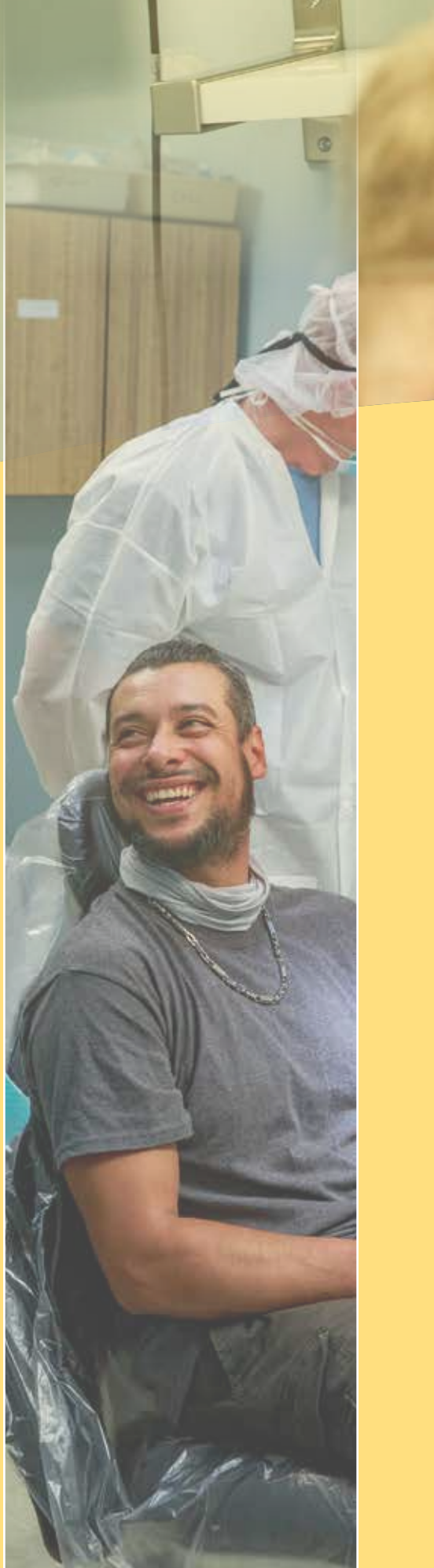
VOLUNTEERS IN MEDICINE BERKSHIRES IMPACT REPORT

Volunteers  
in Medicine

VIM

BERKSHIRES







*Dear Friends,*

Now that we can begin to see beyond COVID, VIM is taking stock of our experiences over the past year. What worked well, and why? What lessons can we apply to our operations moving forward? How can we help solve some of the societal issues that were highlighted, including racial and health inequities?

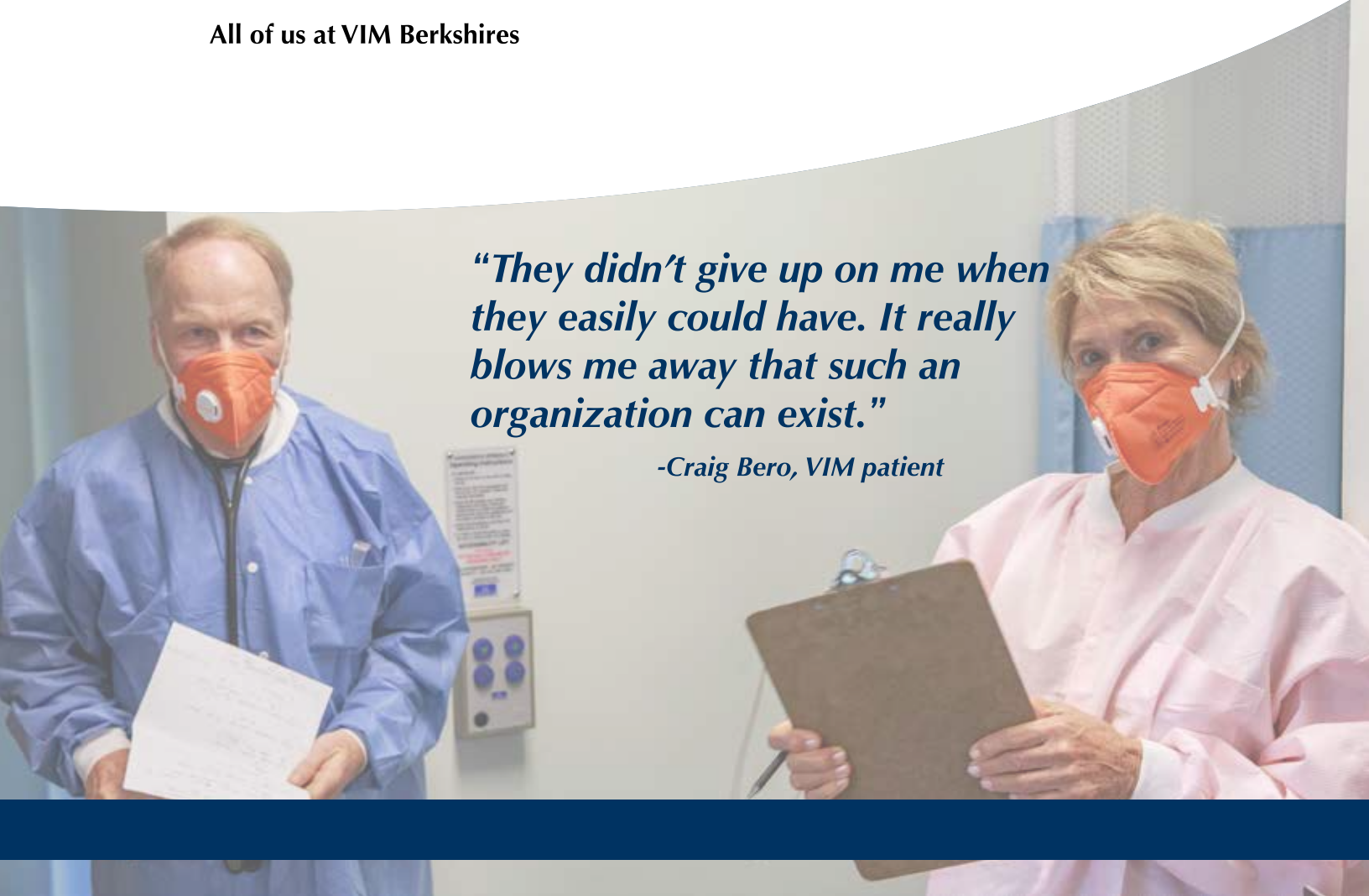
One thing is certain: We couldn't have supported our community the way we did without people like you. VIM's donors showed up for our patients in a huge way. At a time when you could have thought only about yourselves and your loved ones, you asked: "What can I do for others?" "How can I lift up our community?"

We're grateful beyond words for your generosity and inspired by your example.

This report is designed to help illustrate the enormity of your impact. It features excerpts from a recent conversation with our Executive Director, Ilana Steinhauer. And it lists our major organizational and individual donors, all of whom are key partners in our work.

Thank you for everything you do for VIM, our patients and our community.

**All of us at VIM Berkshires**



***“They didn’t give up on me when they easily could have. It really blows me away that such an organization can exist.”***

***-Craig Bero, VIM patient***

# 2020 YEAR IN REVIEW

VOLUNTEERS IN MEDICINE BERKSHIRES. CARING FREELY FOR THE UNINSURED.



## OUR PATIENTS

- Berkshire region residents
- Uninsured or underinsured
- Adults 19+
- Low-income



## THE NEED

- **1<sup>st</sup>** – Berkshire County has highest premature death rate among all MA counties<sup>1</sup>
- **75%** – VIM patients who are immigrants (mainly Latino)
- **7x** – COVID has killed working age Hispanic men at 7x the rate of working age white men<sup>2</sup>

## SERVICES YOU MAKE POSSIBLE



- **Medical**
- **Dental**
- **Behavioral Health**
- **Optometry**
- **Nutrition Counseling**
- **Acupuncture**
- **Therapeutic Massage**
- **Exercise Therapy**
- **Social Services and Financial Support**

## OUR APPROACH



Volunteers in Medicine provides access to free comprehensive health care for adults in the Berkshire region who are income qualified and uninsured or underinsured. We envision a society in which everyone has an **equal opportunity** to achieve good health.

- **1** – All services provided under one roof
- **70** – Volunteer healthcare providers
- **100** – Non-clinical volunteers

## IMPACT DURING COVID<sup>3</sup>



- **1,300+** patients
- **250+** new patients
- **5,231** patient visits
- **25%** increase in medical visits over same period prior year
- **50%** increase in behavioral health visits
- **\$500,000** in special COVID funding to help patients pay for rent, utilities, childcare and more
- **250** families registered with local food pantries
- **800** COVID vaccines administered to our patients
- **0** Number of VIM patients who were hospitalized with or died from COVID

<sup>1</sup>2021 County Health Rankings and Roadmaps

<sup>2</sup>National Public Radio, Weekend Edition Sunday, March 14, 2021

<sup>3</sup>3/2020-3/2021



# A conversation with Ilana Steinhauer,

FNP, Executive Director,  
Volunteers in Medicine Berkshires



**Working aged Latino men died from COVID at seven times the rate of their white counterparts.<sup>2</sup> Why is that?**

This statistic is staggering, and it should make people angry. A lot of factors contributed. During COVID, the Latino population was more likely to have to continue working outside of the home, many times in jobs that did not allow for adequate safety measures. They often live in crowded housing that does not allow for isolation. But at least as important is a lack of access to health care to manage underlying conditions such as heart disease, diabetes, and obesity, that make people up to 12 times more likely to die from COVID.

The bright side, if you can call it that, is that the huge disparities in COVID outcomes is finally calling attention to long-standing structural racism and racial inequities in health. It's always top of mind at VIM, where 75% of our patients are minority immigrants and are all low-income state residents.



**Given the demographics of VIM's patient population, how do you explain the fact that not one of VIM's patients was hospitalized with or died from COVID?**

The answer is simple: VIM provides healthcare access to those who wouldn't have it otherwise. Our patients, like their counterparts around the country, work long hours in stressful, physically demanding frontline jobs. And, they suffer from chronic diseases such as hypertension and diabetes. But, because they have access to free, comprehensive health-care through VIM, they manage their conditions well, so they were healthier when COVID hit and knew to call us if they got sick.

**“Not one of VIM's patients was hospitalized with or died from COVID.”**



**VIM never closed its doors during the pandemic, staying open for medical and dental visits throughout. What did that allow the clinic to accomplish?**

We reimagined our operations and staffing to meet the increased, urgent need. We introduced telehealth, so we could care for those who couldn't come to the clinic and expanded our program to assess patients for non-medical needs such as food, rent, heat, and childcare, helping them to access existing resources and distribute cash where needed, resulting in no evictions. By helping our patients manage their health, we prevented unneeded ER visits, allowing the hospital system to focus on treating those with COVID.

**“We reimagined our operations and staffing to meet the increased, urgent need.”**

We also educated our patients on safe practices (including testing and quarantining), acting as the link between the public health system and our vulnerable population.

We found housing for those patients who could not safely quarantine at home, saw people who were sick with COVID and held patients while they grieved the loss of family members in places they could not visit.

At the same time, we continued to provide routine preventive care. Pap smears, mammograms and dental cleanings. Amid all the pain and loss, patients got pregnant, and patients had babies. Basically, we did what we always do. We provided comprehensive health care designed with our patient population at the center...the driver of how we deliver care and what that care looks like. We gained patients' trust, we saved lives, we changed lives.







## Is there an individual story you can share to help illustrate what VIM's patient care during COVID really looked like?

Hector walked into VIM about 6 months prior to the pandemic after noticing an increase in thirst and unexplained weight loss. The medical diagnosis was quick: severely uncontrolled diabetes, hypertension and obesity. Hector had never been to a doctor or discussed his health or his body with anyone. We helped him understand his diagnosis, treatment options and long-term outcomes, which allowed him to set his goals and make decisions on how to manage his illness.

By the start of the pandemic, his chronic illnesses were controlled. Two months into the pandemic, his priorities changed. He became more concerned about paying rent and supporting his children than his own health.

This is where VIM is so unique. He did not have to make that choice. While continuing to help Hector focus on his chronic illness, we were also able to help connect him with local food banks, access available resources, make sure his children had access to school, and provide cash assistance to help offset rent.

Hector called us the moment he woke up with a fever. We were able to get him and his family tested. Unfortunately, Hector tested positive, but we helped him understand the rules for quarantining, supported him medically and, within two weeks, he went back to work safely. Today, this 42-year-old Hispanic man continues to work, and his family continues to thrive as active members of our community.

***“Once they walk through the door and understand the impact of our approach, the importance of looking beyond the symptom, people start to reimagine health.”***

***-Ilana Steinhauer, FNP, VIM  
Executive Director***



**“Our model of care, based on a vision of health equity, understands that health is more than healthcare alone.”**

**What lessons did VIM learn from COVID, and how will that inform the challenges you take on in the future?**

Our model of care, based on a vision of health equity, understands that health is more than healthcare alone. This is how we provided care prior to COVID, it helped us succeed during COVID, and it's how we will continue to provide care long after we are out of this current pandemic. Health equity is defined by the Robert Wood Johnson Foundation as everyone having a fair and just opportunity to be as healthy as possible.

In order to improve health for all, our society must focus on removing obstacles to health such as poverty and discrimination, as well as their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare.

At VIM, our approach is steeped in this concept. From how we provide clinical care, to how we integrate community health workers within our team to address a patient's socioeconomic needs, to our advocacy, to how we lift up the voice of our patients, to our role within the greater community. In doing what we do best, we provided care throughout COVID and defied national trends. We can't predict the future. But the impact we've had on our community is indisputable, and our commitment to a sustainable future is stronger than ever.







**We are grateful to all our friends who support Volunteers in Medicine Berkshires.**  
**The following list includes major donors who made financial contributions in 2020.**

**We thank the more than 500 donors whose names are not listed here.**

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*While every effort has been made to ensure accuracy, we apologize for any inadvertent errors or omissions.*



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