

Building Supportive Communities to Improve Health Outcomes

An Interview with John L. Damonti,
President, Bristol-Myers Squibb Foundation and Vice President, Corporate Philanthropy, Bristol-Myers Squibb

EDITORS' NOTE John Damonti served as Director of State Government Relations for Ciba-Geigy Corporation and Director of the Primerica Foundation, before joining Bristol-Myers Squibb in 1991. In 2007, Damonti received the Schriver Award for Creative Grantmaking from the Council on Foundations and an honorary doctorate degree from Fordham University. He received an undergraduate degree from Bowling Green State University and a master's degree in social work from Fordham University.



John L. Damonti

COMPANY BRIEF Bristol-Myers Squibb (www.bms.com) is a global biopharmaceutical company based in New York whose mission is to discover, develop, and deliver innovative medicines that help patients prevail against serious disease. With roots going back 150 years, Bristol-Myers Squibb has about 27,000 employees around the world fighting serious diseases such as cancer, heart disease, diabetes, HIV/AIDS, rheumatoid arthritis, hepatitis B, and psychiatric disorders. Its leading products include Plavix for heart disease and stroke, Abilify for schizophrenia and other psychiatric disorders, and Erbitux for colorectal and head and neck cancers.

What led to the Bristol-Myers Squibb Foundation developing the community-based focus you are pursuing?

As a company that develops innovative medicines to address unmet medical needs, we understand that medicines are only part of the solution to what can be a complex social problem. There may be barriers such as education, nutrition, or stigma that can prevent patients from receiving optimal care. Some patients need help breaking down those barriers; they can't do it on their own.

That is why our foundation engages partners around the world to develop, execute, evaluate, and promote innovative, community-based programs that bring together resources to help patients more effectively manage their diseases. We focus on five diseases in four geographies: HIV/AIDS in Africa, hepatitis B and C in Asia, cancer in Central and Eastern Europe, and mental health and type 2 diabetes in the United States. All of these programs are closely linked and operate on the same strategic platform of

leveraging and mobilizing community support services to improve health outcomes. The power of this strategy is that we can develop and test models in different parts of the world on different diseases and learn fundamentals that can be applied to any disease in any society, especially chronic diseases.

What does community-focused mean?

The management of diseases such as HIV/AIDS in Africa and type 2 diabetes in the United States, for example, are public health issues that require not only medical intervention but also a comprehensive approach to case management.

Consider the case of an HIV/AIDS patient in a village in South Africa. She may have HIV medicines available to help fight the virus, but if she lacks proper nutrition, if stigma about HIV is high in her community, if she did not disclose her HIV status to her partner or family, then she will not optimally benefit from her treatment.

While medical intervention is a priority, it must be accompanied by patient self-management and community structures that support that patient if her treatment is going to succeed as she manages her illness over the long term.

What got you started on this approach?

The concept of community-based support began in 1999 in southern Africa with our \$160 million Secure the Future™ program focused on HIV and AIDS. As antiretroviral (ARV) treatment started to move from urban settings to rural villages, there was a great deal of concern about whether ARVs could effectively be delivered in areas where inadequate food, high stigma, and low literacy rates were significant challenges. For treatment to be successful, it had to go well beyond testing and the provision of drugs and had to be supported by a comprehensive community approach.

We partnered with five southern African governments (South Africa, Lesotho, Namibia, Swaziland, and Botswana) to identify their most challenging communities, and develop and model a comprehensive community approach to effective care. Working with local leaders at each of these five sites, we helped create community teams comprised of faith-based and community organizations, people living with HIV/AIDS, traditional healers, the government, and medical professionals. Patients and their families were supported in the community through home visits,

psychosocial support, nutrition supplementation, and income generation programs, to name a few. We contracted with Family Health International to evaluate the outcomes of the five sites through clinical data as well as quality of life indicators and stigma reduction.

Have you been tracking the impact and what progress have you seen?

At Bristol-Myers Squibb, our success as a company is based on comprehensive outcomes data for our medicines. The Bristol-Myers Squibb Foundation is no different in terms of measuring outcomes of our funded programs.

The outcomes from our community-based programs in Africa had such a significant level of success that we created a Secure the Future faculty among 50 of our former grantees and partners who developed these models. We now receive requests from other countries and nongovernmental organizations to help set up their own programs. Bristol-Myers Squibb now deploys technical assistance teams to over 15 countries on the continent to help others scale their initiatives. This South to South model (Africans training Africans) of consultancy also allows us to work in some difficult locations such as the Democratic Republic of the Congo and Liberia, for example.

Are you also implementing community-based programs on mental health in the United States?

Yes, and in this program we have a dual focus. The first is to support returning veterans and their families from the wars in Iraq and Afghanistan. A community-based model of support is greatly needed and we have partnered with a large coalition of service providers and government agencies to model the implementation in two large communities. A second focus is on mental health and the incarcerated, and their transition back into the community.

What's the next big challenge for the foundation?

The next big challenge is taking our lessons from HIV care in Africa and applying them to the adult patient with type 2 diabetes in the U.S. You may have seen data predicting that by 2040, one in three adults will be diagnosed with type 2 diabetes. The foundation recently launched a \$100-million, five-year initiative to explore behavior change and disease management at the community level, especially targeted at high-risk populations and geographies. The challenge is great, but the lessons we have learned fighting HIV in Africa will serve us well. ●