

Community Benefits  
Annual  
Report  
Fiscal Year 2001

Submitted  
May 31, 2002  
Mount Auburn Hospital

## **SUMMARY**

### **Mount Auburn Hospital**

#### **Region Served:**

**Cambridge, Somerville, Watertown, Belmont, Arlington, Lexington**

#### **Report for Fiscal Year 2001**

#### **Community Benefits Mission**

Mount Auburn Hospital is committed to:

- Improving the health status of community residents through prevention and treatment.
- Improving access to health information.
- Enhancing and supporting longstanding collaboration with existing health care institutions, providers, and organizations.

The key areas of intervention for Mount Auburn community benefits program are cardiac care, cancer prevention, geriatrics, primary care, women's health, and youth development.

#### **Program Organization and Management**

Ronnie Sanders, Director of Community Health Services, is responsible for the development and implementation of Mount Auburn Hospital's community benefits program. Ronnie reports to Michael O'Connell, the Vice President for Marketing and Planning, insuring that community benefit priorities are integrated in the hospital's business and strategic planning. Jeanette Clough, President and CEO of the hospital, is actively involved in community health programs, frequently initiating activities and relationships with community partners. Annually, the Hospital Board of Overseers and Trustees receive a presentation on community benefits and activities, and provide feedback and input into the upcoming year's community involvement.

## **Key Collaborations and Partnerships**

### **Academia Fletcher Maynard**

Alzheimer's Task Force  
American Cancer Society  
American Heart Association  
Arlington Chamber of Commerce  
Arlington Council on Aging  
Arlington Health Department  
Arlington Public Schools  
Arlington Teen Resource Network  
Arlington Town Day  
Arlington Senior Center  
Belmont Chamber of Commerce  
Belmont Council on Aging Center  
Belmont Fire Department  
Belmont Health Department  
Belmont Police Department  
Belmont Public Schools  
Belmont Youth Commission  
Bentley College  
Cambridge Chamber of Commerce  
Cambridge Family YMCA and YWCA  
Cambridge Food Pantry  
Cambridge Health Alliance  
Cambridge Homes  
Cambridge Public Schools  
Cambridge Rotary Club  
Cambridge Training Innovations  
CASPAR  
Domestic Violence Task Force  
Families First Parenting Program  
Fleet Bank  
Genzyme Corporation  
Harvard University  
Institute for Community Health  
Susan G. Komen Race for the Cure  
Lesley College  
Lexington Chamber of Commerce  
Lexington Fire Department  
**Lexington Health Protection Advisory Committee**  
Lexington Public Schools  
Marino Center for Alternative Medicine  
Massachusetts Department of Public Health  
Massachusetts Institute of Technology  
Massachusetts Tobacco Control Program Youth Action Alliance

**Middlesex Community College**

On the Rise Shelter of Battered Women  
Partners HealthCare

**Perkins School**

Prostate Cancer Awareness Committee

**Joseph Smith Health Center**

**Somerville Police Department**

Somerville Public Schools

United Way

Waltham Council on Aging

Waltham Interagency Council

Watertown Chamber of Commerce

Watertown Hellenic Center/Greek Orthodox Church

Watertown Police Department

Watertown Public Schools

Watertown Rotary Club

Watertown Town Fair Organizers

Watertown Senior Center

Wayside Youth and Family Network

West Suburban Elder Services

**Community Health Needs Assessment**

Based upon geographic proximity and service area, the following communities are the primary targets for Mount Auburn Hospital's community benefit activities: Cambridge, Somerville, Watertown, Belmont, Arlington, and Lexington.

Demographic and health indicator information for each of these communities has been compiled from publicly available sources of information. In addition to this data-based needs assessment, there are several other mechanisms to gather input on community needs. Among these is hospital participation on the steering committee of the local Community Health Network (CHNAs). Local school systems, municipal health departments, ongoing dialogue with local health stakeholders, and event feedback forums and surveys also inform the assessment of community health needs.

**Community Benefits Plan**

As a regional community teaching hospital, Mount Auburn Hospital has a long track record of providing first-rate, locally provided care to its communities. In the past

several years, a more formal process for serving the community has been in development. In 1998, community benefit activities were centralized and organized into a new department within the hospital, highlighting their organizational priority and enhancing coordination of activities. Financial and staffing resources have been dedicated by the hospital to this Community Health Services Department. Target populations have been identified with data-based and feedback-based needs assessments undertaken, such as “Girls Night Out”, a semi-annual education forum on women’s health issues.

### **Key Accomplishments of Reporting Year**

Among Mount Auburn Hospital’s community benefit accomplishments in FY2001 were:

- Membership in the Institute for Community Health – a collaboration of Partners HealthCare, CareGroup, and Cambridge Health Alliance aimed at improving the health of communities through research, education, and program/policy development.
- More than 280 community residents attended two evenings of “Girls Night Out” – special workshops addressing women’s health issues.
- More than 50 community forums and screenings were given in the areas of cancer prevention, cardiac disease prevention, nutrition, women’s health, exercise, and geriatrics serving more than 1,000 community residents.
- Selection and funding of four programs in Watertown to respond to defined community needs.
- A tripling in the number of times Interpreter Services employees have been requested by patients.

### **Plans for Next Reporting Year**

Over the course of fiscal year 2002, Mount Auburn Hospital's community benefit programs have received renewed attention and focus. In particular, efforts in community health education are being targeted to address issues for women, men, elderly, and youth, with attention to insuring ease of access by spreading events across the surrounding communities.

### ***Contact***

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**Selected Community Benefits Programs**

Program or Initiative	Target Population /Objective	Partner(s)	Hospital Contact
Community Health Education and Screenings: Women’s Health, Cancer, and Cardiovascular Education	Over 50 educational events annually; over 1,000 residents served	See listing under key collaborations	Ronnie Sanders Email: <a href="mailto:Rsanders@caregroup.harvard.edu">Rsanders@caregroup.harvard.edu</a>
Community Health Grants	Funding to address locally defined health needs	West Suburban Elder Services Watertown Police Department Wayside Youth and Family Network Watertown Public Schools	Ronnie Sanders Email: <a href="mailto:Rsanders@caregroup.harvard.edu">Rsanders@caregroup.harvard.edu</a>
Institute for Community Health	Cambridge and Somerville residents	Partners HealthCare Cambridge Health Alliance	Ronnie Sanders Email: <a href="mailto:Rsanders@caregroup.harvard.edu">Rsanders@caregroup.harvard.edu</a>
Enhancing Cultural Competence	Diverse populations served by	Community residents Employees of Mount Auburn Hospital	Ronnie Sanders Email: <a href="mailto:Rsanders@caregroup.harvard.edu">Rsanders@caregroup.harvard.edu</a>

	Mount Auburn Hospital		
Mount Auburn Prevention Center	Teens at risk of substance abuse	Somerville Prevention Coalition Substance Abuse and Mental Health Providers Group Massachusetts Tobacco Control Program Youth Action Alliance	Ronnie Sanders  Email: Rsanders@caregroup.harvard .edu

### Community Benefit Expenditures

Type	Estimated Total Expenditures for FY2001	Approved Program Budget for FY2002
Community Benefit Programs	Direct expenses \$ 611,958 DoN Expenses \$ 25,000 Employee Volunteerism \$ 32,574 Other Leveraged Resources \$622,180	Resources allocated to community benefit programs will be commensurate with the previous years
Community Service Programs		
Net Charity Care	\$3,645,137	
Corporate Sponsorships	\$ 28,830	
	Total \$ 4,965,679	

**Total Patient Care-Related Expenses for FY2001: \$132,736,073**

## **Introduction**

Incorporated in 1871, Mount Auburn Hospital was Cambridge's first hospital. Throughout its existence, the hospital has been dedicated to providing excellent health care to the diverse communities it serves. Affiliated with Harvard Medical School and CareGroup, Mount Auburn Hospital offers comprehensive inpatient, outpatient, and specialty care. Over 90 percent of Mount Auburn Hospital's patients are from one of the following six communities: Cambridge, Somerville, Watertown, Arlington, Belmont, and Lexington, representing over 300,000 residents. These communities comprise the hospital's primary service area, and are the focus for most of its community benefit initiatives.

This report is organized according to the guidelines promulgated by the Attorney General's Office for community benefit reporting. It provides information on:

- Mount Auburn Hospital's community benefit mission
- Program delivery structure
- Community needs assessment, participation, and plan
- Progress on 2001 activities
- Plans for the upcoming year
- Contact information

## **Mission Statement**

In January 1995, the Board of Trustees of Mount Auburn Hospital adopted the following Community Benefits Mission Statement:

In fulfilling its community benefit mission, Mount Auburn Hospital is committed to:

- Developing a formal community benefits plan, which includes assessment of community needs, and a statement of priorities, consistent with hospital resources.
- Enhancing and supporting longstanding collaboration and cooperation with existing health care institutions, providers, and organizations to identify and meet health care needs, especially those of vulnerable and at-risk populations within the hospital service area.
- Assuring active hospital-wide and community involvement in the development and implementation of the community benefits plan.
- Improving the health status of residents in primary service areas through prevention and treatment.
- Improving access to primary care and health information to promote healthier lifestyles and to prevent disease.

The key areas of intervention for Mount Auburn community benefits program are consistent with the hospital's overall strategic goals in the areas of cardiac care, cancer prevention, geriatrics, primary care, and women's health. Community benefits programs add a family and youth focus to these healthcare priorities.

## **Oversight and Management of Community Benefits Program**

Ronnie Sanders, Director of Community Health Services, is directly responsible for the development and implementation of Mount Auburn Hospital's community benefits program. Hired in January 2002, Ronnie reports to Michael O'Connell, the Vice President for Marketing and Planning, insuring that community benefit priorities are integrated in the hospital's business and strategic planning. Jeanette Clough, President and CEO of the hospital, is actively involved in community health programs, frequently initiating activities and relationships with community partners. A hospital-wide Diversity Committee, chaired by the Director of Community Health Services and with representatives from other hospital disciplines, keeps the organization focused on the needs of patients and employees from different cultural and linguistic backgrounds.

## **Community Health Needs Assessment**

Based upon geographic proximity and service area, the following communities are the primary target for Mount Auburn's community benefit activities:

Cambridge  
Somerville  
Watertown  
Belmont  
Arlington  
Lexington

Demographic and health indicator information for each of these communities has been compiled from publicly available sources of information including the Department of Public Health, MassCHIP, the US Census, Massachusetts Department of Education, and PLINE. This information is included in an appendix to this report.

In addition to this databased needs assessment, there are several other mechanisms to gather input on community needs. Among these is hospital participation on the steering committee of the local Community Health Network (CHNA), whose goal is to enhance community participation in health status improvement. Local school systems, municipal health departments, ongoing dialogue with local health stakeholders, and event feedback forums and surveys also inform the assessment of community health needs. Annually, the Hospital Board of Overseers and Trustees receive a presentation on community benefits and activities, and provide feedback and input into the upcoming year's community involvement.

The following is a brief summary of demographic data and needs assessment information for Mount Auburn's communities.

### ***Demographics***

While these communities include some of the wealthier Boston suburbs, several of these communities have a significant percentage of Medicaid patients and a large number of recent immigrants. Somerville has the highest percentage of Medicaid patients, 5.6 percent compared to a statewide average of 7.1 percent. Of the total number of inpatient stays at Mount Auburn Hospital, 5.7 percent are Medicaid patients.

Except for Somerville, all of the communities have an older population than the statewide average, Cambridge and Lexington top this list: 19 percent of their population is over the age of 65 compared to a statewide average of 13.5 percent. On the other end of the spectrum, all of the communities have significantly fewer children under the age of 18, with the exception of Lexington; about 14 percent of Cambridge, Somerville, and Watertown's population are under the age of 18, compared to the statewide average of 23.6 percent.

### ***Cultural Diversity***

Mount Auburn's communities are rich with language and cultural diversity. The hospital's Interpreter Service serves more than six languages on a regular basis (Spanish, Portuguese, Russian, Armenian, Haitian-Creole, Greek). There is a Spanish speaking and a Portuguese speaking interpreter on staff, and several other employees trained as medical interpreters. Also available is a large pool of outside contractors to provide interpreter services in more than twenty languages.

Data from PLINE (Primary Language is Not English) from public school enrollments, indicate that three of Mount Auburn's six communities have a highly diverse cultural and linguistic representation. PLINE data show that more than 42 percent of the students in Somerville have a primary language other than English (in descending order of prevalence: Portuguese, Spanish, Haitian-Creole) compared to a statewide average of 13 percent. In Cambridge, more than 32 percent of students have a primary language other than English (in descending order of prevalence: Spanish, Haitian-Creole, Portuguese, Chinese). In Watertown, almost 24 percent fall into this category with Armenian as the predominant second language.

Cambridge and Somerville have a higher percentage of African Americans and Hispanics than the rest of the state. All of Mount Auburn's communities have a significantly higher percentage of Asians than the state average of 3.9 percent with Cambridge at 12.4 percent, Lexington at 11.1 percent, and Somerville at 6.8 percent.

### ***Health Indicators and Prevalence of Disease***

Within Mount Auburn's six communities there are areas of high concentration of cancer, cardiovascular disease, and alcohol and substance abuse. Clinical expertise and community education services have been developed with this data in mind.

## **Cancer Rates**

Of the six communities, Somerville has the highest cancer mortality rate. The mortality rate from all cancers is 247 per/100,000 deaths, compared to a statewide average of 206 per/100,000 deaths. Specifically, the rate of lung cancer is 83 per/100,000, compared to a statewide average of 54 per/100,000 deaths. Lung cancer accounts for 14.6 percent of all hospitalizations in Somerville compared to 11.5 percent statewide.

Other forms of cancer have high rates in both Somerville and Cambridge. The prostate cancer rate in Cambridge is 16.1 percent compared to the statewide average of 15 percent and the rate for colorectal cancer in Somerville is 14.5 percent compared to the statewide average of 12.8 percent. Some of these rates may be attributable to community educational programs promoting awareness and screening for these diseases.

Cancer rates in Arlington are also higher than average—particularly for lung, breast, colorectal and prostate cancer. Breast cancer rates are highest in Watertown (39 per/100,000 deaths) compared to 27 per/100,000 statewide. Watertown's rate rivals neighboring Newton, which is considered to have one of the highest breast cancer rates in the Commonwealth. Cambridge also has a higher than statewide incidence of breast cancer at 18.9 percent of all cancers compared to 15.7 percent statewide.

Mount Auburn Hospital's extensive cancer prevention and education programs are closely linked and address specific cancers in communities with greatest prevalence.

## **Cardiac Disease**

Cambridge (268 per/100,000 deaths) and Arlington (290 per/100,000 deaths) have the highest local rates of deaths caused by cardiovascular disease, compared to the statewide average of 290 per/100,000 deaths. Mount Auburn Hospital has a long and successful history of providing expert cardiovascular care. In 2000, Mount Auburn Hospital was ranked in the top 100 hospitals nationally for cardiovascular services.

Many Mount Auburn Hospital efforts support this clinical expertise. These programs focus on exercise (walking clubs in two towns), nutrition (28 community educational forums and tables in the last year), and healthy heart presentations in several Mount Auburn communities.

## **Community Participation**

The following is illustrative of the collaborative process in developing community benefits programs and service initiatives.

- The hospital has an affiliation with the Joseph Smith Health Center in Brighton, with a specific orientation toward obstetrical care. This relationship is the source of input into program design and improved services.
- As part of the Determination of Need (DoN) conditions for a new MRI machine, \$150,000 has been allocated over five years for grants to respond to defined community health needs. The process of awarding these grants in Belmont in FY2000 resulted in the development of a coordinating council of community-based organizations that has created the groundwork for an ongoing health-planning mechanism in the community.
- A similar health program grant process was conducted in Watertown in FY2001 with affirmative efforts to involve all interested community organizations and municipal services.
- Mount Auburn Hospital's Massachusetts Prevention Center has developed ongoing partnerships with an extensive network of health and human service providers and agencies.
- In a more informal way, the lines of communication between the hospital and community advocates are always open. In Watertown, for example, the hospital responded to community requests for health-related programs for senior citizens with a walking program which regularly attracts seniors to health lectures and a mall-based walk. Many other initiatives are described in the section on 2001 activities.

## **Community Benefits Plan**

As a regional community teaching hospital, Mount Auburn Hospital has a long track record of providing first-rate, locally provided care to its communities. Through a network of satellite primary care practices and the rotation of medical residents through local health centers and assisted living facilities, Mount Auburn Hospital caregivers have had a longstanding presence in the surrounding communities.

In the past several years, a more formal process for serving the community has been in development. In 1998, community benefit activities were centralized and organized into a new department within the hospital, highlighting their organizational priority and enhancing coordination of activities. Financial and staffing resources have been dedicated by the hospital to this Community Health Services Department. Target populations have been identified with data-based and feedback-based needs assessments undertaken, such as "Girls Night Out", a semi-annual educational forum on women's health issues.

Program evaluation occurs annually, through the internal hospital budget process as resources are dedicated based upon program effectiveness.

## **Activity During Fiscal Year 2001**

The community benefits activities conducted by Mount Auburn Hospital in FY2001 are oriented toward the strategic goals of the hospital overall. Those areas of focus organize this report.

## ***Community Collaborations***

### **Health Program Grants in Watertown**

In FY2001, \$25,000 was awarded to fund four different programs in Watertown:

- Older teen awareness and learning programs
- Defibrillator training for police officers
- Adult literacy and ESOL (english as a second language) health education
- Muscle conditioning programs for elders

Six months into these programs, the following progress has been reported:

- A fourteen-week psycho-educational group for girls has been developed and offered to two groups of ten high school senior girls each. Classes focus on body image, domestic and dating violence, epilepsy, reproductive health, substance abuse, and stress reduction.
- Watertown police have used their grant to purchase a defibrillator and train the entire department on its use.
- Project Literacy at the Watertown Library has conducted four health related classes for speakers of languages other than English (ESOL) reaching approximately 40 community residents who speak a wide variety of languages including Chinese, Spanish, Korean, Italian, Thai, Farsi, Armenian, Creole, and Japanese.
- West Suburban Elder Services has developed and held a muscle conditioning class for elderly community residents. Twenty elders have attended the one hour classes held twice weekly, with 12 to 14 attending regularly.

### **Institute for Community Health**

The Institute for Community Health (ICH) is a collaboration among three Massachusetts health care systems to improve the health of Cambridge, Somerville, and surrounding towns. The Institute was founded in 2000 by Cambridge Health Alliance, CareGroup Healthcare System, and Partners HealthCare.

Mount Auburn Hospital is the CareGroup representative on the ICH, contributing \$220,000 in FY2001. With an initial three-year commitment of resources from each institution, the goals of the Institute are to advance community health research; promote community health education and training; develop community action programs and policy; and forge linkages among the health care systems with shared community health objectives. Initial programs include:

- A project to decrease obesity, improve nutrition, and promote physical activity among Cambridge school children and their families.
- A community needs assessment, completed in coordination with the Harvard Children's Initiative, to identify strengths and opportunities for promoting the emotional well-being of Cambridge children.

- A behavioral risk factor survey of Cambridge and Somerville adults.
- Partnership with the cities of Cambridge and Somerville to develop programs, policies, and local infrastructure that promote physical activity.

### **Mercury Reduction Program**

During 2001, Mount Auburn Hospital joined other hospitals and clinics across the country by taking the pledge to make the practice of medicine mercury free. This pledge entails conducting mercury audits, implementing mercury-free purchasing policies, collecting mercury containing items, and educating staff about the environmental and health consequences of the use of mercury in health care. Coordinated by the organization Health Care Without Harm and the American Hospital Association, the initiative will help protect both human health and the environment.

Mount Auburn Hospital, in collaboration with Cambridge City Hall and Cambridge Health Alliance, had a three site mercury thermometer drop off program. The hospital purchased 1300 digital thermometers and, with an additional 200 digital thermometers that were donated, gave them to residents in exchange for mercury thermometers.

### **Massachusetts Prevention Center**

For the last 12 years, Mount Auburn Hospital has been the host site for one of nine Prevention Centers across the Commonwealth. The goal of Prevention Centers is to provide education, technical assistance, and coordination of community organizations focused on health and human service concerns. Specific areas of expertise include: substance abuse, alcoholism, and tobacco prevention work, especially for youth. One of the major geographic areas of concentration is the Somerville/Cambridge communities, whose teen rates are among the highest for abusive substance behavior.

The Prevention Center has collaborated successfully with others to reduce third party alcohol sales to minors. The project relies on clerks in package stores distributing scratch cards with messages aimed at discouraging adults from purchasing alcohol for minors to customers.

The Prevention Center also works with the four Massachusetts Tobacco Control Program Youth Action Alliance groups in Somerville and Cambridge (MAPS, CAAS, CASPAR and the Haitian Coalition) providing teens and advisors with training and technical assistance, focusing on program development, fundraising, and organizational planning.

### ***Community Education***

#### **Preventing Cardiovascular Disease and Cancer**

Mount Auburn Hospital physicians, practitioners, and staff dedicated nearly 1,000 hours in 2001 to offer a wide range of community programs intended to provide screenings and education about heart disease and cancer. A sample of programs includes:

- Community health table on colorectal cancer awareness and education

- Participation in Genzyme Health Fair
- Participation in Hellenic Center Mount Auburn Health Fair
- Healthy Hearts presentation to Belmont after school program
- Heart Walk body fat analysis for participants
- Health care booths at Arlington Town Day
- Massage therapy, cholesterol and blood sugar tests at Millennium Health Fair
- Blood pressure screenings in Belmont
- Participation in Perkins School Employee Health Fair
- Cambridge Women's Health Day
- Nearly 30 community nutrition workshops and forums
- Participation in the Boston Prostate Cancer Walk
- Two prostate screening clinics, one targeting the Haitian and Portuguese communities
- Arms Around Arlington, a community event dedicated to cancer awareness and education
- Car seat safety events in Somerville, Cambridge, Arlington and Belmont

### **DPH Smoking Cessation Program**

Throughout fiscal year 2001, funding was provided by the Department of Public Health for a smoking cessation program. In three series of groups, led by a Mount Auburn Hospital psychologist, the program offers support and strategies to help smokers live without cigarettes and manage stress and cravings. A total of 30 participants took advantage of this program in FY2001.

### ***Women's Health***

#### **Madre a Madre**

Now entering its third year, the hospital's affiliation with the Joseph Smith Health Center in Brighton has as one of its principal goals a decline in the rate of low birth weight babies. Given Brighton's substantial Hispanic population, the hospital has responded with a Spanish-language "Meet the Midwives" program, offered to pregnant and parenting women on a bi-monthly basis. With the benefit of foundation funding, the "Madre a Madre" program was developed to provide mentors to newly immigrated women delivering their first baby in this country.

Mount Auburn Hospital initiated this program, and then allowed it to grow and be merged locally, with community health center ownership of the program. Currently the hospital's role in the program is to provide ob/gyn services and deliveries.

#### **Special Focus on Breast Cancer Prevention and Treatment**

In 2001, Mount Auburn Hospital opened The Hoffman Breast Center, a program devoted to providing a range of diagnostic and treatment services, including mammograms, ultrasound tests, biopsy, and expert educational programs. This highly visible and successful program has served over 3,670 women in the past eighteen months. To

respond to the growing number of breast cancer cases, a community education program is in development that will include topics such as self-exams, prevention, and treatment options.

Last year, Mount Auburn Hospital physicians and staff participated in a number of community activities to raise funds for breast cancer research and to provide education to the community. In addition to cancer prevention activities listed in the prior section, through the Hoffman Breast Center, Mount Auburn Hospital has a special emphasis on preventing and supporting women living with breast cancer. Activities included:

- Distribution of cancer information at the Koman Race for the Cure
- Participation in Making Strides against Breast Cancer (ACS) event
- De Mujer a Mujer presentation at Academia Fletcher Maynard
- Arms Around Arlington
- Presentations at Cambridge Women's Health Day

A breast cancer support group is also offered by the hospital, with health professionals convening monthly group meeting. As part of cancer support efforts, the hospital provided the "Look Good Feel Better" with the American Cancer Society and Cosmetology Association to offer information and hands-on instruction in make-up and skincare, and suggestions for using wigs, turbans, and scarves for women undergoing cancer treatment.

### **"Girls Night Out"**

In June 2001, Mount Auburn Hospital hosted their first "Girls Night Out" event, an evening of information on contemporary women's health issues. Over 200 women attended this first evening. Three Mount Auburn physicians gave the following workshops at the first event:

- "Is your clock really ticking? Why you can consider pregnancy after 35"
- "Managing menopause-what actually works"
- "Should your daughter get a tatoo? Should you?"

The second "Girls Night Out" was held in October 2001. Over 80 women attended this evening with lower attendance probably a result of the aftermath of 9/11. Two physicians gave the following workshops:

- "Preventing and Treating Urinary Incontinence"
- "Preventing Breast Cancer: There are some things you CAN do"

## ***Youth Development***

### **Substance Abuse Prevention**

Mount Auburn Hospital staff are currently involved in efforts with the Somerville Prevention Coalition to facilitate and create the Substance Abuse and Mental Health Providers Group. This group strengthens and coordinates the continuum of substance abuse prevention, intervention and treatment programs for Somerville youth. The hospital is also working closely with the Somerville Drug Task Force and the Somerville Youth Workers Network to ensure its long-term viability in the community.

### ***Health and Wellness Programs for Seniors***

Local community residents sixty years of age and older have been a longstanding focus of Mount Auburn's community benefits activity. Often via collaboration with other local agencies, a wide-range of programs providing education, screening, and follow-up have been offered.

In the past year, the Footsteps for Life Walking Club was conducted at a local enclosed shopping mall. At this program, offered on a weekly basis, seniors listen to a health-related lecture by a Mount Auburn Hospital physician or practitioner, and participate in a mall-based walk.

Other programs directed toward, or covering topics of concern to senior citizens that were offered during fiscal year 2001 included:

- Alzheimer's Task Force Presentation
- A New Year A New You presentations at The Sunshine Club at Watertown Senior Center
- Nutritional information at many area health fairs, including those at Belmont and Arlington Senior Centers.

### ***Cultural Competence***

#### **Mount Auburn Hospital Diversity Committee**

Two years ago, a hospital-wide diversity committee was formed. Chaired by the Director of Community Health Services, the committee has representation from all levels of every hospital discipline. Its charge is to make Mount Auburn Hospital a more diverse workplace and more welcoming to cultural and linguistic minorities.

Under the guidance of the Diversity Committee, programs to enhance the cultural competence of Mount Auburn Hospital staff and improve services to diverse populations have been developed.

As a follow up to a highly successful festival in 2001 of Caribbean cultures, this year the hospital celebrated the Portuguese-speaking countries of the world. Employees' stories and photos were exhibited in the hospital lobby, and Portuguese music and food scents filled the cafeteria.

#### **Training**

This year, training for house staff on integrating interpreter staff in the medical team was provided. Interpreters from Portugal, Brazil, and Cape Verde compared and contrasted cultural norms, and provided an overview of the best ways to utilize interpreters.

In March 2001, Nicholas Carbeleira, Executive Director for Health Policy of the Latino Health Institute of Tufts University School of Medicine addressed hospital leadership on “Respecting Culture and Avoiding Stereotypes: Cross Cultural Competence in Healthcare.”

In May 2001, a new lecture series was established with the first annual Mount Auburn Hospital Diversity Lecture. Paula Johnson, MD, an African American cardiologist, discussed disparities in cardiovascular disease in the black community.

### **Interpreter Services**

This year, grant-writing efforts targeted cultural competency. In addition to the Manager of Interpreter Services, the hospital now funds a Portuguese speaking interpreter. The number of times interpreter services were requested by patients tripled. Currently, on-site staff are available to translate in Spanish and Portuguese, several employees have been trained as medical interpreters, and a wide range of other languages are available on an on-call basis.

### ***Corporate Sponsorships***

Nearly \$29,000 was donated by the hospital in fiscal year 2001 to a variety of local organizations in support of their health-related and community activities. Among the events and organizations receiving funding were:

- Arlington and Cambridge Relays for Life
- Boston American Heart Walk
- Boston Prostate Cancer Walk
- Cambridge Family & Children Services
- Cambridge Partnership for Public Education
- Cambridge NAACP
- Cambridge YWCA and YMCA
- Central Square Business Association Unity Dinner
- Lowell School Garden
- New England Baptist Hospital
- On the Rise
- Under the Sea Heart Ball
- Waltham Boys & Girls Club
- Watertown Boys & Girls Club
- Watertown Chamber of Commerce
- Watertown Education Foundation

## ***Health Care Regardless of Ability to Pay***

Mount Auburn Hospital provided more than \$1 million in care to nearly 5,000 people with no health insurance in 2001. The hospital paid another nearly \$2 million to the statewide pool for people with no insurance to help subsidize the costs of providing care in other hospitals. These efforts among all Massachusetts hospitals insure that no one is denied health care regardless of ability to pay.

## ***Financial Impact of Community Contributions***

In addition to the direct spending on community benefit programs, and the cost of providing care to people without health insurance, the hospital makes other financial contributions to the community. In fiscal year 2001, more than \$3.5 million worth of care was provided to patients without reimbursement, and \$300,000 in taxes were paid to local communities. All told, Mount Auburn Hospital's community commitments were more than \$8.8 million in FY2001, six percent of total patient-care related expenses.

## **Activity Planned During Fiscal Year 2002**

Over the course of fiscal year 2002, Mount Auburn Hospital's community benefit programs have received renewed attention and focus. In particular, efforts in community health education are being targeted to address issues for women, senior citizens, and youth, with attention to insuring ease of access by spreading events across the surrounding communities.

- The semi-annual "Girls Night Out" program will continue; the next one will be held in May 2002 and will include talks on nutrition, preventing cardiac disease, and party drugs.
- An extensive community educational series on breast cancer is scheduled to begin during 2002.
- The focus will turn to men's health by providing additional educational services on prostate cancer, cardiac care, and nutrition.
- Community outreach plans also include geriatric forums to be held in conjunction with area senior centers, and include topics such as memory loss, nutrition, diabetes, arthritis, and fall prevention.
- The hospital will continue its participation and financial commitment to the Institute for Community Health. Programs in cardiology, suicide surveillance, and child mental health are planned.
- Somerville will be the focus of the next community grant award process planned for the summer of 2002.

- A program for youth and health career choices will be initiated in the Cambridge/Somerville communities in collaboration with area high schools.
- Mount Auburn Hospital has applied to the Department of Public Health to be a Regional Center for Health Communities, replacing the Massachusetts Prevention Center. The focus of this new program will be substance abuse and youth development.

Within the hospital, these additional internal priority areas will be addressed in FY2002:

- Expand the availability of interpreter services.
- Expand cultural competency for clinicians and other staff through ongoing training and other educational opportunities.
- Formalize mechanisms for community review and feedback on community health initiatives.

## **Contact Information**

For questions about this report, or for more information about Mount Auburn's community benefit activities, please contact:

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# **Appendix**

## **Community Demographics**

# **Arlington**

## ***Demographics***

### **Population**

According to the 2000 Census, Arlington had a population of 42,389. This represented a 5.0% decrease from the 1990 Census. It is projected that the population will decrease another 13.5% (5,742) by the year 2010.

### **Race/Ethnicity**

The 2000 Census shows that about 91% of Arlington's population is Caucasian and about 5% is Asian.

## ***Socioeconomics and Education***

### **Income**

According to the 1990 Census, the median income in Arlington was \$43,309. This ranked Arlington 59th among Massachusetts' 351 municipalities. The per capita income was \$21,449. Approximately 4.6% of the general population and 6.8% of children under age 18 in Arlington were living below the poverty level. This is compared to the state average of 8.9% of adults and 13.2% of children who live below the poverty level. (2000 Census data is not available)

### **Education**

The Arlington Public School district comprises nine schools: seven elementary schools, one middle school and one high school. The racial/ethnic composition of the student body is 87% Caucasian, 6% African American, 5% Asian and 2% Hispanic.

- 20.8% of the student population is in a special education program, compared to 16.3% statewide.
- 2.5% of the students have limited English proficiency, which is lower than the statewide rate of 4.6%.
- 10% of the student population is eligible for free or reduced lunch rates compared with 24% statewide.
- The 1999 dropout rate was 1.2%, compared to 3.6% statewide.

## ***Health Indicators***

### **Maternal and Child Health**

There were 541 births in Arlington in 2000. Approximately 85.4% were to white women, while 9.1% were to Asian women. Of these births, 4.3% were considered to be of low birth weight (< 2500 grams/5.5 pounds), compared to the statewide average of

7.1%. 86.3% of women received adequate prenatal care (first prenatal visit during the first trimester with at least thirteen visits over the course of the pregnancy)

## **Hospitalization**

Some of the major diseases for which Arlington residents were hospitalized in 2000 included Heart Disease, Chronic Lower Respiratory Disease, Diabetes and Stroke.

## **Preventable Hospitalizations**

Another way to look at hospitalizations is to examine those illnesses that might not have resulted in hospitalization if treated appropriately in an outpatient setting. There are 24 such "Preventable Hospitalization" illnesses including angina, asthma, diabetes, and chronic obstructive pulmonary disease. In fiscal year 1998-1999, the rate of preventable hospitalizations in Arlington was 16.8 per 1,000 persons which is about the same as the statewide rate of 16.9.

## **Mortality**

The leading causes of death in Arlington in 1999 were heart disease and cancer. The age-adjusted mortality rate for heart disease was 227.7 per 100,000 persons, compared with 221.0 for the state. Among cancers, lung cancer deaths were slightly lower than the state rate (51.8 vs. 54.1) while the breast cancer rate was slightly higher than the statewide rate (30.2 vs. 27.2)

# **Belmont**

## ***Demographics***

### **Population**

According to the 2000 Census, Belmont had a population of 24,194. This represented a 2.1% decrease from the 1990 Census. It is projected that the population of Belmont will increase 2.2% (535) by the year 2010.

### **Race/Ethnicity**

The 2000 Census shows that about 91% of Belmont's population is Caucasian and 5.8% is Asian.

## ***Socioeconomics and Education***

## **Income**

According to the 1990 Census, the median income in Belmont was \$53,488. This ranked Belmont 21st among Massachusetts' 351 municipalities. The per capita income was \$26,793. Approximately 3.6% of the general population and 4.0% of children under age 18 in Belmont were living below the poverty level. This is compared to the state average of 8.9% of adults and 13.2% of children who live below the poverty level.

## **Education**

The Belmont Public School district comprises six schools: four elementary schools, one middle school and one high school. The racial/ethnic composition of the student body is 86% Caucasian, 3.6% African American, 8.4% Asian and 2.1% Hispanic.

- 13.8% of the student population is in a special education program, compared to 16.3% statewide.
- 1.7% of the students have limited English proficiency, which is lower than the statewide rate of 4.6%.
- 7% of the student population is eligible for free or reduced lunch rates compared with 24% statewide.
- The 1999 dropout rate was .5%, compared to 3.6% statewide.

## ***Health Indicators***

### **Maternal and Child Health**

There were 275 births in Belmont in 2000. Approximately 90.3% were to Caucasian women, and 6.8% were to Asian women. Of these births, 6.8% were considered to be of low birth weight (< 2500 grams/5.5 pounds), compared to the statewide average of 7.1%. 88.4% of women received adequate prenatal care (first prenatal visit during the first trimester with at least thirteen visits over the course of the pregnancy)

### **Hospitalization**

Some of the major diseases for which Belmont residents were hospitalized in 2000 included heart disease, chronic lower respiratory disease, diabetes and stroke.

### **Preventable Hospitalizations**

Another way to look at hospitalizations is to examine those illnesses that might not have resulted in hospitalization if treated appropriately in an outpatient setting. There are 24 such "Preventable Hospitalization" illnesses including angina, asthma, diabetes, and chronic obstructive pulmonary disease. In fiscal year 1998-1999, the rate of preventable hospitalizations in Belmont was 13.1 per 1,000 persons compared with the statewide rate of 16.9.

### **Mortality**

The leading causes of death in Belmont in 1999 were cancer and heart disease. The age-adjusted mortality rate for heart disease was 182.3 compared with 221.0 for the state. Among cancers, the rate of lung cancer deaths was substantially lower in Belmont than statewide (31.7 per 100,000 vs. 54.1). The rate of breast cancer deaths in Belmont was also lower than the state rate (19.0 per 100,000 vs. 27.2).

## **Cambridge**

### ***Demographics***

#### **Population**

According to the 2000 Census, Cambridge had a population of 101,355. This represented an increase of 5.8% from the 1990 Census. It is projected that the population of Cambridge will increase 7.4% (7,492) by the year 2010.

#### **Race/Ethnicity**

The 2000 Census shows that about 68% of Cambridge's population is Caucasian, 12% is Asian, 12% is African-American, and 7.5% is Latino.

### ***Socioeconomics and Education***

#### **Income**

According to the 1990 Census, the median income in Cambridge was \$33,140. This ranked Cambridge 85th among Massachusetts' 351 municipalities. The per capita income was \$19,879. Approximately 10.7% of the general population and 15.2% of children under age 18 in Cambridge were living below the poverty level. This is compared to the state average of 8.9% of adults and 13.2% of children who live below the poverty level.

#### **Education**

The Cambridge Public School district comprises sixteen schools: 15 elementary schools, no middle school and one high school. The racial/ethnic composition of the student body is 40.3% White, 34.7% African American, 9.9% Asian and 14.5% Hispanic.

- 23.4% of the student population is in a special education program, compared to 16.3% statewide.
- 8.2% of the students have limited English proficiency, which is lower than the statewide rate of 4.6%.

- 39% of the student population is eligible for free or reduced lunch rates compared with 24% statewide.
- The 1999 dropout rate was 2.4%, compared to 3.6% statewide.

### ***Health Indicators***

#### **Maternal and Child Health**

There were 1,080 births in Cambridge in 2000. Approximately 59.5% were to Caucasian women, 14.1% to Asian women, 13.7% to Black women, and 9.3% to Hispanic women. Of these births, 7.1% were considered to be of low birth weight (< 2500 grams/5.5 pounds), matching the statewide average. 80.3% of women received adequate prenatal care (first prenatal visit during the first trimester with at least thirteen visits over the course of the pregnancy).

#### **Hospitalization**

Some of the major diseases for which Cambridge residents were hospitalized in 2000 included heart disease, chronic lower respiratory disease, diabetes and stroke.

#### **Preventable Hospitalizations**

Another way to look at hospitalizations is to examine those illnesses that might not have resulted in hospitalization if treated appropriately in an outpatient setting. There are 24 such “Preventable Hospitalization” illnesses including angina, asthma, diabetes, and chronic obstructive pulmonary disease. In fiscal year 1998-1999, the rate of preventable hospitalizations in Cambridge is 18.8 per 1,000 persons which is higher than the statewide rate of 16.9.

#### **Mortality**

The leading causes of death in Cambridge in 1999 were heart disease and cancer. The age-adjusted mortality rate for heart disease was 206.8 compared with 221.0 for the state. Among cancers, the rate of lung cancer deaths in Cambridge was lower than the statewide rate (41.4 per 100,000 vs. 54.1) while the rate of breast cancer deaths is about the same as the state rate (28.8 vs. 27.2).

## **Lexington**

### ***Demographics***

#### **Population**

According to the 2000 Census, Lexington had a population of 30,355. This represented a 4.8% increase from the 1990 Census. It is projected that the Lexington population will increase by 9.0% (2,745) by the year 2010.

### **Race/Ethnicity**

The 2000 Census shows that about 86% of Lexington's population is Caucasian and 11% is Asian.

### ***Socioeconomics and Education***

#### **Income**

According to the 1990 Census, the median income in Lexington was \$67,389. This ranked Lexington 11th among Massachusetts' 351 municipalities. The per capita income was \$30,718. Approximately 2.6% of the general population and 3.5% of children under age 18 in Lexington were living below the poverty level. This is compared to the state average of 8.9% of adults and 13.2% of children who live below the poverty level.

#### **Education**

The Lexington Public School district comprises nine schools: six elementary schools, two middle school and one high school. The racial/ethnic composition of the student body is 79.3% Caucasian, 6.1% African American, 12.1% Asian and 2.4% Hispanic.

- 20% of the student population is in a special education program, compared to 16.3% statewide.
- 1.7% of the students have limited English proficiency, which is lower than the statewide rate of 4.6%.
- 4% of the student population is eligible for free or reduced lunch rates compared with 24% statewide.
- The 1999 dropout rate was 0%, compared to 3.6% statewide.

### ***Health Indicators***

#### **Maternal and Child Health**

There were 299 births in Lexington in 2000. Approximately 80.5% were to Caucasian women, while 16.5% were to Asian women. Of these births, 5.2% were considered to be of low birth weight (< 2500 grams/5.5 pounds), compared to the statewide average of 7.1%. 86.6% of women received adequate prenatal care (first prenatal visit during the first trimester with at least thirteen visits over the course of the pregnancy)

#### **Hospitalization**

Some of the major diseases for which Lexington residents were hospitalized in 2000 included heart disease, chronic lower respiratory disease, diabetes and stroke.

#### **Preventable Hospitalizations**

Another way to look at hospitalizations is to examine those illnesses that might not have resulted in hospitalization if treated appropriately in an outpatient setting. There are 24 such “Preventable Hospitalization” illnesses including angina, asthma, diabetes, and chronic obstructive pulmonary disease. In fiscal year 1998-1999, the rate of preventable hospitalizations in Lexington is 12.9 per 1,000 persons which is lower than the statewide rate of 16.9.

## **Mortality**

The leading causes of death in Lexington in 1999 were heart disease and cancer. The age-adjusted mortality rate for heart disease was 162.4 compared with 221.0 for the state. Among cancers, the rate of lung cancer deaths were substantially lower in Lexington than the state (13.5 per 100,000 vs. 54.1). The rate of breast cancer deaths was also lower in Lexington than the state rate (3.8 vs 27.2%).

## **Somerville**

### ***Demographics***

#### **Population**

According to the 2000 Census, Somerville had a population of 77,478. This represented a 1.7% increase from the 1990 Census. It is projected that the population of Somerville will decrease by 7.7% (5,942) by the year 2010.

#### **Race/Ethnicity**

The 2000 Census shows that about 78% of Somerville’s population is Caucasian, 9% Latino, 7% Asian, and 7% African American.

### ***Socioeconomics and Education***

#### **Income**

According to the 1990 Census, the median income in Somerville was \$32,455. This ranked Somerville 236th among Massachusetts’ 351 municipalities. The per capita income was \$15,179. Approximately 11.5% of the general population and 15.3% of children under age 18 in Somerville were living below the poverty level, This is compared to the state average of 8.9% of adults and 13.2% of children who live below the poverty level.

## **Education**

The Somerville Public School district comprises thirteen schools: 10 elementary schools, two middle schools and one high school. The racial/ethnic composition of the student body is 55.8% Caucasian, 22.8% Hispanic, 14.8% African American, and 6.5% Asian.

- 21.1% of the student population is in a special education program, compared to 16.3% statewide.
- 16.4% of the students have limited English proficiency, which is higher than the statewide rate of 4.6%.
- 69% of the student population is eligible for free or reduced lunch rates compared with 24% statewide.
- The 1999 dropout rate was 6.6%, compared to 3.6% statewide.

## ***Health Indicators***

### **Maternal and Child Health**

There were 924 births in Somerville in 2000. Approximately 60.6% were to Caucasian women, 17.1% to Hispanic women, 10.3% to Black women and 8.7% to Asian women. Of these births, 6.9% were considered to be of low birth weight (< 2500 grams/5.5 pounds), compared to the statewide average of 7.1%. 75% of women received adequate prenatal care (first prenatal visit during the first trimester with at least thirteen visits over the course of the pregnancy)

### **Hospitalization**

Some of the major diseases for which Somerville residents were hospitalized in 2000 included heart disease, chronic lower respiratory disease, diabetes and stroke.

### **Preventable Hospitalizations**

Another way to look at hospitalizations is to examine those illnesses that might not have resulted in hospitalization if treated appropriately in an outpatient setting. There are 24 such "Preventable Hospitalization" illnesses including angina, asthma, diabetes, and chronic obstructive pulmonary disease. In fiscal year 1998-1999, the rate of preventable hospitalizations in Somerville is 21.7 per 1,000 persons which is higher than the statewide rate of 16.9.

### **Mortality**

The leading causes of death in Somerville in 1999 were cancer and heart disease. The age-adjusted mortality rate for heart disease was 247.2 compared with 221.0 for the state. Among cancers the rate of lung cancers deaths was substantially higher in Somerville than statewide (83.3 per 100,000 vs. 54.1) while the rate of breast cancer deaths is lower than statewide (20.3 vs. 27.2).

## **Watertown**

### ***Demographics***

#### **Population**

According to the 2000 Census, Watertown had a population of 32,986. This represented a .9% decrease from the 1990 Census. It is projected that the population of Watertown will decrease by 33.0% (10,895) by the year 2010.

#### **Race/Ethnicity**

The 2000 Census shows that about 92% of Watertown's population is Caucasian and about 3.9% is Asian.

### ***Socioeconomics and Education***

#### **Income**

According to the 1990 Census, the median income in Watertown was \$43,490. This ranked Watertown 72nd among Massachusetts' 351 municipalities. The per capita income was \$20,382. Approximately 5.6% of the general population and 8% of children under age 18 in Watertown were living below the poverty level. This is compared to the state average of 8.9% of adults and 13.2% of children who live below the poverty level.

#### **Education**

The Watertown Public School district comprises five schools: three elementary schools, one middle school and one high school. The racial/ethnic composition of the student body is 91.9% Caucasian, 2.3% African American, 3.1% Asian and 2.5% Hispanic.

- 24.8% of the student population is in a special education program, compared to 16.3% statewide.
- 6.1% of the students have limited English proficiency, which is lower than the statewide rate of 4.6%.
- 19% of the student population is eligible for free or reduced lunch rates compared with 24% statewide.
- The 1999-drop out rate was 3%, compared to 3.6% statewide.

### ***Health Indicators***

#### **Maternal and Child Health**

There were 388 births in Watertown in 2000. Approximately 86.3% were to Caucasian women, 5.4% were to Asian women and 4.9% were to Hispanic women. Of these births, 7% were considered to be of low birth weight (< 2500 grams/5.5 pounds), compared to the statewide average of 7.1%. 87.8% of women received adequate prenatal care (first prenatal visit during the first trimester with at least thirteen visits over the course of the pregnancy)

### **Hospitalization**

Some of the major diseases for which Watertown residents were hospitalized in 2000 included heart disease, diabetes, chronic lower respiratory disease and stroke.

### **Preventable Hospitalizations**

Another way to look at Hospitalizations is to examine those illnesses that might not have resulted in hospitalization if treated appropriately in an outpatient setting. There are 24 such "Preventable Hospitalization" illnesses including angina, asthma, diabetes, and chronic obstructive pulmonary disease. In fiscal year 1998-1999, the rate of preventable hospitalizations in Watertown is 18.4 per 1,000 persons which is higher than the statewide rate of 16.9.

### **Mortality**

The leading causes of death in Watertown in 1999 were heart disease and cancer. The age-adjusted mortality rate for heart disease was 181.1 compared with 221.0 for the state. Among cancers, the rate of breast cancer deaths was significantly higher in Watertown than the statewide rate (39.1 per 100,000 vs. 27.2); the rate of deaths from lung cancer was lower than across the state (36.5 vs. 54.1).

### **Data Sources:**

Massachusetts Community Health Information Profile  
Massachusetts Department of Education  
Massachusetts Department of Public Health  
Massachusetts Division of Employment and Training  
U.S. Bureau of the Census