

## Tufts Medical Center - FY2001

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### Summary Narratives

#### Community Benefits Mission Statement

In 1992, in an effort to respond to the challenges of an increasingly complex health care delivery environment, meet the changing needs of a diverse patient population and focus more on public health and disease prevention, New England Medical Center, (NEMC), established the Office of Community Health, which was charged with the following mission:

To define the role and responsibility of New England Medical Center in supporting and sustaining the health and well being of residents in communities that have historic or developing relationships with NEMC.

To provide leadership for academic medical centers in the creation of a model that implements a long-term community health agenda.

#### Program Organization and Management

The activities of the office of Community Health, where community benefits is implemented, is overseen by the Community Health Board committee, which is made up of community leaders, heads of community based agencies, as well as NEMC board members. In addition, the Vice President for Community Health Programs has direct responsibility for community Benefits programs. The office is staffed by the Associate Director who manages the day to day operations of the department, the Asian Health Programs Coordinator, and a part-time secretary.

The New England Medical Center community benefits plan was developed by a planning committee made up of stakeholders representing the communities from where we draw patients, leadership from community-based agencies and representatives from NEMC. The initial recommendations were submitted to the board committee on community health for review, and the plan was submitted to the board for a final approval.

The Board Committee on Community Health is responsible for periodic review and update of the Community Benefits Plan.

#### Key Collaborations and Partnerships

##### COMMUNITY HEALTH PLANNING GROUP

Lydia Mayer, M.D, 96 Westchester Road, Jamaica Plain, MA 02130-3453;

Alice Delgado, 12 Hopewell Street, Hyde Park, MA 02136;

Paul Chan, Spaulding & Slye, 125 High Street, Boston, MA 02110;

O.W. (Bill) Haussermann, Jr. Esq., Ropes & Gray, One International Place – 38th Floor, Boston, MA 02110-2624;

Joel Abrams, Executive Director, Dorchester House Multi-Service Center, 1353 Dorchester Avenue, Dorchester, MA 02122;

Pat Adreas, Director of Health Resources, Mass League of Community Health Centers, 100 Boylston Street, Boston, MA 02116;

Tom Hennessey, Headmaster, Boston High School, 1241 Bonad Road, Chestnut Hill, MA 02167;

Adela Margules, Executive Director, Bowdoin Street Health Center, 200 Bowdoin Street, Dorchester, MA 02122;

##### NEMC STAFF:

750 Washington Street

Boston, MA 02111

Howard Spivak, M.D., Vice President, Community Health, NEMC Box #351;

Linda Mayo-Perez, Director, WLS Community Health Programs, NEMC Box #116;  
Robert Arnold, Controller – Finance, NEMC Box #468;  
James Carmody, Vice President, General Services, NEMC Box #436;  
Carola Endicott, Manager, HR Policy and Program Development, NEMC Box #470;  
Larry L. Smith, Esquire, Executive Vice President and General Counsel, NEMC Box #451;  
Ellen Parker, LICSW, Director of Social Work Services, NEMC Box #790;  
Joan Fallon, Director, Public and Policy Affairs, NEMC Box #294;  
Norman Stearns, M.D., Director, Clinical & Academic Affairs, NEMC Box #Skir 8;  
Mary Wong, Vice President, Clinical Services, NEMC Box #440;

## BOARD OF GOVERNORS COMMITTEE ON COMMUNITY HEALTH

### MEMBERSHIP

Lawrence DiCara, Co-Chair, Peabody & Brown, 101 Federal Street, Boston, MA 02110-1832;  
Peter C. Read, Co-Chair, 249 Marlborough Street, Boston, MA 02116;  
Amy C. Guen, Boston, MA;  
Joel Abrams, Executive Director, Dorchester House Multi-Service Center, 1353 Dorchester Avenue, Dorchester, MA 02122;  
Joe Evering, Director, Harvard Street Health Center, 632 Blue Hill Avenue, Dorchester, MA 02121;  
William Bulger, Jr., Bulger & Berube, 140 Wood Road – Suite 103, Braintree, MA 02184;  
Elmer Freeman, Executive Director, Whittier Street Health Center, 20 Whittier Health Center, Roxbury, MA 02120;  
Edward Grimes, Executive Director, Uphams Corner Community Health Center, 500 Columbia Road, Dorchester, MA 02125;  
Julio Pabon, Director of Community Services, Action for Boston Community Development, 178 Tremont Street, Boston, MA 02111;  
Mulkiya Baker Gomez, Chief of Staff to Senator Diane Wilkerson, State House – Room 506, Boston, MA 02133;  
Philip Burling, Foley, Hoag & Eliot, One Post Office Square, Boston, MA 02109;  
O.W. (Bill) Haussermann, Jr. Esq., Ropes & Gray, One International Place – 38th Floor, Boston, MA 02110-2624;  
Shephard Brown, 69 Bridge Street, Manchester, MA 01944;  
Paul Chan, 71 James Street, West Newton, MA 02165;  
Bak Fun Wong, Josiah Quincy School;  
Kristen McCormack, 27 Uphams Avenue, Dorchester, MA 02125;  
William L. Saltonstall, Saltonstall & Company, 50 Congress Street – Room 800, Boston, MA 02109;  
Jim Hunt, Executive Director, Mass League of Community Health Centers, 100 Boylston Street, Boston, MA 02116;  
Tom Kennedy, SR., Vice President and Director of Community Affairs, BayBank Boston, 175 Federal Street, Boston, MA 02110;  
Linda Mayo-Perez, Executive Director, Federated Dorchester Neighborhood Houses, Inc., 90 Cushing Avenue, Dorchester, MA 02125;  
James Carmody, Vice President, General Services, NEMC Box #436;  
750 Washington Street, Boston, MA 02111;  
Ken Sinkiewicz, Executive Director, South Boston Community Health Center, 133 Dorchester Street, South Boston, MA 02127;  
Shelley Baranowski, RN, Vice President, Nursing, NEMC Box #865, 750 Washington Street, Boston, MA 02111;  
Alan Decherney, M.D., Chief – OB/GYN, NEMC Box #324;  
750 Washington Street, Boston, MA 02111;  
William Walczak, Executive Director, Codman Square Community Health Center, 6 Norfolk Street, Dorchester, MA 02124;  
Jeff Gelfand, MD, Chief, Internal Medicine, NEMC Box 312, 750 Washington Street, Boston, MA 02111;

Asian Health Initiative Committee

George Brodie, South Cove Manor Nursing Home, 120 Shawmut Avenue, Boston, MA 02118;  
Beverly Wing, The Chinatown Coalition / PEACH, 360B Tremont Street, Boston, MA 02116;  
Esther Lee, Director of Development, South Cove Health Center, 145 South Street, Boston, MA 02111;  
Ruth Moy, Executive Director, Greater Boston Golden Age Center, 25 Stuart Street– 5th Floor, Boston, MA 02116;  
Father Hugh H. O'Regan, Chinatown Neighborhood Council, St. James Church, P.O. Box 1538, Boston, MA 02205-1538;  
Susan Lambert, Director, Social Work Services, 750 Washington Street, NEMC – Box 790, Boston, MA 02111;  
James Carmody, Vice President, General Services, 750 Washington Street, NEMC – Box 436, Boston, MA 02111;

Staff:

Dr Howard Spivak, Vice President, Community Health Programs, 750 Washington Street, NEMC – Box 351, Boston, MA 02111;  
Betty Lam, Project Coordinator, Asian Health Initiative, 750 Washington Street, NEMC – Box 116, Boston, MA 02111;

PROGRAM PARTNERS

South Boston Health Center  
Dorchester CARES  
Boston High School  
Neighborhood House Charter School  
Josiah Quincy School  
Chinatown YMCA

Boston Asian Youth Essential Service  
The Codman Square Health Center  
Dorchester House Multi Service Center  
Federated Dorchester Neighborhood Houses Inc.  
Geiger-Gibson Health Center  
Harvard Street Neighborhood Health Center  
Neponset Health Center  
Uphams Corner Health Center

Vietnamese American Civic Association  
Boston Chinatown neighborhood Center  
Asian Task Force Against Domestic Violence  
The Chinatown Coalition  
Greater Boston Golden Age Center  
Chinatown Neighborhood Council  
South Cove Community Health Center  
South Cove Manor Nursing Home

Boston University  
Boston College  
Northeastern University  
Tufts University of Dental Medicine  
Frances Stern Nutrition Center  
Crittenton Hasting House  
Tufts University School of Medicine

### Community Health Needs Assessment

In January 1994, a planning group comprised of key NEMC board and management representatives, as well as health center and other community members, was convened for an off-site retreat with an outside facilitator.

Discussion at the retreat focused on the Office of Community Health's mission statement and role, the purposes of the planning process, the planning committee itself, and development of a framework for conducting NEMC's community benefits activities. For more than a year, the planning committee met on a near-monthly schedule, in two-hour facilitated sessions. The goal was to identify key issues and develop concrete recommendations with regard to an appropriate community agenda for New England Medical Center.

In addition, NEMC also participated in 1995 public health data release and dialogue by individual neighborhoods to address specific concerns and priorities the communities wanted to address. NEMC's participation focused in Chinatown, South Boston, North and South Dorchester, as these are our target areas for community benefits. Public health concerns that needed to be addressed through the community process for the following neighborhoods included:

#### Chinatown

Poverty- 1/3 of the population live below the poverty level,  
High incidence of Tuberculosis and Hepatitis B,  
High incidence of hypertension, diabetes, heart disease, thalassemia and nasopharyngeal cancer

#### South Boston

High incidence of alcohol and drug abuse including smoking,  
An exceptionally high rate of cancer and heart disease,  
Increased incidence of diabetes,  
Increased incidence of domestic violence,  
A high rate of teen pregnancy,  
Poverty at greater than 29% higher than the Boston average,

#### Dorchester

High infant mortality and low birth weights,  
High rates of death due to cardiovascular disease,  
High rates of cancer,  
One of the highest homicide rates in the city,  
High incidence of asthma among children,  
High incidence of preventable injury among children,  
Over 50% of children live below poverty rate in single parent households

### Community Benefits Plan

The New England Medical Center community benefits plan was developed through a process that included community residents, leadership from agencies in the target communities, as well as NEMC board members and management staff. The initial process began with a retreat to begin discussion on NEMC's role in the community and also a delineation of the target population, areas of focus, and programmatic priorities.

The planning committee recommended that discussions focus on three areas:

1. explore collaborations with target communities for public health activities

2. Increase NEMC's capacity to be user friendly to all patients and visitors.

3. Seek partnerships with community health center for capacity building.

The committee also proposed that programmatic efforts be focused in primarily Chinatown, South Boston, North and South Dorchester. These neighborhoods are at close proximity to NEMC and represent areas from which the institution draws a large number of its patients. In addition, the medical center has close collaborative relationships with a number of health centers in these neighborhoods.

NEMC's community benefits programs were designed in partnership with the communities we work with, to specifically meet needs identified by these communities. To view specific community benefits goals and program descriptions, please see the full report.

Regarding programs evaluation systems, NEMC does not have formal evaluation processes, as all of the available community benefits dollars are utilized for programmatic support as requested by the communities. Informal program evaluations are conducted by the Asian Health Initiative committee, program supervisors and program staff whenever possible in corroboration with neighborhood specific data indicators.

### Key Accomplishments of Reporting Year

During the 2001 reporting year, New England Medical Center maintained funding for all of its community benefits programs despite the financial hardships that dominated the health care industry. NEMC also successfully continued to work on its partnerships with numerous community-based organizations to continue managing the work and progress of the existing programs (programs are described in the full report.

In addition, it implemented the Reach-Out and Read program, and expanded the school based health center to the Quincy School. NEMC also continued to seek grant funding to support existing programs and also any possible expansion of efforts.

### Plans for Next Reporting Year

At this time, information for the next report is not available. However, New England Medical Center will continue to work towards sustaining its community benefits initiatives, and any accomplishments towards the next reporting year, will be included in the fiscal 2002 report.

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## Select Community Benefits Programs

### Asian Health Initiative

#### Brief Description or Objective

Provides culturally and linguistically appropriate public health outreach and education services to Boston's Asian community. The primary goal is to provide public health education to hard to reach segments of the Asian American communities through existent constituent relationships historically forged by collaborating agencies and the populations they serve. This service model promotes multi-agency teams, trained in providing health education information and referrals for health care screenings.

#### Program Type

Community Education, Health Screening

#### Target Population

- **Regions Served:** Boston
- **Health Indicator:** Access to Health Care, Other: Cultural Competency
- **Sex:** Not Specified

	<ul style="list-style-type: none"> <li>• <b>Age Group:</b>Not Specified</li> <li>• <b>Ethnic Group:</b>Asian</li> <li>• <b>Language:</b>Not Specified</li> </ul>
<b>Partners</b>	<ul style="list-style-type: none"> <li>• The Chinatown Coalition</li> <li>• Chinatown Neighborhood Council</li> <li>• South Cove Community Health Center</li> <li>• Boston Chinese Golden Age Center</li> <li>• South Cove Manor Nursing Home</li> </ul>
<b>Contact Information</b>	Betty Lam, Project Coordinator, NEMC – Box 116,(617) 636-1628
<b>Detailed Description</b>	Not Specified

## Parent to Parent

<b>Brief Description or Objective</b>	Project Parent to Parent (P2P) provides outreach, advocacy and case management to pregnant, parenting women and their children. The families served by the program are predominantly low income, low education and in some cases, face ethnic and linguistic barriers. P2P clients often times are homeless or live in conditions less than appropriate, and face a multitude of other issues, including lack of health insurance, lack of financial resources, and lack of skills to negotiate the systems around them. Parent to Parent's first priority is to improve pre-natal outcomes, and to provide health education, family planning, pregnancy and parenting support.
<b>Program Type</b>	Community Education, Outreach to Underserved
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b>Boston</li> <li>• <b>Health Indicator:</b>Other: Family Planning, Other: Parenting Skills, Other: Pregnancy</li> <li>• <b>Sex:</b>Female</li> <li>• <b>Age Group:</b>Not Specified</li> <li>• <b>Ethnic Group:</b>Not Specified</li> <li>• <b>Language:</b>Not Specified</li> </ul>
<b>Partners</b>	<ul style="list-style-type: none"> <li>• Boston Asian Youth Essential Service</li> <li>• The Codman Square Health Center</li> <li>• Dorchester House Multi-Service Center</li> <li>• Federated Dorchester Neighborhood Houses, Inc.</li> <li>• Geiger-Gibson Health Center</li> <li>• Harvard Street Neighborhood Health Center</li> <li>• Neponset Health Center</li> <li>• Uphams Corner Health Center</li> </ul>
<b>Contact Information</b>	Elisa Bland, Associate Director, Community Health Programs, NEMC – Box 116, (617) 636-8881
<b>Detailed Description</b>	Not Specified

## Vietnamese American Preventative Health Care Access Program

<b>Brief Description or Objective</b>	Since the inception of this program, the Vietnamese American Civic Association (VACA) provided an array of health education workshops to more than 600 clients. Topics included tobacco, second hand smoke, hepatitis B and C screening and referrals, as well as breast and cervical cancer education and screening. VACA also assisted 219 clients with Mass Health applications and conducted a survey of community awareness of HIV/AIDS. For the next two years, program goals include
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focusing on connecting the Vietnamese community to health care and tracking utilization of services including linguistic needs.

**Program Type**

Community Education, Health Screening

**Target Population**

- **Regions Served:**Boston
- **Health Indicator:**Other: Cancer - Breast, Other: Cancer - Cervical, Other: Hepatitis, Other: HIV/AIDS, Other: Smoking/Tobacco
- **Sex:**Not Specified
- **Age Group:**Not Specified
- **Ethnic Group:**Asian
- **Language:**Vietnamese

**Partners**

- Vietnamese American Civic Association

**Contact Information**

Betty Lam, Project Coordinator, NEMC – Box 116,(617) 636-1628

**Detailed Description**

Not Specified

**School Based Health Center**

**Brief Description or Objective**

The Student Health Center (SHC) at Boston High School provides a unique array of comprehensive, coordinated health services for adolescents in Boston public schools who are among those at highest risk for adverse health outcomes. SHC strives to enable students to remain in school and to establish attitudes and behaviors consistent with a healthy lifestyle. SHC’s services are available to students who do not utilize a regular source of accessible, comprehensive primary health care.

**Program Type**

School/Health Center Partnership

**Target Population**

- **Regions Served:**Boston
- **Health Indicator:**Other: Education/Learning Issues
- **Sex:**Not Specified
- **Age Group:**Child-Teen
- **Ethnic Group:**Not Specified
- **Language:**Not Specified

**Partners**

- Boston University
- Boston College
- Northeastern University
- Tufts University of Dental Medicine
- Frances Stern Nutrition Center
- Crittenton Hasting House

**Contact Information**

Leslie Mandel, General Pediatrics & Adolescent Medicine, NEMC – Box 351,(617) 636-9539

**Detailed Description**

Not Specified

**Asian Family Violence Prevention**

**Brief Description or Objective**

NEMC and the Asian Health Initiative Committee recognize the need for culturally sensitive and linguistically accessible education and outreach programs to community members and service providers on issues of family violence. NEMC continues funding to three Asian service agencies to provide specific domestic violence service components to the Asian community.

**Program Type**

Community Education

<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b>Boston</li> <li>• <b>Health Indicator:</b>Other: Domestic Violence</li> <li>• <b>Sex:</b>Not Specified</li> <li>• <b>Age Group:</b>Not Specified</li> <li>• <b>Ethnic Group:</b>Asian</li> <li>• <b>Language:</b>Not Specified</li> </ul>
<b>Partners</b>	<ul style="list-style-type: none"> <li>• Boston Chinatown Neighborhood Center</li> <li>• Greater Boston Chinese Golden Age Center</li> <li>• Asian Task Force Against Domestic Violence</li> </ul>
<b>Contact Information</b>	Betty Lam, Project Coordinator, NEMC – Box 116,(617) 636-1628
<b>Detailed Description</b>	Not Specified

<b>Program Type</b>	<b>Estimated Total Expenditures for FY2001</b>	<b>Approved Program Budget for 2002</b>
Community Benefits Programs	<u>Direct Expenses</u> \$4,909,691 <u>Associated Expenses</u> \$17,154 <u>Determination of Need Expenditures</u> \$50,000 <u>Employee Volunteerism</u> \$53,187 <u>Other Leveraged Resources</u> \$248,408	Not Specified  * Excluding expenditures that cannot be projected at the time of the report.
Community Service Programs	<u>Direct Expenses</u> \$217,644 <u>Associated Expenses</u> \$31,500 <u>Determination of Need Expenditures</u> \$0 <u>Employee Volunteerism</u> \$23,085 <u>Other Leveraged Resources</u> \$430,062	
Net Charity Care	\$9,908,569	
Corporate Sponsorships	\$30,000	
	<b>Total Expenditures</b> \$15,919,301	

<b>Total Patient Care-Related Expenses for FY2001</b>	\$348,391,497
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Comments: None