



**Tufts – NEW ENGLAND MEDICAL CENTER**

*A Lifespan Partner*

## **Community Benefits Report**

FY/2001

**New England Medical Center  
750 Washington Street - Box 116  
Boston, MA 02111**

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## I. MISSION STATEMENT

Tufts-New England Medical center is a full service teaching hospital in the City of Boston, with a staff of nationally and internationally recognized providers of medical care and research.

Since its inception over 200 years ago, Tufts- NEMC has always provided high quality care to patients in the most caring and compassionate way. This philosophy is rooted in our mission statement which is detailed below.

*We strive to heal, to comfort, to teach, to learn, and to seek the knowledge to promote health and to prevent disease. Our patients and their families are at the center of everything we do. We dedicate ourselves to furthering our rich tradition of health care innovation, leadership, charity and the highest standard of care and service to all in our community.*

### ***MISSION OF COMMUNITY HEALTH***

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.*

### ***STATEMENT OF BOARD APPROVAL***

On November 2, 1994, the New England Medical Center Board of Governors approved the Community Health Mission Statement and authorized the Office of Community Health to proceed with a process to develop a community health plan for the Medical Center. The Board of Governors established a Board Committee on Community Health to provide governance and oversight to the planning process and charged the committee with the responsibility of bringing a recommendation before the full New England Medical Center Board.

## **II. INTERNAL OVERSIGHT AND MANAGEMENT OF COMMUNITY BENEFITS PROGRAM**

As described elsewhere in this report the activities of the office of Community Health, where community benefits is implemented, is overseen by the Community Health Board Committee (see attachment A), 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.

Information on NEMC's community Benefits programs is widely shared throughout the institution. At the board level, information is shared at board meetings and board-committee meetings by board members who are also members of the community health board committee. At Senior Manager level, the VP for community health programs shares information on the activities of the office of community health, with his colleagues during management meetings. Monthly manager meetings offer opportunities for sharing of information on community benefits as well as other involvement in the community. Events related to community benefits programs are periodically posted in the weekly employee newsletter. In addition, the Associate Director individually solicits input and involvement from managers and their employees in all areas of the hospital.

### III. 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.

Developing its recommendations for consideration by the Board of Governors Community Health Committee, the planning committee utilized a framework that identified two sets of issues; those related to NEMC's community/public health posture, and those related to NEMC's institutional responsiveness to the diverse backgrounds and needs of its customers and communities. This approach reflects our understanding that building a stronger partnership with the communities we serve will require that NEMC engage in activities that make NEMC more accessible and welcoming, while simultaneously reaching out to and sharing resources with community residents and community-based organizations.

The recommendations, were as explicit as possible about specific tasks and actions to be taken by NEMC, including some of the implications and potential consequences of each. The plan represents only a portion of the broad range of possible community agenda items. As one of our committee members noted, the challenge is to find the point of intersection between what communities identify as their priorities and what an institution does best.

Added to this equation is the challenge of resource availability. Because resources are extremely tight at this juncture of NEMC's development, the committee made an effort to identify activities that can be realistically sustained by our institution. NEMC is already engaged in carrying out the priority programs or activities and is making serious efforts to maintain and (within reasonable limits) extend them.

This process, coupled with consultations with a number of agencies in the communities targeted for NEMC community benefits, resulted in the New England Medical Center (NEMC) community Benefits Plan.

Following a 1995 Neighborhood Health Status Presentations by the Boston Department of Health and Hospitals, many of the neighborhood health centers and local agencies initiated community meetings. These community-driven public forums allowed residents to look more closely at health risk indicators for their own neighborhood. New England Medical Center has remained committed to supporting these community focused processes, and has provided resources to facilitate the design and implementation of public health programs that directly respond to the needs identified by its target communities.

NEMC continued to work with community groups to evaluate the demographics of each community, public health issues, and possible intervention for some of the identified problems. Our findings were compiled into the following neighborhood profiles and needs:

**Neighborhood Profiles and Programmatic Priorities** - New England Medical Center, (NEMC) has focused its community relationship building efforts primarily on Chinatown, South Boston, North and South Dorchester. These neighborhoods are in close proximity to NEMC, and represent areas from which the institution draws a large number of its patients. In addition, New England Medical Center has close collaborative relationships with a significant number of community health centers that

are located in these neighborhoods. Following are profiles of the Communities where NEMC invests its community benefits resources:

**Chinatown** - Chinatown is a community of 10,271 residents; more than half are Chinese, while the remainder of the residents, are Vietnamese and Japanese. Although a small community in terms of population, Chinatown is one of the major business centers for most of the 22,000 Asians living in the greater Boston area. According to a study published by the Boston Department of Health and Hospitals, Asians make up 5% of the Boston population, more than half being foreign-born. Asians are also the fastest growing ethnic group in the City of Boston. Almost one third of this group live below the federal poverty level. In addition, this population is at high risk for many serious health problems, particularly tuberculosis and hepatitis B.

Although incidence of tuberculosis has declined steadily in Boston for the past five years, it continues to be high among Asians. According to the 1992 census report, incidence of tuberculosis in the Asian community reached 103.5 (per 100,000) in comparison with the general Boston population at 22.3 (per 100,000). Asians also have the highest incidence of hepatitis B in comparison with all other ethnic groups.

The 1992 census report showed that this disease reached an alarming rate of 170.3 (per 100,000) amongst Asians as compared to 28.4 (per 100,000) in the general Boston population.

Other health problems in the Chinese community include hypertension, diabetes, heart disease, thalassemia, and nasopharyngeal cancer. The Southeast Asian community is more widely spread across the state. The primary health issues affecting this population include:

Accessing culturally appropriate mental health services:

- √ Domestic violence
- √ Pre-natal care
- √ Substance abuse

**South Boston** - South Boston is a community of nearly 30,000, people, a disproportionately high percentage of which are elderly. The average annual income for residents of this neighborhood is one of the lowest in Boston, and unemployment is exceptionally high. South Boston has the highest age adjusted mortality rate in the city of Boston. Some of the identified health issues in this community include:

- √ High incidence of alcohol and drug abuse, including smoking.
- √ An exceptionally high rate of cancer and heart disease.
- √ A three-fold increase in diabetes related deaths in the last decade.
- √ A 25% increase in reported domestic violence cases from 91-94.
- √ A teen pregnancy rate 76% higher than the Boston average.
- √ Substance abuse admissions double the Boston average.
- √ Smoking during pregnancy - almost double the Boston average.

**Dorchester (North and South)** - This is Boston's largest neighborhood in terms of population. Its age distribution by census indicates that large segments of this population are children under 15 years of age. Dorchester is also Boston's most ethnically diverse neighborhood. According to the 1990 census report, approximately 48% of the residents are African-Americans, 31.6% Caucasian, 15.4% Hispanic, and 4% Asian. Over 50% of children in this community live below the poverty rate and in single parent households. Identified health risks in Dorchester include:

- √ High infant mortality and low birth weight rates.
- √ High rates of death due to cardiovascular disease.
- √ High rates of cancer.
- √ One of the highest homicide rates in Boston.
- √ High incidence of asthma among children.
- √ High incidence of preventable injuries among children.

Other issues which contribute to the poor status and quality of life in this community include:

- √ Low education
- √ Low paying jobs
- √ Lack of decent-safe housing, etc.

#### **IV. COMMUNITY PARTICIPATION**

New England Medical Center participates and supports community initiatives whenever possible and we also solicit and welcome community involvement and feedback on our community benefits programs. An outstanding example of such partnership between NEMC and the communities we work with, is Project Parent to Parent. In 1990-91 when infant mortality reached alarming proportions in Boston's poorest and most disadvantaged communities, New England Medical Center reached out to the communities inviting all of those who were interested to come to the table to discuss the issue of infant mortality in Boston. This was an effort to not only work together with the community to find a way to help those affected, but to also find a preventive measure for this issue. This process resulted in the "birth" of project Parent to Parent, a program, marked by true partnership with the community since its inception in 1991. Agencies presently participating in the program include: Codman Square Health Center, Dorchester House-Multi-Service Center, Geiger-Gibson Health Center, Harvard Street Health Center, Neponset Health Center, Uphams Corner Health Center, Boston Asian Youth Essential Services, and Federated Dorchester Neighborhood Houses.

New England Medical Center continued to forge and maintain partnerships in other communities, including Chinatown and south Boston.

**In Chinatown** - The Asian Health Initiative Committee representing residents, local agencies, and community activists, met on a regular basis throughout 1996 to assess not only the health status of Chinatown residents, but also the health needs of the entire Asian community in Boston. The work of this group culminated into the development of the Asian Health Collaborative, an outreach and education program that helps to address some of the most pressing health issues in the Asian community including tuberculosis and hepatitis B. The Asian Health Initiative committee members, (see attachment B), continue to meet on a regular basis not only to monitor effectiveness of

programs, but also to continue to look at public health issues affecting the Asian community.

**In Dorchester** -agencies and residents also began to look at ways to address some of the health needs by forming the Dorchester Cares Coalition. Dorchester CARES Coalition is a network of over 24 agencies with a common goal to promote nurturing communities for families and children; to achieve a comprehensive continuum of integrated family support services; and to promote family and community involvement in planning and service delivery. NEMC is an active member of this Coalition, and a member of its governing committee, which is made up of residents and agencies which serve this community. Through this network, NEMC funds family support and nurturing programs, as well as providing technical assistance for a variety of other activities.

**In South Boston** – NEMC participated in and provided partial support when the community come together to launch a long-term public health initiative. The goal here was to supports the development of a community infrastructure involving residents, businesses, government agencies, foundations, etc. to engage in developing health promotion programs that would improve the health of South Boston residents.

Several other examples of community participation in the design and implementation of programs are listed throughout this report. We at NEMC believe that the best way to design and implement programs which will be effective and have sustainability is through partnerships with key stakeholders and the community. All of our community partners play an on-going role in the development and monitoring of our community benefits programs. The annual community Benefits Report is circulated to a group of community stakeholders while in draft format and their feedback is incorporated. In addition, the final version of the report is made available to the public.

## V. COMMUNITY BENEFITS PLAN

### Area #1

**Explore collaborations with the communities NEMC serves for public health activities.**

NEMC's relationships in the community extend beyond the health centers with which it seeks to establish tight bonds. There are a wide variety of organizations and potential collaborators that can and do enhance our ability to reach out and provide both community and public health services. While the scarcity of fiscal resources dictates a thoughtful approach to the establishment of collaborations and relationships, nevertheless there are several basic action steps recommended by the committee.

#### **OBJECTIVE**

Identify and work with existing organizations, coalitions, potential collaborators, and activities that are linked to immediate community health benefits.

#### **ACTION**

- \* Asian American Civil Association
- \* Boston Asian Youth Essential Services
- \* Boston Coalition
- \* Chinatown/ Healthy Boston Initiative
- \* CNC Subcommittee on Education and Training
- \* Managed Care Institutions
- \* Dorchester Cares Coalition
- \* Project Protech/Boston PIC
- \* Quincy School Partnership
- \* South Boston Coalition
- \* Summer Camp Program
- \* Summer Jobs Program
- \* Tufts School of Medicine
- \* Vietnamese American Civic Assoc.

**OBJECTIVE**

Jointly determine needs and interests; assess potential and make choices for NEMC involvement: invest in programmatic collaborations.

**ACTION**

- \* Seek grant funding to invest in public health programs and activities.
- \* Designate resources from NEMC to invest in public health initiatives.

**Area #2**

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

Three of the four neighborhood areas targeted by NEMC (*North and South Dorchester, Chinatown*) have resident populations that are highly diverse from racial, cultural, and socio-economic perspective. Providing culturally competent care involves developing the capacity to deliver patient centered services consistent with the needs and expectations of various cultures.

The planning committee engaged in extensive discussions about the imbalance between providers of care and recipients of services. While we acknowledged that diversity has been an increasingly high priority of NEMC, and especially of the Board of Governors Patient Care Committee, we also concluded that NEMC needed to engage in a long range, significant effort to achieve “institutional responsiveness” to the diversity of its current and potential patient population.

In our committee deliberations, we framed the issue in terms of **cultural competence**, which we defined as:

*The ability to understand and respect the differences among people, and use our understanding to influence our interactions with one another. This involves developing the capability to deliver patient-centered services consistent with the needs and expectations of various cultures.*

NEMC is strongly committed to **integrating cultural competence into the institution's behavior and delivery of services.**

### **OBJECTIVE**

Provide an array of basic education and training programs for the NEMC community (defined as employees, board, physicians, volunteers, and all others-including contractors and vendors-who have direct patient contact).

### **ACTION**

- \* Develop a monitoring and feedback system to measure extent to which those served are satisfied with the cultural competence of the institution.
- \* Identify levels of cultural competence that are expected.
- \* Institute Disability Employment Program.
- \* Implement an appropriate array of education and training programs, including a set of basic educational experiences for all members of the NEMC community.
- \* Implement an institution-wide Diversity Initiative.
- \* Asian Cultural Competency Program.

### **OBJECTIVE**

Seek vendors that operate in the community served by NEMC, and strongly encourage NEMC vendors to have a diversity plan.

### **ACTION**

- \* Asian Purchasing Program
- \* Construction Jobs and Subcontracting

**OBJECTIVE**

Make changes in the physical make-up/presentation of NEMC to reflect diverse user population.

**ACTION**

- \* Signage
- \* Decoration / Art-work / Celebrations
- \* Information facilities
- \* Food Services
- \* Reception Areas

**OBJECTIVE**

Improve systems that provide access to NEMC.

**ACTION**

- \* Computer system
- \* Video
- \* Telephone (operators and local areas)
- \* Transportation (NEMC system)

**OBJECTIVE**

Increase NEMC's linguistic capacity

**ACTION**

- \* Expand existing oral and written translation services
- \* Focus some of workforce diversity effort on development of linguistic capacity
- \* Prioritize areas of NEMC for development of linguistic capacity

**OBJECTIVE**

Increase the diversity of the NEMC community (e.g., employees, board, volunteers, physicians, etc.) so that both horizontally and vertically it reflects the communities that it currently serves and/or desires to serve.

**ACTION**

- \* Review existing recruitment and hiring policies and procedures
- \* Add community representation to the boards that reflects the diversity of our population.
- \* Establish reasonable goals to be achieved within specific time frames

**Area #3**

***Partnerships with Community Health Centers for Capacity Building***

NEMC's commitment to working with community health centers includes a multiple agenda. This commitment extends not only to clinical capacity building, but also to working collaboratively with the health centers to improve the overall health status of their patient populations.

As noted earlier, NEMC's primary service areas are Chinatown, North and South Dorchester, and South Boston. Programmatic support is provided directly to health centers through a variety of activities including:

- √ Annual cash grants
- √ Pediatric Resident Training
- √ OB/GYN sessions
- √ Patient transportation
- √ Substance abuse and domestic violence training
- √ Parent-to-Parent (a high-risk prenatal outreach program)

For the community health centers, these collaborative efforts offer an opportunity for expansion of resources directly serving community residents. By establishing relationships with NEMC--a leading academic and research institution, community-based health centers gain access to funding, program development, and capital resources that might otherwise be beyond their reach.

With regard to its work with community health centers, NEMC's primary goal is to enhance the capacity of community health centers to provide services in their communities. We believe that by engaging in such capacity-building relationships, NEMC can find an important avenue for expression of its social commitment, while also building the networks of care that will be crucial to enhancing access for neighborhood residents to the full spectrum of health services.

**OBJECTIVE**

Strengthen community Health Center fiscal capacity.

**ACTION**

- \* Financial support
- \* Enhance capacity to raise funds with technical assistance for:
- \* Capital campaigns
- \* Community Health Center causes
- \* Training and skill transfer in fund raising and development
- \* Marketing
- \* Grant writing

**OBJECTIVE**

Strengthen community Health Center clinical capacity.

**ACTION**

- \* Provider recruitment and retention
- \* Hospital privileges and relationship

**OBJECTIVE**

Strengthen capacity of health centers to survive in a managed care / Capitation environment.

**ACTION**

- \* Develop (with other networks) joint strategies for getting risk-adjusted rates
- \* Collaborate on grants
- \* Invest in development of appropriate marketing strategies for urban/ethnic communities
- \* Enhance skills to practice efficient managed care

**OBJECTIVE**

Expand research agenda of NEMC to further incorporate community and public health agendas.

**ACTION**

- \* NEMC and Medical School and Health Institute involvement
- \* Collaborate on developing research projects
- \* Provide academic/technical skills to evaluate patient and/or program outcomes

**VI. PROGRESS REPORT:**  
**ACTIVITY DURING REPORTING YEAR**  
**EXPENDITURES:**

TYPE	ESTIMATED TOTAL EXPENDITURES FOR FISCAL YEAR 2001	APPROVED PROGRAM BUDGET FOR [NEXT FISCAL YEAR ]*
COMMUNITY BENEFITS PROGRAMS	(1) Direct Expenses - \$ 4,909,691 (2) Associated Expenses - \$ 17,154 (3) Determination of Need Expenditures - \$ 50,000 (4) Employee Volunteerism - \$ 53,187.44 (5) Other Leveraged Resources - \$ 248,408	<p><i>Note:</i>  <b>Budget for next year not yet approved.</b></p> <p>*Excluding expenditures that can not be projected at the time of the report.</p>
COMMUNITY SERVICE PROGRAMS	(1) Direct Expenses – \$ 217,644.24 (2) Associated Expenses – \$ 31,500 (3) Determination of Need Expenditures - \$0.00 (4) Employee Volunteerism - \$ 23,085 (5) Other Leveraged Resources - \$ 430,062	
NET CHARITY CARE	\$ 9,908,569	
CORPORATE SPONSORSHIPS	\$ 30,000	
	<b>TOTAL \$ 15,919,300.68</b>	

On an annual basis the physician group at NEMC provides free services to those who are less fortunate. Medical care is provided free of charge to a population suffering from socioeconomic disadvantage. These are patients who do not have proper health insurance coverage, and lack the financial resources to pay for their medical care.

In addition to absorbing the administrative cost of providing these services, in fiscal 2001, the physician group at NEMC incurred \$1,330,957.00 in bad debt write-offs.

## ***MAJOR COMMUNITY BENEFITS PROGRAMS***

**Asian Health Collaborative** - Now in its 5<sup>th</sup> year of funding from New England Medical Center, the Asian Health Collaborative, continues to provide culturally and linguistically appropriate public health outreach and education services to Boston's Asian community. The collaborative 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. Communities targeted for service include adult ESL students, elders and youth.

The continuous funding commitment and technical assistance from NEMC has allowed participating agencies (Asian American Civic Association, Boston Asian Youth Essential Services, Boston Chinatown Neighborhood Center, Greater Boston Chinese Golden Age Center, South Cove Community Health Center and Wang Family YMCA) to incorporate health education into their regular operations. Thus, allowing collaborative partners to set up a network of community workers who can provide culturally and linguistically sensitive health information to the population they work with.

### **South Boston Public Health Initiative**

Supported by funding from NEMC, The South Boston Health Center Public Health Initiative was designed to improve access to primary care in South Boston by way of community activities including social services, health education, and referrals for linkage with other resource in the community.

South Boston continues to be one of the poorest neighborhoods in the city of Boston. Nearly ¼ of the residents live in poverty at a rate of 29% greater than the average in the city of Boston. Nearly 40% of the population in this community are uninsured or on Medicaid. South Boston also has a large and growing immigrant population, presenting additional needs for linguistic, social and economic support.

This partnership with NEMC allows the South Boston Health center to provide outreach, support and case management services to the neediest and most vulnerable residents of South Boston.

**Dorchester CARES Coalition** - Since its inception, Dorchester CARES has been guided by a mission to coordinate, develop and institutionalize comprehensive community-based programs, which support families and prevent child abuse. This coalition is not only committed to providing a continuum of integrated services through its partners, but it also promotes family and community involvement in every step of planning and service delivery.

Dorchester CARES brings together residents of Dorchester and close to thirty agencies to work together and provide a continuum of comprehensive, neighborhood-based family support services. New England Medical Center continues to provide funding and technical support to this coalition, allowing it to maintain and further its work, which includes:

**Family Nurturing Programs** - Dorchester families come together weekly for a ten to twenty-week intensive family education and skill building program. A team of experienced facilitators, parents, and volunteers work together to offer a caring and nurturing forum where children and their families learn to explore positive disciplinary alternatives. The program supports good family communication, positive interactions, and regular expression of love and support. With the Support of New England Medical Center, Dorchester Cares offers six nurturing programs annually, in Spanish, Cape Verdian Creole, and also programs targeted to adolescents, teen parents, and pre-natal parents.

**Family Cooperatives located at Dorchester House, Denison house, and the Log School-** the Co-ops provide for basic needs such as food and clothing, adult and family education, as well as social support. This model values community residents as its first and most important asset, fostering an environment of mutual respect, appreciation,

and spirit of volunteerism in working together to secure the availability of basic resources for the community.

**Project Parent to Parent** - 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.

Since its inception, the program has been a neighborhood-based effort marked by close collaboration between NEMC, the health centers, and the community. Parent to Parent's first priority is to improve pre-natal outcomes, and to provide health education, family planning, pregnancy and parenting support.

Timely follow up visits early in the pregnancy permit the outreach worker to communicate situations to medical staff and help them develop intervention strategies. If other domestic issues emerge, the outreach worker is trained to offer help. For women and their families who need social service and income support, the workers facilitate referrals and ensure that critical services are provided. In fiscal 2001, services listed below were offered to approximately 1,500 families.

- √ Initial assessment
- √ Interpreting for non-English speaking clients
- √ Home visits
- √ Escorting clients to Welfare/WIC/Food Pantry, etc.
- √ Street outreach
- √ Help for clients seeking housing assistance
- √ Advocacy for fuel assistance
- √ Post-partum hospital and home visits
- √ Court advocacy with DSS

- √ Coordinating birthing classes and support groups
- √ Escorting clients to clinic visits
- √ Participating in client review meetings with OB staff
- √ Participating in pre delivery discharge planning with hospital

***Project Parent to Parent promotes the following outcomes:***

- √ Lowered incidence of delivery complications
- √ Reduced incidence of low birth weight babies, and associated birth defects such as mental retardation, physical defects and other illnesses.
- √ Opportunity for early intervention for infant health and developmental problems.
- √ Reduced parental stress and reduced incidence of child neglect or abuse.
- √ Better quality of life for women and their families through access to resources and mentorship.

In addition to its commitment to helping lower the incidence of low birth weight and infant mortality, particularly in the poor minority communities, Project Parent to Parent has another equally import goal; that of improving the lives of the outreach workers and provide them with the opportunity to further their skills and gain entry into health care and/or community development careers.

The program offers monthly follow up training which have evolved into a forum where the outreach staff share information on referral services available in the community, review cases and share solutions, while they also provide each other with mutual support. These monthly forums add a tremendous value to the program, in terms of access to information on a variety of training topics that include, but are not limited to:

- √ Housing issues in the city of Boston
- √ Family and community Violence
- √ Infant mortality and low birth weight in target population
- √ Community outreach and resource finding
- √ Monitoring fetal and newborn health and development

- √ Recognizing substance abuse and violence in the home
- √ Entitlement program eligibility and enrollment process
- √ Strategies for reaching out and working with difficult cases

**Vietnamese American Preventive Health Care Access Program** - During fiscal 2001 this program maintained its primary goal of educating the Vietnamese American community about the U.S. health care systems. The program also seeks to engage participants in primary and preventive health care services, while addressing cultural, financial and social factors which influence health and health care utilization.

Staff at the Vietnamese American Civic Association, where the program operates, are assigned specifically to work on promoting public health messages in the Vietnamese language media.

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 focusing on connecting the Vietnamese community to health care and tracking utilization of services including linguistic needs.

**Asian Family Violence Prevention** - NEMC and 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. In fiscal 2001 NEMC continued funding to three Asian service agencies to provide specific domestic violence service components to the Asian community.

Asian Task force Against Domestic Violence – last year, during its second program year, the Asian Task Force Against Domestic Violence and its partners (South Cove Community Health Center, Wang YMCA and The Asian American Civic Association)

continued to focus on providing training to agency staff and the clients they serve. Screening protocols and referral policies were developed.

In addition, the program also conducted community workshops on elderly abuse, media violence, parenting and discipline. A family violence resource list was also produced.

Greater Boston Golden Age Center - during the last fiscal year, the Golden Age Center focused on doing outreach and education to Asian elders and their families on the issues of family violence, elder abuse and neglect. Seniors attended various activities that included workshops and presentations in Chinatown, downtown Boston, Brighton and Malden. Interactive presentations took place at different sites. This agency also maintained a Help Line and offered counseling and support groups for seniors.

Boston Chinatown Neighborhood Center – The Family Network at Boston Chinatown Neighborhood Center was designed to help prevent family and community violence among Boston’s Chinese-speaking Asian American families. Last year, the agency continued to provide staff training, which resulted in additional capacity to screen and refer in cases of suspected abuse.

The effects of this program can be illustrated by two anecdotes. In the later half of the year, BCNC was able to work with and support a staff member who was experiencing domestic violence at home. The staff was referred to proper services at the “Asian Task Force Against Domestic Violence” and at NEMC. In the second instance, the youth center was able to successfully intervene with a teen who came in armed with a machete. The teen was involved in a gang dispute, but the program staff persuaded him to consider the consequences of participating in “revenge” activities. This teen gave up his weapon, while the staff worked hard to engage him and his friends in the various alternative activities offered at the youth center.

**Community Coordinator for Substance Abuse** - The Women’s Health and Substance Abuse Project at NEMC serves the communities of Roxbury, Dorchester

and Mattapan. The program has been an excellent resource to many agencies that may not have the needed personnel or financial resources to meet the growing needs of the population of women with substance abuse problems. Outreach to communities of faith is also an important component of this project, offering support through the food pantry at the Charles Street AME Church. The population served through this outreach effort includes Latinas, African-American women, and Cape-Verdian women.

Additional involvement and support to the community include:

- √ Membership in the women's health team at the Codman Square Health Center, focusing in providing wrap-around services to pregnant women with history of substance abuse.
- √ Participation in the creation of service protocols for women with dual diagnosis and their children, in collaboration with the Department of Public Health and the Institute for Health and Recovery.
- √ Provide support groups for women with high risk for substance abuse at the Hassan House in Mattapan.
- √ Provide mentorship and support to homeless clients dealing with substance abuse and mental health issues.
- √ Develop a collaborative workshop "the Spirit of Care" with pastoral services and employee assistance program. This program was designed for social workers, nurses, and other health care providers.

**Domestic Violence Outreach Program** - NEMC funds a Domestic Violence Specialist who is available to work with community health centers in Dorchester, as well as other neighborhood agencies. Services made available by this initiative include: inter-disciplinary team participation in addressing the needs of families involved in domestic violence, training and workshops, referrals, advocacy, etc. This

initiative provides a very important resource to neighborhood health centers, while it also promotes a collaborative approach among community agencies.

**Asian Health Initiative** -The Asian Health initiative (AHI) Advisory Committee continued to play an integral role in bringing important resources to fill the gap of public health services to a vulnerable and under-represented population. AHI was established six years ago to identify and address public health concerns in the Asian immigrant community, and to facilitate better access to quality health care. The AHI committee meets on a regular basis and has become the primary forum for many public health discussions concerning the health status of Asian immigrants in the greater Boston area. These discussions have resulted in fostering successful collaborations, amongst Chinatown-based human service agencies to jointly adopt public health agenda into their operations.

NEMC and its AHI committee realized the importance of bringing in community agencies as full partners in the creation of effective public health programs. In fact, at the end of the fifth year of funding, NEMC hosted a review retreat with directors of all funded agencies. The purpose of the meeting was to look at what was accomplished in the five years of consecutive funding, to assess strengths and weaknesses, and also to determine the program direction and funding priorities. Six out of seven participating agencies are human service agencies rather than health care agencies. These agencies are very happy to have the opportunity to integrate health and prevention into their work with the Asian community, and have concluded that they would like to maintain a clear and close connection with the medical center.

**Project Pro-Tech** - New England Medical Center continues to participate in this nationally recognized school to career program. Pro-Tech is designed to teach general job readiness and specific skills in allied health care fields to students who are unlikely to enter or complete post-secondary education without the structure of a youth apprenticeship program. NEMC funds the student salaries, and contributes many hours of staff time for mentoring, supervision and instruction. Every year NEMC enrolls six

new students entering their junior year of high school into the program where they gain health care experience while also receiving classroom instruction.

Pro-Tech students are coupled with supervisors who volunteer their time to providing guidance, training and role modeling. During the summer months, students participating in the program work with a school -based coordinator, in addition to their hospital supervisor to develop a comprehensive learning plan, which includes: skill building activities, job readiness, proper work habits, and confidence building.

**Neighborhood House Charter School** - NEMC works with the Neighborhood House Charter School in Dorchester to provide on-site nursing support. This elementary school is committed to offering quality education to a diverse community of Boston children through a neighborhood based system which integrates education with social services and health care programs for the benefit of the students and their families. The Neighborhood House Charter School housed one hundred and ninety students in grades kindergarten through eight grade in fiscal 2001. This is an urban school with children that present a variety of health issues. Consequently, there are increased complexities with both younger and older children. A nurse experienced in pediatric and public health issues works at the school on a weekly basis and is responsible for:

- √ Evaluating children who are sick or sustain playground injuries, prescribe medications and communicate with teachers and parents.
- √ Assist with monitoring school health records, keeping current records on physical exams, chronic illness, medications, allergies and immunizations.
- √ Maintain frequent communication with other nurses, school psychologists, teachers and headmasters around student health issues.
- √ Maintain compliance with the Boston Public School System and Department of Public Health regulations.

- √ Administering scoliosis screening to children in grades five through eight.
- √ Participate in the State mandated health screening programs by doing follow up on abnormal vision and hearing screenings.

**School Based Health Center** – Since 1989 the Student Health Center (SHC) at Boston High School has provided 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. SHC is staffed by providers from New England Medical Center who are members of a multidisciplinary team that is culturally and linguistically competent. Since its inception, SHC registration has grown to approximately 80% of the student population each year.

Boston High School is located in the South End of Boston, home to a large Latino population. However, as a magnet school, Boston High School draws its population of 600 students from all Boston Neighborhoods. According to zip code data obtained from Boston Public Schools, the largest number of students come from Dorchester (47.4%), Roxbury (12.4%), South End (5.9%), Jamaica Plain (6.4%), East Boston (5.7%), and South Boston (5.1%). Youth from these neighborhoods are at increased risk for morbidity and mortality, come from the poorest families, and are the most medically underserved. The communities from where Boston High School draws its students report the highest percentages of risk factors for adverse health outcomes in the city of Boston and in the state of Massachusetts.

The student population is very diverse with racial /ethnic distribution as follows: 52% African Americans, 19% Caucasians, 25% Latinos and 4% Asians. The majority of students utilizing services are between 14 and 18 years of age. Most students come from single parent families. 11% are in the school-based bilingual programs. Nearly one-fifth are considered special needs. 40% of the students who utilize the SHC are

uninsured. New England Medical Center funding supports a clinical coordinator, the nurse practitioner, renovation and overhead costs, as well as medical supplies.

Core services delivered during fiscal 2001 included: medical, mental health, case management, dating violence prevention, nutrition, psychosocial assessments, as well as health and life skill education for students and parents.

During fiscal 2001, NEMC opened a second school based site at the Josiah Quincy Upper School in Chinatown. Over 60% of the student population is Chinese, presenting unique needs for not only linguistic assistance, but also a range of social and economic support systems. Additional programmatic and service information will be available in the 2002 report.

**Boston Asian Youth Essential Services (Y.E.S.)** - The Boston Asian Y.E.S. is a community-based agency committed to working with Asian youth facing difficulties and challenges at home, school and in the community. The program receives support from, and collaborates with New England Medical Center in providing culturally sensitive; youth oriented medical services, as well as other support, case management, and advocacy services.

Some of the core services available at Y.E.S. include individual and family counseling, educational programs, employment counseling, prevention and intervention services, gang prevention, court diversion, youth development and leadership, advocacy and referral.

In addition to funding an outreach position to facilitate coordination of services and access to health care for this population, NEMC continues to provide free medical services to Y.E.S. teens, coupled with health education workshops conducted by the adolescent clinic staff.

**Josiah Quincy School Partnership** - The partnership between NEMC and the Quincy School continues to make available a school based social worker who offers

psychosocial evaluations and counseling, facilitate information and referrals, and also participates as a member of the student support team. The program also coordinates/collaborates with a range of community agencies in the provision of educational workshops.

The Josiah Quincy School serves an ethnically diverse, large, inner city immigrant population. For many of the children and families, the school is a primary point of intervention and potential gateway to numerous other services such as basic medical care and social services.

Each year, many children at the Quincy School are identified with a combination of academic, behavioral and emotional difficulties.

**Services delivered by this program include:**

- \* Individual and family counseling
- \* Crisis intervention
- \* Small group counseling
- \* Classroom workshops on social skills and anger management
- \* Coordination of student support services
- \* Coordination with Big Brother Big Sister program
- \* Recruitment and placement of tutors
- \* Classroom consultation with school staff
- \* Classroom workshops on Peer Leadership
- \* Classroom based behavioral programs
- \* Inter-agency consultation for mental health services
- \* Coordination with early intervention programs

The programs at Josiah Quincy School are classroom-centered and child-focused. They embrace and encourage meaningful parent participation and seek to empower teachers, parents and children in seeking solutions to problems. Providing individual psychotherapy and other support services for these children, and assisting them in

meeting their daily challenges, is a team effort that reflects the healthy and productive partnership that exists between the Quincy School and New England Medical Center.

**Asian Health Access Project** - The Asian Health Access Project provides specialized services that are linguistically and culturally appropriate to the Asian patients who come to the clinic. Services here are tailored to meet the unique needs of the population served. Clients served by this program are mostly of Cantonese descent and reside either in Chinatown or the surrounding areas, such as Malden and Quincy. The program also serves Mandarin speaking and Vietnamese patients. Last year, the program served over 2000 people, including a large number of children.

There is increased incidence of obesity, hypercholesteromia, asthma, and social isolation among the children who visit this clinic. Because of safety issues and because their parents are out working, Chinatown children are subject to long hours indoors, with little opportunity to participate in activities that are available to other young people. These children develop sedentary behavior such as watching TV, playing video games, and eating frequently. The lack of social interactions with their peers, leads to poor social skills as well as lack of physical activity.

Inn addition to providing families with support and information, the program raises funds annually to afford the children a summer camp experience at the Chinatown YMCA. The activities provided during the camp allow these kids to improve their health outcomes and also provide an opportunity for them to learn a variety of meaningful social interactions.

**Young Women's Health Initiative** - The Young women's Health Initiative (YWHI), at Boston High School, promotes the health and well being of multi-cultural female adolescents ages 15-18, from low income background, who attend a public, urban or secondary school. The program was developed in response to a host of concerns on the part of school administration, faculty, students, and other staff over apparent increase in violence and drug use, particularly among the female student body. YWHI was designed to prevent, reduce, and delay the use of alcohol, tobacco, and other drugs in

this population by providing a continuum of primary and secondary prevention services.

Working through the school-based health center at Boston High, and overseen by the division of General Pediatrics and Adolescent Medicine at NEMC, this program is designed to support several service components:

- \* Interpersonal violence education and treatment
- \* Reproductive health, life skills, and career development services
- \* Peer leadership training
- \* Mental health individual and group counseling services
- \* Dispute mediation
- \* Coordination of school-based health education for students, parents, faculty and service providers
- \* Training for teachers, administrators, parents and providers in early identification of students in need of assistance with respect to risk factors for the usage of alcohol, tobacco and other drugs
- \* Media literacy regarding use of alcohol, tobacco and other drugs.

While funding from the Center for Substance Abuse is no longer available, NEMC continues to make substantial contributions towards this program, and has incorporated its activities with the work that is done through the student health center.

**The Adolescent Family Program** - The Adolescent Family Program was established as a clinical service to provide comprehensive, culturally competent health care for teens at risk for early sexual activity and pregnancy, and also serve the needs of teen families. The program is based on a “one-stop-shopping” model where teen parents and children can receive care from a single provider. In addition, a home-based component, which offers preventive health and safety education, self-esteem building, and modeling of effective parenting skills for adolescent parents, is also incorporated into the program. The program currently serves 125 people, with the average age of

the teen moms being 17 years old. The ethnicity of clients served by the program include: 11% Asian, 42% African-American, 32% Hispanic, and 15% Caucasian.

**Pregnant and Parenting Teen Injury Prevention Program** - This project is an effort designed in response to the high occurrence of unintended injury among children, particularly those born to teen parents. Sixteen million children are seen in emergency rooms each year for injuries.

The Teen injury Prevention Program specifically works with adolescent parents to address the problems of injury among children. The program provides home visiting by trained paraprofessionals to pregnant and parenting teens, and offer them parenting education, family support and home based injury prevention through a model that incorporates education, regulatory strategies, and modification of home environment by means of a home inspection to reduce hazards, as well as installation of safety devices. This model prioritizes the injuries most likely to occur at a given developmental stage of a child and tailors the program to the behavioral and environmental changes necessary for each family to reduce the risk of injury.

The majority of the clients served by this program come from culturally diverse neighborhoods, which are historically medically under-served. To ensure that the materials used are culturally and ethnically appropriate, the curriculum for the program was designed in partnership with neighborhood based organizations, Division of Injury Prevention at Massachusetts Department of Public Health, Maternal Child Health Programs, and the Healthy Tomorrows Partnerships Children Program, from which the program receives partial funding.

#### **Tufts/NEMC Minority Student Outreach**

-  
Tufts University School of Medicine, and New England Medical Center maintain a strong commitment to reaching out and attracting minority candidates and supporting them in their attempt to pursue medical and health related careers. A sampling of such efforts include:

**The Minority High School Program** - a summer program for high school students with a curriculum designed to promote interest in science, and health care fields.

**The “Brainstorm” Program** - a science outreach program targeting young minority elementary school children and providing them with basic science lessons, fostering interest in related fields of study.

**Ascher Scholarships** - funds awarded to incoming minority students to help defray the cost of a medical education.

**Minority Externship Program** - This program is a collaboration between Tufts University School of Medicine and New England Medical Center that encourages underrepresented minority medical students to apply to NEMC for their residency program. Fourth year minority medical students come to TUSM to spend one month in the rotation of their choice. The program funded by NEMC, TUSM and Health Care Foundation, offers free housing, covers travel expenses, and parking.

**New England Medical Center’s Doctor’s Minority Scholarship** - Another joint initiative between TUSM and NEMC, the Minority Scholarship Fund Program was established in an effort to attract the more competitive minority students who might otherwise choose other institutions on the basis of financial consideration.

**Complementary Shuttle Service** - The Radiation Oncology Department at NEMC offers a complimentary shuttle service to its cancer patients. The shuttle provides patients undergoing treatment with transportation to and from the hospital. This service is available to patients from greater Boston, as well as West and South, as far as the Cape Cod Canal.

In addition, New England Medical Center also offers transportation support to patients in need in both an inpatient and outpatient basis. A gamut of options is available including van service, taxi, train, and bus service for those who need such services.

**Summer Camp Program** - The Summer Camp Program of New England Medical continued to reach out to low-income pediatric patients of the Floating Hospital and also the Uphams Corner Health Center and the Codman Square Health Center. True to its goal, the program offers an opportunity for children with chronic medical disease and psychiatric illness as well as those children with psychosocial acuity to attend summer camp.

This Program continues to be an integral and historic program of the Medical Center., with the mission to fund a summer camp experience which offers pediatric patients a respite from the challenges of illness or the stresses associated with poverty, family dysfunction, domestic violence and a host of other social factors. A camping experience may enhance or change the course of a child's life by increasing independence, self-esteem, resiliency, and hope; all critical factors in determining whether a child can personally master the key milestones of childhood and mature as a successful adult.

During fiscal year 2001, 231 children received support to attend camp. Children with a range of 35 different pediatric and psychosocial diagnoses were referred to the program. A single diagnosis of psychosocial acuity represented approximately 25% of the approved referrals, reflecting the program's historic mission to reach out to children suffering from the consequences of poverty, family dysfunction, urban violence, homelessness, and other social problems which have a profound and lasting impact on health and welfare.

The specialty camps served patients with asthma, brain tumor, attention deficit disorder, sickle cell anemia, learning disabilities, depression, cerebral palsy, deafness, leukemia, down's syndrome, autism, muscular dystrophy, blindness, liver transplant, etc.

## ***CULTURAL COMPETENCY***

### **The Diversity Initiative**

An institution-wide diversity initiative was launched at NEMC, seeking to improve the quality of care the hospital provides by strengthening the linkage between the needs of employees, patients, the community, and NEMC's overall mission.

To this end, a Diversity Committee was organized in FY96 comprised of a multi-disciplinary group of physicians, nurses, senior and middle managers, and employees representing many areas of the institution. This committee was charged with the task of performing needs assessment and developing a comprehensive diversity plan to be implemented by the institution. The Committee worked with a diversity consultant to conduct the needs assessment, which included a series of employee focus groups exploring diversity issues as they relate to patient care, employee satisfaction, and the overall mission of NEMC.

The findings of the focus groups provided a synopsis of the current status, as well as opportunities for a strategic plan with specific action steps to be carried out. Following the recommendation of the diversity plan, several programmatic initiatives were put in place to make NEMC more welcoming for patients and their families, employees, and the community. Examples of such activities include but are not limited to:

The Asian Health Access Program and The Asian Referral line.

Cultural awareness trainings were put in place, offering a curriculum with video and cultural profiles developed for training staff, students and providers.

In addition, NEMC organizes and participates in cultural celebrations that are important to staff and patients. Some notable events include the Chinese Lunar New Year, August Moon Festival, National Night Out, Black History Month, Chinatown Festival, and Oak Street Fair.

### **Expanding Linguistic Capacity**

Interpreter Services at New England Medical Center, which have been extensively expanded, guarantees access to health care for non-English speaking patients and make cross-cultural communication and health care delivery as seamless as possible. NEMC has the largest Interpreter Services in the region, providing translation services in over thirty-seven languages, twenty-four hours a day. The Interpreter Services Department has a staff of 18, providing language capacity for Chinese, Cambodian and Vietnamese, Spanish, Russian/Ukrainian, Bosnian/Serbo-Croatian, Italian and more. 50 per diem interpreters are also available to provide services on an as needed basis. In addition an extensive pool of freelance interpreters are utilized for languages less often requested or as back-up for the regular and per diem staff.

NEMC still holds the title of having the largest of Asian language interpreters of all teaching hospitals, ensuring linguistic access for Asian patients with limited English proficiency (LEP). Linguistic support is also available for Russian, Spanish, Haitian Creole, and Portuguese-speaking patients through bilingual and bicultural clinical staff, multi-lingual signage and written materials, such as menus, forms and patient instruction sheets. ASL interpreters are also available. There are multi-lingual phone lines which provide additional access for non-English speaking and deaf and hard of hearing patients into NEMC.

Interpreter Services regularly provide interpreters at neighborhood health screenings held at community events such as the August Moon Festival, neighborhood street fairs and health fairs. We also put our linguistic resources at the service of NEMC employees with limited English skills, interpreting for them in Human Resources and elsewhere, helping with inquiries about benefits, etc.

NEMC is an active member of the Massachusetts Medical Interpreters Association (MMIA) and played a major role in planning and eventually hosting its 5<sup>th</sup> annual conference in year 2001. NEMC provides, free of charge, office space, telephone and fax lines and a postal address to the MMIA. We also offer without charge mentoring

and internship programs to students in community and academic interpreter training programs who need to complete a practicum as part of their training. Students from Bentley College, Cambridge College and Area Health Education Center medical interpreter training programs have trained at NEMC under the supervision of our experienced interpreters.

For non-English speaking patients, often unfamiliar with western health care facilities, navigating throughout the systems can be an insurmountable challenge. In order to facilitate access and orientation for patients, NEMC Interpreter Services has developed in the main languages of the hospital a brochure that contains:

- \* A translated map of the hospital,
- \* A statement concerning patient's right to have an interpreter anywhere in the hospital free of charge
- \* Information regarding the importance of having a primary care provider

Interpreter Services Department has also developed a patient-staff communication aid booklet to help patients and staff exchange very simple basic information that either does not require the presence of an interpreter or can be useful while waiting for the arrival of an interpreter. The booklets are available in English and in ten other targeted languages including:

Arabic, Bosnian/Serbo-Croatian, Chinese, Haitian, Italian, Khmer/Cambodian, Portuguese, Russian, Spanish and Vietnamese.

The booklet is entitled "While Awaiting the Arrival of the Interpreter" to avoid any confusion on its appropriate use, as it is not intended to replace the services of an interpreter.

**Asian Information and Referral Line**

The Asian information and Referral Line, funded by NEMC and operated by the Department of Social Work Services was developed to improve access, utilization and quality of care for Asian patients. This program offers telephone and office-based assistance with issues such as availability and accessibility of hospital-based services, billing and other financial concerns, referral to community resources and public agencies, and health education resources. The staff also provide escort services to patients and conduct monthly informational workshops for the community on topics ranging from U.S. health care systems, to the use of hospital emergency departments. Over 6,600 Asian patients and family members made contact with the Asian Information and Referral line last fiscal year. The most requested services in fiscal 2001 included assistance with applications for entitlement programs, appointment scheduling, referrals to other community based services, assistance with free care and escort services.

**Multi-lingual Childbirth Education**

Three bilingual staff were trained as childbirth educators. These women were certified to provide linguistically and culturally appropriate child-birthing classes to the community. This program makes child-birthing education available to a patient population who would otherwise not be able to obtain firsthand information on birthing experience due to language barriers.

**Physical Plant**

NEMC is committed to creating a more welcoming and accessible institution. Multilingual signage is already in place to facilitate patient flow throughout the campus and with additional signage to be added to accommodate more languages. In addition, multi-lingual campus maps are available.

NEMC is also in the process of developing multilingual kiosks that will provide a variety of information that will improve access to services for patients and visitors.

In addition, NEMC regularly recognizes a variety of holidays throughout the year with culturally appropriate decorations, informative displays and festive events that reflect and celebrate the diversity of the NEMC community.

### **Multi-ethnic Dietary Services**

The Department of Food Services at NEMC offers culturally appropriate food choices to patients. Menus are available in multiple languages and food service staff are sensitive to the nutritional habits and needs of many ethnic groups. Ethnic holidays are also celebrated with culturally appropriate foods.

### **Cultural Awareness Training**

To improve services to diverse patients and visitors at the Medical Center, a series of workshops meant to sensitize staff to patients' diverse cultural backgrounds and improve cross cultural communication are being offered internally throughout the hospital. In addition, videos on alternative medicine and cultural heritage are also periodically programmed in the walk through the neighborhood where the Medical Center is located, to familiarize staff with issues of importance to their patients.

The cultural competency-training curriculum is updated on a regular basis to fit the needs of the diverse groups within the NEMC population.

### **Multi-lingual Resource Library**

As an ongoing project, NEMC's Interpreter Services continued adding to its collection of health education material in languages that reflects the make up of the non-English speaking patient base-Chinese, Vietnamese, Spanish and Russian. The resource library is available to patients, families, and community residents.

### **The Cancer Center Cultural Diversity Task Force**

The Cancer Center Cultural Diversity Task Force is made up of staff from different disciplines including Adult HemOnc, OB/GYN, Interpreter Services, Community Health, Social Work, Pediatric HemOnc, and Financial Coordination. In fiscal 2001, the Task Force organized and/or participated in the following events:

**YWCA Mother & Daughter Brunch** – sponsorship, nutritional demonstrations and production of cookbook specifically for African American and Latino women.

**Avon/Encore Breast Screen Program associated with YWCA** – provided free mammograms and breast exams to women that don't fit into traditional health insurance systems. Interpreter services and transportation were also made available free.

**Educational Programs and Health Fairs** – Skin cancer lectures, health fairs at corporations, “virtual reality” simulated programs about fatigue experienced by cancer patients, educational materials developed/translated into Cantonese, Cambodian and Vietnamese.

**Asian Purchasing Program**

NEMC's is a targeted approach to increasing purchases from local vendors in Chinatown. This program is overseen by the Asian Purchasing Committee which includes members of the Chinatown Neighborhood Council, Chinatown vendors, and representatives from NEMC.

***Community Health Center Fiscal Support***

NEMC provides direct ongoing cash support to some of the community health centers in the communities it serves, for capital projects and programmatic expansions. Some of the projects funded include: patient education materials, enhanced pregnancy and parenting support services, family planning, outreach, prevention services, patient tracking and management systems, etc.

*Additional activities include:*

**Pediatric Residency Training Program** - The Floating Hospital for Children at New England Medical Center had 40 residents in its fiscal 2001 academic year Pediatric Residency Training Program. As part of the program, the residents spend a day seeing outpatients in their Continuity Clinic Rotation.

The residents are deployed to community health centers and urban hospitals where they mainly serve underprivileged communities. The five participating health centers (Codman Square, Dorchester House, Geiger-Gibson, Neponset and South Boston) receive funds to help defray the cost of supervision, in addition to the salary of the residents which is also funded by NEMC.

**OB Services to Community Health Centers** - In fiscal 2001, The Department of Obstetrics and Gynecology at New England Medical Center continued a long-standing tradition of efforts to support its surrounding communities through outreach, improved access, and direct service provision. In addition to the midwifery program, NEMC provided strong gynecological service support to several community health center in the greater Boston area, including: Codman Square, Dorchester House, Geiger-Gibson, Harvard Street, Neponset, South Boston and Uphams Corner.

## ***COMMUNITY SERVICE PROGRAMS***

**Reach Out and Read Program** – An early literacy program which promotes reading to parents and their young children. During the well child visit physicians and nurses offer parents reading advice and stress the importance of reading with children, as well as reading tips and encouragement. In addition, volunteers read with children in the waiting area, exposing them to books and modeling reading aloud. Children receive new developmentally and culturally appropriate books to take home and keep.

High quality books are at the heart of Reach Out and Read Program. By giving a book to a child, parents and children are provided with tools for reading and learning, as well as moments of love and attention. Making books available free of charge breaks down economic barriers for families with limited income. During the last fiscal year, the program gave out approximately 7, 573 books. Children and families love the books they receive and look forward to receiving their new book at the beginning of their next visit.

**Kiwanis Outreach Program** – the Kiwanis Outreach Program seeks to work with families and communities to promote safety for children and their families. The outreach program has three components. **Bicycle safety**, which offers safety checks on bicycles, proper use of helmets, written information on riding bicycles, as well as a course on safe riding. **Project B. E. L. T. S.** is a child restraint/seat belt education program, presented in primarily second grade classrooms. The program uses a variety of materials to interest and instruct the children. The program is a 45-minute classroom interactive presentation by college level students. The third component of the Kiwanis Outreach Program is the **Child Seat Sticker Program**. This program offers stickers to be affixed to the back of a car seat, so that in the event of an accident the emergency personnel can readily identify the child if the parents are unable to respond. The stickers are distributed through the seat belt program, ambulance companies, Police departments and through Kiwanis events.

**Child Care Center Subsidy Program** - New England Medical Center maintains a day care center on site, and subsidizes slots for both employees and community residents from the surrounding Chinatown areas.

### *Corporate Sponsorship*

NEMC provided cash contributions to the following organizations in fiscal 2001 for community events:

Mass League of Community Health Centers  
Chinese Historical Society of New England  
Mass Coalition for the Homeless  
Asian Task Force Against Domestic Violence  
The National Conference for Community & Justice  
Chinese Cultural Institute  
Harvard Street Community Health Center  
August Moon Festival  
Chinatown Festival  
Golden Age Center Annual Banquet  
Sportsman's Tennis Club  
Asian Community Development Corporation  
Greater Boston Chinese Golden Age Center  
Asian American Unity Dinner  
Hospitality Program  
Codman Square Health Center  
South Cove Community Health Center  
Health Care for All  
Boston Chinatown Neighborhood Center  
Harry D. Dow Memorial Fund  
Citywide Youth Development Symposium  
Casa Monte Cassino  
MIRA  
South Boston Neighborhood House  
Chinatown Labor Day Fair  
Jane Doe 20<sup>th</sup> Anniversary  
Self-esteem Boston

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