



Tufts-New England Medical Center

REPORT TO THE ATTORNEY GENERAL

FY 2002

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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, Tufts-New England Medical Center, 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 team 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
- * Project Protech/Boston PIC
- * Dorchester Cares Coalition
- * 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 Tufts-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 2002	APPROVED PROGRAM BUDGET FOR [NEXT FISCAL YEAR]*
COMMUNITY BENEFITS PROGRAMS	(1) Direct Expenses - \$ 5,467,844.59 (2) Associated Expenses - \$ 17,154 (3) Determination of Need Expenditures – \$ 50,000 (4) Employee Volunteerism - \$ 671,317.50 (5) Other Leveraged Resources - \$ 735,721.28	<p><i>Note:</i> Budget for next year not yet approved.</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	\$ 8,551,906	
CORPORATE SPONSORSHIPS	\$ 30,000	
	TOTAL \$ 16,226,234.61	
<p>(Hospitals): TOTAL PATIENT CARE-RELATED EXPENSES FOR 2002: \$ 365,298,883.00</p> <p>[HMOs]: MASSACHUSETTS PLAN MEMBERS [#] [FOR PROFIT/NOT-FOR-PROFIT]</p>		

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 2002, the physician group at NEMC incurred \$1,783,443.59 in bad debt write-offs.

MAJOR COMMUNITY BENEFITS PROGRAMS

Asian Health Collaborative

The Asian Health Collaborative (AHC) consists of six community-based organizations located in Chinatown. It was founded in 1997 with funding from Tufts-New England Medical Center. The primary goal of the AHC is to provide public health education to hard-to-reach sectors of the Asian and Asian-American communities by tapping into existing constituent relationships each organization has developed with the target population. Given the broad range of constituents served by the individual organizations, the AHC as a whole reaches Asian youth, adults, elderly, suburban and urban ESL students, and those seeking medical services, among others. The AHC is able to promote public health messages that are culturally and linguistically sensitive to the targeted Asian communities.

The emphasis for this program year was chronic disease prevention, which includes heart disease, hypertension, tuberculosis, hepatitis B, cervical, stomach and liver cancer, and diabetes, as well as related risk behaviors.

The collaborative organizations include:

- * The Asian American Civic Association
- * Boston Asian Youth Essential Services
- * Boston Chinatown Neighborhood Center
- * Greater Boston Chinese Golden Age Center
- * South Cove Community Health Center
- * The Wang YMCA.

During the last fiscal year, the collaborating organizations were able to serve 5,815 people. Of the total, 3,300, were given informational packets at large annual community events free and open to the public at-large - The annual August Moon Festival and Dragon Boat Festival. The remaining 2,515 were participants in workshops, activities and referrals. Each organization set specific outreach objectives and activities.

In addition, the collaborating organizations set and implement common outreach objectives such as preparing public service announcements for Asian radio and newspapers, designing and translated health brochures, and working with health groups to ensure mainstream health messages are culturally appropriate for Asian communities. The AHC has also developed a health web site designed for use by adult ESL learners and a resource library that is accessible to AHC staff.

A summary of the activities during the last fiscal year included:

- * A survey designed to compile relevant health care usage and practices data on AHC constituents
- * At least 1400 elderly were provided information on topics ranging from depression, osteoporosis prevention, Alzheimer disease, diet and nutrition, eye health, West Nile virus, fire prevention, Chinese herbal medicine, among other topics.
- * Over 500 youth participated in activities such as smoking cessation and drug information workshops, youth health web-page development, writing to legislators, exploring racism, and healthy body image.
- * Adult topics included nutrition, menstrual health, breast cancer, smoking cessation, women's health, high blood pressure, lead poisoning, family literacy, immigrant status and health, and Hepatitis B.

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 resources 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. A range of services were provided to 1,538 families in fiscal year 2002 by Parent to Parent outreach workers.

A partial list of support services included:

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

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 providing 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 trainings 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
- * Child growth and Development
- * Women's Health Issues
- * Mental health
- * Job training

Vietnamese American Preventive Health Care Access Program

This is the second year of a three-year public health program to outreach to and educate the Vietnamese American community about the U.S. health care system and to encourage their consistent participation in primary and preventive health care services.

In year one, the emphasis was more on development of workshops, information gathering, and training staff. In year two, VACA has outreached to other health providers, including the Joseph Smith Health Center, St. Elizabeth Hospital and Medford Neighborhood Health Center, in order to establish connections with those providers. VACA also conducted a survey sent out to approximately 1,300 residents to gather quantitative and qualitative information about the usefulness of their health programs. Questions were also included about other VACA programs.

VACA has held more than 50 workshops on topics ranging from tobacco education, breast and cervical cancer, Hepatitis B and C, HIV/AIDS, heart disease, health access and substance abuse. In addition, the agency referred more than 100 clients to health centers, hospitals, and private physicians for primary care and preventive care.

Asian Family Violence Prevention - NEMC and Asian Health Initiative Committee continued to 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 2002 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 - served as the lead agency in collaboration with other Chinatown-based organizations, which included the Asian American Civic Association, South Cove Community Health Center, and the Wang YMCA. The Asian Task Force served as the trainer in a train-the-trainer model. Upon completion of training, the organizations conducted training of their staff, as well as workshops for their clients on the topic of domestic violence. Organizations also participated in the first report nationally on Asian beliefs and attitudes toward domestic violence conducted by Professor Marianne Yoshioka, who was at Columbia University at the time. The Asian Task Force published the report, distributed it to local organizations, made it available to the community upon request, and hosted public forums within the different Asian communities highlighted in the report.

Greater Boston Golden Age Center- The Golden Age Center, upon completion of training staff, continued its outreach and education efforts targeting Asian elderly and their families on family violence and elder abuse and neglect issues. The Golden Age Center held workshops and other activities in the communities in which Chinese seniors live and/or socialize with family and friends, including Boston's Chinatown, downtown, and Brighton neighborhoods as well as in the town of Malden.

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. The Family Network involves and impacts all of the programs within the agency: the Acorn Child-Care Center, the Adult English as a Second Language Program, the Family Child Care, the Recreation and Youth Program, and the Red Oak After School Program.

BCNC continued its work on building an agency-wide family counseling team, receiving the appropriate training as well as setting goals for each program.

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 Latinos, African-American women, and Cape-Verdian women.

Additional involvement an 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 committee, comprised of Chinatown community members and hospital staff, held a retreat during 2002 to review progress of currently funded projects at community-based organizations, to discuss pressing health concerns within the Asian communities and to consider funding priorities and distribution. As a result of the retreat with AHI members as well as with previous grant recipients, the hospital merged two different sets of funds into one to make a larger pool of money available for public health programs. This allows more flexibility to submit a proposal as an individual organization or as a collaborative and to determine the areas of focus within the broad parameter of improvement of health status and increase of access to quality health care for the Asian American new immigrant community. The hospital will also play a more active role in convening meetings of grant recipients.

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 over 200 students in grade kindergarten through grade eight in Fiscal year 2002. 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.

Student Health Centers at Boston High and the Josiah Quincy School

In an exciting time of expansion for the Student Health Center (SHC) program of Tufts-NEMC, a second satellite clinic was opened at the Josiah Quincy Upper School (JQUS). This site, in addition to our site at Boston Community Leadership Academy (BCLA - formerly Boston High School), functions as a licensed, satellite clinic of the Division of General Pediatrics and Adolescent Medicine at Tufts-New England Medical Center (T-NEMC). These two SHC programs provide a unique array of comprehensive and 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 all BCLA and JQUS students who do not identify a regular source of accessible, comprehensive primary health care. The SHC programs are staffed by a multi-disciplinary team of culturally and linguistically competent clinicians and case managers. Since its inception in 1989, the SHC at BCLA registration rates have grown to approximately 60% of the student population each year. At the JQUS, we are working towards similar enrollment figures. During the 2002 academic year, our work at JQUS was primarily program planning and development as we were awaiting DPH licensure (awarded January 2003). Staff participated in classroom presentations, health screenings and other relevant activities occurring at JQUS. Through these efforts we reached approximately 150 students. Additional work included drafting policies and procedures, consent forms and promotional materials.

BCLA is located in the South End of Boston, home to a large Latino population. However, as a pilot school, BCLA draws its population of 650 students from all Boston neighborhoods. According to zip code data obtained from the Boston Public Schools, the

largest number of BCLA 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 %). JQUS is located in the Chinatown section of Boston and mostly draws its population of 325 students from Chinatown, Charlestown, Allston-Brighton and the South End. The largest percentage of JQUS students are from Chinatown (33%), followed by Charlestown (19%), Allston-Brighton (11%) and the South End (9%).

Youth from these Boston neighborhoods are at increased risk for morbidity and mortality, come from the poorest families, and are the most medically underserved. Each of these communities is a federally designated medically and dentally underserved area. These communities 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 of BCLA is diverse with racial/ethnic distribution as follows: Black (52%), White (19%), Latino (25%), and Asian (4%). The majority of students utilizing services are between 14-18 years of age. Most students come from single parent families. English is the primary language for over three-quarters of the students. Eleven percent are enrolled in school-based BI-lingual programs. Nearly one-fifth are considered special needs students. The gender distribution is evenly split with 49% female and 51% male. Eighty five percent of all BCLA students are eligible for free lunches. Approximately 50% of students who utilize the BCLA SHC have some form of public health insurance coverage such as Medicaid Managed Care or the State's Children's Health Insurance Plan. Another 10% are privately insured and over 40% are uninsured.

The student population of JQUS is also diverse but with a large representation of Asian students (61%), many are primary language Chinese speakers from non-English speaking, immigrant households. Other ethnicity's represented at the school include African American (25%), Latino (8%) and Caucasian (6%). Most students at JQUS are low-income with 77% qualifying for free or reduced-price meals.

BCLA academic year 2002

(JQUS site was awaiting licensure, no service utilization data to report)

* Total school enrollment = 650

- * Students enrolled in health center = 400

SHC individual encounters:

- * BCLA = Medical (366)
- * Mental Health (682)
- * Case Management (160)
- * Nutrition (36)

Encounter type:

- * BCLA = Medical (29%)
- * Mental Health (55%)
- * Case Management (13%)
- * Nutrition (3%)

During the 2002 academic year, the majority of services were delivered to individual students by a host of clinicians. These core services include medical, mental health, case management, dating violence and nutrition. In addition to individual services, the SHC offered an extensive array of group activities, including classroom presentations and interactive sessions; screenings; psychosocial education and outreach activities. Examples of these offerings are detailed below:

- * Teacher Outreach and Education through BCLA Learning Communities Structure
- * Breast Cancer Awareness presentation to faculty
- * Dental screening in collaboration with Tufts University School of Dental Medicine for all 9th graders. At this screening visit, also obtained body-mass index and blood pressure data for each student to identify students with other potential health issues.
- * Tobacco Cessation/Health Education materials provided to teachers during the "Great American Smoke-Out" program at BCLA - a collaborative education, poster contest and outreach effort by the SHC NP, SHC substance abuse specialist and school staff.

- * Collaborated with School Nurse to conduct screening of health records to identify patients in need of primary care or immunization services. Assisted identified students - primarily immigrant or transfer students - with connecting to a primary care provider via T-NEMC or their local community health center.

Mental Health and Substance Abuse

Weekly 9th grade "Girls Group" focused on the areas of sexuality, relationship violence, STD risks and pregnancy prevention. Much of the discussion focused upon developing refusal skills and exploring decision making with a goal of thinking about long-term choices. Eight students participated in this group in Spring 2002.

Through the 9th grade after-school program, both a Students Against Destructive Decisions Group and a Health Skits program were developed.

10th Grade students benefited from classroom presentations by SHC staff that focused on depression and suicide. A depression screening handout was administered to 56 students and led students to self-refer to the SHC mental health services later that same week.

A "Test Stress" Prevention class was offered to 75 students preparing to take the MCAS retest. This was offered to students who had previously failed the exam and needed to pass in order to graduate. This was a success and will likely be offered to all 10th grade students during the Spring, (prior to their MCAS exams).

Presented the Newcomer Adjustment curriculum to a class of ESL students as well as follow up instruction to last year's participants in this program.

The Substance Abuse Specialist provided numerous classroom and advisory period education sessions including "Choosing Not to Use Alcohol and Drugs" and "Consequences of Marijuana Use on the Teenage Body", reaching more than 200 students.

Outreach to parents has resulted in 13 student's families participating in treatment services at the SHC during a 4-month period. Given the history of difficulty engaging parents, this has been a remarkable occurrence. Outreach included an information table at both the annual open house and a freshman/parent pot-luck.

Outreach to T-NEMC Psychiatry Department to establish more comprehensive plan for treatment of students with severe emotional disturbance or psychopharmacology needs. SHC staff provided T-NEMC residents with a training session "Working in Schools Effectively" that enhanced this collaboration. This linkage has now been expanded to include an on-site child psychiatry fellow at the SHC on a weekly basis.

A Nutrition Classroom presentation that explained the role and sources of a variety of vitamins. A presentation of two special needs classes about eating disorders that included a question-answer period.

Curriculum development for Introductory Health Course. Cafeteria project with cafeteria staff, school nurse and student involvement. This is a part of an ongoing initiative to improve the nutritional value of school lunch offerings. Much of the work was in the beginning, data collection stage and included surveys being distributed to 650 students and sent to 200 parents.

Pregnant and Parenting Teens

Offered a seven session group for teen mothers enrolled at BCLA which included parenting education, life skills development, prevention of repeat pregnancies and stress management/social support identification.

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 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. This program was established to provide transportation to patients undergoing radiation therapy. The door-to-door service is available to patients who live within the 495 belt. The shuttle service program has allowed many patients who would otherwise not be able to travel to NEMC to receive advanced treatment.

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 , the Uphams Corner Health Center ,the Codman Square Health Center and a number of Asian community agencies . 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 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 the summer of 2002, 153 children had the opportunity to attend a variety of summer camps and enrichment programs through this initiative.

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 eighteen, providing language capacity for Chinese, Cambodian and Vietnamese, Spanish, Russian/Ukrainian, Bosnian/Serbo-Croatian, Italian and more. Fifty 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 5th annual conference. 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** provides assistance to Asian immigrants and refugees in accessing health and social services in the hospital and community at large. The Program provides linguistically and culturally appropriate information, referrals, consultation and collaboration with a large number of public and private agencies, including insurance and other public health programs (Mass Health, Medicare, SSI, Healthy Start, Food Stamps, etc.), home health and visiting nurse agencies, family violence programs, mental health agencies, summer camp and after-school programs. The Program refers and escorts clients to over 35 primary care and sub-specialty clinics in the hospital.

During FY 2002 the **Asian Information and Referral Line** provided assistance to nearly 7,000 individuals. Additionally, ten educational workshops, conducted in Chinese and English, were held focusing on disease identification and prevention, such as diabetes, osteoporosis and heart disease, and access to medical care financing, such as Medicare, Mass Health, Free Care, etc. Approximately 300 individuals attended each session.

This Program provided internships for 2 individuals enrolled in the Senior Community Service Employment Program, administered by the Greater Boston Chinese Golden Age Center.

The coordinator of this program was honored and recognized as a "civic champion" for her advocacy on behalf of Chinese immigrants and for making a difference through her commitment to diversity, empowerment and positive change at the sixth annual Boston Empowerment Recognition Breakfast this past year.

Asian Psychiatric Program

The Asian Psychiatric Program at NEMC provides culturally sensitive and linguistically appropriate psychiatric services to Asian patients in the community. A whole range of services are provided in order to ensure that a continuum of care is available.

Highlights of program components include:

- * Psychiatric consultation
- * Psychopharmacological assessments
- * Psychosocial evaluation
- * Individual psychotherapy
- * Couple counseling
- * Family therapy
- * Group therapy
- * School based counseling

Asian-American Cancer Prevention Program

The Cancer center, in collaboration with the Asian-American Cancer Coalition at the Medical center initiated a program to increase awareness about cancer prevention, early detection and treatment for the greater Boston Asian community. During the last fiscal year, a series of workshops and cancer health fairs were held to explore alternative mechanisms to bring culturally sensitive cancer education materials to this community. Events involved 15 local agencies reaching out to hundreds of residents in a effort to provide information and education.

Breast and Cervical Cancer Screening Program for Vietnamese Women

This program seeks to address the needs of an underserved population of Vietnamese Women living in Dorchester. A community largely made up of immigrant women who neither speak English nor are familiar with the U.S. culture and health care Systems. Incidence of cervical cancer in Vietnamese women is five times that of white women. Breast cancer is a close second. Because these women are unlikely to seek a health care

system on their own, prevention and treatment programs with an outreach component are crucial.

The program provides a Vietnamese health educator to conduct home visits to provide information, education and support to Vietnamese women in the community. Patients are provided with escort, and transportation to clinic visits for screening exams. Follow up assistance is provided to all those in need of treatment, in addition to referrals for services and support in the community. The overall program goal is to reduce the number of Vietnamese women with breast and cervical cancer who will be undiagnosed and/or untreated.

Service components promote:

- Education to Vietnamese women on breast and gynecological health.
- Linkage to appropriate providers of breast and gynecological cancer screening services.
- Ensure that patients make and keep their follow up and screening appointments.
- Introduce the “Tell a Friend program” to this population, in collaboration with the American Cancer Society of Mass Bay to explore joint outreach.

Multi-lingual Childbirth Education

Three bilingual staff were trained as childbirth educators and 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

T-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.

T-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, T-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 and competency 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. Tufts-New England Medical Center received funding from the Kenneth B. Schwartz Center to address issues of cultural competency as it relates to the Chinese and Vietnamese patient pool at the hospital. The hospital completed a video project and has compiled a montage and a series of scenes that have been used in different internal and external training venues. A cultural competency curriculum was designed and used in workshops held for medical and dental students, as well as hospital clinical personnel. The video has been used in medical interpreter training programs offered by instructors at the Boston Area Health Education Center as well as at Cambridge College.

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 2002, 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.
- Asian Educational Programs and Health Fairs/Cancer health fair - Cancer education and cultural competency training for Asian-American community.
- The Holiday Connection - A celebration for women who have or are survivors of breast cancer and their families.
- Bereavement Day – a day of remembrance and renewal for all caregivers who work with adult cancer patients.

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 39 residents in its fiscal 2002 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. A major goal of the program is to allow residents exposure to specific health care needs of medically underserved communities, encourage them to practice in these communities and prepare them to provide culturally competent care to their patients.

OB Services to Community Health Centers - In fiscal 2002, 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. The 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 2002 for community events:

- v Mass League of Community Health Centers
- v Chinese Historical Society of New England
- v Asian Task Force Against Domestic Violence
- v Harvard Street Community Health Center -Zoofari
- v August Moon Festival
- v Boston Chinatown Festival
- v Golden Age Center Annual Banquet
- v Golden Age Center Annual Health Fair
- v Sportsman's Tennis Club
- v Greater Boston Chinese Golden Age Center
- v Asian American Unity Dinner
- v Codman Square Health Center - Men of Boston Cook
- v Health Care for All
- v Boston Chinatown Neighborhood Center
- v Harry D. Dow Memorial Fund
- v Chinatown Labor Day Fair
- v Jane Doe 20th Anniversary
- v Self-esteem Boston
- v Dimock Street Health Center - Steppin-Out
- v Roland Hayes School of Performing Arts
- v Asian New Year Celebration at Tufts-New England Medical Center.
- v Viet-Aid
- v Dorchester Bay Economic Development Corp.

VII. CONTACT INFORMATION

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ATTACHMENT A

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