



**FY 2010
REPORT TO THE ATTORNEY GENERAL**

**TUFTS MEDICAL CENTER
Community Health Improvement Programs
800 Washington Street, Box 116
Boston, MA 02111**

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History: Tufts Medical Center traces its history to 1796 when Boston residents, including founding fathers Paul Revere, Samuel Adams and Oliver Wendell Holmes, established the Boston Dispensary to provide the City's needy and poor with quality medical care. Tufts Medical Center and the Floating Hospital for Children continues a 200 plus year tradition of providing quality and accessible medical care to residents of Boston and beyond.

Employees and nationally and internationally recognized adult and pediatric health care providers and researchers work tirelessly each day to build upon the Medical Center's impressive history as one of the region's top academic medical centers. Their efforts resulted in Tufts Medical Center being recognized in 2010 by the University HealthSystem Consortium as one of the top ten academic medical centers in the nation for quality and safety measures.

Mission statement: The Medical Center's mission statement reflects its history and continuing commitment to meeting the needs of all its patients:

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.

The Medical Center's **community health mission is**

To define the role and responsibility of Tufts Medical Center in supporting and sustaining the health and well-being of residents in communities that have historic or developing relationships with Tufts Medical Center, and

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

The implementation of the Medical Center's community health mission reflects a proactive approach, one that moves away from the traditional medical model that responds to illness to a socio-ecological model that strives to prevent disease and health inequities.

Leadership for the community health mission is provided by the Medical Center's Board of Trustees, the Board of Governors and its standing Community Outreach Committee, many of whom are community leaders, the Senior Vice-President for Strategic Services and the Director of Community Health Improvement Programs.

The Board of Governors' Community Outreach Committee meets regularly and functions as the Medical Center's community benefits advisory group providing governance for the community

benefits planning process and institutional oversight for the implementation of the community benefits plan.

The Senior Vice President for Strategic Services has oversight responsibilities for the community benefits program and along with the Director of Community Health Improvement Programs works to coordinate the Medical Center's medical providers and resources for the implementation of the community benefits plan. They report to the Medical Center's Chief Executive Officer, the Board of Trustees and the Board of Governors to ensure that all community benefits programming are shared with the Medical Center's senior leadership.

Day-to-day management of the community benefits plan is the responsibility of the office of Community Health Improvement Programs (CHIP). CHIP was established in 1992 by the Board of Governors to help the Medical Center meet the emerging health needs of an ever increasing and diverse patient population and to develop, implement and coordinate strategies to address public health concerns and disease prevention within the Medical Center's service communities. Its Director and the Senior Vice President for Strategic Services comprise the leadership team that establishes relationships and collaborations within the Medical Center and with the respective communities to maintain or improve the health of community members and patients, especially from the communities that the Medical Center has had long standing relationships with or who are unable to effectively access healthcare due to cultural, linguistic, economic, or health reasons.

Community involvement is essential in guiding the Medical Center's efforts to not only provide the highest quality of care but to be responsive to patient needs and facilitate care that is linguistically and culturally accessible, appropriate and supportive. Community involvement occurs on multiple levels with community representation on the Board of Trustees, Board of Governors, Board of Governors' Community Outreach Committee, and Advisory Committees for the grant-funded initiatives, and Medical Center representation and participation in community-based planning efforts.

Tufts Medical Center conducts regular **community health needs assessments** to develop appropriate priorities for its community benefits programming. The needs assessments include review of public health data available from the Massachusetts Department of Public Health (DPH) and from the Boston Public Health Commission (BPHC) and its regular reports on the health of the city and the health of individual neighborhoods. These data are reviewed with community members, service providers, and other key informants who serve on Advisory Committees that guide specific community benefits efforts such as the Asian and Dorchester Health Initiatives. The combination of statistical data and data from key informants help to identify priorities that reflect needs in real time as well as community members' assessments and perceptions of issues and needs which guide the targeting of resources and programming that may not be reflected in publicly available sources.

As both the Asian and Dorchester Health Initiatives approached the third and final year of their respective funding cycles in 2010, a more formalized data review began in the spring of 2010 to lay the foundation for establishing priorities for the new three year grant-making cycle.

A review of maternal and infant health data suggested that there were populations within the community who were more vulnerable to problems associated with general health, access to medical care and the physical and social environments that contributed to higher risks for low-birth weights and infant mortality.

In FY 2010, the Medical Center transitioned its Parent-to-Parent (P2P) Initiative to a competitive grant-making process and identified two new providers for the new program year, one of which focuses on the needs of pregnant women who are homeless. This grant-making process, completed during the latter half of FY 2009, enabled established P2P providers to integrate efforts within their sites to provide for more comprehensive and integrated approaches to meeting the needs of expectant mothers. The review of maternal and infant health data confirmed the on-going need for pre-natal care from vulnerable populations and enabled the Medical Center to extend funding for the 8 P2P into a second year.

Tufts Medical Center is an active member of a number of collaborative efforts where the exchange of information helps to complement data obtained through the other identified sources. Among the major community collaborations that contribute to the community health needs assessments are the Chinatown Coalition (a Healthy Boston Initiative coalition), Chinatown Safety Committee, Boston Alliance for Community Health (Community Health Network Areas 19), and the Boston Health Equity Committee, a committee convened by the Boston Public Health Commission (BPHC) on behalf of the Mayor of Boston. These forums help the Medical Center to be aware of emerging health issues that affect neighborhood residents, in particular the residents of the three neighborhoods with which the Medical Center has had established relationships and prior collaborations. This proactive approach continually informs the community benefits plan by complementing the data collected by the BPHC, DPH and many other agencies.

Tufts Medical Center values **community participation** in evaluating its services, developing programming to ensure that the Medical Center fulfills its mission of providing quality, patient-focused care, and to support the good health of Chinatown, Dorchester and South Boston, and the Boston Asian community, the Medical Center's largest non-English speaking patient population.

Community members, including the Board of Governors' Community Outreach Committee that oversees the Medical Center's community benefits programming, lend their insights, knowledge and advocacy to support the Medical Center's mission and commitment to community collaborations to address community health needs.

Established Advisory Committees are actively engaged in setting the priorities for funding and evaluation of both the Asian and Dorchester Health Initiatives. Community residents and representatives from community-based organizations and advocates represent 70% of the membership of the Asian Health Initiative's Advisory Committee and 64% of the Dorchester Health Initiative's Advisory Committee. The remainder of committee members consists of Medical Center staff, Board of Governors representatives, and government officials, including Boston Public Health Commission and Mayor's Office of Neighborhood Services representatives.

Neighborhood Profiles and Health Issues

The brief neighborhood profiles illustrate key demographics and health issues that guide the Medical Center's community benefits funding, departmental activities, and outreach, screening and educational efforts:

Neighborhood profile: Chinatown

Boston's Chinatown is the smallest of the City's neighborhoods, located in Downtown Boston near major transportation nodes for north-south and east-west automotive travel (I-93 and I-90), train and bus travel (MBTA Orange and Silver Lines), and the City's downtown retail, financial and theater districts. Its 42 acres include a robust residential, economic and service hub for Greater Boston's Chinese and Asian community. More than 9,100 people live in Chinatown according to the 2000 U.S. Census, making it one of the most densely populated neighborhoods in the City of Boston. It is a community where many new immigrants settle and where approximately 35% of the residents describe themselves as speaking English "not well" or "not at all", approximately one-fifth of the population is over the age of 65, and one-fifth is disproportionately low-income.

Health data for Chinatown is often integrated with data from the adjoining neighborhoods making it difficult to identify health trends, let alone bring to the surface health disparities specific to its residents. The BPHC has consistently provided citywide health data for Asians in Boston to provide a holistic view of their needs, though data may be limited by not surveying non-English speaking residents. The most recent report from 2004 illustrates that health issues such as cancer, heart disease and stroke, are particular concerns.

All of this data, along with input from advisory committee members, led to the priorities for the Medical Center's Asian Health Initiative in 2007 and guided the emphases and funding for the three-year initiative: chronic disease management, family health, mental health, and violence prevention. This data, and data from the recent review of BPHC data, is being made available to a Chinatown community planning process and will be incorporated into a new section on Environmental Health in the 2010 Chinatown Master Plan.

Neighborhood profile: Dorchester

North and South Dorchester are among the largest neighborhoods in Boston and reflect the city's economic, linguistic and cultural diversity. Together they have a population of over 128,000 residents, or approximately 20% of the city's population. Census data indicates that 30% of the population is under the age of 17, and 32% are between the ages of 25 and 44.

Health data from the BPHC in 2007 indicated that Dorchester had the highest birth and infant mortality rates in the City, a high incidence of violence related injuries, the second highest homicide rate among Boston neighborhoods, a high asthma hospitalization rate among children under the age of 5; 50% of the adult population were considered to be obese or overweight. These health issues were identified as high priorities for the Medical Center's Dorchester Health Initiative in 2007 and its three-year funding cycle: obesity and diabetes prevention, violence prevention, and infant mortality.

Four of the Dorchester Health Initiative grantees have reported an increase in mental health issues for youth and young adults that they attribute to the continued violence in the community: trauma from experiencing and/or witnessing violent acts, the loss of friends and family members, and stress from constant threats of violence.

Neighborhood profile: South Boston

South Boston is a community of approximately 30,000 residents and is a neighborhood in transition. Historically considered a family, working-class community, with a significant number of public housing developments, a flurry of new construction and conversions of multi-family housing to condominiums have been priced beyond the means of many long-time residents.

Health data from the 2006 BPHC report on the “Health of South Boston” and the “The Health of Boston 2007” identified high rates of alcohol and drug abuse and the highest mortality rate associated with substance abuse. The incidence of low-birth rates was 8.5%. South Boston’s health education and public health issues are addressed through multiple programs established by Tufts Medical Center including substance abuse, specifically opioid dependence treatment and mental health programs that are based in the community.

Target neighborhoods and comparative data:

Neighborhood	1990 Census	2000 Census	Change
Chinatown	6,434	8,537	32.7%
North Dorchester*	77,348	83,212	7.60%
South Dorchester*	29,433	29,938	1.70%
South Boston	43,663	45,291	3.70%
Boston	574,283	589,141	2.60%
Rest	417,405	421,600	1.00%
All four	156,878	167,541	6.80%
Percentage	27.32%	28.4%	1.08%

*For its community benefits programming, Tufts Medical Center addresses the needs of Dorchester with a holistic approach that acknowledges that residents are not limited by artificial boundaries when they engage in services or health care. The Medical Center, however, acknowledges the unique differences in the demographics of North and South Dorchester and the health issues affecting the residents of each neighborhood.

Boston’s diverse Asian and linguistic minority communities continue to grow and are dispersed throughout the city’s many neighborhoods. To ensure that the Medical Center continues to meet the healthcare needs of the growing populations, hospital-based programs such as Interpreter Services, Asian Access Initiative, Asian Clinical Services, Asthma Prevention and Management Initiative, and the Josiah Quincy School Psychiatry Consultation Program were established.

The Community Benefits Plan

Tufts Medical Center's Community Benefits Plan focuses on three broad areas:

- Identifying opportunities for public health related collaborations within the communities we serve
- Increasing the Medical Center's capacity to be user friendly to all patients and visitors
- Creating partnerships with community health centers for capacity building

Tufts Medical Center has established relationships with a wide range of community-based organizations that serve diverse constituents in order to identify opportunities to not only partner, develop, and implement programming that address the health issues, but to do so in a collaborative way, and in a manner that builds capacity within the community organizations to help meet the health needs of the community.

The Medical Center has three direct grant initiatives that support public health efforts which have been identified through community health needs assessments (Parent-to-Parent Program, Asian Health Initiative and Dorchester Health Initiative). All of the services are implemented by human service agencies and community health centers and advance the goals of sustaining or improving the health of the communities the Medical Center identifies as within its catchment and service area. Whenever appropriate, direct links are established between the programs funded by the initiatives and the Medical Center's clinical work.

To increase access to all hospital services to newcomer communities the Medical Center continues a long-standing commitment to increase cultural competency among our medical providers and to remove language barriers wherever possible. Our working definition of cultural competency is:

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.

To help achieve this goal of being patient friendly and culturally and linguistically accessible, the Medical Center has reviewed staff recruitment efforts to reach out to potential new staff and clinicians who reflect the linguistic and cultural backgrounds of patients. In addition, a set of educational programs has been developed and is offered by the Human Resources Department for new staff and clinicians to introduce them to the cultures of the patients we serve. Training is available to all employees (which includes board members, physicians, volunteers, and others – including contractors and vendors who have direct patient contact) on cultural differences, with special training provided to residents and other clinical staff.

The Medical Center's commitment to being linguistically and culturally competent continues to be demonstrated through the Interpreter Services Department which can assist patients in 37 languages, including numerous dialects of Chinese. Twenty-four hour coverage is made possible with on-call interpreters and links to a telephone interpreting company.

Established programs such as the Asian Access Program, Asian Psychiatry and Asian Clinical Services provide linguistically accessible and culturally appropriate health care to members of the Chinatown and Boston Asian community.

Another on-going priority for the Medical Center is building the capacity of community health centers to serve their patients and more effectively improve the overall health status of their patient populations. In addition to support through grant initiatives, the Medical Center continues to provide financial support to South Boston Community Health Center, Manet Community Health Center, and Harbor Health Services' Neponset Health Center. The programming that has been developed through these partnerships include increasing access to primary care and preventative medicine, developing an asthma registry, and increasing access to prenatal care and reducing infant mortality.

Major Community Benefits Programs

Three direct grant initiatives support community-based programs that address a wide range of health concerns and racial and ethnic disparities: Parent-to-Parent Program, Asian Health Initiative and Dorchester Health Initiative.

The Parent-to-Parent Program (P2P) began as a workforce development initiative in 1992 to address the high infant mortality rate and high incidence of low-birth rates in the neighborhood of Dorchester. The program has evolved over 17 years to a competitive grant-funded program that supports outreach workers in 8 community sites to work within their neighborhoods, or special populations, to engage expectant mothers in early pre-natal care and other services to ensure a healthy pregnancy and healthy baby. Outreach workers also provide case management to help patients with the coordination of appointments, accessing workshops on nutrition, early childhood development, safety training, transportation, housing, financial assistance, medical insurance, child care, employment, education and/or job training. Six of the 8 sites are located in Dorchester where the data shows that the infant mortality and low-birth rates continue to be higher than the city-wide average.

In FY 2010 the P2P sites were: Boston Asian: Youth Essential Service, Boston Health Care for the Homeless Program, Codman Square Health Center, Dorchester House Multi-Service Center, La Alianza Hispana, Manet Community Health Center, Neponset Health Center, and Uphams Corner Health Center.

When the Medical Center transitioned the P2P to a grant-funded initiative, two new providers were identified, the Boston Home Care for the Homeless and La Alianza Hispana. The providers focused on new target populations, homeless women, and an increased focus on Latinas.

In FY 2010 the eight P2P sites served a total of 682 new patients with 416 deliveries and 93% of the infants (389) weighing 5 lbs. 8 oz or more.

The Asian Health Initiative (AHI) is the oldest of the grant-funded initiatives and has been designed to provide multi-year funding to community-based organizations which introduce direct

services or health education activities to improve the health of their constituents. The AHI seeks to address health disparities in the Chinatown and Boston Asian community as a result of barriers such as language, culture, lack of insurance and low incomes.

In FY 2010, AHI began the final year of a three-year funding and programming cycle which addressed a wide spectrum of issues to promote healthy lifestyles and wellness. The array of services funded ranged from regularly scheduled health columns in the region’s only bilingual Chinese-English newspaper, youth development and violence prevention, family support services, mental illness, and chronic disease management for seniors.

FY 2010 grantees were: Asian American Civic Association/Sampan, Asian Spectrum, Asian Task Force Against Domestic Violence, Boston Asian: Youth Essential Service, Boston Chinatown Neighborhood Center, Greater Boston Chinese Golden Age Center, and the Wang YMCA. Their total impact was:

- 876 direct service recipients
- 244 Chinatown residents
- 504 residents of other Boston neighborhoods
- 128 non-Boston residents
- 30% of service participants were White, Black and Latino
- 6,000 readers of the Sampan’s bi-weekly, bi-lingual health column

The Dorchester Health Initiative (DHI) completed the final year of a three-year funding and programming cycle. Four of the five grantees focused on youth development and violence prevention: Bird Street Community Center, Neponset Health Center, Project R.I.G.H.T. and the Vietnamese American Civic Association. These grantees designed and implemented different approaches to reduce youth violence by providing opportunities for alternative and positive activities to build skills and resiliency to avoid being drawn into risky behaviors including violent actions, or build the skills, knowledge, and opportunities to help formulate solutions to the problems that promulgate violence. The approaches include civic engagement, mentoring programs, sports leagues, life skills development and summer employment programs. Together these four grantees served 5,073 youth between the ages of 8 and 24.

The fifth DHI grantee, Kit Clark Senior Services (KKSS) introduced the Fit-4-Life program to help seniors living in the sub-neighborhood of Fields Corner to reduce the incidence of obesity and its consequences. KKSS’s partner in the Fit-4-Life program is Tufts University’s Human Nutrition and Research Center on Aging which offered a unique opportunity to conduct research into the benefits of exercise and nutritional counseling while addressing the physical and social health of seniors living in the neighborhood.

Service impact of the grant funded initiatives: * includes the Sampan’s bi-weekly circulation of 6,000 issues

<i>Name</i>	<i>Neighborhood(s) Served</i>	<i>Number Impacted</i>
P2P	Dorchester/Chinatown/Quincy	682
AHI	Chinatown/Boston/Beyond	6,876*
DHI	Dorchester	5,250

Financial support for community health centers is another major community benefits program for the Medical Center's service area communities.

In FY 2010 South Boston Community Health Center continued to direct its support to two critical health issues, (1) expansion of a Pediatric Asthma Registry as part of the health center's efforts to reduce the rate of pediatric asthma hospitalizations and the impact that has on the community, and (2) reducing the level of substance abuse among the community's youth.

Manet Community Health Center, located in the City of Quincy, received support from Tufts Medical Center in part because of the significant growth of that City's Asian community and diversity of its patient population. Between the 1990 and 2000 U.S. Censuses, Quincy experienced more than a 300% increase in its Asian population, which has continued to grow for many reasons, including the proximity to Downtown Boston, job opportunities, easy access to public transportation and the availability and affordability of multi-family housing.

Manet has directed its support to four areas of programming designed to improve access to care for its patient population which is increasingly more diverse linguistically, ethnically, and culturally. The four areas are: disease awareness and prevention, immunization and vaccinations, general health education and promotion, and pre-natal care are the efforts designed to promote a better understanding and use of the American preventative health care model.

Neponset Health Center has dedicated the Medical Center's financial support to augment resources and capacity to reduce the incidence of low-birth weights and infant mortality in its sub-neighborhood of Dorchester. Neponset integrates the OB/GYN efforts with its Parent-to-Parent Program to create wrap-around services to help pregnant women obtain the pre-natal care and support services they need to ensure a healthy pregnancy, healthy baby and good post-partum care.

Clinical departments within the Medical Center are constantly monitoring their patients to determine ways to contribute to health maintenance, disease prevention, and early diagnosis and treatment. Many of the Medical Center's departments have developed and initiated specific health screenings related to the area of their concern and expertise and work with community groups or with Community Health Improvement Programs staff to support each other's efforts and commitment to the Medical Center's mission. Some health screenings have reflected the needs of specific patient groups, either by age or the prevalence of a particular disease.

Among the clinical services departments addressing specific health issues for populations and communities of special interest for whom there is a concern about health equity were:

- General Medicine's Patient Home Care Program for Chinese Elderly which provides homebound elderly with physician house calls,
- General Pediatrics, which has implemented a wide array of programs to serve specific target populations with special needs such as the Asthma Prevention and Management Initiative, Asian Clinical Services, Children with Disabilities, Center for Youth Wellness/Obesity Prevention, Substance Abuse Treatment,

- Health screenings hosted by the Medical Center, such as eye screenings on World Eye Health Day and a bone marrow donor recruitment drive,
- Health screenings and/or health and nutrition education conducted at community events such as the City of Quincy’s Asian New Year Celebration, Boston Chinatown and Quincy August Moon Festival, Oak Street Fair, National Night Out, and YMCA Healthy Kids Fair,
- Kiwanis Outreach Programs, which work with different communities to promote safety and injury prevention for children and their families,
- Nephrology – Kidney Early Evaluation Programs and Education and Screenings for communities known to have high incidences of high blood pressure and related chronic diseases and efforts to encourage organ donation, including Kidney Awareness Day,
- Obstetrics and Gynecology’s two programs, Women’s Health and Asian Access, enhance the collaboration between the Medical Center and area health centers to reach women at-risk for deferring pre-natal care,
- Otolaryngology’s Early Detection of Nasopharyngeal Cancer for the Chinese community and Oral, Head and Neck Cancer Detection for multiple communities in direct response to the high incidence of these cancers in specific communities,
- Psychiatry, which provides School Consultations, clinical services for the South Boston Behavioral Health Clinic, and Asian Psychiatry Program,
- Social Work Services’ Asian Access Program, helping patients to navigate their health care and the resources available to support their access to health care,
- A new collaboration between the Department of Pathology, OB/GYN, the Cancer Center, Radiology, Francis Stern Nutrition Center, Breast Health and Infusion Centers and Registration to reduce the barriers to screening, increase early detection and treatment, and increase survival rates for women with breast and cervical cancers in women who are under-served and uninsured. The 2010 focus was on Asian women.

A non-clinical community benefit which reflects the Medical Center’s on-going efforts to provide culturally sensitive and linguistically accessible medical care, is the commitment to a strong Interpreter Services program, and its ability to provide limited English proficient patients with assistance in 37 languages. In FY 2010 Interpreter Services received requests from 11,000 unique patients for medical interpreting for over 48,000 patient encounters.

Research: Tufts Medical Center is a well-established and well-regarded academic medical institution engaged in many medical research projects. The newly funded project led by the Tufts Clinical and Translational Science Institute (CTSI) helped to build the capacity of community-based, non-health care providers to undertake research to identify the needs of their constituents and document the benefits of initiatives to address those needs. This capacity building effort was designed to will support and complement the on-going efforts to work with healthcare organizations, community and industry groups to “turn groundbreaking laboratory research into widely-used treatments for patients in a faster, more productive manner.” This community engagement effort continues to foster collaborations between the general lay community, community-based organizations, the clinical practice community and the academic community to train pediatricians for work in under-served communities.

Community Service Program Highlights

Tufts Medical Center encourages and supports a wide array of **community service** activities, including participation in, or financial support of outreach events, workforce development efforts and corporate sponsorships which also reflect support for community and capacity building.

Medical Center personnel also engage in community service activities that help to maintain the health of its service communities, with health being defined in broad terms to include the physical, economic, cultural and social health of the community, and lend their efforts to community and coalition building to sustain the assets of the community and to address the challenges to the community's overall health and the health of community members. Examples of this commitment include the Medical Center's participation in the Chinatown Coalition, and the advisory roles and contributions of many physicians and nurses in advancing the knowledge and skills of patients, patient caretakers, teachers, counselors and other helping professionals.

Some examples of community service efforts and staff volunteerism include the following:

- Medical providers serving as advisors lending their expertise to build the capacity of parents' groups or coalitions of advocacy organizations,
- City of Boston's annual "Boston Shines",
- Departmental supervisors participating in a workforce development initiative to provide externship opportunities for 130 participants from local job training programs,
- Medical Center partnership with Boston Public Schools to provide paid summer internships to high school students
- Child Psychiatry fellowship, providing weekly mental health consultation with school staff at Josiah Quincy School located in Chinatown,
- Medical Center community parking program providing neighborhood organizations, businesses and faith-based institutions access to parking at no cost on a regular basis.

Informing Community Giving

Tufts Medical Center initiated a needs assessment in the spring of 2010 to guide its grant-making process for both the Asian and Dorchester Health Initiatives. Data, primarily from the BPHC identified key health issues for each of the initiatives' advisors who then recommended priorities based upon the data and their knowledge of the neighborhoods. Both initiatives established diabetes and obesity as two priorities for the new three year funding cycle. Each initiative, however, had a different third priority: for the AHI it is tobacco use (smoking) and its consequences, and for the DHI it is violence prevention programs for youth.

Data also indicated that for both North and South Dorchester, low birth rates remained an issue and the programs previously funded by the Parent-to-Parent Program were to be evaluated for a third year of funding.

The completed needs assessment and community benefits plan help guide the development of new initiatives to address the health issues and/or inequities that affect the Medical Center's priority service community.

Attachment A: Board of Governors' Committee on Community Outreach

Margaret Brown, Co-Chair
Skadden, Arps, Slate, Meagher & Flom, LLP

Eileen Casal, Co-Chair
Teradyne, Inc.

Ruth Bramson
Girls Scouts of Eastern Massachusetts

Phil Conti, DMD
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Anthony Froio
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Stanley Goldstein
Sleep Health Centers, LLC

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Tufts Medical Center Liaisons

Malisa Brown	Director, Government Affairs
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Attachment B: Asian Health Initiative Advisory Committee

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Attachment C: Dorchester Health Initiative Advisory Committee

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