At Mass General, ‘Serving the Community is in Our DNA’

This year’s Foster G. McGaw Prize winner is dedicated to addressing the social and economic determinants of health

BY SUSAN KREIMER

For years, Caitrin Houlihan sought solace in drugs and alcohol. She started smoking marijuana at age 12 and gravitated toward painkillers, angel dust, cocaine and heroin in her teens.

"Where I grew up, it was very acceptable," Houlihan, 38, says of her Boston neighborhood. "That’s how I knew how to live. If I had problems, I would just run away from them."

While dealing drugs and overdosing countless times, she kept landing back in prison and losing custody of her four children. A substance abuse program affiliated with Massachusetts General Hospital helped Houlihan to clean up her act and for three years she has clung steadfastly to her new course. Today, she juggles two jobs while maintaining her driver’s license and raising her youngest son.
HELPING MOMS: Cinthya Reyes receives parenting support from an MGH Chelsea Healthy Families America Home Visitor who shares her culture. She confidently applies her new skills, which strengthen her relationship with her son Jonah.

"She’s really looked at as the poster child for someone who had been in and out of various treatment systems and has turned her life around," says Shannon Lundin, a former addict who became the community outreach coordinator for the Charlestown Substance Abuse Coalition, which is overseen by the hospital’s Center for Community Health Improvement. Despite "some bumps, barriers and hiccups in the road, she didn’t pick up no matter what."

For broad-based efforts to improve the health of vulnerable populations, Massachusetts General was named the winner of the 2015 Foster G. McGaw Prize for Excellence in Community Service. The $100,000 prize, first awarded in 1986 and now marking its 30th anniversary, recognizes the hospital’s comprehensive initiative to stem the state’s opioid epidemic, as well as programs that target obesity and increase access to health care in underserved communities.

The Foster G. McGaw Prize is presented annually to an organization with innovative programs that substantially advance local residents’ health and well-being. The prize is sponsored by the Baxter International Foundation, and the American Hospital Association and Health Research & Educational Trust. It is named after a Chicago-area philanthropist and industrialist. McGaw, now deceased, started the American Hospital Supply Corp. in 1922, which merged with Baxter International Inc. in 1985.

"Massachusetts General Hospital has spent the past 20 years building highly engaged partnerships with communities," says John O’Brien, chair of the Foster G. McGaw Prize Committee. "They are dedicated to addressing social and economic determinants of health, reducing barriers to care for vulnerable populations and promoting health equity."

In 2012, the hospital’s Center for Community Health Improvement assessed residents’ health needs in the Chelsea, Revere and Charlestown neighborhoods, pinpointing substance use, and particularly opioids, as the most immediate concern. Then it launched far-reaching efforts to transform care for patients with substance use disorders. Capitalizing on long-standing, community-based prevention work, this initiative became the top clinical priority of the hospital’s strategic plan. It was the first time the community directly influenced the hospital’s clinical agenda.

‘Serving the community is really in the DNA of Massachus- setts General Hospital, founded in 1811 by the Commonwealth of Massachusetts to be a place where poor people could be cared for with dignity,’ says Peter L. Slavin, M.D., the hospital’s president since 2003 and a professor of health care policy at Harvard Medical School. ‘Until then, poor people in this area and other parts of the United States couldn’t access the health care system.’ In those days, the health care system consisted largely of doctors visiting patients in their homes,” Slavin notes. "Some people couldn’t afford to pay the doctors. Others didn’t have homes. Those people were excluded from the health care system."

While integrating patient care into its teaching and research missions, the 1,000-bed tertiary care hospital annually admits 48,000 inpatients and facilitates nearly 1.5 million outpatient visits to the main campus. It also serves 290,000 individuals at comprehensive community health centers in the three low-income target neighborhoods.

Massachusetts General is the original and largest teaching affiliate of Harvard Medical School and, with about 26,000 employees, the largest private employer in Boston. Leaders boast that it conducts the most extensive hospital-based research program in the U.S., with an annual research budget exceeding $760 million and major research centers in AIDS, cardiovascular research, cancer, computational and integrative biology, cutaneous biology, human genetics, medical imaging, neurodegenerative disorders, regenerative medicine, reproductive biology, systems biology, transplantation biology and photomedicine.

Delivering excellent health care isn’t enough, however, to make a difference. In 2015, the hospital marked the 20th anniversary of its Center for Community Health Improvement, founded to address the social and economic determinants of health among vulnerable populations.

It’s vital to adhere to "an approach that recognizes that the social determinants of health have the greatest influence on health status,” says Joan Quinlan, the hospital’s vice president for community health. "If we want healthy patients, then we need to work to have healthy communities. Where people live, work and play affects their health status more than their access to health care."

In initiatives known as Healthy Chelsea and Revere on the Move, citywide and multisector coalitions work to improve food and physical environments in ways that encourage healthy choices about eating and active living. Joining forces with the city of Revere led to designated bike lanes and chevron markings with the bicycle icon, alerting drivers when to share the road with cyclists. A street policy in development is intended to
bring more bike lanes to the community and to better connect existing ones. Another bicycle trail — spanning 7 1/2 miles of compressed granite — is expected to undergo enhancements this year, says Andrea Janota, co-leader of Revere on the Move. The initiative partnered with WalkBoston, a pedestrian advocacy organization, to create four urban walking trails and to share safety and training resources, she says. Founded in 1990, WalkBoston’s goal is to make walking and pedestrian needs a basic part of the transportation discussion, while representing more than 106 cities and towns across the state.

Also in Revere, community development block grants funded a garden with 15 plots. As plots become available, they are allocated to interested residents by lottery. An expansion of the garden doubled the number of plots. Families bring their own seedlings, and this spring the garden’s leadership team is hosting a seed swap in one of its workshops.

Vegetables and herbs of a wide variety grow in the garden. “Active urban gardeners are interested in incorporating fruit trees into the area if space allows,” Janota says. Last year, Revere on the Move received a Harvard Pilgrim Healthy Food Fund grant to implement a composting system, supply new gardening tools and conduct a workshop series for community gardeners.

Meanwhile, Healthy Chelsea and Chelsea’s Board of Health led the passage in 2013 of a ban on artificial trans fats in food service establishments. At the time, it was the only regulation in the country that completely prohibited artificial trans fats by banning ingredients containing partially hydrogenated oils. Ron Fishman, Healthy Chelsea program coordinator, trained the city of Chelsea food inspection supervisor.

“We visited many establishments, including bakeries — independent and in supermarkets — and restaurants, until they were proficient in identifying artificial trans fats,” Fishman says. If trans fats are discovered, the establishment receives a warning or a fine and a referral to Fishman for help in finding a substitute ingredient. An inspector makes repeated trips until the issue is resolved. “You can’t ensure there aren’t artificial trans fats in the food, but the city regulation maximizes the possibility of eliminating artificial trans fats in Chelsea,” he says.

In keeping with the hospital’s mission to reduce barriers to care, a 15-year-old initiative at the MGH Chelsea HealthCare Center has aided refugees who endured violence and trauma in their native, war-torn countries, such as Bosnia, Somalia, Iraq and Bhutan. In 2014, the staff completed 107 health assessments and connected 95 percent of new refugees to primary care within 30
Interpreters and community health workers tailor their advocacy to refugees’ needs. For instance, in an effort to decrease disparities in breast cancer screening rates among female refugees, Kaftun Ahmed facilitates mammograms for Somali and Arab women by helping them to understand the importance of testing. Ahmed works directly with the providers and translates radiologists’ reports. She also aims to boost refugees’ health literacy through workshops and outreach events.

“We have done a focus group trying to find out what are the barriers for our patients, including what barriers they were facing toward literacy,” says Ahmed, who has native proficiency in Somali and is bilingual in Arabic.

Ahmed found that many women who had lived in refugee camps can’t read in their own language — a consequence of limited access to education after Somalia’s civil war erupted in 1991. The literacy workshop, conducted in both English and Somali, concentrates on visual learning and teaches them basic skills, such as recognizing the hospital’s logo on letters they receive in the mail, as well as understanding what constitutes a bank statement or immigration document.

Participants have noted “how lucky they were to come into a place they’ve never been before and to find somebody who speaks their language and who can understand them culturally,” Ahmed says. “They come and say how grateful they are.”

Through the National Center for Medical-Legal Partnership, refugees with pediatric patients gain access to a lawyer who assists them with housing and Supplemental Security Income. In another endeavor, a public schools coordinator who speaks Somali and Arabic has guided refugees in registering children for classes to promote the importance of education, to help communicate academic expectations in the U.S. and to interpret grade reports. “It was the bridge between the school, the teachers and the parent,” Ahmed says of the program.

Believing that education has a huge impact on outcomes, the Center for Community Health Improvement also strives to expose students from third grade through college to careers in STEM-related disciplines — science, technology, engineering and math.

Stephanie Urvaez Mejia became involved with the youth programs at their inception, when she was in 10th grade. She transitioned into the comprehensive after-school program for students from Boston’s public high schools. “It has honestly provided me with so many opportunities,” says Urvaez Mejia, 22, who received a $5,000 annual college scholarship through the program. A senior majoring in biology at Fitchburg (Mass.) State University, she has held paid internships in various departments of the hospital, including the pediatric inpatient unit, obstetric ultrasonography and the developmental immunology laboratory.

The program also offered a coach through Accelerated College Experiences, or ACE, a Boston-based nonprofit that teaches students how to take control of their academic outcomes. They connect every two weeks by phone. “It’s always nice when I’m feeling kind of overwhelmed with all of my classes and all the things I’m involved in on campus,” Urvaez Mejia says. “She keeps me pretty sane.”

Last semester, when Urvaez Mejia was considering whether to drop a difficult calculus course, the coach helped her to balance the pros and cons. “She was my sounding board,” says Urvaez Mejia, who opted for a statistics course this semester to satisfy her major’s math requirement. She is considering physician assistant studies as her next endeavor.

Her coach, Lorita Williams, is the nonprofit’s founder and CEO. The conversations center on how to manage stress, anxiety and grades as students navigate from being “the known” in a high school setting to “the unknown” in college, which may lead them to question their own confidence and abilities. Six ACE-certified coaches currently work with 74 college students. “We empower them,” says Williams, who is also vice president for advancement and community engagement at Roxbury (Mass.) Community College. “We do not tell them what to do. We use the inquiry methodology, where we’ll ask them a hundred questions to get them to figure out what it is they should do.”

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