

Mass General Brigham



Check-up on DE&I



Check-up on DE&I Dedication

“When I was a boy and I would see scary things in the news, my mother would say to me, ‘Look for the helpers. You will always find people who are helping.’” — Fred Rogers

This Check-up on DE&I Report is dedicated to our colleagues, “The Helpers,” who have been battling the COVID-19 pandemic this year. Their selflessness and spirit of collaboration provide steady guidance in this unprecedented time. During this pandemic, we have seen the power of Mass General Brigham as we function as an integrated system. We are thankful for our colleagues’ bravery and leadership as they combat the spread of COVID-19 in our communities and neighborhoods. Our hospital colleagues have risen above fear, xenophobia, and personal safety concerns to provide care, comfort, and aid to the patients and families we serve.

Even with uncertainties about the future impact of the virus, our colleagues have remained hopeful and proactive while combatting this pandemic. We have all witnessed countless acts of kindness and generosity from so many helpers in our system. That compassion and care also extend beyond the walls of our institutions. Mass General Brigham has also provided clinical guidance and public health assistance across the Commonwealth, New England, the nation and around the globe. As COVID-19 has impacted our communities, the need to support disenfranchised and marginalized patients is critical. Health equity is more important than ever. As a system, we can collectively be helpers. We can assist and influence structures, policies, and procedures that can counter health disparities long after we have defeated COVID-19.

Thank you. We are winning against COVID-19 because of your generosity of spirit!

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Cover photo pictured from left to right:

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Kimberly Truong, PhD, Executive Director for Diversity, Equity, and Inclusion, MGH Institute of Health Professionals



Anne Klibanski, MD



Dani Monroe, MSOD

Greetings,

Our healthcare system is evolving. And as our organization fosters greater collaboration and re-envisioning care, Diversity, Equity & Inclusion (DE&I) will be at the center of all this work. Whether it involves community engagement, groundbreaking research, workforce development, the promotion of health equity, improving clinical outcomes, or enhancing patient experience, DE&I impacts all areas of our healthcare system.

The stories presented in this report are from programs across Mass General Brigham that exemplify the innovative strategies and solutions for incorporating DE&I into our system. The products and practices covered in this checkup report illustrate the impact of intentionally integrating DE&I into the many facets of our work. They have broadened understandings of our workforce, strengthened community relations, and improved patient outcomes. Each story has embraced the idea that when DE&I is applied with intentionality in healthcare, innovation is the result.

Patient demographics are shifting and how we access care is changing. Mass General Brigham is building a diverse workforce to meet these needs. The communities our healthcare system serves are more diverse; not only by race, ethnicity, and gender, but also by age, religion, disability, and veteran status. Our workforce must reflect our society if we want to continue to provide exemplary care to patients. Incorporating DE&I is a strategic mission imperative. The more diverse and inclusive Partners' workforce is, the more expansive the range of groundbreaking ideas, unique experiences, and diverse perspectives we have available within our organization.

As a system of more than 78,000 employees, we have a wealth of stories from which we can learn. This report highlights just a few of them. We are grateful for the DE&I-related programs and practices covered in this report. They are driving change and expanding our notions of what is possible in healthcare. Our hope is that as you read these stories and data, you are inspired to further incorporate DE&I into your everyday work. Through our collective DE&I efforts, we can drive the change that will enable us to remain global leaders in healthcare and medical research.

Sincerely,

A handwritten signature in black ink, appearing to read "Anne Klibanski".

Anne Klibanski, MD
Chief Executive Officer

A handwritten signature in black ink, appearing to read "Dani Monroe".

Dani Monroe, MSOD
*Vice President and Chief Diversity,
Equity & Inclusion Officer*

Brigham and Women's Hospital Performs First African American Facial Transplant

AN INSPIRING SURGERY THAT IS BRINGING AWARENESS TO BARRIERS FOR THE BLACK COMMUNITY

When plastic surgeon Bohdan Pomahac of Brigham and Women's Hospital first met Robert Chelsea, what he saw were grievous facial injuries that were affecting the man's quality of life. He didn't see the color of his skin.

"A patient is a patient. I never, ever care about what's their background," says Pomahac, the Roberta and Stephen R. Weiner Distinguished Chair in Surgery and director of Plastic Surgery Transplantation at Brigham Health. "I feel like whoever would approach me, I would treat them exactly the same way."

Chelsea, a 68-year-old Los Angeles resident, had suffered burns over 60 percent of his body and face after his car was struck by a drunk driver in 2013. He remained in a coma for six months and was hospitalized for a year and a half, undergoing more than 30 surgeries. Plastic surgeons in California were unable to reconstruct his lips, part of his nose, and left ear.

In 2019, as a result of a 16-hour operation at Brigham and Women's Hospital, involving a team of 45 surgeons, nurses, anesthesiologists, residents, and research fellows, Chelsea became the first African American man to receive a full facial transplant. (A Black patient in Paris received a partial face transplant in 2007.)

16-hour operation involving a team of 45 surgeons, nurses, anesthesiologists, residents and research fellows, he became the first African American man to receive a full facial transplant

It was the ninth successful facial transplant at the Brigham and the fifteenth nationwide. Chelsea is among approximately 100 people referred to the Brigham program, which performed its first successful facial transplant in 2009. About half were self-referred, and only about 15 were deemed viable candidates after undergoing extensive screening that included surgical, medical, social, economic, and other evaluations.



Brigham and Women's Hospital Performs First African American Facial Transplant

"We never exclude anyone, and that's related to color of skin, ethnicity, language, any of that," says Pomahac, a soft-spoken Czech Republic native known simply as Bo, who has been at the Brigham since 1996.

There had been some initial concern raised by a team member over social support for Chelsea, who was living with his sister and has an adult daughter living on her own.

"He mobilized a pretty broad range and large number of friends from his church network," says Pomahac. "He literally had a letter from, I think, 25, 30 people that just said, 'We are here to support him, we're here to help him. We're going to make it work for him.'

only 17 percent of black patients awaiting an organ transplant in 2015 received one compared to 30 percent for white patients

"It was amazing to see that he had an entire community behind him. It was one of the things that I don't think we've ever seen in any other patient."

Nevertheless, a question arose after Chelsea was listed for a transplant in March 2018. The initial treatment plan had been for a partial transplant—it would have taken less time and posed fewer potential medical complications.

"The philosophy of our program has always been, let's not destroy anything that's working," Pomahac says. "Let's just implement or integrate what's missing."

But Chelsea's face resembled a mosaic, with freshly healed wounds largely without pigment and with areas from earlier surgeries brown with freckles. A full facial transplant seemed a more aesthetic alternative. The aesthetic question was brought home when the team received word of a possible donor—with a lighter complexion. Chelsea opted to wait.

"What we didn't quite appreciate was how much variability there is among African American skin tones. He would get the function, but he wouldn't really look like himself," says Pomahac. "The fact that Robert rejected that offer was a good sign in my mind because he wasn't just rushing to get something done, but he really was thoughtful about it." Last July the right opportunity came his way, from a donor in New Jersey. Chelsea caught the first flight from California while the team worked

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BOHDAN POMAHAC, MD

with LifeNet Health to rush the donor face to Boston.

While it is still too early to evaluate the ultimate success of Chelsea's operation, data from a follow-up study of face transplant recipient outcomes offer some guidance. A recently published correspondence in the *New England Journal of Medicine* found that the first Brigham facial transplant patients experienced robust return of motor and sensory function of their face in addition to functionality, which allowed them to socially reintegrate in a way that would not have been possible before the transplant.

These data indicate that Chelsea is likely to achieve near normal sensation and about 60 percent restoration of facial motor function within a year, including the ability to eat, smile, and speak normally.

The success of facial transplants has allowed the option to be added to the list of possible procedures, although it remains separately managed from more traditional organ donations.

A more significant challenge is the cost, which has been grant-funded to date and slow to win insurance reimbursement.

Pomahac trained as a surgeon and stays away from non-medical discussions. But he acknowledges there is a history of widespread distrust of the medical system among African Americans. This distrust has influenced African Americans to not register as organ donors in the U.S. Only 17 percent of black patients awaiting an organ transplant in 2015 received one compared to 30 percent for white patients as well.

"Absolutely, I think we should really ask the hard questions," he says. "Why are we not seeing more African American patients? Why are they disproportionately less common donors? All these issues are really relevant and probably go way back into the history.

"Coming from a Central European country it never was anything that I would experience or be exposed to. But there are things that are living on from the past that we just have to break down little by little."

System Leadership of Diversity, Equity & Inclusion

A NEWLY LAUNCHED SYSTEM-WIDE DE&I COUNCIL AND KEY SENIOR DE&I LEADERS HELP GUIDE OUR WORK

When Dani Monroe joined Mass General Brigham in 2016 as chief diversity and inclusion officer, her mandate was to create a council focusing on changes in organizational culture, community interaction, and human talent among the 4,700 employees in the corporate headquarters of the largest healthcare system in greater Boston.

But with the launch of system strategies the following year, it soon became clear that this DE&I mandate needed to expand from 4,700 employees to encompass all 78,000 employees in 15 institutions across Massachusetts and New Hampshire.

“We had a council at corporate and they assisted with getting work done,” Monroe recalls. “But now that we were beginning to think about this from a systems perspective, it made sense for us to adopt a system-wide approach to deliver on diversity, equity and inclusion goals that were no longer solely corporate-focused.”

That decision led to a series of meetings across the system to determine the best approach to meet the goals. Along the way, an important piece of feedback came from physicians. What about bringing the goals of DE&I to clinical and health equity work?

The Office of DE&I needed to expand from 4,700 corporate employees to encompass all 78,000 system employees

A small working group has since expanded into a 21-member council comprising executives, administrators, and clinicians—including President and CEO Anne Klibanski, MD, and Massachusetts General Hospital President Peter Slavin, MD.

Our system’s senior leaders in DE&I are also members of the council. Both of Mass General Brigham’s founding members have support with their DE&I efforts from leadership. Joseph Betancourt, MD, MPH, is Massachusetts General Hospital’s Vice President and Chief Equity and Inclusion Officer. Nawal Nour, MD, MPH, Chief Diversity & Inclusion Officer, Faculty Trainees & Students; and Timothy Ewing, PhD, Vice President, Employee Diversity, Inclusion & Experience support Brigham and Women’s Hospital. Newton-Wellesley Hospital has Erin Miller, MDV, MPS,



Equity, Inclusion and Abuse Prevention Officer. MGH Institute of Health Professionals is supported by Kimberly A. Truong, PhD, Executive Director for Diversity, Equity, and Inclusion. These key leaders work together to apply the work of this council, backed by a system that is ready to implement change across all of our organizations.

“We want to achieve diversity goals not only by institution, but by function,” Monroe says. “When you have to make decisions and guide an organization of our size and complexity, you really need people who think differently and hold different positions.”

Launched in July 2019, the council meets regularly to chart how best to bring diversity, equity and inclusion to facets of the organization ranging from improving clinical care to ensuring talented employees have an opportunity to advance.

Monroe says some of the council’s initial work is focusing on workplace culture; for example, looking at potential anti-harassment training across the organization as well as examining processes to “really understand better about how inclusive we are. We’re looking at the talent component, setting goals around hiring and representation. Every organization gets to a place where if they are going to have a breakthrough, they need to move with intentionality.”

Also on the docket is looking at how our institutions interact with the communities they serve. Monroe asks, “Are there ways in which we can be in our communities, including where our employees are working, on community-based boards and providing knowledge and skills that perhaps some of those organizations don’t have, while at the same time building strong trusting relationships in our communities?”

Monroe stresses this is very much a top-to-bottom organizational effort. “We know that without senior leadership involved, the work tends not to take off,” she says. “When leaders are serious about different issues, people know that.”

Mass General Brigham's Patients and Employees by the Numbers

OUR DEMOGRAPHIC DATA FOR BOTH OUR PATIENTS AND OUR WORKFORCE THAT SUPPORTS THEM

The demographics of the patients we serve are shifting. The communities our healthcare system serves are more diverse than ever before. Our workforce must reflect our society if we want to continue to provide exemplary care to patients. The data in these charts show demographics for patients we treated and for employees that help Mass General Brigham serve those patients.

MASS GENERAL BRIGHAM SYSTEM AND AFFILIATED PATIENTS SERVED

This data shows the patient demographics of those we served during the 2019 year:

Gender	Total Patients	% of Total
Female	960,012	57.04%
Male	722,975	42.95%
Total	1,683,160	

Race Group	Total Patients	% of Total
American Indian	2,243	0.13%
Asian	71,032	4.22%
Black	89,321	5.31%
Hispanic/Latino	19,655	1.17%
Native Hawaiian or Other Pacific Islander	1,181	0.07%
Other/Unknown	283,171	16.82%
White	1,216,557	72.28%
Total	1,683,160	

Source: Clinical Analytics, Mass General Brigham

MASS GENERAL BRIGHAM HEALTHCARE EMPLOYEES

This data shows our employee demographics of those working in our system:

Gender	Total Employees	% of Total
Female	56,013	73.3%
Male	20,363	26.7%
Total	76,376	

Race Group	Total Employees	% of Total
American Indian	118	0.2%
Asian	7,334	9.6%
Black	8,850	11.6%
Hispanic/Latino	6,943	9.1%
Other/Unknown	3,474	4.5%
White	49,657	65.0%
Total	76,376	

Source: Human Resources, Mass General Brigham, Retrieved February 27, 2020

Spaulding Rehabilitation Hospital Increases Digital Access

SPAULDING'S NEW WEBSITE IS A DIGITAL FRONTIER IN ACCESSIBILITY

Websites are an organization's digital front door to the world, letting a wide variety of customers know about the available services. When Spaulding Rehabilitation Network and Partners HealthCare at Home began the lengthy process of redesigning its websites, it decided to tip the scales toward one constituency—its patients.

From the start, planning for a new website featuring a patient-centered approach meant improving digital access for people of all abilities. Mary Bures, senior director of communications at the Mass General Brigham affiliates said, "We prioritized a patient-

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have some form of disability
will exponentially grow

centered approach, making sure that not only would we create a digital experience that showcases the clinical care, research, and resources that are available, but also designing the navigation and the content so that it's consumer-friendly first."

A key to shaping this vision is a commitment to diversity, equity and inclusion throughout the organizations. "With the website project, that meant moving beyond the threshold for digital access contained within regulations in the Americans for Disability Act," says Oz Mondejar, senior vice president of mission and advocacy at Spaulding Rehabilitation Network and Partners HealthCare at Home.

By 2030, 1 in 5 Americans will be 65 or older, and the number of today's nearly 40 million Americans who have some form of disability will exponentially grow at the same time. While the 1991 ADA law has made great strides in ensuring physical access, there is a significant gap in the digital world for people who face barriers to accessing information.

"Just as when we built our flagship Spaulding facility in Charlestown, our goal was to go beyond compliance and set a new standard for inclusive design," Mondejar says. "We viewed this project as another extension of our mission and



Spaulding Rehabilitation Hospital Increases Digital Access

the chance to take the same approach in the digital space. These sites create a new level of usability that provides a seamless experience to everyone.”

Over the course of several years of planning and coordination among all partners—Hero Digital, Klish Group, Perkins Access, and Spaulding and Mass General Brigham at Home’s project managers Katie Sullivan and Kristen Deveau—the group set out to develop easy-to-navigate sites for all customers, including those with low vision or others with dexterity challenges. Input from a variety of stakeholders was captured through ongoing engagement with clinical staff at all levels.

Achieving this level of digital access started from the beginning with the underlying web architecture and included users all along the way. “We looked at every nuance of the experience, from altering our brand color palette, to keyboard access, to embedding alternative text for audible screen readers,” says Bures. “The beauty is that these tools allow for a seamless experience, and all users can access the same information in their own way.”

While the 1991 ADA law has made great strides in ensuring physical access, there is a significant gap in the digital world for people who face barriers to accessing information

“It’s about the individual being able to access the services and information they need,” says Mondejar. “We’re driving independence rather than having someone read it to them or clicking for them. This is about the user being able to take care of their own needs.”

Mondejar notes that “it also makes business sense as we look at our patients and we look at sourcing good candidates for our jobs.” He relates a story about a student intern brought aboard to help register outpatients who could not access the old website.

The principles of diversity, equity and inclusion played a central role too.

“We’re driving independence rather than having someone read it to them or clicking it for them. This is about the user being able to take care of their own needs.”

OZ MONDEJAR

“If you see someone employed who may reflect your own challenge or your ethnicity or race or your own gender identity, you’re probably more comfortable. You’re probably going to think, ‘I can do this and maybe there’s room for me,’” says Mondejar, observing that disability needs to be included in the DE&I conversation.

“If you look at the cross-section of all the communities that we try to reflect in our efforts with our diversity and inclusion, disability crosses all,” he continues. “For example, if you have a website that is designed for someone identified as having a disability, you can be assured that everyone will benefit from that. It really is a more holistic approach, whether it’s large font or whether it’s the contrast in colors.”

“I think about the empowerment that people feel when they can navigate hallways, they can navigate websites, they can get their job done, they can contribute, they can feel equal,” adds Bures, who says Spaulding shares this commitment with other Partners institutions.

“The timing for our website occurred at the same time that other hospitals were building new websites or looking more directly at this access issue,” she says. “Digital access became a hot topic across our hospitals. What’s really cool is that we’ve been able to work together and broaden access in the digital space.”

But it’s more than just the digital space, Mondejar says with pride.

“Universal access and design are part of everything we do. We’re always evaluating whether we are fulfilling not only our mission of advocating for our patients and families but are also really enabling people of all abilities.”

Youth Pathways Programs Empower Boston's New Generations

THREE INSTITUTIONS WORK TOGETHER TO CREATE PROGRAMS FOR OUR YOUTH'S FUTURE

Leaders of youth pathways programs at Mass General Brigham don't need to look very far to see the success of their efforts to provide education and training support for Boston Public School students from pre-kindergarten through grade 12 and throughout the college years. They can simply look down their hospital corridors.

"The true testament of the work that we do is when students start working here," says Christy Egun, Senior Director of Boston Partnerships, Equity & Inclusion at Massachusetts General Hospital. "We have a student who's been working here two years and recently got promoted. That is the essence of what we're hoping to do."

MGH's Youth Scholars Program, the Student Success Jobs Program at Brigham and Women's Hospital, and a trio of youth success programs at Brigham and Women's Faulkner Hospital all offer students from Boston and nearby communities such as Chelsea and Revere programs aimed at stimulating interest in science, technology, engineering, and math while also teaching good health and nutrition habits.

25 of 68 program graduates
now in the working world are
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research coordinator to registered nurse

"Our anchor strategy is building the skills and participation of young people who really are our future workforce," adds Michelle Keenan, Senior Director of the Health Equity and Social Innovation Center for Community Health and Health Equity at BWH.

"We work together, checking in on each other's programs and figuring out what works and what could be more effective. There may not always be the job opportunity at that time for alumni at our home institution, but there could be within the system. It just expands possible future job opportunities."



Youth Pathways Programs

Empower Boston's New Generations

The proof is in the numbers: 25 of 68 program graduates now in the working world are employed in jobs within our system ranging from research coordinator to registered nurse, according to a 7-year study of the programs at the flagship academic medical centers conducted by the University of Massachusetts Donahue Institute.

But outreach begins before many children even enter school, notes Tracy Sylven, Director of Community Health and Wellness at BWFH, which works with children in Jamaica Plain, Roslindale, West Roxbury, and Hyde Park.

"We do things like health in the classroom, getting the students to enjoy science and health and to let them recognize that there's more to a hospital than just a nurse or a doctor. And then the students walk up to the hospital on a different day and visit that same staff in their department for a more hands-on lesson."

"Our anchor strategy is building the skills and participation of young people who really are our future workforce."

MICHELLE KEENAN

As the students get older, BWFH offers summer jobs and job shadowing opportunities in both clinical and non-clinical roles.

"That ranges from the nursing department to food service to transport to radiology," explains Katie Plante, BWFH Community Health and Wellness Program Coordinator. She points out successes like summer student Naicka Pierre being named a PIC Achiever by the Boston Private Industry Council in 2017.

Older students can also take part in MGH and BWH programs designed to support academic and career success, with an emphasis on health-related careers.

Plante says, "Our hope is to really engage and excite young people and get them to understand that science, technology, engineering, and math are relevant to their everyday lives."

Results documented in the Donahue Institute report suggest that goals are being reached. One hundred percent of the 2019 program graduates completed high school. The study found that 84 percent of students who started college in the fall of 2012 graduated within six years.

87 percent of students were people of color, 69 percent women, 66 percent from low-income families, and 62 percent from homes where English is not the first language spoken

"I believe the most important part of the program was being placed in a professional setting and being held to the same standard as everyone else who worked in the department," a BWH student told evaluators. "Feeling treated equally and having responsibilities pushed me personally to improve my work ethics."

"The internships I had at MGH were a once-in-a-lifetime experience," added another student. "I watched surgeries, worked side by side with nurses, doctors, and other hospital staff. These internships were incredibly helpful for choosing career paths and for networking."

But the programs offered more than classroom and job experience. Mentorship and home support were also crucial elements in programs where 87 percent of students were people of color, 69 percent women, 66 percent from low-income families, and 62 percent from homes where English is not the first language spoken.

"I often call us the additional family for young people because we work with our students, but we also work with the families," says Egun. She also credits the role played by residents and fellows of color "who understand how important these pathway programs are because many of them are in the places they are because of these types of programs."

Mentorship is a two-way street, Keenan adds, telling about a focus group that was part of the Donahue Institute study, where it was clear participants felt "to be able to mentor and guide a young person powerfully affected their own positive experience of the workplace. I've always found that's an important component of what we do."

Often unspoken too is what Egun calls the "ultimate equalizer. The better your education, the better your health and how long you may live. We are moving the dial from poverty to the middle class with these young people. And that makes a difference."

Cooley Dickinson's Language Interpreter Services with Virtual Technology

NEW TECHNOLOGY IMPROVES LANGUAGE SUPPORT FOR PATIENT CARE

Whenever a non-English speaking patient arrived at the emergency department of Cooley Dickinson Hospital in the middle of the night, clinicians at the Northampton facility had to wait up to an hour for an interpreter to help them communicate with someone who was both ill and frightened.

"For spoken languages we could wait for an interpreter from 30 minutes to an hour, depending on the language," says Medical Interpreter Services Manager Emma Aldana. "For American Sign Language, getting assistance was more like winning a lottery for us" because a shortage of ASL interpreters in western Massachusetts could cause three-hour delays.

Now, thanks to a video remote interpreting program, that lag time is down to minutes, even for American Sign Language

interpreters. "Now, it's a matter of minutes or even less than a minute to find an interpreter online," says Aldana.

In addition to the 142-bed hospital, Cooley Dickinson Health Care includes 30 medical practices, two urgent care centers, and seven rehabilitation centers, as well as imaging and lab patient service centers in 11 locations across 27 towns in Hampshire and Franklin counties. It sees about 80,000 patients annually.

And while Spanish and Chinese are the principal languages interpreted, the hospital completed 11,929 requests from patients speaking more than 40 languages—from Arabic to Yoruban—in fiscal 2019.

That's in keeping with the fact that approximately 11 percent of the residents are Latinx or Asian, according to the 2019

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Community Health Needs Assessment, which includes a discussion on meeting the communities' health equity and language barriers.

Those efforts are focused within an Interpreter Service department that employs two full-time Spanish-speaking interpreters. The department also handles English-to-Spanish translation of print materials such as consent forms, patient welcome kits, and health education pieces.

At the center of the beefed-up interpreter services is a video conferencing system on wheels available in the emergency department and individual nursing units. Other mobile units are available where needed.

"It allows us to really prioritize the types of visits that our employed interpreters attend," adds Chief Marketing and Communications



Cooley Dickinson's Language Interpreter Services with Virtual Technology

Officer Julia Sorensen, "so that they are there when there are very serious clinical conversations. We can use VRI for more routine care."

Aldana says the remote service makes it possible to avoid the less-than-ideal option of using a telephone or relying on family members to interpret. It also adds an element of trust in close-knit communities because "having an interpreter that interacts remotely can help them feel more assured that everything will remain confidential."

And in the case of deaf and hard-of-hearing patients, she continues, the two-way video conferencing system can result in "almost instantaneous access to an ASL interpreter."

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The hospital has also been able to expand its outreach to some of the residents in its service area where English is not spoken in the home, targeting some specific health disparities in the Latinx community.

"We were looking as an organization for how we could better serve this growing patient population," says Sorensen. "The rollout of video interpreting, an increasing number of consent forms, patient education, and marketing materials into Spanish helped us better meet the needs of that part of this patient population."

"The rollout of video interpreting, translating an increasing number of consent forms, patient education, and marketing materials into Spanish were really all efforts to better meet the needs of that part of this patient population."

JULIA SORENSEN

For example, through focus groups that were part of the health needs assessment, they found that Latinas in the service area were receiving mammography screening at a lower rate than other women. As a result, the organization developed a specific outreach program and materials.

"A community hospital can't have interpreters for 25 different languages," says Sorensen. "But we can have VRI and make those languages almost instantly available to all of our patients."