

# **Community Benefits Report**

## **2001 – 2002**

*Caring for Our Community*

Caritas Christi Health Care

Caritas Carney Hospital, Caritas Good Samaritan Medical Center, Caritas Norwood Hospital,  
Caritas St. Elizabeth's Medical Center, Holy Family Hospital, and Saint Anne's Hospital

# Community Benefits Program

## of Saint Anne's Hospital

Founded in 1906 to treat the largely unmet health care needs of the immigrant and poor populations of Fall River, Saint Anne's Hospital has evolved to provide not only highly regarded vital medical services, but also a spectrum of unique programs and services that strive to fulfill a richly diverse community's health care needs.

The ongoing strength and vitality of our commitment to our community particularly to those most in need received recognition 2002. Both the Fall River Chamber Commerce and Southeastern Massachusetts Legal Assistance gave us special awards for "outstanding community service".

Today, in addition to essential medical care, Saint Anne's provides more than \$4.4 million annually in community benefits services that include specialized, hospital-sponsored health services, prevention, education and health screenings, and charity care. Many are longstanding programs for which Saint Anne's has become well known; others have been initiated more recently in response to needs identified by the hospital's Community Assessment and Benefits Committee (an advisory group of the hospital's Board of Trustees consisting of community and hospital representatives). All are now part of the hospital's Community Benefits Program and are provided in concert with the hospital's mission to serve the health care needs of our community. They reflect the hospital's core values of charity, compassion, community, Catholicity, and cultural diversity.

We are pleased to provide a review of these mission-driven services along with the administration of our Community Benefits Program in this Annual Report for Fiscal Year 2002.

## TABLE OF CONTENTS

I. COMMUNITY BENEFITS MISSION STATEMENT .....	1
COMMUNITY BENEFITS PLANNING AND REVIEW .....	2
<i>Community Health Needs Assessment</i> .....	2
<i>Summary of Findings</i> .....	2
<i>Future Plans</i> .....	3
<i>Community Assessment and Benefits Committee and         Community Participation</i> .....	4
<i>Community Benefits Plan</i> .....	5
<i>Identifying Resources: Community Benefits Budget Process</i> .....	6
<i>Measuring Outcomes and Evaluating Effectiveness</i> .....	6
II. CURRENT COMMUNITY BENEFITS SERVICES OF SAINT ANNE'S HOSPITAL .....	6
MEETING SOCIETAL CONCERNS AND INDIVIDUAL NEEDS .....	7
<i>Health Access Collaborative: Leveraging Hospital         Leadership to Meet the Needs</i> .....	7
<i>Health Insurance Enrollment and Outreach Program</i> .....	8
<i>Interpreter Services--Serving Our Culturally Diverse Community</i> .....	9
<i>Multicultural Health Care Committee</i> .....	10
<i>Hispanic Outreach</i> .....	11
<i>Compassionate Care Fund</i> .....	12
<i>Hope House</i> .....	12
BUILDING STRONG FAMILIES .....	12
<i>Youth Trauma Services</i> .....	12
<i>The Center for Children and Families</i> .....	13
<i>"Reach Out and Read" – Promoting Reading Literacy</i> .....	14
<i>Community Outreach and Education to and for Children</i> .....	14
<i>Pediatric Community Nursing and Education</i> .....	14
<i>Growth and Nutrition Clinic of The Center for Children &amp; Families</i> .....	14
CANCER PREVENTION, EARLY DETECTION, AND LASTING SUPPORT .....	15
<i>Women's Health Network: Breast and Cervical Cancer         Screenings</i> .....	15
<i>Oncology Screenings</i> .....	16
<i>Oncology Education and Support Services</i> .....	16
COMMUNITY OUTREACH: PROMOTING HEALTHY LIFESTYLES .....	17
<i>Community Programs and Health Screenings</i> .....	17
TREATING THE WHOLE PERSON.....	17
<i>Congregational Health/Parish Nurse Ministry</i> .....	17
<i>Food Pantry</i> .....	18
PROVIDING FOR OUR SENIORS .....	19
<i>Behavioral Medicine Services</i> .....	19
<i>Professional and Community Education on Aging and Mental         Health</i> .....	19
<i>Project Help</i> .....	19
<i>Sunday Senior Luncheon</i> .....	21
CONTACT PERSON .....	20
FINANCIALS.....	20
SUMMARY REPORT	

## **Community Benefits Mission Statement**

Saint Anne's Hospital, a Catholic community health care organization and a member of the Caritas Christi Health Care System, is committed to serving the health care needs of the entire community, including the uninsured, underinsured, poor, and disadvantaged. We are dedicated to:

- providing accessible, quality health care services to all within our culturally diverse Greater Fall River community;
- providing preventative health, education and wellness services for the well-being of our community;
- working in collaboration with our community in identifying and responding to unmet care needs; and
- recommending to the Board of Trustees of Saint Anne's Hospital the adoption of needed programs and services to address identified, prioritized, and unmet health care needs in the community.

*Approved by Saint Anne's Hospital Board of Trustees 1999.*

Building on a 97-year commitment of serving the health care needs of our community, Saint Anne's Hospital has embraced the Community Benefits Program voluntary guidelines issued by the Massachusetts Attorney General's office. Saint Anne's has utilized the Community Benefits program guidelines to provide an ongoing assessment of our community's health care needs and to review the effectiveness of our programs in meeting identified needs.

Such a careful review is ever more important during these challenging times for hospitals as reimbursement rates have declined while our costs for delivering health care rapidly increase. At the same time communities such as ours in Fall River face new and growing health care needs, described in this report.

The first section of this report reviews our Community Benefits planning process including community participation. The second section provides a brief description of our Community Benefits services beginning with our newest initiatives.

---

## COMMUNITY BENEFITS PLANNING AND REVIEW

---

### *Community Health Needs Assessment*

To assess community health needs, the Community Assessment and Benefits Committee (CABC) of Saint Anne's Hospital has used the health data of the Massachusetts Department of Public Health (DPH) as a primary source. Annually, the committee reviews current data for the Greater Fall River area and new reports are presented for consideration as they are available from DPH and other sources.

Invited speakers frequently present specific health needs and disease data for our area as well. They are asked to discuss the growth of their services, waiting list needs, and unmet health and related needs from their perspective as a service provider or funder. A copy of the meeting agendas and minutes that lists topics and speakers, etc., is available upon request from the hospital.

In FY02 our CABC has continued to utilize the following health status data reviewed extensively in 2001.

1. Behavioral Risk Factor Surveillance System (BRFSS) for 1994 – 1999 for the Greater Fall River area (DPH).
2. Information on health insurance enrollment and health care access for residents of southeastern Massachusetts from DPH, the Massachusetts Division of Medical Assistance.
3. Coronary disease, cancer, diabetes, and HIV/AIDS incidence/prevalence data from DPH and Saint Anne's Cancer Registry.
4. Child sexual abuse, domestic violence incidence data for the Greater Fall River area from the area Department of Social Services, and the Fall River Police Department.

### *Summary of Findings*

Health assessment data for the Greater Fall River area reveal some dramatic trends for the current and future health of area residents. In 1998, the mortality rate cardiac disease was 18 percent higher in both the Greater Fall River and New Bedford areas than the Massachusetts state average. Southeastern Massachusetts area has a 24 percent higher incidence rate for coronary heart disease rate than the Massachusetts average. This is the highest incidence rate in the state, and the number is higher in Fall River than in surrounding communities.

### Community Assessment & Benefits Committee Members

Mr. Charles Auclair  
Auclair Funeral Home & Cremation Service

Wendy Bauer  
Vice President  
Marketing & Planning  
Saint Anne's Hospital

Mr. Theodore Boudria

Mr. Frank Cabral  
Associate Director  
SER Jobs for Progress

Mary Cochrane  
Director  
Community and Social Work Services  
Saint Anne's Hospital

Attorney Francis Collins  
Hague Morgan & Collins

Deidre Donaldson, Ph.D.  
Director  
The Center for Children & Families  
Saint Anne's Hospital

Mr. Gerard Duquette

Mr. Felipe Felipe  
Principal  
St. Anne's School

Ms. Laura Ferreira  
Community Liaison Coordinator  
Mayor's Office

Attorney Arthur Frank, Jr.  
Law Offices of Arthur D. Frank, Jr.

Ms. Maria Igrejas  
Guidance Counselor  
B.M.C. Durfee High School

Mr. Anthony Imbriglio

Ms. Mary Leavenworth  
Boys & Girls Club Thomas Chew Memorial

Ms. Mary-Lou Mancini  
Catholic Social Services

Mr. Edward Massoud  
Michael Metzler  
President  
Saint Anne's Hospital

Mr. Arthur Miranda

Ms. Linda Patricio  
STARR

Manuel Ramirez, MD

David Ramos  
Director  
Hope House  
Saint Anne's Hospital

Fr. Robert Rochon  
Spiritual Care Services  
Saint Anne's Hospital

Mr. Richard Sardinha

Mr. Philip Silvia, Jr.  
Professor  
Bridgewater State College

Mr. Alan Silvia  
Executive Director  
PYCO

Mr. James Sousa  
Director, Sr. Aides & Foster Grandparents  
Citizens for Citizens

Attorney Frederick Torphy  
Torphy & Sullivan L.L.P.

Catherine Vieira-Baker, Ph.D.  
Program Director  
Children's Services/Hyland Clinic

Sargent Clifford Wright  
Fall River Police Department

Mr. Martin Zenni

Bristol County has the highest prevalence rate of diabetes (42.26 per 1,000 persons) of any county in Massachusetts (32.29 per 1,000 persons). The incidence of diabetes has risen 49 percent since 1990. The United States average is 34.1 per 1,000 persons.

The “Health Risks and Preventative Behaviors” (BRFSS) survey results show there is a higher concentration of people in this area with risk factors for developing heart disease, cancer, and diabetes. Area residents report smoking at a rate 30-percent higher than the state average and this total number of people smoking has also risen as compared to decreasing smoking rates in many areas of Massachusetts. The area has higher rates of obesity (28 percent vs. 25.8 percent statewide), high cholesterol (36.8 percent vs. 28.3 percent statewide), and high blood pressure (29.2 percent vs. 21.6 percent statewide).

Access to health care for area residents was also highlighted as a grave concern in several recent studies. The DPH behavioral risk factors report (BRFSS) showed that the number of residents who had not had a routine check-up in more than five years was 39 percent higher than the state average, 8.2 percent in the Greater Fall River area as compared to 5.9 percent statewide. In addition, 11.4 percent of area adults reported not having health insurance coverage, and 9.2 percent reported wanting to visit a doctor but could not because of cost. A more recent study showed that the southeastern Massachusetts had the highest rates in the state of employed individuals without health insurance.

### ***Future Plans***

Saint Anne’s Hospital plans to extend our health needs assessment process by conducting a tailored analysis for our targeted geographic area using both DPH data and other available information combined with a software program designed for this purpose. Plans to do this were pushed forward to FY03 given growing demands on staff time for such things as disaster preparedness. One of our sister Caritas hospitals has used this process to expand services for much expanded oncology care. The results of this new assessment, along with a review of existing

### Target Populations

The target populations for our Community Benefits Plan as identified in our community health needs assessment data review include:

- Those without adequate health insurance, encompassing those without insurance and those who are underinsured.
- Residents of the Greater Fall River area who need health education, disease prevention, and health screening to promote healthier lifestyles and the earlier detection of disease, particularly those at risk for or diagnosed with heart disease, diabetes, and cancer.
- Children and families who are at-risk for, or have been involved with, domestic violence, sexual abuse, and other forms of violence.
- Persons living with HIV or AIDS.
- At-risk elders.
- Those with limited English proficiency.

### Community Benefits Plan Goals

The CABC has set the following long-term goals:

- maintain membership of the CABC that represents the diverse Fall River community
- monitor outcomes of the hospital’s Community Benefits services and examine these in comparison to community health assessment data
- review their findings with other health care planning groups in the community to avoid duplication and promote collaboration
- obtain feedback from the community on Saint Anne’s Community Benefits services
- develop a prioritized outcome measure for each service to utilize in evaluating its effectiveness

The CABC has set the following short-term goals:

- conduct a tailored community health needs assessment
- develop revised Community Benefits Plan using the results of this
- set long-term goals for specific health-status measures for the hospital’s Community Benefits Plan

Community Benefits services, will form the basis for the development of a new written Community Benefits Plan for Saint Anne's Hospital.

### ***Community Assessment and Benefits Committee and Community Participation***

The involvement of community members in the planning and oversight of the hospital as a whole and for our Community Benefits Program is highly valued by the hospital; indeed, "community" is one of our five core values. As a committee of the hospital's Board of Trustees (BOT), the Community Assessment and Benefits Committee (CABC) serves in an advisory capacity to the BOT on the Community Benefits Program of Saint Anne's Hospital. The CABC reviews, evaluates and recommends changes in the hospital's Community Benefits Program.

The CABC meets regularly, generally once a month. In these meetings, they solicit input from community agencies and organizations, review community health assessment and other pertinent data, assess the performance of current services, and develop recommendations for decision by the BOT regarding changes to or additions to the program. Minutes of the CABC are presented and discussed at the hospital BOT meetings. In the fall of 2002, an educational presentation on all of our Community Benefits services was made to a joint group of the hospital's Board of Trustees, the CABC, and other board committees including the Multi-cultural Health Committee and the Development Committee.

The designated coordinator of the Community Benefits Plan is the vice president of Marketing and Planning, who is responsible for overseeing the assessment, development, coordination, implementation, and evaluation of the hospital's Community Benefits Plan. This position reports to the president of the hospital, serves on the senior management team, and is the liaison to the CABC and the BOT for review and approval of all Community Benefits efforts. A list of current CABC members can be found in the addendum.

Membership of the CABC consists of representatives from the diverse communities served by the hospital, a member of the Board of Trustees serves as chair, and the designated coordinator for the Saint Anne's Community Benefits Program is the senior management staff liaison. Committee members represent area health, education and human services, businesses, government and law enforcement organizations. Various staff from hospital services who provide community benefits services (i.e., Community and Social Work Services, Interpreter Services, AIDS services, and Parish Nursing) are also members. A list of CABC members is included.

Current members of the CABC help to identify and solicit new community representatives to join. As the committee considers specific needs, names of individuals who should speak with the committee or be invited as a member to add their knowledge in this area are reviewed and acted upon by the committee. The Chair sends a formal written invitation to join the CABC. Community input is also relayed from other hospital committees that are made up of community representatives such as the Multicultural Health

Committee (see description and membership list) and Hispano Unidos. Involvement of community members in the assessment of need and development of our community benefits services is described in this report in the review of services.

In addition to the CABC's meetings with community representatives, a number of hospital staff are involved in a variety of area health care planning activities, which are reported to the committee. Several senior managers participate in the coordinated health care planning group sponsored by the Department of Public Health (DPH) for our area. Both management and designated outreach staff have continued to hold frequent meetings with leaders in the Portuguese, Hispanic, and Cambodian communities. Our Oncology Outreach staff meet regularly with representatives of the diverse ethnic and cultural groups to partner with them in efforts to increase the number of individuals from these groups accessing cancer screenings and prevention education. Hospital staff and community members have shared the results of these efforts with the committee and will continue to be included on the committee's meeting agendas.

Copies of the Community Benefits Report are distributed to the Board of Trustees and hospital departments and at community events. Information on our community benefits services is publicized in area news media, hospital newsletters and on our Web site. In FY 2001 the committee developed a form to obtain feedback from the community on Saint Anne's Community Benefits services. This form is distributed with the report to a range of community representatives including local and state leaders, health and human service agency heads, area churches, and others. Those that were returned had very positive comments about our community benefits services. An on-going goal is to increase the distribution and return rate of these community feedback forms. A copy of this form is included.

### ***Community Benefits Plan***

As stated above, Saint Anne's plans to complete a community health needs assessment process in FY'03 and will utilize the results of this along with a review of the effectiveness of current community benefits services to develop a new written community benefits plan. This will be done by the CABC and additional community input will be sought.

For the past several years, the hospital has developed a number of new community benefits initiatives and continued to support an array of existing services. Our approach in the past few years has been to act as an "incubator" to help launch new programs developed in collaboration with other community organizations as well as for hospital-based initiatives and then pursue grant support for them. The latter has been a long-standing successful strategy for Saint Anne's and our community, bringing new services and dollars into the community and insuring the continuance of these services, despite ever-tightening reimbursement for hospitals.

### ***Identifying Resources: Community Benefits Budget Process***

Budgeting for Saint Anne's Community Benefits program is part of the annual budget planning process for the hospital as a whole. Existing programs have identified hospital managers responsible for developing these budgets, and the coordinator of Community Benefits develops budgets for newly proposed initiatives. Caring for the health needs of our community, particularly for the poor and disadvantaged, is the historic and living mission of Saint Anne's Hospital and our many community benefits services are seen as vital to this. Budget needs for the programs are part of the on-going review conducted by the CABC and are shared with the Board and senior management at their meetings. As indicated above, Saint Anne's has been successful in developing a number of programs for which initial financial and in-kind support (space, staffing) were provided by the hospital, with the intention to pursue grant funding as the services were more established. Obtaining such funding has been crucial to ensuring the survival and expansion of these services at a time of shrinking reimbursement for hospitals and growing costs. In 2002 as in the past several years we have been successful in obtaining renewal and new grant funding for our community benefits services of more than \$750,000.

### ***Measuring Outcomes and Evaluating Effectiveness***

Community Benefits services at Saint Anne's are reviewed by the CABC annually for effectiveness. Most programs have set performance measures as a part of the hospital's yearly performance review process and in keeping with grant funding requirements and other regulatory requirements. Other measures of effectiveness and need such as waiting lists, requests for expanded services, etc., are considered in evaluating a program's success. The CABC has set as a long-range goal the establishment of a prioritized outcome measure for each service to use in evaluating its effectiveness. It is our intention that this measure would encompass the effectiveness of the program in meeting health care needs. The CABC believes that the programs and services described in this annual report effectively and efficiently meet multiple health care needs for our target population and geographic area.

---

## **CURRENT COMMUNITY BENEFITS SERVICES OF SAINT ANNE'S HOSPITAL**

---

The Community Benefits services of Saint Anne's Hospital strive to meet the varied health care needs of our culturally diverse community. As a community hospital, the involvement of our community in the development, delivery and evaluation of these services is essential. We believe the following programs reflect these commitments.

---

## MEETING SOCIETAL CONCERNS AND INDIVIDUAL NEEDS

---

### *Health Access Collaborative: Leveraging Hospital Leadership to Meet with Needs*

In April 2000, a representative of Health Care For All, a health care advocacy organization, came to meet with hospital leadership to request their help with a demonstration project for Southeastern Massachusetts to develop strategies that would help communities increase access to health care for persons with limited English proficiency. Saint Anne's agreed to be a part of this effort and was the initial organization in the region to step up with their commitment and staff resources. The grant funded a consultant to work with area hospitals, health centers, human service organizations, and legislators to assess the need for improved interpreter services and develop strategies to meet this need. The Community Benefits Coordinator of Saint Anne's served as the chair of the steering committee formed by these organizations for this purpose.

Under this structure, the steering committee, composed of senior managers of the participating organizations, conducted a needs assessment based on data and in-depth interviews with staff of the health and community organizations. From this plan, the **Health Access Collaborative** (see enclosed list) was created as a mechanism for organizations to pool their efforts in an ongoing collaboration to improve access to health and related services in locations where persons with limited English proficiency seek services. The strategy was to bring together the authority, skills, and resources necessary to make changes across the region. Saint Anne's Hospital along with other area hospitals contributed several thousand dollars to pay a portion of the consultant's time after the demonstration grant funding ended and the project was still in its development phase. Numerous meetings were held with state agencies and area legislators by the executive leadership of the collaborative in hopes of obtaining funding for this unique region-wide approach to a growing concern. The plan did win the support and the praise of Commissioners for Medical Assistance and Public

### Health Access Collaborative of Southeast Massachusetts, Inc.

*Members of the Board of Directors who  
are also incorporators:*

Ellen Banach  
Vice President  
Hospital Systems Integration  
Southcoast Hospitals Group  
Wendy R. Bauer, Chair  
Vice President  
Marketing & Planning  
Saint Anne's Hospital  
Lydia Breckon  
Director  
Immigrant Services  
Catholic Social Services of the Dioceses of Fall River  
Stuart Forman  
President and CEO  
Greater New Bedford Community Health Center  
Fred Grose  
President  
Health Access Collaborative  
Donny In  
Minority Community Liaison  
City of Fall River Housing  
Helena Marques  
Executive Director  
Immigrants' Assistance Center  
Arlene McNamee  
Executive Director  
Catholic Social Services of the Diocese of Fall River  
Mario Medeiros  
Project Director  
Alcance Hispano  
Senator Joan M. Menard  
Massachusetts Senate  
Sambath Rim  
Executive Director  
Cambodian Community of Fall River  
Representative Michael J. Rodrigues  
Massachusetts House of Representatives  
Alan Silvia, Vice Chair  
Executive Director  
PYCO  
Sheryl Turgeon  
Executive Director  
HealthFirst Family Care Center  
*Other incorporators:*  
Ronald Goodspeed, MD  
President and CEO  
Southcoast Hospitals Group  
Representative Patricia A. Haddad  
Massachusetts House of Representatives  
Michael Metzler  
President and CEO  
Saint Anne's Hospital  
Representative David B. Sullivan  
Massachusetts House of Representatives

Health and the entire regional legislative delegation. However, state funding, while possible in their opinion, was not available due to the significant challenges in the state's 2001 budget. Continuing difficulty in funding new programs such as this even though the collaborative approach is the desired one, is not seen as possible for the next few years from the state.

Under the strong support of Saint Anne's, the collaborative persevered and in October 2001, Health Access Collaborative was incorporated as a nonprofit organization. This was done to position it more effectively for funding. Our Community Benefits Coordinator continues to serve as the Board Chair. In April of 2002 Health Access Collaborative was successfully awarded its first funding: a \$50,000 one year "start-up" grant from the Blue Cross Blue Shield of Massachusetts Foundation. Both Saint Anne's Hospital and other area hospitals will contribute matching funds and in-kind services (training space, mailings, staff expertise) that were necessary to obtain the grant.

The grant funding was to train of 40 bilingual staff of participating organizations of the Health Access Collaborative in basic and medical interpretation as well as to help develop close routine working relationships for these organizations which foster cultural competency. The training was be tailored to the needs of collaborative organizations and the populations they serve. As of the filing date of this year's Community Benefits report over 40 bilingual staff from more than 10 agencies have received certificates for the completion of a basic and/or advanced medical interpretation course emphasizing cultural sensitivity. The Collaborative has also expanded to bring class members and other staff of the participating agencies to help enhance the outreach and education on diabetes to targeted ethnic groups in the Fall River. In this way class members were able to increase their knowledge about diabetes, and get some first-hand experience in providing medical interpretation to diverse language group including several outreach sessions to Cambodian organizations.

### ***Health Insurance Enrollment and Outreach Program***

In July of 2000, Saint Anne's Hospital launched a new community benefits initiative—our **Health Insurance Advocacy and Outreach Program**—to provide community outreach, education, advocacy and enrollment assistance to those who need health insurance coverage. This outreach effort was developed as a result of the review of community needs conducted by the CABC over the prior year. A dedicated staff person was hired in July 2000 for this program, which is administered by the hospital's Community and Social Work Services.

Hearing numerous representatives speak with the committee about the needs of the Greater Fall River area, it became clear that such an outreach effort would be one of the most effective ways we could impact the health and well-being of area residents. Time and again at their meetings, members heard about the need for improved access to health care for the working poor, the elderly, those with language barriers, those without transportation, and more. The committee also reviewed state and national data on the numbers of uninsured, which had continued to grow despite a booming economy. While there have been

ongoing efforts at Saint Anne's Hospital and other area agencies to increase enrollment, it was evident that there are still far too many in our area who are unaware of their eligibility for these programs and suffer unnecessarily. The committee believed that increased outreach into the community by the hospital was an important component to reaching many of the uninsured or underinsured.

While the hospital has dedicated Patient Financial Services staff available to assist those in need to enroll in the many government-funded health plans, the CABC decided that an outreach effort directly in the community was needed. Past outreach efforts offered by this department had very positive responses at community health fairs and events. Promotion of enrollment assistance in community fliers and newsletters resulted in hundreds of telephone calls. This effort was designed to pair with the many other outreach services that the hospital offers, such as Congregational Health/Parish Nursing, as well as other agencies' efforts. The Health Insurance Advocate's position provides direct help with the many required application forms and the filing of these for enrollment as well as assisting in promoting health education, coordinating interpreter services, and providing referrals to health care providers and services, as needed.

The hospital was the sole support for this program in FY'01 with costs just under \$32,000. In FY02 we were successful in receiving a grant of \$15,000 in the first cycle of grants awarded by the Blue Cross Blue Shield Foundation of MA to help support this program particularly through increased outreach to those who have none or limited-English speaking skills. As a part of this grant new "rack" style cards promoting our that our advocate could help with health care insurance were produced in Portuguese and Spanish. These were widely distributed in the community and our advocate continued to do strong community outreach resulting in assisting 1,830 individuals and families to obtain or improve their health care coverage.

### ***Interpreter Services - Serving Our Culturally Diverse Community***

In keeping with our mission, Saint Anne's provides a range of services through our Interpreter Services, for which the hospital assumes the majority of the costs. Costs of our interpreter staff and services were over \$245,071 in FY 2002. This is a 120% increase in costs from FY 2001 as Saint Anne's has responded to the growing need for these services in our culturally diverse community. Staff are available to provide interpreting and translation services or information—in person, in writing, or by telephone. Services are provided free of charge and are available 24 hours a day. Interpreters are bilingual, bicultural individuals who serve as liaisons to multicultural-diverse patients/ families and hospital staff. Staff interpreters speak Portuguese and Spanish. The department utilizes per diem staff, and other community agency staff for all other languages—including access to Language Line, which provides 24-hour interpretation service over the telephone with the availability of 140 languages.

Interpreters provide information, culture assessment, and referral services for patients and families. They translate educational materials, radio announcements, newspaper ads, and application forms for health care assistance. Staff offer assistance with interpretation of surgical procedures and treatments and provide information and communicate understanding of consent forms. For visually-and hearing-impaired

patients, the department calls upon the Commission for the Blind and for the Deaf and Hard of Hearing. Interpreters are available for sign language through the Commission, and materials may be available in Braille and large print for the visually impaired patients and families.

Interpreter Services staff are involved in a range of activities to promote greater understanding of our culturally diverse community and to outreach to this community. The Spanish interpreter became the first female to join Organizacion Latinos en Accion Sureste Massachusetts and to represent Saint Anne's Hospital and the Fall River area. In May 2000, she completed the first phase of a 10-week course entitled "Presencia Hispana." The coordinator and one of the hospital's social workers completed the same course in December 2000.

Cambodian Community: Interpreter Services works closely with the Khmer Family Resource Center and the Cambodian community of Greater Fall River in providing services to the Cambodian community; providing freelance interpreters to assist patients with testing at the hospital; and serving as liaison to the Multicultural Health Committee in identifying the health care issues.

### ***Multicultural Health Care Committee***

This committee was established in 1984 to serve the large Portuguese community within our region better. In the early 1990's, the committee expanded to include representation from the Cambodian and Hispanic communities. The group is comprised of community leaders, members of the Cambodian, Hispanic and Portuguese communities, hospital staff, and trustees.

- A number of issues affecting the community have been identified. Access to health care, communication barriers, and a need for a better understanding of the different cultures of our Greater Fall River community have been addressed. The committee has been credited with a number of significant accomplishments including: providing courses in English as a second language and practical Portuguese; hiring of bilingual

### **Multicultural Health Committee Members**

Mary Cochrane  
Director  
Community and Social Work Services  
Saint Anne's Hospital

Renee Maloof

Noel Moniz  
Portuguese Youth Cultural Organization (PYCO)

Carol Hernandez  
Catholic Social Services

Philip Silvia, PhD  
Professor  
Bridgewater State College

Michael Metzler  
President  
Saint Anne's Hospital

Josefa Pacheco  
WIC

Tina Pacheco

Maria Cabrales  
Coordinator  
Community Outreach  
Saint Anne's Hospital

Arlene McNamee  
Catholic Social Services

Juliette Almeida

Donny In

Natalia Konarski  
Director,  
Interpreter Services  
Saint Anne's Hospital

Patricia Reardon

Nilda Harrington  
Department of Social Services

Joan Vitello  
Vice President  
Patient Care Services  
Saint Anne's Hospital

Lee Vasconcellos-Dolan  
Diabetes Association

Marin Vat  
Khmer Family Center

Alicia Colon  
Community and Social Work Services  
Saint Anne's Hospital

Jonathon Pacheco  
Community and Social Work Services  
Saint Anne's Hospital

Robin Sheehan  
Public Relations Liaison  
Public Relations  
Saint Anne's Hospital

Noemia Ferreira  
Portuguese Youth Cultural Organization (PYCO)

Marcy Fortune  
The Center for Behavioral Medicine  
Saint Anne's Hospital

Ismael Pereira

Lang Tang  
Mayor's Office

Deborah Cabral  
Mayor's Office

personnel; and offering annually, **six \$500 multicultural scholarships** to employees, employee relatives, and community members who wish to pursue health care careers. Scholarships are awarded on the basis of set criteria including residency in the Greater Fall River area, pursuing a degree in nursing and/or health care related profession, and being bicultural and/or bilingual.

### ***Hispanic Outreach***

In FY'99, members of the Multicultural Health Committee responded to their mutual concerns regarding the increasing requests for services in all community agencies from Spanish-speaking individuals and families. They invited Spanish-speaking staff of health, education and social service agencies in southeastern Massachusetts to a luncheon meeting hosted by the hospital to discuss these concerns and gain their perspective.

Twenty representatives attended this first gathering and unanimously agreed that the area's Spanish-speaking population was growing rapidly and that they were being overwhelmed by the needs of many of these newly arrived residents. Many attendees were unaware of their counterparts in other agencies until introductions were made at the luncheon.

From this initial meeting and subsequent ones, a formal group was formed calling themselves "Hispanos Unidos." Hispanos Unidos became an incorporated non-profit organization in 2001. The hospital continues to assist with clerical support and mailings and participates at meetings and events of this new group. A Spanish-speaking Health and Human Services Provider Directory was developed and distributed, free of charge.

Interpreter Services continues to work closely with members of all diverse communities that have been and/or are arriving in the Greater Fall River area, in order to educate the communities on how to access services and health care at Saint Anne's Hospital.

### ***Compassionate Care Fund***

Saint Anne's **Compassionate Care Fund** was created in response to the needs of the poor and indigent in our community. Patients are eligible to use the fund if they or their families are unable to pay and/or if they are not covered by an insurance plan. Vouchers may be used for prescriptions, supplements, non-durable medical supplies, or other direct patient needs. The Compassionate Care Fund is another way Saint Anne's responds to the real problems of real people. Monies are raised through the efforts of the hospital's Office of Development. In FY'02, over \$20,000 was provided to meet health care needs for the individuals and families served.

### ***Hope House***

In September of 1994, Saint Anne's opened **Hope House** for persons with mid- to end-stage AIDS. In the early 90's, many in the community and at the federal and state levels were aware that a growing number of persons with AIDS were subsisting and dying on the street, in temporary shelters, or in dangerous drug houses. Through a collaboration of these groups, Saint Anne's was able to establish Hope House by obtaining more than \$500,000 in grants and low-interest loans.

Hope House can shelter up to ten people and provide them with nursing care, psychological support, meals, and transportation in a homelike residence near the hospital. At its opening in 1994, it was the only such residence in southeastern Massachusetts and remains the only one in Fall River (and is one of only two in the Commonwealth) that accepts individuals with mid- to end-stage AIDS.

In 2002 the CABC held one of their meetings at Hope House which included a tour. This gave members the opportunity to meet residents and staff and get a first-hand sense of the caring and support the program brings to its residents.

Grants from the Massachusetts DPH, federal HUD subsidies, and Medicaid payments provide for the balance of costs. Total budget for Hope House was \$529,561 in FY 2002. Hope House operates at full capacity with a waiting list of eligible clients. It is a place of peace, renewal and reconciliation for persons who literally have no place else to go.

---

## **BUILDING STRONG FAMILIES**

---

### ***Youth Trauma Services***

The **Pediatric Sexual Abuse Program** provides diagnostic evaluation and psychotherapy to child victims of sexual abuse by a non-caretaker. The program specifically focuses on providing services to children who would not be able to access services due to lack of or inadequate insurance coverage, as well as children who are not eligible for Department of Social Services. Each year, approximately 120 children and families are seen in the program. In addition to providing age-appropriate, sensitive treatment for the child victim, the program also provides supportive services to the victim's family. Child victims are assisted through all phases of their recovery, from contact in the Emergency Department to coordination with schools and support through the legal process.

In November of 2002 Saint Anne's (Community and Social Work Services) received a \$20,000 grant from the Massachusetts Developmental Disabilities Council. The grant funds staff training in specialty areas to improve services to children with developmental disabilities who have been sexually abused. In past years staff have received many requests to assist these children and their families and this grant will help them

gain skills to provide better services for these victims such as doing a forensic sexual abuse evaluation for children with developmental disabilities.

These services began over 17 years ago, when hospital social work staff and community agencies recognized the need for sexual abuse treatment for victims of non-caretaker abuse. Donations from a local community service club (Exchange Club) and the hospital funded the first services. Annually, the hospital provides nearly 65 percent of the funding for this program and the Teen Violence Resource Program (which was added in 1998). Total budget in FY'01 for both services was \$360,445.

The **Teenage Violence Resource Program** broadened our pediatric trauma services to include evaluation, counseling and outreach to adolescents ages 13 to 20 who have been victims of violence. This includes adolescents victimized by families, those who have been physically and sexually assaulted, or those who have witnessed violence in their peer groups, schools, or communities. Services are provided regardless of ability to pay. In FY'02, the program provided services to over 50 children and their families from the Greater Fall River and New Bedford areas. Both programs are supported in part by the Victims of Crime Act funds, along with substantial funding from the hospital. These programs are a reflection of Saint Anne's efforts to respond to the specialized needs of our youth and their families—and to work with them and other providers to end the “cycle of violence” that is all too prevalent locally and nationwide. Both programs are administered by our Community and Social Work Services.

### ***The Center for Children & Families***

**The Center for Children & Families** was created in 1997 to provide family-centered, coordinated care for children with behavioral, developmental and special health care needs. The impetus for the Center came from our participation in the Fall River School Task Force, Child Protection Council, and numerous requests from pediatricians and other community groups working to serve children. Through these, Saint Anne's found the following factors that put many area children at greater risk for developing physiological and psychological problems:

- The Greater Fall River community has over 33,000 children.
- In Fall River, 40 percent of these children live below the poverty line, with 75 percent of this latter group falling 200 percent below the poverty level.
- Of the total births in Fall River, close to 40 percent had public funding.

The Center not only provides needed services (for which families used to travel to large teaching hospitals) but also provides a secondary prevention model of care for children with chronic diseases serving to reduce morbidity and family distress. The Center provides ambulatory evaluation, diagnosis, and treatment for these children. Saint Anne's recruited the area's first developmental pediatrician for the Center, which is directed by a behavioral/clinical psychologist (Ph.D.). Housed in renovated space (funds were donated by the Friends of Saint Anne's and the hospital), the Center occupies and oversees administratively the

pediatric specialty clinics which have been operating for more over 15 years at Saint Anne's. Our pediatric rehabilitation staff also moved into this space. Beginning in 1998, the Center expanded services to provide consultation and therapeutic services on site in area schools. In FY'2000, our consultation services expanded greatly. In 1999, the staff implemented a weight management service to treat the increasing number of young children with obesity. In 2000, a new gastroenterology and additional cardiology clinic were added. In 2001, we recruited an additional full-time developmental pediatrician to meet demand for these services. In 2002 the Center increases the number of neurology clinics to meet growing demand and is in the process of trying to add expanded endocrine services when additional physician resources can be recruited. In total, the Center now provides pediatric care in 16 different fields of specialty care. Perhaps the greatest demonstration of need for these services locally is the fact that all specialties have a waiting list for services most of which average two to three month's time. The hospital provided substantial financial support for the Center's services in excess of several hundred thousand dollars.

### ***“Reach Out and Read” – Promoting Reading Literacy***

As a part of its holistic family-centered approach, CCF adopted the **“Reach Out and Read”** program began at Boston Medical Center to emphasize the importance of reading to the parents/caretakers of children ages 0 to 5. Volunteers and staff educate parents on the importance of reading to their children and give books to their young clients to take home. A local company has provided partial support for the purchase of the books and bookshelves. The program must raise several thousand dollars each year to support this effort which they do through fund-raising events.

### ***Community Outreach and Education to and for Children***

Additionally, the Center provides a regular series of free parent education workshops and for-credit professional training on topics such as autism and depression in children..

### ***Pediatric Community Nursing and Education***

Our experienced pediatric nursing staff provide a number of community and educational programs aimed at strengthening parenting skills and promoting healthy development. The majority of these programs are provided free of charge to parents who would not have the means to pay. Class size is kept small to maximize learning. They are offered at a variety of sites in the community such as the local high school's teen parent program, area Head Start programs, and early intervention sites, as well as at the hospital. For a small fee, certified courses for parents in how to develop personal safety skills in their children and a “Safe Sitter” course for kids are provided.

### ***Growth and Nutrition Clinic of the Center for Children & Families***

For reasons that are often difficult to determine, some children suffer from chronic undernourishment or failure to thrive. Physiological disorders, stress within the family, and poverty are frequent causes of this persistent, difficult-to-treat syndrome. In Massachusetts, where an estimated 50,000 children under the

age of 12 go to bed hungry and another 115,000 are at risk of being hungry, the problem of under-nutrition threatens the lives and well being of many infants and young children. The Growth and Nutrition Clinic at Saint Anne's offers a multi-disciplinary approach to evaluating and treating children with this disorder and to providing education and support to parents. Currently, the team is caring for approximately 60 children and families. The DPH, private insurance, and the hospital fund the clinic.

---

## CANCER PREVENTION, EARLY DETECTION, AND LASTING SUPPORT

---

### *Women's Health Network: Breast and Cervical Cancer Screenings*

True community outreach means actually extending oneself into the community, perhaps by going to those who need services but cannot reach the provider, or by persuading likely participants that they can avail themselves of a particular service.

One of the best illustrations of the hospital's commitment to outreach is our Women's Health Network program that provides free breast and cervical cancer screening, education, and treatment referral. Funded in part by Centers for Disease Control, the Massachusetts DPH, and Saint Anne's Hospital, the staff travel to convenient locations throughout the area to provide screening service and education to individuals who are eligible. The program's registered nurses, nurse practitioners, and registered radiology technologists provide a wide range of breast and cervical screening and education services, including mammograms, clinical breast exams, Pap tests, and physical exams. Further diagnostic testing is provided if clinically recommended.

Since Saint Anne's was first established as a breast and cervical cancer screening site in 1994, the Women's Health Network (originally the Breast and Cervical Cancer Initiative) program has screened 3,987 uninsured or underinsured women. In addition, the Women's Health Network staff has provided education to over 1,000 women in various housing, church, health fairs, schools, and social and civic group gatherings. An important component of the Women's Health Network program is outreach to the area's non-English-speaking communities—including Portuguese,

Maria Cabrales, RN, coordinator of the Women's Health Network program at Saint Anne's, explains that the service is valuable in many ways. "Not only do we reach hundreds of women each year who benefit from breast and cervical screening," she said, "but we also make inroads in other ways. Women typically worry about their loved ones and consider their own needs last. We believe every woman needs to care for herself because she deserves to be in good health and because she wants to give her best to the numerous people and responsibilities in her life. Our staff is dedicated to providing these women with the care and expertise they need to live well."

Cambodian, and Hispanic. Many of the program's educational materials, made possible through a grant by the S. Elizabeth O'Brien Trust Fund, have been translated into the groups' native languages, including several written and video tools that were never before available on the local, state or federal level. Interpreters and transportation to screening sites can also be provided to make services as accessible as possible.

Of the 3,987 screened, 28 women have been diagnosed with breast cancer and 5 have been diagnosed with cervical cancer. All women went on for early treatment. All but one woman are cancer survivors. The one woman who did not survive her cervical cancer came into the program with advanced cervical cancer having been uninsured and without health care. This one case underscores the need and importance of having women take the opportunity to participate in the services provided by the Women's Health Network. Early detection is a woman's best defense.

Program budget primarily supported by a combination of DPH and private grants and a subsidy from hospital was \$295,790 in FY 2002.

### ***Oncology Screenings***

Saint Anne's has a comprehensive oncology program, the Hudner Oncology Center, offering the latest advances in clinical treatment. Hudner is affiliated with Dana-Farber Cancer Institute. Early detection and follow-up are critical to successful treatment. To promote these—particularly for the uninsured, under-insured, indigent, immigrant and non-English-speaking populations—our Hudner Oncology Center provides free periodic cancer screenings and educational programs in the community and at the hospital. Hospital support for these has been over \$45,000 annually, including a dedicated staff member for outreach.

### ***Oncology Education and Support Services***

Since a diagnosis of cancer affects both individuals and their families in so many ways, the Hudner Oncology Center offers many free educational and support services that complement other supportive services. These services are available to all patients with cancer and their families, regardless of whether or not they are patients of our center. The following groups are offered throughout the year and provide needed support to hundreds of people each year.

- *Common Ground*: An education and support program for men and their families coping with prostate cancer.
- *Reflections*: A complementary breast cancer support program for women.
- *Get Fit, Live Fit*: A uniquely supportive exercise program allowing women with cancer to explore numerous ways to exercise and learn new ways to relax and to encourage them to participate actively in exercise/relaxation activities as they live with or recover from cancer.
- *Survivors for Action*: A survivor group that plans and coordinates social and educational activities throughout the year.
- *Hand in Hand*: Provides cancer patients with support from a survivor volunteer.
- *Heart and Soul*: Spiritual support for people experiencing cancer.
- *PACT (People Addressing Cancer Together)*: A group for all people with an active cancer diagnosis to share their experiences, hopes and fears in a mutually supportive setting.

---

## COMMUNITY OUTREACH: PROMOTING HEALTHY LIFESTYLES

---

### *Community Programs and Health Screenings*

Efforts to reduce deaths and disability caused by our nation's and Greater Fall River's largest killers—heart disease and cancer—must begin with education, since so many of the factors contributing to these diseases relate to diet, tobacco use, and lifestyle. The rising incidence of diabetes in our area is also great cause for concern with many potential health effects. The CHNA health assessment data show that Fall River has above-average rates for modifiable health risks such as smoking, sedentary lifestyles, and obesity. Saint Anne's staff provide a range of free and low-cost health education sessions and health screenings each year to promote leading healthier lifestyles and early detection. In particular we have added programs for diabetes education and management and heart health lifestyles.

In 2001, we began to offer a regular series of American Lung Association-certified "Smoking Cessation" sessions. In responding to patient demand in 2002 we offered three of these six week program. Once again in February 2002 for National Heart Month, we offered a number of educational programs as well as free cholesterol screenings aimed at promoting better awareness of heart healthy lifestyles. The educational programs offered under the theme "Don't wait to be smart about your heart" included presentations on understanding cardiac testing, the emotional aspects of heart disease, and cooking heart-healthy. We provided several hundred free cholesterol screenings which have proven so popular that we now offer this two times a year during Fridays of the designated month. Through our Diabetes Services staff, we provide a monthly education and support group with an average attendance of 25 people, as well as several special diabetes screenings each year and staff participant in numerous health fairs.

Other hospital staff also respond to requests from area employers to support their health fairs with screenings and educational activities.

---

## TREATING THE WHOLE PERSON

---

### *Congregational Health/Parish Nurse Ministry*

The Saint Anne's Congregational Health/Parish Nurse Ministry began in 1995 and has expanded dramatically in the Southeastern Massachusetts area to include more than 250 nurses as compared to 200 nurses last year, serving thousands in their own faith communities: Protestant, Jewish, and Catholic. Primarily volunteers, they seek to improve access to needed health care and other community resources and to provide an integrated array of holistic preventative health care services to promote the health and well being of those served. Several congregations have hired part- and full-time Congregational/Parish Nurses since the program's beginning. Congregational Health/Parish Nurses provide regular health screenings and offer health fairs and education seminars for their congregations. The rise in the elderly

population and the great number of residents without adequate health insurance contributes to the continuing need for such supportive volunteer services in area congregations.

Another marker of proven effectiveness of the Congregational Health/Parish Nurse Program was a grant award (2000) by the Robert Wood Johnson Foundation of \$10,000 to purchase and furnish resource center materials for the Congregational Health/Parish Nurses, including a computer and library/internet research skills training. The Robert Wood Johnson Foundation's mission is to improve the health and health care of all Americans. They have a commitment to the American people to encourage healthier living and the conditions that promote better health to promoting positive changes in health care.

From September 2000 to May 2001, these 200 Congregational Health/Parish Nurses made more than 3,000 home visits and about 6,000 visits to nursing homes or hospitals to give supportive care to their parishioners. After services, many Congregational Health/Parish Nurses provide regular blood pressure checks and are available to speak to and provide referrals for parishioners regarding their or their family members' health concerns. Congregational Health/Parish Nurses organize health screenings and health education talks for their congregations and invited community.

Saint Anne's provides assistance to congregations to recruit and train the Congregational Health/Parish Nurses, as well as ongoing support, regular supervision meetings and training. Saint Anne's funds an administrative director and four part-time coordinators, clerical support for the program, and regularly scheduled training at a cost of \$51,989 in FY'01.

In the past year, three coordinators have completed the official Congregational Health/Parish Nurse Resource program and two completed the Congregational Health/Parish Nurse faculty program at the International Center for Parish Nurses. These efforts will enable Saint Anne's Hospital to be an official Congregational Health/Parish Nurse Education Center.

### ***Food Pantry***

The city of Fall River continues to have a lower median wage than the state average and a higher percentage of elderly and other individuals who are dependent on some form of public assistance. For many families and individuals, buying sufficient, nutritious food is often not possible. Recognizing that poor nutrition can lead to a host of health problems, the hospital helped to launch the Fall River Food Pantry several years ago, which has remained a community-wide initiative to feed the city's hungry. Open several times a week, at a centrally located church, Food Pantry staff dispense approximately 10,000 bags of groceries annually. The hospital continues to support the program by contributing over \$36,000 in food products yearly. Through the involvement of Bristol Elder Services, many of these groceries are delivered to at-risk, homebound seniors.

### ***Behavioral Medicine Services***

The Greater Fall River area has a higher proportion of older elders than the state average and a greater number of these elders are low income. These factors result in a larger number of our elders who are at increased risk for mental illness and health problems.

Our Center for Behavioral Medicine at Saint Anne's offers a specialized treatment program to meet the needs of men and women 65 years of age and older. The program specializes in treating patients who, with a psychiatric diagnosis, have not responded to outpatient treatment and may require further intervention following inpatient treatment. Duration of treatment varies between 20 to 30 visits. Patients attend the program 3 to 5 days per week, and transportation is provided for those in need from a wide geographic area.

Funded through a grants from Coastline and Bristol Elderly Services and supplemented with financial and staff support from the hospital, the center continues to provide free in-home mental health evaluations for individuals age 60 and older. The evaluations are done by an experienced psychiatric nurse, with telephone consultation from a psychiatrist, and are available for those with symptoms of depression, anxiety, thought disorder, or dementia. Center staff work closely with agency case management staff to provide rapid comprehensive service to area seniors in need. The Center now provides an average of 12 mental health assessments each month at no charge to at-risk seniors.

### ***Professional and Community Education on Aging and Mental Health***

The Center also provides professional and community education regarding the mental health needs of older Americans for professionals and the general community at senior centers, extended care facilities, and human service agencies. Center staff plan and host a regular, free monthly breakfast series to a packed "house" of professionals seeking continuing education on caring for elders. This year's trainings similar to past year's, were attended by more than 1,000 people. Saint Anne's provides breakfast and the approved professional education credits for a range of health care disciplines.

### ***Project Help***

Saint Anne's coordinates a personal emergency response system that offers 24-hour emergency home monitoring services. **Project Help**, which utilizes the well-known Lifeline services, provides peace of mind for subscribers and their families, allows seniors to remain at home and independent, yet offers early intervention in the case of a medical crisis. Project Help can make living at home more secure for individuals who are physically-challenged or who may be at risk for falls. In this past year, the program had 80 subscribers from the area whose average age was over 80. Our Community and Social Work Services coordinates this service. Most of the subscribers pay a below-market rate and a small number receive the

service at no charge. Total budget for the program is \$15,056 and Saint Anne's provides approximately 18 percent of costs to supplement the below-cost rates charged for the service.

***Sunday Senior Luncheon***

Saint Anne's continues to offer our **Sunday Senior Luncheon** to provide a low-cost, healthy meal to seniors at risk for poor nutrition and decreased socialization. More than 65 "regulars" gather for a nutritious meal, a timely health presentation, and lively discussion, along with plenty of socializing. The hospital provides space, staff and speakers and subsidizes more than one-third of the meal costs.

**Community Benefit Expenditures**

(related to the whole report)

<b>Type</b>	<b>Estimated Total Expenditures for Fiscal Year 2002</b>	<b>Approved Program Budget for Fiscal Year 2003</b>
Community Benefits Programs	1. Direct Expenses .....\$1,338,109 2. Associated Expenses .....\$125,961 3. Determination of Need Expenditures .....\$0 4. Employee ..... not reported 5. Other Leveraged Resources .....\$1,599,376	\$3.1M  <i>*Excluding expenditures that cannot be projected at the time of the report.</i>
Community service Programs	1. Direct Expenses .....\$22,819 2. Associated Expenses 3. Determination of Need Expenditures 4. Employee Volunteerism 5. Other Leveraged Resources	
Net Charity Care of Uncompensated Care Pool Contribution	.....\$1,308,659	
Corporate Sponsorships	.....\$3,714	
	<b>Total.....\$4,398,638</b>	

*For additional copies or more information, please contact:*

Wendy R. Bauer, MSW  
 Vice President, Marketing & Planning  
 Saint Anne's Hospital  
 795 Middle Street  
 Fall River, MA 02721  
 (508) 235-5056  
 wendy\_bauer@cchcs.org