

Lawrence General Hospital
Community Benefits Report

Fiscal Year 2005

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Lawrence General Hospital Community Benefits Report Fiscal Year 2005

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LAWRENCE GENERAL HOSPITAL

I. Community Benefits Mission Statement

A. Summary

Since 1875, Lawrence General Hospital has served the health care needs of the residents of Lawrence and surrounding communities and pledges to continue that tradition with services for the entire family. This pledge is built on its mission, vision and values, and is embodied today in the Hospital's commitment to its Community Benefits Program. This program is defined as the activities that enhance the quality of life and well being of residents of our service area. It encompasses charity care for all in need, treatment of illness regardless of race, color or creed, and the implementation of wellness programs.

Programs and services offered by the Hospital are designed to:

- 1. Meet the acute health care needs of the residents of its service area - Lawrence, Andover, North Andover, Methuen, Haverhill, and Southern New Hampshire.*
- 2. Improve the overall health status of the community*
- 3. Encourage the development of community-wide coalitions to join with the Hospital in addressing community health issues*
- 4. Address the special needs of disadvantaged residents*
- 5. Contain health care costs in our service area*
- 6. Foster the increased involvement of Hospital staff in community service*
- 7. Provide a seamless continuum of care*

B. Approval of Governing Body

The Board of Trustees of Lawrence General Hospital first adopted the Community Benefits Mission Statement in 1996. It is reviewed annually.

II. Internal Oversight and Management

A. Management Structure

The Community Benefits Program is accountable to the Hospital Trustees, who live and work in the local community, and to the President and Chief Executive Officer. Management of the program is the responsibility of the Director Public Affairs, who coordinates program activities and prepares the Annual Report. Clinical staff members implement programs.

The Public Affairs staff works with a Steering Committee to plan how financial and human resources are allocated for community benefit. Members of the Steering Committee are managers whose jobs put them in constant contact with key Hospital constituents: the Director, Medical Social Services; the Director, Quality Improvement; the Coordinator, Interpreter Services; and the Physician Support Representative.

B. Sharing Community Benefits Program with Staff at All Levels

Staff members at all levels of the organization are involved in the provision of community benefits, so there is Hospital-wide awareness of the program. Department and program heads are surveyed annually by the Director, Public Affairs to collect service and cost data. Each year, all of the Vice Presidents and the Community Benefits steering committee members sign off on the report before it is submitted. The final report is made available to all managers.

For non-management personnel, program activities are regularly covered with photos and articles in the Hospital's monthly employee newsletter, *The News in General*. At submission time, *News in General* publishes a capsule review of the Annual Report content and provides copies to employee readers upon request.

III. Community Health Needs Assessment

A. Process

The Hospital is an active partner in the Community Health Area Network (CHNA-11) and the Mayor's Health Task Force of the City of Lawrence. Member health and human service providers in those two organizations meet to assess and prioritize health needs. The Hospital utilizes the collaborative needs identification process as the basis for its own community benefits planning.

The collaborative process is more effective than any one organization can manage alone. The groups include major providers who bring broad-based experiential knowledge of community needs to the table. The groups review newly published health data findings and data sources such as the statewide behavior risk factor survey in planning.

B. Information Sources

The Hospital uses many data sources in planning its services and its community benefits program. These sources include: demographic data from the US Census; Massachusetts Community Health Information Profile (MassCHIP); market data from the Massachusetts Health Data Consortium; benchmarking and trend data from state and national sources; and Press Ganey patient satisfaction surveys.

In conjunction with CHNA, the Hospital also looks at health status indicators and uses the Massachusetts Behavioral Risk Factor Survey to help set priorities. As of 2005, a supplementary local behavioral risk factor data study commissioned by

CHNA has been an invaluable planning resource. Physicians and Hospital outreach staff members in areas such as Social Services, Interpreter Services and Public Affairs help to track trends such as a closure of a local community service or increasing need. Public Affairs staff members monitor local newspapers and agency newsletters to help take the pulse of the local community.

C. Summary of Assessment Findings

Surrounded by more affluent suburbs, the Lawrence urban core population is young Latino, more likely foreign born, less educated, living in older housing and more likely to be living below poverty level. The Merrimack Valley health status picture shows the incidence of many health problems higher than the state average, but there are signs of improvement. Many of the improvements have been affected by successful intervention by the Hospital and Greater Lawrence Family Health Center to increase access to primary care.

Risk behavior data shows local respondents more likely than statewide respondents to be overweight and lacking in exercise. Screenings for breast cancer are near or above state levels, but screening rates for colon/rectal cancer are below. Older residents are more likely to smoke than a comparable statewide population. More than half of respondents report an attempt to quit smoking in the past year.

Current needs, identified through data and by community collaboration are:

Increasing access to care for the uninsured and underinsured –

- continuing to link people to primary care and prenatal care
- addressing the high cost of prescription drugs
- working to increase insurance coverage
- increasing cultural competence among providers
- examining the issue of communication for low literacy audiences

Reducing the incidence of specific health problems through education, prevention programs and advocacy -

- continuing to improve asthma management
- preventing trauma
- reducing smoking and environmental toxins
- combating obesity and associated diabetes
- educating youth to avoid risky behaviors
- stroke prevention

IV. Community Participation

A. Process and Mechanism

Through CHNA meetings open to the public and public forums, the Hospital obtains input to the community benefits plan. The Hospital Board of Trustees, who live and work in the local community, also must agree on the plan.

The Hospital's continuous quality improvement process also provides another source for the identification of needs. Opportunities for improvement are identified throughout the organization, and the community Board of Trustees' Quality Appraisal Committee determines annual priorities.

B. Community Participants

- Members of the Hospital Board of Trustees
- CHNA-11 participants
- Community at large is invited to give feedback and input to the plan.

C. Community Role in Development, Implementation, Review

The community-at-large gives input to the plan. Hospital management develops the overall plan, with steering committee sign off. The community Board of Trustees reviews the plan and authorizes its implementation.

Implementation is the responsibility of the Hospital staff, although they often work in collaboration with others in the community to carry out programs.

Each year, the Hospital invites comment and input to the plan by putting a notice in the employee newsletter. Notice also appears in the external newsletter, *Regarding Women*, which is mailed to 49,000 households in the Hospital's service area. The Hospital web site invites the public to visit the Attorney General's website to read our Community Benefit Report.

V. Community Benefits Plan

A. Process of Development of the Plan

Hospital trustees, management and community benefits steering committee members determine final priorities based on a combination of the following criteria: the program meets an identified need; it fills a perceived gap in service; it reflects community/patient opinion; it reflects staff input; it matches staff expertise, it is financially feasible; human resources are available; and the program fits with the Hospital's mission and current strategic plans.

The backbone of our plan is a major long-range effort to improve the actual provision of care in the Hispanic community in response to changing community need. This goal predated the process of community benefits reporting, and is an on-going commitment. To this, we add programs to target specific diseases or problems, especially those conditions we can attack in concert with other community providers for greater impact.

In special cases, the Hospital addresses a need that is not frequently articulated by the community, but is, none-the-less, a pressing need related to our mission.

As the fifth largest provider of emergency services in the state and a Level III Trauma Center located near the juncture of major Routes 93 and 495, the Hospital must work toward reducing the incidence of trauma. Trauma prevention outreach efforts have become an ongoing part of our plan.

B. Choice of Target Population/Identification of Priorities/Relationship to Assessment

Clearly, a priority target population for the Hospital Community Benefits Program is the Hispanic community of the urban core of Lawrence. As our assessment shows, this is a population with multiple needs and issues of access to care. Within the Hispanic community, we have also targeted groups with specific needs indicated by health care data, such as children and adults with asthma, women lacking adequate pre-natal care or access to breast and cervical cancer screening, and persons with diabetes.

Efforts to combat specific diseases or reduce risk factors are not restricted to the population of Lawrence. We serve Andover, North Andover, Methuen, Haverhill and Southern New Hampshire towns as well. Programs to prevent traumatic accidents, heart disease and stroke, cancer, diabetes and asthma attacks are open to all.

C. Goals and strategies

1. Long-term

a. To provide charity care and to advocate for those in need by:

- 1.) Offering skillful financial counseling to identify those eligible for free care or insurance coverage and to help them obtain it
- 2.) Speaking out to legislators and/or the public to maintain funding for programs for those in need

b. To increase access to primary care for the poor in Lawrence by:

- 1.) Supporting the Greater Lawrence Family Health Center
- 2.) Helping to train family practice physicians committed to providing primary care in Lawrence

c. To reduce barriers to care for Hispanic/Latino patients by:

- 1.) Training more culturally competent staff interpreters
- 2.) Recruiting more bilingual, bicultural staff
- 3.) Encouraging young Hispanics in Lawrence to pursue careers in health care
- 4.) Offering programs of cross-cultural awareness to staff members

d. To create a healthier Merrimack Valley by:

- 1.) Promoting preventive care
 - a.) offering annual cancer screenings
 - b.) providing public health education through newsletters and other forms of communication
- 2.) Helping people to lead healthier lifestyles through education and outreach
 - a.) asthma management
 - b.) trauma prevention
 - c.) diabetes prevention and management
 - d.) cardiac health
 - e.) stroke prevention
- 3.) Working through CHNA to reduce environmental toxins
- 4.) Collaborating with other providers to offer a seamless continuum of care

2. Short-term

- a. Continue to work with CHNA-11 and other local providers and the Mayor's Office in Lawrence on strategic health planning, including issues of access to care, (particularly in light of recent government funding reductions in health and human service programs)**
- b. Continue training and education programs that increase cultural competency and diversity in the Hospital's workforce**
- c. Continue to play a key role in regional and local emergency preparedness**
- d. Continue to provide screening and outreach programs as resources allow**

D. Process for Measuring Outcomes/Evaluating Effectiveness

Lawrence General measures short-term success in numbers cared for. When finances allow, we also try to maintain the same level of programming Hospital-wide from year to year. Clinicians providing the service collect this data and the Director, Public Affairs aggregates it for the preparation of this report.

Program effectiveness takes longer to establish. We measure it by looking at a variety of quantitative and qualitative factors such as increased access to primary care, reduction in people being admitted to the hospital, reduction of the incidence of a disease or disease risk factor in the target population, an increase in the numbers of culturally competent providers, or improvement in the quality of life. Progress is confirmed when local health outcomes compare favorably to local or national benchmarks.

The Hospital culture supports measured outcomes through its formal continuous quality improvement process. Quality improvement relies on benchmarking data to set priorities, test improved care models, and measure success.

E. Process for Determining a Budget

Budget responsibility for the Community Benefits Program components is decentralized. Administration budgets for major ongoing expenditures such as charity care or support for the Greater Lawrence Family Health Center. Other initiatives are budgeted departmentally or by service. For example, the Trauma Nurse Coordinator budgets for safety-related outreach, the Department of Public Affairs budgets for public information, promotional support for initiatives, and monies given to support other charitable agencies.

This decentralized approach has been working well. When Public Affairs compiles figures for the Annual Report, there is ample opportunity for centralized managerial review of the total budget. The Board of Trustees authorizes final sign off.

We maintain a total annual Community Benefits budget as a ratio of annual patient care related expenses. Our 2005 Community Benefits expenditures to patient care expense ratio is .028 percent.

F. Process for Reviewing, Updating, Evaluating the Plan

The community at large is invited to review our Community Benefits Report and comment through our quarterly newsletter mailed to 49,000 households in our service area, and by way of postings in the Hospital. Our web site www.lawrencegeneral.org invites viewers to visit the Attorney General's web site to view our report. The full report is also available for public review at the Massachusetts Center for Health Communities library in Lawrence.

Each year, the Director, Public Affairs collects information on services provided and on expenditures from everyone in the organization involved in community benefits initiatives. This serves as the core of the Annual Report. During the annual updating process, the Board of Trustees, President and Chief Executive Officer, community benefits Steering Committee, managers and vice presidents have the opportunity to review and evaluate the plan. The Director, Public Affairs, incorporates modifications.

VI. Progress Report: Activity During the Year

A. Expenditures

1. Expenditures Chart – Please see Template in Standard Summary

2. Financial Environment of the Hospital

Lawrence General Hospital faces the expected challenges associated with our disproportionate share status and our location in an urban setting. We concentrate our community benefit investments in programs with a direct and measurable health benefit and upon efforts that can be leveraged by community collaboration.

B. Major Programs/Initiatives/Accomplishments

1. Maintained Net Charity Care

Lawrence General Hospital provided \$7,503,000 of uncompensated care in FY 2005. Net charity care to families in need in 2005 was \$1,175,901.

2. Increased Access to Primary Care for the Poor in Lawrence by Supporting the Greater Lawrence Family Health Center and the Lawrence Family Practice Residency

The Greater Lawrence Family Health Center and the Hospital have a shared constituency. The development of the Family Practice Residency in 1994 increased the number of primary care physicians in urban Lawrence from three in 1994 to over 50 in 2005. Half of Lawrence residents now receive their care through the Health Center. Diagnostic testing, acute care, and education programs are provided by the Hospital.

In 2005 Lawrence General provided \$1,546,000 in support to the Lawrence Family Practice Residency Program for salaries, capital outlays, space and services. This is exclusive of the very significant costs in time spent by physicians, nurses, nurses, nutritionists, social workers and technologists in educating and training resident physicians. Over 200 of the Hospital's medical staff members teach residents in their offices, in lectures, and on rounds.

Candidates for the competitive three-year program are top medical graduates who have demonstrated a commitment to serving those living in poverty. They must also learn Spanish and the culture of the non-native, mostly Latino patient population served by the GLFHC and Hospital. In 2005, the residency program graduated the 10th class and welcomed its 11th class of eight new residents – the class of 2008. This raised the total number of participants over the life of the program to 101. Almost 80 percent of its graduates remain dedicated to reducing the disparities that exist in our nation's health care system, working in rural and urban settings caring for underserved populations after graduation.

In the past two years, the Greater Lawrence Family Health Center provided primary care and support services to more than 43,000 patients. In 2005 alone, Health Center patients made nearly 170,000 medical visits and its physicians made 11,000 hospital visits and delivered 780 babies. The number of underserved, economically disadvantaged patients without health care coverage continues to grow (currently 40 percent for Latinos in Lawrence) and causes concern in a community where 51 percent of the 72,000 residents live below 200

percent of the federal poverty level. Nearly 90 percent of GLFHC patients are Latino, more than 90 percent live below 200 percent of the federal poverty level, and more than 24 percent are uninsured.

All of GLFHC's perinatal, pediatric, and adult primary care services are linguistically and culturally sensitive to patients' needs. Currently, patients are served by a multi-specialty group of family practice physicians, pediatricians, internists, and nurse practitioners. GLFHC physicians have admitting privileges at Lawrence General Hospital. GLFHC providers are board-certified and are responsible for coordinating all patient health care needs. When deemed necessary, the primary care provider refers patients for specialized services.

➤ The Pharmacy has experienced a dramatic increase in the first six months of FY06 and is operating at 14 percent above budget for the year to date. In July of last year, the Pharmacy filled 2,300 prescriptions; that number has risen to nearly 4,000 in December, which is 35 percent above budget. The pharmacist has conducted at least ten outreach and information sessions throughout the Lawrence community, which helps to account for the increase in pharmacy use. The success of this operation has had a positive impact on the Health Center's capability to provide a full range of quality services.

➤ The Health Center now has full backup of obstetrics coverage, offers a weekly gynecology clinic, and added two obstetric fellows to its Residency program. This year, GLFHC added medical case management to the High-Risk OB Group. The full-time High Risk OB Nurse Case Manager is assigned to assist the obstetric clinic in addition to reviewing charts of all prenatal patients seen at the Haverhill Street 1 Site. This strengthened OB team means that high-risk patients are able to deliver locally rather than in a more expensive tertiary center. As a result, GLFHC expects to do 850-880 deliveries this year. Also the number of pregnant women seen in their first trimester has increased from 50 percent in 2004 to 68 percent in 2005. Pregnant women are more likely to return for early care in subsequent pregnancies because of improved education and case management.

➤ Wellness groups led by physicians and certified exercise instructors and acupuncturists run on a daily schedule. These outreach programs are unique in that they are group encounters that involve the patients and the physician in the activity, which galvanizes the patient-provider relationship. Individualized programs are determined based on clinical observation and assessment by the physician and incorporated into each group session for maximum benefit to all participants. Offerings continually expand to meet patient demands and needs. There are now 16 classes: one prenatal, four childhood obesity, one parent-child group obesity, one smoking cessation group, two chronic pain groups, four classes for obesity, high cholesterol, hypertension, and diabetes, one group for depression and overweight patients, and two groups for people with mental disabilities. Also, for the first time, the Residency program offers a Fellowship in Integrative Medicine.

➤ GLFHC recently applied for a three-year extension to its *Latino Nursing Workforce Diversity Program (LLNP)* program, which is in its 5th year of operation. The program has been successful in helping increase the number of

Latino students accepted into professional nursing programs and to retain them beyond the first year. Its success is built upon a program that focuses on retention activities, pre-entry preparation, and providing student scholarships and stipends. In the last two years, 16 scholarships of \$5,000 each have been awarded to deserving students enrolled in RN programs. Alleviating the nursing shortage and diversifying the nursing workforce are the long-term benefits of this project.

➤ The Health Care for the Homeless program offers a multidisciplinary team of GLFHC clinicians, case managers, and outreach workers to provide medical care at 14 sites throughout the Merrimack Valley. These shelters, drop-in centers, and soup kitchens are where the homeless are most likely to gather on a regular basis. Among its 835 homeless patients, men outnumber women two-to-one, and 65 percent of clients are Latino.

➤ A new Ophthalmology clinic began operation in early January, 2006. GLFHC providers refer patients to the clinic for routine ophthalmologic office exams and minimally invasive procedures. The clinic is open only on Fridays at the Haverhill Street site. The primary patients in need of the new services are the 2,600 GLFHC patients diagnosed with diabetes.

➤ This year, GLFHC teamed up with Evercare, a Senior Care Option, to present *Cuidese*, a series of workshops for Latino elderly on exercise, nutrition, pharmacy education, and diabetes management. *Cuidese* is Spanish for *Taking Care of Yourself*. Nearly 12 percent of the city's population is 60 and older. *Cuidese* offered Latino seniors the opportunity to learn ways to boost mobility, eat healthy, adhere to prescribed medications, manage care giving duties, and seek out supportive resources within the community. Free blood pressure and blood sugar screenings and flu vaccines were offered during the workshops.

➤ The Health Center has undertaken long-range planning with state and local officials to determine how it should best prepare for emergency situations. GLFHC is identified as a Secondary Medical Responder in the city's *Community Emergency Response Team*, and it is part of the Lawrence Public Schools' emergency preparedness plan. During a community disaster, GLFHC performs four basic functions: (1) surveillance of unusual outbreaks and diseases; (2) triage and treatment during a surge in patients; (3) vaccination and mass prophylaxis; and (4) integration of its work with the Hospital and community wide and regional emergency response efforts.

3. Improved the Health of Merrimack Valley Residents Through Prevention Programs

a. Reduced Hospitalizations and Emergency Room Visits for Asthma

Since 1996, Lawrence General's Asthma Management Program has helped patients control their chronic conditions better. Rates of hospitalization for asthma have been decreasing dramatically and are comparable to the state average now. The program accomplished this outcome through one-to-one patient education and follow-up linkage to the primary care provider.

b. Reached Over 18,000 with Trauma Prevention Outreach

1.) Sexual Assault Nurse Examiner Program

Lawrence General Hospital was the first self-contained, comprehensive site for the Sexual Assault Nurse Examiner program administered by the Massachusetts Department of Public Health. Certified registered nurses receive special training to conduct sexual assault medical-legal exams. The service is available around the clock. The program's primary goal is to improve the quality of care for sexual assault victims while standardizing methods of evidence collection in the Emergency Department. The SANE Program has received commendation from the Commonwealth for its initiatives

2.) Promoted Safety

For the first time in its 10 year history, the Hospital, AAA and Greater Lawrence Kiwanis Bicycle Safety Rodeo on Lawrence Common was rained out! However, in the same spirit, the groups participated in "Lawrence Night Out" in August. Our Emergency Nurses fit 100 children with bike helmets.

The Hospital supports special training for clinicians to learn how to properly fit test infant and child car seats. The team offers regular inspections by appointment and held 11 related safety events in 2005. They also participated in 6 local safety outreach events in schools, churches and the like.

Hospital paramedics offer a six week EMT training course twice a year. They also update local fire departments about advances in emergency care.

The Hospital sponsors an electronic message board at the Registry of Motor Vehicles in Lawrence and Haverhill. Public Affairs staff members prepare the safety messages, which change monthly, on topics such as avoiding road rage, child seat safety, and the like.

c. Helped Prevent Diabetes

Lawrence General's Diabetes Nurse Educator continued to work with the Diabetes Today Coalition to raise awareness of this "silent killer" and its link to obesity, joining them in promoting Lawrence Walks," a measured course around the Lawrence Common in the heart of the city. This year, the Coalition offered screenings at an April Diabetes Fair in the city, "fiesta de salud."

d. Improved Women's Health

1.) Conducted the Women's Breast and Cervical Cancer Initiative

With a grant from the Department of Public Health, and in conjunction with the Lawrence YWCA, the Hospital provided outreach, education and free testing for 525 women without access to mammograms and cervical cancer screenings.

2.) Ensured Proper Prenatal/Birthing Care and Developing Parenting Skills

The Hospital operates a Maternal/Fetal Medicine Clinic in collaboration with New England Medical Center offering consultations for women at high risk for complications during pregnancy and childbirth.

The Childbirth Educator, a certified nurse instructor, conducted childbirth classes attended by 500. In addition to preparation for childbirth, topics included breast-feeding, CPR for family and friends, sibling class and grandparenting class.

In 2005, The Birthing Center offered "Classes in a Basket" a collection of videos and CDs about childbirth that could be viewed by expectant parents at home at their leisure.

The Hospital provides a free hearing screen for every newborn in the nursery – 1,700 a year. The Andover Quota Club and the Josephine Russell Trust helped fund the program.

In 2005, the Hospital added a new free service for parents, an e-magazine for expectant partners. The informative e-mail explains what to expect week-by-week during pregnancy and continues on topics of infant development up until baby's first birthday. It also offers latest research findings.

3.) Distributed Information on Women's Health Issues to 49,000 Households

The Hospital continued to publish a quarterly health newsletter mailed to 49,000 households in its service area. Although directed to women because they often influence family health care decisions, the content covers a broad range of health topics of interest to men as well.

e. Offered Tobacco Control Programs

The Hospital's Respiratory Therapy Department staff includes a certified

Respiratory Therapist who is also an American Lung Association instructor. She provides education for patients who need help to quit smoking.

f. Screened for Men's Health

In 2005, the Hospital joined the Department of Public Health, the Mayor's Office of the City of Lawrence, Elder Services of the Merrimack Valley and Greater Lawrence Family Health Center in offering a prostate cancer, cardiac and glucose screening events. The events at the Lawrence Senior Center drew 121 men who lacked health insurance. A local family practitioner followed up with all participants.

g. Enhanced Health Outreach to the Latino Population in the Merrimack Valley

- 1.) Offered programs to increase the cultural competency of the Hospital's workforce

Through a grant from the State Department of Employment and Training, eight long-term employees continued their education with the goal of becoming registered nurses.

- 2.) Offered Formal Medical Interpreter Training Program

We offer a salary premium to bilingual employees who elect to take Hospital-sponsored course to become culturally competent medical interpreters. To date, 121 bilingual staff members at all levels of the organization have been trained.

h. Addressed Broad Public Health Concerns

- 1.) Supported the Emergency Medical System

Northeast Emergency Medical Services Corp, Inc. oversees the provision of pre-hospital emergency medical services for approximately 80 communities of 1.1 million people in Northeastern Massachusetts Region III. It is a non-profit entity, sub-contracted to the Department of Public Health. Members of the Hospital staff serve on the NEMS Board.

Lawrence General provides rent-free space for the radio consoles and associated equipment and staffs the Central Emergency Medical Direction (C-MED) Center. The Hospital provides the funding – a percentage of salary plus fringe benefit costs. that amount totaled \$127,000 this year. During 2005, C-MED handled 80,000 ambulance-to-Hospital radio emergency calls.

Formed shortly after 9/11, our 20-member Nuclear, Biological Chemical and Bioterrorism Task Force provides a suitable framework for many types of emergency planning. Coordinating with local emergency management personnel, the Hospital hosts the City's Federally-funded decontamination unit when needed. In 2005, the Hospital joined with a local interagency group to examine preparedness for threats such as Bird Flu. The Hospital's security chief serves on the Northeast Homeland Security Advisory Council, Executive Office of Public Safety.

2.) Helped Improve Housing Conditions

The Hospital provides representation on the Board of Lawrence CommunityWorks, a non-profit corporation dedicated to improving the housing conditions and quality of life for Lawrence residents by building new affordable housing on vacant lots.

3.) Supported Area Renewal and Clean-up of Pollutants

The Hospital consistently plays a leadership role in efforts to improve the quality of life and work in Lawrence and surrounding towns through active participation in the Merrimack Valley Economic Development Council and the Merrimack Valley Chamber of Commerce. Years of such effort are now producing dividends with the construction of a new "Gateway" corridor into Lawrence and the clean-up of old, adjacent industrial sites.

4.) Helped Create a Revitalized Local Community

The Hospital is a participant in and hosts meetings of the Riviviendo Gateway Initiative, a citizens group dedicated to improving and developing the neighborhoods and industrial areas forming the "gateway" corridor to the City of Lawrence.

i. Provided Training Opportunities for Citizens with Special Needs

The Volunteer Coordinator manages a program contract with American Training Center, Lawrence. Two to three individuals with special needs assist the Hospital with wheelchair cleaning two days a week under supervision of a job coach. In return, they gain self esteem, learn practical job skills that could lead to full employment, and receive a stipend from the Hospital

j. Educated Youth About Health and Health Careers

During the school year, the Hospital staff offers a program about health, nutrition, exercise, safety and self-esteem to students at the neighboring

Leonard School. In 2005, 250 children attended this program arranged by the Hospital's Volunteer Coordinator.

The Coordinator also organized a career program for 25 students in the PALS (Phillips Academy/Leonard School) collaborative, a summer student-to-student mentoring program for city youth.

In addition, our "Shadow a Professional Program" continues to provide an in-depth summer mentoring experience for local high school students. The competitive program requires an application and a commitment of 2 days a week for five weeks from the students. In exchange, they get to explore a health career in depth. The popular program accepted 25 students for the summer of 2005, an increase of 10 over the previous year.

The Hospital Auxiliary conducts regular tours to introduce pre-school children to the Hospital in a non-threatening way. The children visit Pediatrics, learn about radiology and are given refreshments and little treats. In 2005, 400 children went on tour, double last year's number.

VII. Next Reporting Year

A. Budget 2006

The Hospital would like to maintain a consistent level of funding for Community Benefits that we have historically offered, as our financial status allows. With our goals in mind, we continue to monitor the impact of state budget cuts.

B-C. Anticipated Goals and Program Initiatives 2006/Projected Outcomes

As previously described under Section V-C Short-term goals, we plan to accomplish the following in 2006:

- 1. Continue to work with other local providers, Mayor's Office in Lawrence, MassConnect and CHNA on strategic health planning, including increasing access to care (particularly in light of recent funding reductions in health and human service programs.)**

Projected 2006 outcomes:

- several collaborative preventive outreach programs will be held
- scarce resources will be allocated in creative ways

- 2. Continue training and education programs that increase cultural competency and diversity in the workforce.**

Projected 2006 outcome: additional bilingual employees will be trained as competent medical interpreters and will be linked to other educational opportunities to help advance their careers.

3. Continue to help lead local and regional bioterrorism preparedness efforts

Projected 2006 outcome: An enhanced community response plan will continue to be refined in collaboration with our local homeland security team and neighboring agencies.

4. Continue to provide screening and outreach programs as resources allow:

Expected outcomes:

- Diabetes public education, screening and outreach will continue
- Breast and cervical cancer screenings will be offered to hundreds of women without access to care
- Thousands in our service area will receive education about preventing cancer and the importance of early detection, with a focus on colon/rectal, prostate, lung, and head and neck cancer.
- Thousands of children and parents in our service area will be touched and lives saved by trauma intervention efforts.
- Thousands in our service area will learn about stroke prevention, be able to recognize symptoms, and to seek care immediately if symptoms develop.

VII. Lawrence General Hospital Contact Information

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