

**Anna Jaques Hospital  
Fiscal Year 2006  
Community Benefits Report  
October 1, 2005 – September 30, 2006**

**A. COMMUNITY BENEFITS MISSION STATEMENT**

We are committed to the charitable mission of Anna Jaques Hospital and to cooperative partnerships with our communities. Together, we will identify the health needs of vulnerable and at risk populations and implement activities to enhance the overall health of our area. We will provide needed health and wellness assistance regardless of ethnicity, religious belief, gender and age.

**II. Oversight and Development of Community Benefits Plan**

A. Management Structure: The advisory group makes its recommendations to the hospital community benefits coordinator who provides those recommendations to the hospital's senior management. The community benefits coordinator works with all appropriate hospital and volunteer staff to carry out, to the best of their ability, the advisory's recommendations for health improvement initiatives.

B. Sharing Information:

The report is shared with staff at all levels of the institution using all available communication vehicles:

- Meditech/Mox mail for clinicians
- e-mail for staff
- *NewsBreak* (employee newsletter)
- Employee intranet (Anna Online) site
- Hard copy distribution to physicians, senior management

**III Community Health Needs Assessment**

A. Process:

Assess community needs

The advisory reviewed data from the Massachusetts Department of Health, MassCHIP, Northeast Center for Healthy Communities, and the Health of the Merrimack Valley 2003 report (commissioned by CHNA -12), and held discussions with community health nurses, healthcare providers, physicians, clinical technologists, the hospital infectious disease control nurse, and community partners, (listed in B below) for its community health needs assessment.

## **B. Information Sources**

Information was gathered from the data sources listed in “A” above, and supplemented with information gathered from the partners listed below:

Key Collaborations and Partners:

- Community Action Inc
- American Heart Association
- American Red Cross
- School districts in Amesbury, Newburyport, Georgetown, Haverhill, Triton Regional (Salisbury, Newbury, Rowley), Merrimac
- Council on Aging and senior citizen centers in Salisbury, Newbury, Amesbury
- Boys and Girls Club, Greater Merrimack Valley
- Greater Newburyport YWCA
- AJH physicians
- Police departments in Amesbury, Newburyport
- Council of Churches
- Jeanne Geiger Crisis Center
- Opportunity Works
- AJH Infectious Disease Control Nurse
- Community members and business owners
- David Marshall, Community Relations Manager, Anna Jaques Hospital
- Deborah Chiaravalloti, Vice President, public relations and marketing, community benefits coordinator, Anna Jaques Hospital

## **C. Establish set of priorities**

After reviewing the statistics and demographics available, and holding discussions with healthcare providers, it became clear that several health issues that cause, or contribute to, the statistically high mortality rate in our service territory were in need of publicity, education, and community outreach, *specifically; heart disease, breast health, and obesity*. We identified the need to focus on these issues as the result of compelling state and local data regarding the health and mortality rates of the citizens in our service communities.

## Summary of Findings

### Cardiovascular disease:

Several towns in our service territory show statistically higher cardiovascular disease death rates than the state average. For example, shown in the MassCHIP matrix below, note the high rates of death and hospitalization for women in Amesbury, aged 55-74 as compared to the state rate.

### Cardiovascular Mortality and Hospitalizations by Gender and Age: Amesbury

	Mortality			Hospitalizations		
	Area 3 yr Count	Area 3 yr Age-specific Rate (c)	State 3 yr Age- specific Rate (c)	Area 3 yr Count	Area 3 yr Age-specific Rate (c)	State 3 yr Age- specific Rate (c)
<b>All Circulatory System Diseases</b>						
Ages 20-54	5	19.4	33.3	150	582.8	524.8
Male	3	23.7	49.2	94	744.8	702.7
Female	2	15.2	18.0	56	427.0	353.8
Ages 55-74	37	492.6	377.1	384	5560.4	4820.7
Male	22	627.6	506.6	226	7100.2	6149.3
Female	15	374.4	263.9	158	4243.9	3677.1

### Breast Cancer:

Several towns in our service area showed breast cancer death rates that were statistically higher than the state average which is 25.3 (MDPH MassChip 2000):

Georgetown: 48.9  
Amesbury: 34.4  
Rowley: 81.3

Combined with low mammography rates for women aged 40-49, (MDPH Screening Mammography in Massachusetts 2003), this shows an ongoing, urgent need for public education and outreach.

Georgetown: 47%  
Amesbury: 48%  
Rowley: 39%

**Obesity:**

Obesity is not only a national health crisis but a local one as well. The 2003 Massachusetts Youth Risk Behavior Survey found that since 1999 there has been a significant decrease in the percent of students who eat five or more servings of fruits or vegetables per day (14% to 11% in 2003). The Centers for Disease Control reports that 55% of Massachusetts adults are overweight or obese, (CDC BRFSS 2004) and 24% of Massachusetts High School students are overweight or at risk of becoming overweight (CC YRBSS 2003)

**IV. Community Participation****A. Process And Mechanism:**

Programs were developed based upon our collaboration with the partners listed in “C” above, and supported, or in some cases driven by, state data.

Copies of the draft report will be disseminated to:

- The Anna Jaques Hospital community benefits advisory group
- The CHNA-12 email membership list
- The Newburyport Health Partnership
- School and town officials
- The Anna Jaques Hospital Board of Trustees and Corporators (volunteer members from the communities the hospital serves)

Additionally, a link to the report will be established on the hospital’s Web site for community access ([www.ajh.org](http://www.ajh.org)), and on the hospital’s intranet, reaching over 1,000 employees/community residents. Hard copies were also made available upon request to the Community Relations office at 978-463-1185.

**B. Identification of Community Participants:**

The aforementioned list of community organizations was selected because they deliver healthcare and support services directly to the citizens in our service communities.

**C. Community Role in Development, Implementation And Review:**

The community’s role in the development and implementation of the community benefits program is described in “B” and “C” above.

Comments received will be reviewed, shared with the community benefits advisory, and incorporated into this report in its final form.

**V. Community Benefits Plan****A: Process of development**

Please see III A above

## **B. Choice of target population**

For the year reported here, the “community” is defined in two ways:

1. By health status, specifically the aging population of baby boomers\* (aged 45-65) and the elder population in need of information on a variety of health issues ranging from menopause care and breast health to osteoporosis and cardiac care.
2. Geographically: specifically the general population living in the cities and towns serviced by Anna Jaques Hospital

This population resides in Essex County, in the cities and towns from which 90% of Anna Jaques Hospital inpatients are discharged;

Amesbury

Byfield

Georgetown

Groveland

Hampton, NH

Haverhill

Merrimac

Newbury

Newburyport

Rowley

Salisbury

Seabrook, NH

West Newbury

(\*Note: the “baby boomers” are expected to consume three times more healthcare than any other segment of the population. According to MHA “We Care” program statistics.)

## **C. Short term and long-term strategies and goals**

### **Short-term (one year) strategies and goals:**

The short term goals of the community benefits program at Anna Jaques Hospital are as follows:

1. Educate the communities we serve on important health issues such as cardiovascular health and circulatory disease in order to positively impact, and reduce, the rates of these diseases in our service territory.
2. Educate children and adults alike to the adverse health effects of obesity and provide information and education to encourage positive changes, healthy eating and healthy lifestyles.
3. Provide community outreach activities and events so AJH clinical providers and physicians can interact with community members, answer questions and provide general information on a wide variety of health issues and concerns.

### **Long-term (three to five years) strategies and goals:**

Long-term strategies and goals:

The long term strategies and goals of the Anna Jaques Hospital community benefits program are as follows:

- To track statistically significant health status indicators in the cities and towns in our service territory and develop programs and education to address these issues.
- To develop meaningful dialogue with front-line healthcare and social service providers in our service territory in order to gain firsthand knowledge of community needs and health risks.
- To deliver programs at a grassroots level through schools, businesses, community organizations and public forums, that will create positive lifestyle changes in the residents of those communities, resulting in better health.
- To continually make AJH clinical providers' free advice and counsel accessible to the community, through events and seminars.

**D. Process for measuring outcomes and evaluating effectiveness of programs:** The process for measuring outcomes and evaluating effectiveness is determined by the number of individuals/households reached, the number of individuals who participated in a particular event or activity, and ultimately the reduction in the number of cases reported over time.

**E. Process and considerations for determining a budget:** A community benefits budget is specified by line item in the annual budget of the AJH Public Relations and Marketing Department. In addition, most community benefit priorities become the feature of established programs (i.e. the hospital's community newsletter features education, support, programs, etc. on breast cancer). These resources go over and above the dollars allotted to the community benefits line item. We also seek, through the AJH Community Health Foundation, grants and charitable contributions to support these initiatives.

**F. Process for reviewing, evaluating and updating the plan.** See those listed in IV, A. These individuals' comments will be included in the final report submitted to the Attorney General. The Advisory will review the comments and incorporate feedback as they deem appropriate and feasible.

## VI. PROGRESS REPORT: ACTIVITY DURING REPORTING YEAR

### A. Expenditures:

The hospital designed its own community outreach programs in 2006, with the goal of reaching a wide variety of audiences included in the targeted health population. The hospital's community relations manager, with the support of the public relations and marketing department, implemented programs in schools and civic organizations throughout the Anna Jaques Hospital service territory. To date, the hospital has created outreach programs implemented in ten area elementary schools, reaching more than 3,000 children and their families. In addition, these programs have been made available to the community at large through libraries, community organizations, school nurses, police, the Women's Crisis Center, the Salisbury Boys and Girls Club, YWCA, Greater Newburyport, CHNA 12, etc. In addition, the hospital provided \$1,321,483 in charity care.

### B. Major programs and initiatives.

#### **Implementation of school programs to fight obesity**

Given the increasing rate of obesity in young children, the hospital has designed several programs to educate children, at a young age, about the importance of healthy eating and physical activity. These programs represent the hospital's efforts to make this a Hallmark program, and one that represents an ongoing commitment to the community and its children in order to positively impact the growing obesity epidemic. These programs include:

**Healthy Snack Corner (3<sup>rd</sup> grade):** motivate children to bring healthy snacks to school, provide trading cards with healthy snack heroes and fat laden snack villains, that each student collects each week, purchase books and videos on healthy issues for library, along with special chairs and rugs for children to use while reading those specific books. Provide tracking charts for each classroom and take home educational materials for children. Year end assembly reinforces the power of reading the nutritional label.

#### **AJH "How Far Can You Go" pedometer program: (2<sup>nd</sup> and 3<sup>rd</sup> grades):**

The pedometer program was presented to school nurses and was presented at the district level in six area school districts. All materials were designed by the hospital and provided free of charge. Each teacher received a guide book, student Fun Fact handouts, and 5 foot by 5 foot wall map charting steps along historic monuments from Massachusetts to California. Each student received a pedometer, Walking Log book, and a whistle/compass. The class collectively tracked their steps, to see how long it takes "walk" to historical landmarks such as the Statue of Liberty and the White House. Each class "adopted" a challenge team from the hospital. Some schools moved the program to 6<sup>th</sup> grade and combined it with math and history classes. Three thousand students participated in the pedometer program and together with hospital teams, walked more than eight million steps. School nurses adopted the program, in part, because it helps them comply with federal mandates for wellness programming. In addition,

individual families, Girl Scout, Boy Scout and civic groups have adopted the program as well.

**AJH Backpack Program:** This program supports the obesity programs by providing written health information to families each month. AJH provides one pager to school nurses each month, and they insert it into the backpack folders the students take home with school papers. Backpack pages are geared toward the children so they can read and use them. Pages have featured information on healthy school lunch recipes, food kids can cook by themselves, playground safety and healthy sports drinks.

### **Sponsorship of athletic programs to encourage physical activity**

Anna Jaques Hospital sponsored or contributed to athletic programs in our service territory in order to encourage physical activity, a healthy lifestyle and fight obesity. Many of these sponsorships made it possible for low-income children to participate in these activities, who might otherwise have been excluded due to cost and increasing school user fees:

- Funded basketball camp scholarships for low-income girls and defrayed cost of athletic user fees
- Supported first Newburyport Triathlon
- Sponsored teams in the Amesbury and Newburyport Pioneer Little League teams

### **Free hospital community healthcare programs**

Anna Jaques Hospital continued to provide free access to educational seminars and events presenting a wide variety of health information.

- Women's night out seminar series
- Circle of Fire educational series (menopause)
- Be Well magazine mailed to 20,000 households,
  - 2,000 distributed through physician offices, events, hospital, libraries, YWCA, boys and girls club, schools
- Birth Center Open House
- Breast feeding picnic
- Car seat safety day
- Smoking cessation groups
- Blood drives
- Birth center classes – pre-natal and post-natal for Moms, Dads and siblings, lactation connection
- End-of-life support groups
- Bereavement groups
- School nurse support

Community education programs were launched to increase knowledge of free programs, hospital healthcare services, and support resources available in the community. These included:

### **To focus on breast health:**

In order to promote breast health and increase screening rates, the hospital:

- Launched an ongoing print and broadcast advertising campaign (integrated into its women's wellness campaign) to promote breast health and screening services.
- Featured articles in Be Well publication about mammography, the soft mammopads, breast health, and the dangers of breast cancer. 22,000 copied distributed.
- Purchased soft mammography pads to encourage women to have mammograms. Purchased MRS tracking system to follow patients who need advanced diagnostic testing, notifying them and their physicians of the need for appointments and tracking them until the test/exam is completed.

### **To focus on heart health:**

- The hospital presented special events featuring healthy cooking and eating. Cooking with fresh ingredients, and cooking for diabetes.
- Women's Night Out- cardiologist discussing heart health, detailed information on proliferation of drugs and treatments, ways to curtail stress
- Men's Night Out – cardiologist discussed various ways of reducing stress, treating heart disease
- Direct mail piece mailed to 15,000 residents in AJH service territory outlining AJH cardiology services, risk factors, lifestyle changes that need to be made to improve heart health.
- Be Well: magazine direct mailed to 20,000 and distributed to 2,000 more, featured articles on heart health for women including stress reduction, heart healthy cooking, signs and symptoms of heart attack (that differ from traditional signs suffered by men)

### **Seminars in general:**

Women's Night Out; A seminar series delivering information on topics including osteoporosis and osteoarthritis, breast health, cardiac care, stress reduction, mental health, proper diet, and exercise, and asthma. Topics are determined based on input from community members.

Circle of Fire: A series of seminars for women of menopause age. Seminars focus on any number of topics of particular interest to women experiencing this unique stage of life including: physical, emotional and mental changes, family dynamics, communication with adult children and spouses, and stress reduction.

Men's Night Out: a seminar series presented just for men, featuring clinical and lay speakers on topics ranging from heart health, pain control, family dynamics, stress reduction and balancing lifestyle demands.

**COMMUNITY BENEFITS EXPENDITURES (related to the Full Report)**

TYPE	ESTIMATED TOTAL EXPENDITURES FOR [REPORTED FISCAL YEAR]	APPROVED PROGRAM BUDGET FOR [NEXT FISCAL YEAR ]*
<b>COMMUNITY BENEFITS PROGRAMS</b>	(1) Direct Expenses [\$325,600] (2) Associated Expenses [\$1,174,000] (3) Determination of Need Expenditures [\$0] (4) Employee Volunteerism [\$7,000] (5) Other Leveraged Resources [\$9,500]	[\$25,000]  *Excluding expenditures that cannot be projected at the time of the report.
<b>COMMUNITY SERVICE PROGRAMS</b>	(1) Direct Expenses [\$211,300] (2) Associated Expenses [\$0] (3) Determination of Need Expenditures [\$0] (4) Employee Volunteerism [\$2,750] (5) Other Leveraged Resources [\$10,000]	
<b>NET CHARITY CARE OR UNCOMPENSATED CARE POOL CONTRIBUTION – FY2004</b>	[\$1,321,483]	
<b>CORPORATE SPONSORSHIPS</b>	[\$10,000]	
	<b>TOTAL [\$]</b>	

<b>Hospitals: TOTAL PATIENT CARE-RELATED EXPENSES FOR Reported Fiscal Year 2006: [\$81,697,986.]</b>
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**HMOs: MASSACHUSETTS PLAN MEMBERS [#N/A]**  
**Select Status**

**C. For HMOs only**

**D. Notable challenges, accomplishments, and outcomes:**

Healthy Snack Corner attracted the attention of a Capitol Hill lobbyist who believed it worthy of federal funding. The program has been presented by US Congressman John Tierney to the Agriculture Subcommittee for funding.

The Massachusetts Department of Transportation saw the pedometer program and contacted the hospital, asking if they could “piggy back” on the program to gain entry to the elementary schools involved, in order to introduce their “Safe Routes to School” program.

The Pedometer program won an award from New England Society of Healthcare Communicators.

Several elementary schools have used the pedometer program to apply for federal grants and school nurses have used it to help comply with federally mandated wellness programs.

The pedometer program was featured in the American Hospital Association weekly fax and e-newsletter program to Capitol Hill, in which they feature stories of hospitals and their community outreach programs.

Three thousand students participated in the pedometer program, walking more than eight thousand steps. Twenty-five hospital teams teamed with classrooms in ten different elementary schools.

Innovative programs:

Women’s Night Out program regularly attracts 90 to 100 people and is a traditional health seminar featuring clinical providers discussing topics ranging from heart health to osteoporosis. The demographic of this audience typically includes those aged 60+.

Circle of Fire was developed to attract women of menopause age to seminars delivering information on topics including heart and breast health, healthy diet, lifestyle, stress reduction. . This demographic typically attends traditional health seminars in smaller numbers than the 60+ demographic. To date, over 150 women have attended these events and have had mammograms and scheduled appointments with physicians to discuss heart health.

**VII. NEXT REPORTING YEAR**

- A. Approved budget:** \$25,000 (line item only; does not include a majority of the cost of a number of efforts – newsletters, lectures, etc. – that are

the vehicles for promotion of and/or education of community health improvement efforts).

- B. Anticipated goals and program initiatives:** It is anticipated that we will continue to develop programming to address the high rates of cardiovascular disease, breast cancer and obesity in our service territory.
- C. Projected outcomes:** An increase in mammography rates, cardiac tests and screens; an increase in the number of school age children participating in healthy lifestyle/eating programs; an increase in the number of women attending community events and educational seminars. While it takes time to significantly reduce statistics of disease, it is hoped that we will continue to see a decrease in the statistical occurrence of heart disease, breast cancer and obesity in our service territory.

#### **VIII. CONTACT INFORMATION**

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