

COOLEY DICKINSON HOSPITAL

Community Benefits Report 2008

(Full Report)

Submitted on February 26, 2009

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Cooley Dickinson Hospital
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I. Community Benefits Mission

Cooley Dickinson Hospital mission:

To provide our patients and communities with the best health care in the most appropriate setting

Community benefits mission statement:

“Cooley Dickinson Health Care Corporation (Cooley Dickinson) will work in partnership with community leaders in business, government, education, religion, health care, and other areas to develop and enact a common vision of improving the health status of the communities and people we serve.

The Community Health Improvement Mission will be accomplished by providing accessible, quality health care services at a reasonable price, by taking an active role in assessing community needs, by developing a plan and allocating resources to said needs, and by serving as a role model for other institutions.”

- The above mission was affirmed by the Cooley Dickinson Health Care Corporation Board of Trustees, February 1995; revised, August 1996.

Collaboration

Creating “a community that works” involves assuming leadership and serving as a catalyst for changing the current environment. Our goal is to create a partnership with the community to:

- Document health status
- Promote societal and personal responsibility for health
- Serve all residents

As members of the partnership, our values include:

- Promoting good health
- Improving the collective health status of the community
- Promoting affordability
- Prioritizing disparities
- Appreciating diversity

We will help the community to shape its future by advocating for public health initiatives. We will strengthen our public health team by focusing on the consumer, by increasing affiliations and access to community links, by integrating our services within the larger health system, by de-emphasizing categorical illness, and by monitoring community health.

Our mission provides a broad view of health and makes clear Cooley Dickinson’s responsibility in taking a leadership role in assessing and addressing community health needs.

II. Community Benefits Program: Internal Oversight and Management

A. Management Structure

The Board of Trustees has assumed responsibility for enacting the Community Benefits Mission of Cooley Dickinson. Directly responsible and accountable to the Board of Trustees is the Healthy Communities Committee, one of four standing committees of the Board. Other Board committees are the Resource, PACE (Quality), and Development/Public Relations committees.

The structure of the Healthy Communities Committee includes the appointment of an active Trustee as chairperson, three additional board members, three physicians, and several community members. The Committee Chairperson will keep the Board of Trustees informed of its various projects and its progress toward community planning. The Chairperson of the Healthy Communities Committee sits on the Executive Committee of the Health Care Corporation.

The role of the Healthy Communities Committee is to focus on prevention and wellness and to develop strategies for improving community health from both the individual and population perspective. The committee will assess health data, advocate for improvements in financing and access, and build relationships with health care providers outside the hospital. The committee will ensure that, as a non-profit institution, Cooley Dickinson will use its resources to benefit the community. The committee will be responsible for formulating a strategic plan and will strive to implement the Community Benefits Mission as developed by the Board of Trustees.

Cooley Dickinson’s President/Chief Executive Officer (CEO) is ultimately responsible and accountable to the Board of Trustees for actualizing the Community Benefits Mission. The CEO has assigned responsibility for operational oversight and staffing as follows:

Director, Prevention Programs (Jeff Harness, also serving as the Director, Western Massachusetts Center for Healthy Communities) and Jeanne Ryan, Executive Director, VNA and Hospice Alliance

The staff members in these positions are responsible for staffing the Healthy Communities Committee of the Board of Trustees and for supporting the chairperson of that committee. In addition, other duties include coordinating community health improvement initiatives, working cooperatively with affiliates, developing relationships with and supporting key stakeholders, and performing all tasks essential to the submission of the Community Benefits Report.

The Healthy Communities Committee meets on a regular basis to plan, implement and evaluate its mission as developed by the Board of Trustees. This past year, the committee has undergone a major expansion, better defining its organizational structure and increasing community membership.

The following is a list of current committee members:

Healthy Communities Committee Membership

Chairperson:	Jennifer Reynolds , CDH Trustee and public health consultant
Cooley Dickinson Staff:	Jeanne Ryan , Executive Director, VNA & Hospice Alliance Jeff Harness, MPH , Director Prevention Programs and Director, Western Massachusetts Center for Healthy Communities Sue Lesser, RN , Director of Community Education Carol Smith , Executive Vice President/Chief Operating Officer Anne Morgan , Vice President, Marketing and Public Affairs
Board Members:	Craig Melin , CDH President/CEO Jennifer Reynolds Shelley Steuer Shirley Hennessey
Physicians:	Ellen Kaufman, MD Susan Lowery, MD
Community Members:	Epi Bodhi , Director, Amherst Health Department Edgar Cancel , community member John Ebbets, Director , United Way of Hampshire County Karen Jarvis-Vance , Director, Health Services, Northampton Public Schools Sue Cairn , Strategic Planning Initiative for Families and Youth (SPIFFY), Hampshire Educational Collaborative Donna Salloom , Community Liaison for Chronic Disease Prevention, Mass. Department of Public Health Christine Sass , Director, Tobacco Free Network, Hampshire Regional Council of Governments Ed Sayer , Executive Director, Hilltown Health Centers

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B. Sharing Information about Community Benefits

Information is shared on a regular basis concerning the Healthy Communities Committee and community benefits at all levels of the institution, through various means. Minutes and an oral report are provided at the Board of Trustees monthly meetings. Staff members are made aware of the community benefits Cooley Dickinson provides as a non-profit institution beginning at their orientation to the organization. Other methods used to share information include Cooley Dickinson's employee/physician newsletter, *STAT*; the *Community Pulse*, a community-wide newsletter; our Web site, www.cooley-dickinson.org, our Intranet for staff members and routine press releases and through dissemination of a summary of the annual report submitted to the Attorney General's Office.

III. The Community Health Needs Assessment
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A. Information Sources

Over the last decade, Cooley Dickinson has participated in various forms of needs assessment processes, which include both quantitative and qualitative data. In general, plans and initiatives are based on the following:

- Data that is generated and analyzed in a comprehensive community health assessment
- Data generated through targeted needs assessments
- Needs identified by physicians and other community organizations
- Needs as identified by the Healthy Communities Committee
- DPH Needs Assessment
- Behavioral Risk Factor Surveillance Survey
- Mass CHIP
- MISER
- US Census
- Prevention Needs Assessment Survey (Youth Risk)

B. Process and Participation

Cooley Dickinson has engaged with community partners and our physicians to assess our collective needs. The healthy communities committee has approved a plan to conduct a health assessment in 2009. The plan design includes various methods and forums to interact with the community including surveys, focus groups, interviews, and public meetings. Cooley Dickinson also participates in an assessment of Latino access to mental health services. This assessment is spearheaded by Casa Latina, based in Northampton, and includes other community mental health programs. The assessment is in the early design phase and results are anticipated in 2009.

D. Summary of Findings

Looking at the data broadly, the Hampshire County area is relatively healthy compared to the region and state. The major health categories of concern are similar to the rest of the United States: cardiovascular disease, cancer, and substance abuse. The upcoming health assessment is designed to provide further detail to understanding the community conditions and behaviors that lead to these outcomes. The health assessment will also allow for more in-depth planning and coordination with populations at greater risk (specifics to be determined based on assessment results). Based on previous health assessment findings, we anticipate the following areas as continuing to need attention: health care access, mental health and substance abuse problems, HIV/AIDS prevention, education and support services, elder health care services, and chronic diseases, including obesity, are major priorities.

IV. Community Participation

A. Process, Mechanism, and Identification of Participants

The Healthy Communities Committee oversees and administers the Community Benefits of Cooley Dickinson Hospital under the direction of the Board of Trustees. All appointments to the Committee are made by the Board. Selection is made considering priority projects and focus areas and in conjunction with the Trustee Chairperson of the Committee.

Two years ago, Cooley Dickinson completed the largest building project in its history. The building was completed in the spring of 2007 and consists of 32 private patient rooms, six surgical suites, a laboratory, and a new central sterile supply. As part of the DoN (Determination of Need) process and as a continuation of our commitment to community health, Cooley Dickinson has expanded the committee to include wider representation of community members.

B. Community Role in Development, Implementation, and Review of Community Benefits Plan and Annual Report.

The Community Benefits plan and annual report is prepared on a yearly basis by the Director of Prevention Programs and the Executive Director of the VNA and Hospice Alliance and is reviewed by the Healthy Communities Committee. In addition, the report is submitted to the Board of Trustees. The Board receives the full report, and a summary is distributed to department heads and managers. Information on Community Benefits is also included on the Cooley Dickinson Hospital Web site, www.cooley-dickinson.org, and in both internal and external communication.

V. The Community Benefits Plan

A. Plan Development

The Community Benefits Plan is developed in conjunction with the Healthy Communities Committee. Each year, the committee designates the “community benefits programs” as listed in the report. The committee, annually, evaluates the programs that make up the community benefits portion of this report. The committee reviews program basics such as anticipated outcomes, budget performance, and major changes. Throughout the year, program directors present their program to the committee. In addition to the presentation, there is discussion, questions/answers, and

sometimes recommendations. The following criteria have been used for the past five years by the committee to evaluate our investment in these programs:

- Highest value to the community
- Highest value to the mission of Cooley Dickinson
- Demonstrated good use of funds
- Non-duplication in the community
- Demonstration of improved health outcomes
- Demonstration of significant economic impact on the community
- Address population-based health issues

In making priority area recommendations, the committee considers ongoing commitment to community health improvement, requests from the community, needs assessment findings, and input from physicians, staff, and leadership at Cooley Dickinson.

B. Target Population and Priorities

Our target population is defined as those who reside in our primary and secondary services areas. Broadly, this can be described as Hampshire County and parts of Franklin County. In addition, target populations in parts of Hampden County are also included in the plan. Our priorities focus on low-to-moderate-income residents as well as the uninsured or underinsured populations. One of the main issues addressed in our plan is access to health care. In addition to the demographic approach, our priority also includes a health status approach including HIV/AIDS, mental health and substance abuse, chronic diseases, and other health issues that can be affected by behavioral change.

C. Long- and Short-term Goals and Process for Measuring Outcomes and Evaluating Effectiveness

Goal 1: Work with others to assess the health of the community and design services to meet the needs that are identified as a result of the assessment.

- Work with area partners to assess the needs of our local community
- Under the auspices of the Healthy Communities Committee evaluate the effectiveness of our current community benefit priorities

Outcome: Develop various needs assessment processes and products.

Develop a health assessment plan including timeline, budget, data collection tools, and major activities. Produce written report summarizing process, findings, and plan. Provide written evaluation of current community benefit programs

Goal 2: To provide quality care to uninsured or underinsured residents who seek care at our facilities.

- Contribute the assessed amount to the free-care pool
- Help to implement Commonwealth Care and Health Care Reform

- Provide services regardless of free-care or other reimbursement shortfalls
- Assist persons to identify various forms of financial assistance when they are eligible
- Expand services through our HealthConnect program and through the recruitment of Physicians to the voluntary physician program
- Investigate the addition of a prescription assistance program

Outcome: The numbers of people served or persons receiving free care, eligibility assistance or reduced free care and the total value of those services will determine outcome and effectiveness.

Goal 3: To take an active role in identifying people who are seeking health care services and may be eligible for Mass Health or other entitlements and assist in the process of application.

- Expand the HealthConnect access program at Cooley Dickinson

Outcome: The HealthConnect access program will be evaluated by the Healthy Communities Committee, using as criteria the number served and enrolled and receiving the care they need. Additionally, the number of people who are identified and assisted with Mass Health Application who are then approved and its accompanying dollar amount, will also determine outcome. Our successful transfer of these members to Commonwealth Care will also be a 2009 goal.

Goal 4: To participate in Hampshire HealthConnect, a local coalition formed to increase access to health care in Hampshire County, by coordinating primary and specialty care medical services for residents who have no health insurance or who are underinsured.

- Expand the volunteer physician program at CDH
- Secure additional funding through the CDH development department.

Outcome: 600+ residents will receive primary and/or specialty care through the physician network.

Goal 6: To provide community care that will have a positive effect on the health of the individuals as a result of behavioral change.

- Provide a variety of mental health and substance abuse services
- Provide HIV/AIDS education and prevention services to prevent the spread of AIDS and to assist those with the disease to live happy, productive, and healthy lives
- Provide case management and outreach services that assist older persons with special health needs to maintain a high level of wellness and remain as independent as possible
- Work with local school districts to encourage and support healthy lifestyles to include referrals for mental health care (and associated staff training); support substance abuse prevention activities; support policy changes targeting nutrition, physical activity and the use of tobacco

Outcome: Numbers of individuals participating in the various programs, reduced hospitalizations and improved health status are expected outcomes. Additionally, various funding sources monitor specific programs for targeted outcomes.

Goal 7: To assist persons in our target populations who have difficulty assessing primary care, dental or ambulatory behavioral health services due to a language barrier.

- Provide community translation services by funding and supporting a local community based agency (Casa Latina) in the provision of interpreter services for persons in need
- Participate in an assessment of Latino access to mental health services for adults and children and make recommendations to institutional and community based programs

Outcome: The number of hours of interpreter services provided to area residents. A written summary report of Latino access to mental health services.

D. Process and Considerations for Determining a Budget

Budgeting for the various community benefit programs is incorporated in Cooley Dickinson's formal budgeting process beginning at the direct service level, progressing to senior management, and the Board of Trustees for final approval. As part of this process, the budget for priority community benefits areas will be presented to the Healthy Communities Committee for feedback. In addition to our commitment to community benefit priority programs, in 2006 the hospital committed to \$1.3 million over a five-year period and as part of our DoN agreement. These dollars will assist with and expand our current priorities as well as support newly identified emerging needs in the community.

E. Process and Priorities for Considerations in Determining a Budget

The process for determining priorities in our overall organizational budget, which includes community benefits, begins with a review of our expected revenue and existing expenses. After determining our given resources, we determine areas for quality and service improvements. These are organized by senior management and added to the budget in order of priorities and within our given resources. Current commitments to community benefit programs have been given priority. DoN-committed resources are part of this process.

F. Process for Reviewing, Evaluating, and Updating the Plan

The community benefits plan is evaluated according to outcome, process, cost, and satisfaction as reviewed for effectiveness by the Health Communities Committee and in conjunction with community partners. The Community Benefits Plan is reviewed and updated annually by the Healthy Communities Committee and the Board of Trustees.

VI. Progress Report: Cooley Dickinson's Activity During 2008

A. Expenditures

For a total summary please see the "Major Programs and Initiatives" chart below in section B of the report.

B. Major Programs and Initiatives

<i>Program Initiative</i>	<i>Target Population</i>	<i>Cooley Dickinson's Partners</i>	<i>Hospital Contact</i>	<i>Expenditure</i>
Community Case Management - works with patients with chronic illnesses to assure maximum health	Elders with chronic illnesses in the primary and secondary service area	VNA & Hospice of Cooley Dickinson	Don Phillip 30 Locust Street Northampton, MA 01060 413-582-2713 Don_Philip@cooley-dickinson.org	\$ 87,375
Behavioral Health (Mental Health and Substance Abuse) Outpatient and Residential services Community Health Programs - Provide prevention, intervention, and support for target population with problems that can be affected by behavioral changes	Low- to Moderate income, uninsured or underinsured, and persons with mental health and substance abuse problems. Also serves persons with HIV/AIDS or who are at risk of HIV/AIDS. Geographically serves residents of Hampshire, Franklin, Hampden, and Berkshire counties with a focus on Latino residents of Hampden	Massachusetts Department of Public Health. Residential treatment providers of western Massachusetts Various community agencies	Mental Health Programs Chris Rose, PsyD. 30 Locust Street Northampton, MA 01060 413-582-2156 Chris_Rose@cooley-dickinson.org <u>Community Health Programs</u> Jeff Harness 489 Whitney Avenue Holyoke, MA 01040 413-540-0600 x101 Jeff_Harness@cooley-dickinson.org	\$4,668,954

	County			
<p>Hampshire Health Connect</p> <p>Program provides access to healthcare</p>	<p>Individuals in the primary and secondary service area. Health enrollment, access to a physician network and prescription assistance.</p>	<p>Hampshire Health Connect LLC Blue Cross Blue Shield of Massachusetts</p>	<p>Donna Fasser Director Cooley Dickinson Hospital Hampshire Health Connect 413-582-2848</p>	<p>\$242,250</p>
<p>Primary and Dental Care Interpreter Project - provides interpreter services for target patient population to reduce linguistic barriers</p>	<p>Area residents needing interpreter services to access primary care and dental care</p>	<p>Casa Latina and University of Massachusetts and area physicians</p>	<p>Jan Korytoski 30 Locust Street Northampton, MA 01060 413-582-2020 Jan_Korytoski@cooley-dickinson.org</p>	<p>\$97,659</p>
<p>Free Care Assessment and Shortfall - enables the hospital to provide services regardless of ability to pay</p>	<p>Uninsured and low-income residents of our primary and secondary service area</p>	<p>N/A</p>	<p>Robert Rovella 30 Locust Street Northampton, MA 01060 413-582-2351 Robert_Rovella@cooley-dickinson.org</p>	<p>\$2,476,612</p>

C. Notable Challenges, Accomplishments, and Outcomes

Cooley Dickinson Hospital has taken a leadership role in community health through the provision of its many prevention and intervention services. In preparation for conducting the community health assessment in 2009, the healthy communities committee has discussed the concept of population health and the hospital's role in improving it. One local issue emerged that was particularly instructive to the committee. A proposed hookah bar would have required an ordinance change in Northampton. The healthy communities recommended to the board that the hospital take

a public position in support of leaving the current tobacco ordinance untouched. The board endorsed this position and a press release to announce the decision was sent to local media.

Another way Cooley Dickinson serves as a leader in local and regional community health is through our participation in initiatives such as the Pioneer Valley Mayor's initiative to end homelessness, the Strategic Planning Initiative for Families and Youth, the Casa Latina mental health access project, the health disparities awareness project of local health departments, and others.

This past year, the hospital has maintained its commitment to community programs, contributing hospital revenue in addition to other leveraged resources to support these important community programs. In the current budget climate, it has been a challenge to support community programs, especially in consideration of our primary responsibility to provide core hospital services.

One of the more interesting and exciting community health initiatives in recent years was the release of healthy communities mini-grants. The community grant project originated in the Determination of Need process and resulted in a plan to provide funds over a three year period. In 2007, we received 100 applications. Ultimately, 13 projects were selected by the healthy communities committee for funding. In 2008, 62 applications were received and 12 projects received funds.

Cooley Dickinson continues to be an active participant in a long-running local initiative to ensure healthcare access. Through the Hampshire HealthConnect program, the hospital works in partnership with a group of local leaders in business, health care, government, and community representatives on access issues. We have provided access to health care to more than 2,500 individuals through assistance with entitlements and our volunteer physician network. This network is made up of specialists and primary care physicians and has been recognized nationally as a model access program.

Another accomplishment has been to see older adults stay healthier through the Community Case Management program. The program, fully funded by Cooley Dickinson, provides services for patients who have the diagnosis of Congestive Heart Failure (CHF) or Chronic Obstructive Pulmonary Disease (COPD), in order to reduce hospitalizations and to promote health. Patients receive services free of charge. Through this forward-thinking program, in-hospital days have been eliminated or reduced, and patients are able to enjoy the comforts of their own homes.

Since 1992, Cooley Dickinson has been committed to offering a continuum of behavioral health services and continues to support community initiatives relating to substance abuse, HIV/AIDS support, prevention and education, and services for older adults. Despite continued funding challenges, these programs are still in existence and remain one of western Massachusetts' largest continuums of community programs designed to have an impact on personal behavior. Cooley Dickinson successfully applied for state contracts to increase our focus on these problem areas.

In addition to community benefit programs, Cooley Dickinson operates community service programs that include health screening and support groups, health fairs and health education programs, oncology community services, and other clinical services offered free of charge to community members.

Other Community Benefits in the Community Service category are non-clinical support services such as:

- Food and space for support groups and other self-help groups
- Donations of space for various community programs
- Direct donations of equipment and supplies to community programs and relief situations
- Other charitable contributions that enhance Cooley Dickinson's mission

VII. Next Reporting Year - 2009

A. Approved Budget/Projected Expenditures

For the fiscal year 2009, Cooley Dickinson is projecting a Community Benefits budget of \$4,600,000

B. Anticipated Goals and Program Initiatives

Cooley Dickinson will continue to support the community through its various community benefits programs. In addition to our ongoing commitment, the following goals are expected:

Goal 1: To conduct a health assessment in collaboration with other community agencies, residents, youth, and public health workers.

Goal 2: To evaluate existing community benefit programs for their effectiveness, efficiency, and value to the community.

Goal 2: To provide continued support for current community benefit programs that are proven effective and efficient.

Goal 3: To increase community involvement in future healthy community and community benefit activities.

- Cooley Dickinson will sponsor our third and final round of community mini grants to “jump start” public activities related to public health. The grants enable community thinkers and doers to design their own community health programs that impact public health.
- CDH and Hampshire HealthConnect will continue to work with the PHO and other local community efforts to maintain and expand the voluntary physicians’ network. CDH and Hampshire Health Connect will continue to link patients to the Massachusetts Health Connector and to services for which they’re eligible.
- CDH and Hampshire HealthConnect will expand the prescription assistance program.
- CDH medical staff will participate in a film and discussion about health disparities and how policy, systems, and environmental conditions impact health.
- The Healthy Communities Committee will identify emerging needs and work with physicians and community partners to improve health.

C. Projected Outcomes

- Cooley Dickinson will provide approximately \$50,000 in healthy communities mini-grant funding to a wide variety of community projects.
- Cooley Dickinson will support the Casa Latina mental health access assessment project as they produce a report summarizing the problem and an action plan to increase access.
- Cooley Dickinson will continue to provide services that will benefit the community through health screenings, support services, and education.
- The outpatient behavioral health and community services and case management programs will provide over 25,000 visits to priority populations, providing them with needed community services.
- Hampshire HealthConnect will assist 3,000 persons who are underinsured or uninsured to access health care coverage and bilingual/bicultural interpreter services.
- Cooley Dickinson's Healthy Communities Committee will evaluate currently identified community benefit programs, analyze the findings and make recommendations to the senior management of the organization.
- Cooley Dickinson will have a process to involve the community in various activities of the corporation, including the identification and implementation of activities and programs to address the emerging needs of our community.

Contact Information

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