

**Clinton Hospital**  
*A Member of UMass Memorial Health Care*

**2008 COMMUNITY BENEFITS NARRATIVE**

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## Overview

Clinton Hospital, a member of the UMass Memorial Health Care organization, is a not-for-profit, fully accredited acute care community hospital with 41 licensed beds. As a wholly owned subsidiary of a progressive health care system, Clinton Hospital provides high quality, and comprehensive community-based health care services to the seven-town primary service area and surrounding communities. The hospital also provides access to the most advanced medical technologies and specialists available at UMass Memorial Medical Center, the region's leading academic medical center.

The Clinton Hospital primary service area consists of the towns of Clinton, Lancaster, Sterling, Bolton, Berlin, Boylston and West Boylston. The hospital's location makes it easily accessible from all of central Massachusetts. Clinton is bordered by Bolton and Berlin to the east, Boylston to the south, Sterling to the west and Lancaster to the north. The town of Clinton is 13 miles north of Worcester, 16 miles south of Fitchburg, 35 miles west of Boston and has a population of approximately 13,500.

Clinton Hospital provides a full range of inpatient and outpatient acute care services by more than 100 physicians and 300 employees. Services include emergency care (a certified Primary Stroke Service Provider), laboratory, diagnostic imaging (including CT Scans and MRIs), women's health care (offering digital mammography), day surgery, inpatient medical and surgical units, respiratory care, cardiac testing and outpatient clinics. A dedicated case management and Social Services Department helps patients plan for post-acute care. The Rehabilitation Services Department provides excellent occupational, physical and speech therapy services in a caring and friendly environment. During Fiscal Year 2008, Clinton Hospital had 10,278 patient days (including acute and psychiatric patients), and 1,534 patient discharges.

Clinton Hospital has a 20-bed inpatient program in geriatric medical psychiatry which treats people from all areas of the state. The highly respected program provides specialized care to the elderly with a primary psychiatric diagnosis and secondary medical problems. In 2008, the program had 6,613 patient days and 433 patient discharges.

As a certified Primary Stroke Service Provider, the emergency room provides a stroke specialist in a matter of minutes through its partnership with UMass Memorial Medical Center and the use of an advanced videoconferencing system. With services offered 24 hours a day, the emergency room is staffed by physicians from the UMass Memorial Emergency Medicine Group, who provide professional care quickly and efficiently in a convenient location close to home. If additional treatment is necessary, the UMass Memorial LifeFlight helicopter is available to transfer patients within minutes to UMass Memorial Medical Center in Worcester. In 2008, the emergency room had 13,534 emergency visits.

Clinton Hospital takes pride in its ability to provide fast, accurate diagnosis and treatment to its patients, and is committed to meeting the health care needs of a changing community.

## **I. Community Benefits Mission Statement**

### **A. Summary**

*Clinton Hospital is committed to improving the health status of all those it serves and to addressing the health problems of the poor and other medically underserved populations. In addition, nonmedical conditions that negatively impact the health and wellness of our community are addressed.*

### **B. Approval of Governing Body**

The Community Benefits Program mission was approved by senior management and the Clinton Hospital Board of Trustees. The same mission statement is shared by all of the member hospitals of the UMass Memorial Health Care Organization, Inc.

## **II. Internal Oversight and Management of the Community Benefits Program**

### **A. Management Structure**

The Manager of the Community Benefits Program is responsible for overall program management and oversight of program activities, and reports directly to the hospital President and Chief Executive Officer. The Community Benefits Manager is the liaison for all program activities and outreach efforts, and works closely with hospital staff, community-based organizations and agencies in the area, as well as other system hospitals.

The Community Benefits Department also works very closely with the Community Benefits Advisory Committee (CBAC). This dedicated committee, whose main responsibility is to recommend the mission and scope of the Community Benefits Program, meets regularly to identify the area's needs, generate ideas, plan programs, expand services, evaluate program activities and provide overall program support. Community Benefits Advisory Committee members and their affiliated organizations are listed at the end of this report.

### **B. Internal Communication of Community Benefits Mission and Programs**

Community Benefits information is disseminated system-wide to all Clinton Hospital staff, the community and other hospitals within the system in a variety of ways, including:

- A bi-weekly hospital employee newsletter, "The Highland Fling"
- The Clinton Hospital News, a quarterly newsletter, sent to residents in the service area
- Hospital website: [www.clintonhospital.com](http://www.clintonhospital.com)
- "News and Views", a daily e-mail newsletter sent to all e-mail users within the UMass Memorial Health Care system
- Availability of the annual *UMass Memorial Health Care, Inc. Community Benefits Report*
- Local newspapers and newsletters

### **III. Community Health Needs Assessment**

#### **A. Process, Including Participants**

The Community Benefits Advisory Committee (CBAC), with representatives from community organizations within the service area, meets regularly to identify community needs for consideration by Clinton Hospital and its Board of Trustees. The CBAC prioritizes needs and recommends the programs on which to focus initially. Clinton Hospital then leads the effort to ensure the needs are addressed and, to the extent possible, remedied.

In 2008, the Community Benefits Department continued some of the programs that addressed needs previously identified. In addition, new programs were developed to address the needs of the senior community, community at-large, school-age children, the uninsured and underinsured, and the immigrant and underserved populations.

#### **B. Information Sources**

The Manager of the Community Benefits Department attends the Fitchburg/Gardner Area Community Health Network meetings, whenever possible, to gather information on regional approaches to common challenges. The Manager also meets with senior center and community agency directors, school department staff, and internal hospital personnel to evaluate programs being offered by the Community Benefits Department, identify current concerns, and develop new programs that would address current needs. Additionally, the Massachusetts Community Health Information Profile for the service area is reviewed for health status indicators and demographic information.

#### **C. Summary of Findings**

Clinton is the largest community within the hospital service area with a population of 13,545 according to the 2000 Census. Geographically small, about 3.5 miles across from border-to-border in all directions, the contiguous towns of Lancaster, Sterling, Berlin and Bolton are larger geographically, although not as populated as Clinton. Clinton is a community with mostly small manufacturing plants, a hospital, a plastics manufacturer, and small businesses as the main sources of employment. Always ethnically a melting pot, the population continues to be increasingly more diverse. Growing populations include Hispanics, Brazilians and, to a lesser extent, other immigrant groups such as Haitians and Asians.

Critical issues identified by the Community Benefits Department for the populations served in 2008 included:

- Health care for the uninsured, underinsured and underserved and cardiovascular diseases
- Health education programs for the elderly, school children and community-at-large
- Mental health issues for the community at large
- Nutrition and exercise programs for school children and the community at large
- Skill development for youth

The following indicators differentiate Clinton from other towns within the service area:

Senior population	Clinton has a senior population of 2,012 or 15% of the total population (2000 census).
Higher rate deaths from cardiovascular disease	Deaths from cardiovascular disease are 339.5/100,000 compared to a state rate of 276.9/100,000.
Ethnic composition	The Latino population is 11.6% compared to a state rate of 6.8%.
Children in grammar school	Clinton has 850 children enrolled in its primary school (2007-08 school year).
Per capita income	Clinton per capita income is \$22,764 compared to the state's \$25,952, with 22.3% of the population living below 200% of the poverty level compared to the state's 21.7%.

## IV. Community Participation

### A. Process and Mechanism

Clinton Hospital continued the implementation of the Healthy Communities Initiative shared by all members of the UMass Memorial Health Care system with input from community agencies. A Healthy Community is defined as:

*“A community that is safe, with affordable housing and accessible transportation systems, work available for all who want to work, a healthy and safe environment with a sustainable ecosystem and a community that offers access to health care services, which focuses on prevention and maintaining health.”*

The Healthy Communities Initiative is based on the concept that health is more than the absence of disease, and in this context health is defined more broadly to include a full range of quality-of-life issues. This is the Community Benefits Program design that Clinton Hospital and members of the UMass Memorial Health Care system support. Clinton Hospital reached out and collaborated with WHEAT Community Services, an agency that knows firsthand what the local needs are. The hospital also participated in a Task Force to develop a community needs assessment that, when completed, will assist Clinton Hospital in developing programs to address those needs.

### B. Identification of Community Participants

The Community Benefits Department worked very closely with community-based agencies, which included the service area senior centers and councils on aging, school departments, and other community agencies. This approach yielded the programs that were implemented during FY 2008.

The current Community Benefits Advisory Committee is comprised of members of a diverse group of community-based organizations, the faith community, and public agencies that work collaboratively with Clinton Hospital. They include: the Clinton School Department, Community HealthLink, Sterling Senior Center, West Boylston Freedom Worship Center, Head Start, Clinton Parent-Child Home Program, and Clinton Housing Authority.

### **C. Community Role in Review of Community Benefits Plan and Annual Reports**

During 2008, programs were developed and their outcomes reviewed by the community groups directly receiving the services and by the Clinton Hospital management team. The annual report will be shared with the hospital management team and Board of Trustees, state and local legislators and community agencies. Copies will also be available by request from the Manager of Community Benefits. In addition, the annual report is available for review by all members of the community on the Massachusetts Attorney General's web site: [www.ago.state.ma.us](http://www.ago.state.ma.us).

The Community Benefits Advisory Committee reviews Community Benefits activities and program outcomes annually, and recommends updates and revision of the Community Benefit Plan.

## **V. Community Benefit Plan**

### **A. Plan Development Process**

Community Benefits Program activities are based on local needs identified by the Community Benefits Advisory Committee, community agencies and other groups serving targeted populations. The Manager of Community Benefits is responsible for establishing contacts with community agencies and groups and gathering their input in the planning process. The intent of Community Benefits Programs is not to duplicate existing programs, but rather to work cooperatively with community stakeholders to ensure that services provided address the needs identified in specific target populations.

The Clinton Hospital Community Benefits Program priorities are focused on activities that contribute to the betterment of quality of life of the communities served, reducing disparities in access to health care including behavioral services, and contributing to a safe community environment.

### **B. Choice of Target Population(s)/Identification of Priorities**

The Clinton Hospital Management Team decided to continue to focus the Community Benefits Program on activities that would improve health and quality of life in communities within the service area. Based on the various needs previously identified by community agencies and groups, the following populations continued to be targeted for interventions:

- Elderly
- School children
- The uninsured, underinsured and underserved populations
- The population-at-large

### **C. Short-term and Long-term Strategies and Goals**

#### Short-term Goals (One Year):

- Continue programs that address quality of life of the senior population in the areas of home safety, nutrition, mental health, asthma control, osteoporosis, hearing impairment, heart and stroke prevention, exercise, and cancer prevention
- Continue programs that address nutrition, exercise and skill development in school children
- Continue programs that address the health care needs of the poor, uninsured and underinsured
- Develop programs that address the health care needs of the population-at-large such as nutrition, behavioral health, exercise, disease prevention and control

#### Long-term Goals (Three to Five Years):

- Improve access to health care and behavioral health services, especially in outpatient settings for the low-income, uninsured/underinsured and underserved populations
- Improve the quality of life of the communities served using the Healthy Communities Initiative.
- Expand nutrition, exercise and skills development through targeted outreach for school children and the population-at-large
- Expand services for the senior population that improve quality of life
- Address needs not previously identified in the community by enlisting the help of community-based organizations
- Secure additional funding sources to reach identified goals

### **D. Process for Measuring Outcomes and Evaluating Effectiveness of Programs**

Community Benefits Program activities are evaluated and subsequently modified, as necessary, using valuable input from community agencies, the Community Benefits Advisory Committee, and from the participants themselves. Prioritization and coordination of community-wide programs and services ensure non-duplication of effort and increasing responsiveness to the needs of the community.

### **E. Process and Considerations for Determining a Budget**

Clinton Hospital's Management and Board of Trustees review funding of the Community Benefits Program through the process outlined below:

- A report is provided to the hospital's Board of Trustees once per year regarding community outreach and benefits activities, including both existing and proposed programs and outcomes. The Management Team is updated throughout the year and during the budget preparation process.

- Priority is given to maintain levels of community benefits funding within the overall UMass Memorial operating budget, even with continued fiscal constraints in the health care environment.

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

The Clinton Hospital Community Benefits Advisory Committee reviews the Community Benefits Program activities and outcomes, and is also responsible, together with the Manager of Community Benefits, for yearly updating and revision of the Community Benefits Program Plan.

### **VI. Progress Report: Activity During Reporting Year**

#### **A. Expenditures for Clinton Hospital**

The calculation is done in two different ways: first, according to the guidelines promulgated by the Massachusetts Attorney General Office and second, according to a broader definition which considers additional components of spending or revenue loss.

**COMMUNITY BENEFIT EXPENDITURES**  
*According to the Massachusetts Attorney General's Guidelines*

TYPE	ESTIMATED TOTAL EXPENDITURES FOR FISCAL YEAR 2008	APPROVED PROGRAM BUDGET FOR FY 2009
<b>COMMUNITY BENEFIT PROGRAMS</b>	<b>Direct Expenses</b>	<b>\$95,090</b>
	<b>Other Leveraged Resources</b>	<b>\$207</b>
<b>COMMUNITY SERVICE PROGRAMS</b>	<b>Direct Expenses</b>	<b>\$58,832</b>
	<b>Other Leveraged Resources</b>	<b>\$0</b>
<b>CHARITY CARE HSN</b>		<b>\$181,419</b>
<b>OTHER CONTRIBUTIONS</b>		<b>\$1,770</b>
	<b>TOTAL</b>	<b>\$337,318</b>
<b>TOTAL PATIENT CARE-RELATED EXPENSES FOR FY 2008:</b>		<b>\$23,064,707</b>

**NET CHARITY CARE** as defined by the Massachusetts Attorney General Office. Health Care Finance and Policy, 403 Reports (includes payments to HSN).

## Community Benefit Expenditures According to a Broader Definition

The following Community Benefit Expenditures include the Massachusetts Attorney General Guidelines Expenditures from above plus additional expenditures that play an important role in the delivery of care.

### Community Benefits Program

Direct Program Expenses	\$ 95,090
Other Leveraged Resources	\$ 207
Community Service Direct Expenses	\$ 58,832
Other Leveraged Resources	\$ 0
Other Contributions	\$ 1,770
Charity Care HSN/Hospital	\$181,419
Unreimbursed HSN Services (UC Cost)	\$327,172
Payment/Hospital's Operation Assessment of DHCFP	\$16,304
Hospital Bad Debt Non-Emergency Care	\$194,587
Medicare Shortfall	\$1,500,000
Total Broader Definition	\$2,375,381

### Total Charity Care at a Glance

A) Unreimbursed Medicare Services	\$1,500,000
B) Unreimbursed MassHealth Services	N/A
C) Unreimbursed Health Safety Net Services (UC Cost)	\$ 327,172
D) Services/Internal Financial Assistance Program	N/A
E) Total Payment Made to Fund Health Safety Net	\$ 181,419
F) Payment of Hospital's Operational Assessment of DHCFP	\$ 16,304
Total Charity Care	\$2,024,895

## **B. Major Programs and Initiatives**

### **1. Community Outreach**

Community service at Clinton Hospital continued to be an important component of its Community Benefits Mission. During the past year, hospital staff was actively engaged in numerous community-based activities that brought together the resources of the hospital and local non-profit organizations to help towns within the service area. The programs and activities were voluntary in nature and included, but not limited to, fundraising walks for various causes, health fairs, screenings, lectures, and education and training programs.

The Clinton Hospital Outpatient Department provided free blood pressure clinics every Tuesday, except holiday weeks, from 10 AM – 12 PM to service area residents. Patients were screened, monitored, and counseled, and referrals made, if necessary. A total of **403** blood pressures were taken during the year.

Clinton Hospital has always been an active participant in local community events as part of its outreach program. During the Clinton Olde Home Days, the hospital sponsored a table at the Town Common where blood pressure screenings were offered, and referrals made, if necessary. Approximately 80 individuals had their blood pressures screened and all types of health information were made available to them. Other local fairs were also attended by hospital staff, such as the Lancaster, Sterling and the Apple Fest at Wachusett Mountain with over 460 people taking advantage of the health information and screenings provided.

Support of community groups by donating space for their meetings has always been a priority for Clinton Hospital in its Community Benefit Program Plan. During 2008, the following groups met on a regular basis in conference rooms at the hospital campus:

- **Central Massachusetts Limb Loss Support Group:** A support group for amputees meets on the second Tuesday of every month.
- **The Clinton Toastmasters Club:** Provides public speaking learning or improvement in a fun and supportive environment. The club is the local chapter of Toastmasters International and it meets every Wednesday.
- **The Massachusetts Rehabilitation Commission, Vocational Rehabilitation Program:** The program focuses on assisting individuals with a physical and/or psychological disability to enter part- or full-time community-based competitive employment. It schedules client appointments at Clinton Hospital once a month.
- **Family Groups of Massachusetts Al-Anon Meetings:** A support group for individuals affected by the drinking behavior of a friend, relative, or significant other meets every Thursday.

Clinton Hospital's Emergency Department hosted an Emergency Medical Technician (EMT) Appreciation Night for all area EMT personnel, which has also become an annual event. Staff presented a seminar with CEU credits for those attending. Approximately 80 EMTs participate in this annual event.

Working in collaboration with the Clinton Rotary Club, Clinton Hospital supports scholarships for local high school graduates. The hospital donates the food that is utilized in the Rotary Club's annual pancake breakfast fundraising event. Over 1,000 guests attended the breakfast.

Enhancing services needed in communities by those most in need has remained a top priority in Clinton Hospital's Community Benefits Program Plan. A donation was made to the Audio Journal, Radio for the Blind to purchase a specially tuned radio receiver for a blind person. Other activities that the hospital sponsored and its employees participated in included the Heart and Memory Walks.

Providing services to the medically underserved population is very important for Clinton Hospital. The Finance Department, staffed by a counselor, assisted the uninsured and underinsured with the enrollment process and eligibility requirements to qualify for public insurance and other insurance programs for which they might be eligible, in-house and in the field. A total of **1,212** individuals were assisted with health insurance information and application processing.

## **2. School Children**

Clinton Hospital continued to support area sports, little leagues and other community events as part of its commitment to promote physical exercise and quality-of-life issues within healthier and better communities in which to live. Contributions were made to the Bolton Baseball Little League, Sterling Baseball Little League and the Sterling Youth soccer Association, the Clinton Baseball Little League, the Princeton Baseball & Softball Association, the Central Massachusetts Storm Girls' Fast-Pitched Softball League and the Clinton High School Golf Tournament.

An Asthma Control program for children was developed to address the high incidence of this disease in children in the service area. The program was presented at the Clinton Elementary School PTO meeting by a nurse practitioner educator with a 20-year background in respiratory diseases in children, and it's now available upon request. The Asthma Control program addresses potential symptoms of asthma, diagnosis, treatment, medications and how to use them.

The Clinton Hospital nutritionist continued to assist the School Health Advisory Council, which is addressing Federal School Lunch Law Wellness Policy requirements as well as other health issues. The Wellness Policy must include nutrition education, physical activity, and other school-based activities designed to promote student wellness.

Other programs offered to school children included the Backpack Program. Presented to 126 sixth graders at Clinton Middle School, it provided children with information and demonstrations on how to load backpacks and how to carry them to prevent physical injuries.

In addition, a Youth Fitness Camp was offered early summer for children ages 6-12 at a local Fitness center. Approximately 20 children signed for it. The program was designed to encourage exercise through a series of structured fun activities. The same type of program was later offered during the summer for teens ages 13-17. Approximately 36 teens signed for it.

A Babysitting Training Program was offered to children 11 years of age or older to prepare them for the many responsibilities that come with caring for a child and to teach them how to handle emergency situations properly. Eighteen (18) children attended the program.

### **3. Elderly**

The Clinton Hospital Pharmacy Department once again offered the Medication Safety program for senior citizens at the various senior centers and/or Council on Aging sites. Participants are asked to bring in a paper bag with all the medications they are taking, including over-the-counter medications. The pharmacist discusses the medications and their uses, potential drug interactions, best times to take them, and answers questions attendees might have. The staff provide seniors with a wallet size medication card with the names of all their medications and doses, a pill organizer, and other information related to the conditions for which medications are being used. In addition, Pharmacy staff provides seniors with presentations on common diseases and the medications used to treat them. In 2008 was offered on a request basis only.

The Clinton Hospital nutritionist continued to offer a program on nutrition and cardiovascular diseases for the senior population on a request basis only. The program addresses factors contributing to these diseases, the importance of early detection, methods of control and self-monitoring, and how to avoid complications from these diseases through proper nutrition. In 2008 12 seniors attended the program at the west Boylston Senior Center

The Clinton Hospital nutritionist, in collaboration with the Director of Dietary Services, continued to offer the Healthy Eating and Nutrition program, which emphasizes proper nutrition through healthy foods and provides a cooking demonstration in the preparation of such foods. In 2008, 30 seniors attended this program at the Sterling and Bolton Senior centers.

The Clinton Hospital Rehabilitation Services Department continued to offer the Home Safety program for the elderly, which focuses on how to prevent falls at home, protect oneself from a fall in general, and fall-proofing one's home. The program also addresses the safe use of walkers and canes, in and out of the home environment, and provides participants with a checklist for them to evaluate their own home safety. In addition, the program demonstrates exercises to increase strength and balance, and provides available resources for safety equipment and home improvement. The program is presented when requested.

Clinton Hospital's commitment to serving the region's senior population with well deserved and needed services is reflected in the hospital's support and contribution to the Central Massachusetts Agency on Aging. This agency serves more than 15,000 elders and their caregivers through 30 programs that deliver meals, offer legal services, and provide transportation, as well as a myriad of other support services.

The Osteoporosis program continued to be offered in the area, presented by a researcher and nurse educator in that field. The program addresses the causes of the disease, its effects in men and women, as well as its diagnosis and prevention. This program is also presented when requested.

A Hearing Loss program for elders was presented by a hospital otolaryngologist and will continue to be made available to the senior population on a by request basis. The program explains some of the causes of hearing loss, the treatments available and the ways to preserve hearing.

Depression in seniors is a common affliction in this population. A program on depression was developed in collaboration with Community Healthlink which included information about defining the problem, identifying the causes and recognizing the impact, as well as diagnosis and treatment. This program is presented by a geriatric behavioral health expert on a request basis.

An Asthma Control program for adults was developed to address the high rates of asthma in the senior population. Presented by a nationally accredited asthma educator, this program covers the definition of the disease, and its causes, as well as diagnosis, treatments, triggers of attacks, and prevention. The Asthma Control program is presented on a request basis.

A Colon Cancer Prevention program was developed by the Clinton Hospital Gastroenterologist. Focus was on prevention, risk factors, incidence and diet. Presented to a senior audience of 15 at the Sterling Senior Center, it was very well received. In addition to the senior population, this program is also being offered to the community at large.

A cardiovascular disease prevention program was developed by an emergency department physician at Clinton Hospital and presented when requested. The program addresses the epidemiology, pathogenesis, signs and symptoms, risk factors, and prevention of cardiovascular diseases.

A Healthy Feet Program was developed by the hospital's podiatrist and presented to an audience of 9 seniors at the Sterling Senior Center. The program addresses the routine care of toenails and calluses, diabetes and feet care, as well as ingrown nails.

A program addressing the Chronic Obstructive Pulmonary Disease was developed by the hospital's Respiratory Therapy Manager and presented to an audience of 10 seniors at the Sterling Senior Center. The program addresses the definition, treatment and medication options, pulmonary rehabilitation, physical activity training and lifestyle changes.

#### **4. Community At Large**

Clinton Hospital sponsored a cholesterol and diabetes screening program for seniors and underinsured/uninsured area residents. The program was offered at various locations, and 56 people were screened. This program will continue to be offered in FY 2009.

The depression program, which addresses the possible causes of depression and available treatments, continued to be offered in collaboration with the Director of Outpatient Clinics at Community HealthLink. Other issues addressed in the program included cultural differences and attitudes toward symptoms of depression, how often depression occurs, and who is affected by it. The program is being offered by request only.

Clinton Hospital continued to sponsor the Community Gardens program, in collaboration with the Growing Places Garden Project and the town's Parent-Child Home Program. Clinton Hospital allowed the use of hospital land for garden beds to be planted and cultivated by needy families to feed themselves in a healthy way. The garden consisted of 33 beds which helped feed 40 needy individuals. A nutrition component to the program was developed and added by the hospital nutritionist to teach the nutritional value of certain foods that gardeners could plant and harvest, as well as their preparation and storage.

Clinton Hospital offered four Back to Basics fitness classes to expose participants to exercise and stress control. The classes were offered during the evening hours to reach as many individuals as possible, and combined strength training with cardio movement. A total of 22 people signed-in for this program.

A "Healthy Cooking for the Holidays" program was presented at the hospital by Chef Alberto Reyes, Atlantic Union College Instructor of Culinary Arts in Lancaster. The program addressed how to create delicious holiday meals and treats through the right combination of healthy, plant-based foods and flavorful seasonings. All foods prepared were cholesterol-free. A cooking demonstration and sampling of the Chef's favorite dishes followed. The event was attended by 24 community members.

An introductory CPR Program was presented to introduce participants to basic resuscitation skills and proper techniques for performing CPR on adults, and children, and assisting a choking adult, child or infant. Day and evening sessions were offered and 17 community members attended.

A State Health Insurance Community Outreach event was offered to encourage participants to sign-in for the various types of health insurance available to Massachusetts residents. Information, application assistance, and various pamphlets, brochures and give-aways were available. Twenty-eight (28) individuals participated in this event

A program geared to assist families in identifying and dealing with erratic and dangerous behaviors of other family members was developed by Clinton Hospital in collaboration with staff from Community HealthLink. The "Crisis Intervention program" was presented during the day and evening hours at a local Housing Development, and 10 individuals attended the sessions.

In an effort to avoid the illegal disposal of glass mercury thermometers, to keep the environment healthy and prevent the harmful effects of mercury poisoning, Clinton Hospital sponsored a thermometer exchange program. Area residents had to bring their old mercury thermometers and exchange them for brand new environmentally friendly digital thermometers. A total of 100 digital thermometers were exchanged for approximately 150+ mercury thermometers by the 70+ individuals who turned them in.

## **5. Community Service Programs**

### **Interpreter Services and Cultural Competency**

Clinton Hospital recognizes the special needs and concerns of patients who are members of linguistically and culturally diverse groups with Limited English Proficiency (LEP), or who are deaf or hard of hearing. It is the policy of Clinton Hospital to have and maintain a system whereby medical interpreters help providers and staff communicate with these patients and their families. This community service program addresses the linguistic needs of our patient population and goes beyond the legal mandate of being provided at Emergency Departments and acute psychiatric settings only.

Qualified, professional, and trained medical interpreters provide free interpreter services 24 hours a day, 7 days a week. Interpreter services can be requested by patients when making appointments, during registration at the hospital, or by hospital staff at any time. Interpreter services are provided by trained and qualified in-house staff, as well as by contracted on-call medical interpreters for the most common languages in the area, primarily Spanish and Portuguese. A telephonic interpretation service is also available 24 hours a day and provides support for over 160 languages. In addition, state-of-the-art equipment is maintained on the premises to enhance the telephonic interpretation and communication systems for patients with Limited English Proficiency or who are deaf or hard of hearing. American Sign Language (ASL) medical interpreters are also available through the Massachusetts Commission for the Deaf and Hard of Hearing. In 2008, there were 753 medical interpretation encounters at Clinton Hospital.

In view of the increasing patient population with Limited English Proficiency, Clinton Hospital requires qualified staff to attend at a minimum a 54-hour Comprehensive Medical Interpreter Training Program offered by the Language Link Division of the Central Massachusetts Area Health Education Center.

The Interpreter Services Department addresses some of the cultural issues that impact the health of the area's ethnically diverse population while developing culturally competent care practices. Specifically, the Interpreter Services Program ensures access for patients to services that are culturally and linguistically appropriate.

### **C. Notable Challenges, Accomplishments and Outcomes**

Many accomplishments were achieved during 2008, despite financial challenges. Improving access to quality health care service for individuals with Limited English Proficiency and the uninsured/underinsured, programming for school children and senior citizens, supporting efforts for the Healthy Communities Initiative, developing relationships and partnerships with non-profit organizations and other area agencies, providing quality health care services, and developing educational programs. All these programs and activities made a great difference in the communities served.

Clinton Hospital will continue to develop and support the major initiatives and programs described in this report. New partnerships and outreach activities to improve access to health care by the uninsured and underinsured will continue to be addressed. In the future, if funding sources become more limited, the Community Benefit Department will continue to look for creative ways to maximize resources.

## **VII. Next Reporting Year**

### **A. Approved Budget/Projected Expenditures**

Efforts will be made to maintain the level of funding for the Community Benefits Programs within the Clinton Hospital operating budget, and additional funding from foundations, federal government, and collaborative efforts will continue to be sought.

### **B. Anticipated Goals and Program Initiatives**

Clinton Hospital will work with the Community Benefits Advisory Committee to continually refine program activities that maximize the impact of resources available, and develop new programs and collaborative efforts that address the needs of the communities served.

Programs that will be continued or expanded next year include:

- Community outreach
- Cultural and linguistic activities
- Community health education and prevention programs
- Community-based specialty services to increase access to quality health care for the uninsured and underinsured
- The Healthy Communities Initiative

### **C. Conclusion**

Clinton Hospital's Community Benefits Program is committed to improving the health status of all those it serves, and to addressing the health problems of the poor and medically underserved. Through linkages and partnerships with community-based organizations, unhealthy behaviors will be addressed, while improving access to quality health care services for those populations most at risk.

## **VIII. Primary Contact**

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**Clinton Hospital  
Community Benefit Advisory Committee Membership**

<b>NAME</b>	<b>POSITION &amp; AFFILIATION</b>
Joan Scheid, RN	Nurse Leader, Clinton School Department
Don Piktialis	Supervisor, North Central Sites, Community HealthLink
Karen Phillips	Director, Sterling Council on Aging and Senior Center
Pastor Dennis Silva	Part-Time Clinton Area Evangelist Pastor
Mary Ellen Donnelly	Executive Director, Clinton Housing Authority
Mary Ann Brassard, LPN	Head Start Nurse, Leominster, Clinton and Mt. Wachusett Area
Adelaida Phipps	Home Visitor, Clinton Parent-Child Home Program
Henry Vera-Garcia	Manager, Community Benefit & Interpreter Services, Clinton Hospital

<b>Clinton Health Status Indicators</b>									
									<b>Statewide</b>
		<b>Source</b>		<b>Clinton, MA</b>					<b>Rate / Incidence (%)</b>
<b>Mortality</b>									
Infant Mortality (1)		DPH		NA					4.8
Cardiovascular Disease Deaths (2)		DPH		<b>257.0</b>					239.9
AIDS and HIV-related Deaths (3)		DPH		0.0					3.3
<b>Substance Abuse</b>									
Drug / Alcohol Treatment admits (3)		DPH		1310.0					1623.4
<b>Youth Related</b>									
Verified Abuse/Neglect Cases		DSS		52					29,555
High School Drop Outs		DOE		1.7%					3.8%
Births to Adolescent Mothers (1)		Vital Records		<b>7.5</b>					5.9
MCAS Results - 10th Grade		DOE							
	English Warning/Failing			5%					7%
	Math Warning/Failing			9%					12%
<b>Demographics</b>									
Total Population		Census		13,435					6,379,304
Population <200% of poverty level		DPH		<b>22.3%</b>					21.7%
Children <100% of poverty level		DPH		6.5%					12.0%
Unemployment Ages 16 and older		DET		<b>6.1%</b>					5.1%
Aid to Families with Children		Medicaid		6.6%					7.1%
<b>Ethnic Composition School</b>									
Hispanic		DOE		<b>20.1%</b>					12.9%
African American		DOE		3.6%					8.3%
White		DOE		<b>74.9%</b>					72.4%
Asian		DOE		1.3%					4.6%
Native American		DOE		0.2%					0.3%
<b>Ethnic Composition City/ town</b>									
Hispanic		DPH		<b>11.6%</b>					6.8%
Black non-Hispanic		DPH		1.8%					5.3%
White non-Hispanic		DPH		<b>85.5%</b>					83.9%
Asian		DPH		1.0%					3.9%
Other		DPH		<b>0.2%</b>					0.1%
<b>Figures in bold exceed state rates.</b>									
Most recent data available as of January 2007 from the following sources:									
Mass. Dept. of Public Health, 2000 U.S. Census Bureau Report, Mass. Dept. of Social Services,									
Mass. Department of Education, Mass. Department of Youth Services									
(1) State adjusted rate per 1,000 persons.									
(2) State adjusted rate per 100,000 persons.									
(3) Crude rates are expressed per 100,000 persons									

