

# Saints Medical Center Community Benefit Report FY 2010



# Executive Summary

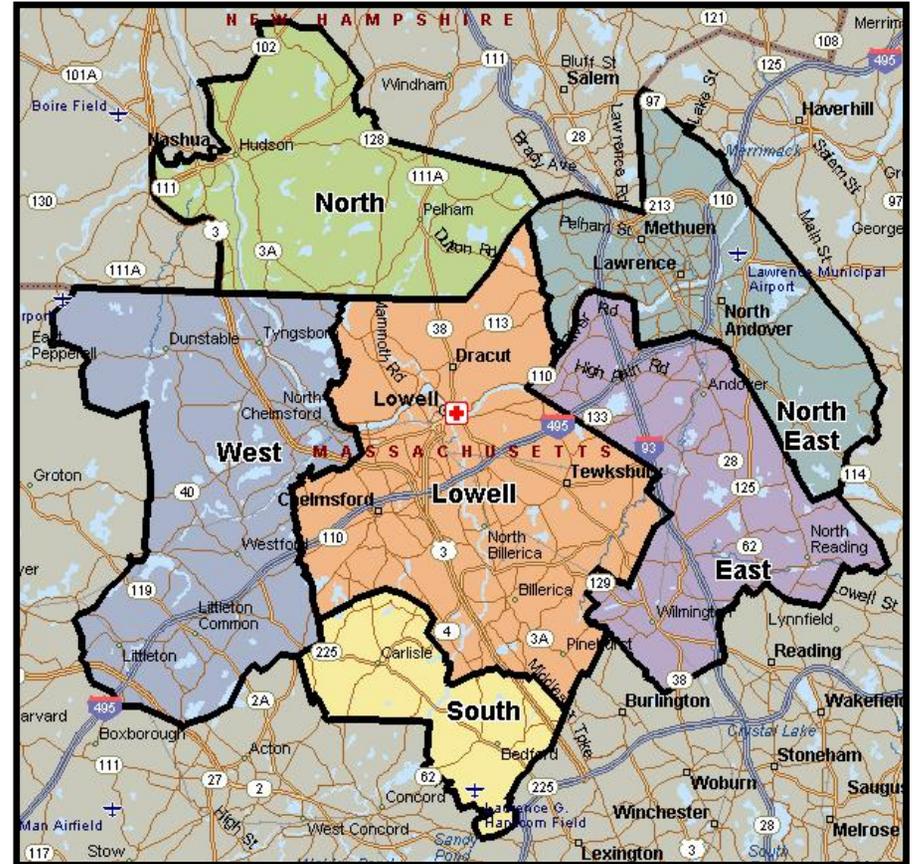
Saints Medical Center is a non-profit, full service, acute care community hospital serving Greater Lowell since 1839. A 157-bed licensed medical center, Saints provides high-quality, cost-sensitive advanced health services to 315,000 residents in 25 towns. In Fiscal Year (FY) 2010, Saints discharged 6,480 inpatients, with an average length of stay of 3.88 days. Total hospital outpatient visits for FY 2010<sup>1</sup> are estimated at 281,466, of which 47,697 were Emergency Department encounters<sup>2</sup>; and Saints surgeons performed over 1,384 inpatient and 3,290 outpatient surgeries.

With nearly 300 physicians and 1,100 employees, Saints Medical Center is well-known for outstanding medical care and patient-centered facilities, including its Cancer Center, Orthopedic Center and Cardiovascular Services. Saints offers convenient community-based care at several ambulatory sites and is dedicated to promoting health and wellness in the community. Since 2001, Saints has provided the Greater Lowell community with over \$26 million dollars in free Community Benefit and Community Service Programs, local sponsorships and employee volunteerism efforts.

The Medical Center has clinical affiliations with the leading Boston academic medical centers and is proud to be one of the top-rated hospitals in Massachusetts according to the Joint Commission for the Accreditation of Healthcare Organizations. Saints continues to provide comprehensive, holistic health services to all people, especially the poor and disadvantaged, in accordance with its mission of healing.

## Contact Information

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<sup>1</sup> Fiscal year documents services provided between October 1, 2009 and September 30, 2010.

<sup>2</sup> Does not include Laboratory Tests: 1,359,595 encounters.

## Community Benefit FY2010 Highlights

- ✓ Saints provided over 60 programs and approximately \$1.3 million in Community Benefit Programming in FY 2010
- ✓ 500 Staff members provided approximately 13,000 hours of service, reaching over 20,000 people
- ✓ Provided Mentoring/Internship opportunities for 250 students at 14 local High Schools, Colleges and Universities
- ✓ Offered 3 H1N1 Clinics in partnership with the Lowell Health Department, serving over 1350 local residents
- ✓ New, 3-part Sexual Assault education series for parents, educators, healthcare providers and first responders
- ✓ Initiated an Anti-Bullying/Violence Task Force with two local schools providing programming for over 1,200 students
- ✓ Continued strong support of local Domestic Violence and Sexual Assault partnerships
- ✓ Created a Men's Health Initiative
- ✓ Expanded Immunization Clinic, offering a second location and more hours – targeting low income students
- ✓ Opened a satellite clinic at the Cambodian Mutual Assistance Association (CMAA) to serve un-/underinsured
- ✓ Partnered with Learn 2 Cope and the Lowell Health Department to provide support services to 50 local families faced with opiate addiction
- ✓ Partnered with the Lowell Health Department, Lowell General, GLHA, Trinity Ambulance and the Lowell Housing Authority to produce a Kids Can't Fly Campaign around Window/Fall Safety
- ✓ Produced the first Teddy Bear Clinic providing education to local children and parents

## Community Benefits Mission Statement

**Improve the overall health status of underserved Greater Lowell (CHNA-10) residents through a proactive response to multifaceted healthcare needs. With a strong focus on disease prevention, follow-up care, wellness, and community and professional education, Saints is committed to treating members of our community with dignity, respect, and compassion.**



Saints Medical Center's predecessor hospitals, St. Joseph's and St. John's, were founded to provide healthcare to those who could not afford to pay. In keeping with this mission, Saints Medical Center continues to provide care to the most needy in the community, regardless of their financial means. According to the most recent results from the Massachusetts Behavioral Risk Factor Surveillance System provided by the Massachusetts Department of Public Health, the Lowell/Lawrence area reported a higher rate of individuals considering themselves in fair or poor overall health, especially among immigrant groups, as compared to the statewide rate.

Expanding access to care -- especially to the underserved -- is the highest priority at Saints. Our initiative includes several components: Outreach efforts to improve accessibility and communication, referrals to primary care physicians, education and assistance with obtaining health coverage, and providing culturally appropriate education materials, services and care.

Identified barriers to adequate medical care and services include: Cultural, ethnic, linguistic barriers, religious barriers, financial barriers, barriers to information about access to care, and lack of programs/services that directly address specific healthcare needs.

Short term goals and objectives:

- Educate members of the targeted minority populations to the benefits of preventative care.
- Identify members of target populations who are diagnosed with chronic disease and who need assistance in obtaining healthcare services.
- Provide physician referral and follow up appointments for individuals who need access to a primary care physician.
- Provide financial and insurance information to individuals who need assistance/lack the ability to pay for services.
- Provide services in a trusting, supportive environment with interpreters who are certified to communicate in the participants' native languages.
- Translate informational and educational materials into the languages of the targeted populations.

Long term goals and projected outcomes:

- Create a "medical home" model for residents, focusing on uninsured/underinsured, immigrants and refugees.
- Work with local partners, decrease tobacco use rate within CHNA-10.
- Increase education opportunities and community support around Chronic Disease (COPD, Heart Disease, Diabetes, and related conditions).
- Develop a participant satisfaction tool to identify areas of needed improvement and areas for future program development.
- Increase overall inpatient and outpatient statistics, per ethnic community.
- Increase healthcare literacy in underserved populations.

## Community Benefit Program Management

Saints Medical Center originated in the early 1800's when our predecessor hospitals, St. John's and St. Joseph's, were established to meet the healthcare needs of Lowell's mill workers and immigrants. Today, Saints continues to provide high quality, cost-sensitive healthcare and community services in keeping with the Catholic mission of caring. The Community Benefits Committee, developed in 1995, assesses health indicators within the Greater Lowell community and CHNA-10 to ensure that our services reflect ever-changing needs. State DPH health status indicators are reviewed continuously, as well as demographic information (Yankee Alliance), with input from patients, staff, and community healthcare activists.

Saints is committed to improving the health of the Greater Lowell community. To this end, we continue to develop and evaluate programs and services that are based on the needs identified by our community. We place strong emphasis on the need for collaboration with other health and community organizations. Our community efforts are ongoing, accomplished through a combination of educational programs and services that include free health fairs and screenings, community education and outreach, and increased access to basic healthcare for the underserved.

Team Members include:

Community Benefit Chairperson (Sr. Analyst)

Senior Management: CEO, COO, CFO, VP Nursing, VP Quality and Patient Safety, VP Legislative & Community Strategies, Controller, VP of Finance

Manager, Financial Planning and Reimbursement

Director, Caring Well Institute

Director, Outreach Services

Director, Cardiology & Clinics

Director, Cancer Center

Administrator, Physician Network

Director, Emergency Services

Director, Security

Pastoral Care (Chaplain)

Marketing Assistant

Director, Pharmacy

Director, Dialysis

Outreach Specialist (Khmer)

Interpreter Services Coordinator

Director of Marketing

The Community Benefit team meets quarterly to review progress. The team also meets whenever a need arises within the community to determine how it will be met. All Community Benefit planning is done with the team, presented to senior management, approved and then made public via the SMC website.

## Community Benefit Partners

Academy of Notre Dame Tyngsboro  
African Assistance Center  
Alternative House Emergency Women's Services  
American Cancer Society  
American Heart Association - MV  
American Red Cross (Merrimack Valley)  
Asian-American Business Association  
Billerica Senior Center  
Cambodian Mutual Assistance Association  
Career Center of Lowell  
Catholic Collaborative of Lowell  
Chelmsford Council on Aging  
CHNA 10  
City Manager's Domestic Violence Task Force  
City of Lowell Gang Task Force  
City of Lowell Stroke Task Force  
City of Lowell Substance Abuse Task Force  
Community Teamwork Inc (CTI)  
Deana's Educational Theatre  
D'Youville Senior Care Center  
Department of Mental Health  
Department of Social Services  
Elder Services of the Merrimack Valley  
Emergency Nurses Association  
Emergency Nurses Care Prevention Program  
Genesis HCC (Heritage)  
Girl Scouts  
Greater Lowell Chamber of Commerce  
Greater Lowell CISM Team  
Greater Lowell Health Alliance  
Greater Lowell Partners Against Sexual Assault

Greater Lowell Technical High School  
Greater Lowell WIB Youth Council  
Greater Lowell YMCA  
Greenhalge School  
International Critical Incident Stress Foundation  
International Institute of Lowell  
LHI (Latino Health Institute)  
Life Care Center-Merrimack Valley  
Lowell Board of Health  
Lowell City Manager's Office  
Lowell Community Health Center  
Lowell Community Health Partnership  
Lowell Council on Aging  
Lowell Firefighter's Local 853  
Lowell House Inc  
Lowell Police Department  
Lowell Public Schools  
Lowell Senior Center  
Lowell Southeast Asian Water Festival  
Lowell Visiting Nurses Association  
Lowell Women's Week  
Lowell YMCA/YWCA  
Lowell Youth Services  
MA Chapter of Angkor Hospital for Children  
March of Dimes  
Mass Council of Comm. Hospitals  
Massachusetts Assoc. for Portuguese Speakers  
Massachusetts Department of Public Health  
Massachusetts Hospital Association  
Mass Immigration & Refuge Advocacy Coalition  
Merrimack Valley AHEC

Merrimack Valley Critical Care Consortium  
Merrimack Valley Health Services  
Middlesex Community College  
MSPCC The Healthy Family Initiative  
New England Organ Bank  
Northeast Center for Healthy Communities  
Northeast Coalition Against Trafficking  
Northeast EMS  
Northeast Homeland Security Council  
OneLowell  
Radius Northwood  
Saint Michael's School  
Sisters of St. Francis  
Southbay Mental Health  
St. Jeanne D'Arc Elementary School  
St. Louis Elementary School  
St. Patrick Education Center  
St. Patrick Parish  
The Lowell Plan  
The Salvation Army  
United Teen Equality Center  
University of Massachusetts Lowell  
VNA of Greater Lowell  
Westford Council on Aging  
WIC  
Women Working Wonders Fund  
Yankee Alliance  
Young Professionals of Greater Lowell

## Community Health Needs Assessment

Throughout Saints Medical Center’s strategic planning process, primary and secondary research was conducted to identify health needs within the Greater Lowell community, as well as gaps in health services. Data collected to support the Community Benefit Program/Plan includes an inventory of all programs offered by the hospital, as well as an analysis of data that profiled the health status and healthcare needs of the local population based on:

- MassCHIP Instant Topics
- Patient diagnostic data (DRG, demographics)
- Saints Medical Center market research
- Requests for services
- Patient and caregiver surveys
- Physician surveys
- Clinician Reports
- Kaiser Studies
- Input from local immigrant/cultural advocacy agencies
- Program specific evaluations
- Community/Population specific surveys and focus groups
- One-on- one resident/patient interviews

### Key Indicators

Approximately 35% of Lowell’s population (105,167) is documented as belonging to an ethnic minority. Lowell has sizable Asian (22%) and Hispanic (15.5%) populations<sup>3</sup>. Over the last several years, Lowell has experienced a large influx of Brazilian, Portuguese and African immigrants. Many of these populations are included in the uninsured and underinsured groups . Additionally, 34% of Lowell households speak a primary language other than English at home. 13% of households have an income less than \$10,000; 20% have an income less than \$15,000. (Source: MassCHIP CHNA Health Status Indicators Report)

### Demographic Indicators: Lowell

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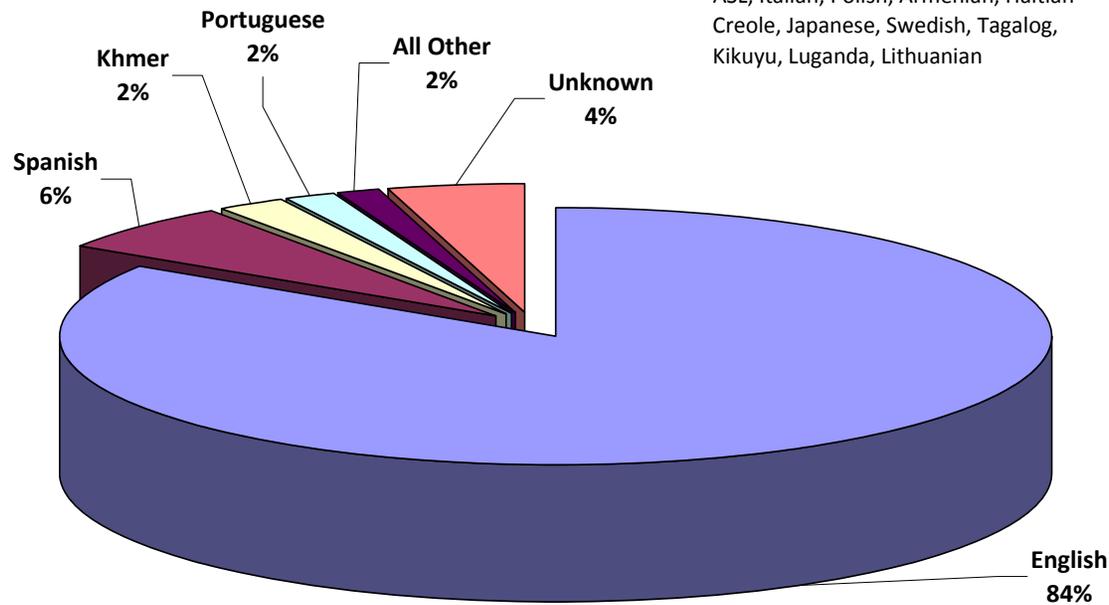
	Area Count	Area Percent	State Percent
Per Capita Income *		\$17,557	\$25,952
Population below 100% of poverty level *	17,066	16.8	9.3
Population below 200% of poverty level *	35,538	35.0	21.7
Children less than 18 years of age living below 100% of poverty line *	6,579	23.6	12.0
Unemployed persons age 16 and over	3,091	6.2	5.0

<sup>3</sup> MDPH, Bureau of Health Information, Statistics, Research, & Evaluation, Division of Research & Epidemiology

A recent study sponsored by the Centers for Disease Control and Prevention found: 36.2% of Southeast Asian, 33.9% of Hispanic, and 21.8% of African respondents in the Greater Lowell area reported being in “fair or poor” health, in contrast to only 12.1% of the overall population; 14.1% of Southeast Asian respondents, 17.5% of African respondents and 29.9% of Hispanic respondents reported being unable to see a doctor because of inability to pay, as opposed to 6.5% in the overall population; only 37.4% of minority respondents report ever having their cholesterol level checked, compared to 82.4% of the general population. Only 18.8% of minority respondents over 65 reported ever receiving a pneumococcal vaccination, vs. 63.5% of the overall population.

In keeping with its mission, Saints works to continue identifying health needs and health risks specific to each community in Greater Lowell, as well as maintains active participation in outreach activities within Greater Lowell communities. Saints Medical Center provides community education through the distribution of information about access to care, provides assistance to enroll individuals in appropriate public assistance programs, provides referrals to primary care physicians, and promotes cultural awareness of beliefs, values and practices for specific minority populations. Ultimately, the staff at Saints aims to recognize a decreasing trend in the number of individuals within the Greater Lowell community without a primary care physician, as well as develop and maintain culturally-appropriate services to facilitate access to care, thus increasing overall access to care, with the goal of improving the health of the Greater Lowell population.

## Language Stats for SMC 2010



"All Other" includes: Greek, Vietnamese, Laotian, Chinese, Russian, French, Hindi, Arabic, Hebrew, Gujarti, Swahili, Korean, ASL, Italian, Polish, Armenian, Haitian Creole, Japanese, Swedish, Tagalog, Kikuyu, Luganda, Lithuanian

## Target Market Areas

### Access to Healthcare

Below are some key statistics:

- 17.5% of African residents unable to see a doctor due to inability to pay.
- 29.9% of Hispanic residents unable to see a doctor due to inability to pay.
- Only 18% of minority groups >65 received flu vaccines (vs. 63% of overall population).

Based upon the information gained through our Community Health Needs Assessment, it is evident that the majority of residents within the Greater Lowell community/CHNA-10 face obstacles to healthcare, whether through lack of transportation, financial burdens, a primary language other than English, cultural differences or lack of insurance/underinsurance. Saints works closely with a number of Lowell non-profit community-building organizations to help break through these identified barriers to care.

There are currently over 150 Iraqi children who have settled in Lowell as Federally recognized refugees, with an average of 300-400 refugees resettling in Lowell on an annual basis, as identified by the International Institute and Massachusetts Department of Public Health. As refugees, the majority have MassHealth insurance coverage. In order to receive proper clearance and immunizations, families need a comprehensive physical, (children cannot start school without immunizations), preferably within days of arrival. A need was identified by Lowell Public School representatives, in that the current wait for appointments and immunizations is approximately 90 days at the Lowell Community Health Center, thus delaying entrance into school by a 4 month minimum for new students. Saints aims to meet this new need by expanding the hours of operation in our Immunization Clinic, as well as adding a second location (Lowell Campus and Lowell Walk-In Campus).

## **Diabetes**

Diabetes is a chronic disease that can be controlled by proper nutrition, regular exercise, and prescribed medications. When well-controlled, the risk of diabetes-related complications can be reduced. When uncontrolled, diabetes can often result in various diabetes-related complications that can cause multiple hospital admissions. The Mortality Rate (MR) of diabetes in Lowell is slightly under the state rate (12.3 vs. 15.2), but the MR is **187%** higher for Black/Non-Hispanic residents, and **234%** higher for Hispanic residents. The rate of diabetes-related hospitalizations in Lowell is approximately **34%** higher than the state rate. The hospitalization rates are highest for Asian/Pacific Islander/Non-Hispanic (**214%** higher than MA rate). A good part of this incredibly high rate is due to cultural and nutritional differences among the Asian population. Lowell is home to the second- largest Cambodian population in the country, as discussed later in this report. Cambodian patients rarely seek out preventative care (screenings, blood tests, etc.). Through a number of free health fairs, Saints has been able to reach a major portion of the population, and we continue to seek out new methods of education and outreach. In FY2009 alone, 18% of Cambodian health fair participants tested pre-diabetic or diabetic. Since 2005, over 20% of patients treated at the health fairs have tested positive for pre-diabetes/diabetes (high glucose). MassCHIP data shows that the rate of diabetes-related Emergency Room visits in Lowell is **150%** higher than the state rate. The highest rate is among Asian/Pacific Islander/Non-Hispanic residents (**379%**), followed by Black/Non-Hispanic residents (**343%**), Hispanic (**125%**) and White/Non-Hispanic (**118%**). The extremely high rates of ER use signal a need for further education and better preventative and primary care. Saints is meeting this challenge.

Problems identified with the care of diabetes include multiple methods of diabetic education, coupled with inconsistent reinforcement of educational materials. Saints has worked in collaboration with local communities' boards of health, physicians' offices, and home care providers to develop a comprehensive program for diabetes that includes education, prevention, and disease management. Saints continues to provide a support group for adult diabetics, and assists pregnant patients with managing both pre-pregnancy and pregnancy-onset diabetes to anticipate a healthy delivery. Saints' ultimate goal is to achieve a decrease in hospital admissions and Emergency Room visits for diabetes-related and uncontrolled diabetes, as well as to improve disease management by facilitating access to preventative and primary care for early diagnosis and prevention. Staff at Saints continues to research and apply for public and private funding to provide diabetes prevention and management programs for underserved minority populations through the Prevention Institute.

## **Cancer**

The statistics for Greater Lowell are generally at or above the average for the state percentages and are representative of patients seen at our Cancer Center. The need for comprehensive, affordable cancer care, education, and preventative screenings for residents in the Greater Lowell region has existed for several years and is identified as a significant concern of community leaders.

### ***Breast Cancer***

The age-adjusted rate of breast cancer mortality for Lowell is 25, as compared to the state rate of 22. The state rates for Mammograms and Clinical Breast Exams (CBE's) in the last two years are 83.9 and 85.9, respectively. Total breast cancer hospitalizations in Lowell are closely aligned with the state rate, and the total incidence is currently below the state rate (114 vs. 136)

### ***Bronchus and Lung Cancer***

Overall, the age-adjusted mortality rates of bronchus/lung cancer is higher than that of the state (184 vs. 143), signaling a need to continue education and support surrounding tobacco-cessation efforts, as well as early intervention and screenings. White males in Lowell have a mortality rate of 102.6, as compared to the state rate of 65.7, but the highest concern stands with Black, Non-Hispanic women, who stand at a rate of 90 in Lowell, as compared to 36 in the state. Such statistics likely stem from years of targeted tobacco marketing to low-income African American men and women. Again, Saints needs to continue and/or increase its outreach to this previously unreached community and enhance its education and screening efforts.

### ***Colon Cancer***

The mortality rates for colon cancer in Lowell are highest within the Black, Non-Hispanic male population (70.8 vs. 24 state), with the highest hospitalizations seen within the white, Non-Hispanic male (72.4 vs. 56.2 state) group. As seen with prostate cancer, the BlackNon-Hispanic male group has not been previously targeted for cancer prevention. Saints will work with the Greater Lowell community to identify residents at risk of colon cancer, and develop educational programs regarding diet, screenings, early intervention, and treatment.

### ***Cardiac Disease***

The statistics for the Greater Lowell CHNA area are generally at or above the average for the state percentages and are representative of patients seen within our Cardiology Department. The need for comprehensive, affordable cardiac care, as well as dietary and physical fitness education and early intervention for residents in the Greater Lowell region has existed for several years and is identified as a concern of community leaders. Cardiovascular mortality rates by gender indicate a high coronary heart disease rates in females (111.4 vs. 91.0 state), as well as high rates for acute myocardial infarction in males (73.8 vs. 58.6 state). Both males (62.8 vs. 42.0 state) and females (60.4 vs. 20.2 state) experience a higher than average rate of Cerebrovascular Disease mortality. Mortality rates by race show a very high rate of overall mortality within the American-Indian, Non-Hispanic population (664.2 vs. 146.3 state), as well as a high rate of Coronary Heart Disease among Black, Non-Hispanic residents (219.6 vs. 133.0 state), and equally high cerebrovascular mortality rates among the Hispanic (62.7 vs. 34.4 state) and American-Indian, Non-Hispanic (63.4 vs. 31.9 state) communities. Acute myocardial infarction mortality rates are highest within the Black, Non-Hispanic (98.8 vs. 44.2 state) community. Communities seeing the highest rate of cardiovascular disease mortality are those continuously targeted through free health screenings and education programs. Saints will continue to focus on its minority communities, as well as increasing the focus within the Black, (Non-Hispanic) and American Indian (Non-Hispanic) populations.

### ***Domestic Violence, Sexual Assault and Anti-Bullying Initiatives***

Domestic violence continues to be a significant problem facing our community. In FY2010, the Lowell Police Department handled over 3,700 reported domestic violence incidents. 41% were domestic arguments, 31% were simple assaults, and 7% were aggravated assaults. November saw the highest frequency of domestic-related reports to the Lowell Police Department (362); July and February were the next highest months. The majority of incidents occurred in North Sector (Pawtucketville, Belvidere, Centralville, and Lower Belvidere). Juveniles were involved in 22% of all domestic violence incidents, and Family Service officers have noticed a steady increase in teen dating violence at Lowell High School and surrounding school systems.

Recognizing this as both a public health and a quality of life concern, Saints participates in the Lowell City Manager’s Domestic Violence Task Force and provides representation at Alternative House Women’s Emergency Services. Internally, Saints has developed a comprehensive program for proper identification and referral of domestic violence victims. The hospital has welcomed a number of forensic experts to speak to its staff about victim advocacy issues and the importance of the preservation of physical evidence for domestic and sexual assault victims. Saints is now able to better assess and effectively intervene for these patients. Saints also makes domestic violence resource information available in pamphlet format. This information is translated in several languages including English, Spanish, and Khmer, and is available at various locations throughout the hospital. Saints Medical Center plans to continue its participation in local initiatives to promote awareness of domestic violence, as well as ensure assessment/intervention for domestic violence victims during medical encounters. Saints also will continue to work with the City of Lowell to increase awareness of the prevalence of domestic violence in Greater Lowell, ultimately aiming to achieve a decreasing trend in domestic violence statistics for this area.

In accordance with Catholic Healthcare values, namely respect for human dignity and sacredness of life, a community-wide anti-violence program will be sponsored by Saints, and Saints will take an active role in local collaborations surrounding this topic. In 2010, the nation witnessed YouTube video footage of Lowell High School female students assaulting one another. Saints also followed the sad case of Phoebe Prince, a young Massachusetts girl bullied until she committed suicide. Bullying, especially female bullying, is a nationwide epidemic that must be addressed by all partners within the community in order for it to be properly dealt with.

### **Substance Abuse**

In addition to economical and educational risk factors, Lowell is a primary drug distribution hub for the NE/MA region<sup>4</sup>. The High Intensity Drug Trafficking Area (HIDTA) report also indicates that heroin affects the Northeast Region more than any other area of the country. This is partly due to the increasing abuse of prescription narcotics such as Oxycontin. Oxycontin abusers often switch to heroin because of its lower price. The highly addictive nature of the drug and fast-growing tolerance levels cause users to continuously consume larger amounts in an effort to achieve the same high.

Local hospitals and emergency medical care facilities have seen increases in the numbers of patients seeking care for heroin and other opiate poisonings. Our community, especially the portion suffering from opiate addiction, receives all of its care from our two community hospitals; at both of these facilities, narcotic overdoses have risen dramatically over the past few years. According to the latest data, the number of patients treated for heroin poisoning by Saints Medical Center has almost doubled from and overall narcotic poisoning rose by 340%, since 2005. During this time period, Trinity Ambulance Company also recorded an increase in the number of calls dispatched for overdoses. Overall, during fiscal year 2009, Saints Medical Center treated 99 patients for opiate poisoning. These include individuals who sought care for the following diagnosis codes: 965.00 – Poisoning Opiate; 965.01 – Poisoning Heroin; 965.02 – Poisoning Methadone; 965.09 – Poisoning Opiate NEC; E850.0 – Accidental Poison Heroin; E850.1 – Accidental Poison Methadone; and E850.2 – Accidental Poison – Opiate. The city’s contracted ambulance provider reports 291 overdose calls within the City; these calls include all drug overdoses. Our citywide EMS provider reported using naloxone (Narcan) 121 times on calls throughout the Greater Lowell area.

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<sup>4</sup> High Intensity Drug Trafficking Area (HIDTA) Threat Assessment

## **Smoking Cessation**

As of October 2009, an estimated 20,315 smokers live in Lowell (27% of adults age 18+). An estimated 15,519 (20%) adults in Lowell are former smokers. 62% of current smokers made at least one attempt to quit last year. The smoking rate in Lowell is 47% higher than the MA state rate (18%). Cigarette smoking among middle age adults (age 45-64) is 45% higher in Lowell (27%) than state wide (19%). Cigarette smoking among seniors (age 65+) is 14% higher in Lowell (9%) than statewide (8%). The rate of smoking during pregnancy in Lowell is 52% higher than for the overall state of Massachusetts (12% in Lowell vs. 8% statewide). The Mortality Rate from lung cancer is 25% higher among males in Lowell as compared to the state of Massachusetts. Mortality from lung cancer is 31% higher among females in Lowell compared to the state of Massachusetts. The rate of hospitalizations for lung cancer is 14% higher among males in Lowell compared to the state of Massachusetts.

## **Health Professional Education/Mentorships/Internships**

Through the Caring Well Institute, Saints provides an assortment of clinical and community education opportunities. Saints partnered with 14 schools/training facilities in FY2010 to provide clinical and non-clinical mentoring, training and career advancement opportunities for local students.

## **Community Building Activities**

### ***Afterschool Activities for low-income local young women age 7-17***

Saints is a partner with the local Girls Inc. Chapter, providing growth and empowerment activities for young women who primarily hail from low-income, single parent households in Greater Lowell. Girls Inc. participants live in identified Medically Underserved Areas (MUA) within Lowell (The Acre, Downtown, Centraville and the Lower Highlands). Girls Inc provides afterschool enrichment activities for girls at high risk of drug/alcohol abuse, sex at an early age, smoking, dropping out of school, and other health/quality of life concerns.

### ***Healthy Eating/Nutrition for Low Income Residents identified by Catholic Charities***

Saints is an active partner with Catholic Charities of Greater Lowell, providing a supply of food donations on a monthly basis as part of our community benefit program. Catholic Charities has a food pantry is open 4 days a week, Monday to Thursday. It serves, on average, 130 to 200 households/families per week. Clients can go for food assistance once every 30 days. On average they serve 200-230 families, per week.

### ***Lowell Police Precinct***

The city of Lowell saw an increase in crime within the Lower Belvidere and Downtown neighborhoods (within walking distance of the Medical Center) in FY2010. As a "good neighbor" Saints provided space for the Lowell Police to place a precinct within the hospital, at no cost to LPD.

### ***Assistance to Local, Low-Income & Refugee Families***

The Greenhalge School and St. Patrick's are both located within medically underserved areas, where 90% of residents are ethnic minorities or recently resettled, low-income refugees. The majority of students are from Burma, Bhutan, Nepal, and Iraq, the Congo, Cambodia, Vietnam and various Latin American countries. Saints Staff provide assistance to over 50 families, annually, each Christmas.

## Greater Lowell Community Health Needs Assessment 2010 Executive Summary

On behalf of Lowell General Hospital (LGH), Saints Medical Center (SMC) and the Greater Lowell Health Alliance (GLHA), a team of UMass Lowell researchers and students conducted a community health needs assessment study to distinguish the unmet medical and public health needs within the Greater Lowell community. The geographic area assessed included the communities of Lowell, Billerica, Chelmsford, Dracut, Dunstable, Tewksbury, Tyngsborough and Westford. The study had two objectives:

1. Meet state and federal requirements that the two hospitals conduct a Comprehensive Health Needs Assessment every three years
2. Conduct a study that would provide a foundation for the GLHA and its partners, including LGH and SMC, in working to build consensus on the area's health needs and plan coordinated activities to improve the health of the area's residents.

Information for this report was collected from multiple sources, in three different ways:

1. Web-based survey.
2. Focus group and personal interviews.
3. Review of publicly-collected health and demographic statistics.

The web-based survey was available to all adults residing within the study area. It was designed to elicit public feedback about the health services in the Greater Lowell area, and included both forced-answer multiple choice questions and open-ended questions asking people to state what they perceived to be the strengths and weaknesses of the area's healthcare system. Of the 153 community residents who responded, the majority were white (88%), women (76%), and aged 31 to 65 (78%). These individuals reported having good access to healthcare, as 88% had seen their personal physician in the previous 12 months.

More than 50 Greater Lowell professionals participated in the focus groups and personal interviews, including school nurses, hospital executives, town managers and local health department directors, as well as individuals representing the Councils on Aging, skilled nursing facilities, and various community-based organizations. These individuals were asked to speak to the strengths and weaknesses of the area's health system and suggest changes to improve it. The health and demographic data available within the Greater Lowell area was thoroughly investigated, focusing substantially on the issues or problems indicated from the personal and focus group interviews, as well as the web-based survey. The collected data indicated that the Greater Lowell area saw a doubling of the rate of mental health hospitalizations between 1989 and 2006. In addition, Lowell has seen increases in problematic alcohol consumption and opiate-related mortality. The experience in the Lowell area was also compared, as appropriate, with the statewide experience. In doing so, we found that the use of Emergency Department services in Lowell is 39% higher than the state average in the most recent data available, 2002 through 2005. When reliable information was available, we additionally examined the comparative experience of different demographic subgroups. The mortality rate among Asian-Americans in the Greater Lowell area, for example, was nearly twice as high as the Massachusetts average for this group. In addition to providing supplemental information on healthcare concerns voiced by various study respondents, the data analysis also indicated other significant findings, the most important of which is that the proportion of individuals in Lowell without health insurance increased substantially between 2000 and 2008. The larger study found consistent themes with regard to the strengths and weaknesses of the Greater Lowell health system and generated various suggestions.

## Strengths

- Convenient access to high quality healthcare.
- A strong healthcare system, namely, SMC, LGH, the Lowell Community Health Center (LCHC), and the area health departments.
- A mature human services system.
- Strong elderly health services.
- A growing awareness of the community's cultural diversity allowing providers to provide culturally and linguistically appropriate care.
- Sustained improvements over time in important health outcomes, such as mortality and teen pregnancy
- A sharp decrease in infant mortality.

## Weaknesses

- Insufficient access to primary care resources, leading to overuse of emergency departments.
- Woefully inadequate mental health resources.
- Insufficient resources for health education and other public health activities.
- Transportation-related limits on provider access.
- Competition, rather than cooperation, between the two hospitals.
- Insufficient resources to address the idiosyncratic needs of a culturally and increasingly diverse population.
- Low health status levels for some, compared to the rest of the state (e.g., a much higher age-adjusted death rate for Non-Hispanic whites).
- Recent deterioration in important health outcomes— more binge drinking, increased asthma hospitalization and increased opioid deaths.
- Despite healthcare reform, a dramatic increase in the percentage of uninsured Lowell residents.

## Suggestions

- Ask the two hospitals and other local healthcare organizations to work collaboratively in providing health education through public television.
- Develop a coordinated system for providing urgent care and after-hours primary care services.
- Establish a clearinghouse of provider information. Continue efforts to distinguish the idiosyncratic health needs of Lowell's ethnic, immigrant, and low income communities.

Despite evident progress in assessing the area's unmet healthcare needs, it is important to indicate an important caveat. Our web-based survey did not include a fully representative sample of people living in the Greater Lowell area. Those less likely to participate in a web survey, notably immigrants, refugees and individuals with low levels of formal education, are not represented in the data collected. In addition, there was comparatively little data available with which to distinguish the differential needs of immigrants and low income groups. Although we did speak with individuals who work with these disadvantaged populations, we readily acknowledge that such proxy reports cannot fully replace information that might come directly from members of these groups. Further investigation into the needs of disadvantaged individuals and populations is needed, which would certainly enrich our understanding of the area's unmet medical and public health needs. We hope that this document can serve as a starting point and lead to concrete steps and constructive dialogue focused on improving the health of all individuals within the Greater Lowell area.<sup>5</sup>

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<sup>5</sup> For more information, please view the full assessment report on our website at: [www.saintsmedicalcenter.com](http://www.saintsmedicalcenter.com)

## Community Benefit Programs & Costs 2010

<u>Assessment</u>	<u>Programming</u>	<u>Outcomes</u>
<b>Community Benefit Staff Expenses (direct)</b>		
<p><b>Administrator, Advocacy and Corporate Culture</b>  <b>Outreach Specialist (Khmer)</b>  <b>CWI Director</b>  <b>VP, Mission and Ethics</b>  <b>VP, Legislative Affairs and Community Strategies</b>  <b>Community Health Assessment Costs</b></p>	<p>975 hours * 30 = \$29,250 +\$500 supplies            1950 hours * 22 = \$42,900            195 hours * 50 = \$9,750            195 hours * 55 = \$10,725            487 hours * 75 = \$36,562            \$18,850 hours, supplies and expenses  <b>TOTAL Operational Cost: \$148,501</b></p>	<p>Administrator = 50% of time            Outreach Spec = 100% of time            CWI Director = 10% of time            VP, Mission &amp; Ethics = 10% of time            VP, Gov &amp; Comm = 25% of time            Community Health Needs Assessment for FY11-13 completed</p>
<b>Access to Healthcare</b>		
<p><b>Lowell's medically underserved:</b>            17.5% African residents unable to see a doctor due to inability to pay; 29.9% Hispanic residents unable to see a doctor due to inability to pay; Only 18% of minority groups &gt;65 = flu vaccines (vs. 63% of overall population). Approximately 35% of Lowell's population (105,167) is documented as belonging to an ethnic minority. Lowell has sizable Asian (22%) and Hispanic (15.5%) populations. Over the last several years, Lowell has experienced a large influx of Brazilian, Portuguese and African immigrants. Many of these populations are included in the uninsured and underinsured populations. Additionally, 34% of Lowell households speak a primary language other than English at home. 13% of households have an income less than \$10,000; 20% have an income less than</p>	<p><b>Ethnomed</b>            Add Multilingual Health Information portal to website with health information in each major patient language (Khmer, Portuguese, Spanish)</p> <p><b>Community Depot</b>            Add Community Education Depot; provide documentation for all community assistance/support agencies, as well as current community health topics in a variety of languages (Substance Abuse, Violence, Mental Health etc.)</p>	<p>All computers in the hospital have access to a multi-cultural, multilingual healthcare portal. SMC also added a multilingual portal for education on our website.</p> <p>In partnering with local non-profit advocacy agencies and the Lowell Health Department, SMC added two Community displays, one focusing on anti-violence information, and one focusing on opiate/substance abuse resources.</p>

<p>\$15,000. (Source: MassCHIP CHNA Health Status Indicators Report)</p> <p>There are currently over 150 Iraqi children who have settled in Lowell as Federally recognized refugees, with an average of 300-400 refugees resettling in Lowell on an annual basis, as identified by the International Institute and Massachusetts Department of Public Health. As refugees, the majority have MassHealth insurance coverage. In order to receive proper clearance and immunizations, families need a comprehensive physical, (children cannot start school without immunizations), preferably within days of arrival. A need was identified by Lowell Public School representatives, in that the current wait for appointments and immunizations is approximately 90 days at the Lowell Community Health Center, thus delaying entrance into school by a 4 month minimum for new students. Saints aims to meet this new need by expanding the hours of operation in our Immunization Clinic, as well as adding a second location (Lowell Campus and Lowell Walk-In Campus).</p>	<p><b>Health Education Series at CMAA</b>  <b>Topics covered:</b> Diabetes, Heart Disease, Osteoporosis, Renal/Dialysis, Smoking Cessation/Lung Disease/COPD, Stroke, Substance Abuse, Prescription Safety  <i>Cost: 10 hr/session @ \$75/hr * 10 = \$7,500</i></p> <p><b>Tuberculosis Testing</b>  Monthly TB testing performed by TB Clinic Manager at Cambodian Day Care site.  <i>Estimated cost: 1 RN * 3 hr/mo * 5mo = \$516</i></p> <p><b>Satellite Clinic at CMAA</b>  The Cambodian Mutual Assistance Association and Saints Medical Center have partnered to provide the Lowell community easy access to medical care. This partnership focuses on making the community a healthy one by combining your cultural beliefs with that of Western medicine. <i>Estimated Cost: 1MD @75/hr * 112 hours = \$8,400; Supplies/Expenses with start up: \$14,448</i></p> <p><b>Immunization Expansion Program:</b>  Expand Immunization Clinic hours to meet immigrant/refugee need.  <i>Estimated Hours: 24/mo; Estimated FY 2010 staff cost: \$3,612; supplies: \$1,500</i></p>	<p>10 sessions at CMAA; on average 30 Cambodian community members attended a session – 300 residents provided health education.</p> <p>The Nurse Manager of the TB Clinic provided free, onsite PPD testing/reads for 30 Cambodian residents in Lowell (June – Sept) after the need was made aware to the VP of Community Strategies.</p> <p>Program is open for four hours per week on Tuesdays, with Dr. Augustin Enaw onsite to provide preventative care visits. As of October, the program had treated 90 patients. Operations are handled through the Family Health Network, as well as through our Community Outreach Specialist (Khmer).</p> <p>After need expressed by the Lowell Health Department and Lowell Public School Nurses, Saints expanded its clinic hours (24 hours added) to better serve the pediatric population. The new location served just fewer than 100 students Sept 1 –30, 2010.</p>
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	<p><b>Refugee Health Program</b>  Complete Business Plan and apply for RFR to enhance hours of Immunization Clinics, as well as Refugee Health Initiative, based on need of community, to better serve immigrant and refugee families, especially children in need of testing/immunizations to enter the school system. Increase hours of immunization clinic to provide services daily. <i>Estimated Cost: 2 staff * 40 hours @ \$43 per hour = \$3,440</i></p> <p><b>Spanish Health Fair</b>  Provide 1 free all-day community health screening event targeting low-income, under/uninsured Spanish-speaking residents. Preventative medicine: Diabetes, Obesity, Smoking Cessation, Lung Disease, COPD, Stroke, Substance Abuse, Prescription Safety. Blood Pressure, Blood Glucose, Cholesterol, Osteoporosis, BMI screening. Goal = 100 participants; 20 individuals previously without access to a doctor now are engaged in a patient/physician relationship.  <i>Staff Cost: \$5160 + \$4000 supplies = \$9,160</i>  <i>Volunteer Cost: \$ 11,736</i></p>	<p>Business Plan stemmed from focus group with Lowell Health Department, International Institute, DPH and Lowell Public School Nurses. The Administrator met with the CFO and constructed a plan to enhance healthcare to immigrant populations.</p> <p>The Spanish Speaker health fair took place on April 24, 2010. Approximately 50 residents attended, 15 of whom (30%) were registered for medical care with a primary care physician. Through discussions with interpreters from the Spanish community, we learned that the fair should be held later in the day or at night, and we should go offsite into the community.</p>
<b>Public Health Priorities</b>		
<p><b>H1N1 Flu Clinics</b>  Due to National/Regional needs regarding the possibility of a flu pandemic, Saints provided free H1N1 Clinics.</p>	<p>Saints offered three free H1N1 flu vaccination clinics to the Lowell Public, specifically targeting low-income and refugee groups.  <i>Staff Cost: \$7,440; Volunteer Cost: \$30,960</i></p>	<p>Provided over 100 Khmer and 50 Bhutanese, as well as 1200 additional residents with H1N1 vaccinations.</p>



<p><b>Cerebrovascular Mortality rate</b> Mortality rate is 128% higher than the state rate in the Asian community; Mortality rate is 88% higher than state rate in Black/Non-Hispanic community</p>	<p><b>Fitness for Strength and Flexibility</b> Six, 6-week sessions. Goal of program is to improve cardiovascular stamina as well as physical strength and muscle tone, lowering BMI. <i>Staff cost: \$720, Supplies: \$250</i></p> <p><b>Yoga FEVA</b> Six, 6-week sessions featuring resist-a-bands and physio-balls. Goal of program is to improve cardiovascular stamina as well as physical strength and muscle tone, lowering BMI. Goal = 20 participants. <i>Staff cost: \$720, Supplies: \$250</i></p>	<p>Fitness for Strength and Flexibility – program had 20 participants in 2010 (2 community, 18 Saints Medical Center employees).</p> <p>YOGA FEVA –program had 20 participants in 2010 (1 community, 19 Saints Medical Center employees).</p>
<b>Chronic Disease - Diabetes</b>		
<p><b>Diabetes</b> Mortality rate = 189% higher in Black, Non-Hispanic, and 276% higher in Hispanic; Hospitalization rate (due to diabetes) = 215% higher in Asian</p> <p>The Paso a Paso Clinical Trial (CDC) stated in 2003 that <b>50% of all Hispanic/Latin American children</b> born in the year 2000 will develop Diabetes in their lifetime.</p>	<p><b>Diabetes Support Group</b> This group meets every second Thursday in the First Floor Conference Room at Saints Medical Center from 6 - 7 pm. The purpose of the group is for members of the Greater Lowell community with Diabetes I/II to establish a support system within the community, as well as gain tips and advice on blood sugar management, diet and exercise. <i>Estimated cost: 2 RN *4hr/mo *12 mo = \$4,128</i></p> <p><b>Sutton House 20th Anniversary Celebration</b> Dr. Jeffrey Gorvine, Internal Medicine, was asked by Sutton House administration to present a seminar on Diabetes for staff and community members at their anniversary celebration. Genesis healthcare is working towards creating a “specialty” at each site, Sutton House aims to specialize in Diabetes Care. <i>Staff Cost: 9 hours * 75 (MD) = \$675</i></p>	<p>On average, 15-20 community members attend the support group</p> <p>75 community members (N. Andover service area) attended the event, 25 attended the lecture.</p>

**Chronic Disease – COPD/Smoking Cessation/Lung Cancer**

**Smoking Stats**

Smoking rate in Lowell = 47% higher than the MA state rate; highest rate in New England; COPD mortality rate in Black/Non-Hispanic 65+ is 103% higher than state rate; COPD mortality rate in Hispanic 65+ is 227% higher than state rate.

**Bronchus/Lung Cancer**

Mortality rate is 150% higher than state rate in Black, Non-Hispanic women; mortality rate is 122% higher than state rate in Hispanic males.

**BREATHE Smoking Cessation Program**

Offered to the public, 4 - week course. Learn behavior modification, relaxation, exhale-inhale, attitude, timing is everything, heart and soul, engage and take control.  
*Staff Cost: 2\*32\*20 = \$1,280*

**Smoking Cessation for 5<sup>th</sup> Grade Students**

The goal of this program is to provide outreach, as well as smoking prevention education to 5<sup>th</sup> grade students at the Stoklosa School in Lowell, MA.  
*Staff cost: 2\*3\*33 = \$258*

**Chronic Disease: COPD**

Better Breathers Pulmonary Support Group offers free, community-based educational opportunities and support to people with Chronic Pulmonary Disease and their families, friends and support people. Program runs monthly, for 1 hour. Overseen by 1 RN and 1 RT. Goal = 10 participants, increased support and education for COPD patients and families.  
*Staff cost: 2\*60\*33 = \$3,900*

**CHNA Subcommittee Membership – Tobacco**

The goal of this program is to provide outreach, as well as smoking prevention education to local residents.  
*Staff cost: 2\*12\*33 = \$780*

Four participants from the community, one husband, three patients in the CA Center. All “graduates” pledged to stop smoking.

20 students received smoking cessation training, and were evaluated through pre- and post-tests.

## Women's Health

Breast cancer is the most common cancer among American women, except for skin cancers. The chance of developing invasive breast cancer at some time in a woman's life is a little less than 1 in 8 (12%).

The American Cancer Society's most recent estimates for breast cancer in the United States are for 2010:

- About 207,090 new cases of invasive breast cancer will be diagnosed in women
- About 54,010 new cases of carcinoma in situ (CIS) will be diagnosed (CIS is non-invasive and is the earliest form of breast cancer).
- About 39,840 women will die from breast cancer

After increasing for more than 2 decades, female breast cancer incidence rates decreased by about 2% per year from 1999 to 2006. This decrease may be due at least in part to less use of hormone replacement therapy (HRT) after the results of the Women's Health Initiative were published in 2002. This study linked HRT use to an increased risk of breast cancer and heart diseases.

Breast cancer is the second leading cause of cancer death in women, exceeded only by lung cancer. The chance that breast cancer will be responsible for a woman's death is about 1 in 35 (about 3%). Death rates from breast cancer have been declining since about 1990, with larger decreases in women younger than 50. These decreases are believed to be the result of earlier detection through screening and increased awareness, as well as improved treatment.

### Paint the Town Pink Campaign 2010

Paint the town Pink Campaign – Poster campaign and weekly education campaign

*Estimated Cost:*

$\$43 * 3 \text{ ppl} * 150 \text{ hr prep} = \$19,350$

$\$43 * 3 \text{ ppl} * 16 \text{ hr} = \$2,064$

$\$1000 \text{ printed supplies}$

**TOTAL: \$22,414**

### Understanding the Pap Smear

Shelagh Galvin, NP offered a 1 hour, free seminar for local healthcare providers that focused on Detecting Cervical Problems, HPV & Abnormal Pap Test and Results: Colposcopy, biopsy & endocervical sampling, as well as a review of ACOG (American College of Obstetricians & Gynecologists) screening guidelines for pap smears. Six (6) women attended the seminar  $1 \text{ CNM} @ \$43/\text{hr} = \$43$ ;  $\text{Supplies} = \$300$ ; **TOTAL: \$343**

### Breast Cancer Awareness Month Education

The cancer center staff worked with the women's center to provide month-long programming for the community around Breast Cancer Awareness. Information Tables, printed materials, social media.  
*Staff cost: \$1,720 + \$1,000 Supplies*

### Women's Cancer Support Group

During the 90 minute sessions, topics regarding treatment, side effects, coping, fear, self image, survivorship and other concerns brought up by members will be discussed. Participation goal: 10  
 $2 \text{ RN} * \$43/\text{hr} * 5 \text{ hr}/\text{mo} * 4 \text{ mo} = \$1,720 + \$500 \text{ supplies}$

SMC staff solicited over 30 local businesses to participate in the awareness campaign. Campaign reached over 10,000 in the month of October.

9 community attendees.



<p>Of the 1,402 Domestic Assaults that occurred in 2008, 80% have been simple assaults (n = 1123) and 20% have been aggravated assaults (n = 279). Compared with the annual statistics from 2007, overall domestic assaults increased 1% in 2008. Aggravated Assaults have increased by 17% when compared to 2007, however, Simple Assaults decreased by two percent.</p> <p>In accordance with Catholic Healthcare values, namely respect for human dignity and sacredness of life, a community-wide anti-violence program will be sponsored by Saints, and Saints will take an active role in local collaborations surrounding this topic. In 2010, the nation witnessed YouTube video footage of Lowell High School female students assaulting one another. We also followed the sad case of Polly Prince, a young Massachusetts girl bullied until she committed suicide. Bullying, especially female bullying, is an epidemic throughout the nation that must be addressed by all partners within the community, in order for it to be properly dealt with.</p>	<p><b>"Girl Chat"</b> An interactive play discussing Girl Bullying, created by Deana's Fund/Educational Theatre. Saints partnered with the Academy of Notre Dame Tyngsboro to sponsor this event May 21, for girls in grades 5-9. <i>Program Cost: \$2,395</i></p> <p><b>"The Yellow Dress"</b> An interactive one-woman play discussing teen dating violence, created by Deana's Educational Theatre. Deana's Fund will present 2 shows Monday morning for students in the #Lowell High School Freshmen Academy, followed by group discussion. <i>Program Cost: \$2,995</i></p> <p><b>First Responders DV Skills Day</b> Provide a 4 hour community information program (and 2 hour seminar) for all Emergency Department Staff and local healthcare workers/First Responders. Suggested topics: Domestic Violence; Advocates and their role in the ED; Avoiding re-victimization in the ED; Forensic evidence in the ED; Available resources for DV/Sexual Assault; Human Trafficking; Shaken Baby Syndrome; Stalking/Cyber Stalking; GPS and Domestic Violence. Target = 25 participants. <i>Program Cost: \$3,225</i></p>	<p>Over 250 girls ages 10-14 attended the program, which fostered strong conversation re: bullying, stereotypes, self-esteem and harassment.</p> <p>Over 1,000 freshmen students (men and women) attended 2 performances of the program. Students also participated in pre-show workshops and post-show debriefings. Students were made aware of local resources.</p> <p>Saints spearheaded a 6 hour Skills Day showcasing local anti-violence advocacy agencies, as well as a 2 hour seminar for local first responders. 8 agencies took part in the tabling event, and over 60 local first responders participated in the seminar.</p>
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	<p><b>Sexual Assault Community Training</b>  Develop and present a series of Sexual Assault seminars for the community in collaboration with Rape Crisis Services of Greater Lowell.  <i>Staff cost: \$900;; Supplies: \$150</i></p> <p><b>Bystander Awareness</b>  Learn how to identify key elements of aggressor/perpetrator behavior. Know the warning signs, as well as tips to protect yourself. Also learn how to create an atmosphere of un-acceptance towards sexual violence in your community. This program is appropriate for community members, students, educators, and healthcare staff.</p> <p><b>Sexual Assault Prevention</b>  This educational program will assist clinical and non-clinical workers in responding to family, friends, patients or co-workers who disclose that they have been a victim of sexual violence. Topics include: Overview of sexual violence; safety, acceptance, cultural sensitivity, empowerment, avoiding re-victimization, support systems and resources.</p> <p><b>He did What/She Said What?</b>  This training targets the caregivers of children. Topics include how to discuss sexual violence with children, how to work through disclosure, resources, techniques/tips for discussion and creating a safe environment.</p>	<p>19 community members, (education, girl scouts, first responders, healthcare, mental health); 3 staff members. 1 CEU awarded to all participants. Offered 2 times</p> <p>31 community members (education, girl scouts, first responders, healthcare, mental health); 10 staff members. 1 CEU awarded to all participants. Offered 3 times.</p> <p>12 community members (education, first responders, healthcare, mental health); 3 staff members. 1 CEU awarded to all participants. Offered 3 times</p>
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	<p><b>Greater Lowell White Ribbon Campaign</b> Designed and produced a White Ribbon Pledge poster for all SMC staff to sign, pledging to end violence against women and girls. <i>Cost: \$800</i></p> <p><b>City Manager's Task Force</b> Monthly Meeting for educators, first responders, legislatures, advocates, etc. Saints is a sponsor of this group. <i>Estimated cost: \$1,040</i></p> <p><b>District Attorney's Roundtable (Monthly)</b> Monthly education session to keep DV/SA workers up to date on the latest legal changes. <i>Estimated Cost: \$1,260</i></p>	
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**Cancer Care**

<p>Overall Cancer Mortality Rate for Hispanic (15-24 yrs) is 169% higher than state rate; Overall Cancer Mortality Rate for Black/Non-Hispanic (25-44 yrs) is 157% higher than the state rate. <b>Prostate Cancer:</b> Incidence is 56% higher in Black, Non-Hispanic male <b>Colon Cancer:</b> Mortality rate is 192% higher than state rate in Black, non-Hispanic; 282% in Asian women. <b>Non-Hodgkin's Lymphoma:</b> Highest rate in Black non-Hispanic males (20.1 vs. 5.8), Asian Men (11.9 vs. 4.1) and Hispanic men (9.8 vs. 2.5)</p>	<p>Cancer Center provides Christmas gifts to patients/families; provides Halloween programs for patients and families and Thanksgiving baskets for low-income patient families each year. <i>Supply cost; Program Cost (TOTAL): \$4,420</i></p> <p><b>Spindle Fund</b> The SPINDLE Fund (funds dedicated to direct services/resources for Cancer Center patients) expended approximately \$45,900 in FY2010 on the following items: Nutritional supplements, Lymphadema sleeves, Alternative therapies, Wigs, Medications, Bereavement cards, Thank you cards, Transportation, Treatment chair, Medical equipment, Televisions for waiting rooms, Magazines for waiting rooms, Demoulas gift certificates, Supplement patient co-pays, Insurance payments, specialized clothing, and personalized humidifiers <i>Staff Cost: 1*25*30 = \$750</i></p>	<p>30 baskets and 75 gifts donated for Cancer Center patients and families in 2009. 50 patients and family members served through this program. 3 families served through this program in 2009.</p>
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<p><b>Teddy Bear Clinic</b> The Teddy Bear Clinic is a community effort to calm fears associated with visiting the hospital, as well as provide preventative health and safety information to children and parents in time for summer vacation. A collaboration of SMC and Greater Lowell EMS, the Teddy Clinic provided Health education and Prevention information to 110 children and their parents.</p>	<p><b>Teddy Bear Clinic</b> The Teddy Bear Clinic has two major education sections – 1. The Care Fair, providing an assortment of safety information for children and parents (car seat safety, fall prevention, opiate abuse, Handwashing techniques, oral health, stranger danger, bike safety, etc.) and 2. the “Teddy Clinic”, a hands on triage event that allows children a first hand look at how an emergency health event is handled by all medical personnel (EMS, Nursing, Physicians, Cardiology, Radiology etc.) <i>Staff Cost: \$20,640; Supply cost: \$4,500; Volunteer Cost: \$33,540</i></p>	<p>110 children and over 100 parents participated in this education/prevention program. FREE.</p>
<p><b>Palliative Care Nursing</b></p>	<p><b>Palliative Care Nursing (ELNEC)</b> Oncology RN provided a seminar on Palliative Care/End of Life Care for ELNEC (End of Life Nursing Education Consortium). Open to Saints staff and ELNEC members. <i>Staff Cost: \$86</i></p>	<p>18 attendees, 1 CEU provided.</p>
<p><b>Medication Safety – Community/Healthcare</b> More people die in a given year as a result of medical errors than from motor vehicle accidents (43,458), breast cancer (42,297), or AIDS (16,516).<sup>1</sup> Medication errors alone, occurring either in or out of the hospital, are estimated to account for 7,000 deaths annually.<sup>2</sup> Adverse drug events cause more than 770,000 injuries and deaths each year and cost up to \$5.6 million per hospital.<sup>3</sup> Patients who suffered unintended drug events remained in the hospital an average of 8 to 12 days longer than patients who did not experience such mistakes. These added days mean their hospital stays cost \$16,000 to \$24,000 more.<sup>4</sup></p>	<p><b>To Err is Human... Medication Safety 101</b> Pharmacist provided inservice to healthcare workers at D’Youville Senior Care Center. The purpose of the course was to discuss medication errors and their impact on society; review 10 system elements implicated in medication errors; identify actual errors and near misses that have occurred in healthcare and propose safe strategies to address the elements of errors. <i>Cost: \$500 staff</i></p>	<p>Open to healthcare workers, mainly at D’Youville Senior Care Center (free). 30 participants.</p>

<p><b>Artificial Mechanical Ventilation</b>  This course was chosen by the SMC's commitment to practice guidelines and safe practices dictated by the IHI research saving 1,000,000 lives campaign. In order, to prevent poor patient outcome from hospital adverse complications, this course was given to ensure best practices by the healthcare provider for their clinical practice, and to ensure safety and the highest quality of care when treating patients in respiratory demise, recognition It benefits the community in the long run from preventing hospital acquired infections.</p>	<p><b>Medication Safety</b>  Pharmacists provided in-service to healthcare workers at the Atria at Marland Place (senior community). Medications can be life saving; they cure infections, prevent problems from chronic diseases and alleviate pain for millions of Americans. But medicines can also cause harm. According to the CDC, adverse drug events cause over 700,000 emergency department visits each year. Understanding the benefits and risks of medications puts patients in a better position to avoid potentially harmful situations. Medication Safety 101 has been designed to help patients and their family members become well aware of how to avoid serious medication errors. <i>Cost: \$500 staff</i></p> <p><b>Artificial Mechanical Ventilation</b>  Mechanical Ventilation didactic and intubation/airway management was offered to these class participants. Knowing when and how to implement invasive and non-invasive mechanical ventilation is one of the core competencies of the Pulmonary and Critical Care : Goals for this program where to introduce and review, A primer on mechanical ventilation, Clinical cases in mechanical ventilation, Information regarding how to set-up hands-on training sessions with respiratory therapists at each clinical site. <i>Estimated cost: \$2,090 includes course instruction, supplies and ads.</i></p>	<p>30 seniors, community members and health care workers received in-service, as well as medication recorders to track meds.</p> <p>Out of 25 participants, 2 students were hired as Pulmonary New Grads for fall 2010.</p>
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<p><b>Tuberculosis</b></p> <p>As the overall rate of tuberculosis has dropped, the proportion of tuberculosis cases in foreign-born individuals has steadily increased, currently reaching 71%. Foreign birth, as well as household contact with foreign-born family members and visitors, and prolonged stays in countries with high rates of tuberculosis, constitute the major risk factors for tuberculosis in Massachusetts today.</p> <p>Saints provides treatment for those infected with TB, and those who have disease. Patients receive initial testing, follow up, and treatment schedules if needed, as well as pharmacy maintenance. Saints is the only TB clinic that serves children in the Merrimack Valley (outside of Worcester), and 1 of 2 clinics (Lawrence) in the area. On average, our TB clinic sees about 200 patients a month.</p> <p><b>New Healthcare Provider CPR/AED (\$90)</b></p> <p>Outside areas are not AHA training centers for HCP but require HCP BCLS Certification for their healthcare workers. Such as MD offices, surgi centers, Nursing homes. SMC is an AHA center for HCP BCLS training. SMC has an obligation to the AHA to offer outside stakeholders the opportunity to become HCP CPR certified.</p>	<p><b>TB or not TB: Signs and Symptoms of High Risk</b></p> <p>Participants were made aware of prevention for contact exposure, proactively identifying who would be at risk and that they would bring these principles back to their practice. The participants ranged from SMC employees, school nurses and the MA public health department employees. Program ran in collaboration with Lowell Health Department. <i>Estimated cost: \$320</i></p> <p><b>New Healthcare Provider CPR/AED (\$90)</b></p> <p>In the state of MA it is required and regulated that NH HCP must have BCLS training. The AHA association has a certificate program to provide Healthcare BCLS certification. SMC is a recognized training center for the AHA and is nationally recognized as one through the AHA and their website. This certificate program is based on the AHA 's national research for best evidence to save lives by Healthcare providers. The goal is to meet all the skills and didactic elements for this AHA program and the participant is awarded with a Health care provider BCLS certificate. <i>Estimated cost: \$700 (offset by \$1,440 in revenue)</i></p>	<p>Participants were given an evaluation. Results of the evaluations showed satisfaction for the information given by SMC TB nurse clinician.</p> <p>Two SMC participants were new hires for SMC who did not have HCP BCLS training; 14 other participants from the outside community needed certification in order to get a job or to continue their jobs within the nursing home community.</p>
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<p><b>Heartsaver Community First Aid (\$90)</b> Targeted Day care workers, nursing home workers.</p> <p>Depending on the level of resident and their care is determined by the state of MA, NH, daycare and daycare providers are required to have life saving certifications that are designated to specific populations. Such as AHA Heartsaver CPR/AED &amp; first aid are for daycare centers who have clientele from as young as 3 months to adolescence, While NH may have patients residing within their facility who just need basic care and safety measures with Heart saver Basic life support CPR renewal.</p> <p><b>Healthcare Provider CPR Recertification</b> In order to be a first responder, nurse, physician, Paramedic, the AHA association has a certificate program to provide Healthcare BCLS certification. SMC is a recognized training center for the AHA and is nationally recognized as one through the AHA and their website. This certificate program is based on the AHA 's national research for best evidence to save lives by Healthcare providers. The goal is to meet all the skills and didactic elements for this AHA program and the participant is awarded with a Healthcare provider BCLS certificate.</p>	<p><b>Heartsaver Community First Aid (\$90)</b> In the state of MA, there are rules and regulations when taking care of people by other types of Healthcare agencies or caretakers. AHA association has a certificate program to provide Heartsaver BCLS certification. SMC is a recognized training center for the AHA and is nationally recognized as one through the AHA and their website. This certificate program is based on the AHA 's national research for best evidence to save lives by Heartsaver providers. The goal is to meet all the skills and didactic elements for this AHA program and the participant is awarded with <b>healthsaver</b>, AED, and First aid provider BCLS certificate. <i>Estimated cost: \$990 (offset by \$900 revenue)</i></p> <p><b>Healthcare Provider CPR Recertification</b> Course offered to Saints Medical Center professionals, as well as area first responders (fire, police, EMT/ALS, other local healthcare providers) <i>Estimated Cost: \$2,770</i></p>	<p>4 C.N.A students; 6 community students. 10 received certification.</p> <p>200 students participated;</p>
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<p><b>Dialysis Technician Course (\$500)</b> SMC Dialysis (Methuen &amp; Lowell) has seen a significant increase in volume among our immigrant patients. To meet this need, increased also by the closing of a Billerica dialysis unit (closest is Concord, MA), SMC offered a Dialysis Technician Program.</p> <p><b>Camp Med (\$350)</b> Camp med assists with exposing the young generation to the Healthcare profession. The American Nurse Association and the Association of American Medical Colleges all predict there will be a national healthcare shortage when the generation of baby-boomers retires. This shortage would be about a 35% in the year 2020, whereas, in the Journal of Nursing Administration (2007) According to healthcare experts, the present nursing shortage is going to extend to 2020 with an estimated 400,000 RN vacancies</p> <p><b>Become a Certified Asthma Educator (\$90/\$110)</b> This course is for national certification for our healthcare workers. SMC employees are trained in the latest guidelines and hold certifications in their specialties. The CDC reports that in MA, from 2000 through 2007, prevalence of current asthma increased 19.8% in adult females and 44% among 65 years and over. As a growing population, SMC must meet this increasing disease process by obtaining the necessary education for their healthcare workers to do so. (Sources: MA BRFSS, MDPH; <a href="#">2000-2007</a> US BRFSS CDS)</p>	<p><b>Dialysis Technician Course</b> The goal for this program was to assist the participant in learning a combination of duties for both the technical aspects of working with medical equipment and the interaction with patients. Post evaluations from all participants were high in numbers and felt their program experience would assist them in looking for a job. <i>Estimated cost: \$3,920 (offset by \$12,500 in revenue)</i></p> <p><b>Camp Med</b> This 5-day, annual camp experience explains all that by CAMP MED participants experiencing each of these departments by didactic descriptions and hands-on practice. Today many adolescence want to eventually go into the health field as a career, yet are hesitant to do so because of the unknown. This program provides them a look into the world of a community hospital to experience different departments and how they all related to the patient. <i>Estimated cost: \$33,190 (offset by \$5,600 in tuition)</i></p> <p><b>Asthma Educator Certification</b> <i>Estimated cost: \$900 for 10 Saints Medical Center employees to attend course.</i></p>	<p>Number of participants who graduated: 25. Number of participants hired: 2 new hires.</p> <p>16 students received certification in CPR and First Aid, as well as a certificate of course completion.</p> <p>64 students attended course, all were granted certification. No hires.</p>
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<p><b>Acute Burn Care – First 24 Hours</b> Healthcare providers from the surrounding communities, They were targeted by the place of where they worked such as ACUTE HOSPITAL CARE, and first responders such as Paramedics.</p> <p><b>Wound Care Certification</b> In response to a demonstrated need in the aging population (diabetes, bed sores, increased elder care population etc.), SMC became a national Wound Care training institute in FY2010</p> <p><b>Phlebotomy Technician</b> SMC aimed to provide a technical course to meet a local need for phlebotomy technicians</p>	<p><b>Acute Burn Care Training</b> <i>Estimated cost: \$300</i></p> <p><b>Wound Care</b> SMC provided a 5-day conference in preparation for the NAWC Exam, with 28 successfully completing the course and gaining certification. <i>Cost: \$2,560</i></p> <p><b>Phlebotomy Technician</b> Nine-week program with a clinical rotation that provides background for phlebotomy tech certification. <i>Cost: \$4,620</i></p>	<p>Graduates: 33 (5 SMC male employee, 20 SMC female employee) (5 male community 3 Female community).</p>
<b>Subsidized Health Programs</b>		
<p><b>Growth and Nutrition Clinic</b></p>	<p><b>Growth and Nutrition Clinic (DPH Funded)</b> The Saints Medical Center Children’s Growth and Nutrition Clinic, supported through 2013 through a DPH grant, offers family-centered, multidisciplinary care to a medically and culturally diverse population of families whose infants and children are experiencing growth delays known as “failure to thrive.” Care includes addressing nutritional, medical, psychosocial and financial needs within each patient’s family and cultural framework; to diagnose and treat the child before medical, nutritional and behavioral feeding problems overshadow their growth, school performance, and behavior, cognitive and social development. The program includes Medical, GI and Nutrition rehabilitation and counseling, speech and</p>	

<p><b>TB/Chest/Immunization Clinic</b></p>	<p>occupational therapy, home visits, enhancement of parent feeding skills and styles, medical management and social intervention in regards to feeding and parenting, all conducted in a culturally sensitive and respectful environment. <i>Estimated Cost: \$160,344</i></p> <p>As the overall rate of tuberculosis has dropped, the proportion of tuberculosis cases in foreign-born individuals has steadily increased, currently reaching 71%. Saints provides treatment for those infected with TB, and those who have disease. Patients receive initial testing, follow up, and treatment schedules if needed, as well as pharmacy maintenance. Saints is the only TB clinic that serves children in the Merrimack Valley (outside of Worcester), and 1 of 2 clinics (Lawrence) in the area. A need was identified by Lowell Public School representatives, in that the current wait for appointments and immunizations is approximately 90 days at the Lowell Community Health Center, thus delaying entrance into school by a 4 month minimum for new students. Saints aims to meet this new need by expanding the hours of operation in our Immunization Clinic, as well as adding a second location (Lowell Campus and Lowell Walk-In Campus). <i>Estimated Cost:\$132,035</i></p>	
<p><b>Community Support Groups</b></p>		
<p><b>Learn 2 Cope</b> Currently there is a crisis, an epidemic of OC and heroin use in Massachusetts. Most of the young adults are between 17-26 years old, some start in high school, others have started in college. The rules have changed in society today, because heroin is now in a sortable form and 80-90% pure. Young people do not realize they will become addicted even by just experimenting and it normally begins with crushed up</p>	<p><b>Learn to Cope</b> Learn to Cope is a support group for parents and family members dealing with a loved one addicted to heroin, Oxycontin and other drugs.</p> <p><b>Bereavement Support Group</b> Support group provided to patients and their loved ones to assist with the grieving process. All costs of the support group are absorbed by the hospital. Saints</p>	

<p>Oxycontin and a bad choice, even if they have been warned all their lives by their parents about drug use.</p>	<p>collaborated with Merrimack Valley Hospice and Beacon Hospice for this program.</p> <p><b>Caregivers Support Group</b>          Saints partnered with Beacon and Merrimack Valley Hospice to present a free Caregivers Support group to the residents of Greater Lowell.</p> <p><b>Al-Anon</b>          Al-Anon has been helping, offering strength and support for friends and families of problem drinkers.</p> <p><b>ALS (Lou Gehrig’s Disease)</b></p> <p><b>Parents of Murdered Children</b></p> <p><b>Overeaters Anonymous</b></p> <p><i>Cost: \$9,720</i></p>	
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**Community Building Activities/Sponsorships**

<p><b>Girls Inc. of Greater Lowell</b>          Saints is a partner with the local Girls Inc. Chapter, providing growth and empowerment activities for young women who primarily hail from low-income, single parent households in Greater Lowell. Girls Inc. participants live in identified Medically Underserved Areas (MUA) within Lowell (The Acre, Downtown, Centraville and the Lower Highlands). Girls Inc provides afterschool enrichment activities for girls at high risk of drug/alcohol abuse, sex at an early age, smoking, dropping out of school, and other health/quality of life concerns.</p>	<p><b>Girls Inc.</b>          A representative from Saints serves on the Board of Directors as well as volunteers when possible at the agency to assist with programming, tutoring etc. Saints also contributes to organizational costs which assist in both programming and scholarships.  <i>Estimated supply donation for 2011: \$2,500</i>  <i>Estimated Program Sponsorship: \$3,000</i></p>	
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<p><b>Adopt a Family</b> The Greenhalge School and St. Patrick’s are both located within medically underserved areas, where 90% of residents are ethnic minorities or recently resettled, low-income refugees. The majority of students are from Burma, Bhutan, Nepal, and Iraq, the Congo, Cambodia, Vietnam and various Latin American countries. Saints Staff provide assistance to over 50 families, annually, each Christmas.</p> <p><b>Catholic Charities Lowell MA</b> Saints is an active partner with Catholic Charities of Greater Lowell, providing a supply of food donations on a monthly basis as part of our community benefit program. Catholic Charities has a food pantry is open 4 days a week, Monday to Thursday. It serves, on average, 130 to 200 households/families <u>per week</u>. Clients can go for food assistance once every 30 days. On average they serve 200-230 families, per week.</p> <p><b>Northeast Homeland Security Council</b></p> <p><b>Lowell Police Community Policing Precinct</b> Due to an increase in crime in Belvidere/Downtown, SMC offered space to the Lowell Police Department, free of charge, to provide better coverage.</p> <p><b>Materials Management Donation (OR)</b></p>	<p><b>Adopt a Family</b> Saints has a history of providing assistance to these families during the holiday season by purchasing gifts for children, as well as food and household items for parents. <i>Estimated families assisted: 50; Estimated donation: \$10,000</i></p> <p><b>Catholic Charities</b> “Our Daily Bread Partnership” Saints has agreed that each month, one department will oversee food collection and volunteerism at the Food Bank. <i>Estimated donation: \$3,600; Estimated time donation: 48 hours</i></p> <p><b>National Homeland Security Council</b> SMC Director of Security serves on the NHSC, and routinely provides SMC as a training site for disaster preparedness drills.  <i>Cost: \$7580</i>  <i>\$16,386</i></p>	<p>In 2010, SMC participated in over a dozen drills, including pandemic, flood, hazmat leak, school shooting and nuclear drill.</p>
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<b>Community Building: Mentoring/Internships</b>		
<p>Lowell Greater Tech HS Framingham State U Lincoln Tech Inst Lowell HS Middlesex CC NH Tech Inst NHTI Paramedic Northern Essex CC Rivier College Salter school UML MA College of Pharmacy-Nursing &amp; Pharmacy</p> <p>RN Career Workshop (Tewksbury High School)</p> <p>Volunteer Scholarships</p>	<p>SMC Administration, the Caring Well Institute and Human Resources worked in 2010 to create a “One-Door Policy” for our enhanced student intern/mentorship program. <i>Cost: \$70,520</i></p> <p><b>RN Career Workshop (Tewksbury High School)</b> RN provides an annual career workshop for Tewksbury High School students defining the nursing career, education paths etc. <i>Staff cost: \$215</i></p> <p>SMC offers a \$500 book scholarship to volunteers that are High School Seniors, who have completed 200 or more hours.</p>	<p>We worked with 14 schools to place over 250 students with SMC staff in FY 2010, providing mentoring and health profession training, sponsored by the Medical Center.</p> <p>30 Students assisted through program</p> <p>In FY 2010, SMC provided \$2000 in scholarships</p>
<b>Sponsorships/Donations</b>		
	\$61,529	
<b>Net Charity Care Estimate</b>		
2010 NCC:	\$1,847,109	
<b>Total CB Funding</b>		
	\$1,346,156	

## Outcome Measures & 2011 Budget

Efforts to respond to the need of the community are accomplished through a combination of educational programs and services such as health fairs, health screenings, distribution of educational pamphlets, etc., as well as identification of specific focus areas of need. Short-term goals include educating community members and providing for immediate health needs. Long-term goals include improving the health of the community. This is monitored and evaluated by examining demographic and health data statistics each year. Our Community Benefit activities include programs and services that are both existing and new. The Community Benefits plan is reviewed annually; activities are continuously assessed and developed in response to the needs of the community. As a result, funding for these programs and services is allocated from the operating budget on an on-going basis. Costs associated with Community Benefit activities are tracked and reported in the annual voluntary report. For FY 2011, it is estimated that we will commit an equivalent amount of resources for community benefit programs, community service programs, and corporate sponsorships, (not including net charity care) as in FY2010.

Type	Estimated Total Expenditures for FY2010		Approved Program Budget for FY2011*
Community Benefits Programs	(1) Direct Expenses	<b>148,000</b>	<b>Same as 2010</b>
	(2) Associated Expenses	<b>754,099</b>	
	(3) DoN Expenditures		
	(4) Employee Volunteerism	<b>127,513</b>	
	(5) Other Leveraged Resources	<b>255,015</b>	
	<b>PROGRAM TOTAL</b>	<b>1,284,627</b>	
Net Charity Care	(1)Expenditures		
	(2) HSN Assessment	<b>1,171,236</b>	
	(3) HSN Denied Claims	<b>675,873</b>	
	(4) Free/Discount Care		
	<b>NET CHARITY CARE TOTAL</b>	<b>1,847,109</b>	
SPONSORSHIPS		<b>61,529</b>	
BAD DEBT		6,822,000	
	<b>TOTAL</b>	<b>10,015,625</b>	