

Fallon Community Health Plan

Community Benefits Full-Text Annual Report

FY 2011

FALLON COMMUNITY HEALTH PLAN

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I. Mission statement

Fallon Community Health Plan (FCHP) is a not-for-profit health plan with headquarters in central Massachusetts with approximately 213,537 members and 929 full time employees as of the end of 2011. FCHP's long tradition of serving the community was formalized in 1996 with the establishment of a Community Benefits Program in accordance with the Attorney General's Community Benefits Guidelines for Health Maintenance Organizations.

FCHP's Board of Directors approved the Community Benefits Policy statement below in 1996. It was then filed with the Massachusetts Association of HMOs on June 30, 1997. In September, 2011, the Board voted to reaffirm the Community Benefits program.

Fallon Community Health Plan Community Benefits Policy Statement

Fallon Community Health Plan is committed to the vision of creating healthier lives. Since its inception in 1977, FCHP has worked to improve the quality of life and the health status of individuals by offering access to high-quality, affordable medical care and services.

Fallon Community Health Plan will work cooperatively with health care and community service organizations, as well as state and federal agencies, to lead the creation of innovative health care solutions, to seek healthy outcomes, and to improve access to health care services. FCHP will make resources available to community organizations as appropriate in pursuit of these goals.

Goals

The goals of the Fallon Community Health Plan Community Benefits Program are to:

- Support programs that will improve the health status of the economically disadvantaged, elders, pregnant and parenting teens, and the youth within our service area
- Continue FCHP's role as a health educator by providing school-based programming, hosting health and information fairs and conferences, and by bringing general information to the public through speaking engagements and programs focusing on areas such as tobacco cessation and senior health and wellness
- Work collaboratively with other health care providers to develop and implement programs targeting specific populations as determined by the community
- Develop, support and implement health initiatives and programs that are identified by local businesses, social service organizations, and other related agencies that demonstrate needs and services
- Continue to find ways to deliver high-quality, low-cost health care coverage to a wide variety of constituencies

In 2010, FCHP undertook a review of its Community Benefits Program, assessing both its goals and its grant-making methods. Using community health data and other indicator studies, FCHP convened a Needs Assessment committee to review this data, and data provided by other community agencies, to gain an understanding of the most critical issues affecting our communities and the populations that are most in need. In response to the information gathered during this process, the Community Benefits Program adopted three new areas of focus, which are promoting access to healthy nutrition and encouraging physical activity, particularly among vulnerable populations; promoting good health for seniors; and improving health for infants and children aged 0-5.

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II. Internal oversight and management of the community benefits program

In 1997, FCHP's Board of Directors first appointed FCHP staff and community representatives to serve on the Community Benefits Committee and oversee the development and implementation of the Community Benefits Program. Since that time, the Committee has been under the direction of the Director of Community Relations. The current members of the Committee are listed below.

2011 Community Benefits Committee

Kimberly Salmon

Director of Community Relations

Christine Cassidy

Vice President, Corporate Communications, Fallon Community Health Plan

Robert Cavanaugh, MD

Physician, Fallon Clinic

Eric Hall

Vice President, Network Development and Management, Fallon Community Health Plan

Beth Helenius

Vice President, Retention Sales, Fallon Community Health Plan

Rev. Paul Kennedy

Retired FCHP Board Member

Kimberly Lee

Vice President, Advancement, Square One

Jean McMurray

Executive Director, Worcester County Food Bank

Mary Ritter

Senior Vice President, Strategy and Planning, Fallon Community Health Plan

Cheryl Schmaltz

Senior Community Relations Associate

The Community Benefits Committee evaluates projects and decides which receive funding. FCHP's CEO approves each grant before funds are distributed. This ensures regular evaluation and oversight of the program.

FCHP employees learn about the goals of the Community Benefits Program and the activities of the Community Benefits Committee in several ways. The program is outlined to all new staff members at the monthly new employee orientation sessions. In addition, frequent updates about the program and announcements of recent grant distributions are included in FCHP's weekly internal newsletter, and in *Healthy Communities*, FCHP's member magazine, which is readily available online for employees to read.

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III. Community health needs assessment

Summary of needs assessment process

In December 2009, several members of the community and FCHP management were invited to participate in a process to assess health and community needs throughout FCHP's service area, and to make recommendations to FCHP's CEO of potential areas of focus for future FCHP philanthropic efforts.

Individuals were selected to participate based on their community involvement within various geographic regions of FCHP's service area, their knowledge of a particular area of need or specific population, and/or their understanding of FCHP's philanthropic efforts.

Members of the **FCHP Community Benefits Needs Assessment Committee** were:

- **Rev. Paul D. Kennedy**, retired FCHP Board Member and participant on grant-making committee
- **Jean McMurray**, Executive Director, Worcester County Food Bank
- **Robert Clark**, Director/Human Resources, Early Childhood Centers of Greater Springfield
- **Richard Burke**, President Senior Care Services & Government Programs, FCHP
- **Eric Hall**, Vice President/Network Development and Management, FCHP
- **Jack Hyland**, Senior Director/Retention Sales, FCHP
- **Kate McEvoy-Zdonczyk**, Senior Director/Government and Community Relations, FCHP
- **Robert Nolan**, Senior Director/Communications, FCHP

Also invited, but unable to participate, were:

- **Carlton Watson**, Executive Director, Henry Lee Willis Center
- **Dr. Elizabeth Malko**, Vice President and Chief Medical Officer, FCHP

The Committee was brought together in late January, 2010, to gain a baseline understanding of FCHP's Community Benefits program and the goals and deliverables for the Needs Assessment process.

Additionally, to lend greater context to the Community Benefits program, participants were given an overview of FCHP's other philanthropic initiatives, including charitable giving, volunteer activities and programs, as well as a general sense of the budget for of these programs and initiatives.

At this meeting, a collection of data including indicator studies, needs assessments and health data for different counties of Massachusetts were distributed to all members of the Needs Assessment Committee for their review.

At a discussion meeting in March, committee members were asked to identify key needs or issues in each of the identified regions, determine common themes, and make a recommendation of the needs that should be considered as priorities for FCHP's Community Benefits program.

Committee members were further challenged to use the following questions as "filters" in their consideration of potential areas of focus:

- Is there a broad prevalence of this issue/need throughout the Commonwealth, or is the issue/need specific to a particular region?
- Are there specific populations that have many needs?
- Are there services/resources/supports that currently exist to address these issues?
- Does it make sense for a health care services company to address this issue/need?
- Can this issue/need be impacted with available resources?

The counties included in this exercise were all Massachusetts counties except Suffolk, Barnstable, Nantucket and Dukes.

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Recommendations of the Needs Assessment Committee:

After several meetings and much discussion, the FCHP Community Benefits Needs Assessment Committee made the following recommendations as priorities for the FCHP Community Benefits program. Three recommended areas of focus were adopted.

The issues/needs identified below are relevant within the diverse geographic regions of FCHP's service area. By partnering with organizations that seek to address these issues/needs, it is realistic to believe that FCHP will have impact while working with existing resources.

In addition, addressing these areas of need will complement FCHP's mission of *making our communities healthy*, and may also be complemented by other corporate programs and initiatives.

1. Good nutrition and physical activity

Prevalent issues identified in nearly every report provided to the Committee included nutrition (including food security and access to healthier choices), and the growing rate of obesity, particularly in vulnerable populations. Of note were consistent measures of the population that indicated low levels of physical activity and low consumption of fruits and vegetables. **The Committee recommended that access to good nutrition and physical activity be a focus of FCHP's Community Benefits program.** By helping those in need to access nutritious foods, and by promoting physical activity, particularly in underserved populations, it is possible to affect the health of our community as a whole.

2. Improving health for infants and children aged 0-5

The issue of helping to ensure that children have stability in the first years of life and enter school settings ready to learn is critical to the long-term success of our community. By identifying infants and very young children in need, and providing them with services that will help to support their development, we can ultimately impact their mental and physical health, leading to more positive outcomes. **The Committee recommended that improving health for infants and children aged 0-5 be a focus of FCHP's Community Benefits program.** Whether there is a call for better access to early education and care, or an opportunity to promote healthy prenatal behaviors and better parenting skills, it is clear that the needs of this population segment are growing consistently across all regions of the Commonwealth.

3. Good health for seniors

It is projected that the percentage of citizens aged 65 or older will grow in every state of our nation. Here in Massachusetts, the number of citizens aged 65 or older is expected to grow from 20% of the population to 25%, increasing the need for supportive services for seniors in the Commonwealth. Data suggests that seniors who have financial security will continue to be secure, while seniors in need will fall further behind. Additionally, studies have shown that depression, substance abuse, lack of adequate/proper nutrition, maintenance of physical health, and problems related to grandparents raising grandchildren are growing issues that will need to be addressed within this population. **The Committee recommended that ensuring good health for seniors be a focus of FCHP's Community Benefits program.**

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IV. Community participation

In an effort to best utilize FCHP Community Benefits funds, FCHP continually assesses the needs of the community through informal processes. In 2010, a Community Benefits Needs Assessment Committee was formed to evaluate data and make recommendations focusing on areas that respond to the needs in our communities. The information used in this process encompassed both statewide and county/community-specific data sets, and included, community health status reports, community needs assessments, community indicators reports, and various other data available through service organizations.

In addition, careful consideration was given to the formation of the Committee to ensure that there was robust representation of the various geographic regions of FCHP's service area, as well as knowledge of specific areas of need and/or specific vulnerable populations.

V. Community Benefits Plan

The Community Benefits Committee meets two times per year and reviews grant applications once a year. A Request for Proposals for the Community Benefits grants is mailed to organizations that have applied in previous years, released to regional media, and is posted on Fallon Community Health Plan's Web site.

The Community Benefits Committee considers the following in evaluating the grant application:

- Is this a viable program?
- Are the funds for program costs or general administration? Funding for program implementation would receive higher priority than administrative and capital costs.
- If the program is new, what steps has it taken to assure there is no duplication of efforts? Do organizations look within the community to determine if similar programs already meet these needs?
- How will the program be evaluated? By what process will it be evaluated and how will success be measured?
- Where is the organization located? FCHP distributes funds consistent with its service area.

In addition, FCHP continually re-evaluates its funding priorities and assesses community needs through the grant evaluation process, as referenced in Section III. The Community Benefits Program grant application and grant award contract specifically require all recipients to evaluate and report on the outcomes of their programs. Grant recipients are asked to evaluate their programs against the objectives stated in their initial grant application. To be considered for additional funding in future years, each grantee must submit a completed grant report for each project funded. Grant reports are essential in helping the Committee assess whether the grants have indeed reached the identified populations. In this way, the grants are useful in determining future funding decisions.

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VI. Progress report: Activity during the reporting year

Activity during the reporting year

In 2011, Fallon Community Health Plan made just over \$1,100,000 available to programs that met the goals of FCHP's Community Benefits program. This was accomplished through the distribution of over \$830,000 in support of the Community Benefit program's areas of focus that involved direct expenses, leveraged expenses, staff and volunteer time. We also supported other philanthropic initiatives totaling approximately \$360,000.

Because community activism has long been an important feature of Fallon Community Health Plan's corporate identity, senior management has encouraged employees to organize and participate in many volunteer initiatives. Many of these efforts began years before the formal Community Benefits Program was established. All departments continue to play an active role in organizing events and encouraging employees to reach out to the community. Employees work together each year to coordinate and support various charitable efforts, for example, Adopt-A-Child holiday gift drives. In addition, FCHP employees supported the Canal Diggers 5km. This event brought together nearly 1,000 runners and walkers of all ages for a 5km run and 1km fun-run/walk event through a historic district of Worcester for the Hibernian Cultural Centre.

Another way that FCHP contributes to the community is through the annual United Way campaign. FCHP has been a community leader for this annual fundraiser for many years. Special events coordinated to benefit the United Way included a bake sale, a holiday craft fair, and the annual pledge drive. FCHP staff used approximately 412 hours to support the United Way (equivalent to \$14,832), and these hours were spent working on the United Way Annual Appeal campaign and supporting activities, the United Way's Day of Caring volunteer program, United Way's Speakers Bureau, and the United Way's Loaned Executive program. These efforts helped to raise just over \$57,000 for the local United Way. FCHP, as a corporate entity, encouraged and supported employee giving and also contributed \$24,000 to the United Way through the Community Benefits Program.

In 2011, Fallon Community Health Plan hosted the Gather FORE a Goal fundraising event. This major charitable initiative raised approximately \$208,000 in gross receipts, with net revenues exceeding \$152,000. These proceeds were distributed to more than 80 food pantries, food banks and hunger relief programs throughout Massachusetts. Staff and volunteer support for this event exceeded 560 hours.

The Communications Department is particularly active in promoting employee volunteerism efforts. As mentioned previously, FCHP's weekly internal newsletter promotes Community Benefits initiatives undertaken through the formal Community Benefits Committee. The newsletter also regularly promotes employee volunteerism by posting upcoming volunteer opportunities and reporting on company-sponsored volunteer initiatives.

Additionally, FCHP was pleased to continue our signature health and wellness programs. The Road Bowl program continued in workplace environments. This program provides materials and curriculum for a walking program amongst the administration and faculty of 9 colleges in the Worcester area.

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Reducing cultural, linguistic and physical barriers to health care

FCHP has taken numerous steps to reduce cultural, linguistic and physical barriers to accessing health care for people of all ages. Many of these initiatives have been carried out in fulfillment of FCHP's contract with the Division of Medical Assistance for comprehensive health services for approximately 13,047 MassHealth members. For example, the MassHealth member information booklet is available, upon member request, translated in eleven languages. In addition, FCHP's Provider Directory contains information regarding languages spoken by network providers, the availability of interpreter services and handicapped accessibility at each office. All contracted health care providers are required to be in compliance with the Americans with Disabilities Act.

FCHP offers enrollment to all segments of the general population, including large and small employers, individuals, Medicare beneficiaries, and MassHealth members. Fallon Senior Plan™ is one of the oldest Medicare health plans in the nation, established in 1980. FCHP has participated in the Medicaid program since 1980, and in 2006 also began offering a plan through the Commonwealth Care program created by Chapter 58, the state's new Health Care Reform law. Commonwealth Care plans provide subsidized coverage to individuals who meet certain income guidelines but are not eligible for Medicaid.

In addition, Summit ElderCare (SE), a Program of All-Inclusive Care for the Elderly (PACE), provides acute and ongoing services for Medicare-eligible individuals age 55 and older that live in the SE service area and are eligible for nursing home care but prefer to remain in their own homes. Summit ElderCare is the only PACE in the country operated by a health plan. Services include primary care, in-home care, adult day health care, physical therapy, transportation, podiatry, dentistry, prescription drugs, caregiver support and much more. Under the supervision of the SE primary care physician, all medical and social services are provided or arranged by the SE team of professionals. The SE team includes physicians and nurse practitioners, with a specialty in geriatric medicine, who work with the SE inter-disciplinary team of registered nurses, social workers, rehabilitation therapists, health aides, an activity coordinator and home care coordinators to provide comprehensive care to the SE participants. Summit ElderCare has grown to five locations in central Massachusetts, with a census of 877 individuals at the end of 2011.

Fallon Community Health Plan's NaviCare® program, a Senior Care Options product, continued to grow in the community in 2011. Similarly to a PACE model, NaviCare provides coordinated medical, prescription and support care for seniors who are 65 or older, live in Worcester County, and are eligible for MassHealth Standard. After little more than one year in the market, NaviCare ended 2011 with more than 965 seniors enrolled on January 1, 2012.

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Reviewing, evaluating and updating the program

After a thorough review of the FCHP Community Benefits Program was undertaken again in 2011, the following changes were made to the program:

- Membership on the Community Benefits Committee was adjusted to ensure effectiveness. The committee retains representation from FCHP personnel. In addition, four committee seats are filled by persons from outside the FCHP system who shared their knowledge of a specific geography/community and/or a particular vulnerable population.
- The Community Benefits program's areas of focus were validated as:
 - Programs that promote access to good nutrition and physical activity
 - Programs that improve health for infants and children aged 0-5
 - Programs that ensure good health for seniors

Each year, this process and the areas of focus are reviewed. The funding priorities are assessed using data from the United Way of Central Massachusetts and other community organizations, and we welcome their recommendations for changes. As stated earlier, in September, 2011 the Board voted to reaffirm the Community Benefits program.

In FY 2013, FCHP will undertake another comprehensive needs assessment process.

VII. Contact information

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