

## Saint Anne's Hospital - FY2011

### Community Benefits Mission Statement

Saint Anne's Hospital is dedicated to serving the health care needs of our community by:

- \* Providing accessible, quality health care services to all within our culturally diverse community, including the poor, vulnerable and disadvantaged
- \* Providing preventative health, education and wellness services
- \* Working in collaboration with our community to identify and respond to unmet needs
- \* Recommending to the Board of Trustees of Saint Anne's the adoption of needed programs and services to address identified, prioritized, and unmet health care needs in the community

### Target Populations

| Name of Target Population   | Basis for Selection         |  |
|---|-----------------------------|--|
| Those without adequate health insurance   | Community Health Assessment |  |
| Those at risk for, or screened for substance abuse or mental illness  | Community Health Assessment |  |
| Residents who need health education, disease prevention, and health screening to promote healthier lifestyles and the earlier detection of disease, particularly those at risk for or diagnosed with diabetes | Community Health Assessment |  |
| Children who are at risk for, or have been involved with, domestic violence, sexual abuse, or other forms of violence   | Community Health Assessment |  |
| Those living below poverty line   | Community Health Assessment |  |
| Those without adequate health insurance   | Community Health Assessment |  |

### Publication of Target Populations

Marketing Collateral, Annual Report

### Hospital/HMO Web Page Publicizing Target Pop.

Not Specified

### Key Accomplishments of Reporting Year

Greater emphasis on addressing social determinants of health  
 Establishment of Medical Legal Partnership  
 Expansion of Faith Community Nursing Program  
 Creation of Collaborative Care Program

### Plans for Next Reporting Year

Expansion of efforts to address food scarcity  
 Expansion of efforts to address prescription drug abuse and diversion  
 Expansion of efforts in diabetes education, prevention and support

## Community Benefits Process

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### Select Community Benefits Process

#### Community Benefits Leadership/Team

Leadership and oversight of the community benefit plan is provided by a community benefits committee comprised of the hospital president; vice president of mission and community partnerships; SAH trustee as chair; hospital staff responsible for clinical, mission, financial, marketing services; and representation from diverse community stakeholders. Members are asked to possess the following:

- \* Knowledge/experience in communities with disproportionate unmet health needs
- \* Experience working with non-profit organizations within primary service area
- \* Knowledge/expertise in review and interpretation of population health data
- \* Knowledge/expertise in disease casual factors and primary prevention
- \* Expertise in clinical services provided in community benefit programming
- \* Ability to work in partnership with diverse community stakeholders
- \* Ability to leverage resources, approvals and engagement of respective departments/organizations

#### Community Benefits Committee

Autumn Levesque, RD, LDN, Clinical Dietician, Saint Anne's Hospital  
Barbara Wales, Health Promotion Manager; Bristol Elder Services  
Brenda Viveiros, Community Outreach Representative; Boston Medical Center HealthNet Plan  
Brian O'Connor, Esq., Program Manager; Justice Center of Southeast, MA LLC  
Brittany Lynch, BSW, Health Promotion Advocate; Saint Anne's Hospital  
Connie DaCosta, Manager, Interpreter Services; Saint Anne's Hospital  
Craig Gaspard, LICSW, MPH, Coalition Staff Director; BOLD-Building Our Lives Drug Free  
Craig Jesiolowski, FACHE, President; Saint Anne's Hospital  
David Ramos, RN, Clinical Director; Hope House, Saint Anne's Hospital  
Debra Paulino, Health Insurance Advocate; Saint Anne's Hospital  
Denise Marques, CME Coordinator; Saint Anne's Hospital  
Denise Wright, Clinical Director; SSTAR, Stanley Street Treatment Center and Community Health Center  
Diane Palmer, Director Volunteer Services; Saint Anne's Hospital  
Fanny Tchorz, Manager, Interpreter Services; HealthFirst Family Care Center  
Fred Grose, Executive Director; Health Access Collaborative of Southeast MA  
Jack Ledwidge, Board Member; Saint Anne's Hospital  
Jennifer Salem-Russo, LICSW, Clinical Coordinator; Youth Trauma Program, Saint Anne's Hospital  
Karen Sullivan, Community and Transition Coordinator; Southeast Center for Independent Living  
Karen Wenger, RN, MSN, FCN, Faith Community Nurse; Saint Anne's Hospital  
Lisa Blanchette, Director Health Access; Saint Anne's Hospital  
Lisa DeMello, RN, MSN, ACNS-BC, Clinical Educator/Stroke Coordinator; Saint Anne's Hospital  
Marin Woods, RD, LDN, Clinical Nutrition Manager; Saint Anne's Hospital  
Michelle Loranger, Executive Director; Bristol County Children's Advocacy Center  
Monika Schuler, RN, MSN, Emergency Department; Saint Anne's Hospital  
Rose Marie Couto, RN, CDE, RN, CDE; Diabetes Educator; Saint Anne's Hospital  
Tom Lyons, Chair, Board Member; Saint Anne's Hospital  
Weayonnoh Nelson, Esq., Staff Attorney, Medical Legal Partnership; Justice Center of Southeast, MA LLC

#### Community Benefits Administrator

Susan Oldrid  
Vice President, Mission and Community Partnerships  
Saint Anne's Hospital  
susan.oldrid@steward.org  
508-235-5055

### **Community Benefits Team Meetings**

FY 11 committee meetings were held on: October 13, December 5, February 14, March 16, May 5, June 17, August 24

### **Community Partners**

Children's Advocacy Center of Bristol County  
SSTAR  
Bristol Elder Services  
Coastline Elders  
Diabetes Association  
Faith Communities in Southeastern, MA  
Fall River Food Pantry  
Marie's Place  
Southcoast Justice Center of Southeastern, MA  
Standard Pharmacy  
Steppingstone

### **Community Health Needs Assessment**

#### **Date Last Assessment Completed and Current Status**

In 2009 Saint Anne's Hospital Community Health Needs Assessment, conducted by John Snow Inc. (JSI). The assessment was aimed at helping Saint Anne's Hospital and its partners become aware of current and existing health needs and assets within the community. Qualitative and quantitative information was gathered to help uncover issues and approaches to resolving those issues. The assessment examined health conditions, health risks and socio-economic data for those living in the hospital's primary service area.

2009 Healthy City Fall River Community Survey, conducted by Partners for a Healthier Community (CHNA 25) and the Fall River Mayor's Office. Survey of 613 residents to assess five-year progress on city-wide health promotion efforts aimed at Safety and ATOD Control (alcohol tobacco and other drugs); Recreation and Fitness; Food Supply and Nutrition; Educational and Medical Policies; Physical Environment and Advocacy.

2010 Needs Assessment conducted by DMA Health Strategies for Fall River Community Recovery and Resiliency Initiative aimed at assisting those struggling with unemployment at-risk for or in the early stages of substance abuse or mental health problems. The assessment collected data on Fall River demographics, unemployment, substance abuse problems among adults, special populations and needs of children and adolescents.

2011 assessment conducted by DMA Health Strategies on utilization of Saint Anne's Hospital inpatient and emergency room services for mental health or substance abuse diagnosis from 2008-2010.

Most recent needs assessment conducted in 2011 conducted by Tufts University MPH intern examining health conditions, health risks and socio-economic data for those living in the hospital's primary and secondary service areas.

#### **Consultants/Other Organizations**

Not Specified

#### **Data Sources**

Hospital, Consumer Group, Interviews, MassCHIP, CHNA

## Select Community Benefits Programs

### Compassionate Care

**Brief Description or Objective** Saint Anne's Compassionate Care Program was created in response to the needs of the poor and indigent in our community. The program provides vouchers for prescriptions, supplements, non-durable medical supplies, taxi service, food, and clothing.

**Program Type** Direct Services

**Target Population**

- **Regions Served:** Other-Southeastern MA
- **Health Indicator:** Access to Health Care
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

### Goals

**Statewide Priority:** Reducing Health Disparity

#### Goal Description

Reduce barriers to health care caused by poverty, unemployment and lack of transportation

#### Goal Status

1,613 taxi vouchers were distributed to those requiring transportation for primary care, behavioral health services, and other medically related care. \$56,333 expended for taxi vouchers, prescriptions and medical supplies.

Long term goal: Collaborate with community partners to develop more coordinated program to provide transportation to support access to care.

### Partners

#### Partner Name, Description Partner Web Address

Standard Pharmacy

**Contact Information** Sister Carole Marie Mello Director, Spiritual Care, sr.carole.mello@steward.org

**Detailed Description** Not Specified

### Transport Service

**Brief Description or Objective** Transport service, including a handicap accessible van, is offered to those who would otherwise be unable to access care due to physical limitations, lack of a personal vehicle, or limited or no financial resources to pay for transportation.

**Program Type** Direct Services

**Target Population**

- **Regions Served:** Other-Southeastern MA
- **Health Indicator:** Access to Health Care
- **Sex:** All
- **Age Group:** All Adults
- **Ethnic Group:** All
- **Language:** All

### Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

#### Goal Description

Reduce barriers to health care

#### Goal Status

Provided free service to 2,031

caused by lack of transportation

individuals in need of cancer care, behavioral health services, pharmacy services, and ancillary care.

Long term goal: Collaborate with community partners to develop more coordinated transportation program to support access to care.

## Partners

### Partner Name, Description Partner Web Address

Not Specified

### Contact Information

Terry Pickett, Director Oncology Services; Susan Mitchell, MSW, Director Behavioral Health, susan.mitchell@steward.org; terry.pickett@steward.org

### Detailed Description

Not Specified

## Reducing Food Insecurity

### Brief Description or Objective

Reduce number of families and children suffering from hunger

### Program Type

Grant/Donation/Foundation/Scholarship

### Target Population

- **Regions Served:** Other-Southeastern MA
- **Health Indicator:** Other: Nutrition
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

## Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

### Goal Description

Reducing hunger

### Goal Status

\$1500 monthly donations to Fall River Food Pantry and Marie's Place combined with donations from other organizations helped to feed 945 families per month

Long term goal: Establish farmer's market on hospital campus offering low-income, diabetic individuals vouchers for purchases.

## Partners

### Partner Name, Description Partner Web Address

Fall River Food Panty  
Marie's Place, distribution center for food and clothing

### Contact Information

Susan Oldrid Vice President Mission and Community Partnerships, susan.oldrid@steward.org

### Detailed Description

Not Specified

## Medical Legal Partnership

### Brief Description or Objective

Provide income-eligible (low-income) and elderly with free legal advocacy to address social determinants of health.

### Program Type

Direct Services

**Target Population**

- **Regions Served:** Other-Southeastern MA
- **Health Indicator:** Access to Health Care
- **Sex:** All
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All

**Goals**

**Statewide Priority:** Reducing Health Disparity

**Goal Description**

Increase access to care by mitigating social determinants of health through legal advocacy

Long term goal: Expand partnership to primary care and pediatric practices serving target populations.

**Goal Status**

50 referrals, 38 intakes.

**Partners****Partner Name, Description Partner Web Address**

Justice Center of Southeastern MA

**Contact Information**

Weayonnah Nelson, Medical Legal Partnership Attorney, wnelson@justicema.org

**Detailed Description**

Not Specified

**Park and Neighborhood Clean-up****Brief Description or Objective**

Create clean and safe physical environments to enhance health and well-being

**Program Type**

Healthy Communities Partnership

**Target Population**

- **Regions Served:** Fall River
- **Health Indicator:** Environmental Quality
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

**Goals**

**Statewide Priority:** Not Specified

**Goal Description**

Create clean and safe physical environment

Long term goal: Position hospital as advocate for municipal policy changes which advance health protection.

**Goal Status**

Two park clean-ups and neighborhood clean up in poorest section of Fall River

**Partners****Partner Name, Description Partner Web Address**

Saint Anne's Neighborhood Association

**Contact Information**

Diane Palmer Director, Volunteer Services, Diane.Palmer@steward.org

**Detailed Description**

Not Specified

**Health Insurance Advocacy**

|                                       |   |
|---------------------------------------|---|
| <b>Brief Description or Objective</b> | Improve access to healthcare for the working poor including the elderly, individuals with language barriers and individuals without transportation by assisting with enrollment in health insurance programs.   |
| <b>Program Type</b>                   | Health Coverage Subsidies or Enrollment   |
| <b>Target Population</b>              | <ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Other-Southeastern MA</li> <li>• <b>Health Indicator:</b> Access to Health Care</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> All</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> Portuguese</li> </ul> |

**Goals**

**Statewide Priority:** Supporting Healthcare Reform

| <b>Goal Description</b>   | <b>Goal Status</b>                        |
|---|---|
| Improve access to healthcare for the working poor including the elderly, individuals with language barriers | Total enrolled in available program: 1153 |
| Long term: Expand outreach to reach growing Hispanic population of uninsured.                               |   |

**Partners**

**Partner Name, Description**    **Partner Web Address**

Partners For Healthier Community

**Contact Information**    Debra Paulino Bi-lingual Health Promotion Advocate, Debra.Paulino@steward.org

**Detailed Description**    Not Specified

**Health Screenings, Education and Wellness**

|                                       |  |
|---------------------------------------|--|
| <b>Brief Description or Objective</b> | Promote health and wellness through screenings and education   |
| <b>Program Type</b>                   | Community Education,Health Screening,Outreach to Underserved   |
| <b>Target Population</b>              | <ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Other-Southeastern MA</li> <li>• <b>Health Indicator:</b> Other: Cancer, Other: Cancer - Breast, Other: Cancer - Prostate, Other: Cancer - Skin, Other: Cardiac Disease, Other: Diabetes, Other: Elder Care, Other: First Aid/ACLS/CPR, Other: Hypertension, Other: Nutrition, Other: Smoking/Tobacco, Other: Stroke, Other: Uninsured/Underinsured, Overweight and Obesity, Substance Abuse, Tobacco Use</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> All</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul> |

**Goals**

**Statewide Priority:** Chronic Disease Management in Disadvantage Populations

| <b>Goal Description</b>   | <b>Goal Status</b>   |
|---|--|
| Promote health and wellness through screenings and education  | 623 individuals screened for cancer, diabetes, hypertension.<br>32 community based education programs offered. |
| Long term: Expand offerings of evidence based chronic disease self management programs through referrals from PCPs, faith communities and community partners. |  |

**Partners****Partner Name, Description Partner Web Address**Community not-for-profits;  
faith communities**Contact Information**

Denise Marques Community Health Event/CME Coordinator, denise.marques@steward.org

**Detailed Description**

Not Specified

**Project Assert****Brief Description or Objective**

Provide screening, intervention, advocacy and referrals to treatment or services for patients and community members who are screened and detected for substance, alcohol and tobacco use; mental illness, and/or domestic violence.

**Program Type**

Direct Services

**Target Population**

- **Regions Served:** Other-Southeastern MA
- **Health Indicator:** Mental Health, Other: Domestic Violence, Substance Abuse, Tobacco Use
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

**Goals****Statewide Priority:** Promoting Wellness of Vulnerable Populations**Goal Description**

Provide screening, intervention, advocacy and referrals to treatment or services for patients and community members who are screened and detected for substance, alcohol and tobacco use; mental illness, and/or domestic violence.

Long Term: In coordination with community partners, identify and implement strategies to develop education and prevention strategies addressing prescription drug diversion.

**Goal Status**

2199 screenings.454 screened positive for alcohol/drugs of which 78 were admitted to inpatient and 107 to outpatient treatment

**Partners****Partner Name, Description Partner Web Address**SSTAR  
Corrigan Mental Health**Contact Information**

Brittany Lynch Health Promotion Advocate, brittany.lynch@steward.org

**Detailed Description**

Not Specified

**Senior Behavioral Health Services****Brief Description or Objective**

Provide free in-home mental health evaluations for individuals age 60 and older

**Program Type**

Direct Services

**Target Population**

- **Regions Served:** Other-Southeastern MA
- **Health Indicator:** Mental Health
- **Sex:** All
- **Age Group:** Adult-Elder
- **Ethnic Group:** All



- **Language:** All

## Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

### Goal Description

provide free in-home mental health evaluations for individuals age 60 and older

Provide professional and community education regarding the mental health needs of older Americans for professionals and the general community

Long term: Expand outreach to seniors living in public housing with emphasis on behavioral health education.

### Goal Status

151 assessments conducted in 2011

10 programs offered in 2011

## Partners

### Partner Name, Description Partner Web Address

Bristol Elder Services

Coastline Elder Services

### Contact Information

Susan Mitchell Director, Outpatient Behavioral Health , susan.mitchell@steward.org

### Detailed Description

Not Specified

## Youth Trauma Program

### Brief Description or Objective

One of two programs in Bristol County providing specialized evidence-based services for child victims. Only program in the region to provide extended forensic interviews and sexual abuse/trauma evaluations.

### Program Type

Community Participation/Capacity Building Initiative, Direct Services, Health Professional/Staff Training, Support Group

### Target Population

- **Regions Served:** Other-Southeastern MA
- **Health Indicator:** Injury and Violence
- **Sex:** All
- **Age Group:** All Children
- **Ethnic Group:** All
- **Language:** All

## Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

### Goal Description

Provide diagnostic evaluation and psychotherapy to children who have witnessed or have been victims of trauma and/or abuse

Long term: Increase number of trainings in CBT for professionals serving victims of abuse.

### Goal Status

In 2011 the program served 511 children. These services include telephone information and referral assistance as well as direct services including individual, group and family therapy to children and their non-offending family members.

## Partners

**Partner Name, Description Partner Web Address**Children's Advocacy Center of  
Bristol County**Contact Information** Jennifer Salem-Russo Youth Trauma Coordinator, jennifer.salem-russo@steward.org**Detailed Description** Not Specified**Diabetes Education and Support****Brief Description or Objective** Provide free community screenings, educational sessions and support groups and utilized both interpreters and a bi-lingual RN, CDE.**Program Type** Community Education,Health Screening,Prevention,Support Group**Target Population**

- **Regions Served:** Other-Southeastern MA
- **Health Indicator:** Other: Diabetes
- **Sex:** All
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All , Portuguese

**Goals****Statewide Priority:** Chronic Disease Management in Disadvantage Populations

| <b>Goal Description</b>                            | <b>Goal Status</b>   |
|--|--|
| Provide diabetes education, screenings and support | Diabetes health fair with 200 attendees; monthly education/support groups; two Screen to Intervene four-week programs 95 screened, 45 participated |

Long term: Train at least two hospital employees to become lifestyle coaches for CDC Diabetes Prevention Program

**Partners****Partner Name, Description Partner Web Address**

Diabetes Association

**Contact Information** Rose Marie Coutu Diabetes Educator, rosemarie.coutu@steward.org**Detailed Description** Not Specified**Hope House****Brief Description or Objective** Residential home for individuals with HIV/AIDS**Program Type** Direct Services**Target Population**

- **Regions Served:** Other-Southeastern MA
- **Health Indicator:** Other: HIV/AIDS
- **Sex:** Male
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All

**Goals****Statewide Priority:** Promoting Wellness of Vulnerable Populations

| <b>Goal Description</b>   | <b>Goal Status</b>                 |
|---|------------------------------------|
| Provide shelter, nursing care, psychological support, meals, and transportation for those infected with mid-to-late stage | Nine resided at Hope House in 2011 |

**AIDS**

Long term: valuate options for providing support for HIV/AIDS services beyond housing support.

**Partners****Partner Name, Description Partner Web Address**

SSTAR  
Beacon Hospice  
Family Services

**Contact Information** David Ramos Clinical Director, david.ramos@steward.org

**Detailed Description** Not Specified

**Smoking Cessation**

**Brief Description or Objective** Reduce tobacco use

**Program Type** Prevention

**Target Population**

- **Regions Served:** Other-Southeastern MA
- **Health Indicator:** Tobacco Use
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

**Goals**

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

| <b>Goal Description</b>                       | <b>Goal Status</b>  |
|---|---|
| Reduce tobacco use Enrolled 230 in Quitworks. | Enrolled 230 in Quitworks. Implemented smoke-free policy on all hospital properties |

Long term: Expand offering of smoking cessation program to community settings targeting youth.

**Partners****Partner Name, Description Partner Web Address**

BOLD-Building Our Lives Drug Free

**Contact Information** Brittany Lynch Health Promotion Advocate, brittany.lynch@steward.org

**Detailed Description** Not Specified

**Cancer Support and Wellness Programs**

**Brief Description or Objective** Provide support and wellness programs to those diagnosed, in treatment, or recovering from cancer

**Program Type** Support Group

**Target Population**

- **Regions Served:** Other-Southeastern MA
- **Health Indicator:** Other: Cancer
- **Sex:** All
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All

**Goals**

**Statewide Priority: Chronic Disease Management in Disadvantage Populations****Goal Description**

Long term: Expand offerings to extend to community settings and to be facilitated by non-english speaking leaders.

Provide support and wellness programs to those diagnosed, in treatment, or recovering from cancer

**Goal Status**

Programs and support groups offered weekly and monthly.

**Partners****Partner Name, Description Partner Web Address**

American Cancer Society

**Contact Information**

Karyl Benoit Oncology Outreach Coordinator, Mark Theodore Clinical Social Work, karyl.benoit@steward.org; mark.theodore@steward.org

**Detailed Description**

Not Specified

**Faith Community Nursing****Brief Description or Objective**

Empower individuals to be active partners in the management of their health. Faith community nurses care for the whole person in collaboration with their faith community and in partnership with other community resources, thereby ensuring a seamless continuum of care,

**Program Type**

Outreach to Underserved

**Target Population**

- **Regions Served:** Other-Southeastern MA
- **Health Indicator:** Access to Health Care, Mental Health
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

**Goals****Statewide Priority: Promoting Wellness of Vulnerable Populations****Goal Description**

Support Seamless Continuum of Care

Long term: Develop formal partnerships with faith communities serving target populations which include funding of training and provision of program support to enhance number and impact of faith community nurses

**Goal Status**

Trained 18 nurses to serve their faith communities

**Partners****Partner Name, Description Partner Web Address**

Faith communities throughout SE MA

**Contact Information**

Wendy Merriman Manager, Faith Community Nursing, wendy.merriman@steward.org

**Detailed Description**

Not Specified

**Collaborative Care****Brief Description or**

Assist those who have complex needs and great difficulty navigating the health and social

|                          |  |
|--------------------------|--|
| <b>Objective</b>         | service systems.   |
| <b>Program Type</b>      | Direct Services, Outreach to Underserved   |
| <b>Target Population</b> | <ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Other-Southeastern MA</li> <li>• <b>Health Indicator:</b> Access to Health Care</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> Adult</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul> |

**Goals**

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

**Goal Description**

Assist those who have complex needs and great difficulty navigating the health and social service systems.

**Goal Status**

Established program framework for a dedicated patient navigator who provides care management through a highly individualized care plan developed by an interdisciplinary team composed of hospital and community providers of care.

Long term: Reduce number of emergency room visits by individuals who have conditions which are more appropriate for treatment in primary care and/or community care setting

**Partners****Partner Name, Description Partner Web Address**

Bristol Elder Services  
Community Counseling

**Contact Information** Susan Oldrid Vice President, Mission and Community Partnerships, susan.oldrid@steward.org

**Detailed Description** Not Specified

**Community Giving****Brief Description or Objective**

Cash, in-kind or pro-bono support to organizations promoting health

**Program Type**

Grant/Donation/Foundation/Scholarship

**Target Population**

- **Regions Served:** Other-Southeastern MA
- **Health Indicator:** All
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

**Goals**

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

**Goal Description**

Provide cash, in-kind or pro-bono support to organizations promoting health

**Goal Status**

\$190,000 in commitments to 15 organizations

Long term: Increase percentage of philanthropic support allocated to agencies which leverage for capacity

building and collaboration in support of community health priorities

## Partners

### Partner Name, Description Partner Web Address

Local not-for-profit agencies addressing health improvement

**Contact Information** Susan Oldrid Vice President, Mission and Community Partnerships, susan.oldrid@steward.org

**Detailed Description** Not Specified

## Service to Community

**Brief Description or Objective** Contribute to health and well-being of community through volunteer service

**Program Type** Community Participation/Capacity Building Initiative

**Target Population**

- **Regions Served:** Other-Southeastern MA
- **Health Indicator:** All
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

## Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

| Goal Description   | Goal Status   |
|--|---|
| Contribute to health and well-being of community through volunteer service   | SAH employees logged 1,337 hours in support of 20 organizations |
| Long term: Increase number of hospital employees volunteering in support of organizations addressing community health needs. |   |

## Partners

### Partner Name, Description Partner Web Address

Not-for-profit organizations throughout Southeastern, MA

**Contact Information** Susan Oldrid Vice President, Mission and Community Partnerships, susan.oldrid@steward.org

**Detailed Description** Not Specified

## Expenditures

| Program Type                                | Estimated Total Expenditures for FY2011   | Approved Program Budget for 2011   |
|---|---|--|
| <a href="#">Community Benefits Programs</a> | <a href="#">Direct Expenses</a> \$1,211,495<br><a href="#">Associated Expenses</a> \$70,737<br><a href="#">Determination of Need Expenditures</a> \$126,500<br><a href="#">Employee Volunteerism</a> \$54,234 | \$310,000<br><br>*Excluding expenditures that cannot be projected at the time of the report. |

|   |   |             |               |
|---|---|-------------|---------------|
|   | <a href="#">Other Leveraged Resources</a> | \$595,972   |               |
| <a href="#">Net Charity Care</a>                      | <a href="#">HSN Assessment</a>            | \$924,323   |               |
|   | <a href="#">HSN Denied Claims</a>         | \$516,068   |               |
|   | <a href="#">Free/Discount Care</a>        | \$1,236,571 |               |
|   | <a href="#">Total Net Charity Care</a>    | \$2,676,962 |               |
| <a href="#">Corporate Sponsorships</a>                |   | \$129,100   |               |
|   | <b>Total Expenditures</b>                 | \$4,865,000 |               |
| <b>Total Patient Care-Related Expenses for FY2011</b> |   |             | \$157,238,601 |

**Comments:** The major challenges facing Saint Anne's Hospital are similar to those facing hospitals across the country. Program needs continue to outpace financial resources. Reduction in state and federal reimbursements makes it more difficult each day to carry out our mission of caring for the poor and underprivileged.

In addition to all of the services that Saint Anne's Hospital provides to the community, the Hospital also provided:

\$5,486,876 in Unreimbursed Medicare Service,  
\$1,160,129 in Unreimbursed Medicaid Service, and  
\$742,404 in Unreimbursed Bad Debt.

Our first priority is the provision of appropriate, adequate and compassionate care to our acutely ill patients. In addition, the hospital is frequently asked to provide staff to work in the community, offering services and education to senior citizens, children and other vulnerable populations. We recognize the importance of this outreach and indeed feel that good health has a direct correlation to the amount of education patients have about disease and prevention.

### Optional Information

| Expenditures                               | Amount   |               |
|--|--|---------------|
| <a href="#">Community Service Programs</a> | <a href="#">Direct Expenses</a>                    | Not Specified |
|  | <a href="#">Associated Expenses</a>                | Not Specified |
|  | <a href="#">Determination of Need Expenditures</a> | Not Specified |
|  | <a href="#">Employee Volunteerism</a>              | Not Specified |
|  | <a href="#">Other Leveraged Resources</a>          | Not Specified |
|  | <b>Total Community Service Programs</b>            | Not Specified |
| <b>Bad Debt:</b>                           | Not Specified                                      | Not Specified |
| <b>IRS 990:</b>                            | Not Specified                                      |               |