

ATTACHMENT 1

FULL-TEXT ANNUAL REPORT

CARITAS GOOD SAMARITAN MEDICAL CENTER

Caritas Christi Health Care System

235 North Pearl Street

Brockton, MA 02301

www.caritasgoodsam.org

Region served: Primary Service Area encompasses Brockton, Easton, Norton, Stoughton, Sharon, Canton, Avon, Holbrook, Randolph, Whitman, Abington, Rockland, Hanson, Halifax, East Bridgewater, Bridgewater, West Bridgewater, Raynham, Taunton, Berkley, Middleboro, and Lakeville

Report for Fiscal Year 2001

I. Mission Statement

A. Summary

The Caritas Good Samaritan Medical Center remains deeply committed to the spirit and intent of community benefits. Our commitment is rooted in the medical center's mission as a Catholic community hospital. In a constantly changing community, new immigrant populations place constant pressure on the local health care delivery system. We must not only serve these residents, but also provide them with competent clinical care in a language they can understand. The constant vigil for equal treatment for rich and poor; the educated and illiterate; citizens and new immigrants; and people of all faiths is at the very nature of the Catholic institution.

The evolving nature of the greater Brockton community requires us to view our community benefit agenda as fluid, adaptable and continually changing. As we infiltrate the community with outreach activities, we continually refine our focus. An intensified outreach program in the past four years has been very important to our medical center as it has allowed us face-to-face contact with our patients and those who need care but do not have the traditional access to it. The interpreter services and community outreach department of Caritas Good Samaritan Medical Center was especially instrumental in reaching out to many underserved populations.

Caritas Good Samaritan Medical Center **Community Benefits Mission Statement**

Caritas Good Samaritan Medical Center is committed to improving the overall health status of people living in our community.

The health needs of the people and improving the health status of the community shall be integral to the strategic planning process.

As a community health care provider, the Caritas Good Samaritan Medical Center shall represent and advocate for the needs of the people it serves.

As a Catholic hospital, the Caritas Good Samaritan Medical Center shall respect and maintain the dignity of life and the healing mission of the church.

The Medical Center through its programs and services shall focus resources and expertise on the distinct and defined needs of populations targeted for intervention.

The Medical Center will continue to foster strategic alliances and collaboration with other organizations in the community, and participate in the region's Community Health Network Initiatives.

The Medical Center will treat all patients and family members seeking care at any of our facilities with respect and dignity without regard to race, creed, national origin or financial circumstances.

We will seek methods to continually reduce barriers to care such as linguistic, cultural or economic diversity.

B. Approval of Governing Body

The Board of Trustees of Caritas Good Samaritan Medical Center has established a formal subcommittee to oversee community benefits and mission effectiveness. The committee's role is to evaluate and approve the community benefits mission statement, community benefits plan, and other community and other activities related to the mission or community benefits activities.

II. Internal Oversight and Management of Community Benefits Program

A. Management Structure

The community benefits program at Caritas Good Samaritan Medical Center is administered and reported by the Vice President for Public Advocacy and Philanthropy, who serves as the Community Benefits Officer. The major community benefit activities report directly to that position, and the community benefit budget is administered through that office.

Activities related to community benefits are discussed at the senior level of the organization. The Community Benefits Officer (V.P.) attends those discussions

and provides information, advocacy, and policy advice. Program development and funding priorities are determined at the senior leadership level.

B. Method for Sharing Information with Staff

The medical center publicizes its community benefits activities through the local news media, through its web site, and through staff and department meetings.

III. Community Health Needs Assessment

A. Process and Participants

The medical center prepared a comprehensive analysis of the demographic, epidemiological, and economic characteristics of the community in order to embark upon a major strategic plan. The data was analyzed in depth to determine health and disease trends in our community, the effects of economics and ethnicity upon health status and utilization, outmigration of patients from the greater Brockton community to Boston and other communities, and mortality rates for various diseases as compared to statewide averages.

The full analysis was presented to a special Community Health Needs Assessment task force, comprised of providers and health care experts from the community, physicians, trustees, employees, and private citizens. The group discussed findings of the study and forwarded recommendations to the medical center to be incorporated into the strategic planning process.

B. Data Sources

The analysis derived information from the Massachusetts Department of Public Health's MassCHIP database; the United States Census and MISER; data from all Massachusetts hospitals on inpatient admissions derived from the Division of Health Care Finance and Policy hospital cost reports, economic information from the Old Colony Planning Council; and information from various planning exercises undertaken by the Brockton Neighborhood Health Center.

C. Summary of Findings

The major findings of the Community Health Needs Assessment are:

- Brockton is the largest community served, and has the greatest health care needs of the 21 communities in the primary service area.
- The non-English speaking population in the city is projected to be over 18,000 in the year 2004.

- The aging of the community will impact the future demand on the medical center. In 1999, 45.6% of patients treated there were over age 65. That age cohort will increase by 11.65% in the next ten years, and the cohort age 50-64 will increase by 25.5%. Overall, the market as a whole will only grow at 5.4%.
- The leading causes of death for age 50-64 in the community are cancer, followed by circulatory system disease, and respiratory system disease. The leading causes of death for age 65 and older are circulatory system disease, followed by cancer, and respiratory system disease.
- Disease incidence in the City of Brockton exceeds the state adjusted rate in most areas studied, including heart disease; cancer including colon, lung and breast; liver disease, and cerebrovascular disease.
- Every town in the greater Brockton region has disease rates that exceed the statewide average in more than two of the 13 diseases studied.
- Cancer exceeds the state adjusted rate in Brockton, Avon, East Bridgewater, Easton, Sharon, Rockland, Whitman, Lakeville, Taunton and West Bridgewater.
- Lung cancer exceeds the state adjusted rate in Easton, Brockton, Berkley, Middleboro and West Bridgewater.
- Breast cancer exceeds the state adjusted rate in Sharon, Stoughton, Easton, Brockton, Hanson, Holbrook, Randolph, Whitman and West Bridgewater.
- Colorectal cancer exceeds the state adjusted rate in Brockton, Stoughton, Lakeville, Taunton, Halifax, Hanson, Randolph, Rockland, Whitman and Sharon.

IV. Community Participation

A. Process and mechanism

The Community Health Needs Assessment was a two-tiered project. The first phase involved data gathering and analysis. This was primarily a staff function. The medical center sought the expertise of the department of Health Care Administration at Stonehill College and the former Commissioner of the Massachusetts Department of Public Health. Stonehill College provided access to MassCHIP database which displays statewide and town specific information on various health indicators.

The Healthy People 2000, and later Healthy People 2010 national health care agenda documents were also acquired.

The medical center purchased state hospital use rate information, and consulted with MISER on census and population statistics. Information was acquired from the Old Colony Planning Council.

The Brockton Neighborhood Health Center provided analyses it had conducted pertaining to the growth rates for ethnic groups and immigrant populations.

All this information was reviewed and trends were identified and charted. The medical center analyzed the primary service area, which is defined by the Massachusetts Department of Public Health as those communities responsible for ninety percent of the hospital's patients. Each town was reviewed in detail. The medical center also reviewed town-specific information by disease category, including analyses of the correlation of age and socio-economic factors with disease incidence. Outmigration to Boston and other communities was also reviewed.

B. Identification of community participants

The medical center reviewed its findings with the senior administration and the board of trustees. It then identified a cross section of the community to review the findings in order to elicit community input.

C. Community role in development, implementation and review of community benefits plan and annual reports

The community benefit report has been reviewed and commented upon by a number of community groups, including the Brockton Interfaith Council, the Patients First Coalition, and other community groups seeking support. The medical center makes the report available upon request.

The medical center has established a board-level Community Benefits and Mission committee, comprised of representatives of the Board of Trustees and others who bring community input into the community benefits planning process.

V. **Community Benefits Plan**

A. Process of the Development of the Plan

The community benefits plan is developed annually in conjunction with the medical center's strategic planning process and the budgeting process. Many community benefit projects and programs fall within hospital departments to administer, and management input is elicited through the annual planning process. The medical center has assigned a cost center for budgeting community benefits expenditures.

B. Choice of target populations

Populations were targeted as a result of the community health needs assessment and the strategic plan. The populations targeted for the 2001 Community Benefits initiatives were as follows:

- Linguistic and cultural minorities – Like many small cities in the Commonwealth, the Brockton region is home to many new residents from other countries including Brazil, Haiti, Cape Verdean islands, Portugal, Central America, and other South American countries, as well as Eastern European countries and the far east. The medical center has focused its community benefits program upon providing access to health care for non-English speaking people. The hospital's services range from medical interpretation to assistance with physician appointments, immigration and health insurance.
- Individuals Without Health Insurance and Women Needing Prenatal Care – The Greater Brockton community historically had one of the highest rates of infant mortality in the state, a fact that led the hospital to work with other community agencies to form the Brockton Neighborhood Health Center, a federally funded community health center. The city also had no resource for primary care for patients without health insurance coverage except the hospital emergency room, a more expensive and less effective milieu for routine care. Since its establishment, the health center has been effective in reducing the infant mortality rate in the state, and has significantly increased the numbers of adults and children receiving effective primary care. The medical center believes that vigilance is needed to prevent these statistics from increasing again in the future. We will remain committed to the Brockton Neighborhood Health Center's success.
- Elders – The percentage of elders will continue to increase over the next decade, posing a significant burden to an already overstressed health care system. The medical center had selected the elder population as being at particular risk and is focusing its community benefit activity toward improving access and understanding of the health care system among the elder community. The medical center has established several programs to increase the linkage of elders with the medical center in order to create a sense of familiarity and access when care is needed. Many educational programs are provided to educate elders on the care delivery system and the management of chronic or acute disease conditions.

- People at Risk for Cancer – Because the medical center has detected a higher than average rate of cancer in its service area, a new effort has been made to increase the community benefit activity in the area of cancer detection. This is expected to be a targeted population, which will continue to receive significantly more focus in future years.
- Faith Communities – Faith communities, such as parishes, congregations and synagogues often have the ability to find and serve people who are otherwise unknown to the social service system. Elders who are unable to leave their homes, people with chronic disease, those at risk for high blood pressure or diabetes, and people suffering from depression and loneliness are but a few of the prototypes of people who can be reached and effectively served through a faith community. The medical center has joined with other religiously sponsored institutions in the community to form the Greater Brockton Parish Health Consortium. The medical center began a community benefit donation to this organization in 2001, and is committed to its future success.

C. Short Term and Long-Term Strategies

Short term strategy: Each year the medical center allocates programs and services as well as community benefit dollars to addressing regional health care needs. This past year our initiatives were as follows:

- Linguistic and Cultural Minorities – The medical center developed a program to outreach to physician offices to train office staff to appropriately serve non-English speaking patients. The medical center also planned a community wide interpreter training program to increase the pool of qualified interpreters in the community and to create the groundwork for a future pool of interagency interpreters. They also sought to formally train bilingual hospital employees to serve as medical interpreters to increase the overall cultural competence within the facility as a whole, and to increase the areas of the medical center that are staffed by bilingual clinicians. This program continues to evolve, and will continue to adapt to the needs of a changing community.
- Individuals Without Health Insurance and Women Needing Prenatal Care- The medical center provides a direct donation to the Brockton Neighborhood Health Center in the amount of \$75,000 to be used at the health center's discretion to provide direct care for women. The fund is used for services that are not otherwise covered or available to patients, including surgical interventions, cancer treatments, medications or

vitamins and other care deemed necessary by the health center obstetrician. This program is expected to continue into the long term.

- Elders- The medical center provides two distinct programs: the 55 Plus program and the Senior Supper program. The first program is designed to accommodate the nutritional and informational needs of elder patients and their spouses while one of them is hospitalized. The latter is designed to provide nutrition and education to residents of elder high rises in Brockton. Both programs are anticipated to extend into the long term. In the long term, we also intend to increase the magnitude of outreach for elders with depression and dementia and their families.
- People at Risk for Cancer – In the short term, the medical center will hold two community wide cancer screening programs per year. The programs will be designed to educate about the risks and signs of certain forms of cancer and to actually provide screening by qualified clinicians. In the long term we hope to develop more comprehensive community outreach and educational programs to bring more at risk populations into the hospital for detection and prevention.
- Faith Communities – Our goal over the short term has been to establish the Consortium as an entity. Caritas Good Samaritan Medical Center accomplished this by funding the appointment of the program’s first paid staff member, the Parish Nurse Coordinator, and by establishing an office within the medical center as an in-kind contribution. Our goal is to continue to support this program toward its eventual independence from the hospital, establishment as a freestanding entity, and financial self-sufficiency.

D. Process for measuring outcomes and effectiveness of programs

The medical center relies upon anecdotal and statistical information to determine the effectiveness of the programs offered. The majority of programs offered are monitored by use rates and attendance. Public health statistics are used to monitor the infant mortality rate, topics for elder education, and demographic statistics and use rates to monitor the effectiveness of the interpreter services program.

E. Process and considerations for determining budget

As a distressed community hospital, the medical center allocates what it can afford without jeopardizing the overall mission and financial viability of the medical center.

F. Process for reviewing, evaluating and updating the plan

The medical center reviews and updates its community benefits plan each year in conjunction with the strategic planning process, the annual budgeting process and the development of annual department specific performance objectives.

VI. Progress Report: Activity During Reporting Year

A. Expenditures

Please see Attachment 2 for budget spreadsheet.

The medical center would like to comment with regard to its financial condition and community benefits. It is within our mission to serve the needs of the disenfranchised and the poor. Our staff takes our mission very seriously and demonstrates our commitment to our community in the scope of daily patient care, as well as in the community with outreach and civic involvement. Our medical center has been significantly penalized in an environment where we are not paid the cost of delivering care to our patients by many third party payors as well as the Medicaid program in Massachusetts. In other states, hospitals such as ours are able to set aside a percentage of profits to turn back to the community as community benefit. Our medical center has struggled to remain viable economically, and has succeeded because of significant hard work by our staff under difficult circumstances, and sound leadership under the auspices of Caritas Christi Health Care system.

Caritas Good Samaritan Medical Center is unwavering in our commitment to serve our community. The medical center should be acknowledged for its unwillingness to curtail community benefits activities, even as the hospital faced crisis and potential closure. While we are not financially capable of more community benefits expenditures, we believe that the spirit and letter of the guidelines are met willingly.

B. Major Programs and Initiatives

Targeted Community - Elder Population

People over age 65 have far greater disease incidence than other age groups, and experience the greatest overall access problems in the Greater Brockton community. Despite the fact that elders have access to health care under the Medicare program, many elders on limited incomes have limited access to medications, counseling and information about the availability of services. Many are isolated because of the loss of a spouse or are dealing with their own chronic disease.

Statisticians and demographers long forewarned of the aging population. The aging of the community will be a significant phenomenon for the Caritas Good Samaritan Medical Center as it prepares health care services for a future generation of local citizens. For those reasons, and because the elder population represents the single most important community health need, it has been a targeted population for the community benefits program since 1993. The medical center retains the following programs targeted to this population.

55Plus Senior Membership Program

The Caritas Good Samaritan Medical Center has established a senior membership program which focuses on providing information, access, screening programs, referrals, socialization, and other services which provide elders with a connection to the health care system.

The 55Plus program currently has over 9,500 members and continues to enroll daily. The medical center's financial commitment to the 55Plus program totaled more than \$27,000 in financial support for the program by providing the following services:

Travel expenses for patients leaving the hospital but with no family member available to transport the patient home. A comfortable vehicle with trained driver is available for patients identified by the social service department as having no transportation.

Spouse meal for 55Plus members who are hospitalized, as it is likely that the spouse will put aside his/her own nutritional needs while attending to the hospitalization of their loved one.

Screening programs were conducted this year, including a skin cancer screening program, a colorectal cancer screening program and a prostate cancer screening program.

55Plus Guest Services Representative, a staff member in the department of guest services whose job responsibilities include the coordination of services for 55Plus members.

Complimentary newspapers are given to 55Plus members daily to prevent isolation and disorientation while hospitalized. (The newspaper is also a friendly hospitality measure for elders who are not at risk for becoming disoriented while hospitalized.)

Caritas Cares

The medical center instituted "Caritas Cares" in 1999 through its affiliation with Caritas Christi. This program is an information and referral program for people who are unable to find resources in the health and human services system. The program utilizes a central telephone number, which is answered by an information

and referral associate. The patient is able to tell the operator about his or her dilemma. From there, the referral associate calls upon a vast number of community organizations and makes the necessary contact. This program is very important to frail elders, caregivers, and others who are overwhelmed and do not know where to turn.

Senior Suppers

Another program instituted in 1999 is the Senior Suppers program. Once per month, elders from the greater Brockton region are invited to come to the medical center for a nutritious meal and a health topic discussion. The medical center targets the city's high rises and provides transportation to those who wish to attend. The event has been an outstanding success and has been sold out each time it was offered.

Targeted Population – People Without Health Insurance and Women Needing Prenatal Care

Throughout 1980's and 1990's, the City of Brockton, like many small manufacturing cities in New England, suffered an economic decline. With the loss of manufacturing jobs came vacant apartments, making the city attractive to a new generation of freshly immigrated peoples seeking opportunity in a new country. In the 1980's the city experienced the greatest ethnic transformation in the state, according to an analysis published in a Boston newspaper. With new immigrations came a wave of people with poor health care, no health insurance, and pockets of undiagnosed chronic disease. Agencies in the community responded and established the Brockton Neighborhood Health Center with a public health service grant. Simultaneously, the Massachusetts Department of Public Health targeted the City of Brockton for improvement in prenatal care. During the 1990's, the city was consistently in the top three communities statewide for high infant mortality rates.

Because of the health center and other citywide initiatives, these rates have improved. The medical center continues its commitment to these programs.

The medical center donates \$75,000 each year to the Brockton Neighborhood Health Center. The neighborhood health center is the only resource in the community serving the primary health care needs of uninsured women and offers extensive bilingual capabilities in a culturally sensitive milieu.

Targeted Population - Linguistic Minorities

The City of Brockton continues to attract a number of new residents from other nations who speak languages other than English. Access to health care services is a great concern for non-English speaking people and is an important public health issue.

Caritas Good Samaritan Medical Center was one of the first community hospitals in the Commonwealth of Massachusetts to establish a comprehensive, 24-hour per day interpreter services department, which provides visual, written and oral communication with all persons receiving treatment regardless of native language or form of impairment. The program has been in place since 1993. The director of the program has been involved in the development of state policy regarding hospital based interpreter services. She advocated statewide for the implementation of Chapter 66 of the Acts of 2000, which require provision of interpreter services in conjunction with all emergency room and acute psychiatric services provided to non-English speaking patients in the state. She sat on the task force which wrote and published “Best Practice Recommendations for Hospital-based Interpreter Services” a publication of the Office of Minority Health of the Executive office of Health and Human Services.

The medical center provides a comprehensive state of the art interpreter service program. The medical center embraces the program as an organizational commitment and has devoted the resources necessary to provide economic and philosophical support to ensure its effectiveness. Access to language assistance is widely publicized throughout the facility through signage and brochures in many languages. The availability of interpreter services is widely publicized in the community through community outreach activities. The program is advertised in other languages. The patient handbook is also published in alternative languages. Many patient education materials are published in multiple languages.

The medical center regularly assesses the language needs of the community. The community health needs assessment utilized statistical data available through MassCHIP and the U.S. Census. Demographic data is captured from all patients upon admission to the medical center. Clinical staff has been trained to assess the need for an interpreter and when and how to call upon an interpreter. These services extend beyond the Emergency Department and Psychiatric Service.

All new employees are trained in the use of interpreter services. Policies and procedures are included in the hospital’s operating manual. A patient’s primary language is documented in the medical record to ensure that all caregivers are aware of translation needs.

The medical center is staffed 24-hours a day seven days a week with interpreters for the primary languages in the community. The medical center has available 24-hour call service for alternative or esoteric languages translator through remote consecutive interpretation techniques.

The medical center conducts training and competency evaluations for all medical interpreters. Competency is required for interpretation as well as translation

services. The medical center requires competency for all freelance translators. Comprehension of medical terminology in English as well as all languages to be interpreted and translated is required.

The medical center is not reimbursed for any of these services, and extends these services into all sites and locations, including inpatient, outpatient, surgical day care, and the surgi-center.

The Interpreter Services department is a powerful force in the community for advocacy and outreach. Staff often serve as caseworkers for entire families who are newly immigrated. Needs are often complex. The first encounter for a sick child or a prenatal care often evolves into the care of elder parents, primary care for the entire family, and other health related issues. Other concerns also arise, lack of health insurance, assistance needed with immigration and even housing and employment concerns are part of the family caseload.

The hospital interpreters take the lead on ensuring that the families' health care needs are met. They often enroll people in health plans available to meet their circumstances. Other issues are also handled on the spot or referred. Because of the high incidence of non-English people in the community, and the likelihood that without medical translation patients will fail to keep appointments or comply with physician's orders, the medical center provides medical interpreters in physicians' offices.

Interpreter services staff also conduct many community outreach activities, ranging from door-to-door information of the availability of health services, to attendance at cultural festivals, health fairs, and civic events where their patients congregate.

These services far exceed the requirements of regulation and are a significant portion of the Caritas Good Samaritan Medical Center community benefits contribution.

Community Services and Donations

Brockton Area Helpline – The Brockton Area Helpline is an information and referral service in the greater Brockton community, which provides a unique array of education and advocacy programs in addition to traditional physician referral service for practitioners in the community. The Caritas Good Samaritan Medical Center is a founding sponsor of this twenty-three year old program. Substantive support is provided each year as part of the community benefit program.

The medical center values the Brockton Area Helpline as an important local stopgap resource for people with a wide range of complex social and economic needs. The program has been innovative in its ability to educate and inform

callers and to provide direct referrals to a wide number of agencies and government agencies.

Community Health Education – The medical center has initiated a series of health education lectures for the community to address health issues identified in the community health needs assessment. These programs are conducted by physicians, nurses and trained professionals to provide useful and appropriate resource information. Presented in 2001 were: “Attention Deficit Hyperactivity Disorder; Stress Management;” “My Aching Feet, Is there Any Relief? Breast Cancer,” “A Forty Year Experience;” “Natural Therapies for Menopause;” “Caring for the Aging Parent: Who’s Caring for the Caregiver?;” “Common Overuse Injuries in the Young Athlete;” “Women’s Health: Coronary Risk and Heart Disease;” “Introduction to Yoga;” “Cancer: What Have We Learned, And Where Are We Going?” “Homeopathy: Medicine for the 21st Century;” “Diabetes;” and “Occupational and Environmental Medicine: A Chance to Magnify Your Impact.”

The medical center offers classes and support groups in the following areas: Bereavement Support Group; Breast Feeding Classes, Cancer Support Group; Childbirth Education, CPR; Infant loss Support Group; Parenting Group; and a Smoking Cessation Support Group.

The medical center provides a wide array of community donations, listed in Attachment II. Many organizations seek monetary contributions from the medical center for items ranging from youth sport programs to operating expenses for non-profit agencies. Frequent requests are received for special event sponsorship, advertising in program books, and direct contributions. The medical center has established a process for evaluating these requests in order to balance the community needs with the mission and financial resources. A four-tiered test is applied to requests. First, the request may be in keeping with the medical center direct mission. Second, the request may advance access to health care. Third, the request may advance the overall health of the community. Fourth, the request may advance the overall quality of life in the community. Decisions are made based on their ability to meet any or all of the criteria. Contributions over \$1,000 for an individual organization are considered unusual and significant. No gifts automatically recur; the request must be renewed annually for consideration within the community benefits plan.

Many of the medical center’s employees and managers are members of local civic organizations, giving of their time and talents beyond the tangible financial contributions of this institution.

The medical center offers its facilities to a wide array of community health groups who provide self-help and education programs. Groups offering programs in the facility include Alanon; Alcoholics Anonymous; Chronic pain Support Group; Dialysis Support Group; Emotions Anonymous; EMT Association; Lost Chord

Club; Natural Family Planning; Overeaters Anonymous; and Smoking Cessation Classes.

C. Notable Challenges, accomplishments and outcomes

The greatest achievement for our facility has been the success of the Interpreter Services program. This program has been recognized as a best practice by Health Care For All, which will be awarding the prestigious “For The People, Against the Tide Community Leadership Award” to the interpreter services department of Caritas Good Samaritan Medical Center. Next year’s community benefit report will include recognition given to the program by Blue Cross Blue Shield Foundation of Massachusetts and Harvard Pilgrim HealthCare Foundation, both of which awarded grants in fiscal 2002.

We are certain that our programs are very effective as measured by attendance, utilization, and anecdotal responses. The senior programs are widely utilized and indispensable. The guest meal is particularly well received by the husbands and wives of elderly patients, many of whom are frail or chronically ill themselves. The senior suppers are wildly successful, fully subscribed. They have proven to be popular with hospital staff members who volunteer their time to serve the guests.

Our relationship with the Brockton Neighborhood Health Center has been solid and unwavering since the early days when a coalition of local providers joined together to form the facility. We have provided all forms of support that we are capable of giving, ranging from a cash contribution of \$75,000 this year to care for women, to in kind services including technical support for MIS and pharmacy, and recruitment assistance when physicians are needed. The fact that this facility has become one of the fastest growing centers in the nation demonstrates that it has been a worthwhile investment.

Without our support, the Greater Brockton Parish Health Consortium would probably not have a paid professional staff person and offices on the campus of the hospital. Since the staff person was hired, programs were implemented in several area churches, training programs have been conducted for parish nurses in several communities, and the group has formed an entity in the form of a charitable trust. They have sought 501 (c) (3) designation and will continue to expand their sphere of service and attract foundation support to finance their operation.

VII. Next Reporting Year

The preparation of this report has given the Caritas Good Samaritan Medical Center and its peer hospitals in Caritas Christi a clear sense of the reporting expectations for next reporting year, 2002. Clearly, it is too late to recalibrate the Community Benefits Plan in order to comply closely with prescribed reporting

requirements. However, it is evident that the articulation of statistics, outcomes and expenditures will be an expectation, and the medical center will make full use of the time available in order to prepare those materials for future reports.

With regard to the plan itself, it is likely that the programs reported here will continue, and that the medical center will add one or two additional programs to address health and disease issues identified in the community health needs assessment.

VIII. Contact Information

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ATTACHMENT 2

ANNUAL REPORT STANDARDIZED SUMMARY

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Report for Fiscal Year 2001

COMMUNITY BENEFITS MISSION

Caritas Good Samaritan Medical Center is committed to

- improve the health of our community.
- integrate health indicators into strategic planning.
- advocate for our patients.
- fulfill the healing mission of the church.
- focus on targeted populations.
- foster alliances and collaboration.
- treat all without regard to diversity.
- reduce barriers to care.

PROGRAM ORGANIZATION AND MANAGEMENT

The community benefits program at Caritas Good Samaritan Medical Center is administered and reported by the Vice President for Public Advocacy and Philanthropy, who serves as the Community Benefits Officer. The major community benefit activities report directly to that position, and the community benefit budget is administered through that office.

Activities related to community benefits are discussed at the senior level of the organization. The Community Benefits officer (V.P.) attends those discussions and provides information, advocacy, and policy advice. Program development and funding priorities are determined at the senior leadership level.

KEY COLLABORATIONS AND PARTNERSHIPS

A comprehensive community health needs assessment was presented to a special Community Health Needs Assessment task force, comprised of providers and health care experts from the community, physicians, trustees, employees, and private citizens. The group discussed findings of the study and forwarded recommendations to the medical center to be incorporated into the strategic planning process. Included in the invitees to that process were representatives from various cities and towns, the Brockton Neighborhood Health Center, representatives from ethnic communities, academics, physicians and other local health care providers.

COMMUNITY HEALTH NEEDS ASSESSMENT

The aging population will increase demand on the medical center. The 65+ population will increase by 11.65% in the next ten years, and the cohort age 50-64 will increase by 25.5%. Overall, the market as a whole will only grow at 5.4%.

Brockton has the greatest health care needs. The non-English speaking population in the city is projected to be over 18,000 in the year 2004.

Disease incidence in Brockton exceeds state rate in heart disease; colon, lung and breast cancer; liver disease and cerebrovascular disease.

Every town in the greater Brockton region has disease rates that exceed the statewide average in more than two of the 13 diseases studied.

COMMUNITY BENEFITS PLAN

The community benefits plan is developed annually in conjunction with the medical center's strategic planning process and the budgeting process. Many community benefit projects and programs fall within hospital departments to administer, and management input is elicited through the annual planning process. The medical center has assigned a cost center for budgeting community benefits expenditures.

Populations were targeted as a result of the community health needs assessment and the strategic plan. The populations targeted for the 2001 Community Benefits initiatives were as follows: linguistic and cultural minorities, individuals without health insurance and women needing prenatal care, elders, people at risk for cancer and faith communities.

KEY ACCOMPLISHMENTS OF REPORTING YEAR

The greatest achievement for our facility has been the success of the Interpreter Services program. This program has been recognized as a best practice by Health Care For All, which will be awarding the prestigious “For The People, Against the Tide Community Leadership Award” to the interpreter services department of Caritas Good Samaritan Medical Center. Next year’s community benefit report will include recognition given to the program by Blue Cross Blue Shield Foundation of Massachusetts and Harvard Pilgrim HealthCare Foundation, both of which awarded grants in fiscal 2002.

We are certain that our programs are very effective as measured by attendance, utilization, and anecdotal responses. The senior programs are widely utilized and indispensable. The guest meal is particularly well received by the husbands and wives of elderly patients, many of whom are frail or chronically ill themselves. The senior suppers are wildly successful, fully subscribed. They have proven to be popular with hospital staff members who volunteer their time to serve the guests.

Our relationship with the Brockton Neighborhood Health Center has been solid and unwavering since the early days when a coalition of local providers joined together to form the facility. We have provided all forms of support that we are capable of giving, ranging from a cash contribution of \$75,000 this year to care for women, to in kind services including technical support for MIS and pharmacy, and recruitment assistance when physicians are needed. The fact that this facility has become one of the fastest growing centers in the nation demonstrates that it has been a worthwhile investment.

PLANS FOR THE NEXT REPORTING YEAR

The programs reported here will continue into fiscal year 2002. The medical center will add programs to address health and disease issues identified in the community health needs assessment, including a community health education program and a cancer screening program.

CONTACT

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SELECTED COMMUNITY BENEFITS PROGRAMS

PROGRAM OR INITIATIVE	TARGET POPULATION/OBJECTIVE	PARTNER(S)	HOSPITAL/HMO CONTACT
Community Outreach and Interpreter Services Program	Linguistic and Cultural Minorities. Provides medical interpretation, case management, education, outreach, and referral services for non-English speaking patients at the hospital, affiliated facilities and, subject to availability, at affiliated physician offices.	Charlene Pontbriand, VP of Public Advocacy, Philanthropy and Marketing Caritas Good Samaritan Medical Center 235 North Pearl Street Brockton, MA 02301 (508) 427 – 3143 Email: charlene_pontbriand@cchcs.org	Carla Fogaren, RN Director of Community Outreach and Interpreter Services Caritas Good Samaritan Medical Center 235 North Pearl Street Brockton, MA 02301 (508) 427 – 3023, Email: carla_fogaren@cchcs.org
Brockton Neighborhood Health Center	Individuals without Health Insurance and Women Needing Prenatal Care. Provides a range of primary care medical, dental and related services, regardless of ability to pay.	Brockton Neighborhood Health Center: Susan Joss, Executive Director 157 Main Street Brockton, MA 02301 (508) 559-6699, Email: joss@sbnhc.org	Charlene Pontbriand, VP of Public Advocacy, Philanthropy and Marketing Caritas Good Samaritan Medical Center 235 North Pearl Street Brockton, MA 02301 (508) 427 – 3143, Email: charlene_pontbriand@cchcs.org
55Plus Program & Senior Supper Program & Caritas Cares	Elder Population. These programs provide a range of health and human services for elders.	Caritas Cares: Meg Wallingford Caritas Christi Health Care System 736 Cambridge Street Boston, MA 02135, (800) 937-1320 Email: meg_wallingford@cchcs.org	Rita Maynard, Director of Volunteers and Guest Services Caritas Good Samaritan Medical Center 235 North Pearl Street Brockton, MA 02301 (508) 427 – 3024, Email: rita_maynard@cchcs.org
Greater Brockton Parish Health Consortium	Faith community nurses and congregations. Provides support in their community-based health ministry and serves as a bridge between them and regional health and social service resources.	Greater Brockton Parish Health Consortium: Jean Brown, RN Parish Nurse Coordinator 824 Oak Street Suite 106 Brockton, MA 02301 (508) 427-2752	Sheila Gavin, Philanthropy Department, Caritas Good Samaritan Medical Center 235 North Pearl Street Brockton, MA 02301 (508) 427 – 3204, Email: sheila_gavin@cchcs.org
Cancer Screening Programs	Individuals at risk for cancer, Provides screening and education services.	Colorectal Screening Program: Barry Finn, MD at (781) 297-8040 or Karen Gurnick, RN at (508) 427-3302. Prostate Cancer Screening Program: Anup Singh, MD at (781) 344-3506.	Charlene Pontbriand, VP of Public Advocacy, Philanthropy and Marketing Caritas Good Samaritan Medical Center 235 North Pearl Street Brockton, MA 02301 (508) 427 – 3143, Email: charlene_pontbriand@cchcs.org

EXPENDITURES

TYPE	ESTIMATED TOTAL EXPENDITURES FOR FY 2001	APPROVED PROGRAM BUDGET FOR FY 2002
COMMUNITY BENEFITS PROGRAMS	1) Direct Expenses \$252,339 2) Associated Expenses \$466,646 3) Determination of Need Expenditures \$0 4) Employee Volunteerism \$7,809 5) Other Leveraged Resources \$34,000	\$760,794 *Excluding expenditures that cannot be projected at the time of the report.
COMMUNITY SERVICE PROGRAMS	1) Direct Expenses \$37,512 2) Associated Expenses \$19,614 3) Determination of Need Expenditures \$0 4) Employee Volunteerism \$15,912 5) Other Leveraged Resources 10,000	
NET CHARITY CARE OR UNCOMPENSATED CARE POOL CONTRIBUTION	\$2,053,882	
CORPORATE SPONSORSHIPS	\$15,596	
	TOTAL \$845,429	

[Hospitals]: TOTAL PATIENT CARE-RELATED EXPENSES FOR FY 2001: <u>\$84,605,568</u>
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