

Mary Lane Hospital FY 2002 Community Benefits Report

February 11, 2003

Mission Statement

Vision for Community Health⁸

Mary Lane Hospital (MLH), a member hospital of Baystate Health System (BHS), is committed to meeting the identified health and wellness needs of constituencies and communities served, through the combined efforts of MLH member organizations, affiliated providers, and Community Partners.

To reach this goal MLH will:

- focus on prevention and increasing access to health and wellness care;
- provide technical support for related community planning;
- focus on amelioration of root causes of health disparities, including related economic development, job training, and education;
- measure improvements in community health status that result from our efforts; and
- invest the time, talent, and resources necessary to accomplish these goals.

Internal Oversight and Management of Community Benefits Program

The BHS Community Health Education and Promotion Committee (BCHEP) is charged with developing an annual community benefits plan, which is approved by the BHS Board of Directors. The BCHEP committee, made up of community members and management from all three hospitals, Franklin Medical Center, Baystate Medical Center and Mary Lane Hospital, is the umbrella body for local hospital-based community benefits activities.

The Baystate Administrative Services (BAS) Executive Committee provides oversight to the community benefit process by setting broad priorities for the system, providing senior leadership support to building effective community partnerships, and directing appropriate resources to support the implementation of initiatives adopted by each hospital. Mary Lane Hospital uses the BCHEP and BAS planning and priority setting framework (outlined in the next section) to implement appropriate community benefits activities and services for constituencies and communities served by the hospital.

Community Health Needs Assessment

Process. The BHEP Committee was formed in 1997 and over the following two years completed a thorough planning and community needs assessment process based on “A Planned Approach to Community Health”⁹. This five-phase model was the framework for system-level and locality-based planning. Goals and priorities for MLH’s current Community Benefits initiative were derived based on in meeting following five planning steps:

1. Engage the community
2. Collect and organize data

⁸ Adopted May 6, 1999 by the BHS Community Health Education and Promotion Committee

⁹ U.S. Department of Health and Human Services. *Planned Approach to Community Health: Guide for the Local Coordinator*. Atlanta, GA: U.S. Department of Health and Human Services, Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

3. Choose health priorities and target groups
4. Choose and conduct interventions
5. Evaluate the process and the community interventions

Sources of information. The BCHEP Committee gathered information and reviewed data from a number of sources, including:

- Health indicators developed by Healthy People 2000 and Healthy People 2010 and collected by the Massachusetts Department of Public Health and the Centers for Disease Control and Prevention were major sources of data for community health needs assessment and planning information.
- Morbidity data based on hospital discharge data secured through internal BHS sources and the Massachusetts Data Consortium were a major source of information. These data, which generally included reason for hospitalization and length of stay, can contribute to measuring the burden and cost of illness and disability in the community.
- Expert testimony in areas of community health was provided to the Committee by internal and external professionals in the health care and public health field.

Summary. The BCHEP Committee planning process led to the selection of four community benefit priorities for subsequent planning and program development: chronic illness prevention, child and adolescent health, substance abuse prevention, and violence prevention. Within each of these focus areas, guiding principles were established that included setting up community partnerships as an important step in developing and implementing initiatives. It is expected that initiatives in the focus areas would include a joint approach involving system-level leader who would champion the proposed program and community partner. In addition, BHS committed staff and organizational resources to developing the Community Benefits Program including hiring a program development specialist to secure grants and leverage other resources needed to fund new community benefits initiatives, providing implementation support in the form of administrative support and clinical expertise, and communications and technology infrastructure for delivering health information.

Community Participation

Through participation on the BCHEP Committee, community members have a key role in helping the hospital identify community health needs, developing strategies to address these needs, and evaluating the effectiveness of the strategies and interventions that were implemented. Participants on the BCHEP Committee for Mary Lane Hospital represents Greater Ware constituencies and communities that the hospital serves. BCHEP Committee members are responsible for reviewing community needs assessment data and use this analysis as a foundation for decision-making. After conducting an exhaustive review of all available information the Committee agreed on four identified needs:

1. Violence
2. Child/adolescent needs
3. Substance abuse, and
4. Chronic illnesses

Community Benefits Plan

As a member of a close-knit community, Mary Lane Hospital understands its responsibility to reach out and involve citizens in the provision of local health services. MLH has an active outreach staff and conducts a wide variety of education and outreach activities. Its Community Health Information Center is a vehicle for participation in continuing community dialogue about health care needs. In the upcoming year fiscal year (FY2003), a Community Benefits Advisory Council will be formed to examine current Community Benefits priorities and conduct a community health planning assessment to determine the future direction of Community Benefits at Mary Lane Hospital.

Progress Report

Child and Adolescent Health

Mary Lane Hospital took multiple approaches toward addressing child and adolescent health issues during FY 2002. Ongoing efforts by hospital staff included direct educational intervention with children, parent involvement in health education, and coordination of services within the community, violence prevention and youth development.

Direct educational activities with area children included educational programs in elementary schools, an expanded offering of safe sitter classes to after school programs as well as at the hospital, and participation in many school health fairs. Many Mary Lane Hospital staff members have been involved school-to-career activities, job shadowing for adolescent students, reading to children in the school system, and participating in career days.

Parents within Mary Lane Hospital's service area have been engaged through educational activities based in the schools and other community forums. Health education materials and displays of what can be accessed through the Community Health Information Center were presented to parents and teachers at local school open houses. One of the annual events include the Kids ID/Safety Day for presenting bike safety and other safety concept.

In FY 2002, Mary Lane Hospital continued to implement a Youth Leadership program through the Department of Public Health's Tobacco Control Program (discontinued in May as a result of state budget cuts). The T.A.L.E.N.T. (Teens with Asthma Learning and Educating to Negate Tobacco) Program proposal was developed by Mary Lane Hospital and BHS staff in collaboration with Coalition for a Better Ware and in the first year of operation was instrumental in the passage of Environmental Tobacco Smoke regulations in Ware. The termination of this state-funded program is a loss to local tobacco prevention activities.

To reduce risk for community youth, Mary Lane Hospital staff are active in coalitions and the local systems of care that are designed to enhance community protective factors. Representatives of the hospital continued to serve on the Pathfinder Regional Vocational Technical High School Health Advisory Committee and on the governing board of the Quabog Valley School to Career Program. Priorities of these groups are prevention and cessation of youth smoking, violence prevention, and improved vocational outcomes. Other youth-focused

community groups the hospital participated in included the Coalition for a Better Ware, Junior Achievement, Ware Domestic Violence Task Force, and the Western Mass Regional Alliance.

Violence Prevention

Collaboration with the community to reduce domestic violence continues to be a priority for Mary Lane Hospital. The Community Outreach Manager at Mary Lane Hospital is a member of the Ware Domestic Violence Task Force, a grant funded coalition through the Pioneer Valley Planning Commission. During FY 2002, the Task Force concentrated on developing current educational programs for members of the community who deal most closely with a victim of violence, such as Police and Emergency Services personnel.

Mary Lane Hospital also continued its support for domestic violence prevention. The hospital provides free, basic self-defense training to women. These trainings deal with dating violence and provide a hands-on approach of informing women on how to defend themselves in the event they are victims of an attack. The hospital also has educational material, videos, and posters, and handouts to enhance the curriculum materials for its Rape Aggression Defense class.

Chronic Illness

As a provider of services to those suffering the effects of chronic illness, Mary Lane Hospital is acutely aware of the benefits that prevention and early detection of disease provide to the consumer. The hospital and its staff have consistently focused over the years on educating the community about the various resources which are available to them:

- Routine screenings are held for a wide variety of health issues, including blood pressure, cholesterol, eye exams, and skin cancer checks;
- Support groups for those affected by various diseases, including the addition of a Better Breathers Support Group for those with chronic lung conditions;
- Monthly programs for senior members of the community continued, with Senior Class topics including: Safety and Injury Prevention, Nutrition, and Wellness programs.
- At our annual health fair, Mary Lane Hospital provided routine screenings (e.g., blood glucose, lipid profile and blood pressure) as well as bone densitometry, EKG's, and body fat analysis to over 150 participants.

Mary Lane Hospital continues to be the leading community resource for Women's Health. The Well Women Project designed to look at ways to reduce chronic diseases such as heart disease, diabetes, osteoporosis and cancer in women. Uninsured, low-income women ages 50 and over are invited to participate and are offered the following free testing or screenings: cholesterol, blood glucose, osteoporosis, colorectal, mammograms, and pap tests. Mary Lane Hospital also provided uninsured or underinsured women in our community comprehensive women's health services. These women have access to a Nurse Practitioner who completes a comprehensive physical including a pap smear, mammogram, if appropriate, and other blood screenings.

organized 2 mammogram vans to screen women in the community of Brimfield, an area identified in need.

Access to Care

Mary Lane Hospital provides a full time financial counselor to assist those who are uninsured or underinsured receive appropriate treatment. Membership in MassHealth is promoted through pamphlets within the hospital, at community events as well as providing the MassHealth education videos in multiple languages in our Community Health Information Center.

Community Leadership

As previously mentioned, staff at Mary Lane Hospital takes an active role in a wide variety of community groups to foster dialogue around health care issue. Participation sponsored by the hospital ranges from membership on two school health advisory committees to significant participation in local service organizations such as the community coalition, Coalition for a Better Ware. Public health issues are also a major focus. Mary Lane Hospital has demonstrated significant community leadership is in the area of tobacco control. Mary Lane Hospital sponsors several tobacco control programs and is called upon by the community to provide information to help inform public policy. It is a longstanding tradition at Mary Lane Hospital to take a seat at the community table and share our leadership resources to improve overall community health.

Next Reporting Year

In the upcoming year fiscal year (FY2003), a Community Benefits Advisory Council will be formed to examine current Community Benefits priorities and conduct a community health planning assessment to determine the future direction of Community Benefits at the hospital. Mary Lane Hospital will continue to provide quality services through our Community Outreach Department and will identify health conditions in the greater Ware area, through an analysis of Healthy People 2010 indicators, in need of additional focus.

Contact Information

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HIGHLIGHT COMMUNITY BENEFIT PROGRAMS

PROGRAM OR INITIATIVE	TARGET POPULATION/OBJECTIVE	PARTNER(S)	HOSPITAL/HMO CONTACT
DPH Teen Tobacco Project	Teens with asthma	Tina Valois, BS, RNC, Community Outreach Manager, Mary Lane Hospital, 85 South Street, Ware MA, 01082	Anthony Motyl, LICSW, Program Developer, 280 Chestnut Street, Springfield MA, 413-794-7748

COMMUNITY BENEFIT EXPENDITURES (related to the whole report)

TYPE	ESTIMATED TOTAL EXPENDITURES FOR REPORTED FISCAL YEAR	APPROVED PROGRAM BUDGET FOR NEXT FISCAL YEAR *
COMMUNITY BENEFITS PROGRAMS	(1) Direct Expenses \$56,500 (2) Associated Expenses \$0 (3) Determination of Need Expenditures \$0 (4) Employee Volunteerism \$0 (5) Other Leveraged Resources \$69,000	\$0
COMMUNITY SERVICE PROGRAMS	(1) Direct Expenses \$0 (2) Associated Expenses \$2,000 (3) Determination of Need Expenditures \$0 (4) Employee Volunteerism \$0 (5) Other Leveraged Resources \$40,000	
NET CHARITY CARE or UNCOMPENSATED CARE POOL CONTRIBUTION	\$409,487	
CORPORATE SPONSORSHIPS	\$0	
	TOTAL \$567,987	

**Mary Lane Hospital
TOTAL PATIENT CARE-RELATED EXPENSES FOR 2002: \$21,274,000**