

Summary Narratives

Community Benefits Mission Statement

The Community Benefits Program at Addison Gilbert Hospital and Beverly Hospital incorporates the Community Health concepts of wellness, adaptation, self-care and health promotion. Strategies used in Community Benefits health activities include prevention, early detection, early intervention and long-term management. Health issues addressed encompass the realms of safety, chronic disease, infectious disease and substance abuse.

Also included with the Community Benefits Mission Statement is the Mission Statement of Northeast Health System. The corporate Mission Statement is founded in the concepts of quality, caring and community.

Program Organization and Management

The Community Benefits program is organized by the Community Relations and Public Affairs Office of Northeast Health System with the responsibility for overall management centered with the Vice President, Community Relations and Public Affairs.

Key Collaborations and Partnerships

A. COMMUNITY HEALTH NETWORK NORTH (CHNN)

Since the early 90's, Northeast Hospitals have worked with over 30 area agencies and the Massachusetts Department of Public Health (MDPH) to develop a Community Health Network (CHNN) for nine cities and towns on the North Shore. In 2002, the CHNN's were merged to form a larger consortium of providers and communities in Northeastern Massachusetts.

B. PUBLIC HEALTH OFFICIALS MEETINGS

Each year, Beverly Hospital organizes meetings for the directors and staffs of the local health department in the 16 cities and towns considered part of the hospital's service area. Members of the infection control staffs of area hospitals have also been invited to attend selected programs of importance to the broader health provider community. Recently, Northeast Hospitals received a grant from the MDPH to provide Lyme-tick disease education to the greater North Shore communities.

Community Health Needs Assessment

The Healthy Community Council of Addison Gilbert and Beverly Hospitals conducted a Health Needs Assessment in the first half of 1997. This assessment was a survey in two versions, mailed to 38,000 households in 17 communities. Thirteen of these cities and towns were identified by the Council as its target area.

In preparation for the assessment, the Council investigated four magnet programs across Massachusetts, evaluated five national survey tools and developed and pretested a customized survey tool that met the Council's needs. The survey process included conducting a random sample of all households in the targeted communities and mailing the survey with preaddressed barcoded return envelopes that would maintain the anonymity of the respondents.

The total number of usable returns from the survey was 2,866. Unusable returns were those on which the respondents did not indicate the city or town in which they resided.

Community Benefits Plan

A. The results of our survey and work with community groups, indicated four priorities for healthy community intervention:

1. Lifestyle Behavior Modification
2. Mental Health

- 3. Chronic Disease Management
- 4. Access to Health Care Services

We continue to stress these priorities in community outreach and community benefits programs.

B. Screenings, lectures, and health fairs were developed to address the needs identified within the community.

C. Short term goals:

Screenings were developed in the following areas: skin cancer, oral cancer, diabetes, bone density, pap smear, flu, pneumococcal and blood pressure clinics, depression seminars, CPR programs, cardiovascular, osteoporosis, diabetes, breast cancer risk assessments; and body mass index.

D. Disease management initiatives have begun including cardiac and pulmonary rehabilitation, heart failure and osteoporosis management, vascular and women's health screenings.

E. Within each of the disease areas, an initiative was developed to identify and manage the treatment of each patient and family.

F. A database has been developed for follow-up.

Key Accomplishments of Reporting Year

1. Our outreach to the community through multiple speaking engagements, support groups, screenings, health fairs, etc., helped to identify individuals who could benefit from the program and services of the system.
2. The Behavioral Health Network (CAB Health and Recovery Services/Health and Education Services) continues to be an integral part of the Northeast Health System outreach to the underserved and unserved within our community.
3. The development of the newly created Health and Disease Management Service was a key response developed to provide comprehensive education and screenings for our community.
4. Through wellness programs, financial and insurance counseling programs, the health information resource center and our information and referral line, we continue with our outreach to the community.

Plans for Next Reporting Year

A. Projected expenditures will follow that of the current year.

B. Goals and program initiatives:

- a. Health stories and medical information in the local media weekly.
- b. Eight to ten speaking engagements by healthcare professionals before community groups.
- c. Timely health information to the community through:
 1. Child Chat(pediatric publication) 3 times per year.
 2. Healthy Issues (hospital health information)3 times per year.
 3. Community Update (published annually for residents of Cape Ann).

C. Continue with health and disease management programs.

D. Continued partnership with the Gloucester School-based health clinic.

E. Continued financial counseling and outreach program in Gloucester and Beverly.

F. Maintain the HealthLink Information Resource Center at Addison Gilbert Hospital.

- G. Maintain the the Northeast Health System Referral Line/Health Connection 1-888-253-0800.
- H. Provide access the the NHS web page with the appropriate free link to health information.
- I. Maintain all primary prevention programs through health screenings and counseling, lectures and health fairs.

Select Community Benefits Programs

Immunization Program

Brief Description or Objective	Decrease risk of flu and hospital stays among and chronically ill patients.
Program Type	Direct Services
Target Population	<ul style="list-style-type: none"> • Regions Served:County-Essex • Health Indicator:Immunization • Sex:All • Age Group:Adult-Elder • Ethnic Group:All • Language:All
Partners	<ul style="list-style-type: none"> • Beverly, Gloucester & Danvers Boards of Health
Contact Information	Barbara McCarthy bmccarth@nhs-healthlink.org
Detailed Description	Not Specified

Chronic Disease Management 1: To improve quality of life.

Brief Description or Objective	Heart Failure Management Program: Objective is preventable hospitalizations.
Program Type	Community Education
Target Population	<ul style="list-style-type: none"> • Regions Served:County-Essex • Health Indicator:Other: Cardiac Disease • Sex:All • Age Group:Adult-Elder • Ethnic Group:All • Language:All
Partners	Not Specified
Contact Information	Patricia Grady pgrady@nhs-healthlink.org

Detailed Description	Not Specified
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Chronic Disease Management II: To improve quality of life.

Brief Description or Objective	Osteoporosis Management Program - reduce those identified thorough Screenings.
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Program Type	Health Screening
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Target Population	<ul style="list-style-type: none">• Regions Served:County-Essex• Health Indicator:Other: Osteoporosis/Menopause• Sex:All• Age Group:Adult-Elder• Ethnic Group:All• Language:All
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Partners	Not Specified
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Contact Information	Patricia Grady pgrady@nhs-healthlink.org
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Detailed Description	Not Specified
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HealthLink Information Resource Center

Brief Description or Objective	1)To provide information about disease 2)To empower consumers to participate in maintaining their health and well being 3) Foster communication between healthcare providers and consumers.
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Program Type	Community Education
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Target Population	<ul style="list-style-type: none">• Regions Served:County-Essex• Health Indicator:Other: Education/Learning Issues• Sex:All• Age Group:All Adults• Ethnic Group:All• Language:All
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Partners	<ul style="list-style-type: none">• Gloucester Mayors Health Needs Committee
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Contact Information	Charlotte Minasian resource@nhs-healthlink.org
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Detailed Description	Not Specified
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Gloucester Health and Wellness Exposition 2002

Brief Description or Objective	Provide health education and screening to attendees.
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Program Type	Community Education
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Target Population	<ul style="list-style-type: none">• Regions Served:Gloucester• Health Indicator:Other: Education/Learning Issues• Sex:All• Age Group:All• Ethnic Group:All• Language:All
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Partners Addison Gilbert Hospital, Gloucester Health Department, CHNN 13

Contact Information Cayte Ward
cward@nhs-healthlink.org

Detailed Description Not Specified

Program Type	Estimated Total Expenditures for FY2002	Approved Program Budget for 2003
Community Benefits Programs	Direct Expenses \$240,000 Associated Expenses \$0 Determination of Need Expenditures \$0 Employee Volunteerism \$25,000 Other Leveraged Resources \$120,000	\$240,000 * Excluding expenditures that cannot be projected at the time of the report.
Community Service Programs	Direct Expenses \$35,000 Associated Expenses \$0 Determination of Need Expenditures \$0 Employee Volunteerism \$25,000 Other Leveraged Resources \$0	
Net Charity Care	\$3,371,261	
Corporate Sponsorships	\$5,000	
	Total Expenditures \$3,821,261	
Total Patient Care-Related Expenses for FY2002		\$156,470,741
Comments: None		