

UMass Memorial - Clinton Hospital

2003 COMMUNITY BENEFITS NARRATIVE

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Overview

Clinton Hospital, a nonprofit community hospital with 41 licensed beds, is located in Central Massachusetts. Clinton is bordered by Bolton and Berlin to the east, Boylston to the south, Sterling to the west and Lancaster to the north. The town of Clinton is 13 miles north of Worcester, 16 miles south of Fitchburg and 35 miles west of Boston; and has a population of 13,000.

As a wholly owned subsidiary of UMass Memorial Hospitals, Inc., Clinton Hospital remains a community-focused health care provider for those residing in the six-town primary service area and beyond. The Clinton Hospital primary service area consists of the following towns: Clinton, Lancaster, Sterling, Bolton, Berlin and Boylston.

Clinton Hospital has a 20-bed inpatient Geriatric Medical Psychiatry Unit (GMPU) that provides very specialized service to the elderly with a primary diagnosis of psychiatric problems and a secondary medical problem. Staff members of the GMPU also provide various outreach services.

Clinton Hospital provides a full range of inpatient and outpatient acute care services utilizing the clinical laboratory, diagnostic radiology, and inpatient and outpatient surgical units. Discharge planning and social services assistance help patients plan for post-acute care. Rehabilitation services include occupational therapy, speech pathology and physical therapy. In 2003, there were 10,181 patient days and 1,371 discharges.

I. Community Benefit Mission Statement

A. Summary

UMass Memorial Health Care is committed to improving the health status of all those it serves and to addressing the health problems of the poor and other medically underserved populations. In addition, nonmedical conditions that negatively impact the health and wellness of our community are addressed.

B. Approval of Governing Body

The Clinton Hospital Board of Trustees supports the establishment of a Community Benefit Plan to forge strong relationships with other health care providers and social service agencies to address the needs of the underserved, uninsured, underinsured and at-risk individuals in the community. The Board of Trustees has also given approval to the Community Benefit Mission Statement.

II. Internal Oversight and Management of Community Benefit Program

A. Management Structure

Community Benefit activities are overseen by the Manager of Community Relations. The Manager reports to the President of Clinton Hospital. Community Benefits information is

shared with the Community Relations Department. The Community Benefits Program is one of collaboration with all departments within the facility working together.

B. Internal Communication of Community Benefits Mission and Programs

Information is disseminated system-wide to all Clinton Hospital staff in a variety of ways, including:

- An employee newsletter, distributed bi-weekly
- The Clinton Hospital physician newsletter published monthly
- The Clinton Hospital News a quarterly newsletter sent to residents in the community
- Hospital website at www.umassmemorial.org/ummhc/hospitals/clinton or direct to Clinton Hospital: www.clintonhospital.com
- Publication and open availability of the annual *UMass Memorial Health Care, Inc. Community Benefit Report*

III. Community Health Needs Assessment

A. Process, Including Participants

The Community Advisory Committee (CAC) meets throughout the year.

The CAC represents 12 community organizations. The purpose of this committee is: "To set up a community planning process and foster communication and cooperation among human service organizations in the community." A large part of the work of the CAC is assessing the needs of the community. Working together, a survey using the Healthy Communities model was created and distributed to seniors through the Wachusett Health Evaluation Action Team (WHEAT). The Clinton outreach worker sent it to parents of children in the Head Start Program. This survey was designed to find out what residents of Clinton identified as important community issues.

B. Information Sources

Representatives of Clinton Hospital regularly attend the Fitchburg/Gardner Area Community Health Network (CHNA 9) meetings and solicit input and feedback regarding area health needs.

In addition, census data and information from the Massachusetts Department of Public Health website is researched. Local information is gathered by a community-based outreach worker who visits residents in their homes.

C. Summary of Findings

Clinton is a small community with a population of 13,500. Geographically small, about 3.5 miles across from border-to-border in all directions, the contiguous towns of Lancaster, Sterling, Berlin and Bolton are larger geographically. Clinton is a blue-collar community with mostly small manufacturing plants supporting those in the community. Always ethnically a melting pot, the population has become increasingly more diverse. Growing populations include Latino, Portuguese, Brazilians and other immigrant groups.

The critical issues identified for the population we serve includes:

- Lack of access to health insurance
- Lack of access to dental care
- Lack of transportation
- Hunger

Higher Rate of Unemployment	For the population over age 16, Clinton has an unemployment rate of 4% compared to a state rate of 3.7%.
Higher Rate Deaths from Cardiovascular Disease	Deaths from Cardiovascular disease are 351/100,000 compared to a state rate of 287/100,000.
Ethnic Composition	The Latino population is 19.8% compared to a state rate of 10.7%.
Births to Adolescent Mothers	Teen pregnancy continues to be a concern with a local rate of 8.1/1,000 compared to the state rate of 6.6/1,000.
Drug/Alcohol Admissions	Clinton exceeds the state rate for admissions of people with substance use problems with a rate of 443/100,000 compared with a state rate of 324/100,000.

IV. Community Participation

A. Process and Mechanism

Input is solicited from many sources within the community, however, an effective way of eliciting input has been through participation on the Community Advisory Committee (CAC). This Committee currently represents 12 community-based organizations. Clinton Hospital also works closely with the following community groups in order to provide services and determine their needs:

- The Wachusett Health Evaluation Action Team (WHEAT, Inc.)
- Clinton Senior Center
- Wachusett Chamber of Commerce
- United Way of Tri-County
- Community Partnership for Children
- Clinton School Department and other area schools
- Clinton Rotary Club
- Nashoba Boy Scout Council - Good Scouter Award program
- Town of Clinton

We are in the process of conducting a community survey to better identify what the residents of Clinton think are the major concerns. Once the data is evaluated, the CAC will develop a mechanism for responding to the identified areas. Previous concerns that we continue to work on include:

- Development of a plan for food distribution at various locations.
- Assisting residents in enrollment for health insurance coverage and connections to primary care services.

B. Identification of Community Participants

A Community Health Outreach Committee has been established with participation from the Clinton Public Schools, Wheat, Inc., St. John's Gym, the Massachusetts Department of Public Health, Clinton Council on Aging, Community Partnership for Children, Clinton Police Department, Clinton Housing Authority, Massachusetts Society for the Prevention of Cruelty to Children, UMass Memorial Health Care and Clinton Hospital. Additional members will be invited based on identified community needs.

C. Community Role in Review of Community Benefits Plan and Annual Reports

All community partners and collaborators are asked to provide input regarding their needs as well as the effectiveness with which Clinton Hospital has helped to serve those needs through the Community Benefits Plan. The printed annual report is available by request to the Manager of Community Relations. In addition, the annual report is accessible to all members of the community via the state Attorney General's website: www.ago.state.ma.us

V. Community Benefits Plan

A. Process of Development of Plan

Historically, Clinton Hospital began the process of community benefit planning based on the use of health status indicators for the primary service area. Strategic planning evolved to the creation of a Community Advisory Committee comprised of representatives from the community, Clinton Hospital and service agencies. Its focus was to highlight services not presently available but needed in a given area, and work to improve access to these services where they are needed most. Following the development of prioritized initiatives, smaller group meetings with local social service agency directors, school administrators, contacts in the Hispanic community and the director of the Council on Aging in the Greater Clinton area were held to seek their ongoing support and to meet the goals outlined.

As this group has evolved, we are now in the process of collecting data from residents in Clinton. This data is being collected through a survey that has been developed in both English and Spanish languages. A revised plan will be implemented based on the new findings.

B. Choice of Target Population(s)/Identification of Priorities

The Clinton Hospital Community Benefit Plan was designed to increase access to health care and social services for targeted populations. They include:

- Low-income families
- The Latino community
- Substance abusers
- Elderly
- Children
- Teenagers

C. Short-term (One Year) and Long-term (Three to Five Years) Strategies and Goals

Clinton Hospital continues to seek ways to better serve the community through the provision of additional services and to be aware of, and respond to, the health care needs of the community.

Short-term goals:

- Access to care has been addressed as a primary concern. By increasing the breadth of services available within the Clinton area, we hope to improve access to health care services.
- Expand enrollment in public health insurance programs.
- Continue neighborhood-based outreach activities and assist families to access services.

Long-term goals:

- Improve access to health care, especially to outpatient services as well as bringing services to readily accessible locations within our service community.
- Partner with local residents and community-based organizations to create vibrant neighborhoods.

The Community Advisory Committee has identified hunger as a major factor in attaining and sustaining optimal health, requiring community benefit focus by this organization. In that regard, issues involving commodity distribution will be addressed over the next several years.

D. Process for Measuring Outcomes and Evaluating Effectiveness of Programs

The programs, designed to improve the well-being of our community through education and intervention, are evaluated and subsequently modified, using valuable input from community agencies through the Community Advisory Committee. The prioritization and coordination of community-wide programs and services result in non-duplication of effort and increasing responsiveness to the needs of the community.

The Clinton Hospital CEO and Board of Trustees strive to strengthen the Community Benefit Plan in order to forge strong relationships with other health care providers and social service agencies while addressing the needs of the underserved, uninsured, underinsured and at-risk individuals in the community. Outreach programs through medical screenings and evaluations, procedures and patient education are continually expanded to meet those needs.

E. Process and Considerations for Determining a Budget

Clinton Hospital recognizes the need to partner with local groups and support the uninsured and underserved in our community.

- A report is made to the Board of Trustees once per year regarding community outreach and benefit activities, including both existing and proposed programs and outcomes.
- Priority is given to maintain levels of community benefit funding within the overall UMass Memorial operating budget, even within the current fiscally constraining environment.

F. Process for Reviewing, Evaluating and Updating the Plan

The Community Benefit Advisory Committee reviews community benefit activities and outcomes and is also responsible, along with the Manager of Community Relations, for yearly updating and revision of the Community Benefits Plan.

VI. Progress Report: Activity During Reporting Year

A. Expenditures for Clinton Hospital/According to the Attorney General's Guidelines

COMMUNITY BENEFIT EXPENDITURES

TYPE	ESTIMATED TOTAL EXPENDITURES FOR FISCAL YEAR 2003	APPROVED PROGRAM BUDGET FOR FY 2004
COMMUNITY BENEFITS PROGRAMS	Direct Expenses	19,416
	Other Leveraged Resources	\$3,000
COMMUNITY SERVICE PROGRAMS	Direct Expenses	\$1,540
	Other Leveraged Resources	\$0
NET CHARITY CARE*		\$384,533
OTHER CONTRIBUTIONS		\$2,480
	TOTAL	\$410,969
TOTAL PATIENT CARE-RELATED EXPENSES FOR FY 2003:		\$14,442,341

* **NET CHARITY CARE** as defined by the Attorney General's office. Data is from September 2003 calculation of monthly estimated settlements. Amounts are unaudited and subject to change until final settlement.

Community Benefits Expenditures/ According to a Broader Definition

Total Contribution (see above)	\$410,969
Non-Emergency Bad Debt	<u>\$248,802</u>
Total Expenditures/Broader Definition	\$659,771

B. Major Programs and Initiatives, Including Gross Expenditures Where Reported

1. Outreach to Underserved Population – Clinton Health Outreach Program

The uninsured and underinsured population is a major concern for Clinton Hospital. A substantial number of households in Clinton are below the poverty level, with a rising unemployment rate. To assist this segment of our population to gain access to care, an outreach worker has been placed in the community whose role is to connect families with needed health care services and available programs.

The community outreach worker, through a partnership with the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) and UMass Memorial, continued to work in the

Clinton service area during FY 2003. This program outreaches to families in the community who are underinsured, homeless, in need of food/medical attention or home visitation to improve parenting skills and who have limited English speaking skills. In the Clinton area, many families have problems with immigration, transportation and children with special health care needs. In FY 2003, the Outreach Program provided 125 families with much needed connections and resources to keep their children and themselves healthy and safe. The community outreach worker interacts with various agencies, such as the WHEAT office, Women, Infants, Children, Inc. (WIC), and the Graduate Equivalency Degree (GED) Program; provides information on the health care services available; and where and how to obtain health insurance. The expansion of MassHealth and the Children's Medical Security Plan to low-income families has greatly increased coverage to the uninsured in Clinton.

Clinton Hospital provides a site for MSPCC to house the staff of their home based services for families in need of mental health and supportive services. Through this partnership, MSPCC provided assistance for young fathers with job training, counseling and parenting by a father support worker.

Accomplishments of this program include:

- 205 Home visits were conducted
- 16 families were enrolled in Medicaid
- 24 Parent support groups were conducted
- 141 information and referral calls were completed
- 3 Health Fair presentations
- 55 mental health referrals

2. Interpreter Services and Cultural Competency

The need for medical interpreters at Clinton Hospital became a priority with a gradual influx of limited English speaking residents to the Clinton area. The position of Coordinator of Interpreter Services was created to provide outreach and enhance the delivery of health care to the limited English speaking population. This position is responsible for organizing and developing comprehensive medical interpreter services.

The following personnel provide direction and input to the coordinator: the director of quality improvement, the manager of community relations, members of senior administration, nurse managers and individuals supervising the interpreter services at UMass Memorial Medical Center. The coordinator is responsible for training and recruiting employees and volunteers. As a community hospital for those in the Greater Clinton area, the Clinton Hospital goal is to be the health care provider for all who reside here, and as such, we are working to eliminate the language and cultural barriers that prevent patients from obtaining care.

Clinton's overall Latino population continues to grow with even greater numbers in the local school systems. Outreach to this community is an ongoing process that includes:

- Interaction with the school system.
- Increasing the number of bilingual employees.
- Development of English/Spanish patient materials including patient education tools, menus, informational brochures and signage throughout our facilities.

- Dialogue with identified key leaders in the local Latino community.
- Educate and create awareness of interpreter services, Spanish vocabulary and cultural practices in health care through the biweekly employee newsletter.

3. Addiction Services

Clinton continues to have a higher rate of hospitalizations for alcohol and drug abuse than the state average. In response to this community need, addictions counselors provide telephone support, education and referral to residents of Clinton regarding substance abuse, treatment and outpatient services.

- Average 25-30 calls per month.

4. Health Education and Prevention Activities

Clinton Hospital staff members and departments regularly provide programming in the community that meet objectives established by the Community Advisory Committee as well as community service activities. A sampling of the activities includes:

- High School Prom night drunk driver education prevention
- Elementary school education and poster contest about how to access the emergency room
- EMT Recognition Day

C. Notable Challenges, Accomplishments and Outcomes

The programs, designed to improve the well-being of our community through education and intervention, are evaluated and subsequently modified, using valuable input from the Community Advisory Committee.

We are pleased that our Community Advisory Committee has established a plan to engage local members of the community in the planning process. Different methods of outreach and collection of community opinion are being explored.

VII. Next Reporting Year

A. Approved Budget/Projected Expenditures

It is anticipated that Community Benefit dollars will be level funded in the next fiscal year.

B. Anticipated Goals and Program Initiatives

The CAC has learned about the Healthy Communities Model and the community needs through the survey. Although the information received through the survey was not as comprehensive as the Committee had hoped, a plan addressing the most significant community issues is ongoing.

Programs that will be continued or expanded next year include:

- Community Outreach
- Interpreter Services
- Addiction referral services

- Community health education and prevention programs
- Community-based specialty services to increase access to care

C. Conclusion

Using the broad definition of health, Clinton Hospital considers itself a partner with the community in addressing issues that affect the well-being of our community. We will continue to reach out to diverse groups to achieve a healthier Clinton.

VIII. Primary Contact

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**UMass Memorial - Clinton Hospital
Community Benefit Advisory Committee Membership**

NAME	AFFILIATION
Terry Babetski	Community Partnership for Children
Linda Hughes	Community Partnership for Children
Carol DeRienzo	Clinton School Department
James Hastings	Assistant Principal, Clinton High School
Jodi Breidel	Wheat, Inc., Director
Carol Fiero	Council on Aging, Clinton, Director
Mary A. Frain/Walter Rice	Clinton Council on Aging Outreach Workers
Bill O'Connell	Mass Department of Public Health, West Boylston Office
Theresa Jimenez	MSPCC at Clinton Hospital, Outreach Worker
David Nelson	St. John's Gym, Clinton, Director
Mary Ellen Donnolly	Clinton Housing Authority, Manager
Sheila Daly	UMass Memorial - Clinton Hospital, President
Kathy Fadden	UMass Memorial - Clinton Hospital, VP, Community Relations

Community Health Network Area (CHNA)

Selected Health Status Indicators

	Year	Clinton Hospital Clinton, MA	Statewide Rate ⁽¹⁾ / Incidence (%)
Mortality			
Infant Mortality ⁽²⁾	2003	0	4.9%
Cardiovascular Disease Deaths ⁽¹⁾	2003	280	284.2
Hospitalizations			
Domestic Violence (hospital admits) ⁽¹⁾	2003	77	30,975
Diabetes (hospital admits) ⁽¹⁾	2003	178	133
Drug / Alcohol (hospital admits) ⁽¹⁾	2003	230	365
Asthma ⁽¹⁾	2003	106.7	131
Youth Related			
Child Abuse/Neglect ⁽²⁾	2003	49	43
High School Drop Out ⁽³⁾	2003	2.2%	3.5%
Juvenile Crime	1998	126	7,021
Births to underage mothers ⁽²⁾	2003	3.3%	5.9%
MCAS Results (10th Grade)	2003		
Warning/Failing	Eng	9%	12%
Warning/Failing	Math	23%	21%
Demographics			
Population	2003	13,435	6,379,304
Poverty Rate (200%)	2003	22.3%	21.7%
Children in poverty	2003	6.5%	12.0%
Unemployment Ages 16 up	2003	6.3%	5.3%
AFDC ⁽⁴⁾	2000	6.6%	7.1%
Ethnic Composition School			
Hispanic	2003	19.5%	11.2%
Black	2003	2.7%	8.8%
White-Non Hispanic	2003	76.7%	75.1%
Asian	2003	1.1%	4.6%
Other	2003	<u>0.0%</u>	<u>0.3%</u>
Total		100.0%	100.0%
Ethnic Composition City/ town			
Hispanic	2002	11.6%	6.8%
Black	2002	1.8%	5.3%
White-Non Hispanic	2002	85.4%	83.9%
Asian	2002	1.0%	3.9%
Other	2002	<u>0.2%</u>	<u>0.1%</u>
Total		100.0%	100.0%

Sources: MassCHIP Health status indicators report. US Census Bureau reports for 2000
Mass DOE MCAS results & School data, 2002. Mass State Police Crime Statistics Unit 1998

(1) State adjusted rate per 100,000 persons.

(2) State adjusted rate per 1,000 persons.

(3) State adjusted rate per 100 persons.

(4) Aid for dependent children

(Figures in bold exceed state rates).