

The Community Benefit Report of Heywood
Hospital
Fiscal Year 2003
October 1, 2002 – September 30, 2003

I. The Mission Statement

COMMUNITY BENEFIT MISSION STATEMENT

Heywood Hospital has a long tradition of providing needed healthcare services that improve the health and quality of life in our community. This tradition is the cornerstone of our mission. Heywood Hospital dedicates our organization to the community benefit goals of:

- Improving the health status of our community
- Addressing the special health problems of minorities, the poor, uninsured and other underserved populations

- Containing the growth of community healthcare costs

Such goals will be undertaken within the framework of a Community Benefit Plan which shall include such elements as:

- Evidence of commitment on the part of the Board of Trustees and the President/CEO
- Specific goals & objectives
- Annual evaluation process
- Commitment of hospital resources through normal budgeting process
- Consideration of community served in all operational and policy decisions
- Defined community
- Health status and needs assessment
- Opportunity for public input and comment
- The promotion of cooperative and collaborative relationships with other providers and agencies in order to carry out a broad health agenda in our community.

Such community benefit goals and elements are hereby adopted and endorsed by the Board of Trustees of Heywood Hospital .

Chairman of the Board, Henri Sans

II. Internal Oversight and Management of Community Benefits Program

Management Structure: The responsible manager of the Community Benefit Program for Heywood Hospital is the Vice President of Community Relations and Development, Lorie C. Martiska. Other Vice-Presidents and the President/CEO of the Hospital provide input and decision-making support concerning community benefits activities.

Information Sharing – Information concerning Community Benefit activities is shared with all hospital staff through the publication, “IN Brief”, through special state-of the hospital newsletters and through internal email. The Board receives monthly reports on some parts of the plan and receives annual updates of the entire community benefit program.

III. Community Health Needs Assessment

Process: Every 2-4 years, the Joint Coalition on Health, which is the community group that develops the community benefit programs, conducts a comprehensive health assessment. This is done collaboratively with area agencies and two area hospitals – Heywood and Health Alliance. The study consists of data analysis for various healthcare status indicators and demographics for our region, and interviews, surveys and focus groups/discussion groups. The information is assembled and reviewed by a sub-committee of the Coalition, with the assistance of outside consultants. The Coalition as a whole reviews the results and makes recommendations concerning future areas of emphasis and strategies to respond to needs identified in the report.

Information Sources:

- DPH health status indicators
- Telephone surveys
- Community Leader interviews
- Grassroots surveys
- Multi-lingual focus groups
- CHIP data on demographics

Summary of Findings:

The most recent Health Assessment of North Central Massachusetts was released in the fall of 2003. Key findings included concerns regarding access to care for the uninsured and for those with special needs, teen health, substance abuse and mental health, domestic violence, and certain specific health status indicators such as cardiovascular disease. The report was released to the public, following a series of meetings with city officials from Fitchburg, Leominster and Gardner to discuss the findings. Copies of the report are available in hard copy and in a pdf format.

The Joint Coalition held several meetings following the release of the report to develop a process for selecting priority issues for focused attention during the coming year or more. This process yielded two areas of focus – Substance Abuse/Mental Health and Teen Health. The group is currently developing problem lists relative to these issues and will be making recommendations for action within the next few months. The area of access to care will continue to receive attention from the Coalition as well.

In 2001, the Joint Coalition also conducted a dental health needs assessment for the region, with the assistance of a planning grant from the Health Foundation of Central Mass. Today there are a number of additional resources available to improve this situation, however, access to dental care remains a problem for the uninsured and MassHealth adult populations.

IV. Community Participation

- A. *Process and Mechanism* – The community is invited to participate in Joint Coalition activities at any and all times. Notices concerning upcoming meetings are distributed to an audience of greater than 100 people and agencies. The press occasionally attends Joint Coalition meetings. There was a significant amount of public participation in the Health Assessment through focus groups and phone surveys conducted during the study process.
- B. *Identification of Community Participants* --Members of the public are invited to participate in any and all activities. For some programs, such as the GHAP program and the School-based health center, there are Advisory Committees that include members of the community. For focus groups and surveys, agencies are asked to identify those who could best speak to the issue at hand or who have demonstrated need in the area under discussion.
- C. *Community Review of Community Benefit Plans* --The community is invited to receive copies of reports and information concerning the community benefits activities of the Hospital. For example, a pdf file for the Health Assessment of North Central Massachusetts is available on the Hospital's web site-- www.heywood.org

V. Community Benefits Plan

Target populations: (chosen by the Joint Coalition on Health)

- + uninsured who are at 400% or less of the poverty level
- + MassHealth recipients with no access to dental care
- + high school and middle school-aged children in the service area
- + second-graders in need of dental sealants in Winchendon, Gardner, Leominster and Fitchburg
- + parents of young children in need of information on oral health

+ those affected by substance abuse and mental health issues

GOALS

1. Improve access to dental health care by

- a. Expanding the newly opened dental clinic at the CHC Family Health Center
- b. Expanding the GHAP dental program
- c. Screening and applying sealants to second graders in need
- d. Educating parents of young children about oral health issues
- e. Assisting with the establishment of a dental residency in Fitchburg
- f. Assisting with the establishment of a dental hygiene program at MWCC
- g. Developing a legislative advocacy agenda to improve funding and support for oral health in Massachusetts

2. Improve the health of students in the Murdock Middle/High School

- a. Maintain funding for a school-based health center to offer medical care, mental health services and substance abuse services on site

3. Increase access to care for the uninsured.

- a. Continue efforts to expand the GHAP program. To date the program has served 7,000 people in six years, by connecting them to health resources such as MassHealth, or by providing reduced fee care through a network of providers who donate a portion of their services.
- b. Offer a case management model so that clients who apply to GHAP or MassHealth can receive comprehensive assistance and follow-up.
- c. Work with the CHC Family Health Center to open a new community health center satellite in Gardner within the next six months.

D. Measurement of effectiveness

The dental health initiatives are funded by the Health Foundation of Central Mass, which requires that we have a strong program of evaluation and measurement in place. A consultant has been selected to conduct this evaluation. Key measures for dental health include the numbers of people served in the various components of the program, the number of people reached in the educational campaign, and the simple measure of whether a residency was opened, or a hygiene program started.

The budget for these initiatives has been developed for a period of three years.

E. Updates and Review

The new health assessment has reinforced some of the needs previously identified, but has also attracted the attention of some new members who have particular interest in the areas of teen health, mental health and substance abuse.

VI. Progress Report

See the summary document for expenditures.

Major Programs and Initiatives

GHAP – the Gateway Health Access Program. In 2003 this program received additional funding from the BC/BS Foundation of Massachusetts. It provides assistance to uninsured by helping them apply for Masshealth or by providing reduced-fee care and services through a network of participating providers. Since it's inception in 1998, the program has screened 7000 people and has connected over 1,000 with doctors on a reduced-fee program and 3000 with MassHealth.

The additional funding enabled the program to add a case manager, add hours to a clerk position, increase outreach activities and recruit additional doctors to participate in the program. In addition, in 2003, the GHAP program assumed responsibility for the free care program of Heywood Hospital. Staff were transferred to the program, and GHAP employees now provide screening and assistance for all inpatients as well as outpatients and members of the community.

The program is feeling the impact of MassHealth reductions and other cuts that have increased the number of uninsured.

SBHC – The Hospital received a planning grant from the Department of Public Health to plan for a school based health center at the Murdock Middle/High School. The Murdock Health Center opened in October of 2002, and now has 220 student members. The school based health center includes medical care and mental health services for students on site. In January of 2003, we were notified that the remainder of our funding for the year had been cut, and the future of the school-based health center program was threatened. The Hospital sought and received a private grant to keep the health center open for the remainder of the school year. For the 2003/2004 school year, DPH has provided a reduced amount of funding the school-based health center, forcing the center to offer medical care, but to only offer mental health services on a fee for service basis.

ORAL HEALTH INITIATIVE --The Joint Coalition and Heywood Hospital completed a planning grant in 2001 to assess the needs and explore the possible strategies to improve access to dental care for people without insurance or who have MassHealth. The planning grant clearly showed the intensity of the need, with nearly 40,000 people in this area not having access to a dentist because of their inability to pay. The group submitted a full proposal early in 2002 and the proposal has been funded by the Health Foundation of Central Mass.

The planning grant was for \$81,000 and the full proposal was funded in 2002 at the level of \$591,000. In 2003, the Health Foundation continued support for the initiative, providing \$325,000 in funding. Many of the strategies to improve access to dental health care have been implemented and are noted elsewhere in this report.

VII. Next Reporting Year

The major accomplishments which we expect to report on next year are the completion of a strategic plan to tackle the issues of mental health, substance abuse and teen health, the continuation of: the school-based health center, the dental health center, the dental sealant and the GHAP medical and dental programs, the parent education campaign on oral health, and progress towards the establishment of a community health center satellite in Gardner. The establishment of a community health center in Gardner is a key strategy in improving access to care by adding primary care physicians, starting a dental service, and offering mental health and substance abuse services for the uninsured and MassHealth populations.

We also expect to play an active role in advocating for legislative changes that would in a broad sense increase state support for healthcare and for the uncompensated care pool, and specifically improve access to dental care by allowing dentists to accept a limited MassHealth panel and creating a third-party administrator for the MassHealth dental program.

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