

Community Benefits Report 2005

(Full Report)

Submitted on February 28, 2006

Cooley Dickinson Hospital
30 Locust Street
P.O. Box 5001
Northampton, MA 01061

www.cooley-dickinson.org

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I. Mission

“Cooley Dickinson Health Care Corporation (Cooley Dickinson) will work in partnership with community leaders in business, government, education, religion, health care, and other areas to develop and enact a common vision of improving the health status of the communities and people we serve.

The Community Health Improvement Mission will be accomplished by providing accessible, quality health care services at a reasonable price, by taking an active role in assessing community needs, by developing a plan and allocating resources to said needs, and by serving as a role model for other institutions.”

- **The above mission was affirmed by the Cooley Dickinson Health Care Corporation Board of Trustees, February 1995; revised, August 1996.**

Collaboration

Creating “a community that works” involves assuming leadership and serving as a catalyst for changing the current environment. Our goal is to create a partnership with the community to:

- Document health status
- Promote societal and personal responsibility for health

- Serve all residents

As members of the partnership, our values include:

- Promoting good health
- Improving the collective health status of the community
- Promoting affordability
- Prioritizing disparities
- Appreciating diversity

We will help the community to shape its future by advocating for public health initiatives. We will strengthen our public health team by focusing on the consumer, by increasing affiliations and access to community links, by integrating our services within the larger health system, by de-emphasizing categorical illness, and by monitoring community health.

Our mission provides a broad view of health and makes clear Cooley Dickinson's responsibility in taking a leadership role in assessing and addressing community health needs.

II. Community Benefits Program: Internal Oversight and Management

A. Management Structure

The Board of Trustees has assumed responsibility for enacting the Community Benefits Mission of Cooley Dickinson. Directly responsible and accountable to the Board of Trustees is the Healthy Communities Committee, one of four standing committees of the Board. Other Board committees are the Resource, PACE (Quality), and Development/Public Relations committees.

The structure of the Healthy Communities Committee includes the appointment of an active Trustee as chairperson, three additional board members, three physicians, and several community members. The Committee Chairperson will keep the Board of Trustees informed of its various projects and its progress toward community planning. The Chairperson of the Healthy Communities Committee sits on the Executive Committee of the Health Care Corporation.

The role of the Healthy Communities Committee is to focus on prevention and wellness and to develop strategies for improving community health from both the individual and population prospective. The committee will assess health data, advocate for improvements in financing and access, and build relationships with health care providers outside the hospital. The committee will ensure that, as a non-profit institution, Cooley Dickinson will use its resources to benefit the community. The committee will be responsible for formulating a strategic plan and will strive to implement the Community Benefits Mission as developed by the Board of Trustees.

Cooley Dickinson's President/Chief Executive Officer (CEO) is ultimately responsible and accountable to the Board of Trustees for actualizing the Community Benefits Mission. The CEO has assigned responsibility for operational oversight and staffing as follows:

Director of External Affairs (Marilyn Richards)

The person in this position is responsible for staffing the Healthy Communities Committee of the Board of Trustees and for supporting the chairperson of that committee. In addition, other duties

include coordinating community health improvement initiatives, working cooperatively with affiliates, developing relationships with and supporting key stakeholders, and performing all tasks essential to the submission of the Community Benefits Report.

The Healthy Communities Committee meets on a regular basis to plan, implement and evaluate its mission as developed by the Board of Trustees. This past year, the committee has undergone a major expansion, better defining its organizational structure and increasing community membership. The following is a list of current committee members:

Healthy Communities Committee Membership

Chairperson:	Shelley Steuer , CDH Trustee and Local Attorney
Cooley Dickinson Staff:	Marilyn Richards , Director, External Affairs and staff to committee Carla Braveman, RN , Executive Director, VNA & Hospice of Cooley Dickinson Jeff Harness, MPH , Director, Regional Center for Healthy Communities Phillip Heywood , CDH, VP Marketing and Public Relations Sue Lesser, RN , Director of Community Education Carolyn Szafranski, RN , Program Director, Childbirth Center
Board Members:	Craig Melin , CDH President/CEO Phyllis Maggiolino , CDH Auxiliary Hazel Robinson , Trustee
Physicians:	Gustavo Diaz, MD Steven Esrick, MD Ellen Kaufman, MD
Community Members:	Jim Ayres , Director, Center for New Americans Epi Bodhie , Director, Amherst Health Department Cindy Dourmashkin , Director, Health Services, Northampton Public Schools David Foster , Director of Hampshire Programs for the Center for Human Development Jan Klausner-Wise , Aide to Representative Ellen Story and Chairperson, Hampshire Health Connect Kate Lytton , Project Director Strategic Planning Initiative for Families and Youth (SPIFFY), Hampshire Educational Collaborative Jennifer Reynolds , Tobacco Control Consultant for the Centers for Disease Control and Prevention Donna Salloom , Community Liaison for Chronic Disease Prevention, Mass. Department of Public Health Christine Sass, Director , Tobacco Free Network of Hampshire and Franklin Counties Ed Sayer , Executive Director., Hilltown Health Centers

B. Sharing Information about Community Benefits

Information is shared on a regular basis concerning the Healthy Communities Committee and community benefits at all levels of the institution, through various means. Minutes and an oral report are provided at the Board of Trustees monthly meetings. Staff members are made aware of the community benefits Cooley Dickinson provides as a non-profit institution beginning at their orientation to the organization. Other methods used to share information include Cooley Dickinson's employee/physician newsletter, *STAT*; the *Community Pulse*, a community-wide newsletter; our Web site, www.cooley-dickinson.org, our Intranet for staff members and routine press releases and through dissemination of a summary of the annual report submitted to the Attorney General's Office.

III. The Community Health Needs Assessment

A. Information Sources

Over the last decade, Cooley Dickinson has participated in various forms of needs assessment processes, which include both quantitative and qualitative data. In general, plans and initiatives are based on the following:

- Data that is generated and analyzed in a comprehensive community health assessment
- Data generated through targeted needs assessments
- Needs identified by physicians and other community organizations
- Needs as identified by the Healthy Communities Committee

B. Process and Participation

Cooley Dickinson has engaged with community partners and our physicians to assess our collective needs. Additionally, Cooley Dickinson is actively engaged with our local United Way to identify and fund current and emerging needs in our community.

C. Information Sources

Cooley Dickinson is skilled at identifying and using various information sources to identify health needs. This past year, Cooley Dickinson has used information from the State Department of Public Health and the *Behavioral Risk Factor Surveillance System Burden of Chronic Disease, Massachusetts vs. Hampshire County 2001-2003* (BRFSS) to determine and substantiate its work. The most frequently used methods in addition to the BRFSS are: Mass CHIP, MISER, United States census data, local strategic planning initiatives, and other resources available on the Web. We look to our community members as the best source of feedback of current health needs. We can also rely on a variety of Cooley Dickinson employees and physicians who are active in various committees and boards dealing with broad health issues.

D. Summary of Findings

Various needs assessments indicate that health care access, mental health and substance abuse problems, HIV/AIDS prevention, education and support services, elder health care services, and chronic diseases, including obesity, are major priorities. After analyzing the data and feedback, we have chosen "healthy lifestyles" as a positive focus, thus directing our resources and community

benefit. Because these health care issues keep surfacing, the Healthy Communities Committee has identified them as priority issues of our Community Benefits Plan.

IV. Community Participation

A. Process, Mechanism, and Identification of Participants

The Healthy Communities Committee oversees and administers the Community Benefits of Cooley Dickinson Hospital under the direction of the Board of Trustees. All appointments to the Committee are appointments made by the Board. Selection is made considering priority projects and focus areas and in conjunction with the Trustee Chairperson of the Committee.

This past year, Cooley Dickinson has undertaken its largest building project in its history. The building will be completed in the fall of 2007 and will consist of 32 private patient rooms, six surgical suites, a laboratory, and a new central sterile supply. As part of the DoN (Determination of Need) process and as a continuation of our commitment to community health, Cooley Dickinson has expanded the committee to include diverse sectors of the community and cultural linguistic minorities.

B. Community Role in Development, Implementation, and Review of Community Benefits Plan and Annual Report.

The Community Benefits plan and annual report is prepared on a yearly basis by the Director of External Affairs and reviewed by the Healthy Communities Committee. In addition, the report is submitted to the Board of Trustees. The Board receives the full report, and a summary is distributed to department heads and managers. Information on Community Benefits is also included on the Cooley Dickinson Hospital Web site, www.cooley-dickinson.org, and in both internal and external communication.

V. The Community Benefits Plan

A. Plan Development

The Community Benefits Plan is developed in conjunction with the Healthy Communities Committee. Each year, the committee designates the “community benefits programs” as listed in the report. This year the committee is taking on the task of evaluating the 11 programs that make up the community benefits portion of this report. The committee developed a written survey and distributed it to the various program directors and is in the process of conducting site visits. At the end of this process the committee will rank community benefit programs considering the following requirements:

- Highest value to the community
- Highest value to the mission of Cooley Dickinson
- Demonstrated good use of funds
- Non-duplication in the community
- Demonstration of improved health outcomes
- Demonstration of significant economic impact on the community
- Address population-based health issues

In making priority area recommendations, the committee considers ongoing commitment to community health improvement, requests from the community, needs assessment findings, and input from physicians, staff, and leadership at Cooley Dickinson.

B. Target Population and Priorities

Our target population is defined as those who reside in our primary and secondary services areas. Broadly, this can be described as Hampshire County and parts of Franklin County. In addition, target populations in parts of Hampden County are also included in the plan.

Our priorities focus on low-to-moderate-income residents as well as the uninsured or underinsured populations. One of the main issues addressed in our plan is access to health care. In addition to the demographic approach, our priority also includes a health status approach including HIV/AIDS, mental health and substance abuse, chronic diseases, and other health issues that can be affected by behavioral change.

C. Long- and Short-term Goals and Process for Measuring Outcomes and Evaluating Effectiveness

Goal 1: Work with others to assess the health of the community and design services to meet the needs that are identified as a result of the assessment.

- Work with area partners to assess the needs of our local community
- Under the auspices of the Healthy Communities Committee evaluate the effectiveness of our current community benefit priorities

Outcome: Develop various needs assessment processes and products.

Produce written evaluation of current community benefit programs

Goal 2: To provide quality care to uninsured or underinsured residents who seek care at our facilities.

- Contribute the assessed amount to the free-care pool
- Provide services regardless of free-care or other reimbursement shortfalls
- Assist persons to identify various forms of financial assistance when they are eligible
- Expand services through our HealthConnect program and through the recruitment of physicians to the voluntary physician program
- Investigate the addition of a prescription assistance program

Outcome: The numbers of people served or persons receiving free care, eligibility assistance or reduced fee care and the total value of those services will determine outcome and effectiveness.

Goal 3: To take an active role in identifying people who are seeking health care services and may be eligible for Mass Health or other entitlements and assist in the process of application.

- Expand the HealthConnect access program at Cooley Dickinson

Outcome: The HealthConnect access program will be evaluated by the Healthy Communities Committee, using as criteria the number served and enrolled and receiving the care they need. Additionally, the number of people who are identified and assisted with Mass Health Application who are then approved and its accompanying dollar amount, will also determine outcome.

Goal 4: To participate in Hampshire HealthConnect, a local coalition formed to increase access to health care in Hampshire County, by coordinating primary and specialty care medical services for residents who have no health insurance or who are underinsured.

- Expand the volunteer physician program at CDH

Outcome: 600+ residents will receive primary and/or specialty care through the physician network.

Goal 6: To provide community care that will have a positive effect on the health of the individuals as a result of behavioral change.

- Provide a variety of mental health and substance abuse services
- Provide HIV/AIDS education and prevention services to prevent the spread of AIDS and to assist those with the disease to live happy, productive, and healthy lives
- Provide case management and outreach services that assist older persons with special health needs to maintain a high level of wellness and remain as independent as possible
- Work with local school districts to encourage and support healthy lifestyles to include nutrition and activity and the use of tobacco

Outcome: Numbers of individuals participating in the various programs, reduced hospitalizations and improved health status are expected outcomes. Additionally, various funding sources monitor specific programs for targeted outcomes.

Goal 7: To assist persons in our target populations who have difficulty assessing primary care, dental or ambulatory behavioral health services due to a language barrier.

- Provide community translation services by funding and supporting a local community based agency (Casa Latina) in the provision of interpreter services for persons in need

Outcome: evaluation will be determined by the number of hours of interpreter services provided to area residents.

D. Process and Considerations for Determining a Budget

Budgeting for the various community benefit programs is incorporated in Cooley Dickinson's formal budgeting process beginning at the direct service level, progressing to senior management, the Physician Advisory Group and the Board of Trustees for final approval. As part of this process, budget figures for the priority community benefits areas will be presented to the Healthy Communities Committee for feedback.

In addition to our commitment to community benefit priority programs, this past year the hospital committed to \$1.3 million over a five-year period and as part of our DoN agreement. These dollars will assist with and expand our current priorities as well as support newly identified emerging needs in the community.

E. Process and Priorities for Considerations in Determining a Budget

The process for determining priorities in our overall organizational budget, which includes community benefits, begins with a review of our expected revenue and existing expenses. After determining our given resources, we determine areas for quality and service improvements. These

are organized by senior management and added to the budget in order of priorities and within our given resources. Current commitments to community benefit programs have been given priority. DoN-committed resources are part of this process.

F. Process for Reviewing, Evaluating, and Updating the Plan

The community benefits plan is evaluated according to outcome, process, cost, and satisfaction as reviewed for effectiveness by the Health Communities Committee and in conjunction with community partners.

The Community Benefits Plan is reviewed and updated annually by the Healthy Communities Committee and the Board of Trustees.

VI. Progress Report: Cooley Dickinson’s Activity During 2005

A. Expenditures

For a total summary please see the “Major Programs and Initiatives” chart below in section B of the report.

B. Major Programs and Initiatives

<i>Program Initiative</i>	<i>Target Population</i>	<i>Cooley Dickinson’s Partners</i>	<i>Hospital Contact</i>	<i>Expenditure</i>
Population Health - data analysis, support, and assistance in population health. Community Benefits and community health program administration	Residents of western Massachusetts with a focus on our primary and secondary care service area	Members of the Healthy Communities Committee	Marilyn Richards 30 Locust Street Northampton, MA 01060 413-582-2502 Marilyn_Richards@cooley-dickinson.org	\$35,229
Community Case Management - works with patients with chronic illnesses to assure maximum health	Elders with chronic illnesses in the primary and secondary service area	VNA & Hospice of Cooley Dickinson	Carla Braveman 168 Industrial Drive Northampton, MA 01060 413-586-8288 Carla_Braveman@cooley-dickinson.org	\$99,469
Behavioral Health (Mental Health and Substance Abuse) Outpatient and Residential services Community Health	Low- to moderate-income, uninsured or underinsured, and persons with mental health and substance abuse problems. Also	Massachusetts Department of Public Health. Residential treatment providers of western Massachusetts Various community agencies	<u>Mental Health Programs</u> Chris Rose, PsyD. 30 Locust Street Northampton, MA 01060 413-582-2156 Chris_rose@cooley-dickinson.org <u>Community Health Programs</u> Marilyn Richards 30 Locust Street Northampton, MA 01060	\$4,475,940

Programs - Provide prevention, intervention, and support for target population with problems that can be affected by behavioral changes	serves persons with HIV/AIDS or who are at risk of HIV/AIDS. Geographically serves residents of Hampshire, Franklin, Hampden, and Berkshire counties with a focus on Latino residents of Hampden County		413-582-2502 Marilyn_Richards@cooley-dickinson.org	
Hampshire HealthConnect - focuses on access to health care issues	Uninsured and underinsured residents of Hampshire County	Blue Cross and Blue Shield Foundation of Massachusetts, Amherst Health Staten of Massachusetts Division of Health Care Finance, Physicians and various area businesses and consumers	Sonia Bouvier 30 Locust Street Northampton, MA 01060 413-582-2848 Sonia_Bouvier@cooley-dickinson.org	\$231,945
Primary and Dental Care Interpreter Project - provides interpreter services for target patient population to reduce linguistic barriers	Area residents needing interpreter services to access primary care and dental care	Casa Latina and University of Massachusetts and area physicians	Jan Korytoski 30 Locust Street Northampton, MA 01060 413-582-2020 Jan_Korytoski@cooley-dickinson.org	\$46,541
Free Care Assessment and Shortfall - enables the hospital to provide services regardless of ability to pay	Uninsured and low-income residents of our primary and secondary service area	N/A	Pam Lydon 30 Locust Street Northampton, MA 01060 413-582-2351 Pam_Lydon@cooley-dickinson.org	\$2,104,520
Healthy Lifestyles Program	Easthampton Public Schools 4 th graders.	Easthampton Public School System, and Northampton Area Pediatrics	Marilyn Richards 30 Locust Street Northampton, MA 01060 413-582-2502 Marilyn_Richards@cooley-dickinson.org	\$1,555

C. Notable Challenges, Accomplishments, and Outcomes

Cooley Dickinson takes pride in being a community hospital and strives to meet the health care needs of its local residents. Over the years, the hospital has defined health in a broad way and has taken a leadership role in community health through the provision of its many prevention and intervention services. This past year, the hospital has maintained its commitment to community programs, contributing hospital revenue in addition to other leveraged resources to support these important community programs. Each year, this becomes more of a challenge, considering our core mission of hospital services and the need to grow and expand core services.

We make it our goal to support a healthy community and to work in partnership to deliver quality care that will surpass our community's health care needs and expectations.

During this past year, we are proud to have worked with a group of local leaders in business, health care, government, and community representatives on access issues. We have provided access to health care to more than 2,000 individuals through assistance with entitlements and our volunteer physician network. Our health access program has doubled the size of free or subsidized care slots in our voluntary physician network. This network is made up of specialists and primary care physicians and has been recognized nationally as a model access program.

Another accomplishment has been to see older adults stay healthier through the Community Case Management program. The program, fully funded by Cooley Dickinson, provides services for patients who have the diagnosis of Congestive Heart Failure (CHF) or Chronic Obstructive Pulmonary Disease (COPD), in order to reduce hospitalizations and to promote health. Patients receive services free of charge. Through this forward-thinking program, in-hospital days have been eliminated or reduced, and patients are able to enjoy the comforts of their own homes.

Since 1992, Cooley Dickinson has been committed to offering a continuum of behavioral health services and continues to support community initiatives relating to substance abuse, HIV/AIDS support, prevention and education, and services for older adults. Despite continued cuts in funding, these programs are still in existence and remain one of western Massachusetts' largest continuums of community programs designed to have an impact on personal behavior.

Due to the rise in childhood obesity and the request from our physicians, the Healthy Communities Committee has committed resources both human and monetary to healthy lifestyles focusing on local school districts. Last year, we instituted and completed a pilot program called "Type 2 We're On to You" in the fifth grade at a local elementary school. This year we have partnered again with one of the areas pediatric groups to support healthy lifestyles in the Easthampton Public Schools by providing supplies that will enable children to be more physically active, and we've provided assistance with program planning as well. Additionally, we have applied for funding from a private source to institute an after-school program, again with an aim toward physical health and well-being.

In addition to community benefit programs, Cooley Dickinson operates community service programs that include health screening and support groups, health fairs and health education programs, oncology community services, and other clinical services offered free of charge to community members.

Other Community Benefits in the Community Service category are non-clinical support services such as:

- Food and space for support groups and other self-help groups

- Donations of space for various community programs
- Direct donations of equipment and supplies to community programs and relief situations
- Other charitable contributions that enhance Cooley Dickinson's mission

VII. Next Reporting Year - 2006

A. Approved Budget/Projected Expenditures

For the fiscal year 2006, Cooley Dickinson is projecting a Community Benefits budget of \$5,100,000.

B. Anticipated Goals and Program Initiatives

Cooley Dickinson will continue to support the community through its various community benefits programs. In addition to our ongoing commitment, the following goals are expected:

Goal 1: To evaluate existing community benefit programs for their effectiveness, efficiency, and value to the community.

Goal 2: To provide continued support for current community benefit programs that are proven effective and efficient.

Goal 3: To increase community involvement in future healthy community and community benefit activities.

- Cooley Dickinson will work with local cities and towns to assist them with their health care needs.
- CDH and Hampshire HealthConnect will work with the PHO and other local community efforts to expand the voluntary physicians' network.
- CDH and Hampshire HealthConnect will explore the feasibility of the addition of a prescription assistance program.
- The Healthy Communities Committee will identify emerging needs and work with physicians and community partners to improve health.

C. Projected Outcomes

- Cooley Dickinson will continue to provide services that will benefit the community through health screenings, support services, and education.
- The outpatient behavioral health and community services and case management programs will provide over 32,000 visits to priority populations, providing them with needed community services.
- Hampshire HealthConnect will assist 2,500 persons who are underinsured or uninsured to access health care coverage and bilingual/bicultural interpreter services.

- Cooley Dickinson's Healthy Communities Committee will have completed its evaluation of the 11 identified community benefit programs, analyzed the findings and made recommendations to the senior management of the organization.
- Cooley Dickinson will have a process to involve the community in various activities of the corporation, including the identification and implementation of activities and programs to address the emerging needs of our community.

Contact Information

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