

## Anna Jaques Hospital - FY2006

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### Summary Narratives

#### **Community Benefits Mission Statement**

We are committed to the charitable mission of Anna Jaques Hospital and to cooperative partnerships with our communities. Together, we will identify the health needs of vulnerable and at risk populations and implement activities to enhance the overall health of our area. We will provide needed health and wellness assistance regardless of ethnicity, religious belief, gender and age.

#### **Program Organization and Management**

A. Management Structure: The advisory group makes its recommendations to the hospital community benefits coordinator who provides those recommendations to the hospital's senior management. The community benefits coordinator works with all appropriate hospital and volunteer staff to carry out, to the best of their ability, the advisory's recommendations for health improvement initiatives.

B. Sharing Information:

The report is shared with staff at all levels of the institution using all available communication vehicles:

- „X Meditech/Mox mail for clinicians
- „X e-mail for staff
- „X NewsBreak (employee newsletter)
- „X Employee intranet (Anna Online) site
- „X Hard copy distribution to physicians, senior management

#### **Key Collaborations and Partnerships**

School districts in Amesbury, Newburyport, Georgetown, Haverhill, Triton Regional (Salisbury, Newbury, Rowley)  
AJH physicians

Police departments in Amesbury, Newburyport

Jeanne Geiger Crisis Center

Greater Newburyport YWCA

Triton Regional School District Wellness Committee

Newburyport Commission for Tolerance and Diversity

AJH Infectious Disease Control Nurse

Massachusetts Department of Health,

MassCHIP,

Public health nurses, Amesbury, Newburyport, Salisbury  
physicians

CHNA 12

#### **Community Health Needs Assessment**

After reviewing the statistics and demographics available, and holding discussions with healthcare providers, it became clear that several health issues that cause, or contribute to, the statistically high mortality rate in our service territory were in need of publicity, education, and community outreach, specifically; heart disease, breast health, and obesity. This is the result of compelling state and local data regarding the health and mortality rates of the citizens in our service communities.

#### **Community Benefits Plan**

Community is baby boomers (aged 45-65), the elder population and the geographic community serviced by Anna Jaques Hospital. Effectiveness is determined by the number of individuals/households who participate in events, and

a reduction in the incidence of disease. Long term goals:

- o Track statistically significant health status indicators and develop programs to address these issues.
- o Conduct dialogue with front-line healthcare providers and gain firsthand knowledge of community health risks.
- o Deliver programs through schools, businesses, community organizations and public forums, to create positive lifestyle changes.
- o Make AJH clinical providers; free advice and counsel accessible to the community

**Key Accomplishments of Reporting Year**

Our community outreach programs reached more than 27,000 families in 2006. Our Healthy Snack Corner program was adopted by all grades in Amesbury's Cashman Elementary school. Our Family Pedometer Program gained statewide and national attention, was featured by the AHA in their "Community Connections" case study and was used by the Salisbury Boys and Girls Club to obtain a grant for fitness programs. More than 3,000 children participated. Families, Boy and Girls Scout troops requested pedometer kits.

**Plans for Next Reporting Year**

It is anticipated that we will continue to develop programming to address the high rates of cardiovascular disease, breast cancer and obesity in our service territory.

C. Projected outcomes: An increase in mammography rates, cardiac tests and screens; an increase in the number of school age children participating in healthy lifestyle/eating programs; an increase in the number of women attending community events and educational seminars. While it takes time to significantly reduce statistics of disease, it is hoped that we will continue to see a decrease in the statistical occurrence of heart disease, breast cancer and obesity in our service territory.

**Select Community Benefits Programs**

**Community Benefits Programs**

No community benefits programs identified.

| <b>Program Type</b>         | <b>Estimated Total Expenditures for FY2006</b>   | <b>Approved Program Budget for 2007</b>  |
|-----------------------------|--|--|
| Community Benefits Programs | <a href="#">Direct Expenses</a> \$324,600<br><a href="#">Associated Expenses</a> \$1,174,000<br><a href="#">Determination of Need Expenditures</a> \$0<br><a href="#">Employee Volunteerism</a> \$7,000<br><a href="#">Other Leveraged Resources</a> \$9,500 | \$25,000<br><br>* Excluding expenditures that cannot be projected at the time of the report. |
| Community Service Programs  | <a href="#">Direct Expenses</a> \$211,300<br><a href="#">Associated Expenses</a> \$0<br><a href="#">Determination of Need Expenditures</a> \$0<br><a href="#">Employee Volunteerism</a> \$2,750<br><a href="#">Other Leveraged Resources</a> \$10,000        |  |
| Net Charity Care            | \$1,321,483  |  |
| Corporate Sponsorships      | \$10,000   |  |
|                             | <b>Total Expenditures</b> \$3,060,633  |  |

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|---|---------------------|
| <b>Total Patient Care-Related Expenses for FY2006</b> | <b>\$81,697,986</b> |
|---|---------------------|

Comments: None