

**Anna Jaques Hospital
Fiscal Year 2008
Community Benefits Report
October 1, 2007 – September 30, 2008**

A. 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.

II. Oversight and Development of Community Benefits Plan

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:

- Meditech/Mox mail for clinicians
- e-mail for staff
- *NewsBreak* (employee newsletter)
- Employee intranet (Anna Online) site
- Hard copy distribution to physicians, senior management
- Availability of report is printed in Be Well magazine

III Community Health Needs Assessment

A. Process:

Assess community needs

The advisory reviewed data from the Massachusetts Department of Health, MassCHIP, Northeast Center for Healthy Communities, and the Health of the Merrimack Valley 2003 report (commissioned by CHNA -12), and held discussions with community health nurses, school nurses, healthcare providers, physicians, clinical technologists, the hospital infectious disease control nurse, and community partners, (listed in B below) for its community health needs assessment.

B. Information Sources

Information was gathered from the data sources listed in “A” above, and supplemented with information gathered from the partners listed below:

Key Collaborations and Partners:

- American Heart Association
- American Diabetes Association
- American Red Cross
- School nurses in school districts in Amesbury, Newburyport, Georgetown, Haverhill, Triton Regional (Salisbury, Newbury, Rowley), Merrimac
- Councils on Aging and senior citizen centers in Salisbury, Newbury, Amesbury, Newburyport
- Boys and Girls Club, Greater Merrimack Valley
- Greater Newburyport YWCA
- Newburyport Rotary Club
- Amesbury Charitable Healthcare Trust
- AJH physicians
- Police departments in Amesbury, Newburyport
- Jeanne Geiger Crisis Center
- Opportunity Works
- AJH Infectious Disease Control Nurse
- Community members and business owners
- Deborah Chiaravalloti, Vice President, public relations and marketing, community benefits coordinator, Anna Jaques Hospital

C. Establish set of priorities

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 chronic illness in our service territory were in need of publicity, education, and community outreach, *specifically; heart disease, breast health, obesity and diabetes*. We focused on these issues as the result of state and local data regarding the health and mortality rates of the citizens in our service communities.

Summary of Findings

Cardiovascular disease:

Several towns in our service territory show statistically higher cardiovascular disease death rates than the state average. For example, shown in the MassCHIP matrix below, note the high rates of coronary heart disease and Acute Myocardial Infarction for women in Amesbury, aged 20-54, as compared to the state rate.

Cardiovascular Mortality and Hospitalizations by Gender and Age: Amesbury

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	Mortality			Hospitalizations		
	Area 3 yr Count	Area 3 yr Age- specific Rate (c)	State 3 yr Age- specific Rate (c)	Area 3 yr Count	Area 3 yr Age- specific Rate (c)	State 3 yr Age- specific Rate (c)
All Circulatory System Diseases						
Ages 20-54	10	39.2	32.6	129	505.6	522.9
Male	7	55.9	48.1	90	718.7	689.3
Female	3	23.1	17.5	39	300.2	361.6
Ages 55-74	30	390.5	354.6	400	5206.0	4314.4
Male	17	473.2	477.7	241	6707.8	5504.7
Female	13	317.8	246.6	159	3887.0	3269.7
Ages 75+	110	3531.8	2971.3	498	15989.2	12256.2
Male	38	3571.0	3092.2	209	19640.4	14118.5
Female	72	3511.4	2901.6	289	14094.4	11181.6
Coronary Heart Disease						
Ages 20-54	9	35.3	17.3	45	176.4	189.6
Male	6	47.9	28.3	40	319.4	292.2
Female	3	23.1	6.7	NA	NA	90.1
Ages 55-74	20	260.3	203.0	149	1939.2	1610.8
Male	13	361.8	292.0	106	2950.3	2295.5
Female	7	171.1	124.8	43	1051.2	1010.0
Ages 75+	57	1830.1	1394.2	116	3724.4	3155.5
Male	21	1973.4	1600.9	61	5732.4	4016.2

Female	36	1755.7	1274.9	55	2682.3	2659.1
Cerebrovascular Disease						
Ages 20-54	0	0.0	3.8	11	43.1	58.4
Male	0	0.0	4.1	NA	NA	62.4
Female	0	0.0	3.5	NA	NA	54.6
Ages 55-74	3	39.1	46.7	57	741.9	595.2
Male	1	27.8	54.4	33	918.5	701.1
Female	2	48.9	39.9	24	586.7	502.3
Ages 75+	21	674.2	565.7	83	2664.9	1964.8
Male	6	563.8	503.6	33	3101.1	2141.5
Female	15	731.5	601.5	50	2438.5	1862.9
Acute Myocardial Infarction						
Ages 20-54	2	7.8	6.2	10	39.2	80.2
Male	1	8.0	10.1	10	79.9	126.8
Female	1	7.7	2.4	0	0.0	35.0
Ages 55-74	6	78.1	83.8	56	728.8	610.3
Male	3	83.5	118.8	43	1196.8	831.2
Female	3	73.3	53.1	13	317.8	416.6
Ages 75+	19	610.0	486.9	50	1605.3	1687.8
Male	9	845.8	562.8	25	2349.3	2002.1
Female	10	487.7	443.2	25	1219.2	1506.5

Breast Cancer:

Several towns in our service area showed breast cancer death rates that were statistically higher than the state average which is 25.3 (MDPH MassChip 2000):

Georgetown: 48.9

Amesbury: 34.4

Rowley: 81.3

Combined with low mammography rates for women aged 40-49, (MDPH Screening Mammography in Massachusetts 2003), this shows an ongoing, urgent need for public education and outreach.

Georgetown: 47%

Amesbury: 48%

Rowley: 39%

Obesity:

Obesity is a national health crisis as well as a local. The 2007 Massachusetts Health Policy Forum reported that among high school youth, 27% of students were overweight or obese. This is a significant increase from 1999, in which 23% of students were overweight or obese. For children 6-11 years of age, obesity has nearly tripled in the last three decades. Among adolescents, ages 12 to 19 years, rates of obesity have increased more than threefold, from 5% in 1976 to 17.4% in 2003-2004.

IV. Community Participation**A. Process And Mechanism:**

Programs were developed based upon our collaboration with the partners listed in "C" above, and supported, or in some cases driven by, state data.

Copies of the draft report will be disseminated to:

- The Anna Jaques Hospital community benefits advisory group
- The CHNA-12 email membership list
- School and town officials
- The Anna Jaques Hospital Board of Trustees and Corporators (volunteer members from the communities the hospital serves)
- School nurses in seven school districts

Additionally, a link to the report will be established on the hospital's Web site for community access (www.ajh.org), and on the hospital's intranet, reaching approximately 1,000 employees. Hard copies are also available upon request in the Community Relations office at 978-463-1185.

B. Identification of Community Participants:

The aforementioned list of community organizations was selected because they deliver healthcare and support services directly to the citizens in our service communities.

C. Community Role in Development, Implementation and Review:

The community's role in the development and implementation of the community benefits program is described in "B" and "C" above.

Comments received will be reviewed, shared with the community benefits advisory, and incorporated into this report in its final form.

V. Community Benefits Plan**A: Process of development**

Please see III A above

B. Choice of target population

For the year reported here, the “community” is defined in two ways:

1. By health status, specifically the aging population of baby boomers* (aged 45-65) and the elder population (aged 65+) in need of information on a variety of health issues ranging from menopause care and breast health to osteoporosis and cardiac care.
2. Geographically: specifically the general population living in the cities and towns serviced by Anna Jaques Hospital

This population resides in Essex County, in the cities and towns from which 90% of Anna Jaques Hospital inpatients are discharged:

Amesbury

Byfield

Georgetown

Groveland

Hampton, NH

Haverhill

Merrimac

Newbury

Newburyport

Rowley

Salisbury

Seabrook, NH

West Newbury

(*Note: the “baby boomers” are expected to consume three times more healthcare than any other segment of the population, according to MHA “We Care” program statistics.)

C. Short term and long-term strategies and goals

Short-term (one year) strategies and goals:

The short term goals of the community benefits program at Anna Jaques Hospital are as follows:

1. Educate the communities we serve on important health issues such as cardiovascular health, breast cancer, and diabetes, in order to positively impact, and reduce, the rates of disease in our service territory.
2. Educate children and adults alike to the adverse health effects of obesity and provide information and education to encourage positive changes, healthy eating and healthy lifestyles.
3. Provide community outreach activities and events featuring AJH clinical providers and physicians, giving them an opportunity to educate community members, answer questions, and provide information on a wide variety of health issues and concerns.

Long-term (three to five years) strategies and goals:

Long-term strategies and goals:

The long term strategies and goals of the Anna Jaques Hospital community benefits program are as follows:

- To track statistically significant health status indicators in the cities and towns in our service territory and develop programs and education to address these issues.
- To develop meaningful dialogue with front-line healthcare and social service providers in our service territory in order to gain firsthand knowledge of community needs and health risks.
- To deliver programs at a grassroots level through schools, businesses, community organizations and public forums, that will create positive lifestyle changes in the residents of those communities, resulting in better health.
- To continually make AJH clinical providers' free advice and counsel accessible to the community, through events and seminars.

D. Process for measuring outcomes and evaluating effectiveness of programs: The process for measuring outcomes and evaluating effectiveness is determined by the number of individuals/households reached, the number of individuals who participated in a particular event or activity, and ultimately the reduction in the number of cases reported over time.

E. Process and considerations for determining a budget: A community benefits budget is specified by line item in the annual budget of the AJH Public Relations and Marketing Department. In addition, most community benefit priorities become the feature of established programs (i.e. the hospital's community newsletter features education, support, programs, etc. on breast cancer). These resources go over and above the dollars allotted to the community benefits line item. We also seek, through the AJH Community Health Foundation, grants and charitable contributions to support these initiatives.

F. Process for reviewing, evaluating and updating the plan. See those listed in IV, A. These individuals' comments will be included in the final report submitted to the Attorney General. The Advisory will review the comments and incorporate feedback as they deem appropriate and feasible.

VI. PROGRESS REPORT: ACTIVITY DURING REPORTING YEAR

A. Expenditures:

The hospital created innovative community outreach programs in 2008, with the goal of reaching a wide variety of audiences included in the targeted health population. The hospital absorbed the cost of the development of the programs, including creating artwork and purchasing supplies. The hospital's public relations and marketing implemented programs in schools and civic organizations throughout the Anna Jaques Hospital service territory. To date, the hospital has created outreach programs that are implemented in 18 area elementary schools in seven school districts. One program alone, the backpack program that sends information on childhood health issues home with school age children, reaches more than 6,200 children and their families. In addition, these programs have been made available to the community at large through the Salisbury Boys and Girls Club, Head Start, the Greater Newburyport YWCA, the Newburyport Mother's Club, school nurses, town libraries, Councils on Aging and their senior centers, the Anna Jaques Hospital website and Be Well magazine.

B. Major programs and initiatives.

Implementation of school programs to fight obesity

Given the increasing rate of obesity in young children, the hospital has designed several programs to educate children about the importance of healthy eating and physical activity. These programs are the hospital's Hallmark community outreach programs, expanding into an increasing number of schools within the hospital's service territory. The hospital has exhibited these programs to other hospitals as part of the Massachusetts Hospital Association Hospital Day on Beacon Hill at the Massachusetts State House, and through speaking engagements and education sessions to professional organizations in New England. As a result, we have provided programming to three hospitals in various regions of Massachusetts. The Anna Jaques Hospital programs have been faxed to Capitol Hill as part of the American Hospital Association's communications program. Language from the Health Snack Corner program was written into the Nutrition Title of the Farm Bill passed by the US Senate. Hospital programs have been featured on a national HealthLeaders webcast. These programs include:

Healthy Snack Corner (3rd grade): motivate children to bring healthy snacks to school, provide trading cards with healthy snack heroes and fat laden snack villains, that each student collects each week, purchase books and videos on healthy issues for library, along with special chairs and rugs for children to use while reading those specific books. Provide tracking charts for each classroom and take home educational materials for children. Year end assembly reinforces the power of reading the nutritional label.

AJH “How Far Can You Go” pedometer program: (2nd and 3rd grades):

All materials for the pedometer program were designed by the hospital and provided free of charge to school nurses in seven area school districts representing eighteen schools. The schools have adopted this program for the second year in a row, and we have expanded into two additional school districts. Each teacher received a guide book, student Fun Fact handouts, and 5 foot by 5 foot wall map charting steps along historic monuments from Massachusetts to California. Each student received a pedometer, Walking Log book, and a whistle/compass. The class collectively tracked their steps, to see how long it takes “walk” to historical landmarks such as the Statue of Liberty and the White House. Each class “adopted” a challenge team from the hospital. Some schools moved the program to 6th grade and combined it with math and history classes. Three thousand students participated in the pedometer program and together with hospital teams, walked more than eight million steps. School nurses adopted the program, in part, because it helps them comply with federal mandates for wellness programming. In addition, individual families, Girl Scout, Boy Scout and civic groups have adopted the program as well.

AJH Backpack Program: This program supports the obesity programs by providing written health information to families each month. AJH provides one pagers to school nurses each month, and they insert it into the backpack folders the students take home with school papers. Backpack pages are geared toward the children so they can read and use them. Pages have featured information on healthy school lunch recipes, food kids can cook by themselves, playground safety and healthy sports drinks. To date, we distribute this to 6200 students.

Clean Hands, Dirty Hands Game

This program was designed to educate young children about the importance of hand washing to stop the spread of infection and disease. The hospital created a Clean Hands Dirty Hands board game. Players move around the board by correctly answering questions regarding clean hands, dirty hands, on playing cards. Stuffed “germ” toys were produced to supplement the game. Teaching kits were provided to school nurses. The game was implemented in three elementary schools.

Sponsorship of athletic programs to encourage physical activity

Anna Jaques Hospital sponsored or contributed to athletic programs in our service territory in order to encourage physical activity, a healthy lifestyle and fight obesity. Many of these sponsorships made it possible for low-income children to participate in these activities, who might otherwise have been excluded due to cost and increasing school user fees:

- Funded basketball camp scholarships for low-income girls and defrayed cost of athletic user fees for students of Newburyport High School
- Sponsored teams in the Amesbury and Newburyport Pioneer Little League teams

- Supported the Pentucket High School Wrestling and Softball teams
- Supported community Little League teams

Free hospital community healthcare programs

Anna Jaques Hospital continued to provide free access to educational seminars and events presenting a wide variety of health information.

- Women's night out seminar series
- Cooking Live! healthy food series
- Be Well magazine mailed to 20,000 households,
 - 2,000 distributed through physician offices, events, hospital, libraries, YWCA, boys and girls club, schools
- Birth Center Open House
- Breast feeding picnic
- Pre-natal health community education campaign
- New parenting classes
- Blood drives
- Birth center classes – pre-natal and post-natal for Moms, Dads and siblings, lactation connection
- End-of-life support groups
- Bereavement groups
- School nurse support
- Purchased books on wellness and healthy behaviors for town libraries, high school libraries.
- Trained “at-risk” high school students in healthy games program to act as mentors for elementary school students and encourage activity during recess.
- For elementary schools:
 - Backpack health information program
 - Healthy Snack Corner program
 - Pedometer “How Far Can You Go?” program
 - Clean Hands, Dirty Hands program

Community education programs were launched to increase knowledge of free programs, hospital healthcare services, and support resources available in the community. These included:

To focus on breast health:

In order to promote breast health and increase screening rates, the hospital:

- Produced Be Well special issue on breast health, including discussions on digital mammography, soft mammopads, breast health, AJH tracking services, and the dangers of breast cancer. 22,000 copies distributed.
- Featured breast health education on AJH website

To focus on heart health:

- The hospital presented special events featuring healthy cooking and eating. Cooking with fresh ingredients, and cooking for diabetes.
- Developed cardiology campaign designed to involve community members, local businesses, offer education through online community.
- Published health education materials in Be Well publication and on website.
- Created online community focusing on healthy lifestyles and public education. Includes blogs from community members.

Seminars in general:

Women's Night Out: A seminar series delivering information on topics including osteoporosis and osteoarthritis, breast health, cardiac care, stress reduction, mental health, proper diet, and exercise, and asthma. Topics are determined based on input from community members.

Cooking Live: A seminar series dedicated to cooking and eating healthy. Seminars featured cooking for heart health, diabetes, and cooking for two. Attendees observe the cooking demonstration, listen to expert speakers on the health topic of the evening, sample the food, and leave with recipes and other health education information.

COMMUNITY BENEFITS EXPENDITURES (related to the Full Report)

TYPE	ESTIMATED TOTAL EXPENDITURES FOR [REPORTED FISCAL YEAR]	APPROVED PROGRAM BUDGET FOR [NEXT FISCAL YEAR]*
COMMUNITY BENEFITS PROGRAMS	(1) Direct Expenses [\$482,905.97] (2) Associated Expenses [\$908,633] (3) Determination of Need Expenditures [\$0] (4) Employee Volunteerism [\$7,500} (5) Other Leveraged Resources [\$42,851.45]	[\$8,152] *Excluding expenditures that cannot be projected at the time of the report.
COMMUNITY SERVICE PROGRAMS	(1) Direct Expenses [\$61,958.27} (2) Associated Expenses [\$0] (3) Determination of Need Expenditures [\$0] (4) Employee Volunteerism [\$1000] (5) Other Leveraged Resources [\$3000]	
NET CHARITY CARE OR UNCOMPENSATED CARE POOL CONTRIBUTION – FY2008	[\$2,100,619 Out of state free care: \$410,114]	
CORPORATE SPONSORSHIPS	[\$10,670]	
	TOTAL [\$4,029,251.50]	

Hospitals: TOTAL PATIENT CARE-RELATED EXPENSES FOR Reported Fiscal Year 2008: [\$90,890,417] HMOs: MASSACHUSETTS PLAN MEMBERS [#N/A]
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Select Status

C. For HMOs only**D. Notable challenges, accomplishments, and outcomes:**Youth Leaders:

The hospital developed a program called “Old Fashioned Games and Healthy Ways Maze”. The hospital created tubs that include all the materials needed to play old fashioned games and create a play obstacle course on the playground, or in the gym (jump ropes, small cones, balls, hoola hoops, sidewalk chalk, etc.). The tub also includes laminated pages with directions to old fashioned games. This program was developed in direct response to nurses telling the hospital that children have nothing to play with on the playground, and do not know how to play old fashioned games such as “Mother May I”, hopscotch, etc. The hospital collaborated with local high school student advisors, and “At Risk” alternative education students were trained as youth leaders in the program. They now travel to local elementary schools and train elementary students to play the games and engage in activities during recess.

Healthy Snack Corner and pedometer programs were expanded to 18 schools in our service territory.

Pedometer Program: The Massachusetts Department of Transportation, the Massachusetts Hospital Association, and the American Hospital Association have all used this program to illustrate how hospitals can effectively address obesity in the community and successfully implement a program in the schools.

Three thousand students participated in the pedometer program, walking more than eight thousand steps. The program expanded to include senior citizens, (including a woman who is 90 years old!) and the staff at an area high school. We have received requests from boy and Girl Scout troops, and families, from as far away as Rochester, NY.

Seniors Program:

Monthly dinners are served at the hospital, at a reduced cost of only \$3 each. Each dinner includes a featured speaker on clinical issues of importance to speakers. Area Councils on Aging are invited to attend. Each month’s dinner has approximately 40 attendees.

Cooking Live program regularly attracts 90 to 100 people and is a cooking demonstration with a guest chef and clinical providers. The recipes and guest clinician discuss one featured topic. To date these have included heart health, diabetes, cooking on the run, cooking for two. This event draws men and women.

Community Outreach:

Relationships developed with school nurses have supplied them with desperately needed programming, supplies and materials. These relationships facilitate communication and provide an avenue for nurses to request support from the hospital. We have also facilitated relationships between senior citizen knitting groups and one elementary school that serves a homeless population. The senior citizens knit hats and mittens for the school nurse and provided those items when she had run out of money to purchase more.

VII. NEXT REPORTING YEAR

- A. Approved budget:** \$8,152 (line item only; does not include a majority of the cost of a number of efforts – newsletters, advertising, printing of educational and support materials for lectures, etc. – that are the vehicles for promotion of and/or education of community health improvement efforts).
- B. Anticipated goals and program initiatives:** 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 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.

VIII. CONTACT INFORMATION

Deborah Chiaravalloti
Vice President, Public Relations and Marketing
Anna Jaques Hospital
25 Highland Avenue
Newburyport, MA 01950
dchiaravalloti@ajh.org