

# Fallon Community Health Plan

## Community Benefits Full-Text Annual Report

FY 2006

# FALLON COMMUNITY HEALTH PLAN

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### **Mission Statement**

Fallon Community Health Plan (FCHP) is a not-for-profit health plan with headquarters based in central Massachusetts with approximately 192,000 members and 632 employees as of the end of 2006. FCHP's long tradition of serving the community was formalized in 1996 with the establishment of a Community Benefits Program in accordance with the Attorney General's Community Benefits Guidelines for Health Maintenance Organizations.

FCHP's Board of Directors approved the Community Benefits Policy statement below in 1996. It was then filed with the Massachusetts Association of HMOs on June 30, 1997.

### ***Fallon Community Health Plan Community Benefits Policy Statement***

Fallon Community Health Plan is committed to the vision of creating healthier lives. Since its inception in 1977, FCHP has worked to improve the quality of life and the health status of individuals by offering access to high quality, affordable medical care and services.

Fallon Community Health Plan will work cooperatively with health care and community service organizations, as well as state and federal agencies, to lead the creation of innovative health care solutions, to seek healthy outcomes, and to improve access to health care services. FCHP will make resources available to community organizations as appropriate in pursuit of these goals.

### ***Goals***

The goals of the Fallon Community Health Plan Community Benefits Program are to:

- support programs that will improve the health status of the economically disadvantaged, elders, pregnant and parenting teens, and the youth within our service area;
- continue FCHP's role as a health educator by providing school-based programming, hosting health and information fairs and conferences, and by bringing general information to the public through speaking engagements and programs focusing on areas such as tobacco cessation and senior health & wellness
- work collaboratively with other health care providers to develop and implement programs targeting specific populations as determined by the community;
- develop, support and implement health initiatives and programs that are identified by local businesses, social service organizations, and other related agencies that demonstrate needs and services;
- continue to find ways to deliver high-quality, low-cost health care coverage to a wide variety of constituencies.

In 2002, FCHP undertook a review of its Community Benefits Program, assessing both its goals and its grant-making methods. In response to the information gathered during this process, the Community Benefits Program changed its grant-making format in 2003 to make fewer grants in larger amounts to better serve the programs in our communities. In 2006, FCHP continued to make Community Benefits Program grants in the same manner.

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### I. Internal Oversight and Management of the Community Benefits Program

In 1997, FCHP's Board of Directors first appointed FCHP staff and community representatives to serve on the Community Benefits Committee and oversee the development and implementation of the Community Benefits Program. Since that time, the Committee has been under the direction of a Director of Community Relations. The current members of the Committee are listed below.

#### *2006 Community Benefits Committee*

Richard Burke

*Sr. Vice President, Government Programs and External Affairs, FCHP*

Patricia Crane

*Vice President, Administrative and External Affairs, Lowell General Hospital*

Robert Cavanaugh, MD

*Physician, Fallon Clinic*

Rev. Paul Kennedy

*Retired FCHP Board Member*

Kate McEvoy-Zdonczyk

*Director of Community Relations and Development/Community Benefits Manager, FCHP*

Delia Vetter

*Sr. Director of Benefits and Programs, EMC Corporation*

Christina Sciammacco

*Director of Public Relations, FCHP*

While the Community Benefits Committee decides which projects receive funding, senior management must approve each grant before funds are distributed. This ensures regular evaluation and oversight of the program.

FCHP employees learn about the goals of the Community Benefits Program and the activities of the Community Benefits Committee in several ways. The program is outlined to all new staff members at the monthly new employee orientation sessions. In addition, frequent updates about the program and announcements of recent grant distributions are included in *The Weekly Buzz*, FCHP's weekly communication to employees that is posted on the FCHP Intranet; and in *Healthy Communities*, FCHP's quarterly member magazine, which is readily available on-site for employees to read.

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### III. Community Health Needs Assessment

In an effort to best utilize FCHP Community Benefits funds, FCHP assesses the needs of the community through informal processes on an on-going basis. In 2002, a sub-committee was assembled to more formally assess the needs of our communities so that FCHP's Community Benefits Grants could be focused on one or two more critical areas of need.

By working with the United Way of Central Massachusetts, and using data and analysis compiled through their Pathways to Progress indicator study, the sub-committee recommended that the FCHP Community Benefits program focus its grant funds on two areas: improving health of children in the first three years of life; and programs for at-risk youth. Additionally, it was recommended that fewer, larger grants be given, so that each grant may have greater impact on the program funded.

FCHP's Community Benefits grant program will reassess these two focus areas at the end of 2007 and any changes in fund priorities and areas of focus will be recommended to the larger committee.

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### IV. Community Benefits Plan

The Community Benefits Committee meets two to three times per year and reviews grant applications once a year. A Request For Proposals for the Community Benefits grants is mailed to organizations that have applied in previous years, released to regional media, and is posted on Fallon Community Health Plan's website.

The Community Benefits Committee considers the following in evaluating the grant application:

- Is this a viable program?
- Are the funds for program costs or general administration? Funding for program implementation would receive higher priority than administrative and capital costs.
- If the program is new, what steps has it taken to assure there is no duplication of efforts? Do organizations look within the community to determine if similar programs already meet these needs?
- How will the program be evaluated? By what process will it be evaluated and how will success be measured?
- Where is the organization located? FCHP distributes funds based on the geographic breakdown of FCHP membership within the service area.

In addition, FCHP continually re-evaluates its funding priorities and assesses community needs through the grant evaluation process, as referenced in Section III. The Community Benefits Program grant application and grant award contract specifically require all recipients to evaluate and report on the outcomes of their programs. Grant recipients are asked to evaluate their programs against the objectives stated in their initial grant application. To be considered for additional funding in future years, each grantee must submit a completed grant report for each project funded. Grant reports are essential in helping the Committee assess whether the grants have indeed reached the identified populations. In this way, the grants are useful in determining future funding decisions.

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### V. Progress Report: Activity During the Reporting Year

#### *Activity During the Reporting Year*

In 2006, Fallon Community Health Plan made over \$1,267,000 available to programs that make our communities healthy. This was accomplished through the FCHP Community Benefits Committee's distribution of over \$417,000 in grants in 2006, other charitable donations, and programs that involved direct expenses and staff time. These expenditures are detailed in the attached table.

Because community activism has long been an important feature of Fallon Community Health Plan's corporate identity, senior management has encouraged employees to organize and participate in many volunteer initiatives. Many of these efforts began years before the formal Community Benefits Program was established. All departments continue to play an active role in organizing events and encouraging employees to reach out to the community. Employees work together each year to coordinate and support employee, *Adopt-A-Child* holiday gift drives and non-perishable *Food Drives* to benefit local food pantries. In addition, FCHP employees supported a special *Support Our Troops* initiative in 2006 that provided toys, gifts and needed services to the families of National Guard Reserve service people who were called to active duty in 2006, thus impacting the finances of their households. In addition, through the *Support Our Troops* initiative, FCHP partnered with providers throughout our service area to raise donations of toiletries, non-perishable food items, books, calling cards and other items that were sent to troops serving overseas.

Another way that FCHP contributes to the community is through the annual United Way campaign. FCHP has participated in the campaign for many years. Special events coordinated to benefit the United Way included a bake sale, a book sale, a holiday craft fair, and the annual pledge drive. FCHP employees volunteered over 549 hours to support the United Way (totaling just over \$10,000), and these hours were spent working on the United Way Annual Appeal campaign and supporting activities, the United Way's Day of Caring volunteer program, United Way's Speakers Bureau, and the United Way's Loaned Executive program.

These efforts helped to raise over \$55,687 for the local United Way. FCHP, as a corporate entity, encourages these efforts, and also contributed \$20,000 to the United Way through the Community Benefits Program.

In 2006, Fallon Community Health Plan hosted the first annual Golf FORE a Goal charitable tournament. This major charitable initiative raised over \$170,000 in gross receipts, with net revenues exceeding \$115,000. These proceeds were distributed to Boys & Girls Clubs throughout Massachusetts. Staff and volunteer support for this event exceeded 800 hours.

The Communications Department is particularly active in promoting employee volunteerism efforts. As mentioned previously, FCHP's weekly intranet column, *The Weekly Buzz*, and monthly newsletter, promote Community Benefits initiatives undertaken through the formal Community Benefits Committee. The newsletter also regularly promotes employee volunteerism by posting upcoming volunteer opportunities or reporting on company-sponsored volunteer initiatives.

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### *Reducing Cultural, Linguistic and Physical Barriers to Healthcare*

FCHP has taken numerous steps to reduce cultural, linguistic and physical barriers to accessing health care for people of all ages. Many of these initiatives have been carried out in fulfillment of FCHP's contract with the Division of Medical Assistance for comprehensive health services provided to approximately 10,000 MassHealth members. For example, the MassHealth member information booklet is available, upon member request, translated in eleven languages. In addition, FCHP's Provider Directory contains information regarding languages spoken by network providers, the availability of interpreter services and handicapped accessibility at each office. All contracted health care providers are required to be in compliance with the Americans with Disabilities Act.

FCHP offers enrollment to all segments of the general population, including large and small employers, individuals, Medicare beneficiaries, and MassHealth members. Fallon Senior Plan is one of the oldest Medicare health plans in the nation, established in 1980. FCHP has participated in the Medicaid program since 1980, and in 2006 also began offering a plan through the Commonwealth Care program created by Chapter 58, the state's new Health Care Reform law. Commonwealth Care plans provide subsidized coverage to individuals who meet certain income guidelines but are not eligible for Medicaid. FCHP has offered commercial non-group coverage for the past 18 years, currently through the Independent Care product. In compliance with MGL. C. 176M and MGL. C. 176N, enrollment in Independent Care is offered without medical underwriting. Group enrollment is also offered without medical underwriting.

In addition, Summit ElderCare (SE) a P.A.C.E. [Program of All-Inclusive Care for the Elderly] program, provides acute and ongoing services for Medicare-eligible individuals age 55 and older that live in the SE service area and are eligible for nursing home care but prefer to remain in their own homes. Based on an innovative national model, SE is the first HMO-sponsored elder care program of its type in the country, and the only one of its kind in Central Massachusetts. Services include primary care, in-home care, adult day health care, physical therapy, transportation, podiatry, dentistry, prescription drugs, caregiver support and much more. Under the supervision of the SE primary care physician, all medical and social services are provided or arranged by the SE team of professionals. The SE team includes two physicians with a specialty in geriatric medicine, two nurse practitioners, registered nurses, social workers, rehabilitation therapists, health aides, an activity coordinator and home care coordinators.

### *Reviewing, Evaluating and Updating the Program*

After a thorough review of the FCHP Community Benefits Program was undertaken in 2002, changes were made to the program.

The Community Benefits Committee was expanded to include seven committee members. The committee retains representation from FCHP personnel. In addition, three committee seats were given to persons from outside the FCHP system.

The decision was made to make fewer grants at higher dollar amounts in order to have a larger impact on the problems FCHP is trying to address. Community Benefits grants currently have two specific target populations: children in the first three years of life, and at-risk adolescents. Every three years, these target populations will be reevaluated.

These decisions, made by the newly formed Community Benefits Committee, came after a needs assessment was conducted, including feedback and advice from a variety of external

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sources (including social service agencies, other foundations and charitable organizations, the Department of Public Health, and other Massachusetts health plans) was reviewed and discussed.

The grant-making process was also revised. Instead of accepting grant proposals on a rolling deadline, the Community Benefits Committee now solicits proposals by annual RFP. This includes actively reaching out to organizations that serve the target populations determined by the committee. In addition, a more structured evaluation component is required within each grant proposal.

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## VII. Contact Information

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