Saint Anne's Hospital
A CARITAS FAMILY HOSPITAL

Steward





2010 Community Benefits Report

CONTENTS

I. Introduction

Saint Anne's Hospital, founded in 1904, is now part of the six-hospital Steward Health Care System LLC, New England's largest community hospital network. Steward is a comprehensive, integrated health care delivery network, providing community-based medicine and tertiary care in eastern Massachusetts, southern New Hampshire, and Rhode Island. This report covers the fiscal year October 1, 2009 through September 30, 2010. Effective November 6, 2010, Steward Health Care transferred substantially all of it assets to Steward Health Care System LLC.

Saint Anne's is a 160-bed, acute-care community hospital, located in Fall River, MA. The Hospital has a rich history of addressing the needs of our local communities by serving those without ready-access to health care and by providing a wide range of services that meet the needs of Fall River's urban poor. Our commitment to the individuals we serve is more important than ever given community statistics on unemployment and poverty which are among the highest in Massachusetts.

Saint Anne's serves a disproportionate number of the impoverished, minority, working poor, and medically underserved income. The most recent census data reports that one in five people in Fall River live below the poverty line and the city's per capita income trails the state average by one-third. Fall River's poverty rate is 21.3 percent, up from 16.1 percent in 2005 and more than double the state average, which stayed relatively flat at 10.3 percent. .In addition, 35.6 % of children under 18 live below the poverty line. In January 2010, Fall River's unemployment was the highest in the state at 17.2% and hovered at between 14-16% throughout the remainder of the year.

In fiscal year 2010, Saint Anne's provided $4,653,379 in community benefits that includes specialized, hospital-sponsored health services, prevention, education, health screenings, and charity care. All services were conducted based on the needs of the community and a Community Health Needs assessment. Many are longstanding services for which Saint Anne's has become well known; others have been recently initiated in response to emerging needs. All the services are now part of the hospital's Community Benefits Program and are provided in concert with the hospital's mission to serve the health care needs of our community. They reflect the hospital's and our system's core values.

II. Mission, Values, Vision

Faithful to the legacy of Charity and Compassion of Blessed Marie Poussepin, in 1906 the Dominican Sisters of the Presentation founded Saint Anne's, a Catholic, community health care organization, providing accessible and quality health care to all within our culturally diverse Greater Fall River community.

Mission

St Anne's Hospital, rooted in the healing ministry of Jesus, is committed to serving the physical and spiritual needs of our community by delivering the highest quality care with compassion and respect.

Vision
We envision an exceptional Catholic health care ministry, which will lead to the transformation of health care.

Values
Compassion
Accountability
Respect
Excellence

As men and women working in healthcare, we have the privilege of effecting change everyday. Our identity as a Catholic health care system is reflected in who we are and how we act. It is reflected in who we serve and how we care for those we serve. It is reflected in how we treat one another, and it is reflected in how we contribute to the common good. Our identity and our integrity are a result of using our time, our talents, our compassion, and making concrete efforts to work for the dignity of every person.

Community Benefits Mission Statement
Saint Anne's Hospital (Saint Anne's) is dedicated to serving the health care needs of our community by:

- Providing accessible, quality health care services to all within our culturally diverse community, including the poor, vulnerable and disadvantaged.
- Providing preventative health, education and wellness services.
- Working in collaboration with our community to identify and respond to unmet needs.
- Recommending to the Board of Trustees of Saint Anne's the adoption of needed programs and services to address identified, prioritized, and unmet health care needs in the community.

III Leadership, Community Involvement and Responsibility

Saint Anne's leadership and employees have been actively engaged in successful Community Benefits efforts for many years. In 2009, in response to the Massachusetts Attorney General's revised Community Benefits guidelines, Saint Anne's committed to forming two committees that together formalized the annual Community Benefits Plan. The Community Benefits Hospital Leadership Team (CBLT) consists of the president and senior clinical and support staff who oversee and deliver critical patient care services. The Community Benefits Advisory Group (CBAG) is comprised of diverse representatives from local health and human service agencies and other community stakeholders.

The two Community Benefits Committees shared responsibility for reviewing the results of the Community Health Needs Assessment and applying their collective professional expertise and community knowledge to choosing the Community Benefit Plan priorities, determining specific programs to address the priorities, establishing measurement indicators, and assigning resources for the FY 2010 Community Benefits plan. The Vice President, Mission and Community Partnerships is responsible for overseeing the plan's development, implementation, and progress, and for managing the committees and community benefits' processes.

Community Benefits Leadership Goals
- Maintain membership of the leadership and advisory committees that represents the diverse Fall River community.
- Monitor outcomes of the Community Benefits services and examine these in comparison to community health assessment data.
- Review their findings with other health care planning groups in the community to avoid duplication and promote collaboration.
- Obtain feedback from the community on Saint Anne's Community Benefits services.
- Develop a prioritized outcome measure for each service to utilize in evaluating its effectiveness.

Community Benefits Advisory Committee
Tom Lyons, President & CEO BankFive,
Member, Board of Trustees, Saint Ann's Hospital
Julie Almond, Executive Director,
HealthFirst Family Care Center
Paula Harrison, Development Director,
HealthFirst Family Care Center
Dee Wright, Clinical Director, SSTAR
Robert Forand, Youth and Family Outreach Coordinator,
Fall River Diabetes Association
Marylou Mancini, Case Manager, Gabriel House
Phil Falzarano, Chief Operating Officer, PharmaHealth
Frank Cabral, Assistant Executive Director,
SER Jobs for Progress

Nina Pinnock, Ph.D.,
Director of Community Consultation, May Institute
Fernandes Center for Children & Families
David Ramos, RN, Director, Hope House
Kathy Marx, Director, AmeriCorps,
Southcoastal Legal Services

Community Benefits Leadership Team

Craig A. Jesiolowski, FACHE, President
Saint Anne's Hospital
Susan Oldrid, Vice President
Mission and Community Partnerships
Sr. Vimala Vadakumpadam, OP,
Chair, Board of Trustees, Saint Ann's Hospital
Diane Palmer, Director of Volunteer Services,
Ambassador Program Coordinator
Rose Couto, RN , Diabetes Educator
Kathy Emerson, RN, Supervisor Congregational
Health Ministry, Spiritual Care
Lisa DeMello, RN, Stroke Center Coordinator,
Professional Development
Anne Ferreira, Coordinator
Marketing and Public Relations
Lisa Blanchette, Director,
Patient Financial Services

Community Benefits Administrator

Susan Oldrid
Vice President, Mission and Community Partnerships
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IV. Community Benefits Planning

Community Health Needs Assessment

In 2009, a Community Health Needs Assessment was conducted by John Snow Inc.(JSI). The assessment was aimed at helping Saint Anne's Hospital and its partners become aware of current and existing health needs and assets within the community. Qualitative and quantitative information was gathered to help uncover issues and approaches to resolving those issues. The Needs Assessment examined health conditions, health risks and socio-economic data for those living in the hospital's primary service area.

The approach for the Needs Assessment consisted of the following steps, each of which is briefly described in the order they were implemented.

- The external Community Benefits Advisory Group and the hospital's Community Benefits Leadership Team were both versed on the Attorney General's revised Community Benefits guidelines in separate meetings in March and May.
- The Saint Anne's 2009 Community Benefits Needs Assessment Survey was issued in March. Local health and human service organizations, law enforcement authorities, boards of health, community centers, churches, schools, and YMCAs, were sent the survey in an email from the hospital president. The survey was administered via Survey Monkey through May 1.
- The Saint Anne's 2009 Community Benefits Needs Assessment Survey results were summarized in May 2009.
- JSI collected extensive public data and derived key findings from the research in April/May 2009.
- The JSI findings were combined with survey results to create the Saint Anne's 2009 Community Health Needs Assessment Report for presentation to the Community Benefits committees in June 2009.

Data Sources

The following data was reviewed for assessment:

- MassCHIP included the following data sources: Cancer Registry (2004-2005), hospital discharge (2004-2006), Emergency Department discharge (2003-2005), natality (fertility rate, 2007 data; other indicators, 2005-2007 data), Mortality (2005-2007), Communicable disease (2006 and 2007), Dept of Education (2007), Dept of Early Education and Care (2007), Dept of Children and Families, Dept. of Transitional Assistance (2007), Div. of Unemploy¬ment Assistance (2006), Early Intervention (2006), Lead poisoning prevention (2006), WIC program (2007), DPH substance abuse programs (2007), Physicians registered in MA (2007)
- Decennial Census data (2000)
- American Community Survey (2005-2007)
- KidsCount data (2008-2009)
- Behavioral Risk Factor Surveillance System or BRFSS (2006 and 2007)

Summary of Findings

The results of the needs assessment indicated that access to health care; diabetes and related chronic diseases; mental health issues and substance abuse; and lack of health and wellness outreach/education in vulnerable populations are the predominant health issues facing adults residing in the hospital's four primary service areas: Fall River, Swansea, Somerset and Westport.

The assessment showed the leading cause of hospitalizations in our county to be mental health and substance abuse. For our PSA, Fall River had significantly higher rates for alcohol, heroin, injection drug use, and marijuana admissions. Hospitalizations for alcohol and substance abuse were significantly higher than the State (346 per 100,000) vs. Fall River (393 per 100,000).

The catchment area had significantly higher hospitalizations and deaths due to chronic disease than the State. Diabetes has the highest number of admissions compared to other chronic conditions, with Fall River having significantly high rates of manageable diabetes admissions of 549 per 1,000. The report also indicated that the southeastern region of Bristol County has the second highest rate in the state for reports and investigations for abuse by the Massachusetts Department of Children and Families (DCF) and the Fall River office of DCF supported 1,266 of the total 2,301 abuse reports made to them.

Fall River also has greater behavioral health concerns such as rates for HIV/AIDS of 243 per 100,000 populations. Fall River also has the highest number of people living in poverty (17% compared to the state rate of 10%), the highest number of foreign-born (19%), non-English speakers (34%) and racial and ethnic minorities (11%).

Development of Community Benefits Priorities and Programs

A review of the 2009 Community Health Needs Assessment and existing Community Benefits programs of Saint Anne's was conducted by the Hospital's Community Benefits Leadership Team (CBLT). The 2010 priority and program recommendations, which aligned with addressing state-wide health care priorities included:

1. Improving Access to Healthcare
   - Health Insurance Advocate Program
   - Compassionate Care
2. Diabetes
   - Screen and Intervene
3. Promoting Wellness of Vulnerable Populations
   - Youth Trauma Program
   - Project ASSERT
   - Feeding the Hungry
   - Hope House
   - Community Funding

On December 4, 2009, these priorities and programs were presented, discussed and approved by the Community Benefits Advisory Committee (CBAC). Subsequent meetings throughout the year provided the Committee with updates on implementation and progress.

Identification of Target Populations

The target populations for our 2010 Community Benefits Plan as identified in our community health needs assessment data review included:

- Those without adequate health insurance, encompassing those without insurance and those who are underinsured.
- Those at risk, or screened for substance abuse and mental

illness.

- Residents who need health education, disease prevention, and health screening to promote healthier lifestyles and the earlier detection of disease, particularly those at risk for or diagnosed with diabetes.
- Children and families who are at risk for, or have been involved with, domestic violence, sexual abuse, and/ or other forms of violence.
- Persons living with HIV or AIDS.
- Those with limited English proficiency.

Measuring Outcomes and Evaluating Effectiveness

Community Benefits services were reviewed for effectiveness by the CBLT and CBAC at quarterly meetings and at the end of the plan year. Most programs had set performance measures as a part of the hospital's yearly performance review process and in keeping with grant funding requirements and other regulatory requirements. Other measures of effectiveness and need such as waiting lists, requests for expanded services, etc., are considered in evaluating a program's success. Committee members are asked to fill out a review form on each program presented which evaluates how well the program is doing and how it meets our community needs assessment targets. In 2010, one-year and five-year metrics were established for each program.

Community Benefits Budget Process

Budgeting for Saint Anne's Community Benefits program is part of the annual budget planning process. Existing programs have identified hospital managers responsible for developing these budgets, and the Vice President, Mission and Community Partnerships, develops budgets for newly proposed initiatives. Budget needs for the programs are part of the on-going review conducted by the CBLT and CBAC and are shared with the Board of Trustees and Senior Management.

Community Benefits Plan Amendment Process

An amendment to the plan was presented in a telephone poll of committee members on December 8, 2009. The amendment sought approval to amend Priority 3: Promoting the Wellness of Vulnerable Populations by dividing an approved $3,000 monthly subsidy to the Fall River Food Pantry between the Food Pantry and Marie's Place, a Dominican Sister sponsored food pantry and provider of clothing which was at risk of closing due to lack of donations. This amendment ensured the continued provision of critical resource for vulnerable residents who reside on the opposite side of the city from where the Fall River Food Pantry is located and for many of whom a lack of transportation would be a barrier to access. Eight of the eleven members reached, unanimously voted in favor of this amendment.

V. 2010 Community Benefit Plan Programs

Improving Access to Healthcare

Bi-lingual Health Insurance Advocate Program

Community Benefit Priority: Improving Access to Healthcare
State-wide Priority: Supporting Healthcare Reform
Target Population: Community members who are uninsured or underinsured
Responsible Party: Patricia Botelho, Community Resource Liaison (CRL)
Community Partners: Health First Family Care Center
Budget: $25,000

Description

A bi-lingual Community Resource Liaison (CRL) continued the hospital's long-standing effort to improve access to healthcare for the working poor, elderly, those with language barriers, those without transportation and more. Through increased outreach to small businesses, adult daycare centers, senior centers, churches and health fairs and through appointments in her hospital office, the advocate assisted the uninsured and underinsured in enrolling in available insurance products by providing direct help with the many required application forms and the filing of these for enrollment. When appropriate, assistance in scheduling, coordinating interpreter services, and providing referrals or transportation to health care providers and services, is offered.

Since the CRL is knowledgeable about resources available in the community, she was able to connect needy individuals with prescription programs, medical care, food banks and social service agencies.

The CRL was assisted by staff from Health First Family Care Center who worked on-site at SAH between 1-3 mornings per week.

Goals

Enroll 60% (approximately 442 individuals/families from goal of 736 total encounters of individuals/families) in appropriate health insurance plan. At least 50% of encounters will be to assist those who have limited English proficiency.

Outcomes

- The number of encounters far exceeded our annual projection of 736 with total encounters of 1,250 (avg. of 3.4 individuals per day).
- 797 of these individuals were enrolled in an available program.
- 178 were assisted in upgrading their existing level of coverage.
- 336 non-English speaking individuals were assisted.

Improving Access to Healthcare

Compassionate Care Program

State-wide Priority: Supporting Healthcare Reform
Target Population: Community members who face financial hardship
Responsible Party: Sister Carole Mello, Director, Spiritual Care
Community Partners: Standard Pharmacy
Budget: $50,000

Description

Saint Anne's Compassionate Care Fund was created in response to the needs of the poor and indigent in our community. Patients are eligible to use the fund if they or their families are unable to pay and/or if they are not covered by an insurance plan. Vouchers may be used for prescriptions, supplements, non-durable medical supplies, or other direct patient needs.

With the city of Fall River being among the highest in ranking for poverty and unemployment, the program has seen a significant increase in requests. On average 175 taxi vouchers are distributed monthly. Additionally, an increased need for assistance has been seen from patients served through the Hudner Oncology Center. While Saint Anne's social workers assist these patients by connecting them to state-funded insurance and/or indigent patient programs offered by pharmaceutical companies, the gap in coverage between the time of application and the enrollment in a program creates a tremendous financial hardship for these patients. In these cases, the Compassionate Care program meets a critical need in that it helps pay for oncology medications during this gap period; thereby ensuring that patients can either commence treatment when prescribed and/or see no interruption in treatment as a result of an inability to pay.

Goals

Assist indigent patients obtain prescription drugs and transportation related to medical care.

Outcomes

- $56,598 was allocated to vulnerable patients in the form of prescription, taxi and food vouchers.
- Average of 175 taxi vouchers given each month.

Diabetes

Screen and Intervene Program

Statewide Priority: Chronic Disease Management in Disadvantaged Populations
Target Population: Community members who have or are at-risk for Type 2 diabetes with outreach focus to organizations serving vulnerable populations, including those with limited proficiency in English.
Responsible Party: Rose Couto, RN, CDE, and Laurie Hammontree, RD, LDN, CDE
Community Partners: Fall River Diabetes Center, Health First Family Care Center, SSTAR (Stanley Street Treatment and Resources, Inc.)
Budget: $10,000

Description

As reported in the 2009 Community Health Needs Assessment, with respect to chronic disease, diabetes had the highest number of admissions compared to other chronic conditions, with an overall city rate in Fall River of 2,701 per 100,000 compared to the State average of 1,907.

Through our Diabetes Services staff screenings, educational sessions and support groups for diabetes are held in the community and utilize both interpreters and a bi-lingual RN, CDE. These programs were promoted by partners who serve our target population, including Health First, SSTAR and Fall River Diabetes Center.

Our annual Decoding Diabetes Health Fair, held on April 17, 2010, attended by 150, provided educational sessions led by physicians and clinicians, including a Portuguese speaker. Topics addressed the management of diabetes and specialized services and technology for those with diabetes.

Monthly education and support groups serving our target population were held at the Greater Fall River YMCA, United Parish of Fall River, and Caroline Center, as well as in the hospital. Classes included information on nutrition, exercise and behavior change. Additional classes for people diagnosed with diabetes included how to monitor medication and standards of care.

Case management was offered for people identified as having significant barriers to achieving set goals. Case managers planned and coordinated services to overcome barriers including transportation, health care costs, available services and resources.

Goals:

To provide risk and blood sugar screenings at two community health fairs. To provide classes and/or follow-up telephonic case management for 40 or more persons who have or are at risk for diabetes.

Outcomes:

- Screen to Intervene on 1/20/10: 31 screened
- Screen to Intervene on 4/10/10: 46 screened.
- Both programs were marketed in English and Portuguese through mailings, in local media and in postings at partner organizations.
- All high-risk individuals were offered preventative education information on-site and in follow-up communication. Follow-up included classes on nutrition, telephone monitoring and referrals for case management.
- 68 participated in this follow-up
- The first intervention (class) offered was tracked by attendance, weight and goal achievement. The second class utilized an evaluation form to track behavior changes.

A videotaped educational session is available on www.youtube.com/watch?v=LtPj5CEaoSI

Promoting Wellness of Vulnerable Populations

Youth Trauma Program

Statewide Priority: Promoting Wellness of Vulnerable Populations
Target Population: Children and young adults ages 3-21 who have witnessed violence, been sexually abused or lost a loved one due to homicide.
Responsible Party: Jennifer Salem-Russo, LICSW, Youth Trauma Program
Community Partners: Fall River School District, Our Sister's Place, Bristol County Children's Advocacy Center
Budget: $261,305

Description

The need in Bristol County for ongoing mental health services for child victims remains high. In FY 2009, our local Children's Advocacy Center served 306 children who were victims of sexual assault and/or violence. Of that number, 185 were referred to mental health services, with 78 to the Youth Trauma Program. That number does not include parents and other family members in need of assistance. The Youth Trauma Program also receives referrals from other sources such as the Department of Children & Families. The Department's Southeast Region continues to handle a high number of cases and is often the highest or second highest source of referrals for the Program.

These continued high rates of reports of abuse are of concern to Saint Anne's given our long-standing commitment to caring for children and families. In response to the statistics cited above and the 17 homicides in our county of children under 18, the need for Saint Anne's to continue to offer free treatment services and community education programs provided though its Youth Trauma program is clear.
The Youth Trauma Program provides diagnostic evaluation and psychotherapy to children and young adults ages 3-21 who have witnessed violence, been sexually abused or lost a loved one due to homicide. The program responds to the multiple physical, psychological and developmental needs of child victims and their non-offending family members. This response includes immediate assistance offered through the Emergency Department, where social workers are available 24 hours a day, including program clinicians. Victims are able to access not only emergency medical care, but also legal advocacy immediately following disclosure of a crime. In addition, staff is trained and able to provide Critical Stress Management services for homicide survivors in local schools,

This program is recognized as one of only a few in the state with expertise in providing forensic sexual abuse evaluations when there is a concern a child may have been sexually abused. Staff is trained in using the protocol from the National Children's Advocacy Center for sexual abuse evaluations. This program is recognized as one of a few in the state with expertise in working with children with developmental disabilities who have been abuse victims. Services are provided free of charge.

Goals

Serve 400 children and parents/caretakers through information and referral services and/or direct services including therapy.

Per 100,000 State Bristol Fall River Somerset Swansea Westport	State	Fall River
Admission to DPH funded programs	1,637	4,019
Alcohol	666	1,459
Heroin	582	1,583
Marijuana Use	140	402
Injection drug use	425	1,177
Used needle within one year of admission	564	1,646
Alcohol substance related hospitalization	346	393
Mental health related hospitalizations	3,491	5,928

Outcomes

The Program served 474 children in the last fiscal year. These services include telephone information and referral assistance as well as direct services including individual, group and family therapy to children and their non-offending family members. Treatment is tailored to each child and developed with the child and parent/guardian.

Staff collaborates with parents on the parent's identified needs for the child and together a treatment plan is developed. It is through this treatment plan that both short-term and long-term goals are developed and measured.

Children and parents who continue in individual therapy consistently report a reduction in symptoms. Of 102 children discharged during the fiscal year, over half remained in treatment while the remainder did not complete therapy. All of those children reported a reduction or elimination of symptoms.

Promoting Wellness of Vulnerable Populations

Project Assert

Statewide Priority: Promoting Wellness of Vulnerable Populations
Target Population: Individuals at risk for, or who have substance abuse, alcohol, tobacco addition and/or who are at-risk for or have mental illness.
Responsible Party: Brittany Lynch, BSW, Health Promotion Advocate, Mary Dana, MSW, Clinical Social Work Supervisor
Community Partners: SSTAR, Steppingstone, Corrigan Mental Health, Health First, Boston Medical Center
Budget: $41,579

Description

Our community health needs assessment showed the leading cause of hospitalizations in our county to be mental health and substance abuse. For our PSA, Fall River had significantly higher rates for alcohol, heroin, injection drug use, and marijuana admissions. Hospitalizations for alcohol and substance abuse were significantly higher than the state. Saint Anne's commitment to connecting these at risk individuals with the services needed to aid in their immediate and long-term health and well-being is demonstrated though its Project Assert program. Through its Health Promotion Advocate, Project Assert provides screening, intervention, advocacy and referrals to treatment or services for patients and community members who are screen and detected for substance, alcohol and tobacco use and mental illness.

The Advocate is based in the Emergency Department and screens emergency patients at various stages of their care. She is a direct liaison to a multitude of community agencies and services allowing her to provide a continuum of care and smooth referral, placement and follow-up for patients and community members. Referrals are made to detoxification facilities, substance abuse hospitals, intensive outpatient programs, individual counseling, shelters, health insurance providers, primary care physicians and state programs for food, fuel and housing assistance. Project ASSERT has become a catalyst in the community to linking behavioral health providers together in collaboration to provide a regional network of service.

Physicians, Behavioral Health providers, The Department of Children and Families, shelters, and community partners are making direct referrals to SAH Project ASSERT. This has led to enhanced access for vulnerable populations seeking services related to the treatment of behavioral and medical conditions. Follow-up services on an ongoing basis have resulted in long term success stories which have been documented and supported by dozens of letters, cards, phone calls, and awards to the program.

Goals

Provide brief intervention and referrals to treatment services to individuals with substance abuse/related health and mental health problems including administering the Health Needs History screening instrument for a minimum of 250 individuals.

Outcomes

- 1,334 screenings conducted, a 433% increase over the target goal of 250.
- 55% (739) screen positive for alcohol/drugs. 100 individuals were referred/admitted to inpatient facilities and 65 individuals to outpatient facilities for treatment.
- 176 were referred to PCP.

- 631 individuals screened positive for tobacco use and 73% (471) accepted referrals to the Quit Works smoking cessation program.
- Transportation assistance (in the form of taxi-vouchers) was offered to 65 individuals being transported to treatment facilities for at total of $2,670.

Promoting Wellness of Vulnerable Populations

Feeding the Hungry

Statewide Priority: Promoting Wellness of Vulnerable Populations
Target Population: Greater Fall River residents living at or below Federal Poverty Line
Responsible Party: Susan Oldrid, VP, Mission and Community Partnerships
Community Partners: Greater Fall River Food Pantry, Dominican Sisters of the Presentation, First Baptist Church Soup Kitchen
Budget: $38,000

Description

The city of Fall River continues to have a lower median wage than the state average and a higher percentage of elderly and other individuals who are dependent on some form of public assistance. For many families and individuals, buying sufficient, nutritious food is often not possible. Recognizing that poor nutrition can lead to a host of health problems, the hospital helped to launch the Fall River Food Pantry more than a decade ago and the pantry remains community-wide initiative to feed the city's hungry. Open several times a week, at a church close to downtown Fall River, Food Pantry staff dispenses approximately 12,000 bags of groceries annually.

In 2010, Saint Anne's was informed of a growing need for food assistance from individuals and families served by Marie's Place, a free clothing distribution center located in the south end of Fall River, an area known for higher levels of poverty compared to the city.. Marie's Place was founded in 1987 by the Dominican Sisters of the Presentation and a group of volunteers. Rising unemployment and poverty created additional hardships for families who turn to Marie's Place for assistance.

In an effort to ensure a wider distribution of its food subsidy and assist vulnerable individuals and families with receiving healthy and adequate food, Saint Anne's provides monthly

subsides to The Fall River Food Pantry and Marie's Place. In addition, the Saint Anne's sponsors, prepares and serves dinner to those served through Third Baptist Church Soup Kitchen.

Goals

Expand distribution of subsidy to ensure broader distribution of services throughout city of Fall River.

Outcomes

- $1,500 per month subsidy to Fall River Food Pantry
- $1,500 per month subsidy to Marie's Place
- One a quarter in 2010, the hospital sponsored, prepared and served meals to over 200 individuals at First Baptist Church Soup Kitchen in Fall River.

Promoting Wellness of Vulnerable Populations

Hope House

Statewide Priority: Promoting Wellness of Vulnerable Populations
Target Population: Persons with HIV/AIDS
Responsible Party: David Ramos, Director, Hope House
Community Partner/s: Area schools participate in HIV/AIDS awareness education offered by Hope House as well as provided students to volunteerat Hope House.
Budget: $416,932

Description

On September 17, 1994, Saint Anne's opened Hope House for persons with mid-to-end stage AIDS. In the early 1990s many in the community and at the federal level became more aware that a growing number of persons with AIDS were subsisting and dying on the street, in temporary shelters, or in dangerous drug houses. Through a collaboration of these groups, Saint Anne's was able to establish Hope House by obtaining more than $500,000 in grants and low-interest loans.

Hope House can shelter up to ten people in its homelike environment in close proximity to the hospital and continues to provide its residents with nursing care, psychological support, meals, and transportation as it has since its inception. At its opening in 1994, it was the only such residence in Southeastern Massachusetts, and it remains the only one in the state that accepts individuals with mid-to-end stage AIDS.

Hope House is staffed by a clinical director who is a registered nurse, a part time licensed practical nurse, social worker, and direct care house staff. All certified in their respective fields. The clinical director is the nurse for the DMA sponsored Group Adult Foster Care, which is provided at Hope House for its most debilitated residents. Lastly, the clinical director provides ongoing education and outreach in the community to the local high schools, colleges, and universities, and outreach in the local hospitals, and the medical community.

Goals

Provide residential support and specialized care to those with mid-to end stage HIV/AIDS who are or are at-risk for homelessness or skilled nursing home placement.

Outcomes

Due to our ability to provide such a high acuity of care for the residents of Hope House and to monitor their compliance to care plans so closely, we are able to enhance their quality of life by helping them live with their illness in a nurturing homelike environment, rather than in a hospital or on the streets where they might otherwise be given the vulnerabilities of their social, economic and medical status.

Promoting Wellness in Vulnerable Populations

Community Funding

Statewide Priority: Promoting Wellness of Vulnerable Populations
Target Population: Children and families who are victims of sexual abuse; Greater Fall River children and adults with or at risk for chronic disease related to obesity, substance abuse, and diabetes
Responsible Party: Susan Oldrid, VP, Mission and Community Partnerships
Community Partner/s: Bristol County Children's Advocacy Center and Partners for a Healthier Community
Budget: $157,000

Description

In 2010, Saint Anne's provided funding to two community organizations with expertise in providing programs and services which seek to promote wellness in vulnerable populations.

Children's Advocacy Center of Bristol County

Emphasizing its commitment to comprehensive pediatric care, Saint Anne's provided $50,000 in support of the Children's Advocacy Center of Bristol County when it was informed that funding cuts had already led to a reduction in staff and services and placed the agency in danger of closing.
The funding will enable the CAC to continue to provide comprehensive forensic, health and medical, and support services to children throughout Bristol County who have been victims of sexual abuse. Working closely with a number of area agencies, law enforcement, and the District Attorney's office, the center provides direct services to children and families in communities from Easton to Fairhaven. It has also reached thousands more at health fairs and other outreach forums with prevention materials, and sexual assault, personal safety and child protection information.

Partners for a Healthier Community

In 2010, Saint Anne's provided funding of $107,000 to Partners for a Healthier Community, Number 25 of the 27 CHNAs organized by the Department of Public Health (DPH) across the Commonwealth of Massachusetts.
Partners is a not-for-profit corporation in Massachusetts governed by a 15-25 member Steering Committee. The work of Partners is performed in task forces or Work Groups designated by the Steering Committee to focus on one area of concern identified through a periodic needs assessment process.

Since its inception, Partners has been a catalyst in bringing new healthcare and related resources to the Greater Fall River area. Partners was awarded a grant from the Commonwealth of Massachusetts to establish a "Master Community Action Plan" (MCAP) for the community. Through the MCAP process, Partners has engaged the community in a strategic planning process to improve coordination of health services. Funding is intended to assist Partners in its ongoing and successful work of mobilizing community resources to address identified community health needs in the Greater Fall River region, including its Healthy City Fall River initiative, a nationally-recognized model of community health promotion.

VI. Ongoing and Other Community Benefits and Services

In 2010, Saint Anne's continued to offer an array of programs and services aimed at improving the overall health and well-being of our patients and members of our community. While not identified as priorities for programming in our 2010 Community Benefit Plan, these offerings are no less important to enhancing the quality of life for those who need a helping hand.

Providing for Our Seniors

Behavioral Medicine Services

The psychiatric and emotional needs of older adults are unique. Loss of friends and loved ones, grief, health problems, and physical limitations, such as decreased mobility, can trigger a number of emotional responses.

Depression, anxiety, stress, and memory problems are just some of the issues that older adults can experience. That's why Saint Anne's offers special outreach programs for older adults.

Our Center for Behavioral Medicine offers a full range of outpatient care for adults age 45 and older that allows clients to remain at home while receiving valuable individual and group therapy.

We offer two programs: our Partial Hospitalization Program, the more intense level of outpatient care, which is offered as a full-day, five-day-per-week program; and our Intensive Outpatient Program, which was added in 2006 in order to meet the needs of those elderly patients facing difficulty attending a 5-day-a-week program due to age, illness and/or conflicting medical care appointments. This service is offered three-days per week over fewer hours per day. A majority of patients in both programs utilize the program's courtesy patient transport program, without which access to this program would be impossible.

Funded through a grant from Coastline and Bristol Elderly Services, and supplemented with financial and staff support from the hospital, the Center continues to provide free in-home mental health evaluations for individuals age 60 and older. The evaluations are done by an experienced psychiatric nurse with telephone consultation from a psychiatrist, and are available for those with symptoms of depression, anxiety, thought disorder, or dementia. Center staff works closely with agency case management staff to provide rapid comprehensive service to area seniors in need.

In 2010, The Center provided 192 mental health assessments at no charge to at-risk seniors.

Professional and Community Education on Aging and Mental Health

The Center also provides professional and community education regarding the mental health needs of older Americans for professionals and the general community at senior centers, extended care facilities, and human service agencies. Center staff plan and host a regular, free monthly breakfast series to a packed "house" of professionals seeking continuing education on caring for elders.

Funded through a grant from the Department of Public Health, staff provided a full day conference on Suicide Prevention attended by close to 200 elder service providers, as well as delivering numerous in-service and public service educational programs.

The Sunday Senior Luncheon

Saint Anne's continued to offer our Sunday Senior Luncheon to provide a low-cost, healthy meal to seniors at risk for poor nutrition and decreased socialization. More than 65 "regulars" gather for a nutritious meal, a timely educational presentation, lively discussion and plenty of socializing.
The Hospital provides space, staff, and speakers and subsidizes more than one-third of the meal costs.

Transportation

Patient Transport service is offered at no cost to those patients who have no other means of transportation, require wheelchair transportation and/or lack the financial resources to pay for transportation services.

Over the last few years, demand for this service has increased due to:

- Growing constraints in the home and workplace which create limitations on the availability of family members and friends who previously could be counted on for providing transportation.

- Increase in the acuity of an individual's medical and/or behavioral condition which can present barriers to self-transport.

- Growing transport needs of oncology patients whose care plans require ancillary services, including diagnostic imaging, lab, and mammography.

- More complex and lengthy treatment plans and early and late - day appointments create transport scheduling challenges that limit the number of patients served through our current fleet of vehicles and drivers.

In 2010, the hospital was able to combine funds it leveraged through a grant from the Friends of Saint Anne's Hospital and a gift from a private donor, with its own funds to support the expansion of Saint Anne's fleet of transport vehicles and drivers.

These investments allowed for the purchase of four patient transport vehicles to provide free transport service for individual and families throughout our region in need of medical and behavioral health services.

Cancer Detection, Early Prevention and Lasting Support

Oncology Screenings

Saint Anne's Hospital Regional Cancer Care offers the latest advances in clinical treatment. To promote these — particularly for the uninsured, under-insured, indigent, immigrant and non-English-speaking populations — our Hudner Oncology Center provides free periodic cancer screenings and educational programs in the community and at the hospital. In FY 2010, we provided free screenings for Prostate and Skin Cancer at no charge.

Oncology Education and Support Services

Since a diagnosis of cancer affects both individuals and their families in so many ways, Saint Anne's offers many free educational and support services that complement other supportive services, available to all patients and their families, regardless of whether or not they are patients at Saint Anne's. The following groups are offered throughout the year at locations in Fall River and Dartmouth and provide needed support to hundreds of people each year.

Common Ground: An education and support program for men and their families coping with prostate cancer.

Conversations: A cancer education and support program for women.

Get Fit, Live Fit: A unique supportive exercise program allowing women with cancer to explore numerous ways to exercise and learn new ways to relax, and to encourage them to participate actively in exercise/relaxation activities as they live with or recover from cancer.

Survivors Celebrating Life: A survivor group that plans and coordinates social and educational activities throughout the year.

Hand in Hand: Provides cancer patients with support from survivor volunteers.

General Cancer Support and Education: A group for all people with an active cancer diagnosis to share their experiences hopes and fears in a mutually supportive setting.

Relaxing Yoga: for any patient with a cancer diagnosis.

Scrapbook and Journaling: A creative therapy program for cancer survivors.

Book Club: monthly group open to patients who enjoy a lively discussion of current books (fiction and non-fiction) on a variety of topics.

"Busy Hands:" for patients who share a passion for handwork, such as knitting, crocheting, and other needlework.

Women's Boutique: A service of Saint Anne's Hospital Regional Cancer Care that offers products (wigs, scarves, hats, etc.) at low or no cost for women who are experiencing hair loss due to cancer treatment.

"Look Good, Feel Better," a bi-monthly program offered in conjunction with the American Cancer Society that features specially trained area cosmetologists who demonstrate ways to work with makeup and wigs for those who have experienced hair loss and other changes due to cancer treatment.

"I Can Cope:" Patients and their guests are invited to this free educational program series, offered in conjunction with the American Cancer Society. Offered quarterly, this series features topics of importance to patients coping with a cancer diagnosis, such as fatigue, nutrition, and management of side effects of treatment. (FR)

Patient Wellness Days: Special health events where patients and their families can meet and learn from specially trained cancer care professionals, as well as general health and wellness specialists, who can assist with the physical, emotional and spiritual dimensions of life after a cancer diagnosis.

Community Outreach: Promoting Healthy Lifestyles

Health Screenings and Community Health Education

Saint Anne's staff provide a range of free and low-cost health education sessions and health screenings each year to promote leading healthier lifestyles and early detection of chronic illness. Many programs include the Hospital's Interpreter Services staff, who assisted non-English speaking attendees in taking full advantage of all the learning opportunities. Other hospital staff also responded to requests from area employers to support their health fairs with screenings and educational activities.

The organizations with whom Saint Anne's partnered for these screenings and education outreach activities included: Fall River Housing Authority, Department of Transitional Assistance, Lightolier, American Red Cross, Fall River Public Schools, Seven Hills Behavioral Health, Bristol Community College, Child and Family Services, Diabetes Association, Schwartz Center for Children and the YMCA.

Ambassador Program

Employees at all levels share their expertise area with organizations in an effort to contribute to the improved health and well-being of our community. Employees served in a myriad

of roles including, but not limited to health education, board member, mentor, fundraising volunteer, program development advisor, and medical and behavioral health provider.

In 2010, Saint Anne's employees reported involvement in 182 activities, logging in a total of 1,026 hours. It should be noted that these statistics may be conservative given anecdotal knowledge of the many Saint Anne's employees who act as "quiet ambassadors" simply extending a helping hand whenever and wherever they see a need.

Congregational Health/Parish Nurse Ministry

The Saint Anne's Congregational Health/Parish Nurse Program is the ideal reflection of our mission of caring for the whole person. In 2010, the program prepared 13 registered nurses from faith communities throughout our region and Massachusetts, to serve their fellow parishioners and families as:

Integrator of Faith and Health, serving as a "translator" between faith and healthcare communities. With a knowledge base in both areas, many times the parish nurse can clarify issues and or reinforce the strong tie between faith and health.

Health Educator, providing educational programs to the congregation such as health screenings and illness prevention.

Health Counselor, providing individual health counseling services in the home or long-term care facility.

"Navigator" or "Advocate," assisting congregation members in finding their way through healthcare systems. Referral Agent, finding resources and making referrals to agencies, organizations and support services to improve the member's quality of life.
Developer of Support Groups, initiating and organizing groups designed to assist the participants with a specific issue.

Trainer of Volunteers, recruiting and training volunteers to provide assistance with health-related needs such as transportation for medical care, care for family members, a home or the family pet during illness or hospitalization; or other services which support overall health and healing.

Given the social determinants of health facing our vulnerable populations, higher than state averages in our community for chronic disease, mental health and substance abuse; and the increased complexities of navigating today's health care system, the importance of the parish nurse in the continuum of care is becoming more critical to supporting both the physical and spiritual well-being of all, particularly the poor and underserved.

VII. Community Benefits Expenditures for FY 2010

Community Benefits Expenditures

Direct Expenses	$1,175,735
Indirect/Associated Expenses	$64,808
Determination of Need Expenses	$107,000
Employee Volunteerism	$12,847
Corporate Sponsorships	$8,900
Total Net Charity Care	$2,611,942
Other Leveraged Resources	$672,147
FY 10 Community Benefits Total	**$4,653,379**

Community Service Expenditures

Direct Expenses	$438,002
Indirect/Associated Expenses	$8,531
Determination of Need Expenses	0
Employee Volunteerism	$50,145
Other Leveraged Resources	$159,053
FY 10 Community Service Total	**$655,731**
FY 10 Total	**$5,309,110**

Total Revenues for 2010	**$146,237,201**
Total Patient Care-Related Expenses	**$132,782,717**
Approved Program Budget	**$165,000**

Additional Considerations

The major challenges facing Saint Anne's Hospital are similar to those facing hospitals across the country. Program needs continue to outpace financial resources. Reduction in state and federal reimbursements makes it more difficult each day to carry out our mission of caring for the poor and underprivileged.

In FY 2010, Saint Anne's Hospital incurred a total of $14,148,242 in unreimbursed costs, including:

$8,945,358 in Unreimbursed Medicare Service
$4,180,493 in Unreimbursed Medicaid Service
$1,022,390 in Unreimbursed Bad Debt

Our first priority is the provision of appropriate, adequate and compassionate care to our acutely ill patients. In addition, the hospital is frequently asked to provide staff to work in the community, offering services and education to senior citizens, children and other vulnerable populations. We recognize the importance of this outreach and indeed feel that good health has a direct correlation to the amount of education patients have about disease and prevention.

VIII. Contact

For more information please contact:

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Saint Anne's Hospital

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