

## **Saint Anne's Hospital**

In 2006, Saint Anne's Hospital celebrated its Centennial of 100 years of caring for our community. Founded in 1906 to treat the largely unmet health care needs of the immigrant and poor populations of Fall River, Saint Anne's Hospital has evolved to provide not only highly regarded vital medical services, but also a spectrum of unique programs and services that strive to fulfill a richly diverse community's health care needs. Saint Anne's Hospital is a member of Caritas Christi Health Care, the second largest healthcare system and the oldest Catholic health care system in New England. As such caring for those most in need is a vital part of the hospital and the system's mission.

Today, in addition to essential medical care, Saint Anne's provided over \$5 million in community benefits services that include specialized, hospital-sponsored health services, prevention, education, health screenings, and charity care. Many are longstanding services for which Saint Anne's has become well known; others have been initiated more recently in response to needs identified by the hospital's Community Assessment and Benefits Committee (an advisory group of the hospital's Board of Trustees, consisting of community and hospital representatives). All 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..

We are pleased to provide a review of these mission-driven services along with the administration of our Community Benefits Program in this Annual Report for Fiscal Year 2006.

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## **Community Benefits Mission Statement**

Saint Anne's Hospital, a Catholic community health care organization and a member of the Caritas Christi Health Care, is committed to serving the health care needs of the entire community, including the uninsured, underinsured, poor, and disadvantaged. We are dedicated to:

- providing accessible, quality health care services to all within our culturally diverse Greater Fall River community;
- providing preventative health, education and wellness services for the well-being of our community;
- working in collaboration with our community in identifying and responding to unmet care needs; and
- recommending to the Board of Trustees of Saint Anne's Hospital the adoption of needed programs and services to address identified, prioritized, and unmet health care needs in the community.

*Approved by Saint Anne's Hospital Board of Trustees 1999.*

Saint Anne's Hospital has utilized the Community Benefits Program voluntary guidelines issued by the Massachusetts Attorney General's office to provide an ongoing assessment of our community's health care needs and to review the effectiveness of our programs in meeting identified needs.

Such a careful review is ever more important during these challenging times for hospitals as reimbursement rates have not kept pace with escalating costs for delivering health care. At the same time, communities such as Fall River face new and growing health care needs (as described in this report).

The first section of this report reviews our Community Benefits planning process, including community participation. The second section provides a brief description of our Community Benefits services beginning with our newest initiatives.

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## COMMUNITY BENEFITS PLANNING AND REVIEW

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

To assess community health needs, the Community Assessment and Benefits Committee (CABC) of Saint Anne's Hospital has used the health data of the Massachusetts Department of Public Health (DPH) as a primary source. Periodically, the committee reviews current data for the Greater Fall River area and new reports are presented for consideration as they become available from DPH and other sources. Invited speakers frequently present specific health needs and disease data for our area as well. They are asked to discuss the growth of their services, waiting list needs, and unmet health and related needs from their perspective as a service provider or funder. Copies of the meeting agendas and minutes that list topics and speakers, etc., are available upon request from the hospital.

Our CABC has utilized the following health status data in its review.

1. *A Profile of Health among Massachusetts Adults*, 2003, from DPH.
2. Information on health insurance enrollment and health care access for residents of Southeastern Massachusetts from DPH, the Massachusetts Division of Medical Assistance.
3. Coronary disease, cancer, diabetes, and HIV/AIDS incidence/prevalence data from DPH and Saint Anne's Cancer Registry.
4. Child sexual abuse, domestic violence incidence data for the Greater Fall River area from the area Department of Social Services, and the Fall River Police Department.

### ***Summary of Findings***

Health assessment data for the Greater Fall River area reveal some dramatic trends for the current and future health of area residents. The mortality rate for cardiac disease has been nearly 20-percent higher in both the Greater Fall River and New Bedford areas than the Massachusetts state average for the past decade. Southeastern Massachusetts area has a higher incidence rate for coronary heart disease than the Massachusetts average (averaging close to 24% over the past decade). This has been the highest incidence rate in the state, and the number is higher in Fall River than in surrounding communities.

### Community Assessment & Benefits Committee Members

Frank Cabral, Chairperson of CABC

Associate Director  
SER Jobs for Progress

Wendy Bauer

Director  
Communications & Planning  
Saint Anne's Hospital

Mary Cochrane

Director  
Community & Clinical Social Work  
Saint Anne's Hospital

Anne Ferreira

Coordinator  
Public Relations  
Saint Anne's Hospital

Deidre Donaldson, Ph.D.

Director  
The Fernandes Center for Children & Families  
Saint Anne's Hospital

Mary-Lou Mancini

Gabriel Care, LLC

Sr. Carole Mello, OP

Director  
Spiritual Care Services  
Saint Anne's Hospital

Michael Metzler

President  
Saint Anne's Hospital

Jean Quigley

Partish Nurse, Retired  
Saint Anne's Hospital

David Ramos

Director  
Hope House

Philip Silvia, Jr., Ph.D.

Professor  
Bridgewater State College

Fanny Tchorz

Director  
Interpreter Services  
Saint Anne's Hospital

Sheryl Turgeon

CEO, HealthFirst Family Care Center

Bristol County has the highest prevalence rate of diabetes (42.26 per 1,000 persons) of any county in Massachusetts (32.29 per 1,000 persons). The incidence of diabetes has risen 49 percent since 1990. The United States average is 34.1 per 1,000 persons.

The “Health Risks and Preventative Behaviors” (BRFSS- DPH) survey results show there is a higher concentration of people in this area with risk factors for developing heart disease, cancer, and diabetes. Area residents report smoking at a rate 30 percent higher than the state average; this total number of people smoking has also risen as compared to decreasing smoking rates in many areas of Massachusetts. The area has higher rates of obesity (28 percent vs. 25.8 percent statewide), high cholesterol (36.8 percent vs. 28.3 percent statewide), and high blood pressure (29.2 percent vs. 21.6 percent statewide).

Access to health care for area residents was also highlighted as a grave concern in several recent studies. The DPH behavioral risk factors report showed that the number of residents who had not had a routine check-up in more than five years was 39 percent higher than the state average, 8.2 percent in the Greater Fall River area as compared to 5.9 percent statewide. In addition, 11.4 percent of area adults reported not having health insurance coverage, and 9.2 percent reported wanting to visit a doctor but could not because of cost.

### ***Future Plans***

Saint Anne’s Hospital plans to continue our health needs assessment process for our targeted geographic area using both DPH data and other available information. We will use this data in evaluating the ongoing need for our community benefits services as well as in the planning and advocacy for new services.

### Target Populations

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

- Those without adequate health insurance, encompassing those without insurance and those who are underinsured.
- Residents of the Greater Fall River area 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 heart disease, diabetes, and cancer.
- Children and families who are at risk for, or have been involved with, domestic violence, sexual abuse, and other forms of violence.
- Persons living with HIV or AIDS.
- At-risk elders.
- Those with limited English proficiency.

### Community Benefits Plan Goals

The CABC has set the following long-term goals to:

- maintain membership of the CABC that represents the diverse Fall River community.
- monitor outcomes of the hospital’s 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.

The CABC has set the following short-term goals to:

- act as an advocate to protect our community for public health risks and to promote greater availability of needed services to improve health.
- set long-term goals for specific health-status measures for the hospital’s Community Benefits Plan.

### ***Community Assessment and Benefits Committee and Community Participation***

The involvement of community members in the planning and oversight of the hospital as a whole and for our Community Benefits Program is highly valued by the hospital. As a committee of the hospital's Board of Trustees (BOT), the Community Assessment and Benefits Committee (CABC) serves in an advisory capacity to the BOT on the Community Benefits Program of Saint Anne's Hospital. The CABC reviews, evaluates and recommends changes in the hospital's Community Benefits Program.

The CABC meets regularly, generally once a month. In these meetings, they solicit input from community agencies and organizations, review community health assessment and other pertinent data, assess the performance of current services, and develop recommendations for decision by the BOT regarding changes to or additions to the program. Minutes of the CABC are presented and discussed at the hospital BOT meetings.

The designated coordinator of the Community Benefits Plan is the Director of Communications and Planning, who is responsible for overseeing the assessment, development, coordination, implementation, and evaluation of the hospital's Community Benefits Plan. This position reports to the president of the hospital, serves on the senior management team, and is the liaison to the CABC and the BOT for review and approval of all Community Benefits efforts. A list of current CABC members is included in this report.

Membership of the CABC consists of representatives from the diverse communities served by the hospital: a member of the BOT serves as chair, and the designated coordinator for the Saint Anne's Community Benefits Program is the senior management staff liaison. Committee members represent area health, education and human services, businesses, government, and law enforcement organizations. Various staff from hospital services who provide community benefits services (i.e., Community and Social Work Services, Interpreter Services, AIDS services, and Parish Nursing) are also members.

Current members of the CABC help to identify and solicit new community representatives to join. As the committee considers specific needs, names of individuals who should speak with the committee or be invited as members to add their knowledge in this area are reviewed and acted upon by the committee. The chair of the BOT sends a formal written invitation to join the CABC. Community input is also relayed at CABC meetings from other hospital committees that are made up of community representatives such as the Multicultural Health Committee (see description and membership list) and Hispano Unidos (see description and membership list). Involvement of community members in the assessment of need and development of our community benefits services is described in this report in the review of services.

In addition to the CABC's meetings with community representatives, a number of hospital staff are involved in a variety of area health care planning activities, which are reported to the committee. Several senior managers participate in the coordinated health care planning group sponsored by the Department of Public Health (DPH) for our area. Both management and designated outreach staff have continued to hold

frequent meetings with leaders in the Portuguese, Hispanic, and Cambodian communities. Hospital staff and community members have shared the results of these efforts with the committee and will continue to be included on the committee's meeting agendas.

Copies of the Community Benefits Report are distributed to the BOT, hospital departments, and at community events. Information on our community benefits services is publicized in area news media, hospital newsletters and on our Web site. The committee developed a form to obtain feedback from the community on Saint Anne's Community Benefits services. This form is distributed with the report to a range of community representatives including local and state leaders, health and human service agency heads, area churches, and others. A copy of this form is included.

### ***Community Benefits Plan***

In the past several years, the hospital has developed a number of new community benefits initiatives and continued to support an array of existing services. Saint Anne's CABC has utilized two strategies in the past few years to create new Community Benefits efforts as funding from the hospital for these is very limited given the expansive array of existing services. In the past year, Saint Anne's expanded its collaboration and financial support to one of our local health care centers to promote greater healthcare access in several ways which are detailed in the services description section of this report. This new collaboration reflects a continuation of our incubator strategy to help launch new programs developed in collaboration with other community organizations as well as for hospital-based initiatives and then pursue grant support for them. The latter has been a long-standing successful strategy for Saint Anne's and our community, bringing new services and dollars into the community and insuring the continuance of these services particularly in today's challenging financial environment for hospitals.

### ***Identifying Resources: Community Benefits Budget Process***

Budgeting for Saint Anne's Community Benefits program is part of the annual budget planning process for the hospital as a whole. Existing programs have identified hospital managers responsible for developing these budgets, and the coordinator of Community Benefits develops budgets for newly proposed initiatives. Caring for the health needs of our community, particularly for the poor and disadvantaged, is the historic and living mission of Saint Anne's Hospital and our many community benefits services are seen as vital to this. Budget needs for the programs are part of the on-going review conducted by the CABC and are shared with the Board and senior management at their meetings. As indicated above, Saint Anne's has been successful in developing a number of programs for which initial financial and in-kind support (space, staffing) were provided by the hospital, with the intention to pursue grant funding as the services were more established. Obtaining such funding has been crucial to ensuring the survival and expansion of these services at a time of insufficient reimbursement for hospitals with growing costs of care. In 2006, as in the past several years, we have been successful in obtaining renewal and new grant and contract funding for our community benefits services of over \$1,000,000.

## ***Measuring Outcomes and Evaluating Effectiveness***

Community Benefits services at Saint Anne's are reviewed by the CABC annually for effectiveness. Most programs have 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 meets our community needs assessment targets. The CABC has set as a long-range goal the establishment of a prioritized outcome measure for each service to use in evaluating its effectiveness. It is our intention that this measure would encompass the effectiveness of the program in meeting health care needs. The CABC believes that the programs and services described in this annual report effectively and efficiently meet multiple health care needs for our target population and geographic area.

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### **CURRENT COMMUNITY BENEFITS SERVICES OF SAINT ANNE'S HOSPITAL**

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The Community Benefits services of Saint Anne's Hospital strive to meet the varied health care needs of our culturally diverse community. As a community hospital, the involvement of our community in the development, delivery and evaluation of these services is essential. We believe the following programs reflect these commitments.

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### **MEETING SOCIETAL CONCERNS AND INDIVIDUAL NEEDS**

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#### ***Supporting our Community Health Center: Patient Assistance Program***

In 2006, Saint Anne's was asked to assist HealthFirst Family Care Center, in Fall River, to maintain their very successful program to help those in need obtain free or low-cost prescription medicines and assist them in proper management of these. HealthFirst Family Care Center is one of two community health centers in Fall River.

The growing use of medications in the treatment and management of illness and chronic conditions has made them a key component of effective health care. At the same time the rising costs of many of these medications puts them beyond the financial reach of many un/underinsured and low-income individuals. It is also important to review and counsel patients on the proper use of medications, potential drug-interactions and alternative or substitute drug regimens when needed. These are the needs addressed by the Patient Assistance Program of HealthFirst Family Care Center, which they started in the late 1990's.

Over time this program grew to include a nurse coordinator serving more than 500 patients annually. Funding for the staff of this service was through the Health Center's federal and state grants as well as single year grants from third-party payors insuring their low-income clients. These dollars have been reduced dramatically over the past few years jeopardizing this service's continuation. So Healthfirst turned to both Saint Anne's Hospital and another local hospital system for support as this program helps to reduce unnecessary Emergency Room visits when patients are able to take prescribed medication particularly in the case of chronic illnesses and conditions. The program also increases health care access for those enrolled that do not have any health insurance or minimal coverage.

The later population is a target group for Saint Anne's community benefits services. and as such the hospital provided \$30,000 to provide for staff salaries.

The program applies for the free and low-cost drugs that pharmaceutical companies provide to low-income persons, which can be a daunting process to understand and follow-through on to qualify. Utilizing their nurse coordinator the program also helps insure that their patients take the medications as prescribed and/or receive new or substitute medications as needed as well as having a stable location at which to obtain their medications.

### ***Health Access Collaborative: Leveraging Hospital Leadership to Meet Needs***

In April 2000, a representative of Health Care For All, a health care advocacy organization, came to meet with hospital leadership to request their help with a demonstration project for Southeastern Massachusetts to develop strategies that would help communities increase access to health care for persons with limited English proficiency. Saint Anne's agreed to be a part of this effort and was the initial organization in the region to step up with their commitment and staff resources. The grant funded a consultant to work with area hospitals, health centers, human service organizations, and legislators to assess the need for improved interpreter services and develop strategies to meet this need. The Community Benefits Coordinator of Saint Anne's served as the chair of the steering committee formed by these organizations for this purpose.

Under this structure, the steering committee, composed of senior managers of the participating organizations, conducted a needs assessment based on data and in-depth interviews with

staff of the health and community organizations. From this plan, the **Health Access Collaborative** (see enclosed list) was created as a mechanism for organizations to pool their efforts in an ongoing collaboration to improve access to health and related services in locations where persons with limited English proficiency seek services. The strategy was to bring together the authority, skills, and resources necessary to make changes across the region. Saint Anne's Hospital, along with other area hospitals, contributed several thousand dollars to pay a portion of the consultant's time after the demonstration grant funding ended and the project was still in its developmental phase.

Under the strong support of Saint Anne's, the collaborative persevered; and in October 2001, Health Access Collaborative was incorporated as a nonprofit organization. This was done to position it more funding: a \$50,000 one-year, "start-up" grant effectively for funding.

In April of 2002, Health Access Collaborative was successfully awarded its first from the Blue Cross Blue Shield of Massachusetts Foundation. Both Saint Anne's Hospital and other area hospitals contributed matching funds and in-kind services (training space, mailings, staff expertise) that were necessary to obtain the grant.

The grant funding was to train 40 bilingual staff of participating organizations of the Health Access Collaborative in basic and medical interpretation as well as to help develop close routine working

relationships for these organizations which foster cultural competency. The training was tailored to the needs of collaborative organizations and the populations they serve. In FY03, over 40 bilingual staff from more than 10 agencies had received certificates for the completion of a basic and/or advanced medical interpretation course emphasizing cultural sensitivity. The Collaborative also expanded to bring class members and other staff of the participating agencies to help enhance the outreach and education on diabetes to targeted ethnic groups in the Fall River. In this way class members were able to increase their knowledge about diabetes, and get some first-hand experience in providing medical interpretation to diverse language group including several outreach sessions to Cambodian organizations. The Collaborative continued to receive BC/BS Foundation funding through FY06.

Health Access Collaborative of  
Southeast Massachusetts, Inc.

Frances Fuller, Chair  
Director of Oncology & Specialty Services  
Southcoast Hospitals Group  
Wendy R. Bauer, Immediate Past Chair  
VP, Marketing and Planning  
Saint Anne's Hospital  
Alan Silvia, Vice Chair  
Executive Director  
PYCO  
Fred Grose, President  
Health Access Collaborative  
Lydia Breckon  
Director, Immigrant Services  
Catholic Social Services of the Diocese of Fall River  
Ellen Banach  
VP, External Relations  
Southcoast Hospitals Group  
Stuart Forman  
President and CEO  
Greater New Bedford Community Health Center  
Donny In  
Minority Community Liaison  
City of Fall River Housing  
Helena Marques  
Executive Director  
Immigrants' Assistance Center  
Arlene McNamee  
Executive Director  
Catholic Social Services of the Diocese of Fall River  
Mario Medeiros  
Project Director  
Alcance Hispano  
Joan M. Menard  
Senator  
Massachusetts Senate  
Michael J. Rodrigues  
Representative  
Massachusetts House of Representatives  
Sheryl Turgeon  
Executive Director  
HealthFirst Family Care Center  
Marin Vat  
Executive Director  
Khmer Family Resource Center  
Denise Wright  
Clinical Manager  
SSTAR Family Health Care Center

**Executive Committee:**

Frances Fuller, Chair  
Wendy R. Bauer, Immediate Past Chair  
Alan Silvia, Vice Chair  
Fred Grose, President

**Organizations Represented:**

Alcance Hispano  
Catholic Social Services of the Diocese of Fall River  
Greater New Bedford Community Health Center  
HealthFirst Family Care Center  
Immigrants' Assistance Center  
Khmer Family Resource Center  
PYCO  
Saint Anne's Hospital  
Southcoast Hospitals Group  
SSTAR

In FY05 and FY06 the collaborative efforts focused on continuing interpreter training as well as training for community health care and government leaders in cultural diversity sensitivity particularly in the health and human services settings. Our Director of Interpreter Services was and continues to be instrumental in helping to develop and provide sessions at Saint Anne's Emergency Room as well as at their own agencies for participants from two area health centers enrolled in Health Access Collaborative interpreter training.

## **Health Insurance Enrollment and Outreach Program**

In July of 2000, Saint Anne's Hospital launched our **Health Insurance Advocacy and Outreach Program** to provide community outreach, education, advocacy and enrollment assistance to those who need health insurance coverage. This outreach effort was developed as a result of the review of community needs conducted by the CABC over the prior year. A dedicated staff person was hired in July 2000 for this program, which is administered by the hospital's Community and Social Work Services.

Hearing numerous representatives speak with the committee about the needs of the Greater Fall River area, it became clear that such an outreach effort would be one of the most effective ways we could impact the health and well-being of area residents. Time and again at their meetings, members heard about the need for improved access to health care for the working poor, the elderly, those with language barriers, those without transportation, and more. The committee believed that increased outreach into the community by the hospital was an important component to reaching many of the uninsured or underinsured.

The hospital was the sole support for this program in its start-up year FY'01 with costs just under \$32,000. In FY02 we were successful in receiving a grant of \$15,000 in the first cycle of grants awarded by the Blue Cross Blue Shield Foundation. The committee believed that increased outreach into the community by the hospital was an important component to reaching many of the uninsured or underinsured.

While the hospital had dedicated Patient Financial Services staff available to assist those in need to enroll in the many government-funded health plans, the CABC decided that an outreach effort directly in the community was needed. Past outreach efforts offered by this department had very positive responses at community health fairs and events. Promotion of enrollment assistance in community fliers and newsletters resulted in hundreds of telephone calls. This effort was designed to pair with the many other outreach services that the hospital offers, such as Congregational Health/Parish Nursing, as well as other agencies' efforts. The Health Insurance Advocate's/ Community Resource Liaison (named changed in 2005) position provides direct help with the many required application forms and the filing of these for enrollment as well as assisting in promoting health education, coordinating interpreter services, and providing referrals to health care providers and services, as needed.

The hospital was the sole support for this program in its start-up year FY'01 with costs just under \$32,000. In FY02 we were successful in receiving a grant of \$15,000 in the first cycle of grants awarded by the Blue Cross Blue Shield Foundation of MA to help support this program, particularly through increased outreach to those who have none or limited-English speaking skills. We were successful in getting renewed funding to support this service partially from BCBS Foundation in FY03, FY04, FY05, FY06. Our advocate continues to do strong community outreach resulting in assisting over 3000 individuals and families to

obtain or improve their health care coverage since this service began. In FY06, our advocate worked with over 400 individuals to obtain health insurance coverage.

### ***Interpreter Services - Serving Our Culturally Diverse Community***

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#### **INTERPRETER SERVICES-CARING FOR A CULTURALLY DIVERSE WORLD**

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In keeping with our mission, Saint Anne's provides a range of services through our Interpreter Services, for which the hospital assumes the majority of the costs. Costs of our interpreter staff and services were \$272,765 in FY06. Saint Anne's has responded to the growing need for these services in our culturally diverse community providing interpreter services 24 hours a day, 7 days a week to all non-English and limited-English speaking patients, family members, and staff. Interpreters are multilingual and multicultural individuals who serve as liaisons to diverse groups to reduce cultural and linguistic barriers. Staff are available to provide interpretation in person, by writing, or by telephone. Staff interpreters speak Portuguese, Spanish, and Creole, and provide translation services upon request. The department utilizes on-call staff, and other community agency staff for all other languages. Telephonic interpretation services include Deaf-Talk Inc. Services and Certified Languages International for the deaf, hard-of-hearing, and visually impaired community. These agencies provide 24-hour interpretation coverage with the availability of 150 languages when an "live" interpreter cannot be immediately available. Interpreters provide information, culture assessment, and referral services for patients and families. The staff offers assistance with interpretation of treatment and surgical procedures and patient education, consent forms, discharge instructions and much more.

Interpreter Services staff is involved in a range of activities to promote cultural education, outreach, and a greater understanding of our diverse community. They provide training to hospital staff as well as to the community. These efforts help Saint Anne's to provide greater access to quality health care for each patient regardless of race, language, or ethnic background.

**Cambodian Community:** Interpreter Services works closely with the Cambodian Community of Greater Fall River area providing freelance interpreters to assist patients with testing at the hospital; and serving as liaison to the Multicultural Health Committee in identifying the health care needs and issues in Fall River.

**Developing Interpreter Services in the Community:** The Interpreter Services Department in partnership with the Health Access Collaborative, a nonprofit, corporation dedicated to improving health care for persons with limited English, has reached out to the community and together they have begun to develop a unique program to establish Interpreter Services at HealthFirst and SSTAR community health centers which serve the Greater Fall River area. At both facilities, SAH Interpreter Services educates, and trains the employees encompassing interpretation skills and cultural diversity awareness and sensitivity and offers workshops in the Portuguese, Spanish, and Cambodian cultures.

**Educational Workshops & Fairs:** Interpreter Services provides several educational workshops and trainings, and participates in various health fairs throughout the year to a variety of ethnic and cultural organizations and groups.. By partaking in such events, they are mutually strengthening understanding of cultural differences and the ways we interact with others.

**Local Parishes:** The Interpreter Services Department has joined Saint Anne's Hospital's Mission Committee in helping local Parishes' food pantries and soup kitchens. They have also joined the Volunteer Services Department of Saint Anne's in sponsoring food drives in support of these parishes. All time and items donated are actively aiding in helping our multicultural diverse community.

**Prayer Group Sessions:** The Interpreter Services department holds weekly prayer group sessions at Saint Anne's Hospital's Chapel every Monday that focuses on spirituality, and prayer. All religious faiths are welcome to attend, and any special requests can be made by contacting the director of the department.

**Spanish Community:** Hispanos Unidos is a group of health and human service providers who speak Spanish. Their goals are to educate, network, and spread awareness on issues of concern to the Hispanic community and those that care for it. Interpreter Services fully supports and participates in this group, and their annual goal is to up-date the Spanish Speaking Provider Directory available to the community free of charge.

**Training Local Students:** Interpreter Services has joined forces with Bristol Community College/LusoCentro in aiding students participating in their Interpreter Program each semester. As part of the practicum requirements, various students are selected to shadow and train with our medical interpreters at Saint Anne's Hospital. The department is pleased to be a part of furthering bilingual education to meet the demands of our diverse community.

## ***Multicultural Health Care Committee***

This committee was established in 1984 to serve the large Portuguese community within our region better. In the early 1990's, the committee expanded to include representation from the Cambodian and Hispanic communities. The group is comprised of community leaders, members of the Cambodian, Hispanic and Portuguese communities, hospital staff, and trustees.

A number of issues affecting the community has been identified. Access to health care, communication barriers, and a need for a better understanding of the different cultures of our Greater Fall River community have been addressed. The committee has been credited with a number of significant accomplishments providing health topics related to cultural groups, courses in English as a second language and practical Portuguese; hiring of bilingual personnel and offering annually, ***six \$500 multicultural scholarships*** to employees, employee relatives, and community members who wish to pursue health care careers. Scholarships are awarded on the basis of set criteria including residency in the Greater Fall River area, pursuing a degree in nursing and/or health care related profession, and being bicultural and/or bilingual.

## Multicultural Health Committee Members

### Community Members:

Lisa Alves –  
Fall River WIC, HealthFirst  
Odete Amarelo  
Fall River School Department  
Awilda Aponte  
New Bedford YWCA  
Marianne Arruda Martin  
American Cancer Society  
Leslie Baganha  
South Bay Early Intervention  
Judith Coykendall  
Partners for Clean Air  
Susan Dickens  
Partners For Clean Air  
Linda Hennessey  
HealthFirst  
Louise Jordan  
Gabriel Care Adult Foster Care  
Keang Ly  
Health Families  
Valentina Martinez  
New Bedford YWCA  
Siovann Ou  
Mass Migrant Education Program  
Abigail Ramirez  
Healthy Families  
Linda Ruiz  
American Cancer Society  
Maureen Ryan Estes  
City of Fall River  
Sokvann Sam  
Massachusetts Rehab  
Tha Sam  
Bristol Elder Services  
Joana Santos-Reis  
Mass. Migrant Education Program  
Virginia Senna Davis  
Diabetes Association  
Vivian Serrano  
Fall River Public Schools  
Lizette Soares  
Bristol Elder Services  
Diane Souza  
Gabriel Care Adult Foster Care  
Marin Vat  
Khmer Resource Center  
Karen Wood  
Kool Smiles  
Connie Mota  
Senior WholeHealth  
Staff:  
Mary Cochrane  
Community & Social Work Services  
Victoria Cortes-Ramirez  
Fernandes Center for Children & Families  
Patricia Botelho  
Community Resource Liaison  
Lisa DeMello  
Quality Resource Management  
Chris Leeman  
Women's Health Network  
Sr. Carole Mello, OP  
Spiritual Care Services  
Wendy Merriman  
Parish Nursing  
Michael Metzler  
President  
Nina Pinnock  
Fernandes Center for Children & Families  
Fanny Tchorz  
Interpreter Services  
Meredith Wenc  
Community Project Coordinator

The committee also offers:

### ***Hispanic Outreach***

In FY'99, members of the Multicultural Health Committee responded to their mutual concerns regarding the increasing requests for services in all community agencies from Spanish-speaking individuals and families. They invited Spanish-speaking staff of health, education and social service agencies in Southeastern Massachusetts to a luncheon meeting hosted by the hospital to discuss these concerns and gain their perspective.

Twenty representatives attended this first gathering and unanimously agreed that the area's Spanish-speaking population was growing rapidly and that they were being overwhelmed by the needs of many of these newly arrived residents. Many attendees were unaware of their counterparts in other agencies until introductions were made at the luncheon.

From this initial meeting and subsequent ones, a formal group was formed calling themselves "Hispanos Unidos." Hispanos Unidos became an incorporated non-profit organization in 2001. The hospital continues to assist with clerical support and mailings and participates at meetings and events of this new group. A Spanish-speaking Health and Human Services Provider Directory was developed and distributed, free of charge. The hospital supports periodic updating of this directory.

### Hispanos Unidos Members

Maria Baptista  
Department of Transportation Assistance  
Yolanda Castillo  
Southeastern Massachusetts Legal Assistance  
Migdalia Curbelo  
New Center for Legal Advocacy, Inc.  
Cecelia Garris  
Southeastern Massachusetts Legal Assistance Corporation  
Eneida Medina  
Community Partnership (CPC), Fall River School Department  
Juan Vazquez Navarro  
Law Offices of G.M. Rego  
Peg Picardi  
Young Parents Learning Center  
Abigail Ramirez  
Healthy Families  
Carmen N. Ramos  
Church of God, Inc.  
Cynthia Robelo  
PYCO  
Sister Aida Sansor  
Fatima Sequeira  
Department of Social Services  
Ondine Galvez Sniffen  
Catholic Social Services of the Diocese of Fall River  
Lizette Soares  
Bristol Elder Services, Inc.  
Maria Yarbough  
Fall River Housing Authority  
Odette Amarelo  
Magnet Office, School Department  
Linda Aguiar  
American Cancer Society  
Sandra Santiago  
Catholic Social Services of the Diocese of Fall River  
Lizandra Gonzalez  
Child and Family Services

### ***Compassionate Care Fund***

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. The Compassionate Care Fund is another way Saint Anne's responds to the real problems of real people. Monies are raised through the efforts of the hospital's Office of Development. From FY05 to FY'06, Saint Anne's doubled there expenditures from this fund to over \$56,800 to meet health care needs for the individuals and families served.

### ***Hope House***

In September of 1994, Saint Anne's opened **Hope House** for persons with mid- to end-stage AIDS. In the early 90's, many in the community and at the federal and state levels were 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. The program celebrated its tenth anniversary this year in a moving ceremony that featured several current and former patients and family members who spoke about the tremendous difference Hope House had made in their lives. For some it has "kept them alive" and for others it provided a dignified and comforting place to die.

Hope House can shelter up to ten people in a homelike residence near the hospital and provide them with nursing care, psychological support, meals, and transportation. At its opening in 1994, it was the only such residence in Southeastern Massachusetts and remains the only one in Fall River (and is one of only two in the Commonwealth) that accepts individuals with mid- to end-stage AIDS.

Hope House is staffed by a clinical director, registered nurse, social worker, and direct care house staff who are all registered, licensed, or certified in their respective fields. The clinical director provides ongoing education and outreach to the local High Schools, Colleges, and Universities, and provides technical assistance to the local hospitals, and the medical community.

payments provide for the balance of costs.

Hope House receive subsidies for rental assistance from HUD's Shelter Plus Care Program, and is funded in part by the Department of Public Health's AIDS Bureau. We are licensed by the Division of Medical Assistance as a provider of Group Adult Foster Care, and Targeted Case Management. Total budget for Hope House was \$417,663 in FY 2006 of which \$355,003 comes from outside funding sources. Hope House operates at full capacity with a waiting list of eligible clients. It is a place of peace, renewal and reconciliation for persons who literally have no place else to go.

### **Youth Trauma Program**

The **Youth Trauma Program** provides diagnostic evaluation and psychotherapy to child victims of sexual abuse by a non-caretaker. The program focuses specifically on providing services to children who would not be able to access services due to lack of or inadequate insurance coverage, as well as children who are not eligible for Department of Social Services. Each year, approximately 140 children and families are seen in the program. In addition to providing age-appropriate, sensitive treatment for the child victim, the program also provides supportive services to the victim's family. Child victims are assisted through all phases of their recovery, from contact in the Emergency Department to coordination with schools and support through the legal process. 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.

These services began in 1984, when hospital social work staff and community agencies recognized the need for sexual abuse treatment for victims of non-caretaker abuse. Donations from a local community service club (Exchange Club) and the hospital funded the first services.

The **Youth Trauma Program** also provides services including evaluation, counseling and outreach to children who have been victims of violence. This includes children and adolescents victimized by families, those who have been physically abused, or those who have witnessed violence in their peer groups, schools, or communities. 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 regardless of ability to pay. Specially trained social work staff provides individual and group therapy at the program and in schools. Program staff offers a range of specialized groups such as expressive art therapy, conflict resolution, and groups for parents whose children have been sexually abused. The program continues to grow and in FY06 provided assistance to over 220 clients and providers. In addition to direct services for victims and their families, program staff also offer consultation and outreach to area health and human service providers such as pediatricians, schools, and mental health agencies to assist them in identifying victims and helping to prevent abuse through awareness training.

The Youth Trauma Program is supported in part by the Victims of Crime Act (VOCA) funds, along with funding from the hospital. In FY06, the Massachusetts Office for Victim Assistance awarded the Youth Trauma Program \$160,431 which amounts to roughly half of the cost of this program. This program is a reflection of Saint Anne's efforts to respond to the specialized needs of our youth and their families—and to work with them and other providers to end the "cycle of violence" that is all too prevalent locally and nationwide. The Youth Trauma Program is administered by our Community and Social Work Services.

### **D.R.I.V.E. Program: Helping victims of drunk/drugged driving crashes**

In FY04, our Community and Social Work staff were successfully awarded funds from the Massachusetts Office for Victims Assistance through the Drunk Driving Trust Fund in the amount of \$50,000 to provide counseling and treatment to victims of drunk/drugged driving crashes and their families. These services continued to be provided in FY06 with renewed funding. Community outreach to raise awareness of this issue to high school and college-aged students on the effects of drunk/drugged driving is another component of this service entitled the D.R.I.V.E. (Drug/Alcohol Related Injuries from Vehicular Events) program. While victims of drunk/drugged driving receive needed medical care, few receive any behavioral health services to help them deal with the emotional and psychological issues they and their families may have as a result of a drunk/drugged driving related crash.

## *The Fernandes Center for Children & Families*

The Fernandes Center for Children & Families was created in 1997 to provide family-centered, coordinated care for children with behavioral, developmental and special health care needs. The impetus for the Center came from our participation in the Fall River School Task Force, Child Protection Council, and numerous requests from pediatricians and other community groups working to serve children. Through these, Saint Anne's found the following factors that put many area children at greater risk for developing physiological and psychological problems:

- The Greater Fall River community has over 33,000 children.
- In Fall River, 21.7 percent of children under age 18 live below the poverty line as compared to 13.2% for all of Massachusetts.
- Of the total births in Fall River, close to 40 percent had public funding.

The Center not only provides needed services (for which families used to travel to large teaching hospitals) but also provides a secondary prevention model of care for children with chronic diseases serving to reduce morbidity and family distress. The Center provides ambulatory evaluation, diagnosis, and treatment for these children. Saint Anne's recruited the area's first developmental pediatrician for the Center, which is directed by a behavioral/clinical psychologist (Ph.D.). Housed in renovated space (funds were donated by the Friends of Saint Anne's and the hospital), the Center occupies and oversees administratively the pediatric specialty clinics which have been operating for more than 18 years at Saint Anne's. Our pediatric rehabilitation staff also moved into this space. Beginning in 1998, the Center expanded services to provide consultation and therapeutic services on site in area schools. Perhaps the greatest demonstration of need for these services locally is the fact that all specialties have a waiting list for services, most of which average two to three months. The hospital has provided substantial financial support for the Center's services.

### *"Reach Out and Read" – Promoting Reading Literacy*

As a part of its holistic family-centered approach, CCF adopted the "Reach Out and Read" program that began at Boston Medical Center to emphasize the importance of reading to the parents/caretakers of children ages 0 to 5. Volunteers and staff educate parents on the importance of reading to their children and give books to their young clients to take home. A local company has provided partial support for the purchase of the books and bookshelves. The program must raise several thousand dollars each year to support this effort which they do through fund-raising events.

### *Community Outreach and Education to and for Children*

Additionally, the Center provides parent education workshops and for-credit professional training on topics such as autism and depression in children.

### *Pediatric Community Nursing and Education*

Our experienced pediatric nursing staff provide a number of community and educational programs aimed at strengthening parenting skills and promoting healthy development. The majority of these programs are provided free of charge to parents who would not have the means to pay. Class size is kept small to maximize learning. They are offered at a variety of sites in the community such as the local high schools' teen-parent program, area Head Start programs, and early intervention sites, as well as at the hospital. For a small fee, certified courses for parents in how to develop personal safety skills in their children and a "Safe Sitter" course for children are provided.

### *Growth and Nutrition Clinic of The Fernandes Center for Children & Families*

For reasons that are often difficult to determine, some children suffer from chronic undernourishment or failure to thrive. Physiological disorders, stress within the family, and poverty are frequent causes of this persistent, difficult-to-treat syndrome. In eastern Massachusetts an estimated 173,000 children go to bed hungry, and another 115,000 are at risk of being hungry, the problem of under-nutrition threatens the lives and well being of many infants and young children. The Growth and Nutrition Clinic at Saint Anne's offers a multi-disciplinary approach to evaluating and treating children with this disorder and to providing education and support to parents. Currently, the team is caring for approximately 60 children and families. The DPH, private insurance, and the hospital fund the clinic.

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## **CANCER PREVENTION, EARLY DETECTION, AND LASTING SUPPORT**

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### ***Women's Health Network: Breast and Cervical Cancer Screenings***

True community outreach means actually extending into the community, perhaps by going to those who need services but cannot reach the provider, or by persuading likely participants that they can avail themselves of a particular service.

One of the best illustrations of the hospital's commitment to outreach is our Women's Health Network program that provides free breast and cervical cancer screening, education, and treatment referral. Funded in part by Centers for Disease Control, the Massachusetts DPH, and Saint Anne's Hospital, the staff travel to convenient locations throughout the area to provide screening service and education to individuals who are eligible. Screening clinics are also held at the FIRSTFED Center for Breast Care on some Saturdays and evenings to accommodate working - women. The program's registered nurses, nurse practitioners, and registered radiology technologists provide a wide range of breast and cervical screening and education services, including mammograms (which are done at the FIRSTFED Center for Breast Care of Saint Anne's Hospital), clinical breast exams, Pap tests, and physical exams. Further diagnostic testing is provided if clinically recommended.

Since Saint Anne's was first established as a breast and cervical cancer-screening site in 1994, the Women's Health Network (originally the Breast and Cervical Cancer Initiative) program has screened 6753 uninsured or underinsured women and two men. Sixty-five women have been diagnosed with breast or cervical cancer, while numerous others have been diagnosed with pre-cancerous or high-risk lesions. In FY06, 7133 women were screened; four cases of breast cancer and three of cervical cancer were diagnosed. In addition, the Women's Health Network staff has provided education to women in various housing, church, health fairs, schools, and social and civic group gatherings. An important component of the Women's Health Network program is outreach to the area's non-English-speaking communities—including Portuguese, Cambodian, and Hispanic. Many of the program's educational materials, made possible through a grant by the S. Elizabeth O'Brien Trust Fund, have been translated into the groups' native languages, including several written and video tools that were never before available on the local, state or federal level. Interpreters and transportation to screening sites can also be provided to make services as accessible as possible.

Program budget primarily supported by a combination of DPH and private grants and a subsidy from hospital was \$30, 846 in FY 2006. The S. Elizabeth O'Brien Trust has again provided funding for FY 2007 in the amount of \$33,000.

## ***Oncology Screenings***

Saint Anne's has a comprehensive oncology program, the Hudner Oncology Center, offering the latest advances in clinical treatment. Hudner is affiliated with Dana-Farber CancerCare. Early detection and follow-up are critical to successful 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. Hospital support for these has been over \$45,000 annually, including a dedicated staff member for outreach.

## ***Oncology Education and Support Services***

Since a diagnosis of cancer affects both individuals and their families in so many ways, the Hudner Oncology Center offers many free educational and support services that complement other supportive services. These services are available to all patients with cancer and their families, regardless of whether or not they are patients of our center. The following groups are offered throughout the year and provide needed support to hundreds of people each year.

- *Common Ground*: An educational and support program for men and their families coping with prostate cancer.
- *Journeys*: A complementary cancer support program for women.
- *Get Fit, Live Fit*: A uniquely 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.
- *Yoga program*: for any patient with a cancer diagnosis.
- *Scrapbook and Journaling*: for cancer survivors
- *Hudner Women's Boutique*: Provides wigs and head coverings for women in treatment dealing with hair loss. Wigs are supplied at no cost.
- *Patient Lending Library*: A collection of health/wellness books for patients to borrow at no charge.
- *Patient Wellness Day*: Bi-Annual event for all patients and their families. Patients visit exhibits on various topics from cancer related fatigue, lymphedema and nutrition. Free chair massage and Reiki sessions also offered.
- *Annual National Cancer Survivor Day Picnic*: Annual picnic to celebrate and honor cancer patients. Offered free to patients and their families.
- *Annual Survivor Christmas Party*: Offered free to all patients and their families.
- support group for patients and their families. This group meets at The Oncology Center in Dartmouth, MA

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## COMMUNITY OUTREACH: PROMOTING HEALTHY LIFESTYLES

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### ***Community Programs and Health Screenings***

Efforts to reduce deaths and disability caused by our nation's and Greater Fall River's largest killers—heart disease and cancer—must begin with education, since so many of the factors contributing to these diseases relate to diet, tobacco use, and lifestyle. The rising incidence of diabetes in our area is also a great cause for concern with many potential health effects. The CHNA health assessment data show that Fall River has above-average rates for modifiable health risks such as smoking, sedentary lifestyles, and obesity. 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. In particular we have added programs for diabetes education and management and heart health lifestyles.

In 2000, we began to offer a regular series of American Lung Association-certified "Smoking Cessation" sessions. In responding to patient demand in 2006, we offered three of these eight-week programs. Once again in February 2006, for National Heart Month, we offered educational programs as well as free cholesterol screenings aimed at promoting better awareness of heart healthy lifestyles. Through our Diabetes Services staff, we provide a monthly education and support group with an average attendance of 25 people, as well as several special diabetes screenings each year and staff participant in numerous health fairs.

Other hospital staff also responded to requests from area employers to support their health fairs with screenings and educational activities.

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## TREATING THE WHOLE PERSON

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### ***Congregational Health/Parish Nurse Ministry***

The Saint Anne's Hospital Congregational Health/ Parish Nurse Ministry, which started in 1995, continues to help fulfill the hospital's overall mission and Community Benefits mission to the community by developing partnerships with many different places of worship and community agencies. The Parish Nurse can have the role of a resource person, personal health counselor, health educator, coordinator of volunteers, organizer of support groups, community liaison, and a role of defining the relationship between one's faith and one's health.

The program has expanded from Southeastern MA to as far as Lawrence MA, west to Framingham, MA, all of Cape Cod, and all of RI. The program is open to all faith denominations. In 2006 there was a focus on developing clusters of parish nurses in geographic areas. Five geographic clusters were developed. Meetings in these cluster groups allow for continued spiritual and professional formation by providing communication, theological reflection, sharing individual gifts, support, networking and education. These meetings have enhanced the individual ministries of the various faith communities.

Each year, these Congregational Health/Parish Nurses make more than hundreds of home visits as well as visits to nursing homes or hospitals to give supportive care to their parishioners. After religious services, many Congregational Health/Parish Nurses provide regular blood pressure checks and are available to speak to and provide referrals for parishioners regarding their or their family members' health concerns. Congregational Health/Parish Nurses organize health screenings and health education talks for their congregations and invited community. In 2006 some of the areas of health ministry which the Parish Nurses initiated and successfully implemented included the purchase of defibrillators for

several churches, CPR classes, flu shot clinics, bereavement support groups, care giver support groups, end-of-life issues forums, stress management for teens, skin cancer screenings, yoga for beginner's classes, blood donor drives, disaster preparedness for churches, widow and widower clubs, safety programs including gun and traffic safety, and safe and unsafe touching for students, walking clubs and hand- washing campaigns in churches and religious classes.

Saint Anne's provides assistance to congregations to recruit and train the Congregational Health/Parish Nurses, as well as ongoing support, regular supervision meetings and training. Saint Anne's funds an administrative director and part-time coordinators, clerical support for the program, and regularly scheduled training at a cost of over \$70,000 in FY'06. In 2001, Saint Anne's Hospital's Parish Nurse Ministry became an official Congregational Health/Parish Nurse Education Center. In May 2006 nine more registered nurses completed the official Basic Parish Nurse Education Program approved by the International Parish Nurse Resource Center in St. Louis, MO. In September 2006, 14 RNs enrolled in the Basic Educational Program. This will bring the total number of RNs who have completed the Basic Nurse Education Program to 110. These 110 nurses have many more nurses working along side them in their Congregations

### ***Food Pantry***

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 several years ago, which has remained a community-wide initiative to feed the city's hungry. Open several times a week, at a centrally located church, Food Pantry staff dispense approximately 10,000 bags of groceries annually. The hospital continues to support the program contributing over \$41,500 in food products in FY06. Through the involvement of Bristol Elder Services, many of these groceries are delivered to at-risk, homebound seniors.

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## **PROVIDING FOR OUR SENIORS**

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### ***Behavioral Medicine Services***

The Greater Fall River area has a higher proportion of older elders than the state average and a greater number of these elders are low income. These factors result in a larger number of our elders who are at increased risk for mental illness and health problems.

Our Center for Behavioral Medicine at Saint Anne's offers a specialized treatment program to meet the needs of men and women 65 years of age and older. The program specializes in treating patients who, with a psychiatric diagnosis, have not responded to outpatient treatment and may require further intervention following inpatient treatment. Duration of treatment varies between 20 to 30 visits. Patients attend the program generally 5 days per week, and transportation is provided for those in need from a wide geographic area. In 2006, an Intensive Outpatient component was added to provide a similar service 3 days a week and fewer hours per day. Many elderly patients had difficulty attending a 5 day a week program due to age and illness and conflicting medical care appointments.

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 work closely with agency case management staff to provide rapid comprehensive service to area seniors in need. The Center now provides an average of 12 mental health assessments each month 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. Saint Anne's provides breakfast and the approved professional education credits for a range of health care disciplines.

### ***Project Help***

Saint Anne's coordinates a personal emergency response system that offers 24-hour emergency home monitoring services. **Project Help**, which utilizes the well-known Lifeline services, provides peace of mind for subscribers and their families, allows seniors to remain at home and independent, yet offers early intervention in the case of a medical crisis. Project Help can make living at home more secure for individuals who are physically challenged or who may be at risk for falls. In this past year, the program had 73 subscribers from the area whose average age was over 80. Our Community and Social Work Services coordinates this service. Most of the subscribers pay a below-market rate and a small number receive the service at no charge. Total budget for the program is over \$15,000 and Saint Anne's provides approximately 18 percent of costs to supplement the below-cost rates charged for the service.

### ***Sunday Senior Luncheon***

Saint Anne's continues 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, and lively discussion, along with plenty of socializing. The hospital provides space, staff and speakers and subsidizes more than one-third of the meal costs.