Current Status: Published **Data as of:** 6/3/2019 3:18:36 PM

Organization Information

Organization Address and Contact Information	
Organization Name:	Saint Anne's Hospital
Address (1):	795 Middle Street
City, State, Zip:	Fall River, Massachusetts 02721-1798
Web Site:	www.steward.org
Contact Name:	Tracy (Teresa) Gerety-Ibbotson
Contact Title:	Administrative Director of Community Health
Contact Department:	Office of Community Health Benefits
Telephone Num:	(508) 235-5289
Fax Num:	(508) 235-5012
E-Mail Address:	tracy.ibbotson@steward.org
Contact Address (1): (If different from above)	795 Middle Street
City, State, Zip:	Fall River, Massachusetts 02721-1798

Organization Type and Additional Attributes	
Organization Type:	Hospital
For-Profit Status:	For-Profit
Health System:	Steward Health Care System
Community Health Network Area (CHNA):	Partners for a Healthier Community (Fall River)(CHNA 25),
Regions Served:	Other-Southeastern MA,

CB Mission

Community Benefits Mission Statement
Saint Anne's Hospital 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 Directors of Saint Anne's the adoption of needed programs and services to address identified, prioritized, and unmet health care needs in the community.

Target Populations

Name of Target Population	Basis for Selection
Poor, disadvantaged, or medically underserved individuals and families	Community Health Needs Assessment; Community Benefits Advisory Committee
Underinsured and uninsured	Community Health Needs Assessment; Community Benefits Advisory Committee
Those at risk for, screened for substance abuse or behavioral health	Community Health Needs Assessment; Community Benefits Advisory Committee
Children who are at risk for, or who have been involved with, domestic violence, sexual abuse, or other forms of violence	Community Health Needs Assessment; Community Benefits Advisory Committee

Individuals who need health education, disease prevention, and health screening to promote healthier lifestyles and the earlier detection of disease.	Community Health Needs Assessment; Community Benefits Advisory Committee
Individuals who are living with, or are at risk for developing diabetes and cancer	Community Health Needs Assessment; Community Benefits Advisory Committee
Limited English Proficient (LEP)	Community Needs Assessment,Community Benefits Advisory Committee
At-risk Veterans	Community Needs Assessment, Community Benefits Advisory Committee

Publication of Target Populations
Marketing Collateral, Annual Report, Website

Hospital/HMO Web Page Publicizing Target Pop.
https:steward.org/community-health/saint-anne's-hospital-community health

Key Accomplishments of Reporting Year
Held regular diabetes support groups; participated in community-based diabetes health fair and numerous health education programs -Conducted 112 community screenings: 52 type 2 diabetes and 60 skin cancer screenings for community members, provided skin cancer prevention education to 392 students in Fall River public schools, Pre K-middle school age -Served 419 children and their families who experienced trauma and or abuse. -Continued to support local farmers market in low income neighborhood to promote healthy nutrition and produce intake. -Maintained Healthy Beverage Program to enhance workplace wellness. -Offered free blood pressure screenings at various community health fairs -Continued Screening Brief Intervention Referral to Treatment (SBIRT) program and conducted 3,579 screenings and assessments which resulted in community referrals -Provided health coverage enrollment support to 2,709 individuals -Increased community visibility and outreach efforts in service areas. -Continued Addictions Nurse Specialist role filled by a Certified Addictions Nurse (CARN) -facilitated trainings in opioid overdose prevention, expanded the implementation of Clinical Opiate Withdrawal Scale (COWS) protocol, completed 200 consults for inpatients with addiction issues for referral to outpatient follow up. Formed a Substance Use Disorder (SUD) Working Group to reduce stigma associated with substance use disorder and launched the Peer Recovery Coach Pilot Project in January 2018, providing bedside, immediate access to a Peer Recovery Coach to over 100 patients. Opened a new dedicated Emergency Department Behavioral Health Suite with 6 private rooms demonstrating increased commitment to the unique needs of patients with behavioral health disorders. This new area has been designed in response to the nationwide trend of a growing number of behavioral health patients being cared for in Emergency Departments, and the longer stays these patients experience awaiting a bed in an appropriate treatment facility. Its calming, safe and secure design includes built-in TVs and in room emergency equipment, such as medical gases and other equipment, secured behind a rolling protective door.

Plans for Next Reporting Year
In response to the 2018 SAH Community Health Needs Assessment (CHNA), the hospital will focus on implementing innovative programs to address access to health care and behavioral health including resources for navigation, chronic disease management, substance use disorders and health-related social issues (e.g. homelessness, poverty, unemployment and other SODH). Primary prevention activities and interventions to re-educate the community on health-related behaviors will remain priorities. SAH will leverage its resources to conduct a comprehensive community health needs assessment to better inform community partners of service gaps and disparities. The role of a Certified Addictions Nurse Specialist to the Saint Anne's Hospital care team will continue to provide an additional resource to address the opioid crisis. In 2019, collaboration with Steppingstone Inc.Peer2Peer Recovery Project providing on-site, bedside access to a Peer Recovery Coach will continue and hopefully expand reach. At-risk Veterans and LEP will continue to be included in the target population and added attention will be given to the complex care needs of the LGTBQ community. Addressing the increased role social determinants of health (SDOH) play in health equity, literacy and access will be reflected in the reporting year.

Community Benefits Process

Community Benefits Leadership/Team
Brian O'Connor, Esq., Program Manager; Justice Center of Southeast, MA LLC Brittany Lynch, LICSW, Manager, Behavioral Health Services/Lead Behavioral Health Navigator; Saint Anne's Hospital Michael Bushell,President; Saint Anne's Hospital Denise Marques, CME Coordinator; Saint Anne's Hospital Wendy Bauer, MSW. Director Strategic Communications and Community Health Benefits, Saint Anne's Hospital Jennifer Salem-Russo, LICSW, Clinical Coordinator, Youth Trauma Program; Saint Anne's Hospital Jessica Stone, Community Liaison; Southeast Center for Independent Living Lisa Blanchette, Director, Patient Access; Saint Anne's Hospital Lisa DeMello, MSN, RN, ACNS-BC, Clinical Nurse Specialist/Stroke Coordinator; Saint Anne's Hospital Marcia Picard, Executive Director/School Wellness Coordinator,Partners for a Healthier Community (CHNA 25),Marin Woods, RD, LDN, Clinical Nutrition Manager; Saint Anne's Hospital, Teresa (Tracy) Gerety-Ibbotson, M.Ed; Administrative Director Community Health Benefits; Saint Anne's Hospital, Rose Marie Couto, RN, CDE, Diabetes Educator; Saint Anne's Hospital, Trish Robertson, Planner, Bristol Elder Services, Michelle Loranger, Executive Director; Bristol County Children's Advocacy Center Jessica Delouiro, Esq., Staff Attorney, Medical Legal Partnership; Justice Center of Southeast, MA LLC.; Natalia Konarski,

Director, Interpreter Services, Saint Anne's Hospital, Sandra Carreiro, United Interfaith Action of Southeastern MA (UIA), Nancy L. Sullivan MS,RN, CCM, Oncology Nurse Navigator, Saint Anne's Hospital, Stephanie Perry, RN, CARN, Addictions Nurse Specialist, Saint Anne's Hospital, Fanny Tchorz, Director of Interpreter Services, Heathfirst Family Care Center, Carol Verrochi, Community Member & Liaison to the Patient & Family Advisory Council (PFAC), Saint Anne's Hospital, Sister Glorina Jugo O.P., Member Saint Anne's Hospital Board of Directors, & Director of Mission, Saint Anne's Hospital, Adam Coderre, Coordinator of Affiliates Diabetes Association/SMILES ,People Incorporated, Inc. ,Joseph Wenhold, Wellness Coordinator, Fall River YMCA, Division of Southcoast YMCA, Sergeant Stephen Burt, Fall River Police Department, Allison Hague, LICSW, Program Director, Family Resource Center Family Service Association, Fall River Susan Mazzarella, Chief Executive Officer, Catholic Social Services, Diocese of Fall River, Beth Faunce, Deputy Director Fall River Fire Department, EMS Division & Chair of the Opioid Task Force for the City of Fall River, Michael Bryant, Recovery Coach & Program Director, Peer -to-Peer Recovery Project, Steppingstone Inc., Yansie Fontanez, Community Health Worker, Greater Fall River Partners for a Healthier Community (CHNA25), Dr. David Kurland, MD, Child Psychiatrist, Private Practice, Fall River, MA, Samantha Travassos, Health Insurance Specialist/Community Resource Liaison, Saint Anne's Hospital, Carrie Mathers-Kurland LICSW, Oncology Social Worker, Saint Anne's Hospital, Ana D'abruzzo, Administrative Assistant/Community Resource Liaison, Community Health Benefits, Saint Anne's Hospital, Julie Sanders LICSW, Director, Bay Cove Crisis Services, Lynn Iadacola, Community Member, Fall River, MA

Community Benefits Team Meetings
January 3, 2018; March 7,2018 ;May 2,2018; August 1,2018; October 3, 2018; December 5, 2018

Community Partners
Children's Advocacy Center of Bristol County (CAC of BC), Stanley Street Treatment and Resources, Inc. (SSTAR) Bristol Elder Services Coastline Elders Diabetes Association/People Incorporated Faith Communities in Southeastern, MA Fall River Food Pantry Family Service Association Fall River Public Schools Fall River Public Housing Healthfirst Family Care Center Marie's Place Southcoast Justice Center of Southeastern, MA Medical Legal Partnership Boston (MLP/B) Standard Pharmacy, Steppingstone Incorporated, Partners for a Healthier Community (CHNA25), Fall River YMCA- Division of YMCA Southcoast Mass Farmers Markets Counseling Center of Bristol Community (CCBC) City of Fall River, Fall River Police Department, Fall River Fire Department, Veteran's Guardian Angels, Inc., Leadership Southcoast (LSC) United Neighbors of Greater Fall River, United Way of Greater Fall River, Town of Somerset, Somerset Police Department, Town of Westport, Westport Public Schools, United Interfaith Action (UIA) of Southeastern, MA, Peer-to-Peer Recovery Project, Steppingstone, Inc., Seven Hills Behavioral Health, Family Service Association, Family Resource Center Fall River, RE-CREATION, Boys & Girls Club Fall River, Ser-Jobs for Progress, MASSHIRE, Youth Connection, Catholic Social Services (CSS), Justice Resource Institute (JRI), Bay Cove Crisis Services, Immigrants Assistance Center (IAC), South End Neighborhood Association, (SENA)Fall River, MA, Steward Health Care Network (SHCN)

Community Health Needs Assessment

Date Last Assesment Completed and Current Status

12-2018
2018 Report to the AGO is based on the findings of the 2015 CHNA

Consultants/Other Organizations

Saint Anne's Hospital partnered with the UMass Dartmouth Center for Policy Analysis for assistance in completing the 2018 Community Health Needs Assessment. The CBAC was involved in drafting and reviewing the data collection tools for the open public forums. SAH invited CBAC/ community partner organizations to participate in the community focus groups.Representatives from the United Way of Greater Fall River, Greater Fall River Partners for a Healthier Community (CHNA25) and United Interfaith Action (UIA) attended and scribed. The CBAC helped develop the questions for the key informant surveys and participated in the survey process as well as other community partners and Hospital leadership. Draft & final copies of the CHNA written report were shared with members of the Senior Leadership, the Board, the CBAC which includes staff level managers. Copies will be shared widely with community partners to leverage hospital resources to benefit smaller organizations & agencies that need community input for their own strategic planning and resource justification. SAH will also provide in-persons presentations of CHNA results.

Data Sources

CHNA, Community Focus Groups, Consumer Group, Hospital, Interviews, MassCHIP, Other, Public Health Personnel, Surveys, Centers for Disease Control and Prevention, 500 Cities Project
MA Bureau of Substance Abuse Services
MA Center for Health Information and Analysis
MA Department of Elementary and Secondary Education
MDPH, Bureau of Environmental Health
MDPH, Environmental Public Health Tracking
MA Executive Office of Energy and Environmental Affairs
MA Executive Office of Labor and Workforce Development
MA Health Insurance Survey
U.S. Census Bureau and U.S. Census Bureau Community Survey

CHNA Document - PDF format	2018 SAINT ANNE'S HOSPITAL CHNA - FINAL.PDF

Implementation Strategy (optional)

File Upload (optional)	2019 SAH IMPLEMENTATION STRATEGY FINAL.DOCX

Community Benefits Programs

Addictions Nurse Specialist

Program Type	Community Education, Community Participation/Capacity Building Initiative, Direct Services, Health Professional/Staff Training, Outreach to Underserved, Prevention,
Statewide Priority	Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity,
EOHHS Focus Issue(s) (optional)	Substance Use Disorders,
DoN Health Priorities (optional)	Social Environment,
Target Population	• **Regions Served:** Other-Southeastern MA, • **Health Indicator:** Other: Alcohol and Substance Abuse, • **Sex:** All, • **Age Group:** All, • **Ethnic Group:** All, • **Language:** All,

Goal Description	Goal Status
Serve as a resource to the hospital and to the community for the education, prevention, and treatment of addiction	Leadership role in International Overdose Awareness Day. Held candlelight vigil in memory of area residents lost to drug overdose in 2018, facilitated distribution of over 4,000 door-hanging resource materials to targeted areas and neighborhoods in FR
Facilitate training in opioid overdose prevention	Provided training in opioid overdose prevention to 200 community members
Serve as a resource to community members who are homeless and suffering from substance use disorder (SUD)	Participated in Street Outreach with community partners, Seven Hills Behavioral Health, Peer2Peer and Hearts of Hope, the team provided harm reduction and support to treatment services to over 100 homeless individuals suffering from SUD.
Reduce the stigma associated with substance use disorder and change the culture of caring for patients with SUD to better manage their acute care medical needs	Continued implementation of the Clinical Opiate Withdrawal Scale (COWS) and facilitated trainings for the Substance Use Disorder Working Group comprised of clinical nurse leaders, social workers, behavioral health navigators, case managers on addiction as a treatable brain disease and the process of long term recovery.
In partnership with the Peer Recovery Project pilot Peer Recovery Coach Program-offering access to a Peer Recovery Coach at the bedside	In 2018 successfully piloted the Peer Recovery Coach Program connected over 100 ED/inpatient patients with a Peer Recovery Coach at the bedside. Program to continue in 2019.
Serve as a resource to the hospital and to the community for the education, prevention, intervention and treatment of substance use disorder	Participated in the Bristol County Alliance to End the Opioid Crisis Bi-annual Conferences (5/10 & 11/7/18) with the overarching goal of enhancing regional communication, coordination and collaboration among diverse stakeholders to end the crisis in Bristol County. SAH is a founding member.
Serve as a resource to the hospital and to the community in the education, prevention, intervention and treatment of substance use dsorder	Provided over 200 consults to patients with substance use disorder- assisting with referrals to treatment and providing ongoing support and resources to patients and family members

Partners

Partner Name, Description	Partner Web Address
City of Fall River	Not Specified
Community Counseling Center of Bristol County	Not Specified
Partners for a Healthier Community	Not Specified

(CHNA25)	
Peer2Peer Recovery Project, Steppingstone, Inc.	Not Specified
Seven Hills Behavioral Health	Not Specified
SSTAR	Not Specified
Hearts of Hope	Not Specified
Contact Information	Stephanie Perry, RN, Certified Addictions Nurse(CARN),Saint Anne's Hospital, 795 Middle Street Fall River, MA 02721 508-675-5600, ext 2075
Detailed Description	Implemented by Certified Addictions Nurse (CARN) to change culture of caring for patients with addiction, understand addiction as a chronic disease, reduce stigma, serves as a hospital & community resource for education, prevention & treatment. Refer patients to community-based resources/treatment.

Behavioral Health Collaborative Care

Program Type	Community Participation/Capacity Building Initiative, Direct Services, Health Screening, Outreach to Underserved,
Statewide Priority	Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity,
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness, Mental Illness and Mental Health, Substance Use Disorders,
DoN Health Priorities (optional)	Not Specified
Target Population	• **Regions Served:** Other-Southeastern MA, • **Health Indicator:** All, • **Sex:** All, • **Age Group:** All, • **Ethnic Group:** All, • **Language:** All,

Goal Description	Goal Status
Provide dedicated behavioral health patient navigation to patients with complex needs and who have difficulty navigating the health care and social services systems to improve health outcomes	3,555 Patients were assessed for behavioral health/mental
Provide intervention, advocacy and referrals to treatment or services for patients and community members who are screened and detected for substance, alcohol and tobacco use; mental illness, and/or domestic violence.	24 patients were screened offered brief intervention and referred to treatment (SBIRT).
Reduce number of emergency department visits by individuals who have conditions which are more appropriate for treatment in primary care and/or community care settings.	Individualized patient care plans developed for 59 patients who frequent the ED for care needs to assist providers in connecting patients to appropriate community-based services

Partners

Partner Name, Description	Partner Web Address
Bristol Elder Services	Not Specified
Community Counseling of Bristol County	www.comcounseling.org
Community Not-For-Profits	Not Specified
Steward Health Care Network, Steward Choice Medicaid ACO	Not Specified
Stanley Street Treatment and Resource Family Care Center (SSTAR)	Not Specified

Corrigan Mental Health	Not Specified
Arbor Mental Health Services	Not Specified
Bay Cove Crisis Services	Not Specified
Steppingstone Inc.	Not Specified

Contact Information	Brittany Lynch LICSW, Manager, Behavioral Health Services, Saint Anne's Hospital, 508-675-5600, ext 5514
Detailed Description	Assist patients who have complex needs and great difficulty navigating the health and social service systems with dedicated behavioral health navigation. Provide intervention, advocacy and referrals to treatment or services for patients and community members who are screened and detected for substance, alcohol and tobacco use; mental illness, and/or domestic violence.

Cancer Support and Wellness Programs

Program Type	Community Education, Direct Services, Health Screening, Outreach to Underserved, Prevention, Support Group,
Statewide Priority	Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity,
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness, Mental Illness and Mental Health, Substance Use Disorders,
DoN Health Priorities (optional)	Not Specified
Target Population	• **Regions Served:** Other-Southeastern MA, • **Health Indicator:** Other: Cancer, • **Sex:** All, • **Age Group:** Adult, • **Ethnic Group:** All, • **Language:** All,

Goal Description	**Goal Status**
Provide dedicated patient navigation support driven by community needs assessment to address disparities and barriers to care	Provided navigation support to 2,104 individuals
Provide support and wellness programs to those in the community diagnosed with, in treatment for or recovering from-living with cancer.	Support groups and programs (Life - Part II, Coping with a Cancer Diagnosis, Look Good Feel Better, Gratitude Journaling, Water Color Classes, Creative Arts) and more offered weekly and monthly in 2018, nine different types of program offerings were attended by 908 individuals.

Partners

Partner Name, Description	**Partner Web Address**
American Cancer Society (ACS)	Not Specified

Contact Information	Mark Theodore Clinical Social Work, Kelly Sheehan, Clinical Social Work, Nancy Sullivan, Oncology Nurse Navigator
Detailed Description	Provide support and wellness programs to those diagnosed, in treatment, or recovering from cancer.

Community Giving

Program Type	Community Education, Community Health Needs Assessment, Community Participation/Capacity Building Initiative, Grant/Donation/Foundation/Scholarship, Health Professional/Staff Training, Outreach to Underserved, Prevention,
Statewide Priority	Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity, Supporting Healthcare Reform,
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness, Mental Illness and Mental Health, Substance Use Disorders,
DoN Health Priorities (optional)	, Built Environment, Education, Employment, Housing, Social Environment, Violence,
Target Population	• **Regions Served:** Other-Southeastern MA, • **Health Indicator:** All, • **Sex:** All,

	• **Age Group:** All, • **Ethnic Group:** All, • **Language:** All,

Goal Description	Goal Status
Print pro-bono, as needed, color copies of the Greater Fall River Resource Guide in both English and Spanish for community-wide distribution. The Greater Fall River Resource Guide is a collaborative effort between Greater Fall River Partners for a Healthier Community, United Neighbors of Greater Fall River and Saint Anne's Hospital	In 2018 printed over 2,000 color copies of the Greater Fall River Resource Guide for distribution community -wide.
Provide cash, in-kind or pro-bono support to organizations promoting & supporting health. Increase capacity building and collaboration with community partners in support of community health priorities.	$349,173.00 in commitments to 58 organizations

Partners

Partner Name, Description	Partner Web Address
Local not-for-profit agencies addressing health improvement	Not Specified
Partners for a Healthier Community (CHNA25)	Not Specified

Contact Information	Tracy (Teresa) Gerety-Ibbotson, MEd, Administrative Director of Community Health Benefits
Detailed Description	Cash, in-kind or pro-bono support to organizations promoting health

Community Health Needs Assessment

Program Type	Community Health Needs Assessment, Community Participation/Capacity Building Initiative,
Statewide Priority	Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity,
EOHHS Focus Issue(s) (optional)	N/A,
DoN Health Priorities (optional)	N/A,
Target Population	• **Regions Served:** Other-Southeastern MA, • **Health Indicator:** All, • **Sex:** All, • **Age Group:** All, • **Ethnic Group:** All, • **Language:** All,

Goal Description	Goal Status
Identify unmet community health needs, vulnerable populations, gaps in existing services, barriers to care and disparities in health outcomes	In 2018 completed a comprehensive community health needs assessment - equipping Saint Anne's Hospital and community partners with an updated blueprint on which to develop a responsive and targeted community health implementation strategy

Partners

Partner Name, Description	Partner Web Address
The Peer Recovery Project /Steppingstone Inc.	Not Specified
United Way of Greater Fall River	Not Specified
Greater Fall River Partners for a Healthier Community (CHNA25)	Not Specified

South End of Fall River Neighborhood Association	Not Specified
UMass Dartmouth Center for Policy Analysis	Not Specified
Family Service Association, Family Resource Center	Not Specified
United Interfaith Action (UIA)	Not Specified
Saint Mary's Cathedral, Fall River	Not Specified
Community of Fall River	Not Specified
Health & Human Service Agencies in Greater Fall River	Not Specified

Contact Information	Teresa (Tracy) Gerety-Ibbotson MEd, Administrative Director, Community Health Benefits
Detailed Description	In compliance with the AGO guidelines to conduct triennial assessments on community health status, Saint Anne's Hospital, with input from community partner organizations, completed a comprehensive Community Health Needs Assessment (CHNA) in 2018

Compassionate Care/Blessed Marie Poussepin Outreach Ministry

Program Type	Outreach to Underserved,
Statewide Priority	Promoting Wellness of Vulnerable Populations, Reducing Health Disparity,
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness, Mental Illness and Mental Health, Substance Use Disorders,
DoN Health Priorities (optional)	Housing, Social Environment, Violence,
Target Population	• **Regions Served:** Other-Southeastern MA, • **Health Indicator:** Access to Health Care, Other: Elder Care, Other: Homelessness, Other: Nutrition, Other: Safety, Other: Uninsured/Underinsured, • **Sex:** All, • **Age Group:** All, • **Ethnic Group:** All, • **Language:** All,

Goal Description	Goal Status
Reduce barriers to health care caused by poverty, unemployment and lack of transportation.	2,352 taxi vouchers were distributed to those requiring transportation for primary care and other medical related care needs, $43,602 expended for taxi vouchers, prescriptions, and other medical supplies/needs.

Partners

Partner Name, Description	Partner Web Address
Blessed Marie Poussepin Outreach Ministry	Not Specified
Marie's Place	Not Specified
Standard Pharmacy	Not Specified
Transit Authorities	Not Specified
Vet's Safety Cab	Not Specified

Contact Information	Sister Glorina Jugo, Director of Mission
Detailed Description	Saint Anne's Compassionate Care Program -Blessed Marie Poussepin Outreach Ministry exists in response to the needs of the poor and indigent in our community. This outreach program provides vouchers for prescriptions, supplements, non-durable medical supplies, taxi service, food, and clothing.

Diabetes Education and Support

Program Type	Community Education, Health Screening, Outreach to Underserved, Prevention, Support Group,
Statewide Priority	Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity,
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,

DoN Health Priorities (optional)	Social Environment,
Target Population	• **Regions Served:** Other-Southeastern MA, • **Health Indicator:** Other: Diabetes, Other: Nutrition, Other: Smoking/Tobacco, Other: Stress Management, Overweight and Obesity, Physical Activity, Tobacco Use, • **Sex:** All, • **Age Group:** Adult, • **Ethnic Group:** All, • **Language:** All, Portuguese,

Goal Description	Goal Status
Educate children with diabetes about the disease, disease management & healthy lifestyles	SAH Certified Diabetes Educator (also a bilingual Portuguese RN), Licensed Dietician and Licensed Pediatric Occupational Therapist provided a day of educational activities for 40 children at Camp Jack , a pediatric summer day camp for children diagnosed with both Type I and Type II diabetes.
Offer Eat Healthy, Be Active 6-week program free of charge to the community	Offered 9 times in 2018 with 55 participants completing
Provide diabetes education, screening and support to members of the community.	Participated in over 20 community health outreach events providing diabetes education to over 400 community members. Diabetes risk factor screening offered to 52 community members and those who screened at risk were offered on-site, immediate education.

Partners

Partner Name, Description	Partner Web Address
Diabetes Association	Not Specified
Mass Federation of Farmers	Not Specified
YMCA Southcoast	Not Specified
People Incorporated	Not Specified

Contact Information	Rose Marie Couto, RN,Certified Diabetes Educator
Detailed Description	Provide free community screenings, educational sessions and support groups and utilized both interpreters and a bi-lingual RN, CDE.

Health Insurance Advocacy

Program Type	Community Education, Health Coverage Subsidies or Enrollment, Outreach to Underserved,
Statewide Priority	Reducing Health Disparity, Supporting Healthcare Reform,
EOHHS Focus Issue(s) (optional)	Not Specified
DoN Health Priorities (optional)	Not Specified
Target Population	• **Regions Served:** Other-Southeastern MA, • **Health Indicator:** Access to Health Care, Other: Uninsured/Underinsured, • **Sex:** All, • **Age Group:** All, • **Ethnic Group:** All, • **Language:** All, Portuguese,

Goal Description	Goal Status
Improve access to healthcare for the working poor including the elderly, individuals with language barriers	2,709 individuals enrolled and/or supported with health care coverage
Provide Presumptive Eligibility determinations for immediate access to MassHealth coverage for eligible individuals	Provided Presumptive Eligibility Determination for 286 individuals in 2018

Partners

Partner Name, Description	Partner Web Address
Fall River Public Housing	Not Specified

Healthfirst Family Care Center	Not Specified
Marie's Place	Not Specified
Partners For Healthier Community	Not Specified
Salvation Army	Not Specified

Contact Information	Naomi Patricio, Bi-lingual Lead Health Insurance Program Specialist
Detailed Description	Improve access to healthcare for target population by assisting with enrollment in health insurance programs and assisting as able with access to other health-related benefits.

Health Screenings, Education and Wellness

Program Type	Community Education, Health Screening, Outreach to Underserved, Prevention,
Statewide Priority	Promoting Wellness of Vulnerable Populations, Reducing Health Disparity,
EOHHS Focus Issue(s) (optional)	Not Specified
DoN Health Priorities (optional)	Not Specified
Target Population	• **Regions Served:** Other-Southeastern MA, • **Health Indicator:** All, • **Sex:** All, • **Age Group:** All, • **Ethnic Group:** All, • **Language:** All,

Goal Description	**Goal Status**
School-based skin cancer prevention education to increase awareness and protection	Obtained 392 signed skin cancer prevention-safe sun behavior pledge cards from students K-8, students commit to use sunscreen, protective clothing, and not to use tanning beds. Plan to continue school-based skin cancer prevention education in 2019
Promote health and wellness through screenings and education	112 individuals screened for cancer and type II diabetes; participated in 75 community-based programs promoting health education and wellness.

Partners

Partner Name, Description	**Partner Web Address**
Community not-for-profits; faith communities	Not Specified
Fall River Public Schools	Not Specified
Westport Public Schools	Not Specified
Greater Fall River Partners for a Healthier Community (CHNA25)	Not Specified
Blount Fine Foods	Not Specified
Stop N Shop Distribution Center & Corporate Offices	Not Specified
Liberty Utilities	Not Specified
Area Businesses Employee Wellness Departments	Not Specified

Contact Information	Tracy (Teresa) Gerety-Ibbotson MEd, Administrative Director of Community Health Benefits
Detailed Description	Promote health and wellness through screenings and education

Medical Legal Partnership

Program Type	Direct Services, Health Professional/Staff Training,
Statewide Priority	Reducing Health Disparity,
EOHHS Focus Issue(s) (optional)	Housing Stability/Homelessness, Mental Illness and Mental Health,
DoN Health Priorities (optional)	Not Specified
Target Population	• **Regions Served:** Other-Southeastern MA, • **Health Indicator:** Access to Health Care, • **Sex:** All, • **Age Group:** Adult,

	• **Ethnic Group:** All, • **Language:** All,

Goal Description	Goal Status
Increase access to care by mitigating social determinants of health through legal advocacy	18 unique individuals for 22 unique legal needs were referred to MLPB with the Justice Center taking on direct legal representation for 8 legal cases.
Strengthen SAH staff knowledge and skills in SDOH problem-solving involving patients' legal risks, rights and remedies through SDOH-themed trainings. Trainings open to community providers	MLPB delivered 3 trainings in "A Strength-based Approach to Screening Families/Individuals for Health-related Social Needs" including discussion around structural bias opening the conversation to racism. Trainings were free, open to community providers and offered CEUs.

Partners

Partner Name, Description	Partner Web Address
Justice Center of Southeastern MA	Not Specified
MLP/Boston	www.mlpboston.org
South Coastal Counties Legal Services	www.sccls.org;

Contact Information	Tracy (Teresa) Gerety-Ibbotson; Administrative Director Community Health; Brittany Lynch, Manager Behavioral Health
Detailed Description	Provide income-eligible (low-income) and elderly with free legal advocacy to address social determinants of health. Provide team-facing training and technical assistance in social determinants of health (SDOH) problem-solving involving patients' legal risks, rights and remedies.

Peer Recovery Coach Program

Program Type	Outreach to Underserved,
Statewide Priority	Chronic Disease Management in Disadvantage Populations, Reducing Health Disparity,
EOHHS Focus Issue(s) (optional)	Substance Use Disorders,
DoN Health Priorities (optional)	Not Specified
Target Population	• **Regions Served:** Other-Southeastern MA, • **Health Indicator:** Other: Alcohol and Substance Abuse, Substance Abuse, • **Sex:** All, • **Age Group:** All Adults, • **Ethnic Group:** All, • **Language:** All,

Goal Description	Goal Status
Provide all patients with SUD access to a Peer Recovery Coach	In 2018 offered Peer Recovery Coaching to over 100 patients with SUD

Partners

Partner Name, Description	Partner Web Address
Not Specified	Not Specified
Steppingstone Inc., Peer - to - Peer Recovery Project	Not Specified
Steward Health Care Network (SHCN)	Not Specified

Contact Information	Stephanie Perry, CARN, Addictions Nurse Specialist, Saint Anne's Hospital, 774-644-5025
Detailed Description	Provide ED patients and inpatients with SUD access to a peer recovery coach who provides support and services to promote recovery by removing barriers and serving as a role model

Physician/Provider Engagement in Community Health

Program Type	Health Professional/Staff Training,
Statewide Priority	Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity,
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness, Mental Illness and Mental Health, Substance Use Disorders,
DoN Health Priorities (optional)	Built Environment, Education, Housing, Social Environment, Violence,
Target Population	• **Regions Served:** Other-Southeastern MA, • **Health Indicator:** All, • **Sex:** All, • **Age Group:** All, • **Ethnic Group:** All, • **Language:** All,

Goal Description	**Goal Status**
Engage primary care providers (i.e. physicians, mid-levels, nurses, social workers, other) in community health to address high -risk health & health-related social issues disproportionately impacting vulnerable/target populations	Provided 5 CME trainings in population health issues, topics included: " Caring for the Patient with Substance Use Disorder" (3/3); The Role of Health Care Workers in Recognizing Signs & Symptoms of Human Trafficking" (9/13)
Improve cultural competency in caring for culturally diverse individuals and at-risk, hard-to-reach populations.	Provided trainings in a strengths-based approach to screening individuals and families for health-related social needs focusing on patient strengths and assets rather than on their deficits and risks (3/7), (8/16) and (12/6). This will continue to be a focus area in 2019

Partners

Partner Name, Description	**Partner Web Address**
Hawthorn Medical Associates	Not Specified
Steward Health Care Network (SHCN)	Not Specified
Steward Medical Group (SMG)	Not Specified
SSTAR - Family Care Center	Not Specified
Prima-CARE	Not Specified
Health First Family Care Center	Not Specified
Pediatric Associates	Not Specified
Highland Pediatrics	Not Specified
Other Physician & Provider Groups in the South Coast region	Not Specified
Community Non-profits serving target population	Not Specified

Contact Information	Denise Marques, Coordinator, CME Program, Saint Anne's Hospital
Detailed Description	With the implementation of the Accountable Care Organization (ACO) model of care, it is essential to have primary health care providers engaged in the initiatives to improve population health. Success of the program will depend on commitment from the providers to learn more about the communities they serve through trainings in cultural competency and community health needs with explicit attention to the social determinants of health (SDOH).

Reducing Food Insecurity

Program Type	Grant/Donation/Foundation/Scholarship,
Statewide Priority	Promoting Wellness of Vulnerable Populations, Reducing Health Disparity,
EOHHS Focus Issue(s) (optional)	Not Specified
DoN Health Priorities (optional)	Not Specified
Target Population	• **Regions Served:** Other-Southeastern MA, • **Health Indicator:** Other: Nutrition,

	• **Sex:** All, • **Age Group:** All, • **Ethnic Group:** All, • **Language:** All,

Goal Description	**Goal Status**
Reducing hunger and addressing food security.	$1,500 monthly donations to the Greater Fall River Food Pantry and to Marie's Place. This assisted with the distribution of food, clothing, and small household items to 39,395 clients (10, 200 families)

Partners

Partner Name, Description	**Partner Web Address**
Fall River Food Pantry	Not Specified
Marie's Place, distribution center for food and clothing	Not Specified

Contact Information	Teresa (Tracy) Gerety-Ibbotson MEd, Administrative Director, Community Health Benefits
Detailed Description	Reduce number of families and children suffering from hunger and lack of clothing

Transport Service

Program Type	Direct Services,
Statewide Priority	Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity,
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities (optional)	Social Environment,
Target Population	• **Regions Served:** Other-Southeastern MA, • **Health Indicator:** Access to Health Care, • **Sex:** All, • **Age Group:** All Adults, • **Ethnic Group:** All, • **Language:** All,

Goal Description	**Goal Status**
Reduce barriers to health care caused by lack of transportation	Provided transport for 254 patients for a total of 4,062 trips

Partners

Partner Name, Description	**Partner Web Address**
Not Specified	Not Specified

Contact Information	Kelly Sheehan, LICSW, Oncology Social Work, Kristine Walker, Director, Oncology Services, 508-675-5600
Detailed Description	Transport service, including a handicap accessible van, is offered to those who would otherwise be unable to access care due to physical limitations, lack of a personal vehicle, or limited or no financial resources to pay for transportation.

Youth Trauma Program

Program Type	Direct Services,
Statewide Priority	Promoting Wellness of Vulnerable Populations, Reducing Health Disparity,
EOHHS Focus Issue(s) (optional)	Not Specified
DoN Health Priorities (optional)	Social Environment, Violence,
Target Population	• **Regions Served:** Other-Southeastern MA, • **Health Indicator:** Access to Health Care, Injury and Violence, Mental Health, Other: Domestic Violence, Other: Parenting Skills, • **Sex:** All, • **Age Group:** All Children, • **Ethnic Group:** All, • **Language:** All,

Goal Description	Goal Status
Address infant mental health needs of children from birth - 3 y/o who have witnessed or have been victims of trauma and/or abuse, including substance exposed newborns & infants living with parents with substance use disorder	The newly formed (2017) Southeastern MA Infant Mental Health Task Force continued to meet monthly in 2018.Based on survey data from local pediatricians facilitated local training by the National Alliance for Drug Endangered Children (DEC).
Provide diagnostic evaluation and psychotherapy to children who have witnessed or have been victims of trauma and/or abuse	In 2018 the program served 419 children services included telephone information, referral assistance as well as direct services (individual, group and family therapy).

Partners

Partner Name, Description	Partner Web Address
Children's Advocacy Center of Bristol County	Not Specified
MA Department of Children & Families	Not Specified
Fall River Public Schools	Not Specified
Local Pediatric Practices	Not Specified
Justice Resource Institute (JRI)	Not Specified

Contact Information	Jennifer Salem-Russo, LICSW, Coordinator, Youth Trauma Program (YTP)
Detailed Description	One of two programs in Bristol County providing specialized evidence-based trauma-focused assessment and outpatient therapy services for child and adolescent victims of sexual abuse, physical abuse, neglect and other trauma, including loss of a loved one due to homicide, dating violence or violence at home. Program services children and adolescents from birth to 21. Services are free.

Expenditures

Community Benefits Programs

Expenditures	Amount
Direct Expenses	$1,206,578.00
Associated Expenses	$22,289.00
Determination of Need Expenditures	$229,901.00
Employee Volunteerism	$19,968.00
Other Leveraged Resources	$526,462.00

Net Charity Care

Expenditures	Amount
HSN Assessment	$972,687.00
HSN Denied Claims	$816,125.00
Free/Discount Care	$174,089.00
Total Net Charity Care	$1,962,901.00

Corporate Sponsorships	$119,272.00
Total Expenditures	$4,087,371.00
Total Revenue for 2018	$269,824,151.00

Total Patient Care-related expenses for 2018	$238,755,222.00
Approved Program Budget for 2019 (*Excluding expenditures that cannot be projected at the time of the report.)	$424,363.00
Comments:	In 2018, unreimbursed Medicare and Medicaid services was $9,913,534.00

Optional Information

Community Service Programs

Expenditures	Amount
Direct Expenses	Not Specified
Associated Expenses	Not Specified
Determination of Need Expenditures	Not Specified
Employee Volunteerism	Not Specified
Other Leveraged Resources	Not Specified
Total Community Service Programs	Not Specified

Link to Hospital Formatted PDF Community Benefits Report:	Not Specified	
Bad Debt:	Not Specified	Not Specified
Optional Supplement:	Not Specified	

Current Status: Published

Data as of: 6/3/2019 3:18:41 PM