

Community Benefits Annual Report

I. **Mission:**

To benefit the people of our region by promoting good health and by healing, caring and comforting.

The mission statement is reviewed and approved yearly by the Board of Directors.

II. **Internal Oversight and Management of the Community Benefits Program:**

South Shore Hospital is accountable to the public, and is governed by a volunteer Board of Directors committed to balancing community needs with available resources to meet those needs.

Persons who are knowledgeable about the community and concerned about the health needs of its citizens serve as Hospital Directors, Foundation Trustees and Overseers, and are responsible for evaluating the health care needs of the community we serve. The governing board members are community leaders who provide a link between the hospital and the health care challenges, needs and desires of the community. The senior administrative team meets regularly to discuss and plan the hospital's response to identified community health needs. A community benefits task force, made up of physicians and hospital administrators, meets quarterly to discuss regional health trends. This information assists in the development of new programs and modification of existing programs.

Information is shared about Community Benefits with hospital and medical staff, organization-wide via the following methods:

- Lotus Notes - South Shore Hospital's Intranet
- South Shore Hospital's Health News - A quarterly newsletter sent to over 80,000 homes
- Publication of more than 30 different patient/family education brochures
- Shorelines - A twice monthly publication distributed to all employees
- Medical Staff News - A monthly newsletter for physicians
- Nurse-to-Nurse - A publication for the nursing staff
- Monthly Management Meetings
- Department Meetings
- Informational posters strategically placed throughout the hospital

III. **Community Health Needs Assessment:**

South Shore Hospital serves two distinct regions that can be identified by their Community Health Network Area (CHNA) designations. These regions are the Blue Hills Community Health Alliance serving the northern portion of South Shore Hospital's service area and the South Shore Community Partners in Prevention serving the southern portion of South Shore Hospital's service area.

Cities and towns in the Blue Hills CHNA are Braintree, Canton, Cohasset, Hingham, Hull, Milton, Norwell, Norwood, Quincy, Randolph, Scituate, Sharon, and Weymouth.

Towns in the South Shore CHNA are Carver, Duxbury, Halifax, Hanover, Hanson, Kingston, Marshfield, Pembroke, Plymouth, Plympton, and Rockland.

The Blue Hills CHNA region has a higher percentage of elderly than the state average, and a higher suicide rate than the statewide average (8.4/100,000 vs 6.6/100,000). The South Shore CHNA region has a lower percentage of elderly and a lower than average but still significant statewide adjusted suicide rate (5.0/100,000).

These demographic facts and suicide profiles of the South Shore Hospital surrounding communities provide some of the needs assessment utilized in creating our outreach efforts. The data helps in establishing new initiatives and in expanding already existing initiatives. South Shore Hospital has chosen to highlight two programs, one targeted toward the elderly (persons age 65 and older) and the other toward youth with special attention to adolescent suicide.

Data in the following community health needs assessment is derived from the Department of Public Health's MassCHIP (Massachusetts Community Health Information Profile) database.

A. Health Status Indicators Report for Blue Hills Community Health Alliance

1. Demographic Indicators: Blue Hills

	Area Count	Area Percent	State Percent
Per Capita Income *		\$19,746	\$17,224
Population below 100% of poverty level *	15,935	4.6	8.9
Population below 200% of poverty level *	45,851	13.1	21.0
Children less than 18 years of age living below 100% of poverty line *	4,114	5.7	13.2
Unemployed persons age 16 and over	5,580	2.8	3.7

* 1990 Census counts or Estimates

	Area Count	Area Percent	State Percent
Persons under 18 years of age	82,298	22.5	23.6
Persons under 20 years of age	89,095	24.4	26.4
Persons age 65 years and over	57,080	15.6	13.5
White non-Hispanic persons *	321,579	88.0	83.9
Black non-Hispanic persons *	14,549	4.0	5.3
Hispanic persons *	5,898	1.6	6.8
Asian persons *	22,980	6.3	3.9
AFDC Medicaid Recipients	10,799	3.5	7.1
Multiple Assistance Unit Medicaid Recipients	610	0.5	1.2

* The most recent population Estimates (2000).

2. All Perinatal and Child Health Indicators: Blue Hills

	Area Count	Area Fertility Rate	State Fertility Rate
Births to women ages 15 to 44	4,705	61.3	57.2
White non-Hispanic	3,750	57.6	52.1
Black non-Hispanic	276	73.3	67.7
Hispanic	108	67.1	80.7
Asian	455	73.7	64.9
	Area Count	Area Infant Mortality Rate	State Infant Mortality Rate
Infant Deaths	13	2.8	4.6
White non-Hispanic	12	3.2	3.9
Black non-Hispanic	0	N/A	12.9
Hispanic	0	N/A	5.2
Asian	1	N/A	4.1
	Area Count	Area Percent	State Percent
Low Birth weight (less than 2500 grams)	293	6.2	7.1
Births to adolescent mothers	112	2.4	6.6
Mothers not receiving prenatal care in first trimester	457	9.8	16.2
Mothers with adequate prenatal care	4,089	87.9	79.1
Mothers receiving publicly funded prenatal care	580	12.4	27.5
	Area Count	Area Rate	State Rate
Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 yrs)	8	0.5	0.8

3. Infectious Disease: Blue Hills

	Area Count	Area Crude Rate	State Crude Rate
Newly diagnosed AIDS cases	21	5.7	13.9
Cumulative AIDS cases	479		
Persons alive with AIDS	196	53.4	110.2
AIDS and HIV-related deaths	7	1.9	3.8
Tuberculosis	16	4.4	4.5
Pertussis	103	28.2	21.5
Acute Hepatitis-B	0	0.0	0.3
Syphilis	9	2.5	6.6
Gonorrhea	38	10.4	43.7
Chlamydia	225	61.6	158.5
	Area Count	Area Age-specific Rate	State Age-specific Rate
Syphilis, ages 15-19	0	0.0	2.2
Gonorrhea, ages 15-19	7	35.0	155.6
Chlamydia, ages 15-19	68	340.3	763.9

4. Injury Indicators: Blue Hills

	Area Count	Area Age-adjusted Rate per 100,000	State Age-adjusted Rate per 100,000
Motor vehicle related injury deaths	24	6.7	6.7
Suicide	32	8.4	6.6
Homicide	3	0.8	2.0

5. Chronic Disease Indicators: Blue Hills

	Area Count	Area per Age-adjusted Rate per 100,000	State Age-adjusted Rate per 100,000
Total deaths (all causes)	3,577	803.1	805.1
Total cancer deaths	918	211.0	206.0
Lung cancer deaths	271	62.9	54.1
Breast cancer deaths	55	21.7	27.2
Cardiovascular disease deaths	1,320	290.4	290.0

6. Substance Abuse Indicators: Blue Hills

	Area Count	Area Crude Rate per 100,000	State Crude Rate per 100,000
Admissions to DPH funded treatment programs	6,662	1822.9	1900.9
Injection drug user admissions to DPH funded treatment program	1,605	439.2	521.9
Alcohol and other drug related hospital discharges	1,098	298.8	315.5
	Area Count	Area Age-adjusted Rate	State Age-adjusted Rate
Alcohol and other drug use deaths	55	14.5	20.4

7. Hospital Discharges for Primary Care Manageable Conditions: Blue Hills

	Area Count	Area Age-adjusted Rate per 100,000	State Age-adjusted Rate per 100,000
Asthma	413	111.4	127.9
Angina	145	35.2	48.3
Bacterial pneumonia	1,445	345.0	348.2

B. CHNA Health Status Indicators Report for South Shore Community Partners in Prevention

1. Demographic Indicators: South Shore

	Area Count	Area Percent	State Percent
Per Capita Income *		\$17,139	\$17,224
Population below 100% of poverty level *	6,936	4.4	8.9
Population below 200% of poverty level *	21,372	13.5	21.0
Children less than 18 years of age living below 100% of poverty line *	2,549	5.9	13.2
Unemployed persons age 16 and over	3,583	3.8	3.7

* 1990 Census counts or Estimates

	Area Count	Area Percent	State Percent
Persons under 18 years of age	49,282	27.3	23.6
Persons under 20 years of age	53,125	29.4	26.4
Persons age 65 years and over	20,086	11.1	13.5
White non-Hispanic persons *	175,531	97.2	83.9
Black non-Hispanic persons *	2,012	1.1	5.3
Hispanic persons *	1,791	1.0	6.8
Asian persons *	1,021	0.6	3.9
AFDC Medicaid Recipients	6,721	4.3	7.1
Multiple Assistance Unit Medicaid Recipients	620	1.0	1.2

* The most recent population **Estimates** (2000).

2. All Perinatal and Child Health Indicators: South Shore

	Area Count	Area Fertility Rate per 1000	State Fertility Rate per 1000
Births to women ages 15 to 44	2,433	64.7	57.2
White non-Hispanic	2,293	62.5	52.1
Black non-Hispanic	21	70.5	67.7
Hispanic	21	61.6	80.7
Asian	25	98.8	64.9
	Area Count	Area Infant Mortality Rate	State Infant Mortality Rate
Infant Deaths	11	4.5	4.6
White non-Hispanic	11	4.8	3.9
Black non-Hispanic	0	NA	12.9
Hispanic	0	NA	5.2
Asian	0	NA	4.1
	Area Count	Area Percent	State Percent
Low Birth weight (less than 2500 grams)	145	6.0	7.1
Births to adolescent mothers	83	3.4	6.6
Mothers not receiving prenatal care in first trimester	270	11.3	16.2
Mothers with adequate prenatal care	2,058	86.0	79.1
Mothers receiving publicly funded prenatal care	300	12.3	27.5
	Area Count	Area Rate	State Rate
Lead poisoning cases (blood lead levels greater than or equal to 25 µg/dL in children ages 6 mos - 5 years)	0	0.0	0.8

3. Infectious Disease: South Shore

	Area Count	Area Crude Rate per 100,000	State Crude Rate per 100,000
Newly diagnosed AIDS cases	0	0.0	13.9
Cumulative AIDS cases	118		
Persons alive with AIDS	45	25.0	110.2
AIDS and HIV-related deaths	1	0.6	3.8
Tuberculosis	N/A	NA	4.5
Pertussis	53	29.3	21.5
Acute Hepatitis-B	N/A	N/A	0.3
Syphilis	N/A	N/A	6.6
Gonorrhea	19	10.5	43.7
Chlamydia	98	54.3	158.5
	Area Count	Area Age-specific Rate	State Age-specific Rate
Syphilis, ages 15-19	0	0.0	2.2
Gonorrhea, ages 15-19	6	50.9	155.6
Chlamydia, ages 15-19	37	313.7	763.9

4. Injury Indicators: South Shore

	Area Count	Area Age-adjusted Rate per 100,000	State Age-adjusted Rate per 100,000
Motor vehicle related injury deaths	11	6.0	6.7
Suicide	9	5.0	6.6
Homicide	2	1.2	2.0

5. Chronic Disease Indicators: South Shore

	Area Count	Area Age-adjusted Rate per 100,000	State Age-adjusted Rate per 100,000
Total deaths (all causes)	1,369	833.6	805.1
Total cancer deaths	402	240.3	206.0
Lung cancer deaths	112	66.7	54.1
Breast cancer deaths	29	30.0	27.2
Cardiovascular disease deaths	491	303.1	290.0

6. Substance Abuse Indicators: South Shore

	Area Count	Area Crude Rate per 100,000	State Crude Rate per 100,000
Admissions to DPH funded treatment programs	2,296	1271.3	1900.9
Injection drug user admissions to DPH funded treatment program	318	176.1	521.9
Alcohol and other drug related hospital discharges	323	180.9	315.5
	Area Count	Area Age-adjusted Rate	State Age-adjusted Rate
Alcohol and other drug use deaths	20	11.1	20.4

7. Hospital Discharges for Primary Care Manageable Conditions: South Shore

	Area Count	Area Age-adjusted Rate per 100,000	State Age-adjusted Rate per 100,000
Asthma	177	101.1	127.9
Angina	86	50.4	48.3
Bacterial pneumonia	493	306.4	348.2

IV. Community Participation:

South Shore Hospital, in partnership with community groups such as D.A.R.E. officers and school officials, work to improve the health status of the region.

The process to generate interest in the programs is multifaceted.

- Advertisements are placed in various newspapers
- Brochures are mailed with other pertinent material
- South Shore Hospital's Public Relations Staff generates media attention
- Participation in health fairs

Demographics are maintained about program participants and assessments about the programs that create the most interest. Participants are encouraged to bring additional attendees to future programs. This has been successful.

South Shore Hospital values community review of our programs by feedback from the participants - both formal and informal. Written evaluation tools are utilized at all programs to solicit feedback on the caliber and relevance of the program. These evaluations are carefully reviewed by South Shore Hospital managers with attempts to incorporate all suggestions.

V. Community Benefits Program:

The process of developing the Community Benefits Program has been discussed in section II.

South Shore Hospital's short-term goals for Community Programs are to continually increase attendance and awareness of our programs. The hospital will continually update and review its' programs to meet the changing needs and demographics of our community.

Long-term goals are: to reach out to the members of our community offering learning experiences from our expertise in illness, health maintenance and wellness issues; to develop a rapport with members of the community of all ages and backgrounds; and to enrich all participants with an exchange of ideas and concerns. South Shore Hospital's goal is to keep the community actively informed and involved by continuing to offer programs that promote disease management, healthy living and maintenance of a wellness state.

To evaluate the community response to our programs, South Shore Hospital uses surveys, tracks attendance, solicits the opinions of attendees, provides feedback to the Directors of each program, evaluates requests for repeat programs and incorporates suggestions for future topics.

Budgeting is determined by available resources and needs assessments. South Shore Hospital's medical and clinical staff personnel are an integral part of the

program, offering their services as presenters in their field of expertise. Community speakers who possess an area of expertise that is judged to be of interest and importance are also requested to participate.

The process for evaluating, reviewing and updating has been previously discussed.

VI. Progress Report: Activity During Reporting Year:

South Shore Hospital is submitting requested detailed data on two of our many community programs. These two programs, **Healthy Values** and **The South Shore School Partnership for Health** are highlighted because of their direct relation to the community health needs assessment addressed in section III. South Shore Hospital will not enter the same level of detail for all of the programs designed and implemented to benefit our community and its population but will instead list some of these at the end of this section.

What follows is a list of dollar contributions supporting the two programs highlighted, **Healthy Values** and **The South Shore School Partnership for Health**. Detailed descriptions of some of the components of these programs are also listed.

Major Programs and Initiatives:

◇**Healthy Values:**

Salaries	\$47,630
Operational Expenses	<u>\$15,443</u>
Total Expenses	\$63,073

The Healthy Values Program was developed to promote healthy living for people age sixty years and older. The program was developed by South Shore Hospital to help guide seniors through the array of traditional and non-traditional health services and to improve the seniors' individual health through education, early intervention and self-management of chronic illness.

The Healthy Values Program provides:

- A bi-monthly newsletter mailed to members, distributed to area senior centers, assisted living facilities and physicians offices. This provides a monthly schedule of events.

- Physician lectures on the followings topics were presented on:
 - Shoulder Pain
 - Hip Pain
 - Dizziness
 - Back Pain
 - Prostate Cancer
 - Glaucoma
 - Insight into Managed Care

- Pain Management
 - Eye Health
 - Chronic Bone and Joint Conditions
 - Losses/Gains of Aging
 - Osteoporosis
 - Skin Cancer
- Discounted meals in the hospital dining room.
- Access to educational programs at South Shore Hospital such as:
 - Save Your Back
 - Long Term Care Solutions
 - Proper Use of Dietary Supplements
 - Travel Consultants
 - Driving Program
 - Genogram
 - Prescription Review
 - Sleep Disorders
 - Elder Hostel
 - Eldercorps
 - Arthritis Update
 - How to Talk to Your Physician
 - Stress Reduction
 - Yoga
 - Home Safety
 - Memory Techniques
 - Reading Food Labels
 - Elder Law
 - Footwear/Foot Care
 - Consumer Fraud
 - Spirituality
 - Lower Leg Problems
 - Joint Replacement
 - Assisted Living
 - Ombudsman
 - Cardiac Rehab
 - Insurance Counseling
 - Exercise Classes, a Walking Club and Yoga
 - Bridging the Generation Gap
 - End of Life Issues
- Support groups such as:
 - Alzheimer's Care
 - Bereavement
 - Better Breathing
 - Breast Cancer

- Cancer Home Support
 - Living With Cancer
 - Diabetes
 - Juvenile Diabetes
 - Healthy Hearts
 - Laryngectomies
 - Lyme Disease
 - Stroke
- Physician screenings:
 - Skin cancer screening
 - Back and neck screening
 - Blood pressure screening
 - Diabetic screening
 - Foot screening
 - Hand screening
 - Eye exam screening
 - Bone density screening
 - Posture screening
 - Fat:lean body mass screening

◇**School Partnership for Health:**

Salaries	\$15,800
Volunteers	\$ 625
<i>Learn Not To Burn</i> Booklets	\$ 930
Operational Expenses	<u>\$ 1,569</u>
Total Expenses	\$18,924

The South Shore School Partnership for Health offers education and health resources to school nurses, administrators and faculty. Educational programs in the last year included:

- Nutritional approach to weight management in children.
- Understanding children with Asperger’s Syndrome.
- A “Success vs. Stress Forum”.
- Advances in Diabetic Care.
- Demonstration of a computerized student health record.
- Physician services provided to the Marshfield School System.
- Educational/medical resource to the Johnson Early Childhood Center in Weymouth.
- Comprehensive rehabilitation therapy services provided to schools in Milton, Duxbury, Quincy, Randolph and Weymouth.
- *The Safe Key Kid Program* presentation for middle school children.
- *Baby-sitting Basics* course for children 11-14 years of age.
- Taught high school students the dangers of drinking and driving as well as the importance of wearing seatbelts. This includes a slide show, video, and car crash simulations.

- *Healthy Eating for Children* presented to the parents at the Head Start Program in Pembroke.
- *Eye and Health Safety* presented at Weymouth High School.
- The Weymouth Fire Department was provided with the National Fire Protection Association's *Learn Not To Burn* educational booklets. Established the *Adolescent Suicide Prevention Project*. The project links school counselors, psychologists, nurses and The District Attorney's Office of Norfolk County with mental health professionals from South Shore Hospital. The program promotes the prevention of adolescent suicide through identification and support for troubled teens.

In addition to the detailed description above of the two highlighted programs, South Shore Hospital is also submitting, in less detail, a list of some of the other community programs in which we are involved and an approximate dollar expenditure for each of those initiatives.

• Safe Key Kids (<i>through Education and Training Department</i>)	\$ 3,800
• Cancer Support Groups (<i>Prostate, Breast and Living with Cancer</i>)	\$ 9,500
• Rehab Support Community Outreach Programs:	\$36,000
– Parkinson's	
– Arthritis	
– Aquatic Program	
– Fibromyalgia	
– Prenatal	
– Weight Management	
– Hip Replacement Education	
– Knee Replacement Education	
• South Shore Hospital Courtesy Coach (<i>for patients in the community in need of access to hospital services</i>)	\$51,000
• Physician Access and Referral Initiative (<i>to facilitate access to health care programs and physicians</i>)	\$29,000
• Police Core Training	\$ 2,000
• Parent/Child Education (<i>child care and newborn care</i>)	\$10,000
• South Shore Hospital Health News (<i>free health information newsletter mailed quarterly to 80,000 households</i>)	\$20,000
• Support Groups Through Advocacy	\$ 2,500
• Weymouth Fire Department Education and Materials	\$ 950

South Shore Hospital provided \$4,360,046 in net charity care through the

uncompensated free care pool.

VII. Next Reporting Year:

A. Approved Budgets/Projected Expenditures

This information will be identified in the next fiscal year's annual report.

B. Anticipated Goals and Program Initiatives

Please see section V. South Shore Hospital's goals and program initiatives continue the efforts focused on the needs assessment identified earlier in the report and will be modified as future needs assessments are reviewed.

C. Projected Outcomes

South Shore Hospital anticipates continued increased participation by members of the hospital staff and medical staff and continued participation by a large number of our community's population. It is further anticipated that some elements of community outreach will incorporate aspects of emergency preparedness.

VIII. Contact Information:

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