

# **2007 Saint Anne's Hospital Community Benefits Report**

## **Saint Anne's Hospital**

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 \$6.5 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 2007.

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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.*

Being part of a Catholic Health Care System means that ours is a ministry with roots in the teachings of the Church and the Gospel message of Jesus. At Caritas Christi we are not just another provider of health care. We are a continuation of the healing ministry of Jesus. Our Mission and Values are the forces that drive us toward achieving Exceptional Care.

### *Our Mission is our reason for being:*

Caritas Christi is a regional health system of compassionate caregivers that embodies the spirit of Christ's healing ministry, and demonstrates excellence in service, research and education.

Our Vision describes a set of ideals and picture for the future:

To become an exceptional, integrated regional health system.

Our Values are the principles or beliefs that guide our work:

**Compassion:** Providing care with empathy and integrity through actions rooted in Catholic health care.

**Accountability:** Accepting responsibility for continuous performance improvement and just stewardship of resources.

**Respect:** Recognizing the dignity and contribution of each person through our mission of service.

**Excellence:** Pursuing a single standard of quality patient care, education and research that is measurable and exceptional

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

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.

In FY07, our CABC has looked at the growing concerns regarding two health issues confronting our communities, Hepatitis C infection rates and diabetes and their long-term health effects. We will continue to look at how this is impacting our community and if there is a role for our Community Benefits Program.

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

*A Profile of Health among Massachusetts Adults*, from DPH.

Information on health insurance enrollment and health care access for residents of Southeastern Massachusetts from DPH, the Massachusetts Division of Medical Assistance.

Coronary disease, cancer, diabetes, and HIV/AIDS incidence/prevalence data from DPH and Saint Anne's Cancer Registry.

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

Marketing & 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, LCC

Sr. Carole Mello, OP

Director

Spiritual Care Services

Saint Anne's Hospital

Jean Quigley

Parish 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, Health First Family Care Center  
 Denise Wright  
 Clinical Director SSTAR Health 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 Marketing 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.

### *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. Over the past two years, Saint Anne's expanded its collaboration with both 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 2007, 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 \$935,000.

***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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### *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 effectively to position it for more funding.

In April, 2002, Health Access Collaborative was successfully awarded its first \$50,000 one-year, "start-up" grant 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 groups including several outreach sessions to Cambodian organizations. The Collaborative continued to receive BC/BS Foundation funding through

FY06. Saint Anne's and another area hospital system provide substantial annual financial support to the collaborative as well in FY 07.

**Health Access Collaborative of Southeast Massachusetts, Inc.**

**Frances Fuller, Chair**

Director of Oncology & Specialty Services  
Southcoast Hospitals Group

**Wendy R. Bauer, Immediate Past Chair**

Director of Marketing and Planning  
Saint Anne's Hospital

**Fred Grose, President**

Health Access Collaborative

**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 and 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, 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 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 FY01 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 FY01 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, and FY06. Although the Blue Cross Blue Shield Foundation did not continue funding in FY 2007, the hospital remained committed to the goals of the Program at a cost of \$15,000. Our advocate continues to do strong community outreach resulting in assisting over 800 individuals and families to obtain or improve their health care coverage. In addition, the Community Resource Liaison is knowledgeable about resources available in the community and is able to connect needy individuals with prescription programs, medical care food banks and social service agencies

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

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 \$286,503 in FY07. 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 is 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 DeafTalk 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 over 150 languages when a "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, 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.

**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.

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

**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 update a Bilingual Speaking Provider Directory available to the community free of charge.

**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, 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 a greater 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.

**International Interpreter Services Day:** On this day, medical interpreters internationally celebrate the interpreting profession. It is celebrated once a year in September by SAH medical interpreters to spread valuable information about the department and the outstanding services it provides to hospital staff members and patients.

**International Medical Interpreters Association (IMIA):** Each member of the SAH Interpreter Services department is a member of the IMIA. Participating in such an association allows the interpreters to gain a continuous up-to-date knowledge of any and all linguistic educational opportunities, ability to network with out of state and international members, and have access

to valuable resources of current medical terminology and health information. Each member has pledged to follow through with the IMIA Code of Ethics.

### ***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 FY99, 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 Sequira  
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. In FY07, expenditures from this fund were over \$41,000 to meet health care needs for the individuals and families served.

### *Hope House*

In September, 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 10th 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 10 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 receives 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 \$400,851 in FY07 of which \$318,933 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.

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**BUILDING STRONG FAMILIES**

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***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 FY07, the Massachusetts Office for Victim Assistance awarded the Youth Trauma Program \$146, 513 which amounts to roughly half of the cost of this program which totaled \$274, 591 in FY07. 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 FY07 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. In FY07 grant monies included funding to provide a public awareness campaign to increase the number of victims and family members seeing these services. The campaign was developed by our marketing and DRIVE staff including outdoor and bus advertising accompanied by widespread editorial coverage prior to the holiday season on the dangers of drunk/drugged driving.

### *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.

On 2007, Fall River was named the first "Book End City" nationally by the Reach Out and Read Foundation. as every pediatric practice and provider has adopted this program. The Medical Director of Saint Anne's Fernandes Center for children & Families, Jeanine Audit, M.D., was recognized for her championing and ardent advocacy of this program.

### *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 the Massachusetts DPH, and private grants 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 hospitals Robert Fistic/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 7,456 uninsured or underinsured women and two men. Seventy women have been diagnosed with breast or cervical cancer, while numerous others have been diagnosed with pre-cancerous or high-risk lesions. In FY07, 703 women were screened; five cases of breast cancer and 12 of pre-cancerous cervical lesions 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 \$237,828 in FY 2007. The S. Elizabeth O'Brien Trust has again provided funding for FY07 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 Cancer Care. 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.
- *Hudner Book Club*: Open to all patients, the Hudner Book Club meets on a monthly basis for discussion on book choice of the month.

- *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.

### *Ambassadors Program*

The Ambassadors Program seeks to put community members in greater contact with leadership at all levels of Saint Anne's Hospital. With a more visible presence in the community, the hospital president, senior managers, physicians, nurses, and staff are in a better position to tell community members about existing resources and programs and to find out additional needs. Ambassadors obtain valuable feedback from the community, including questions on hospital operations and plans for the future, including long-term initiatives to address local public health needs.

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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 2007, we have concentrated on a greater collaboration with the local clergy by presenting information to them on Parish Nursing and Saint Anne's Hospital's Program. We have also given special attention to the five clusters to generate greater attendance and informative programs to the parish nurses.

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 \$72,900 in FY07.

In 2001, Saint Anne's Hospital's Parish Nurse Ministry became an official Congregational Health/Parish Nurse Education Center. In May, 2007, 14 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, 2007, 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 124. These 124 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 \$39,200 in food products in FY07. 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 specialized treatment programs to meet the needs of men and women 55 years of age and older. The partial hospitalization program specializes in treating patients who, with a psychiatric diagnosis, have not responded to outpatient treatment and are at risk for hospitalization or may require further intervention following inpatient treatment. Duration of treatment varies between 15 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. Many elderly patients had difficulty attending a 5 day a week program due to age and illness and conflicting medical care appointments, in 2006, an Intensive Outpatient component was added to provide a similar service 3 days a week and fewer hours per day.

Funded through a grant from Coastline and Bristol Elderly Services, and supplemented with financial and staff support from the hospital, the Center continues to provide free in-home mental health evaluations for individuals age 60 and older. The evaluations are done by an experienced psychiatric nurse, with telephone consultation from a psychiatrist, and are available for those with symptoms of depression, anxiety, thought disorder, or dementia. Center staff works closely with agency case management staff to provide rapid comprehensive service to area seniors in need. 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. The Center staff and patients have joined to form "Saint Anne's Players," an educational theater group which presents dramatizations of elder issues at elder care facilities and human service agencies throughout our source area.

### *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.

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## CONTACT INFORMATION

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If you would like more information, please contact:

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