

HealthAlliance Hospital
A Member of UMass Memorial Health Care

2007 COMMUNITY BENEFIT NARRATIVE

Primary Contact:

Mary Lourdes Burke

Chief Communications Officer

HealthAlliance Hospital - A Member of UMass Memorial Health Care

60 Hospital Road, Leominster, MA 01453

Telephone: 978-466-2214

Facsimile: 978-466-2200

E-mail: Mary.Burke@umassmemorial.org

Overview

HealthAlliance Hospital is a full service, not-for-profit, acute care hospital that serves the communities of North Central Massachusetts and Southern New Hampshire. The HealthAlliance system includes:

- HealthAlliance Hospital - Leominster Campus
- HealthAlliance Hospital - Burbank Campus
- Diversified Home Services, Inc.
- Coordinated Primary Care, Inc.
- Simonds-Sinon Regional Cancer Center

Through its member affiliation with UMass Memorial Health Care, HealthAlliance offers improved access to advanced quaternary and tertiary care for its community residents. HealthAlliance and UMass Memorial have also partnered to create the Simonds-Sinon Regional Cancer Center at the Burbank Campus in Fitchburg, which provides comprehensive services including cancer screenings, diagnostic testing, chemotherapy, radiation therapy, hematology services, access to clinical trials, and an on-site American Cancer Society Resource Center. HealthAlliance has 150 licensed beds, and approximately 1,600 employees, 290 physicians, and 200 volunteers.

I. Community Benefit Mission Statement

A. Summary

HealthAlliance is committed to improving the health status of all those it serves and to addressing the health problems of the poor and other medically underserved populations. In addition, nonmedical conditions that negatively impact the health and wellness of our community are addressed.

B. Approval of Governing Body

The Community Benefit Advisory Committee, Senior Management, and the Board of Trustees approved the Community Benefit Mission Statement.

II. Internal Oversight and Management of Community Benefit Program

A. Management Structure

The Chief Communications Officer (CCO) is responsible for the oversight of community benefit selection and development. The CCO serves as a liaison for the community benefit programs and works with the hospital staff, community-based organizations and agencies, and other acute care hospitals.

In addition, the HealthAlliance Management Team plays an active role in the Community Benefit program by sharing information regarding needed programs, services, and support.

Members of the management team also participate on various community agency boards, coalitions, and committees. These groups play a significant role in defining needs, generating program ideas, and creating services, programs and support groups.

B. Internal Communication of Community Benefit Mission and Programs

Information is disseminated system-wide to all HealthAlliance staff in a variety of ways, including:

- Communications via e-mail
- Department Managers' meetings
- The *Insider* employee newsletter
- HealthAlliance web site (www.healthalliance.com)
- Publication and open availability of the annual *UMass Memorial Health Care, Inc. Community Benefit Report*
- HealthAlliance Intranet
- Annual Report
- The *Auricle* medical staff newsletter

III. Community Health Needs Assessment

A. Process, Including Participants

The Leominster, Fitchburg, and Gardner areas are well represented by the Joint Coalition on Health, which was formally organized thirteen years ago. The Chief Communications Officer actively participates on the coalition.

The Community Health Assessment was developed in 2003 through a comprehensive gathering of quantitative (i.e., health status indicators) and qualitative data through interviews, a telephone survey, and discussion groups. With respect to the interviews, community leaders and professionals within the eleven communities constituting the study area were carefully identified through the coalition. Participants were drawn from among community-based, educational, civic, governmental, and faith-based professionals, health care providers, and others. The randomly dialed telephone survey was administered to 500 residents, distributed proportionately by population throughout the study area. Effort was made to reflect the ethnic, income, and age distributions of the study area.

In order to broaden the community's participation and ensure representation of underserved individuals, discussion groups were conducted. The groups were formed to reflect the significant diversity of language and culture in the region, individuals with specific needs and identified health concerns in the region.

All of the assembled data and findings were shared throughout the HealthAlliance organization – from the Board of Trustees, physicians, and department managers – to the Community Benefit Advisory Committee (CBAC). All of these groups use the health assessment findings as a guide

for directing HealthAlliance activities in the most needed areas in order to build a healthy community.

A plan is underway to update the Community Health Assessment of North Central Massachusetts through a subcommittee of the Joint Coalition on Health whose membership includes the Chief Communications Officer.

B. Information Sources

The Community Health Assessment utilized numerous information sources including: health status indicators from the Massachusetts Department of Public Health, interviews with key community leaders and professionals throughout North Worcester County, a survey of additional resource persons throughout the area, an extensive telephone survey to random households throughout the study area, and input from diverse discussion groups (based on ethnicity, age, gender, and specific health issues).

Representatives of the Joint Coalition on Health, HealthAlliance Management Team, Board of Trustees, and Medical Staff also act as information sources as they review and verify the findings based on their areas of expertise and knowledge of the surrounding communities.

C. Summary of Findings

The findings of the Community Health Assessment of North Central Massachusetts clearly identified behavioral health (mental health and substance abuse) and teen health as two of the top health concerns affecting the study area, followed by domestic violence.

Behavioral Health

No other issues identified were of greater concern than substance abuse and mental health. The rate and trend of substance abuse treatment admissions for Fitchburg are meaningfully high. Unfortunately, the use of “harder drugs” is on the rise and is beginning at a younger age. Acute hospital psychiatric discharges are also significantly high in Fitchburg; in fact, 98% higher than the state’s average, and the trend is on the rise. The prevalence of behavioral health issues in the study area is further impacted by the need for increased access to behavioral health services for the uninsured and underinsured. Mental health clearly remains a high priority and a large need for the region.

Adolescent (Teen) Health

A host of issues surround adolescent health and include:

- Limited access to primary care in a confidential and comfortable setting
- High incidence of adolescent and teen pregnancies
- Sexually transmitted infections (STIs)
- Substance abuse and mental health problems
- Cultural and linguistic issues

Domestic Violence

Domestic Violence continues to be identified as a major issue that needs to be addressed in the study area. The community-wide telephone survey conducted as one component of the Community Health Assessment ranked domestic abuse/violence as the fourth leading health related concern in the study area.

Similarly, a number of discussion group participants voiced concerns related to this issue. Although pinpointing the exact level of domestic violence within a community is difficult, the number of restraining orders is part of the gathered data within the study area.

Demographics – Racial & Ethnic Composition

Thirteen percent (13%) of Leominster's population and 17% of Fitchburg's population is Hispanic as compared to the state of Massachusetts, which is 8% according to the U.S. Census Bureau. Throughout the study area, the Latino population has grown at an average rate of more than 30% over a ten-year period. Additionally, community members have expressed the belief that the U.S. Census Bureau underreports the Latino population as well as the other minority populations. This is particularly evident through the ethnic composition of the Leominster and Fitchburg schools. According to the Massachusetts Department of Education, nearly 22% of Leominster and close to 38% of Fitchburg's school population are Hispanic. This is well above the statewide rate of 13% of the school population are Hispanic.

Demographics - Socioeconomic Profile

In Fitchburg, 34.5% of the population are at greater than 200% of the poverty level as compared to 21.7% of the state's total population. Leominster is slightly higher than the state with 23.7% of its population living above the 200% poverty level. The population of children living in poverty in Fitchburg is 21.5% as compared to 12.0% of the children living in poverty in Massachusetts. Leominster is closer to the statewide level with 12.5% of the children living in poverty.

It is understood that health status follows demographic lines and is poorer in communities with a higher number of low-income residents and/or residents who experience cultural and linguistic barriers when accessing health care. For the North Central Massachusetts region, Fitchburg residents have more health-related concerns and a poorer health status than those who live in surrounding communities and the state as a whole.

IV. Community Participation

A. Process and Mechanism

As a representative of the Joint Coalition on Health and the communities it serves, the Chief Communications Officer works collaboratively with the Coalition as a catalyst for change and an advocate for the underserved to improve the health and well-being of everyone in north central Massachusetts (Joint Coalition on Health Mission Statement). The diverse coalition, comprised of agencies, providers, schools, community members, and others, assists in determining the area's health needs, primarily through conducting community health assessments.

The assessment methodologies have continually been enhanced over the years to ensure that the input is representative of the communities in the study area. For example, the most recent assessment process and mechanisms include:

- Community leader interviews
- Community leader mail surveys
- Community-wide telephone surveys (including Spanish)
- Discussion groups (including Spanish and Hmong)

Additionally, HealthAlliance managers' participation on numerous community agency boards, coalitions, and committees provides ample opportunities to gather community input. Their participation in various activities in the community throughout the year also provides the openness that generates sharing of information.

In response to the key health issues identified in the Summary of Findings, subcommittees of the Joint Coalition on Health have been formed to address these needs and include participation from many of the organizations involved in the Coalition. For example, there is a Mental Health Steering Committee, Substance Abuse Steering Committee, a newly formed Regional School Health Coalition, and a School Based Health Center Planning Committee (to be established in early 2008). Each of these committees has representation from HealthAlliance Hospital.

B. Identification of Community Participants

In addition to the community representatives identified through the Community Health Assessment and the Joint Coalition on Health, the subcommittees are made up of the following participants to ensure key priorities are being addressed:

The Mental Health Steering Committee consists of representatives from the following organizations: Community Health Connections Family Health Center, Montachusett Opportunity Council, Heywood Hospital, North Central Human Services, HealthAlliance Hospital, LUK Crisis Center, Inc., Spanish American Center, Inc., Community Healthlink/Lipton Center, Gardner VNA, Massachusetts Department of Public Health's Bureau of Family and Community Health, Children's Aid and Family Services, Inc. and the CAVU Foundation. Membership of this committee is evolving as the scope of the project becomes more focused.

The Substance Abuse Steering Subcommittee includes representation from the following organizations: LUK, AdCare, Community Healthlink, Pathway House, Spectrum, Our Father's House, Community Health Connections, and HealthAlliance Hospital. The Substance Abuse Education and Prevention Subcommittee also includes various providers and advocates throughout the service area.

The Regional School Health Coalition includes representation from HealthAlliance Hospital along with an array of stakeholders throughout HealthAlliance Hospital's service area. In addition, a School Based Health Center Planning Committee is expected to be established in early 2008, and the membership will include a Hospital representative.

A Cultural Competency Community Roundtable group has been recently formed and includes representation from the community as well as hospital staff. Community representation includes individuals from: 3 Pyramids, Inc., Montachusett Opportunity Council, Twin Cities Community Development Corporation, Spanish American Center, Cleghorn Neighborhood Center, Twin Cities Latino Coalition, Communities of Care, LUK Crisis Center, Boys and Girls Club of North Central Massachusetts, Massachusetts Rehabilitation Commission, Vocero Hispano, Community Health Connections, Central MA Center for Healthy Communities, and United Way of North Central Massachusetts.

C. Community Role in Review of Community Benefit Plan and Annual Reports

HealthAlliance's collaborative efforts with community agencies, community leaders and representatives throughout the year provide the community with opportunities to develop, implement, and review the Community Benefit Plan and annual reports. Community participation and input is also encouraged at the various programs staffed or presented by HealthAlliance employees and physicians, and feedback is invited through an evaluation and comment form.

Additionally, HealthAlliance uses its Board of Trustees, which is comprised of community leaders, to review its annual Community Benefit Report. The annual report is also made available to the management team for their review and feedback.

The community also has an opportunity to review the annual report via the HealthAlliance website. This website includes a mechanism by which individuals can reply with their feedback, request additional information, or ask for responses to their specific questions.

V. Community Benefit Plan

A. Process of Development of Plan

The process for development of the Community Benefit Plan is twofold. First, once the findings of the Community Health Assessment were released, they were reviewed by the Joint Coalition on Health. Through this review, key health related issues were prioritized based on a set of defined criteria. The Coalition then determined which health needs to focus its efforts on to achieve measurable progress. HealthAlliance is a major participant in this process.

Secondly, the Chief Communications Officer collaborates with the HealthAlliance management team, board of trustees, and medical staff to determine what additional steps the organization can take to respond to these identified needs. The plan is developed within the context of available resources and also takes into consideration the opportunity to collaborate or work in partnership with others in order to achieve greater results.

B. Choice of Target Population(s)/Identification of Priorities

While aspects of the HealthAlliance Community Benefit Plan serve the entire community, specific populations or health issues were targeted as priorities: behavioral health (mental health

and substance abuse), the uninsured/underinsured populations, adolescent health, and “at risk” populations. Selection was based upon those areas that best meet the following criteria:

- Number of individuals affected and/or who would benefit and geographic impact
- Feasibility (including amenable to change)
- Multiple benefits would be realized (ripple effect)
- Impact on overall health status
- Other groups or organizations are not already fully addressing the issue
- Resources needed
- Ability to generate concrete, measurable outcomes

C. Short-term and Long-term Strategies and Goals

Short-term Goals (1-2 years)

Uninsured/Underinsured

- Strengthen and expand community outreach and enrollment services targeting uninsured children and adults in the North Central region through the efforts of the *North Central Health Access Connections* network, of which HealthAlliance Hospital is a partnering enrollment organization
- Increase access to the health care system for the uninsured by:
 - Continuing efforts to educate the public about Health Care Reform and the new health insurance options that are now available; and
 - Increasing the number of patients who are enrolled onto health insurance, particularly those who are now eligible for health insurance plans through the Commonwealth Connector Health Insurance Plans (C-CHIP)
- Implement a system to follow up with patients who
 - Are due for their eligibility review to assure that patients remain in the system and are not dis-enrolled, and
 - Have been dis-enrolled in order to help them re-enroll.
- Develop and implement a system for outreach to patients who are registered as self-pay (uninsured)
- Work with relative departments to determine how best to achieve this goal

Reflecting Our Diverse Community

HealthAlliance Hospital has launched a new program entitled “Building Cultural Bridges.” The program’s goals are to reflect the diversity of the communities the Hospital serves in its staff and volunteers and to eliminate cultural barriers in order to provide exceptional health care to the diverse populations it serves. The program’s short-term goals are highlighted below.

- Implement roundtable discussions with stakeholders from diverse backgrounds throughout the Hospital’s service area, including patients, community leaders, employees, and physician practices
- Create a community needs assessment to drive change

- Work with recruitment agencies and media outlets to help engage a more diverse workforce
- Hire a bi-lingual registered nurse who will teach childbirth educational classes in Spanish to meet the needs of the area's growing Latino patient population
- Expand the Hospital's volunteer recruitment efforts through working more closely with diverse community agencies
- Host community outreach events and activities in an effort to bridge the cultural gap
- Continue to participate in community health fairs and programs that target diverse communities
- Establish a "Cultural Competency Academy" that will include new training programs for all staff and diversity training for all new hires through the Hospital's orientation process
- Collect and analyze patient data by race, ethnicity, and languages spoken

Adolescent (Teen) Health

- Identify health issues in our schools that need greater attention, programs and services that are lacking, and programs and services that are currently available
- Identify opportunities to share resources among the region's schools in an effort to expand health related support services and educational opportunities for school-aged children
- Conduct a feasibility study to establish a school-based health center in the Fitchburg school system
- Continue to work with subcommittees of the Joint Coalition on Health to increase awareness of the mental health and substance abuse services for adolescents, as well as greater collaboration and integration of youth services, and school-based and community-based substance abuse prevention activities
- Evaluate opportunities to work with a newly established program at Tufts New England Medical Center regarding childhood obesity
- Continue to host the Annual Kid Expo in an effort to provide children's health and safety information to families throughout the service area

Behavioral Health

- Staff the Emergency Department with mental health triage clinicians from the Community Healthlink/Lipton Center to help expedite evaluation and treatment of patients with emergent, behavioral health issues
- Offer in-service training regarding anxiety in children to school nurses and guidance counselors
- Increase community recognition and visibility of behavioral health issues and services through culturally competent outreach and marketing
- Utilize the Gateway to Health Access Program (GHAP) to increase access to behavioral health care
- Link mental health, primary care and social support services and create greater access to them
- Increase scarce behavioral health care resources and begin to model integration strategies
- Enhance the cultural competency of provider staff
- Reduce cost burden of medications
- Improve access to transportation

“At-Risk” Populations

- Continue efforts to secure funding to assist indigent population in meeting their co-pays and deductibles for Diabetes Self-Management Education Program
- Continue efforts to secure funding to assist indigent population in paying their co-pays and deductibles, prescriptions, and transportation for cancer care
- Continue to offer targeted educational programs both on-site as well as through outreach efforts based on the community’s needs
- Continue to seek effective means to reach the minority populations with educational materials and programs
- Collect and plan to use data to reduce racial and ethnic disparities in health care in our community
- Provide space to outside organizations which offer services that support the “at-risk” populations
- Provide Gestational Diabetes Self-Management Education Program to meet the increasing number of women diagnosed with gestational diabetes

Long-term Goals (3-5 years)

Behavioral Health

- Continue to provide mental health triage clinicians in the Emergency Department
- Higher utilization of outpatient mental health and substance abuse services for those individuals needing these services, reduced inpatient mental health days and reduced use of Emergency Department for mental health emergencies
- Work collaboratively with providers in the service area to improve overall access to mental health and substance abuse services across the continuum of care

Building Cultural Bridges

- Continue to expand upon the short-term goals, working towards transforming the hospital into a culturally competent organization
- Identify and measure racial and ethnic disparities in health care in our community through data collected and identify efforts to reduce these disparities

Adolescent (Teen) Health

- Further the efforts of the short-term goals with a focus on improving the health of the children living in the Hospital’s service area

Uninsured/Underinsured

- Promote primary/preventative care to our patients, thereby improving the health and wellness of our community

- Decrease the number of patients who rely on free or reduced-fee services from health care providers by increasing enrollments

“At-Risk” Populations

- Continue to identify “at-risk” populations based on the updated Community Health Assessment results and develop supporting programs and services in a continued effort to build a healthy community

D. Process for Measuring Outcomes and Evaluating Effectiveness of Programs

The Gateway Health Access Program (GHAP) monitors its provision of the following services:

- Outreach to the uninsured and underinsured in the service area
- Enrollment and advocacy assistance with Commonwealth Care plans, Commonwealth Choice plans, MassHealth programs, and the Health Safety Net Fund (Free Care, formerly known as the Uncompensated Care Pool)
- Connecting individuals to other appropriate resources such as ProHealth, WIC, prescription assistance programs, etc.
- Providing an option to individuals who do not qualify for existing government-sponsored programs for obtaining reduced-fee health care services

In addition to monitoring the services outlined above, GHAP also measures its outcomes and evaluates the program’s effectiveness by collecting and compiling the following statistics:

- Total number of new patients screened and assisted
- Total number of patients enrolled in *Commonwealth Care* plans
- Total number of patients enrolled in *MassHealth* programs
- Total number of patients approved for the *Health Safety Net Fund*
- Total number of patients enrolled in for *GHAP Reduced-Fee Services* for
 - Medical care, primary and specialty
 - Dental care, general and specialty
 - Behavioral Health/Substance Abuse services
- Total number of patients for whom information and/or referral to other resources are provided

The partnering organizations of the *North Central Health Access Connections* network will meet on a monthly basis to share data and information, discuss best practices as well as areas for improvement, and plans for upcoming events and activities. Additionally, a master calendar of events will be maintained to ensure outreach and enrollment efforts are planned and carried out in the most effective and efficient manner.

The evaluation process of the “Building Cultural Bridges” program will incorporate multiple criteria for review. For example, one evaluation tool will be the annual report of full-time equivalents (i.e., full-time employees) and volunteers. This report includes ethnicity as well as language skills. The assessment of the “Cultural Competency Academy” will include the number

of staff and board members who participated in the initial trainings. Additionally, the evaluation will include the number of community members, leaders, and organizations who are engaged in the “Building Cultural Bridges” program. The ultimate outcome of the “Building Cultural Bridges” programs will be realized in the creation of an organization that reflects the diversity of the communities that it serves in its staff and volunteers.

At each of our Community Health Series events and programs, feedback is solicited from the attendees in terms of their satisfaction with the program, speaker, venue, and day and time of the program. Additional health topics of interest and overall comments are also collected and evaluated for future program development.

E. Process and Considerations for Determining a Budget

A commitment by HealthAlliance is given to maintaining a level of community benefit funding with the overall HealthAlliance operating budget, despite a continually constraining fiscal environment.

F. Process for Reviewing, Evaluating and Updating the Plan

The Chief Communications Officer reviews the community benefit activities and outcomes and is responsible for updating and revising the Community Benefit Plan on an annual or as needed basis. This process is completed in collaboration with community-based organizations and agencies, Joint Coalition on Health, and the various committees and task forces identified in this report.

VI. Progress Report: Activity During Reporting Year

A. Expenditures for HealthAlliance

COMMUNITY BENEFIT EXPENDITURES
According to the Massachusetts Attorney General Guidelines

| TYPE | TOTAL EXPENDITURES FOR FISCAL YEAR 2007 | APPROVED PROGRAM BUDGET FOR FY 2008 |
|-----------------------------------|---|--|
| COMMUNITY BENEFIT PROGRAMS | Direct Expenses \$ 598,155 | \$600,000 |
| | Other Leveraged Resources \$ 854,823 | |
| COMMUNITY SERVICE PROGRAMS | Direct Expenses \$ 393,972 | |
| | Other Leveraged Resources \$ 18,000 | |
| NET CHARITY CARE* | \$2,942,312 | |
| OTHER CONTRIBUTIONS | \$ 41,800 | |
| | TOTAL | \$4,849,062 |

| |
|---|
| TOTAL PATIENT CARE-RELATED EXPENSES FOR FY 2007: \$109,405,764 |
|---|

*Net Charity Care as defined by the Attorney General's office. Data is from September 2007 Calculation of Monthly Estimated Settlements. Amounts are unaudited and subject to change until Final Settlement.

Community Benefit Expenditures According to a Broader Definition

Community Benefits Program

| | |
|---|--------------------|
| Direct Program Expenses | \$ 598,155 |
| Other Leveraged Resources | \$ 854,823 |
| Community Service Direct Expenses | \$ 393,972 |
| Other Leveraged Resources | \$ 18,000 |
| Other Contributions | \$ 41,800 |
| Net Uncompensated Charity – Hospital | \$3,201,537 |
| Hospital Bad Debt Non-Emergency Care | \$2,108,261 |
| Medicare Shortfall | \$1,369,868 |
| Unreimbursed Expenses for Graduate Medical Education | \$ 688,200 |
| Total Broader Definition | \$9,274,616 |

B. Major Programs and Initiatives

Gateway Health Access Program (GHAP)

GHAP is an innovative collaboration between HealthAlliance Hospital and Heywood Hospital with some support from the Community Health Connections Family Health Center (CHC). It combines our respective organizations' resources in order to improve access to health care (primary and specialty medical care, behavioral health/substance abuse care and dental care) for the uninsured and underinsured residents in the North Central Worcester County region. Over 13,000 individuals have been screened and assisted since the Program's inception in 1998.

In FY07 the Program received grant-funding from the Blue Cross Blue Shield of Massachusetts Foundation, the Executive Office of Human Services' *Commonwealth Care/MassHealth Enrollment and Outreach*, and The Health Foundation of Central Massachusetts. With this funding, and in collaboration with other organizations such as the Community Health Connections, Inc. and Montachusett Opportunity Council, Inc., GHAP has been conducting an active outreach and enrollment campaign since the implementation of Health Care Reform in October, 2006.

Participation in community events and hosting our own programs, efforts have included:

- Community Health Fairs at several Fitchburg, Gardner, and Leominster locations during which we presented information to the public on Health Care Reform and Commonwealth Care
- Informational events for local businesses
- Informational displays at local community events such as the Kid Expo event at HealthAlliance Hospital and Mount Wachusett Community College, the Gardner VNA Health Fair, Fun in the Sun at the Mall at Whitney Field in Leominster, MOC, Inc.'s Poverty Symposium, and Cleghorn Neighborhood Celebration

Other educational presentations about Health Care Reform included:

- Staff in-services for local agencies and organizations at a variety of locations
- Informational sessions for the Adult Education programs at local colleges

Outreach during this campaign included the distribution of tens of thousands of flyers and thousands of mailings to the residents of our communities as well as to all local health care providers.

These efforts have been very successful in reaching out to the community and getting people enrolled, giving them access to health care that was previously beyond their grasp. The following statistics have been compiled during the time period:

| | |
|---|--------------|
| <i>Number of (Virtual Gateway) Applications:</i> | 568 |
| <i>Number enrolled in Commonwealth Care:</i> | 338 |
| <i>Number enrolled on MassHealth programs:</i> | 742 |
| <i>Number approved for Health Safety Net (UCP):</i> | 373 |
| <i><u>Number enrolled in HSN/GHAP Reduced-Fee:</u></i> | <u>214</u> |
| | |
| <i>Total number of enrollees (10/1/06 – 11/30/07):</i> | 2,235 |

Building Cultural Bridges

HealthAlliance Hospital recognizes the special needs and concerns of individuals who are members of a linguistic and culturally diverse group. Accordingly, support services are provided in an effort to:

- Facilitate effective communication
- Promote equal access to care
- Facilitate cross-cultural understanding
- Improve patient outcomes
- Enhance satisfaction

The goal of the HealthAlliance cultural competency program is to promote an inclusive workplace for all employees to participate fully and contribute at their highest level. HealthAlliance continues to reach out to its diverse community through the following initiatives:

- Working closely with the Spanish American Center by providing on-site educational programs
- Translating educational brochures
- Promoting our services in the Spanish newspaper.
- Offering Health Fairs in Spanish, such as Diabetes
- Providing free screenings (i.e., diabetes) for the Hispanic population
- Involvement with different organizations' Boards such as the Spanish American Center and the Twin City Latino Coalition
- Creating internships and scholarship opportunities for students

Behavioral Health

By staffing the Emergency Department with mental health triage clinicians, the hospital has been able to reduce the wait time to see a psychiatric clinician. The hospital's goal is to continue to improve the timeliness of evaluation and treatment provided to mental health patients presenting in the Emergency Department. The hospital is also working with Community Healthlink/Lipton Center, which established the SHINE program. The SHINE program trains and supervises community volunteers who then support parents waiting in the Hospital's Emergency Department to have their child or adolescent seen for a psychiatric evaluation.

Community Health and Education

HealthAlliance Hospital responds to the identified health educational needs of the communities by sponsoring community health and educational programs throughout the year. HealthAlliance medical experts provided scores of presentations including topics ranging from: "Teen Driving and Speed Safety," "Living with Asthma," "What You Can Do to Avoid Medication Errors," and "What You Need to Know About the Bird Flu." Related activities included: Flu immunizations and health education screenings to the senior population during the annual Senior Wellness Days, as well as staff participation at health fairs both in schools and community settings.

In addition, the HealthAlliance staff reached out to the community and provided health education and information via programs and presentations to community groups including the student population within their community settings. In-school programs included those designed to raise awareness of children's mental health issues. HealthAlliance continues to coordinate community service activities such as coats, food, and toy drives.

Numerous screenings were offered by the Hospital in community settings, which effectively reached many residents who might not otherwise have sought out these services. For example, free glucose screenings were provided at the Spanish American Center, and a Diabetes Fair was held for the Hispanic population. This was the first year that the Hospital offered a free bone density screening for osteoporosis, which was provided for women who were at least 50 years old and have never had a bone density screening. This was an initiative spearheaded by a group of HealthAlliance Hospital doctors including family medicine and internal medicine physicians, as well as orthopedic surgeons. Educational materials were also provided to the general public.

Free prostate screenings were offered again to the general public. An overwhelming number of men responded to the free prostate screening. There were a number of abnormal test results, and the men were contacted for follow-up care. A skin cancer screening was also offered in recognition of *National Melanoma Monday*.

The Hospital once again hosted the second annual *Kid Expo*. This year, the attendance doubled, and a record number of nearly 1,000 parents and children attended. The Hospital partnered with the Molly Bish Institute for Child Health and Safety and Mount Wachusett Community College to provide fun, interactive and educational demonstrations and exhibits related to health and safety. Free child safety identification kits were distributed as well as 200 free bicycle helmets. Child passenger safety seat inspections were also provided as part of the event, and free asthma screenings were also offered again this year.

The fourth annual *Healthy Woman, Healthy Choices* event featured keynote speaker, Dr. Alice Domar, Executive Director of the newly established Domar Center for Complementary Medicine in Waltham. Dr. Domar is a pioneer in the application of mind/body medicine to women's health issues, and best-selling author of *Self Nurturance* and *Healthy Mind, Healthy Woman*. Prior to Dr. Domar's presentation, the hospital hosted a free health fair that provided demonstrations, screenings, educational materials, and giveaways. The event attracted nearly 500 women from the Hospital's service area.

This is the first year that the Hospital co-sponsored a Colon Cancer Forum for the region in collaboration with the American Cancer Society and the surrounding community hospitals. Numerous physicians from the HealthAlliance Hospital medical staff were presenters at the forum and educational materials were provided to over 100 attendees.

In an effort to enhance the education of community residents about their health and wellness, the Hospital's community health newsletter, *Your Health Connection*, is mailed to 45,000 households in 21 surrounding cities and towns three times a year. Articles cover self-care, family care, prevention, early detection, and early intervention.

Through HealthAlliance's Health Care Career Opportunity Fund, 22 scholarships totaling \$79,200 were awarded to deserving students who have a financial need and a demonstrated interest in the medical field. This program is designed to provide scholarships to current students residing in the Hospital's service area.

These are a few examples of the community outreach efforts and free screenings that HealthAlliance Hospital offered to its area residents and, ultimately, linked them to needed services in order to maintain healthy, active lifestyles.

Healthy Families

This program enhances community health care by providing a range of social interventions and health education services to improve the overall well-being of individuals and families in North Worcester County. Healthy Families provides home visiting services to first-time parents ages 20 and under who are residents of any one of the 27 communities surrounding HealthAlliance. Services are available from pregnancy through the child's third birthday and in partnership with other agencies.

Comprehensive Home Health

Another program of Healthy Directions, Comprehensive Home Health provides case management, health education and supportive home visits to persons living with HIV/AIDS.

Early Intervention Partnership

Through this program, a maternal-child health nurse provides home visits to pregnant women from 15 communities in eastern North Worcester County who are eligible due to risk factors associated with poor birth outcomes. Services are provided from pregnancy until the child is one year old. This program is a collaborative with other area agencies.

C. Notable Challenges, Accomplishments and Outcomes

HealthAlliance Hospital will continue to develop innovative ways and collaborative partnerships to meet today's health care needs and reinvest in ways to ensure a healthier tomorrow. This includes partnering with numerous community-based organizations and agencies, which have been successful in obtaining local, state, and federal grants in order to further meet the needs of the service area. The employees and medical staff also remain committed to sharing their knowledge and expertise with the community.

HealthAlliance understands the challenge of identifying priorities and focusing its resources, while seeking additional opportunities to collaborate effectively and efficiently, secure new sources of funding and pool together existing resources. New partnerships and outreach activities will continue to be explored as another means of maximizing resources, broadening the community benefit programs and further engaging the community to fulfill its community benefit mission.

Navigating the new Commonwealth Care and Commonwealth Choice programs and their implications to the uncompensated care pool funding and distribution is expected to be a notable challenge in the coming months and years ahead. We anticipate the outreach, education, advocacy, and enrollment assistance that the Hospital provides to its community through GHAP will increase considerably.

VII. Next Reporting Year

A. Approved Budget/Projected Expenditures

The community benefit funding level will be maintained within the HealthAlliance Hospital operating budget. Creative funding sources will also be explored as a means of supplementing this budget.

B. Anticipated Goals and Program Initiatives

The anticipated goals and program initiatives are outlined in The Community Benefit Plan section entitled, “Short-term and Long-term Strategies and Goals.” While these strategies and goals are planned for the coming year, HealthAlliance Hospital will continue to work with the Joint Coalition on Health, Community Benefit Advisory Committee, and others as these program initiatives evolve and new programs are initiated.

C. Conclusion

HealthAlliance Hospital is committed to improving the health status of all those it serves and to addressing the health problems of the poor and other medically underserved populations. Through community partnerships and the dedication of resources, HealthAlliance will continue to respond to the identified priorities and the overall health and well being of the greater community. The upcoming year will focus on achieving the short-term strategies and goals and their desired outcomes in order to build a healthier community.

VIII. Primary Contact

Mary Lourdes Burke, Chief Communications Officer
HealthAlliance Hospital – A Member of UMass Memorial Health Care
60 Hospital Road, Leominster, MA 01453
Telephone: (978) 466-2214
Facsimile: (978) 466-2200
E-mail: Mary.Burke@umassmemorial.org

**HealthAlliance Hospital
Community Benefit Advisory Committee Membership**

| NAME | AFFILIATION |
|------------------------|--|
| Bergmann, Anastasia | Cultural Diversity Coordinator, HealthAlliance Hospital |
| Boudreau, Rich | Leominster Fire Department |
| Bresse, Paula | Director Emergency Services, HealthAlliance Hospital |
| Brow, Marybeth | School Nurse, Leominster High School |
| Burke, Mary Lourdes | Chief Communications Officer, HealthAlliance Hospital |
| Casavant, Dawn | Community Health Connections Family Health Center |
| Dakin, Lori | Program Director, Behavioral Health Unit, HealthAlliance Hospital |
| Forhan, Fagan | Mount Wachusett Community College |
| Fossa, Glenn, Sargent | Fitchburg Police Department |
| Gallant, Richard, Det. | Leominster Police Department |
| Grady, Jean | Former Director of Community Health & Education, HealthAlliance Hospital |
| Kirkpatrick, Lea | Healthy Directions, DHS |
| Landry, Kay | Regional Director, GHAP |
| Latimer, Neddy | Director, Spanish American Center |
| Man, Bruce, MD | Medical Associates-Pediatrics & Chairman, Battered Women's Resources Board |
| McGowan, Barbara | Multi-Service Center - Leominster |
| Morse, Hope | Board of Health – Fitchburg |
| Pappas, Marianne | Director, Take Charge/Health Promotion, HealthAlliance Hospital |
| Pimley, Sister Cathy | Pastoral Care Services, HealthAlliance Hospital |
| Pistone, Patricia | Associate Director, MOC |
| Roche, Cindy | Executive Director, Diversified Home Services, Inc. |
| Sahler, Cathy | MOC |
| Smith, Susan | Children's Aid & Family Services |
| TBD | Cleghorn Neighborhood Center |
| TBD | Representative from Community HealthLink |
| Tulonen, Joanne | Executive Director, Battered Women's Resources |
| Urrea, Mercedes | Director, Interpreter Services, HealthAlliance Hospital |

Leominster Fitchburg Health Status Indicators

| | Source | Leominster | Fitchburg | Statewide Rate / Incidence (%) |
|--------------------------------------|---------------|--------------|---------------|-----------------------------------|
| Mortality | | | | |
| Infant Mortality (1) | DPH | 3.9 | 7 | 5.1 |
| Cardiovascular Disease Deaths (2) | DPH | 270.1 | 249.9 | 223.5 |
| AIDS and HIV-related Deaths (3) | DPH | 0.0 | 7.4 | 2.8 |
| Substance Abuse | | | | |
| Drug / Alcohol Treatment admits (3) | DPH | 1232.4 | 1751.8 | 1623.4 |
| Youth Related | | | | |
| Verified Abuse/Neglect Cases | DSS | 140 | 256 | 29,555 |
| High School Drop Outs | DOE | 2.3% | 6.7% | 3.3% |
| Births to Adolescent Mothers (1) | Vital Records | 4.3 | 10.8 | 6.0 |
| MCAS Results - 10th Grade | DOE | | | |
| English Warning/Failing | | 7% | 12% | 6% |
| Math Warning/Failing | | 9% | 23% | 9% |
| Demographics | | | | |
| Population | Census | 41,303 | 39,102 | 6,379,304 |
| Population <200% of poverty level | Census | 23.7% | 34.5% | 21.7% |
| Children in poverty | Census | 12.5% | 21.5% | 12.0% |
| Unemployment Ages 16 and older | DET | 6.3% | 6.9% | 5.1% |
| Aid to Families with Children | Medicaid | 7.9% | 14.8% | 7.1% |
| Ethnic Composition School | | | | |
| African American | DOE | 5.1% | 6.8% | 8.2% |
| Asian | DOE | 3.6% | 7.0% | 4.8% |
| Hispanic | DOE | 21.8% | 37.6% | 13.3% |
| Native American | DOE | 0.3% | 0.2% | 0.3% |
| White | DOE | 67.8% | 47.0% | 71.5% |
| Native Hawaiian, Pacific Islander | DOE | 0.1% | 0.1% | 0.2% |
| Multi-Race, Non-Hispanic | DOE | 1.4% | 1.3% | 1.7% |
| Ethnic Composition City/ town | | | | |
| White non-Hispanic persons | DPH | 79.2% | 72.4% | 81.0% |
| Black non-Hispanic persons | DPH | 4.2% | 4.2% | 6.0% |
| Hispanic persons | DPH | 12.9% | 17.2% | 7.9% |
| Asian persons | DPH | 3.6% | 6.0% | 4.9% |

Figures in bold exceed state rates.

Most recent data available from the following sources:

Mass. Dept. of Public Health, 2000 U.S. Census, Mass. Dept. of Social Services,
Mass. Department of Education

(1) State adjusted rate per 1,000 persons.

(2) State adjusted rate per 100,000 persons.

(3) Crude rates are expressed per 100,000 persons

