

NORTHEAST HOSPITAL CORPORATION

# Fiscal Year 2012 Community Benefits Report



**Beverly Hospital**  
A member of Lahey Health



**Addison Gilbert Hospital**  
A member of Lahey Health

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# Massachusetts' Attorney General Community Benefits Guidelines

The Attorney General's Community Benefits Guidelines for Nonprofit Acute-Care Hospitals and The Attorney General's Community Benefits Guidelines for Health Maintenance Organizations include an outline of voluntary principles that encourage Massachusetts hospitals and HMOs to continue and build upon their commitment to addressing health and social needs within their communities.

The Guidelines represent a unique, non-regulatory approach that calls upon hospitals and HMOs to identify and respond to the unmet needs of the communities they serve by formalizing their approaches to community benefits planning, collaborating with community representatives to identify and create programs that address those needs, and issuing annual reports on their efforts. The Guidelines do not dictate the types of community benefits programs that hospitals and HMOs should provide. They do, however, suggest that hospitals and HMOs tap into their own and their communities' particular resources and areas of expertise to target and meet the needs of medically-underserved populations.

The hospital and the HMO Community Benefits Guidelines are the result of an extensive process of consultation and partnership between the Attorney General and representatives of the hospital and HMO industries, respectively, and community advocacy groups. These discussions took place at a time of ongoing debate in Massachusetts and around the nation as to whether non-profit, tax-exempt hospitals were fulfilling their charitable missions. Several Massachusetts hospitals had, on their own initiative, adopted model community benefits guidelines developed by national hospital associations, and the Massachusetts Hospital Association was considering a long-term initiative to produce voluntary guidelines of its own.

The resulting Community Benefits Guidelines were the first of their kind to be issued by an Attorney General. The hospital Guidelines were modeled after community benefits guidelines developed by the Kellogg Foundation, the Catholic Hospital Association and the Voluntary Hospital Association, and community benefits legislation in several other states. The HMO Guidelines are similar to the hospital Guidelines, and were prompted by a recognition of the increased role that HMOs were playing in the health care system.

Source: Excerpt taken from the Official Website of the Attorney General of Massachusetts. For full guidelines, please go to: <http://www.cbsys.ago.state.ma.us/cbpublic/public/hccbnpguide.pdf>

# Community Benefits Mission Statement

The Community Benefits Program at Northeast Hospital Corporation is a program established to partner with community leaders and organizations to assess and meet the healthcare needs of the community. NHC incorporates the Community Health concepts of wellness, adaptation, self-care and health promotion. Strategies used in Community Benefits health activities include prevention, early detection, early intervention, long-term management and collaborative efforts with the affiliate organizations that make up Northeast Health System. Health issues addressed encompass safety, chronic disease, infectious disease, substance abuse and behavioral health.

Also included with the Community Benefits Mission Statement are the mission statements of Northeast Health System and Northeast Hospital Corporation. The corporate Mission Statement is founded in the concepts of quality, caring and community.

*(Approved by the Community Benefits Committee, July 17, 2010)*

## Community Benefits Plan

The importance of the community health needs assessment and our collective efforts to address the healthcare needs of the North Shore have never been greater. The economic downturn has had a tremendous impact on thousands of individuals and families through out the region. Northeast Hospital Corporation (NHC) looks forward to continuing to work in partnership with the communities we serve and with health-related organizations throughout the North Shore to meet the area's healthcare needs and improve the overall health status of the community.

NHC, with the help of Northeast Health System affiliates, will focus its community benefits plan around the four state-wide priorities highlighted below, which have been set forth by the Attorney General's Office:

- Chronic Disease Management for disadvantaged populations
- Reducing health disparities
- Promoting wellness of vulnerable populations
- Supporting healthcare reform

The Community Benefits Committee at NHC will ensure the organization conducts health needs assessments for its 16 town/city primary service area as mandated by the Attorney General.

The Target Population(s) are broken down into six distinct groups: Health Issues, Types of Programs, Sex, Race/Ethnicity, Age and Insured Status.

### **Programs in Place**

Screenings, clinics and seminars were developed in the following areas: skin cancer, oral cancer, Pap smear, depression, diabetes, bone density, blood pressure, flu and CPR. In addition, risk assessments were developed for cardiovascular, osteoporosis, diabetes, body mass index and breast cancer.

A number of disease management initiatives have been instituted, including cardiac rehabilitation, heart failure management, pulmonary rehabilitation, osteoporosis management, vascular health and women's health screenings. In 2003, NHC created the Lifestyle Management Institute (LMI). The LMI provides programs and education on how to live a healthy lifestyle, and proactively identifies populations with, or at risk of, certain medical conditions. The LMI offers a full range of services to the community, including risk assess-

ment, prevention education, diagnostic testing, coordinated medical treatment and continuous monitoring. Effective disease management – particularly when using appropriate medical protocols – reduces the number of hospital admissions and emergency room visits, shortens the length of hospital stays and improves the overall health and quality of life for people with chronic illness.

1. Within each of the chronic disease areas, an initiative was developed to identify and manage the treatment of each patient and family.
2. A database has been developed by the LMI for patient maintenance and appropriate follow-up.

*(Approved by the Community Benefits Committee, July 17, 2010)*

## Community Benefits Committee—Fiscal Year 2012

- Kenneth Hanover – President and Chief Executive Officer, Northeast Health System
- David St. Laurent – Chairman, Northeast Health System Board of Trustees
- Nancy Palmer – Chairwoman, Northeast Hospital Corporation Board of Trustees
- Marc Meiches – Trustee
- Joseph Haley, Esq. – Trustee
- Charles Favazzo – Trustee
- Charles Furlong – Trustee
- Robert Irwin - Trustee
- William Donaldson, Esq. – Sr. Vice President & General Counsel
- Susan Payson – Sr. Vice President, Philanthropy
- Lisa Neveling – Vice President, Marketing & Business Development
- Joseph Porcello – Controller
- Gerald MacKillop, Jr., MBA – Public Relations Manager, Marketing & Business Development
- Margaret Sallade – Program Coordinator, North Shore Community Health Network Area
- Jack Meany – President & CEO, North Shore YMCA
- Julie LaFontaine – Executive Director, The Open Door Food Pantry
- Margo Casey – Executive Director, North Shore United Way

# Key Accomplishments for Reporting Fiscal Year 2012

In FY'12 Beverly Hospital funded and partnered with Beverly Bootstraps Community Services on a mobile market programming to low income housing in the City of Beverly. A total of 109 households and 256 individuals were served, and 18,234 meals were provided.

In FY '12 we provided 73 Speaker Bureau presentations within our primary service area. Our Speakers Bureau is made up of physicians, social workers, nurses and other clinical staff who offer information and discussion on a variety of key health topics and issues.

In FY '12 we provided 45 free blood pressure clinics at Addison Gilbert Hospital and 1,007 "patients" attended our weekly sessions. Out of the 1,007 patients, 40 needed further care.

In FY '12 we provided 23 free non-fasting glucose clinics at Addison Gilbert Hospital and saw 274 "patients" attend our weekly sessions. Out of the 274 patients, 87 needed further care.

In FY '12 as part of our partnership with the Beverly YMCA, Beverly Hospital was able to work with numerous community partners in the City of Beverly to implement a fruit & vegetable Bar in each of the five elementary schools in Beverly. This is part of the Pioneering Healthier Communities Grant / Be Healthy Beverly initiative. In FY '12 Beverly Hospital partnered with Northeast Behavioral Health and the Danvers Police Department on an emergency department and jail diversion program, which offers a means to divert individuals with mental illness, substance abuse and behavioral health issues from the criminal justice system and the emergency department, by placing the patient in an appropriate setting of care. Education related to diversion programs was done with Middleton and Topsfield police department(s).

In FY '12 Addison Gilbert and Beverly hospitals offered free skin cancer clinics. In partnership with the American Cancer Society and Melanoma Foundation each "patient" received a thorough and comprehensive examination. We saw a total of 79 patients and 47 needed further evaluation.

In FY '12 we enhanced our offerings of free pediatric speech and language screenings by adding screening days at Addison Gilbert Hospital – in addition to our established program at Beverly Hospital, which is managed by the Speech-Language Therapy Department. Screenings were provided for children 18 months to seven years of age. The thirty minute screening helped to identify if a child is developmentally appropriate in terms of their speech, language and feeding skills. We screened 128 children.

In FY '12 our SHINE (Serving Health Information Needs of Elders) Counselors managed over 2,100 clients across the North Shore and Cape Ann, saw over 1,800 visits and spent 374 hours with beneficiaries.

In FY '12 Northeast Hospital Corporation funded three \$10,000 grants for innovative, community-based initiatives in one of three key areas – those that promote mental and behavioral health education, chronic disease prevention or management and improving access to health services in the community.

In FY '12 Addison Gilbert Hospital and the Department of Sports Medicine launched Safe Steps for Seniors, a free program that meets three times per week to help promote fall risk reduction by improving physical, social and nutritional health needs. This comprehensive program saw a total of 30 individuals.

# Plans for Reporting Fiscal Year 2013

The following outlines plans for the next reporting year in FY '13:

Implement three internal working groups within the first quarter of fiscal year 2013 to address key findings in the community health needs assessment. Those groups include: Senior Health Needs, Behavioral and Substance Abuse Needs and Chronic Disease and Wellness Needs. By the end of third quarter of fiscal year 2013, those groups will expand to include community providers / partners.

Create a community benefits plan for the next three years to ensure Northeast Hospital Corporation allocates proper resources and develops strategic community partnerships to address findings from the most recent community health needs assessment.

Continue to serve as the leading partner with the Greater Beverly YMCA related to the Pioneering Healthy Communities initiative as the community-based partnership “Be Healthy Beverly” looks to address key health issues in the City of Beverly.

Establish a partnership with the Beverly Council on Aging to launch a Senior Dinner Club, which will be hosted at Beverly Hospital each month. The partnership would also include Unidine; the dietary service provider for Northeast Hospital Corporation facilitates this program on a national level. Each dinner would have an educational / health and wellness presentation by a Beverly Hospital clinician.

Secure at least two opportunities for clinical areas to provide care in community-based organizations. The targeted communities are Beverly & Gloucester.

Expand Northeast Hospital Corporation’s Community Collaborative Grant. NHC requests applications for funding that relate to one of the main focuses of the Community Health Needs Assessment. NHC currently allocates up to \$30,000 in grant funding to support innovative initiatives that are designed to: promote mental and behavioral health education, prevention, and early intervention; improve chronic disease prevention (as it relates to diabetes, stroke, cancer, and heart disease); and promote healthy lifestyles and publicize available health resources and activities in the community. The goal will be to add another \$10,000 in funding to one more grant recipient.

Continue organizational progress as it relates to the long-term goals stated for each of the community benefit programs.

# Fiscal Year 2012 Community Partners

Beverly Community Council  
Sterling Center YMCA Beverly  
Ledgewood, Beverly  
Essex Park Rehab Beverly  
Beacon Hospice, Beverly  
Beverly High School  
Beverly Senior Center  
BevCam  
Herrick House Beverly  
Memorial School Beverly  
First Baptist Church of Beverly  
Beverly Resource Group  
Cape Ann Chamber of Commerce  
Danvers Senior Center  
First Church in Danvers  
Center for Healthy Aging- Danvers  
Peabody Institute Library Danvers  
Stop & Shop Danvers  
Danvers Rotary  
St. John's Prep, Danvers  
Danvers Kiwanis Club  
Danvers YMCA  
North Shore Community College,  
Danvers  
Essex Senior Center  
Action Inc. Gloucester  
Gloucester Stroke Club  
Rose Baker Senior Center  
Gloucester  
Shaws Gloucester Eastern Ave  
Gloucester Rotary  
Hamilton-Wenham Regional  
High School  
Hamilton-Wenham Rotary  
Ipswich Council on Aging  
Ipswich YMCA  
Ipswich Senior Center  
Bridgewell Lynnfield  
Lynnfield Senior Center  
Lynnfield Council on Aging  
Marblehead Council on Aging  
Marblehead Senior Center  
Jewish Community Center  
Marblehead  
Flint Public Library Middleton  
Middleton Council on Aging  
Middleton Senior Center  
Peabody Senior Center  
Peabody Institute Library Peabody  
Peabody Glen Health Care Center  
Peabody Council on Aging  
Brooksby Village, Peabody  
Rockport Rotary Club  
Rockport Senior Center  
Salem Council on Aging  
Topsfield Council on Aging  
Wenham Council on Aging  
Enon Village Wenham  
Wenham Council on Aging  
Beverly Chamber of Commerce  
Peabody Area Chamber of  
Commerce  
Healthy Gloucester Collaborative  
GetFit Gloucester  
North Shore Chamber of  
Commerce  
Cape Ann Channel 12 Public Access  
Danvers Community Access  
Television  
American Red Cross of Northeast  
Massachusetts  
Beverly Main Streets  
North Shore United Way  
Endicott College  
YMCA of the North Shore  
North Shore Community Health  
Network Area  
River House Shelter, Beverly  
Widowed Persons Support Group,  
Gloucester  
Loss of a Child, Gloucester  
Manchester-Essex Regional  
High School  
Landmark School  
Proctor School, Middleton  
Boards of Health - Beverly/  
Peabody/Gloucester/Essex/  
Rockport  
American Red Cross  
Action, Inc.  
Pathways for Children  
Cape Ann Resource Exchange  
Open Door  
Beverly Bootstraps  
Cape Ann TV, Gloucester  
Gloucester High School  
Rockport High School  
Hospice of North Shore &  
Greater Boston  
Arthritis Foundation  
North Beverly Elementary School  
Manchester Club  
Wellspring House  
American Lung Association  
American Cancer Society  
Gloucester Coast Guard  
Pingree School  
Cape Ann Military Family  
Support Group  
Sisters of Notre Dame, Ipswich  
Turtle Creek - Turtle Woods -  
(senior housing) - Beverly  
Boxford Cable TV  
Peabody Access TV  
Massachusetts Coalition of Nurse  
Practitioners of North Shore  
Rowley Senior Center  
Danvers YMCA  
North Shore Neuropathy  
Support Group  
Cape Ann Farmers' Market,  
Gloucester

# Community Health Needs Assessment Overview

In October 2011, John Snow Inc. (JSI) was contracted by Northeast Hospital Corporation to conduct a comprehensive needs assessment that would identify the major concerns and priorities on the North Shore so that NHC could develop community health programming and services that would more effectively meet the needs of the community. The assessment process is intended to ensure that its services and community health programs remain responsive to the communities they serve and that strong partnerships are built and renewed with the communities and other stakeholders in the area. While quantitative data is pulled for all communities in NHC's primary service area, a more thorough assessment – including qualitative findings – were offered in the following communities: Essex, Gloucester, Hamilton, Ipswich, Manchester, Rockport and Wenham. The following is a summary of the process and methods used during the three phase assessment. The report and roll-out plan were completed in October 2012.

## **Phase I – Preliminary Needs Assessment**

- Conduct a preliminary needs assessment that relies on publicly available data.
- Conduct a series of structured key informant interviews internally with select staff and board members.

## **Phase II – Targeted Community Engagement**

- Conduct a series of structured key informant interviews externally with community leaders, health and social service providers and other key stakeholders in the community.
- Collect primary data directly from the community residents through a series of community mail surveys.
- Develop a final Needs Assessment Report and conduct a strategic planning retreat.

## **Phase III – Strategic Plan Development and Reporting**

- Consolidate all of the project findings and deliverables into a comprehensive Community Needs Assessment and Community Engagement Strategic Plan that will include:
  - A list of the community healthcare needs and priorities identified overall and by the community.
  - Supporting documentation and data.
  - Recommending priority health needs and a set of preliminary programmatic recommendations for review.
- Develop a reporting strategy; develop a series of presentations / materials; present to the community.

## **Sources of Information**

- Massachusetts Community Health Information Profile (MassChip) system as well as other national, state and local sources.
- Community Health Survey which consisted of 24 pages. 2,400 random households were selected to participate.
- Key informant interviews with town / city leadership and public health professionals.

## **Needs Identified**

The most significant issues with respect to access to care were related to dental services, particularly for adults and mental health and substance abuse services for low income and middle income brackets. In addition, a significant proportion of the population in the region struggled to access prescription drugs, due primarily to the cost of co-pays and deductibles. Access to care was also affected by transportation and cost barriers, which were by far the two most significant barriers to care for those in the region. These issues have a particularly strong impact on low income and older adult populations who are most likely to be isolated and struggle to make ends meet financially.

There are a number of risk factors that have a major impact on chronic disease and the general level of health for individuals and communities. The risk factors with the greatest health effects are overweight/obesity, physical exercise, poor nutrition, and smoking. These factors can lead to variety of conditions such as diabetes, heart disease, hypertension, COPD, asthma, cancer, and arthritis. Obesity is a particular and increasing problem at a national and state-level, as well as at regional level. Conversely healthy habits and behaviors with respect to nutrition and physical exercise can be protective and improve heart and lung function, diabetes control, and hypertension, and reduce the risk of cancer, fall-related injuries, and other conditions.

Chronic diseases such as diabetes, heart disease, stroke, hypertension, respiratory disease, and cancer are the major causes of morbidity, disability and mortality, both in the region and the state. These conditions are in fact among the leading causes of death across the nation. Caused by a mixture of factors including genetic, environmental, and lifestyle factors, chronic diseases are pervasive, difficult to treat and occur in an increasing proportion of our society. The regional prevalence, hospitalization and death rates for chronic diseases are comparable to the rates at the state, in almost all cases, but there are some important exceptions – particularly with respect to diabetes and hypertension. There are also indications that some residents in the region are not properly engaged or receiving appropriate preventive, acute, or chronic disease management service in primary care. This is evidenced by higher rates of hospital emergency department and hospital inpatient utilization for some conditions.

Depression, anxiety and stress are major health issues throughout the nation and place significant burdens on individuals, families and communities. Numerous national studies have shown that many of the leading chronic illnesses, such as diabetes and heart disease, are linked to mental illness and the rates of co-occurring physical and mental illness are extremely high. Mental illness also plays a significant role in increasing healthcare expenditures and is responsible for a large proportion of total hospital emergency department visits and inpatient stays. Numerous data elements from the survey and the state's quantitative morbidity and mortality data highlight the burden that it places on the region, especially among low income populations.

Like mental health, substance abuse is evident across all income and geographic groups and causes significant burdens and loss of productivity upon individuals, families and communities. Substance abuse increases healthcare expenditures as well as community expenditures on law enforcement and incarceration. The extent to which many segments of the region's population abuse alcohol and prescription drugs was one of the more dramatic findings in the assessment. Regionally, those who responded to our survey were much more likely to report as "heavy" alcohol drinkers (more than seven drinks a week for women and more than 14 drinks a week for men) or binge drinkers (more than four drinks at any one sitting for women and more than five drinks at any one sitting for men) than those in the state overall. Regionally, high proportions of the population also abused prescription drugs.

# Conclusion

Northeast Hospital Corporation and the staff at Addison Gilbert and Beverly hospitals are committed to developing hospital services and other community-based programs that are tailored to meet the needs of the communities they serve. Both hospitals have a recognized track record of working collaboratively with community partners to develop programs and services that are providing health education, expanding access to service, addressing barriers to care, and improving overall health status.

We are proud of this record and look forward to using the findings from this assessment to refine our current services and develop new community programs and partnerships. Community health workgroups that correspond to the health priorities identified by the assessment have already been convened and these workgroups are in the process of developing detailed strategic plans. The staff at Addison Gilbert and Beverly hospitals look forward to working with all of the area's health and social service providers and the community at-large to improve the overall health status of the North Shore and Cape Ann communities.

## Summary of Highlighted Programs for Fiscal Year 2012

### BEVERLY BOOTSTRAPS MOBILE MARKET

**Brief Objective or Description:** Northeast Hospital Corporation provided the funding to allow Beverly Bootstraps to offer fresh produce to residents of the Beverly Housing Authority's property on the corner of Herrick Street. Each Tuesday from June to October, residents were able to access produce at no cost while also learning about basic nutrition and recipes from clinical nutrition managers at Northeast Hospital Corporation. During the first year, 109 households were served; 256 total individuals were served; 12,437 pounds of produce were distributed and 18,234 meals were provided.

**Status:** The immediate goal was to provide access to fresh produce while providing basic information as it relates to nutrition in a community setting. Knowing transportation is a barrier to access, the mobile market was able to bring food to the housing authority location and its residents on a weekly basis. We achieved this goal in the first year of this pilot program. The breakdown of individuals were 28 seniors; 22 disabled; 53 single parent households; 83 unemployed and 79 female head of household.

**Partners:** Beverly Bootstraps Community Services Inc. & Beverly Housing Authority

**Detailed Description:** There are a number of risk factors that have a major impact on chronic disease and the general level of health for individuals and communities. The risk factors with the greatest health effects are overweight/obesity, physical exercise, poor nutrition, and smoking. These factors can lead to a variety of conditions such as diabetes, heart disease, hypertension, COPD, asthma, cancer, and arthritis. Obesity is a particular and increasing problem at a national and state-level, as well as at a regional level. Conversely healthy habits and behaviors with respect to nutrition and lack of physical exercise can be protective and improve heart and lung function, diabetes control, and hypertension, and reduce the risk of cancer, fall-related injuries, and other conditions. *(Overweight/Obesity: The prevalence of obesity and overweight—according to Body Mass Index—for the region was comparable to state but nonetheless extremely high with approximately 50% of the population reporting as either overweight or obese. Source: 2012 Community Health Needs Assessment)*

## WALK-IN BLOOD PRESSURE CLINIC(S)

**Brief Objective or Description:** Addison Gilbert Hospital offers a free weekly walk-in blood pressure clinic every Monday (minus holidays) from 1 – 3 p.m. in the Women’s Health Conference Room.

**Status:** In fiscal year 2012 we saw 1,007 “patients”, 40 presented with high blood pressure. The goal of the program is to educate patients and offer information related to additional resources for patients. Retired nursing staff sees patients, takes blood pressure, reviews results, reviews medications and counsels if necessary. We also ask the patient if they would like us to share results with their primary care physician or nurse practitioner for follow-up care.

**Partners:** Organizational Initiative

**Detailed Description:** Chronic diseases such as diabetes, heart disease, stroke, hypertension, respiratory disease, and cancer are the major causes of morbidity, disability and mortality, both in the region and the state. These conditions are in fact among the leading causes of death across the nation. Caused by a mixture of factors including genetic, environmental, and lifestyle, chronic diseases are pervasive, difficult to treat and occur in an increasing proportion of our society. The regional prevalence, hospitalization, and death rates for chronic diseases are comparable to the rates at the state level in almost all cases but there are some important exceptions, particularly with respect to diabetes and hypertension.

There is also indication that some residents in the region are not properly engaged or receiving appropriate preventive, acute, or chronic disease management service in primary care. This is evidenced by higher rates of hospital emergency department and hospital inpatient utilization for some conditions. Regionally, the proportion of the population with hypertension is slightly higher than the state but there are segments of the population, including the low income population, that have much higher rates than region and state. *(Overall Survey Sample-27% Low Income-30% and State 26%) Source: 2012 Community Health Needs Assessment*

## JAIL & EMERGENCY DEPARTMENT DIVERSION PROGRAM

**Brief Objective or Description:** The emergency department and jail diversion program, in partnership with the Danvers Police, offers a means of diverting individuals with mental illness, substance abuse and other behavioral health issues away from the criminal justice system and away from the hospital emergency department at Beverly Hospital and places them in more appropriate settings such as a psychiatric, social service and / or community based services.

**Status:** to provide basic training and understanding of behavioral health and substance abuse related issues with local police departments in Danvers, Middleton and Topsfield.

Create an atmosphere that incorporates ride-along programs with the crisis response team member and the patrol division of the Danvers Police Department.

**Partners:** Northeast Behavioral Health and Danvers Police Department

**Detailed Description:** Mental Health: Depression, anxiety and stress are major health issues throughout the nation and place significant burdens on individuals, families and communities. Numerous national studies have shown that many of the leading chronic illnesses, such as diabetes and heart disease, are linked to mental illness and the rates of co-occurring physical and mental illness are extremely high. Mental illness also plays a significant role in increasing healthcare expenditures and is responsible for a large proportion of total hospital emergency department visits and inpatient stays. Numerous data elements from the survey and the

state quantitative morbidity and mortality data highlight the burden that it places on the region, especially among low income populations.

**Poor Mental Health:** Regionally, the proportion of survey respondents who reported being in poor mental health more than 15 days in a given month was comparable to the state. However, among low income populations overall and cities/towns with higher proportions of low income populations, the proportion of people reporting this level of illness was higher. (Poor Mental Health > 15/month: Overall Survey Sample - 9%, Low Income - 18%, State - 9%) Source: 2012 Community Health Needs Assessment

**Depression and Anxiety:** The proportion of people in the overall survey sample who reported being sad/blue more than 15 days in a given month was significantly smaller than the proportion of those who reported this level of illness in low income brackets. Similarly, the proportion of people in the Overall Survey Sample who reported being tense or anxious more than 15 days in a given month was also smaller than the proportion of people who reported this level of illness in the low income population. (Sad/Blue > 15/month: Overall Survey Sample - 8%, Low Income - 18%) (Tense/Anxious > 15/month: Overall Survey Sample - 12%, Low Income - 26%) Source: 2012 Community Health Needs Assessment

**Substance Abuse:** Like mental health, substance abuse is evident across all income and geographic groups and causes significant burdens and loss of productivity upon individuals, families and communities. Substance abuse increases healthcare expenditures as well as community expenditures on law enforcement and incarceration. The extent to which many segments of the region's population abuse alcohol and prescription drugs were one of the more dramatic findings in the assessment. Regionally, those who responded to our survey were much more likely to report as "heavy" alcohol drinkers (more than seven drinks a week for women and more than 14 drinks a week for men) or binge drinkers (more than four drinks at any one sitting for women and more than five drinks at any one sitting for men) than those in the state overall. Regionally, high proportions of the population also abused prescription drugs.

**Heavy and Binge Drinking:** The proportion of survey respondents who reported as heavy drinkers was significantly higher than the proportions for the state, particularly in the more affluent areas of the region. (*Heavy Drinking: Overall Survey Sample - 12%, Low Income - 10%, State - 6%*) Source: 2012 Community Health Needs Assessment  
(*Binge Drinking: Overall Survey Sample - 27%, Low Income - 21%, State - 17%*) Source: 2012 Community Health Needs Assessment

**Prescription Drug Abuse:** A large proportion of people who responded to the survey reported abusing prescription drugs, particularly in the low income brackets.

(*Prescription Drug Abuse: Overall Sample- 9%, Low Income- 16%*) Source: 2012 Community Health Needs Assessment

## WALK-IN DIABETES CLINIC(S)

**Brief Objective or Description:** Weekly walk-in, non-fasting glucose clinic held the first Monday of each month at Addison Gilbert Hospital; minus holidays. In addition to the weekly walk-in program, the Diabetes Care Center offered non-fasting glucose testing at numerous health fairs and other hospital locations in fiscal year 2012, seeing 274 “patients” at 23 sessions. Eighty Seven “patients” had higher than normal readings.

**Status:** The goal of the program is to provide intervention, help detect a high glucose reading and also educate patients about diabetes and resources to help them if they indeed are diabetic. We also help individuals who are borderline diabetic and need assistance with diet, medication, etc. Diabetes Educators and Clinical Nutritionists see patients; take the blood sample, review results, review medications and counsel if necessary. We also ask the patient if they would like us to share results with their primary care physician or nurse practitioner for follow-up care.

**Partners:** City of Gloucester Health Department, Pingree School, Bridgewell Group Home(s), Farrell Court Senior Housing Complex, Danvers YMCA, Open Door Gloucester, Beverly Bootstraps, Rockport Council on Aging and Brightview Assisted Living

**Detailed Description:** Chronic diseases such as diabetes, heart disease, stroke, hypertension, respiratory disease, and cancer are the major causes of morbidity, disability and mortality, both in the region and the state. These conditions are in fact among the leading causes of death across the nation. Caused by a mixture of factors including genetic, environmental, and lifestyle, chronic diseases are pervasive, difficult to treat and occur in an increasing proportion of our society. The regional prevalence, hospitalization, and death rates for chronic diseases are comparable to the rates at the state in almost all cases but there are some important exceptions, particularly with respect to diabetes and hypertension. There is also some indication that some residents in the region are not properly engaged or receiving appropriate preventive, acute, or chronic disease management service in primary care. As evidenced by higher rates of hospital emergency department and hospital inpatient utilization for some conditions.

**Diabetes:** *Relative to the state, residents of the North Shore and Cape Ann region are more likely to have diabetes, particularly those in low income categories. (Overall Sample- 13%, Low Income- 15%, State-7%) Source: 2012 Community Health Needs Assessment*

## FIRST PARISH CHURCH COMMUNITY SUPPER PROGRAM

**Brief Objective or Description:** Northeast Hospital Corporation funded a weekly supper program, which saw over 2,000 patrons in fiscal year 2012. NHC funding allowed the First Parish Church to provide a hot and nutritious meal every Tuesday night. It was not atypical for that meal to be the patrons’ only meal of the day.

**Status:** To provide funding to allow the First Parish Church in Beverly to continue their Tuesday supper program while being able to provide meals for the ever growing number of attendees.

**Partners:** First Parish Church in Beverly, MA

**Detailed Description:** Given persistent unemployment and homelessness, the need to feed people in Beverly has never been greater. Beverly Bootstraps Community Services experienced a record amount of requests for assistance in 2012. In the past 12 months, we saw a 20 percent increase in the average attendance in the weekly supper program. The parish feeds people from all walks of life including families and children.

## **NHC COMMUNITY COLLABORATIVE GRANT PROGRAM**

**Brief Objective or Description:** In fiscal year 2012 NHC funded three community collaborative projects. The grant funding is focused on mental health / substance abuse, chronic disease management and wellness and are focused on access to health and education.

Each year, about 33 percent of Americans experience some type of mental health or substance abuse problem. Through this grant, NHC hopes to develop new community partnerships and raise awareness of the risk factors and available resources to help tackle mental health and substance abuse issues.

Heart disease, cancer, stroke and diabetes are leading causes of death on the North Shore, and the region's residents also have higher smoking rates and participate less in regular exercise compared to the state as a whole. Through this grant, NHC hopes to increase access to preventative screenings, diagnosis and treatment services so that patients can better manage their diseases, and also increase access to educational resources relating to chronic disease prevention and management.

Inequitable access to health education, services and resources is an ongoing issue in our communities. Through this grant, NHC hopes to increase collaboration among public health partners and agencies, schools, advocacy groups, nonprofits and other social service providers to reach at risk and underserved populations.

**Status:** Northeast Hospital Corporation launched a new Community Collaborative Grant to address significant health issues in our North Shore communities. The grant program is a key aspect of the NHC community benefit program and is a direct result of our most recent community health needs assessment. Through the grant, NHC awarded three, \$10,000 grants for innovative, community-based initiatives in one of three key areas: those that promote mental and behavioral health education, prevention and early intervention; those that promote healthy lifestyles and improve chronic disease prevention (including diabetes, stroke, cancer and heart disease); and those that improve access to health services and resources in the community.

**Partners:** Organizational Initiative

**Detailed Description:** In fiscal year 2012 NHC funded three community based projects. The first was to the Beverly Police Department and HAWC (Healing Abuse Working for Change) on a training program for local hospitals and their nursing staff on labor and delivery and post-partum units to help detect domestic violence and to train them with the tools on how to resolve, refer to HAWC or when appropriate, when to involve local police. The second was through the Cape Ann YMCA and Get Fit Gloucester, which started a walking school bus program that served elementary students throughout the City of Gloucester and also offered walking programs with senior citizens and community members. The third was an awareness campaign conducted by DanversCares, a community collaborative group focused on substance abuse in the Danvers Public School System. Above the Influence was adopted and created a marketing campaign, student art contests, poetry contests, media, and all sports teams and school band wearing the Above the Influence logo patch for the entire school year.

## **PIONEERING HEALTHIER COMMUNITIES GRANT (BE HEALTHY BEVERLY)**

**Brief Objective or Description:** The Greater Beverly YMCA, with a grant funded by the Centers for Disease Control and in partnership with Beverly Hospital, Beverly Public Schools and other community organizations, is launching a new healthy-living movement known as **Be Healthy Beverly**. The group's first area of focus over the past year has been to join the national effort to combat childhood obesity and support the new nutrition standards in the National School Lunch Program.

**Status:** **Be Healthy Beverly** introduced fruit and vegetable bars in all five Beverly public elementary school cafeterias. Research has demonstrated that food consumed by children during the school day has a significant impact on both health and education outcomes.

**Partners:** Greater Beverly YMCA, Beverly Public Schools, City of Beverly, Beverly Bootstraps, North Shore United Way, Boston Children's Hospital, Beverly Recreation Department, Beverly Public Health Department, Beverly School Committee, and the Food Project.

**Detailed Description:** There are a number of risk factors that have a major impact on chronic disease and the general level of health for individuals and communities. The risk factors with the greatest health effects are overweight/obesity, lack of physical exercise, poor nutrition, and smoking. These factors can lead to a variety of conditions such as diabetes, heart disease, hypertension, COPD, asthma, cancer, and arthritis. Obesity is a particular and increasing problem at a national and state level, as well as at a regional level. Conversely, healthy habits and behaviors with respect to nutrition and physical exercise can be protective and improve heart and lung function, diabetes control, and hypertension, and reduce the risk of cancer, fall-related injuries and other conditions.

**Overweight/Obesity:** The prevalence of obesity and overweight individuals (according to Body Mass Index) for the region was comparable to the state, but nonetheless extremely high with approximately 50 percent of the population reporting as either overweight or obese. Obesity/overweight was perceived to be the number one or two most significant health problem.

## **“SAFE STEPS FOR SENIORS”**

**Brief Objective or Description:** Safe Steps for Seniors aims to promote fall risk reduction by improving the physical, social and nutritional health of elders in the community. Anticipated outcomes for elders include improved physical health from group exercise, increased confidence and socialization, and improved emotional well-being by participating in a group program. By improving the knowledge of the participants regarding falls, seniors will be better equipped to advocate for themselves in the community for fall risk reduction.

**Status:** Continue to offer Safe Steps at Addison Gilbert Hospital, while incorporating a more structured nutrition and food based component with Unidine during fiscal year 2012.

**Partners:** Organizational Initiative

**Detailed Description:** Currently 51 percent of the Gloucester community is between the ages of 45-65. Over 31 percent of households have 1 or more individuals over the age of 65, higher than state and county averages. In NHC's 2012 Community Health Needs Assessment, stakeholder interviews revealed that exercise programs ranked 3rd out of eight issues of critical importance in the community, particularly for elders. Gloucester, identified as one of 34 cities and towns across the Commonwealth with a census tract registering a poverty

rate of at least 25 percent, holds some of the state's "highest concentrations of hunger" (*U.S. Census Bureau*). Also, due to its geography, Gloucester and the Cape Ann community can be very isolated. Source: 2012 Community Health Needs Assessment

## SERVING HEALTH INFORMATION NEEDS OF ELDERS (SHINE)

**Brief Objective or Description:** The SHINE (Serving the Health Information Needs of Elders) Program provides health insurance counseling services to elderly and disabled adults. SHINE counselors are trained to handle complex questions about Medicare, Medicare supplements, Medicare Health Maintenance Organizations, public benefits with healthcare components, Medicaid, free hospital care, prescription drug assistance programs, drug discount cards, and long-term health insurance.

**Status:** In FY '12 SHINE Counselors managed over 2,100 client contact forms, had 1,800 visits, spent 374 hours with the beneficiary for all contacts.

To provide education and assistance to elders who need guidance as it relates to their healthcare insurance. (Ongoing)

To implement a similar program at the Rockport Council on Aging in fiscal year 2012. (Achieved)

**Partners:** Rose Baker Senior Center, Gloucester; Beverly Council on Aging; Rockport Council on Aging

**Detailed Description:** With the passage of the Massachusetts Health Care Insurance Reform Law in 2006, Massachusetts became the first state in the nation to adopt measures that would lead to nearly universal health coverage. As a result, almost everyone in the state has comprehensive health insurance. The North Shore area also has a comprehensive array of health and social service organizations that are able to provide nearly all of the enabling, supportive, preventive, acute, chronic disease management, specialty care, hospital-based, and other community-based services needed.

The most significant issues with respect to access to care were related to dental services, particularly for adults and mental health and substance abuse services for low income and middle income brackets. In addition, a significant proportion of the population in the region struggled to access prescription drugs, due primarily to the cost of co-pays and deductibles. Access to care was also affected by transportation and cost barriers, which were by far the two most significant barriers to care for those in the region. These issues have a particularly strong impact on low income and older adult populations that are most likely to be isolated and struggle financially.

**Health Insurance Status:** Health insurance rates in the region were high and comparable to state rates (*Health Insurance: Overall Survey Sample - 95%, State - 96%*) Source: 2012 Community Health Needs Assessment

**Usual Source of Care:** Nearly everyone had access to a primary care provider or doctor (*Regular PCP or Doctor: Overall Survey Sample - 96%, State - 91%*)

**Dental Insurance:** Significant proportions of the population in the region lack dental insurance (*Dental Insurance: Overall Survey Sample - 40%, Low income - 58%*)

**No Dental Care:** Significant proportions of the population in the region had no dental care in the past 12 months (*No Dental Care in Past Year: Overall Survey Sample - 27%, Low Income - 45%, State - 19%*)

**No Prescription Drugs:** Significant proportions of the population in the region were unable to obtain prescription drugs due to cost (*No prescription drug: Overall Sample Survey – 12%; Low-Income-23%*).  
*Source: 2012 Community Health Needs Assessment*

## SKIN CANCER CLINIC(S)

**Brief Objective or Description:** Addison Gilbert and Beverly hospitals work collaboratively in partnership with the American Cancer Society and the Melanoma Foundation on a free community skin cancer clinic. Patients call to schedule an appointment with one of our oncologists. At the clinic, patients are provided with a thorough examination and information on skin cancer prevention. If they were in need of further evaluation and treatment, the findings could be shared with their primary care physician.

The goal of the program is to educate patients and offer them preventative services. NHC oncologists and oncology nurse partner to help intervene with early detection of skin cancer.

**Status:** In FY '12, the program aimed to launch a second clinic day and that was achieved in fiscal year 2011. A total of 79 patients participated in two community skin cancer clinics. Out of the 79 patients, 47 needed further treatment and or evaluation. Residents from 21 different communities attended.

**Partners:** American Cancer Society, Melanoma Foundation of New England

**Detailed Description:** A great amount of the communities we serve at NHC are coastal communities with many public and private beaches increasing exposure and risk to our residents seriousness of all cancers; hospitalization and death rate for cancer (all-types) is comparable or lower than the state rate for all cities/towns in the region but there are a number of notable exceptions where certain cities/towns have higher rates for certain cancers. (*Cancer death rate per 100,000 – all types: Essex County 182; State 183*).

## SPEAKERS BUREAU

**Brief Objective or Description:** The Beverly and Addison Gilbert hospitals' Speakers Bureau is a free service designed to bring timely information on a variety of health-related topics. Speakers include physicians, registered nurses, dietitians, physical therapists, pharmacists and other healthcare professionals, provide information about healthy living and illness prevention.

**Status:** Provide information about healthy living and illness prevention for the following health related topics – neurological health, cardiac health, cancer, senior health, infectious disease, child development, parenting, diabetes, fitness/exercise, memory loss/dementia/Alzheimer's, arthritis and joint pain, ophthalmology, behavioral health, nutrition, women's health, nervous system, nephrology, men's health, respiratory, hypertension and chronic pain management.

**Partners:** Bridgewell, Manchester Essex Public Schools, Safe Harbor Retirement, Rockport Council on Aging, Hamilton-Wenham Public Schools, Gloucester Council on Aging, Danvers Council on Aging, Beverly Council on Aging, Gorton's of Gloucester, The Herrick House, Danvers Kiwanis Club, Beverly Kiwanis Club, Cove Circle Community Group, Tri-Town School District, North Reading High School, Salem Girl Scouts, Beverly Boy Scouts, Middleton Public Library, Saint John's Prep Danvers, North Shore Mall, Spectrum Adult Day Health Center Beverly, Endicott College, Salem State University, Peabody Public Health Department, Ipswich Public Health Department, Manchester Men's Club, Second Congregational Church Beverly, Massachusetts Department of Public Health, BankGloucester, Sisters of Notre Dame, Turtle Creek Senior Housing, Turtle Woods Senior Housing, Penguin Hall.

**Detailed Description:** Northeast Hospital Corporation (NHC) was able to offer 73 free educational presentations in our service area during FY '12. The following is a breakdown by town / city: Danvers – 9; Manchester – 3; Lynn – 1; Rockport – 6; Hamilton – 3; Gloucester – 12; Topsfield – 2; Beverly – 19; Wenham – 4; Middleton – 3; North Reading – 1; Lynnfield – 1; Salem – 5; Peabody – 2; Boston – 1 and Ipswich – 1.

## **SPEECH & AUDIOLOGY SCREENING**

**Brief Objective or Description:** Pediatric Speech screenings are 30 minutes in duration and are used to identify whether a child is developmentally appropriate as it relates to their speech, language, or feeding skills. If a child qualifies for further evaluation, the family will be assisted by a speech/language pathologist who will help schedule a comprehensive speech/language evaluation. Early identification and intervention is key to addressing developmental delays.

**Status:** In fiscal year 2012, we offered four different pediatric speech screenings, ranging from an entire month and others over the course of two days. We saw a total of 128 children. We also conducted two free adult hearing screenings where we saw 70 adults participate.

**Partners:** Organizational Initiative

## **SUPPORT GROUPS**

**Brief Objective or Description:** In fiscal year 2012, NHC hosted 198 support group sessions. We offered 20 different types of support groups totaling 297 hours. We hosted support groups at Beverly Hospital, Beverly Hospital at Danvers and Addison Gilbert Hospital.

**Status:** Based off of the findings of our most recent community health needs assessment, we will continue to offer a variety of support groups to help educate, support, and assist individuals and families who are going through a difficult time in their lives. Support Groups can help to inform, console, and lift the spirit – all part of the healing process.

**Partners:** Organizational Initiative

**Detailed Description:** Support Groups (Breast Cancer, General Cancer, Melanoma, Prostate Cancer, Connecting Young Moms, Mother Time, Alzheimer's, Early State of Memory Loss, Post-Partum, Infant Loss, Stroke, Widowed Persons, Military Family, Polycythemia Vera, Epilepsy, Nicotine Anonymous, Stroke, Ostomy, Diabetes and Child Loss). All support group programs are free to the community.

## COMMUNITY OUTREACH OVERVIEW FISCAL YEAR 2012

In addition to our well-established community benefits program, Northeast Hospital Corporation also has a diverse and far-reaching community outreach program that provides support to local communities in a variety of ways which include but is not limited to food and clothing drives; employee volunteerism; health fairs; sponsorships; leadership on local non-profit and community boards and a state-approved model for medication and sharps disposal.

### FISCAL YEAR 2012 REQUIRED FINANCIALS

#### Community Benefits Programs

Expenditures	Amount
Direct Expense	\$ 1,367,417
Associated Expense	\$ 103,250
Determination of Need Expenditures	\$ 20,608
Employee Volunteerism	\$12,120
Other Leveraged Resources	\$ 34,000
Total Community Benefits Programs	\$1,537,395

#### Net Charity Care

Expenditures	Amount
HSN Assessment	\$ 5,039,938
HSN Denied Claims	\$ 113,136
Free / Discounted Care	\$ 497,462
Total Net Charity Care	\$ 5,650,536

#### Corporate Sponsorships

Expenditures	Amount
Corporate Sponsorships	\$ 90,250

#### Totals

Total Expenditures	\$ 7,278,181
Total Revenue for FY '12	\$ 321,521,474
Total Patient-Care Revenue Expenses FY '12	\$ 296,668,655
Approved Program Budget for FY '13	\$ 719,921

#### Community Services Programs

Expenditures	Amount
Direct Expenses	\$ 26,711
Associated Expenses	\$ 245,462.18
Determination of Need Expenditures	\$0
Employee Volunteerism	\$ 9,954
Other Leveraged Resources	\$0
Total Community Service Programs	\$ 7,449

# GLOSSARY OF TERMS

**Community Benefits Guidelines:** The Attorney General’s Community Benefits Guidelines for Nonprofit Acute-Care Hospitals and The Attorney General’s Community Benefits Guidelines for Health Maintenance Organizations.

**Community Benefits Manager:** A hospital or HMO employee directly responsible for the development and management of a Community Benefits Program or Community Service Program.

**Community Benefits Plan:** A formal plan to address the health needs of an identified community, developed in accordance with the principles of the Community Benefits Guidelines, with appropriate community participation, and approved by the hospital or HMO’s governing board.

**Community Benefits Program:** A program, grant or initiative developed in collaboration with community representatives or based upon a Community Health Needs Assessment that serves the needs of a Target Population identified in the hospital or HMO’s Community Benefits Plan.

**Community Health Needs Assessment:** A process through which a hospital or HMO, in partnership or consultation with representatives of its community, identifies community health needs using public health data, community surveys, focus groups and other community-initiated information and data gathering activities, and/or other relevant health status indicators and data.

**Community Service Program:** A program, grant or other initiative that advances the health care or social needs of Massachusetts communities, but is not related to the priorities or Target Population identified in the hospital or HMO’s formal Community Benefits Plan.

**Corporate Sponsorships:** Cash or in-kind contributions that support the charitable activities of other organizations, and are not related to a Community Benefits Plan.

## Expenditures

**Direct Expenses:** May include (1) the salary and fringe benefits (or a portion thereof) of a Community Benefits Manager and his or her staff; (2) the value of employee time devoted to a Community Benefits Program or Community Service Program during paid work hours or leave time (calculated either at the rate of the employees’ pay or using the averages set forth below in the definition of Employee Volunteerism); (3) any purchased services or supplies directly attributable to the Community Benefits or Community Service Program, including contractual and non-contractual agreements with other organizations or individuals to develop, manage or provide the benefit or service, including leases/rentals of equipment or building space; (4) the costs associated with generating Other Leveraged Resources; (5) dues subsidies and other financial assistance aimed at making health coverage more affordable for the uninsured or those at risk of losing health coverage, and (6) grants to third parties in furtherance of a community benefit or community service objective.

**Associated Expenses:** May include (1) depreciation or amortization related to the use of major movable equipment purchased or leased directly for the Community Benefits or Community Service Program, and (2) a share of any fixed depreciation on a building or space therein used solely or in major part for a community benefit or service.

**Determination of Need Expenditures:** Direct or Associated Expenses related to Community Benefits Programs or Community Service Programs provided by a hospital in fulfillment of a specific determination of need condition established by the Massachusetts Department of Public Health pursuant to 105 CMR 100.

**Employee Volunteerism:** An employee's voluntary activities in connection with a hospital or HMO Community Benefits Program or Community Service Program that take place during unpaid time as the result of a formal hospital or HMO initiative to organize or promote voluntary participation in the particular activity among its employees. The value of free or reduced-fee direct health care or public health services volunteered by health care providers employed by the hospital or HMO should be calculated using either (a) the rate of the employee's pay, or (b) the average hourly rate for Massachusetts health care workers as calculated by the Centers for Medicare and Medicaid Services for purpose of the Medicare Area Wage Index during the reported fiscal year (\$25.00 in 2001). The value of non-health care services volunteered by any employee should be calculated using the standard hourly rate set by the Independent Sector, a Washington, D.C.-based coalition of voluntary organizations, foundations and corporate giving programs, during the reported fiscal year (\$15.39 in 2001).

**Other Leveraged Resources:** Funds and services contributed by third parties for the express purpose of supporting a hospital or HMO's Community Benefits or Community Service Programs. These include: (1) services provided by non-salaried physicians or other individual providers free of charge to free-care eligible patients in connection with a hospital's free care program, or at no charge or reduced fee to low-income patients in connection with other hospital or HMO programs (calculated using a standard cost-to charge ratio of .60); (2) grants received from private foundations, government agencies or other third parties for the specific purpose of supporting a hospital or HMO Community Benefits or Community Service Program; and (3) monies raised from or collected by third parties as the result of a fund-raising activity sponsored by a hospital or HMO in connection with a Community Benefits or Community Service Program.

**Note:** These definitions identify the range of costs that hospitals and HMOs might appropriately include when calculating expenses related to their Community Benefits and Community Service Programs. They are not intended to impose an obligation on hospitals and HMOs to account for costs that they otherwise would not track. In those instances where costs are difficult to quantify, hospitals and HMOs should develop a reasonable estimate of their costs within the spirit of these guidelines. Hospitals and HMOs also should use discretion in categorizing costs that are not specified in the examples provided above.

**HMO:** As defined by Chapter 176G of the Massachusetts General Laws, means a company organized under the laws of the Commonwealth, or organized under the laws of another state and qualified to do business in the Commonwealth, which provides or arranges for the provision of health services to voluntarily enrolled members in exchange primarily for a prepaid per capita or aggregate fixed sum.

**Hospital:** A non-profit acute care hospital, as defined by Chapter 118C of the Massachusetts General Laws to include the teaching hospital of the University of Massachusetts Medical School and any hospital licensed under Section 51 of Chapter 111 and which contains a majority of medical-surgical, pediatric, obstetric and maternity beds, as defined by the Department of Public Health.

**Net Charity Care/Uncompensated Care Pool Contribution:** As defined under Section 1 of Chapter 118G of the Massachusetts General Laws, the amount of "free care" provided by a hospital as determined by its annual assessment plus any shortfall allocation in connection with administering the Uncompensated Care Pool Trust Fund, or an HMO's annual contribution to the Uncompensated Care Pool, as listed by the Massachusetts Division of Health Care Finance and Policy in its most current settlement for the reported fiscal year. Net

Charity Care does not include hospital bad debt related to patients not eligible for free care, “shortfalls” related to Medicaid, Medicare or other health plan reimbursements that do not cover the full costs of a hospital’s services or “shortfalls” related to an HMO’s coverage of Plan Members enrolled through a Medicaid or Medicare program.

**Plan Members:** The average of the total number of members, as defined in Chapter 176G of the Massachusetts General Laws, enrolled in an HMO’s health plans, as reported to the Division of Insurance in the four quarterly reports for the periods of time occurring during the reported fiscal year.

**Target Population:** The specific community or communities that are the focus of the hospital or HMO’s Community Benefits Plan. A target population can be defined (1) geographically (e.g., low or moderate income residents of a municipality, county or other defined region); (2) demographically (e.g., the uninsured, children or elders, an immigrant group); (3) by health status (e.g., persons with HIV, victims of domestic violence, pregnant teens) or (4) by an issue consistent with the Community Benefits Guidelines (e.g., community building, reducing disparities in access to quality health care).

**Total Patient Care-Related Expenses:** Expenses, including capital, related to the care of patients as reported by hospitals to the Division of Health Care Finance and Policy on Schedule 18 of the 403 Cost Report for the reported fiscal year.



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