

**Saint Anne's  
Hospital**  
A STEWARD FAMILY HOSPITAL



# Community Benefits Report



**2015**



# Saint Anne’s Hospital 2015 Community Benefits Report

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## I. Overview

Saint Anne’s Hospital (SAH) is part of the ten-hospital Steward Health Care System, New England’s largest community hospital network. Steward is a comprehensive, integrated health care delivery network, providing community-based medicine and tertiary care in eastern Massachusetts, southern New Hampshire, and Rhode Island. SAH’s primary service area includes Fall River.

Saint Anne’s Hospital is a 185-bed general medical and surgical hospital in Fall River. Saint Anne’s Hospital offers specialized services in oncology, orthopedics, surgery, pediatrics, diabetes, breast care, rehabilitation, behavioral health, and pain management.

Saint Anne’s Hospital provides acute care with state-of-the-art medical technology and a highly skilled staff. The hospital has earned the Gold Seal of Approval from the Joint Commission, as well as numerous awards and recognitions that include consecutive “A” Hospital Safety Scores from The Leapfrog Group; designation as a Blue Distinction Center+ for Knee and Hip Replacement by Blue Cross Blue Shield; and accreditations/recognitions for specific services by such organizations as the American College of Radiology, the American College of Surgeons, the American Society for Gastrointestinal Endoscopy, and The Joint Commission.

This report covers the fiscal year from January 1, 2015 through December 31, 2015.

### **Key Annual Statistics – Fiscal Year 2015**

Licensed beds: 175 (10 added in 2016, for a current total of 185)

Physicians (employed & affiliated): 600

Employees (full & part time): 1,544

Discharges (Inpatients): 9,040

Emergency Department Visits: 49,176

Outpatient Visits: 205,227

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## II. Mission & Values

### Mission Statement:

Steward Health Care is committed to serving the physical and spiritual needs of our community by delivering the highest quality care with compassion and respect.

### Values:

#### Compassion:

Providing care with empathy in such a way that the person experiences acceptance, concern, hopefulness, and sensitivity

#### Accountability:

Accepting responsibility for continuous performance improvement, embracing change and seeking new opportunities to serve

#### Respect:

Honoring the dignity of each person

#### Excellence:

Exceeding expectations through teamwork and innovation

#### Stewardship:

Managing our financial and human resources responsibly in caring for those entrusted to us

### Guiding Principles Statement:

- Saint Anne's Hospital will strive to be patient-centered, providing ease of access, convenience, and caring to all who seek its services.
- Saint Anne's Hospital will provide the highest quality of care by managing medical outcomes through excellence in clinical programs and centers of excellence. We will exceed expectations of patients and referring physicians.
- Saint Anne's Hospital will provide leadership in collaboration with its colleagues in Steward Health Care to strengthen clinical and network integration as one health care system.
- Saint Anne's Hospital research programs will affirm their role as an academic resource for Steward Health Care and the community.
- Saint Anne's Hospital will monitor and evaluate outcomes of community benefit programs in comparison to community health needs.
- Saint Anne's Hospital will review the findings with other health care planning groups in the community to avoid duplication and promote collaboration.
- Saint Anne's Hospital will obtain feedback from the community on Saint Anne's community benefits services.

- Saint Anne’s Hospital will develop prioritized outcome measures for each service to utilize in evaluating its effectiveness.
- Saint Anne’s Hospital will contribute to the well-being of our community through outreach efforts including, but not limited to, reducing barriers to accessing health care, preventative health education, screening, wellness programs, and community-building.
- Saint Anne’s Hospital will regularly evaluate its community benefits program.
- Saint Anne’s Hospital is dedicated to maintaining membership in organizations that represent the diverse Fall River community.

### **Community Benefits Statement of Purpose:**

- Saint Anne’s Hospital is committed to serving the entire community, including the uninsured, underinsured, poor, vulnerable, and disadvantaged.
- Saint Anne’s Hospital is dedicated to providing accessible, high-quality health care services to all within its culturally diverse community, particularly its host community of Fall River.
- Saint Anne’s Hospital is dedicated to maintaining the well-being of its community by providing excellence in health care through preventative health, education, and wellness services.
- Saint Anne’s Hospital is dedicated to collaborating with our community to identify and respond to issues by fulfilling the physical, spiritual, emotional, and social needs of the people it serves.
- Saint Anne’s Hospital is committed to recommending to the Board of Directors of Saint Anne’s the adoption of needed programs and services to address identified, prioritized, and unmet health care needs in the community.

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### **III. Internal Oversight and Management of Community Benefits Program**

At Saint Anne’s Hospital, we operate both as an acute care, medically-focused community hospital and as a community-focused provider with a commitment to public health initiatives. As the business of health care evolves, a major imperative exists for us to align ourselves more closely with our community so that we may better improve the health status of the populations we serve.

Our Community Benefits objectives reflect this business imperative and complement our longstanding ministry as a Catholic hospital. Saint Anne’s Community Benefits programming designates Fall River and surrounding neighborhoods as primary areas of focus. Planning for Community Benefits is centered on the needs and activities of these communities, incorporates several hospital departments, and involves joint efforts with the area’s health and human service agencies and centers.

The Director of Community Health is responsible for assessment, development, implementation, review, and administration of our community benefits processes and programs through collaboration with various

community partners, coalitions, and health centers. This function reports to the Director of Strategic Communications at Saint Anne’s Hospital as well as the Vice President of Government Relations & Community Benefits at Steward Health Care.

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## **V. Leadership**

In 2015, the following hospital and community leaders served as members of the hospital’s Community Health Benefits Advisory Committee:

### **Community Benefits Leadership/Team**

Trish Robertson, Director of Planning and Community Development, Bristol Elder Services

Brian O’Connor, Esq., Program Manager, Justice Center of Southeast, MA LLC

Brittany Lynch, LICSW, Lead Behavioral Health Navigator/Medical Social Worker, Saint Anne’s Hospital

Craig Jesiolowski, FACHE, President, Saint Anne’s Hospital

Denise Marques, CME Coordinator, Saint Anne’s Hospital

Kristin Silva, RN, Assistant Clinical Director, Family HealthCare Center at SSTAR

Wendy Bauer, MSW, Director Strategic Communications, Saint Anne's Hospital

Jennifer Salem-Russo, LICSW, Clinical Coordinator, Youth Trauma Program; Saint Anne’s Hospital

Katherine Cortes-Borrero, Community and Transition Coordinator, Southeast Center for Independent Living

Lisa Blanchette, Director Patient Access, Saint Anne’s Hospital

Lisa DeMello, MSN, RN, ACNS-BC, Clinical Nurse Specialist/Stroke Coordinator, Saint Anne’s Hospital

Marcia Picard, Partners for a Healthier Community (CHNA 25), School Wellness Coordinator

Marin Woods, RD, LDN, Clinical Nutrition Manager, Saint Anne’s Hospital

Teresa (Tracy) Gerety-Ibbotson, M.Ed., Administrative Director of Community Health Benefits, Saint Anne’s Hospital

Rose Marie Couto, RN, CDE, Diabetes Educator, Saint Anne’s Hospital

Thomas Lyons, Chair, Retired, Board Member, Saint Anne’s Hospital

Jennifer Espinola, Community Resource Liaison/ Insurance Program Specialist, Saint Anne’s Hospital

Michelle Loranger, Executive Director, Bristol County Children’s Advocacy Center

Jessica DeLoureiro, Esq., Staff Attorney, Medical Legal Partnership, Justice Center of Southeast, MA LLC

Natalia Konarski, Director, Interpreter Services, Saint Anne’s Hospital

Sister Glorina Jugo, O.P. Director of Mission, Saint Anne’s Hospital

Katherine Johnson, LICSW, Program Coordinator, Center for Behavioral Medicine, Saint Anne’s Hospital

Kathleen Murphy, Community Organizer, United Interfaith Action (UIA)

Erin McGough, MSN, RN, CCM, Director of Case Management, Saint Anne’s Hospital

Nancy Sullivan MS,RN, CCM, Oncology Nurse Navigator, Saint Anne's Hospital

Stephanie Perry, RN, CARN, Addictions Nurse Specialist, Saint Anne's Hospital

Keisha Dejesus, Director of Health Access & Interpreter Services, SSTAR

Fanny Tchorz, Director of Interpreter Services, HeathFirst Family Care Center

Carol Verrochi, Community Member & Liaison to the Patient & Family Advisory Council (PFAC), Saint Anne's Hospital

Laura Diogo-Carreau, Executive Director, Veteran's Guardian Angels, Inc.

Emily Bird, Wellness Coordinator, Fall River YMCA, Division of Southcoast YMCA, Inc.

Tina Santos, Advocate/Camp Coordinator, Diabetes Association, People Incorporated, Inc.

Lieutenant Andrew Crook, Supervisor of Major Crimes Division, Fall River Police Department

Community Health Benefits Administrator

Tracy (Teresa) Gerety-Ibbotson, M.Ed., Director of Community Health Benefits, Saint Anne's Hospital

In addition to numerous informal small group meetings and discussions throughout the year, the Community Health Benefits Advisory Committee met on: January 7, 2015; March 4, 2015; May 6, 2015; August 5, 2015; October 7, 2015 and December 2, 2015.

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## **V. Community Overview –**

Saint Anne's Hospital is located in the city of Fall River with a population of 88,857 (2010 Census), making it the tenth largest city in the state. The largest racial groups within the city are 88.2% Caucasian, 7.1% Hispanic or Latino origin, 3.2% African American and 2.4% Asian. In percentage terms, Fall River has the largest Portuguese-American population in the United States; between 43-49%.

Fall River is an economically-disadvantaged community with a per capita income of \$21,257 that is well below the state average of \$35,763. In comparison to the statewide average of 11.4 %, 23.3 % of Fall River residents and 36 % of children under the age of 18 live below the poverty line. Since income levels are correlated with education levels, it follows that Fall River has a lower level of educational attainment compared to the state as a whole. Statewide, the 2014 high school graduation rate was 86.1 % while the rate for Fall River was 60.8 %.

In September 2015, Fall River reported an unemployment rate of 7.4 %. While that is much improved from the reported rate in January 2015, of 10.7 %, it is nearly double the state average of 4.5 % for the same time period. In 2015, Fall River had the ninth highest rate of unemployment in the Commonwealth. Probably of more impact, Fall River wages as a percentage of the state wages have been falling year after year and continue to do so ( i.e., state wages are rising at a faster rate than Fall River). The unemployment rate is falling more in line with the state but wages are not keeping pace, indicating that most of the jobs being created are lower-paying, part-time and without health insurance benefits.

Poverty is the number one contributing factor to food insecurity/hunger, which is correlated with low academic achievement, poor nutrition, obesity, and an increased risk for chronic disease, including mental health and addiction. Thirty percent of Fall River families received food assistance from the government (2014).

Fifty-one percent of the children enrolled in grade 10 were classified as overweight or obese versus the state rate of 32.3% (2014). In 2014, Fall River had more than double the state rate of admissions to MDPH substance abuse programs: 3,958 per 100,000 versus 1,568 per 100,000 for the state. Comparatively, in 2014, Fall River had three times in the number of deaths caused by opioid overdose: 38.3 per 100,000 versus 13 per 100,000 for the state.

Fall River has numerous small, medium, and large-sized businesses, including restaurants, bars, ethnic grocery stores, convenience stores (bodegas), markets, discount chain stores, auto body shops, banks, hair salons, barber shops, pawn shops, and laundries, among others. Saint Anne's Hospital is the second largest employer in the City of Fall River. Other health facilities include Charlton Memorial Hospital of Southcoast Health, Stanley Street Treatment and Resources (SSTAR), HealthFirst Family Care Center, JC Corrigan Mental Health Center, skilled nursing facilities, and several large medical practices.

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## **VI. Community Needs Assessment**

In 2012 and early 2013, Saint Anne's Hospital conducted a comprehensive community needs assessment focused on its Primary Service Area (PSA), which includes the communities of Fall River, Swansea, Somerset, and Westport. Per the Massachusetts community health benefits mandate established by the Attorney General to assess community health needs every three years, Saint Anne's Hospital conducted a 2015 Community Needs Assessment (CNA). Planning for the 2015 community benefits programming was based upon the 2012-2013 needs assessment and the 2014-2019 Community-wide Needs and Assets Assessment conducted by Partners for a Healthier Community (CHNA25).

The approach for the 2012-2013 assessment consisted of the following steps, each of which is briefly described in the order in which it was implemented. First, extensive public data were collected and key findings were derived from publicly available databases, including the U.S. Census Bureau and the Massachusetts Community Health Information Profile (MassCHIP). Next, a Community Provider Survey was distributed to the Saint Anne's Hospital Community Benefits Committee and other key community-based organizations. Organizations surveyed included local health and human service services, government agencies, boards of health, community centers, churches, and schools. A focus group of local residents was also conducted to capture qualitative data about their experience of health issues and driving factors contributing to those issues. From these sources, data on health behaviors, health conditions, access to and utilization of health services, and health care costs were examined for opportunities where the hospital, in partnership with local community service providers, could make a difference in lowering per capita health care costs, improving quality, and improving health for area residents.

Recommendations put forth by the 2012 Community Needs Assessment were considered and implemented in the 2015 assessment design. The decision was made to utilize the health indicators and key findings as

reported in the 2014 *Health Status of Community Health Network Area 25 (CHNA25)*, which includes the communities of Fall River, Somerset, Swansea and Westport, MA. Prepared by *Partners for a Healthier Community, Inc*, this public document is comprehensive in scope and the current data is aligned with Saint Anne's Hospital primary service area (PSA). Through the Determination of Need (DoN) process, Saint Anne's Hospital provided the source funding (paid staff) for the 2014 *Health Status of CHNA25* report, and its use in the 2015 community health needs assessment supports a non-duplication of services.

The 2015 study also included community focus groups and a key informant survey which served to identify the areas of greatest concern and need. Three community focus groups were conducted. Focus groups included Hispanic and Brazilian women and men of all ages, US veterans, persons in recovery, persons utilizing food pantries, individuals without permanent housing, religious leaders, community health workers, and health care providers. It was recommended in the prior 2012 SAH Community Health Needs Assessment to gather information on the health care concerns of the area residents speaking Brazilian Portuguese and local Spanish-speaking populations, specifically related to access to health care. Key informant surveys were completed by 87 community leaders, of whom 76 % reported as working in a social service agency or health care and 53 percent reported as living in the PSA. Planning for the 2016 community benefits programming was based on both the findings of the 2015 SAH Community Needs Assessment and the still unmet high priority needs identified by the 2014-2019 Community-wide Needs and Assets Assessment conducted by Partners for a Healthier Community (CHNA25).

In 2016, Saint Anne's Hospital will continue to focus on implementing comprehensive programs that address improving access to healthcare, and the prevention and treatment of behavioral health, chronic disease, obesity issues, and substance use disorder, with specific attention to reducing/eliminating the social stigma associated with addiction. The addition of a Certified Addictions Nurse Specialist to the Saint Anne's Hospital care team in 2015 provided a key resource to address opioid addiction, described by many as the primary public health crisis. At-risk veterans remain in the target population subset for 2016.

### **Access to Health Care:**

Though the area population has relatively high rates of health care insurance, there is a need for better health outreach and education as well as better coordination of care. Some of the major obstacles to health access cited by the community have been lack of health care referral sources, language disparities, health insurance enrollment assistance/ navigation, and transportation.

### **Behavioral Health:**

Behavioral health rates for Saint Anne's Hospital primary service area (PSA) are well above state rates. Fall River is especially troubling because it has the highest rates for substance abuse and mental health in the PSA and is trending toward worse outcomes. Lack of mental health providers and programs, specifically for the

limited-English proficient population (LEP), have been identified as major obstacles to accessing behavioral health services.

### **Chronic Disease:**

While rates for chronic disease are relatively low in surrounding service area towns when compared to the state average, the City of Fall River has much higher rates of chronic disease requiring costly hospitalizations. Age-adjusted mortality rates in Fall River have been twice as high as the state rate for three consecutive years in a row.

### **Substance Abuse Prevention and Intervention:**

*“We have an epidemic in Fall River like no other city or community,” State Representative Alan Silvia, Democrat-Fall River, said, adding that he has filed legislation that would seek to limit physicians to writing no more than three days' worth of opiate prescriptions at any given time. Silvia listed high unemployment, poverty, more public housing than most communities, and low educational attainment as likely factors.*

Source: <http://www.heraldnews.com/article/20140311/NEWS/140319276>

Addiction/substance use disorder may directly involve the misuse of drugs and alcohol, but it is also associated with a range of destructive social conditions. Such conditions include family disruptions, financial problems, lost productivity, and failure in school, domestic violence, child abuse, and crime. Moreover, both social attitudes and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues.

Per the *2014 Health Status of CHNA25 Report*, Massachusetts ranks in the top five states in the nation for the highest rates of drug and alcohol use among adults and youth. Fall River has one of the highest usage rates for heroin in the state. In 2014, Fall River had 3,958 per 100,000 admissions to MDPH Substance Abuse Programs compared to 1,568 per 100,000 for the state. Reported use rates of all listed substances, including cocaine, crack, and heroin, are twice the state rate, and relapse for needle users one year after treatment is almost three times the state rate. According to the Massachusetts Department of Public Health (2014), the annual death rate from opioid overdose in Fall River is more than double the state average (38.3 per 100,000 versus 13.0 per 100,000).

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## **VII. Community Benefits Programs**

The Saint Anne's Hospital Community Benefits Plan is a strategic, community-partnership-based plan aimed at achieving measurable outcomes that result in improved health in designated target populations. After comprehensive review and discussion of the data found in the community needs assessment and in state and local data, the Saint Anne's Hospital Community Benefits Advisory Committee determined that the FY 2015 Community Benefits Plan would focus on programs that address social determinants of health, improved

access to health care, improved chronic disease management, needs for behavioral health, and substance abuse treatment and support; and that promote health education. Some highlights from our 2015 programs are described in the text below.

### **Transportation for Health Care**

To reduce the barriers to health care access caused by the lack of transportation, free transportation is provided by Saint Anne's Hospital for oncology and behavioral health geriatric patients who otherwise would be unable to access care. In 2015, these transportation services were provided to more than 570 patients in need of cancer care and behavioral health services.

### **SAH Healthy Food Initiative**

To support access to healthy environments that support positive health outcomes, SAH patients and Greater Fall River community members were given access to locally-grown produce at a weekly seasonal hospital-based farmers market. In 2015, this initiative continued its focus on our high-risk diabetic patients through our Farmers Market Voucher Program. In exchange for vouchers, 84 high-risk diabetics were given access to 20 weeks of fresh produce. Outcomes measures were obtained for 47 individuals who filled vouchers over 50% of the time. On average, there was a 59% decrease in A1C levels into the American Diabetes Association's target range of <7%. Research shows that, for each 1% absolute reduction in mean A1C level, there is an associated 37% decrease in the risk of microvascular complications and a 21% decrease in the risk of any diabetes-related complications or death. The Farmers Market Voucher Program will be offered again in 2016.

To further reduce food insecurity and support healthy environments in 2015, monthly cash allocations of \$1,500 were given to the Greater Fall River Food Pantry and to Marie's Place to provide food and clothing to low-income residents. This financial assistance helped to distribute healthy food to 10,944 families, the equivalent of 273,100 healthy meals.

### **Health Insurance Advocacy**

Due to health care insurance mandates, the majority of residents in Saint Anne's service area have some form of health insurance coverage; in Fall River, more than 50% of the population are on government health insurance plans. Focus group participants felt there was insufficient health insurance coverage and mentioned that there was a lack of understanding regarding enrollment and navigation of health insurance. Language indicators showed high language diversity in Fall River, with a little more than one-third of the population speaking another language besides English. Provider surveys specified that there were large Portuguese- and Spanish-speaking populations, as well as a growing Asian community, indicating the increasing diversity of cultures in this service area.

The hospital's Health Insurance Advocacy program improves access to health care by assisting the uninsured or under-insured in enrolling in the most appropriate state-funded health insurance plan and/or upgrading to

a plan that provides broader coverage and referring community members to internal and community resources that support positive health outcomes. Bilingual health insurance advocates assist target populations in completing and filing application forms for enrollment, re-enrollment, and upgrades to available state-funded insurance plans, and make referrals to community resources to support improved access to care. In 2015, 2,777 individuals were provided assistance in health insurance navigation and enrollment, representing 3, 578 covered lives.

### **Addictions Nurse Specialist Role**

Fall River is experiencing high rates of opioid addiction that have grown increasingly worse since 2012. Opioid dependence abuse is at times related to an increased tolerance to prescription medication for managing chronic pain, and frequently is the reported pathway to abusing heroin. Per MDPH statistics and as reported in the Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) Regional Strategic Plan, the city had 149 deaths and acute care hospitalizations due to opioid use between 2010 and 2012, whereas in 2014 alone, Fall River had 656 acute care encounters, 612 non-fatal overdoses, and 44 deaths. From January through November 2015, Saint Anne’s Hospital Emergency Department reported 2,621 patient visits for a diagnosis of behavioral health, substance abuse and/or overdose.

*“As these nightmarish numbers climb higher, we must be even more vigilant of what we can do for treatment and prevention.”*

-Carole Fiola, State Representative, D-Fall River

In an effort to address the community health crisis of opioid/heroin abuse, in late 2014 at the initiation of a per diem Registered Nurse in Saint Anne’s Hospital Emergency Department, the hospital’s senior leadership approved a new position for an Addictions Nurse Specialist to be filled by a Certified Addictions Nurse (CARN). The hospital paid for the CARN certification exam in November 2014 for this position.

The Addictions Nurse Specialist integrates strong medical/surgical and behavioral health nursing skills with knowledge of addictive diseases and treatments to optimize patient care and recovery outcomes. While the primary goal is to change the culture of caring for patients with addiction by promoting understanding and knowledge of addiction as a chronic disease, including reducing the stigma associated with it, this nurse specialist is also on the frontline in the community acting as a resource for the education and prevention. In 2015, the Addictions Nurse Specialist role had significant impact both within the hospital and in the community at large. Key accomplishments included the following:

- Completed master-level training in opioid overdose reversal protocol and medication administration, which allows her to distribute Narcan to Emergency Department patients at Saint Anne’s Hospital, a Massachusetts Department of Public Health (MDPH) pilot site for Narcan distribution since 2014. Facilitated opioid overdose prevention/reversal training to 52 hospital-affiliated/employed clinicians.
- Established an Addictions Nurse Champions Team of 12 self-selected, employed Registered Nurses to promote culture change and improved care for hospital patients.

- Provided 160 bedside or Emergency Department consults with patients with addiction, including referrals to outpatient follow-up. Consults often involve family members seeking resources and assistance and follow-up support. The nurse specialist remains a resource for patients who relapse and/or who become ready to seek treatment
- Coordinated development of new inpatient protocol for a Clinical Opiate Withdrawal Scale (COWS) to allow better medical management of hospitalized patients with addiction issues. The COWS protocol is scheduled for implementation in 2016.
- Selected to be co-chair of Greater Fall River Partners for a Healthier City (CHNA 25) Substance Abuse Task Force, a community-based coalition to reduce and prevent substance abuse. Leadership role continued in 2016.
- Advocacy led to the establishment of a Fall River Chapter of “Learn to Cope” (LTC), an evidence-based, MDPH-supported, family-led and -centered support group for families coping with an opioid-addicted family member. First meeting planned for August 2016.
- Recognized as an outstanding provider of emergency medical care by the Greater Fall River/New Bedford EMS. Our CARN nurse was also recognized by Fall River EMS as its Distinguished Nurse of the Year, with her peers nominating her for her role as ED nurse and certified addictions registered nurse for her “compassion, tolerance, and understanding of the addiction process.”

## **Behavioral Health Navigation**

Saint Anne’s primary service area has a higher rate of emergency department admissions for mental health disorders when compared to the state rate. Focus group participants articulated that behavioral health was a major health issue and that there were insufficient behavioral health resources available to the community. Provider survey input also cited behavioral health as community health issue that needed to be addressed.

Specialized behavioral health navigators embedded in the Emergency Department provide screening, brief intervention, and referral to treatment for emergency department patients identified as at risk for or suffering from substance, alcohol, and tobacco abuse, and for mental illness. In 2015, the SAH behavioral health navigators assessed or screened 1,194 patients for intervention and treatment for substance abuse and mental health.

## **Youth Trauma Program (YTP)**

The Youth Trauma Program provides children who have witnessed or have been victims of trauma and/or abuse with specialized evidenced-based services. In collaboration with the Children’s Advocacy Center of Bristol County), the YTP ensures that all children are referred to appropriate mental health care and specialized medical care/consultations, and that there is increased outreach, education, and awareness towards the goal of prevention for child sexual abuse. In 2015, the YTP served 430 children who were victims of trauma and/or abuse.

## Additional Community Health Programs

- Diabetes and cancer screenings conducted in the community
- Diabetes and cancer disease management and support groups
- Senior Behavioral Health Services
- Medical Legal Partnership
- Participation in community /city-wide clean -ups
- Sponsorships/donations to community events that support the SAH Community Benefits goals
- Increased community visibility and outreach efforts in service areas

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## VIII. Community Participation

### A Partnership with the Community

The Greater Fall River community is enriched by the strong multicultural roots and diversity of its residents. At Saint Anne’s Hospital, we realize that a neighborhood consists not only of residents, but also of small businesses, multicultural agencies, and other organizations that contribute to and are affected by the day-to-day life of the community. Saint Anne’s Hospital provides numerous programs and services to residents and businesses and participates in several community efforts aimed at making life better for members of our neighborhood.

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## IX. Community Benefits Expenditures for FY 2015

### Community Benefits Programs

Direct Expenses.....	\$1,172,591
Associated Expenses.....	\$29,576
Determination of Need Expenditures:.....	\$229,901
Employee Volunteerism:.....	\$30,732
Other Leveraged Resources:.....	\$337,627
Corporate Sponsorships:.....	\$95,669

### Net Charity Care

Total Net Charity Care.....	\$2,133,559
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Total Expenditures:	\$4,029,655
Total Patient Care-Related Expenses:	\$196,008,425
Total Revenue:	\$249,270,697

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### Additional Considerations:

In addition to all of the services that Saint Anne’s Hospital provides to the community, Saint Anne’s also

provided:

- \$4,454,254 in unreimbursed Medicare Services
- \$431,247 in unreimbursed Medicaid Services

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## **X. Contact Information**

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# Saint Anne's Hospital

A STEWARD FAMILY HOSPITAL



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