

Saint Anne's Hospital

2019 Community

Benefits Annual Report



Making our Community Better

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I. Overview

Founded by the Dominican Sisters of the Presentation in 1906, Saint Anne's Hospital (SAH) in Fall River, Massachusetts, is a full-service, acute care Catholic hospital with 211 beds and satellite locations in Attleboro, Swansea, Dartmouth, New Bedford, and Stoughton, Massachusetts.

Saint Anne's Hospital is a member of Steward Health Care, the nation's largest private, tax-paying, physician-led health care network in the United States. Saint Anne's provides nationally recognized patient- and family-centered inpatient care and outpatient clinical services to patients from surrounding Massachusetts and Rhode Island communities. For two consecutive years, Saint Anne's has been named a Top Hospital in the U.S. by The Leapfrog Group for quality and safety. In addition, Saint Anne's has earned the Leapfrog Group's "Straight A's" grade for patient safety since the award's inception in 2012.

The hospital's key services include the Center for Orthopedic Excellence; surgical services, including multiple robotic-assisted surgical capabilities, two ambulatory surgery centers, spine surgery, and bariatric surgery; Saint Anne's Hospital Regional Cancer Center; the Center for Pain Management; the Spine Center; and inpatient geriatric psychiatry services. More information about Saint Anne's Hospital is available at www.saintanneshospital.org.

This report highlights key community benefits activities from January 1 2019, through December 31, 2019.

Key Annual Statistics – Fiscal Year 2019

Licensed beds: **211**

Medical staff: **924** (employed & affiliated)

Employees: **1,608** (full & part time)

Discharges: **9,872** (inpatient including psychiatry)

Emergency Department visits: **47,387**

Outpatient registrations: **198,571**

Ratio of inpatient to outpatient services: inpatient **28%**, outpatient **72%** (of total gross patient revenue)

II. Mission & Values

Mission Statement:

Steward **Saint Anne's Hospital** 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; and

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

Guiding Principles:

- Saint Anne's Hospital will strive to be patient-centered, providing ease of access, convenience, and care 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 the 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 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, preventive health education, screening, wellness programs, and community-building.
- 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 preventive 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.

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 Administrative 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.

IV. Leadership

In 2019, the following hospital and community leaders served as members of the hospital’s Community Benefits Advisory Committee (CBAC):

Community Benefits Advisory Committee:

Trish Robertson, Planner, Bristol Elder Services

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

Brittany Lynch, LICSW, Manager, Behavioral Health Services, Saint Anne’s Hospital

Michael Bushell, President, Saint Anne’s Hospital

Denise Marques, CME Coordinator, Saint Anne’s Hospital

Wendy Bauer, MSW, Director of Strategic Communications, Saint Anne’s Hospital

Jennifer Salem-Russo, LICSW, Clinical Coordinator, Youth Trauma Program of the Justice Resource Institute at the Fernandes Center for Children & Families of Saint Anne’s Hospital

Jessica Stone, Grant Writer & Community Liaison, Southeast Center for Independent Living

Lisa Blanchette, Director, Patient Access & Revenue Cycle, Saint Anne’s Hospital

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

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

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, Steward Health Care Network

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

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

Sister Glorina Jugo, O.P., Chair of Mission Committee, Saint Anne's Hospital; Member, Saint Anne's Hospital Board of Directors

Sandra Carreiro, Community Organizer, United Interfaith Action of Southeastern MA (UIA)

Carrie Mathers-Kurland, LICSW, Social Worker, Oncology Services, Saint Anne's Hospital

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

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

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

Ja'Nell Henry, Education Director, Fall River YMCA, Division of Southcoast YMCA, Inc.

Sergeant Stephen Burt, Community Liaison, Fall River Police Department

Beth Faunce, Deputy Director, Fall River Fire Department EMS Division; Chairperson, City of Fall River Opioid Task Force

Adam Coderre, Director, Diabetes Association/SMILES Mentoring Program for People Incorporated, Inc.

Allison Hague, LICSW, Program Manager, Family Resource Center, Family Service Association, Fall River

Community Health Benefits Administrative Director

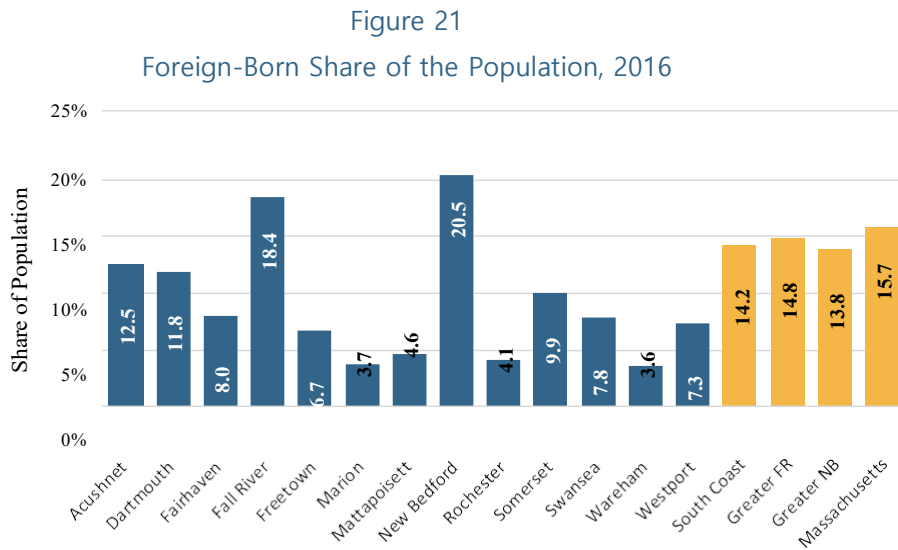
Tracy (Teresa) Gerety-Ibbotson, M.Ed., Director of Community Health Benefits, Saint Anne's Hospital

In addition to numerous informal small group meetings and discussions throughout the year, the CBAC met on January 2, 2019; March 6, 2019; May 3, 2018; August 7, 2019; October 2, 2019, and December 4, 2019.

V. Community Overview

Saint Anne’s Hospital is designated by the Commonwealth of Massachusetts as a “Disproportionate Share Hospital” due to the high proportion of low-income patients we serve. Examining health outcomes in a socioeconomic context and identifying areas with vulnerable populations allows Saint Anne’s Hospital to support programs and services where they are most needed. Additionally this important information helps tailor and guide training and implementation of culturally competent care for which Saint Anne’s Hospital is known. Fall River continues to lag behind the region and the state as a whole in most socioeconomic metrics, referred to in community health as social determinants of health.

Saint Anne’s Hospital is located in the city of Fall River, MA, with a population of 89,300 (US Census Bureau, 2017). The population is 78% White Alone, 9.8% Hispanic or Latino, and 4.93% Black or African-American Alone. In percentage terms, Fall River has the largest Portuguese-American population in the United States, between 43-49%. As a Gateway City, Fall River has been a traditional destination for new arrivals to America since the late 18th century. As of 2016, nearly 1 in 5 people in Fall River (18.4% of the population) were born outside of the country, with Portuguese immigrants making up the majority of the foreign-born residents. However, as emigration from Europe to the U.S. has slowed, Latin American and Asian immigrants make up increasing shares of the population.



Source: American Community Survey 5-Year Estimates, Table B05012, 2012–2016.

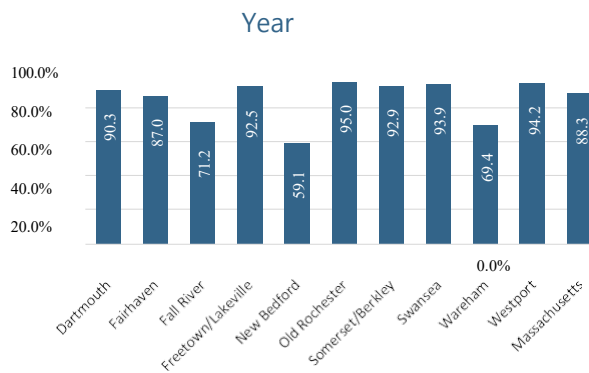
Fall River is an economically disadvantaged community with a median household income of **\$39,328**, which is below the state average of **\$77,385** (US Census Bureau, 2017). In October 2019, the unemployment rate in Fall River was 4.0 percent, compared to 4.2 percent in New Bedford and 2.8 percent statewide. While that is improved from the reported average rates in 2018 (4.3 %) and 2017 (4.8%), it is still almost double the state average for the same time period. It is important to note also that the unemployment rate only reflects the percentage of work-eligible who are actively seeking employment and does not account for long-term unemployed who have given up seeking employment and those of working age who are on long term

disability

or social security income (SSI). According to the 2016 American Community Survey, 13.5% of Fall River households receive income from SSI (US Census Bureau, 2017).

The most recent census data report that one in five people, or 22% of the population, in Fall River lives below the poverty line, and the city's per-capita income trails the state average by more than one-third (US Census Bureau, 2017). 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. In the 2017-2018 school year, while most of the region's graduation rates were above the state average, Fall River (71.2%) and New Bedford (59.1%) had rates well below the state average (88.3%).

High School Graduation Rate by District, 2017-2018 School



Source: Massachusetts Department of Elementary and Secondary Education.

Poverty is a major social determinant of health. Those in poverty often have less opportunity and less access to resources that can assist in improving and maintaining one's health. Resources that contribute to educational attainment, employment, housing status, health care opportunities, and social activities are all less accessible to those living in poverty.

Poverty is the number one contributing factor to food insecurity/hunger and it is also correlated with poor nutrition, obesity, and an increased risk for chronic disease, including mental health and addiction. In the 2016 American Community Survey, 28.9% of households in Fall River received government food assistance (SNAP benefits) compared with 12.5% of households statewide. Fifty-one percent of the children enrolled in grade 10 were classified as overweight or obese versus the state rate of 32.3% (US Census Bureau, 2017).

During the past five years, South Coast communities experienced an increase in the number of opioid-related overdose deaths. Massachusetts has been among the states reporting the highest number of overdoses/deaths in the nation. While most parts of the state experienced dramatic increases in opioid-related emergency room discharges since 2012, the Fall River area had the highest rate in 2017, with 832 discharges per 100,000 people. Fall River area opioid-related hospital discharges grew 148 percent from 2012-2017, the state's second-highest growth rate (Massachusetts Department of Public Health, Current Opioid Statistics, 2017).

There is a growing number of individuals who experience a substance use issue along with a mental health issue. This is often the result of an individual with a mental health issue self-medicating with alcohol or drugs in an effort to improve their mental health symptoms. In fiscal year 2016, 52% of treatment admissions reported to the Massachusetts Department of Public Health Bureau of Substance Addiction Services (BSAS) had a history of mental health treatment. Massachusetts Department of Public Health (*Massachusetts State Health Assessment*. Boston, MA; October 2017). This population presents a new set of challenges to health care systems. These individuals are also prone to chronic medical conditions due to, and exacerbated by, the chronic neglect of self-care, such as COPD, lung cancer, hepatitis, malnutrition, Type 2 diabetes, obesity, and cancer.

As demonstrated, the region served by Saint Anne’s Hospital exhibits many health inequities as a result of the social determinants of health, including much higher poverty rates and lower levels of education in comparison to the state overall. Therefore, it is not surprising that the health outcomes related to chronic disease and wellness are generally poor when compared to state and national averages. Indeed, turning these health trends around will require more than just offering treatment and preventive care; it will also require addressing the social environment that contributes to health inequities.

The hospital has a rich history of addressing the needs of the local community by serving those without access to health care and by providing a wide range of services that meet the needs of Fall River’s urban poor. Our commitment to the individuals we serve is more important than ever, given community statistics on unemployment, poverty and health risk factors, which are among the highest in Massachusetts.

VI. Community Needs Assessment

In voluntary accordance with the Massachusetts Attorney General’s Community Benefits Guidelines for Non-profit Hospitals, Saint Anne’s Hospital (SAH) conducted its triennial Community Health Needs Assessment (CHNA) in 2018. The goal of the 2018 assessment is to identify unmet community health needs, vulnerable populations, and gaps in existing health services.

The report is a comprehensive analysis of health indicators in the community. It was compiled by gathering and analyzing publicly available health indicators, conducting a review of the literature on population health, and by assembling feedback from community focus groups and survey data from local service providers.

Quantitative data indicate that race, ethnicity and socio-economic factors are indicators of health outcome within the region. It is well documented that not all individuals have an equal opportunity to lead healthy lives and that social determinants of health, such as the social and physical environments, housing, violence, and trauma, place individuals and communities at greater risk for poor health outcomes.

The goal of the qualitative data collection activities was to learn first-hand from residents and providers in the SAH service area, particularly those likely to experience health inequities; and implement programming that would help to give everyone a chance for a healthier life. Community partner organizations including Greater Fall River Partners for a Healthier Community (CHNA25), United Interfaith Action (UIA), and the United Way of Greater Fall River assisted in the collection of primary data through participation in the community focus groups and key informant surveys. Results of the qualitative activities undertaken for this project highlight three salient health issues faced by residents and the community members who serve them: substance abuse,

mental health, and housing, with substance abuse and the opioid crisis clearly being the primary health issue identified by key informants.

A review of the 2018 CHNA findings and existing Community Benefits programs of Saint Anne's Hospital was conducted by the hospitals' Community Benefits Advisory Committee (CBAC). The Committee's priority recommendations for 2019 were to address the following primary concerns: leading social determinants of health (e.g., housing, poverty, transportation, access to healthy food); health equity (e.g., access to care, health system strengthening, health literacy); behavioral health (e.g., mental health, substance use disorder, exposure to trauma, interpersonal violence); chronic disease management (e.g., diabetes, chronic obstructive pulmonary disorder, heart disease, substance use disorder, mental illness); and health promotion/disease prevention in vulnerable populations and workforce development.

These priorities and the plan were approved by the hospital's Community Benefits Advisory Committee following the recommendation of the hospital's Community Benefits leadership team. The 2019 Community Benefits Plan was implemented and monitored for effectiveness.

Key issues identified:

Access to Health Care:

Though the population within the SAH service area has relatively high rates of health insurance coverage, there is still a need for health insurance education and enrollment assistance, as well as better care coordination. Some of the major obstacles to access to health care 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 incident rates for Saint Anne's Hospital primary service area (PSA) are well above state rates. Fall River has the highest rates for substance use disorder (SUD) and mental health conditions in the PSA and there is a trend towards increasingly worse outcomes. Low numbers 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.

Substance Use Disorder – the Opioid Crisis

During the five-year span ranging from 2013 to 2017, most South Coast communities experienced an increase in the number of opioid-related overdose deaths; 163 opioid-related deaths were confirmed in the region in 2017 (based on the residence of the deceased), which is more than double the number of deaths in 2013. The number of opioid deaths in Fall River and New Bedford in 2017 was about proportionate to their share of the region's population; the cities' share of the region's population is 54%, while the number of opioid deaths among residences of these cities accounts for 61 percent of the region's total (Massachusetts Department of Public Health, Current Opioid Statistics, 2017).

Fall River continued to experience a significant SUD epidemic both in comparison to other cities/towns in the state and to its neighboring communities on the South Coast (Data Brief: Opioid-Related Overdose Deaths among Massachusetts Residents. Massachusetts Department of Public Health. November, 2018). Substance use disorder is also associated with a range of destructive social conditions. Such conditions include family disruptions, financial problems, unemployment, high dropout rates, domestic violence, child abuse, and crime. Moreover, both social attitudes and legal responses to the over-consumption of alcohol and illicit drugs make substance use disorder one of the most complex and costly multi-generational public health issues.

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 (including cancer, cardiovascular disease, diabetes, obesity, and chronic respiratory disease) requiring costly hospitalizations. Age-adjusted mortality rates in Fall River continue to outpace the state rate.

VII. Community Benefits Programs

The SAH Community Benefits Plan is a strategic, community-partnership 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 CHNA and in state and local data, the SAH Community Benefits Advisory Committee determined that the 2019 Community Benefits Plan would focus on programs that address social determinants of health, improved access to health care, improved chronic disease management, behavioral health and substance use disorder treatment and support, as well as promoting health education. Some highlights from our 2019 programs are described in the text below.

Health Equity and Social Determinants of Health

Access to Health Insurance

Due to health care insurance mandates the majority of residents in the SAH service area have some form of health insurance coverage. In Fall River, more than 50% of the population are on government-supported health insurance plans (Saint Anne's Hospital, 2018). Focus group participants felt there was insufficient health insurance coverage and mentioned that there was a low level of understanding regarding enrollment in and navigation of public health insurance programs. Language indicators showed high language diversity in Fall River, with nearly 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. This shows the growing diversity of cultures in the hospital's service area (Saint Anne's Hospital, 2018).

The hospital's *Health Insurance Advocacy Program* improves access to health care by assisting the uninsured or under-insured with enrolling in the most appropriate government-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 Community Enrollment Specialists assist target populations in completing and filing application forms for enrollment, re-enrollment, and upgrades to available government-funded insurance plans, and make referrals to community resources to support improved access to care.

In 2019, **4,135** individuals were assisted in health insurance navigation and enrollment. SAH provided eligibility determinations for immediate access to Mass Health coverage for **252** eligible individuals.

Access to Health Care – Transportation Service

To reduce the barriers to access health care caused by the lack of transportation, free transportation was provided by Saint Anne's Hospital for oncology patients who otherwise would be unable to access care. In 2019, these transportation services were provided to **181** patients in need of cancer care.

Access to Healthy Food

SAH supported the Flint Farmers Market, the second year of the program and hosted this summer by *HealthFirst Family Care Center* in sponsorship with Partners for a Healthier Community and Southeastern MA Agricultural Partnership (SEMAP), as the follow up to the 8 week pilot sponsored in the summer of 2018 by Groundwork Southcoast, a non-profit organization that serves Fall River, New Bedford, and other community groups. The main incentive to support these markets in the Flint is to establish a Fall River-based Farmers Market that would accept SNAP/EBT and Healthy Incentives Program (HIP) benefits. The Commonwealth of Massachusetts provides \$6 million in Healthy Incentives to clients who are on food assistance (SNAP). Individual households are provided with \$40, \$60, or \$80 [depending on the size of the household] in fruit and vegetable purchases, monthly. This year's participating local farms were Lane Gardens and C & M Farms of Rehoboth.

SAH supported community efforts to locate the *farmers market* in the Flint section of Fall River. This area was identified on the *Vulnerable Population Footprint* as a census tract with a high rate of poverty (at least 20% below the poverty level) and low educational attainment (at least 25 % have no high school diploma). These are the two indicators demonstrated to be the primary social determinants of population health (The BroadStreet Network, 2019).

Saint Anne's Hospital donated \$800 worth of vouchers to the Fall River YMCA for distribution to families and individuals for use at local, seasonal farmers markets with specific interest in supporting the Flint Farmers Market. Access to fresh fruits and vegetables is an important part of healthy living and Saint Anne's Hospital is committed to doing all it can to support *Equity in Access*. Christine Rizza, Member Services Director, Fall River YMCA shared some immediate feedback after distributing the farmers market vouchers, "**People were SO HAPPY. One little boy was even skipping out of here telling his sister that they were going to be able to get some apples. It was heart-warming. Thank you, Saint Anne's Hospital, for that!**"

To further reduce food insecurity and support healthy environments, *monthly cash allocations* of **\$1,500** (\$18,000 annually) were provided to the Greater Fall River Community 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 **10,441** families, the equivalent of over **250,000** healthy meals.

SAH Diabetes Education Program was re-structured and embedded within the primary care setting in order to better serve patients with disease management on an on-going basis.

Behavioral Health and Substance Use Disorder (SUD)

Behavioral Health Navigation

The SAH 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 a community health issue that needed to be addressed (Saint Anne's Hospital, 2018).

Specialized *behavioral health navigators* embedded in the Emergency Department provided screening, brief intervention, and referral to treatment (SBIRT) for emergency department patients identified as at risk for or suffering from the substance, alcohol, and tobacco abuse, and for mental illness. In 2018, the SAH behavioral health navigators assessed or screened **2,400** patients for intervention and treatment for substance use disorder and mental health. Saint Anne's Hospital demonstrated its increased commitment to the unique need of patients with behavioral health and dual diagnosis disorders by opening the dedicated Emergency Department Behavioral Health Suite with six private rooms in February of 2018.

Justice Resource Institute Youth Trauma Program at SAH

The Youth Trauma Program (YTP) 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 toward the goal of prevention for child sexual abuse. In 2019, the YTP served **466** children who were victims of trauma and/or abuse.

In response to the increased need for training and treatment of infant mental health, birth to three years of age, who have witnessed and/or been victims of trauma, including substance-exposed newborns and infants living with parents with substance use disorder, the YTP formed the Southeastern MA Infant Mental Health Task Force. Based on survey data collected from local pediatricians on how the task force could partner with them in addressing infant mental health, training by the National Alliance for Drug Endangered Children (DEC) was offered with the overarching goal of developing a coordinated response to the needs of child victims of the opioid crisis.

Substance Use Disorder and SAH Response to the Opioid Crisis

During the five-year span ranging from 2013 to 2017, most South Coast communities experienced an increase in the number of opioid-related overdose deaths; 163 opioid-related deaths were confirmed in the region in 2017 (based on the residence of the deceased), which is more than double the number of deaths in 2013. The number of opioid deaths in Fall River and New Bedford in 2017 (n=100) is about proportionate to their share of the region's population; the cities' share of the region's population is 54%, while the number of opioid

deaths among residences of these cities accounts for 61 percent of the region's total (Massachusetts Department of Public Health, Current Opioid Statistics, 2017).

As a proactive response to the growing community health crisis of opioid/substance use disorder, in late 2014, SAH created a position for a Certified Addictions Nurse. 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 of the hospital 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 education/ prevention, harm-reduction and information about resources for treatment.

In 2019, the Addictions Nurse Specialist role had a significant impact both within the hospital and in the community at large. Key accomplishments included the following:

- Facilitated the implementation of the *bedside (inpatient) Peer Recovery Coach Program* in collaboration with Steppingstone Incorporated's Peer2Peer Recovery Project. Over **200** patients were offered access to a Peer Recovery Coach. Provided **385** bedside or Emergency Department consults with patients with substance use disorder, 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.
- Facilitated the *SAH SUD Working Group* to promote culture change and improved care for hospital patients. The nurse specialist trained clinical staff on health care worker biases toward patients with substance use disorder, the process of addiction and brain chemistry, and the linkage to long-term recovery and the recovery community. This training included students in the SAH Clinical Pastoral Education (CPE) program for Hospital Chaplains and orientations for new nurses.
- Facilitated *training in overdose prevention strategies, signs & symptoms of an overdose*, Section 35 Advocacy, and information on local resources for individual and family support through over **120** community-based, community-led outreach events. In 2019 with program support from the Robert Wood Johnson Foundation, outreach expanded to include anti-stigma campaigns for the communities of Fall River, Somerset and Westport, and area first responders.
- SAH participated in International Overdose Awareness Day (8/31), in addition to walking in the candlelight vigil in memory of area residents who have been lost to drug overdose this past year, over **20** SAH staff volunteered to distribute over **4,000** door-hanging resource materials to targeted areas and neighborhoods throughout the city (8/29).
- Continued *bi-weekly Street Outreach* in collaboration with community partners, Seven Hills Behavioral Health, Peer2Peer, and Hearts of Hope. Beginning in the summer of 2018, the team provided *harm reduction and support to treatment services* to **over 100** individuals who are homeless and suffering from SUD.
- Participated in training facilitated by the National Alliance for Drug Endangered Children (NADEC) to gain awareness about drug-endangered children and the need for a multidisciplinary collaborative response to better meet their needs. This training opportunity was provided by the Children's Advocacy Center of Bristol County with the intention to establish a local DEC alliance in 2019.
- Continued *active membership* on the *Bristol County Alliance to End the Opioid Crisis* with the overarching goal of enhancing regional communication, coordination, and collaboration among diverse stakeholders to end the crisis in Bristol County. Its mission is to support, strengthen, and promote the

work being done in the local communities by providing an ongoing framework for sharing best practices, coordinating resources and facilitating inter-county communication.

Additional Community Health Program Highlights:

- *Diabetes, cancer screenings, and chronic disease prevention education:* members of the community were screened for skin cancer or diabetes, and skin cancer prevention education was provided to **350** students in the Fall River Public Schools. Education included signed pledge cards to use sunscreen and protective clothing and not to use tanning beds.
- Support for initiatives that promote *health equity and address social determinants of health* by reducing barriers caused by poverty, unemployment and lack of transportation: **2,428** taxi vouchers were distributed to those requiring transportation for medically related care; over **\$33,708** expended for taxi vouchers, prescriptions not covered by insurance, and other emergent medical necessities.
- *Medical-Legal Partnership* improved health access and outcomes by mitigating social determinants of health through legal advocacy. Provided free legal consultation to **11** unique individuals for **13** legal matters, with 4 cases proceeding to legal representation. Provided **3** staff-facing trainings in immigration and housing law/advocacy

VIII. Community Support

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. Over **\$100,000** was given in support of over 35 different community organizations in 2019.

IX. Community Benefits (CB) Expenditures for FY 2019

Community Benefits Programs

Direct Expenses:	\$1,451,314
Employee Volunteerism:	\$24,523
Other Leveraged Resources:	\$403,370

Net Charity Care

Total Net Charity Care:	\$1,400,841
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Total CB Expenditures:	\$3,858,550
Total Revenue:	\$288,805,187

X. Contact Information

Tracy (Teresa) Gerety- Ibbotson, M.Ed.

Administrative Director of Community Health Benefits
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