

Good Samaritan Medical Center

A STEWARD FAMILY HOSPITAL



2018 Community Benefits Plan

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Steward

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Mission Statement

Steward

Steward Health Care is committed to providing the highest quality care with compassion and respect.

We dedicate ourselves to:

- *Delivering affordable health care to all in the communities we serve*
- *Being responsible partners in the communities we serve*
- *Serving as advocates for the poor and underserved in the communities we serve*

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.

About Us

Good Samaritan Medical Center, founded in 1968, is part of the Steward Health Care System LLC, a community-based accountable care organization and community hospital network providing services in eastern Massachusetts, southern New Hampshire, and Rhode Island.

Headquartered in Boston, Steward has approximately 18,000 employees, approximately 300,000 emergency department visits, and over one million annual physician visits.

Good Samaritan Medical Center (GSMC) is a 267-bed, acute-care Catholic hospital providing comprehensive inpatient, outpatient, and emergency services to Brockton and twenty-two neighboring communities.

The hospital offers Centers of Excellence care in oncology and cardiology, specialized care in surgery, family-centered obstetrics with level-two nursery, substance abuse and advanced diagnostic imaging. Further information is available at www.goodsamaritanmedical.org.

Community Benefits Mission Statement

Good Samaritan Medical Center is committed to collaborating with community partners to improve the health status of community residents. We accomplish this by:

- addressing root causes of health disparities;
- educating community members on prevention and self care, particularly for chronic diseases such as cancer, heart disease, obesity, diabetes, substance use disorder; and
- addressing social determinants of health.

Community Benefits Statement of Purpose

Good Samaritan Medical Center, in compliance with The Massachusetts Attorney General's Guidelines, is committed to our community and government. As such we put forth our community benefits purpose for the 2018 calendar year as described below.

Our community benefits purpose is to:

- Improve the overall health status of people in our service area,
- Provide accessible, high quality care and services to all those in our community, regardless of their ability to pay,
- Collaborate with staff, providers and community representatives to deliver meaningful programs that address statewide health priorities and local health issues,
- Identify and prioritize unmet needs and select those that can most effectively be addressed with available resources,
- 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,
- Regularly evaluate our community benefits program.

Needs Assessment

As the understanding of the pervasive conditions that are the foundation of health inequities continue to progress, so do the strategic actions of GSMC. GSMC recognizes that as we continue to strive to be the premier regional choice for health care services in an evolving health care landscape, we must make significant investments on social determinants of health. GSMC will continue to develop its strategic partnerships and, when necessary, modify its community health initiatives so that together with partnering organizations, we work toward a common goal of improving health outcomes. GSMC will continue to examine the regulatory guidance put forth by the Massachusetts Attorney General's Office and the Department of Public Health as these organizations refine their recommendations on responding to public health priorities and community engagement through Community Benefits programs.

The *GSMC 2015 Population Health Improvement Report (PHIR)* guides our understanding of public health issues impacting our service area. This report is a comprehensive analysis of health indicators in the community. It was compiled by gathering and analyzing publicly available health indicators, assembling feedback from focus groups, conducting a review of the literature on population health, and by surveying service providers. This data-driven approach allows GSMC to investigate the resources and needs of the community in order to better streamline resources and collaboration initiatives. The goal was to learn from residents in the GSMC service area; particularly those likely to experience health inequities, and implement programming that will help give everyone a chance for a healthier life.

Through our data analysis, we are reminded of the astounding impact chronic diseases have on the population. As a nation, more than 75% of our health care spending is on people with chronic conditions.¹

- It is imperative that attention be given to improving social conditions in the lives of those most impacted by these chronic conditions and advocate for widespread education on chronic disease self-management programs.

Our 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 the equal opportunity to live healthy lives.

- GSMC will collaborate with community partners to address social determinants of health such as; the social environment, physical environment, housing, violence and trauma, all of which place our community at greater risk for poor health outcomes.

Given their early age of onset and poor rates of recognition and treatment, behavioral health conditions are arguably among the most chronic of illnesses requiring our attention.

- GSMC will continue to work to remove the stigma associated with those dealing with mental health issues by;
 - Promoting an increase in social cohesion and creating sustainable partnerships in raising awareness of mental illness and,
 - Addressing the role mental health plays in substance use disorder and violence in our community.

GSMC recognizes that our success in addressing community health issues will come from coordinated regional strategies with public health agencies and local Boards of Health. Together, with the leadership of our Community Benefits Advisory Board, we will work to improve the health and wellbeing of those most likely to face health inequities.

Targeted Underserved Populations

According to the Department of Health, underserved populations are individuals that have limited access to primary care services. This may include groups of people who face economic, cultural or linguistic barriers to health care and reside in a specific geographic area. The social determinants of health including social, behavioral and environmental influences have become increasingly prevalent factors in addressing population health.

GSMC recognizes the importance of addressing these social determinants of health. In particular, services related to housing, nutritional assistance, education, public safety, and income supports are areas for cross sector collaboration. Multicultural communities, in particular, face critical issues when accessing and receiving treatment in their daily lives. Good Samaritan Medical Center will focus our Community Benefits efforts toward removing barriers to care for individuals and families who are more likely to be underserved.

Community Benefits Plan

In this Community Benefits Plan, GSMC will identify the target populations it will support, specific programs or activities that attend to the needs identified in the 2015 *PHIR*, as well as our short and long-term goals for each program or activity. GSMC will identify opportunities for innovative community-clinical linkages as well as policy/environmental and/or community wide strategies that will create self-sustaining community supported programs.

GSMC will align its community benefits priorities and goals with guidance provided by the Massachusetts Attorney General's Office and the Department of Public Health such as those identified in the *Massachusetts Coordinated Health Promotion and Chronic Disease Prevention Plan - A Community of Practice Approach* (released in 2012). We recognize that our success in addressing community health issues present in the GSMC service area will come from coordinated regional strategies with public health and population health management agencies.

Priority 1 - Promote Chronic Disease Management

It has been noted that dimensions of health such as obesity, diabetes, heart disease, stroke and other chronic health conditions are influenced by the built environment.²

Chronic diseases are the most common causes of death and disability in the U.S. They are also among the most costly and preventable conditions facing individuals today. Conditions such as heart disease, stroke, diabetes, cancer and chronic lung diseases, account for 7 out of 10 deaths in the U.S. each year.³ As noted in our 2015 Population Health Improvement Report, across the GSMC service area, chronic diseases represent at least half the deaths in the region. Cancer and heart disease are the leading cause of death among chronic diseases. In most towns, cancer is the primary cause of death and heart disease is the second most frequent cause.

GSMC will take steps to promote more widespread access to physical activity and a healthy built environment. GSMC will also expand on existing programs that promote healthier diets by increasing access to more nutritious and affordable foods. We will continue to promote prevention through education by providing Community Health Worker (CHW) led chronic disease management and prevention programs. Partnerships with local Boards of Health as well as Housing Authority organizations will be vital to address issues in the built/physical environment.

Target Population: General Population
Regions Served: Greater Brockton, Southeastern MA
Health Indicators: Cancer
Heart Disease
Diabetes
Obesity

Gender: All
Age Group: All
Ethnic Group: African American/Black, Hispanic, Caucasian, Asian
Language: English, Cape Verdean Creole, Haitian Creole, Spanish, Portuguese
Statewide Priority: Chronic Disease Management in Disadvantaged Populations, Reducing Health Disparity

Short Term Goals:

- Seek to develop partnerships with local Housing Authority organizations to implement programs that promote an increasingly healthier living environment
- Promote physical activity programs, developing community-clinical linkages with local health clubs such as the YMCA and Boys & Girls Clubs
- Offer CHW led evidence based chronic disease self-management program
- Promote the consumption of five fruits and vegetables per day by implementing the Steward Farmer Market Voucher Program, supporting local farmers markets and/or other nutrition education programs
- Partner with local coalitions to promote expansion of community gardens/urban farming initiatives and the creation of a long-term sustainability plan for local agricultural production
- Increase number of individuals screened for cancer by 10% and provide cancer prevention education
- Increase the number blood pressure screenings offered to individuals by 20% and promote better blood pressure management using the Simple 7 tools made available through the American Heart Association
- Increase the number of individuals using diabetes self-screening tools made available by the American Diabetes Association and/or the Centers for Disease Control and Prevention by 20%
- Increase participation in smoking cessation program by 10%

Long Term Goals:

- Continue to take steps to align goals with those identified by the Massachusetts Partnership for Health Promotion and Chronic Disease Prevention Plan

Priority 2 - Promote Behavioral Health Management & Trauma Prevention

Behavioral health disorders (mental, emotional illnesses and addictions) account for nearly one third of the overall disease burden in the United States, eclipsing all other single health conditions. Data from the World Mental Health Survey of 17 nations indicate that the United States has the highest prevalence of mental illnesses in the world and ranks second in the category of substance use. Behavioral health disorders are also likely to co-occur with other chronic physical illnesses, such as asthma and cardiac disease. There is evidence that the presence of depression may be a risk factor for the development of type 2 diabetes. Given their early age of onset and poor rates of recognition and treatment, behavioral health conditions are arguably among the most chronic illnesses.⁴

Substance use disorders involving the overuse of alcohol and/or drugs not only affect individuals and their families, but also influence the community at large. Drug and alcohol use can lead to other chronic diseases such as diabetes and heart disease. Addressing the impact of substance use alone is estimated to cost Americans more than \$600 billion each year. Prescription drugs, in particular, are abused and misused more often than any other drug, except marijuana and alcohol. This is fueled by misperceptions about the safety, increasing availability, and varied motivations for use.⁵

Injury and violence prevention are top priorities in addressing social determinants in public health and population management, both in general and in Massachusetts in particular. Injury among Massachusetts residents was the third leading cause of death, including unintentional, self-inflicted and assault-related injury.⁶ Beyond their immediate consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to premature death, disability, poor mental health, high medical costs and lost productivity. The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.⁷ It has been proposed that reducing risk factors and increasing protective factors decreases violence, gang involvement, drop-out rates, retaliation, bullying, homicides, teen dating/domestic violence, self-injury and substance abuse.⁸ GSMC will work to reduce stigma associated with identifying and treatment for behavioral health. As a community partner to local municipalities and like-minded organizations, we will work to support violence prevention through youth development, promoting trauma education among service providers and institutions.

Target Population: General Population
Regions Served: Great Brockton, Southeastern MA
Health Indicator: Mental Health
Alcohol and Substance Abuse
Injury and Violence

Gender: All
Age Group: All
Ethnic Group: All
Language: English, Cape Verdean Creole, Portuguese, Haitian Creole, Spanish
Statewide Priority: Chronic Disease Management in Disadvantaged Populations, Promoting Wellness in Vulnerable Populations

Short Term Goals:

- Pursue collaboration with the *National Alliance on Mental Illness* and/or other mental health education organizations in the community to advance awareness and reduce stigma associated with mental illness
- Implement strategic partnerships with local Boards of Health and/or coalitions to develop plans for self-sustaining behavioral health treatment and support to individuals and families
- Support evidence-based violence prevention and crime reduction programs such as Safe Corners outreach program
- Support mentoring programs aimed at providing services to high priority youth
- Support violence prevention education for community members through organizations such as Family and Community Resources Inc.
- Support victims of violence and their families by making referrals to domestic violence shelters and other community based programs as appropriate

Long Term Goals:

- Develop partnership with regional coalition to launch a regional campaign to address the stigma associated with mental illness
- Promote the expansion of substance use screenings such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) and/or similar interventions within public institutions
- Support policy reform efforts aimed at decreasing the availability of drug paraphernalia in the region

Priority 3 – Address Social Determinants of Health

According to the Massachusetts Department of Public Health, underserved populations include individuals that have limited access to primary care services, who face economic, cultural or linguistic barriers to health care and reside in specific geographic areas. Many of these barriers to care can be characterized as social determinants of health. Social determinants of health, including social, behavioral and environmental influences have become increasingly prevalent factors in addressing population health. Literature recommends linking health care and social service agencies in addressing social determinants of health.⁹ In particular, services related to housing, nutritional assistance, education, public safety, and income supports are areas for cross sector collaboration with health services in the community.¹⁰ Social determinants of health was ranked second as to what service providers in the region believe to be the one of the biggest obstacles to healthy living among their consumers, financial hardship was ranked highest.

Multicultural communities face particularly complex issues when accessing and receiving treatment in their daily lives. It is well documented that not all individuals have the equal opportunity to live healthy lives. There are various social factors at play that impact an individual's health outcomes. Levels of health within the U.S. vary dramatically across states and localities and among social and economic groups [this is no different in our region], and many Americans are far less healthy than they could and should be. Identifying more effective strategies to reduce these health disparities and more fully achieve America's health potential would improve quality of life for the population overall.¹¹ Persistent and well-documented health disparities continue to exist among racial and ethnic minorities and underserved populations.¹²

GSMC will continue to partner with organizations that actively implement programs that promote safe and stable housing, foster education, promote a skilled labor force, address issues of food insecurity and provide social services to underserved populations. Specific attention will be focused on those who are more likely to have limited access to stable housing, safe and supportive environments, and opportunities for higher learning. Community Health Workers (CHWs), trusted members of the community with a solid understanding of community health needs and how to address those needs in a manner that is culturally aware are vital to GSMC and the community since they are able to facilitate access to social services.

Target Population: General Population
Regions Served: Greater Brockton, Southeastern MA
Health Indicator: Access to Health Care
Injury and Violence
Mental Health
Alcohol and Substance Abuse
Uninsured/Underinsured
Substance abuse

Gender: All
Age Group: All
Ethnic Group: All
Language: English, Cape Verdean Creole, Haitian Creole, Portuguese, Spanish
Statewide Priority: Promoting Wellness in Vulnerable Populations

Short Term Goals:

- Maintain partnership with Medical Legal Partnership organizations such as through the Justice Center of Southeast Massachusetts
- Support organizations that offer stable housing support and social services coordination, such as the BAMS! Helpline
- Pursue collaborations to promote long-term safe “Housing First” models such as “Pay for Success” through Father Bill’s and MainSpring as well local Housing Authority
- Pursue partnership with the Brockton Workforce Investment Board to promote increased access to education and high-skill job training
- Continue an Outreach Worker program to assist community members gain access to social services, facilitate healthy living programs and navigate the health care system
- Maintain collaborations with organizations addressing food insecurity such as the Charity Guild, Catholic Charities and other food pantries
- Engage with organizations/coalitions such as Community Health Network Areas (CHNAs) Brockton’s Promise and the Massachusetts Public Health Association (MPHA) to address social determinants of health at community-wide, regional and state levels

Long Term Goals:

- Explore opportunities for strategic growth of a Community Health Worker program as defined by the Massachusetts Department of Health 2015 Report, *Achieving the Triple Aim: Success with Community Health Workers*

Priority 4 –Enrich the Social Environment through Community Engagement

Poor support and community involvement are linked with increased morbidity and early mortality. Social support and cohesion, or lack thereof, impacts physical and mental health outcomes as well as behaviors and choices.¹³ In our continued effort to address the health concerns of those in the community, GSMC will leverage its health service providers and communications resources to offer educational opportunities in community settings as appropriate. Educational materials will be translated where possible and outreach efforts will include multilingual media. Such efforts to reach diverse audiences may serve to address unmet health issues of underserved populations.

Furthermore, in alignment with our strategic goal to address social determinants of health, GSMC will provide financial support to organizations and/or charities whose programs and events aid or support targeted, underserved populations fostering social cohesion and engagement. Such resources are directed by the receiving organizations to best assist those who are marginalized because of income, lack of housing, or socially stigmatized, etc. GSMC will offer hospital space, free of charge, to support groups whose aim is to improve health and wellbeing of community members. GSMC will provide medical interpreters for support group participants as needed so as to engage members of the community that would otherwise not have access to such services and support.

Good Samaritan Medical Center continuously strives to be a “Good Samaritan” to our neighbors, our community partners and our region. Together we will work to improve the health and wellbeing of those most likely to face health inequities.

Target Population: General Population
Regions Served: Greater Brockton, Southeastern MA
Health Indicator: All

Gender: All
Age Group: All
Ethnic Group: All
Language: English, Cape Verdean Creole, Portuguese, Haitian Creole, Spanish
Statewide Priority: Promoting Wellness in Vulnerable Populations, Address Unmet Health Needs of the Uninsured, Reducing Health Disparity

Short Term Goals:

- Continue to coordinate regular community-based educational programs on prevention and management of chronic diseases presented by health professionals, such as the Senior Supper program
- Pursue expansion of partnership with local Adult learning centers to provide regular health education and disease prevention lectures/programs.
- Continue to partner with local faith-based organizations to provide community to clinic linkages and offer health educational programs
- Provide medical interpretation and translated materials to participants where appropriate
- Continue to support organizations and/or local charities whose mission and goals are to advance health and wellness in our region through advocacy and community empowerment
- Serve as a resource for groups seeking space to hold meetings on health and wellness topics
- Evaluate, and respond to requests for support adhering to hospital guidelines
- Provide women's health and parenting/ family enrichment support programs such as those available through the Family Center

Long Term Goals:

- Engage a broad range of community partners so as to ensure the needs of the most vulnerable are met across the region
- Foster the development of family support programs such as Open Table

Priority 5 – Workforce Development

Workforce development is a vital function of well-established community hospitals. GSMC is committed to developing the skills of the workforce in our community, local schools, as well as our employees. GSMC staff work with students in preceptorship and mentoring projects, which may offer continuing nursing education (CNE) and continuing education units (CEUs) contact hours. GSMC will also maintain clinical affiliation agreements with nursing and paramedic schools. Additionally, through our accredited continuing medical education (CME) program, GSMC will provide CME courses that offer contact hour credit in subject matter related to health priorities identified in the *2015 PHIR*. Courses will be open to community providers as appropriate. Moreover, GSMC will collaborate with industry partners to provide education on managing population health. It is imperative that we ensure an adequate and capable workforce that can provide the services needed to meet the demand brought on by policy changes in the health industry.

Target Population: General Population
Regions Served: Other-Southeastern MA
Health Indicator: All

Gender: All
Age Group: All
Ethnic Group: All
Language: English
Statewide Priority: Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Short-term Goals:

- Maintain internship programs with local colleges and universities
- Maintain and expand scholarship program promoting careers in health care and human service
- Maintain clinical affiliations with schools of nursing and paramedic schools
- Provide clinical environment for student orientations and preceptorship
- Explore opportunities to partner with high schools programs promoting health careers and college readiness programs
- Offer a CME program at the hospital, providing CMEs to those that qualify including community participants
- Ensure CME course offerings include priority areas identified in the latest *PHIR*
- Offer a CEU nursing education program

Long-term Goals:

- Sustain educational programs that further develop the local healthcare workforce

Community Benefits Advisory Council

We use our expertise and resources and leverage the expertise of our community partners to target the particular needs of underserved and high priority populations.

The 2018 – 2019 Council will meet one more time in 2018 (Fall TBD) to review the 2018 Needs Assessment Report and help determine the CB Priorities for 2019, in conjunction with the AG CB Guidelines.

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