

Nashoba Valley Medical Center

A STEWARD FAMILY HOSPITAL



Steward

2019 Implementation Strategy

Nashoba Valley Medical Center

A STEWARD FAMILY HOSPITAL



Steward

This page intentionally left blank

Table of Contents

Mission and Values

About Us

Community Benefits Mission Statement

Community Benefits Statement of Purpose

Community Health Needs Assessment Summary

Population of Focus

Priorities

Community Benefits Advisory Committee

References

The logo for Steward Health Care, featuring the word "Steward" in a white serif font on a dark blue background. To the right, the words "Mission Statement" are written in a blue sans-serif font.

Mission Statement

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

Nashoba Valley Medical Center, located in Ayer, Massachusetts, is a community hospital offering inpatient medical and psychiatric services, a full range of outpatient services and 24/7 emergency services. The primary service area includes Ayer, Shirley, Devens, Harvard, Groton, Westford, Littleton, Pepperell, Townsend, Lunenburg, and Leominster. The secondary market includes Fitchburg, Ashby, Dunstable, and Bolton.

Nashoba Valley Medical Center is part of Steward Health Care System LLC,

- Steward Health Care, the largest private, for-profit hospital operator in the United States, is a physician-led health care services organization committed to providing the highest quality of care in the communities where patients live.
- Headquartered in Dallas, Texas, Steward operates 38 community hospitals in the United States, including 10 in Massachusetts, that regularly receive top awards for quality and safety.
- The company employs approximately 40,000 health care professionals. The Steward network includes more than 25 urgent care centers, 42 preferred skilled nursing facilities, substantial behavioral health services, over 7,300 beds under management, and approximately 1.5 million full risk covered lives through the company's managed care and health insurance services.
- Steward Home Care is a Medicare-certified agency serving patients throughout eastern Massachusetts and southern New Hampshire. Our home care team collaborates with our orthopedic providers to ensure that our patients are well cared for in a safe and comfortable environment.
- The total number of paneled lives within Steward's integrated care network is projected to reach 3 million in 2018, the largest integrated community care organization in New England, which combines over 3,000 physicians, 10 acute care hospitals, managed care, insurance programs, home care, an imaging operation, and a number of other post-acute services, to provide the most cost effective and highest quality of integrated care.

Nashoba Valley Medical Center maintains 57 acute care beds and a twenty-bed Geriatric Psychiatric Unit. The major clinical strengths include a fully digital, state of the art diagnostic imaging (including 3D Mammography), laboratory services, cardiology (including a pulmonary and cardiac rehab program), gastroenterology, oncology, orthopedics, general surgery and bariatric surgery, a comprehensive pain clinic, and comprehensive rehabilitation with physical, occupational and speech therapy (and a new offsite Rehab center focusing on sports medicine).

The Garvin Center for Geriatric Psychiatry is a 20-bed unit offering psychiatric inpatient care to adults ages fifty-five and older who are experiencing emotional or behavioral challenges. Services include diagnostic assessment, psychopharmacological consultation, behavioral management consultants, family consultation, dementia evaluation, depression screening, and neuropsychological testing.

Nashoba Valley Medical Center is part of Steward Health Care, a fully integrated national health care services organization committed to providing the highest quality of care in the communities where our patients live. Steward owns and operates 36 hospitals in nine states in the U.S. (Arizona, Arkansas, Florida, Louisiana, Massachusetts, Ohio, Pennsylvania, Texas, and Utah) and the country of Malta. The company employees more than 40,000 health care professionals and is recognized as one of the world's leading accountable care organizations.

Community Benefits Mission Statement

Nashoba Valley Medical Center is committed to collaborating with community partners to improve the health status of the towns we serve. We accomplish this by:

- Focusing on the many conditions that affect our population in the areas we serve by offering inpatient and outpatient diagnostic treatment/healthcare;
- Providing comprehensive patient healthcare services utilizing all available resources;
- Educating community members on prevention and self-care, particularly for chronic diseases (such as diabetes and hypertension and stroke) and mental health issues related to older adults, ages 55 and older;
- Addressing the social determinants of health through education and access to resources; and
- Addressing the root causes of health disparities.

Community Benefits Statement of Purpose

Nashoba Valley Medical Center is committed to serving the physical and spiritual needs of our community by delivering the highest quality of care with compassion and respect. Our community benefits purpose is to:

- Improve the overall health status of people in our community;
- Provide accessible, high-quality care and services to all in our community, regardless of 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 preventive health education, screening, wellness programs, and access to health care services and becoming an advocate for the populations we serve; and
- Regularly evaluate our community benefits program.

In accordance with the Massachusetts Attorney General's Community Benefits Guidelines to identify community needs every three years, Nashoba Valley Medical Center conducted a community health needs assessment in 2018.

This Community Benefits Implementation Strategy (IS) Plan is the result of the needs assessment. This document details the health conditions and social determinant factors affecting people living in key cities and towns comprising the hospital's service area, as well as the key issues that need to be addressed to improve community health and education. From 2019 through 2020, Nashoba Valley Medical Center IS Plans will be based on this information.

Community Health Needs Assessment

Cancer

Respondents in the Key Informant Survey ranked cancer eighth for health concerns within the community, despite cancer accounting for the highest percentage of mortality in the NVMC region. Cancer mortality as a percentage of all causes is slightly higher in the NVMC region compared to Massachusetts overall and is notably high in Lancaster. The most commonly diagnosed cancers across the NVMC region are breast cancer, prostate cancer, and lung cancer. Worcester County had the third highest prevalence of adult smoking (17.2%) in 2015 out of MA counties (Data USA, 2016).

Cardiovascular Disease

Heart Disease is the second leading cause of death in Massachusetts behind cancer. In 2012, heart disease was responsible for (21%) of total mortality in Massachusetts (MDPH, 2017). In a focus group of EMS professionals, participants reported chest pain and shortness of breath as primary health concerns in the community and noted a recent increase in shortness of breath amongst community members. A focus group of community members in Pepperell indicated cardiac health and diabetes as two of the top three health concerns within the community. The quantitative data concurs with the Pepperell focus group's reports, as percentages of mortality due to heart disease in Pepperell and Shirley are highest amongst the NVMC service area (NVMC, 2018).

Diabetes

Approximately (10%) of U.S. adults reported ever having diabetes in 2015 and the rate of new diabetes cases among U.S. adults 20 years and older was (7.8 per 10,000) in 2012. Among U.S. adults, people of color are more likely to be diagnosed with type 2 diabetes compared with White adults. Having a close family member with diabetes is also a risk factor for developing type 2 diabetes. The socioeconomic disadvantage at the individual and neighborhood level is also associated with a higher risk of developing type 2 diabetes (BPHC, 2017). The NVMC service area reports lower diabetes mortality than Massachusetts overall. However, diabetes was still a major concern among focus group participants and the Key Informant Survey respondents. In the survey, respondents ranked heart health, hypertension, and diabetes highest in response to the question, "What are the major health concerns in the community where you provide services?" A focus group of community members in Pepperell indicated cardiac health and diabetes as two of the top three health concerns within the community. The focus group also noted that nutrition services may be inaccessible to those who lack transportation or mobility to leave the home (NVMC, 2018).

Mental Health

Behavioral health services were ranked second in response to "what kind of services does your organization primarily provide?" and over half of the respondents identified behavioral health as a major health concern in the community. Both focus groups identified "those dealing with mental health issues" as an underserved community, along with "those dealing with addiction." In 2015, the rate of mental health hospitalizations was higher in Ayer, Littleton, Shirley, and Groton compared with the rest of the service area. Mental health was the major concern among the focus group participants and key informant survey respondents. Both highlighted a lack of specialized services in the NVMC service area (NVMC, 2018).

Substance Use

Substance use was the main concern among the focus groups. Importantly, the rate of substance abuse admissions to DPH funded programs has increased consistently from 2013-2017 in Leominster, and Leominster reported the highest opioid mortality (NVMC, 2018).

Housing Stability

Several cities and towns in the NVMC service area recorded high individuals living below poverty. Ayer, Leominster, and Shirley report higher poverty levels among families than the state average, and Lancaster reports a value slightly below the state average but still significantly higher than the rest of the towns in the service area. Despite these statistics, the enrollment in the Supplemental Nutrition Assistance Program is lower in all towns in the area than in Massachusetts overall (MDPH, 2017).

Transportation

In 2015, community members and hospital members of CHNA 9 (Community Health Network of North Central Massachusetts) identified transportation as one of the key issues impacting health in the region (NVMC, 2018). The lack of reliable, affordable transportation affects every aspect of a person's life: education, access to healthy food, jobs, and health care. Transportation was identified as such a critical issue, that CHNA 9 selected this topic as one of four CHIP's (community health improvement projects). Transportation continues to be a top issue as communities evaluate transit options ranging from transportation for commuters (e.g. Devens project which established a bus route from Fitchburg to Devens to provide entry-level workers for the growing number of companies that have come to Devens) to transportation for community members who may not drive but need access to medical services.

Underserved Populations

Several social obstacles stand in the way for members of the underserved populations to achieve better health outcomes. These populations include the poor, those belonging to minority ethnic groups, as well as the un- and under-insured. Individuals belong to these groups may have a harder time accessing care due to financial, cultural or language barriers, this reduced access to care is associated with increased risk of developing chronic diseases and being diagnosed at later stage of the disease after it has progressed to a more critical level (MDPH, 2017).

Populations of Focus

Race, gender identity, age, disability status, etc. influence the social environment that individuals experience. The social environment impacts many mental and physical health outcomes, including mental health, violence, risk behaviors (tobacco and drug use), physical health and well-being, and disease morbidity and mortality. Individuals are influenced by the social environment on three levels: interpersonal, community, and society (MDPH, 2017).

Across all three levels, systems of oppression such as structural racism and gender bias lead to social isolation, social exclusion, poor mental health, increased risk of violence, increased rates of poverty, higher hospitalizations, longer recovery times, and higher mortality rates for many conditions. Social isolation, social exclusion, racism, discrimination, and poverty disproportionately affect low-income communities and communities of color and all negatively impact many aspects of health. Communities of color are more likely to have lower levels of resources and connectedness with other neighborhoods and higher levels of racial segregation. They also face more challenges when engaging in group action in neighborhoods to shift these conditions (Hobson-Prater & Leech, 2012).

The U.S Census 2012-2016 ACS estimated that overall the state of Massachusetts was (79.3%) White, (10.9%) Hispanic, (7.3%) Black, (6.1%) Asian, (4.1%) some other race, (3.0%) two or more races, and (0.2%) American Indian or Alaska Native. Ten of the eleven towns and cities in the NVMC service area had a White population above the MA state average, with the greatest percentage (96.5%) seen in Townsend. Shirley had a White population of (70.7%), making it the lowest White population out of towns in the report. The Hispanic populations of Leominster were reported at (16.5%) and Shirley at (13.9%), both above the state average. Littleton, Groton, Pepperell, Townsend, and Westford were significantly below the Massachusetts stage average for Hispanic population of (10.9%).

The lowest median household income in the NVMC service area was seen in Leominster (\$56,510) and highest in Harvard (\$131,719). Harvard's median household income was well over double that of Leominster. Second highest was Westford (\$130,739), followed by Groton (\$117,500). Most towns in the service area were above the state median household income (\$70,954), but Leominster and Shirley (\$68,864) remained below the statewide value (US Census Bureau, 2017).

Looking at poverty, the highest percentages of families that were below the poverty level were seen in Ayer (12.1%), Leominster (11%), and Shirley (9.1%). All three were above the statewide average (8%). The lowest percentages of families that were below the poverty level were in Littleton (1.2%), Harvard (2.1%), and Westford (2.1%). Overall, most towns in the service area were below the state average but Ayer, Leominster, and Shirley are notably high (US Census Bureau, 2017).

The towns that report the three highest percentages of individuals below the poverty level were the same as the three highest percentages of families below the poverty level, discussed above. They were Ayer (12.9%), Leominster (13.7%), and Shirley (10.6%). Only Ayer and Leominster were above the state value (11.4%). Littleton (2.8%) and Westford (2.5%) had the lowest percentages of individuals below the poverty level (US Census Bureau, 2017).

Priority 1: Chronic Disease

The data for chronic disease mortality due to cancer, heart disease, lower respiratory disease, and diabetes in the general NVMC region did not significantly differ from that of Massachusetts as a whole. However, when the data is separated by town, there are significant variations in chronic disease mortality. Lancaster recorded a markedly high total cancer mortality as a percentage of all mortality causes at (37.25%), followed by Townsend at (32%) and Lunenburg at (26.32%). All three are significantly higher than the state level of (22.1%). On the other hand, Shirley exhibits the lowest cancer mortality of (11.32 %), notably much lower than the statewide value (MDPH, 2017).

Two focus groups were conducted on the NVMC service area community: one including Emergency Medical Services (EMS) personnel in Middlesex County and one in Pepperell. The EMS group reported chest pain and shortness of breath as primary health concerns in the community and noted an increase in shortness of breath among community members. In accordance with the data analysis above, the Pepperell group indicated cardiac health as one of the top three health concerns within the community, along with diabetes.

Target Population: Populations with elevated prevalence and risk of chronic diseases

Geographic location: NVMC primary service area

Health Indicators: Cancer, Heart Disease, Obesity, Diabetes

Gender: All

Age Group: All

Ethnic Group: All

Language: English, Spanish

Statewide Priority: Chronic disease management in disadvantaged populations; reducing Health Disparities; promoting wellness of vulnerable populations

Partners: Sterilite, O'Reilly's, Deluxe, Community Wellness Fair, The Relay for Life, Ayer COA, Nashoba Home Care and Hospice, Montachusett Home Care, Loaves and Fishes, Pepperell COA, Shirley COA, Nashoba Associated Boards of Health, Townsend COA, Lunenburg COA, CHNA 9, Nashoba Valley Chamber of Commerce, RiverCourt Assisted Living, Nashoba Park Assisted Living, Apple Valley (part of Genesis), Groton COA

Short Term Goals:

- Conduct blood Glucose screenings at 3 worksites and a community wellness fair. NVMC will keep track of attendance and referrals
- Identify an existing diabetes awareness campaign in the community and develop a partnership.
- Continue to offer weight loss information seminars (held monthly)
- Offer two presentations on stroke awareness
- Provide educational sessions/materials on the importance of cancer screenings, specifically mammography and lung cancer screening

Long Term Goals:

- Re-establish the diabetes support group under a new model to increase attendance i.e. less meetings, and more educational programming.
- Develop educational materials related to nutrition and activity to be distributed to at-risk patients
- Develop educational materials and/or presentations on the topic of cardiovascular disease targeted towards elevated risk populations.
- Participate in and/or sponsor local Relay for Life event in 2020

Priority 2: Behavioral/Mental Health

Mental health intersects with many areas of public health, including addiction, cancer, cardiovascular disease, and HIV/AIDS, therefore requiring common services and resource mobilization effort. Integrated treatment is critical for treating people with co-occurring disorders and can ultimately achieve better health outcomes and reduce costs. Increasing awareness and building capacity in service systems are important in helping identify and treat co-occurring disorders. Treatment planning should be client-centered, addressing clients' goals and using treatment strategies that are acceptable to them (MDPH, 2017).

Key Informant Survey of health professionals in the area reports the write-in "we need mental health providers in [the] area." Behavioral health services were ranked second in response to "what kind of services does your organization primarily provide?" and over half of the respondents identified behavioral health as a major health concern in the community. Both focus groups identified "those dealing with mental health issues" as an underserved community, along with "those dealing with addiction." The EMS focus group participants also noted "the number of hoarders and squatters who need [mental health] services."

Target Population: All

Geographic location: NVMC primary service area

Health Indicators: Mental Health

Gender: All

Age Group: All

Ethnic Group: All

Language: All

Statewide Priority: Mental Health; Access to Health Care; Promoting Wellness in Vulnerable Populations; Reducing Health Disparity

Partners: The Walk to End Alzheimer's, Ayer COA, Nashoba Home Care and Hospice, Montachusett Home Care, Loaves and Fishes, Pepperell COA, Shirley COA, Nashoba Associated Boards of Health, Townsend COA, Lunenburg COA, CHNA 9, Nashoba Valley Chamber of Commerce, RiverCourt Assisted Living, Nashoba Park Assisted Living, Apple Valley (part of Genesis), Groton COA

Short Term Goals:

- Develop and distribute a resource guide for both behavioral health patients and their families.
- Engage with 10 service providers within the NVMC service area to learn more about the behavioral health needs within the community.
- Sponsor the 2019 Walk to End Alzheimer's in Worcester, MA
- Partner with local services to offer a Dementia Support Group

Long Term Goals

- Develop educational sessions and materials on the topic of behavioral health and associated stigma targeted towards students.
- Identify 5 local coalitions to support and/or collaborate with to address behavioral health issues in the NVMC service area

Priority 3: Substance Abuse Disorder

Misuse of alcohol or other drugs over time can lead to physical and/or psychological dependence on these substances, despite negative consequences. Substance misuse alters judgment, perception, attention, and physical control, which can lead to repeated failure to fulfill responsibilities and can increase social and interpersonal problems. There is a substantially increased risk of morbidity and death associated with alcohol and drug misuse. The effects of substance misuse are cumulative, significantly contributing to costly social, physical, mental, and public health challenges. Examples of these include domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide, suicide, human immunodeficiency virus/ acquired immunodeficiency syndrome (HIV/AIDS), and other sexually transmitted infections. Substance misuse can also impact one's social determinants of health, such as employment, income, social network, and housing (BPHC, 2017).

Overall, Leominster reported the highest mortality related to alcohol and related to opioid use. Lancaster reports the highest opioids admissions to BSAS contracted programs. In accordance with the data, both the EMS focus group and the Pepperell focus group reported "addiction" as one of the "top three areas of health concerns within the community." The Pepperell group reported that "addiction is not that well addressed" and the EMS group pointed specifically to opioid addiction and identified "those dealing with addiction" as a population they would "identify as underserved within the community." In the Key Informants Survey, 56.25% of respondents identified substance abuse as a "major health concern in the community (NVMC, 2018)."

Target Population: Populations with elevated prevalence and risk of developing behavioral health issues

Geographic location: NVMC Primary Service Area

Health Indicators: Substance Use Disorder

Gender: All

Age Group: All

Ethnic Group: All

Language: English, Spanish

Statewide Priority: Substance Use Disorder; Mental Health; Access to Health Care; Promoting Wellness in Vulnerable Populations; Reducing Health Disparity; Homelessness/Housing

Partners: Ayer COA, Nashoba Home Care and Hospice, Montachusett Home Care, Loaves and Fishes, Pepperell COA, Shirley COA, Nashoba Associated Boards of Health, Townsend COA, Lunenburg COA, CHNA 9, Nashoba Valley Chamber of Commerce, RiverCourt Assisted Living, Nashoba Park Assisted Living, Apple Valley (part of Genesis), Groton COA

Short-Term Goals:

- Partner with a service area high school to offer a vaping prevention/cessation program targeting both students and parents. Targets will include Ayer Middle School and Groton/Dunstable middle school
- Participate in, and support the HOPE event
- Develop a resource guide for substance abuse patients and their families.

Long Term Goals:

- Expand the vaping cessation program to three service area schools and include two follow up sessions as described by the program creators

Priority 4: Social Determinants of Health

Several social obstacles stand in the way for members of the underserved populations to achieve better health outcomes. Cities and towns in the NVMC service area recorded high individuals living below poverty. Ayer, Leominster, and Shirley report higher poverty levels among families than the state average, and Lancaster reports a value slightly below the state average but still significantly higher than the rest of the towns in the service area. Despite these statistics, the enrollment in the Supplemental Nutrition Assistance Program is lower in all towns in the area than in Massachusetts overall (US Census Bureau, 2017).

In 2015, community members and hospital members of CHNA 9 (Community Health Network of North Central Massachusetts) identified transportation as one of the key issues impacting health in the region. The lack of reliable, affordable transportation affects every aspect of a person's life: education, access to healthy food, jobs, and health care. Transportation continues to be a top issue as communities evaluate transit options ranging from transportation for commuters (e.g. Devens project which established a bus route from Fitchburg to Devens to provide entry-level workers for the growing number of companies that have come to Devens) to transportation for community members who may not drive but need access to medical services (NVMC, 2018).

Target Population: All

Geographic location: NVMC primary service area

Health Indicators: Social Determinants of Health

Gender: All

Age Group: All

Ethnic Group: All

Language: English, Spanish

Statewide Priority:

Partners: Ayer COA, Nashoba Home Care and Hospice, Montachusett Home Care, Loaves and Fishes, Pepperell COA, Shirley COA, Nashoba Associated Boards of Health, Townsend COA, Lunenburg COA, CHNA 9, Nashoba Valley Chamber of Commerce, River Court Assisted Living, Nashoba Park Assisted Living, Apple Valley (part of Genesis), Groton COA

Short-Term Goals:

- Provide and track number of eligible patients offered information about available resources such as SNAP.
- When appropriate assist patients with insurance enrollment.
- Collaborate with community-based organizations to identify transportation issues in the NVMC community.
- Engage with community members at a minimum of 3 community events to identify needs related to access to care.

Long Term Goals:

- Partner with local housing authorities to address issues of housing stability and homelessness in the NVMC service area and advocate for affordable housing programs.
- Develop a pilot program to address the transportation needs of patients and community members.
- Develop a program to identify and assist underserved populations with health insurance enrollment, primary care enrollment, and preventative care.

COMMUNITY BENEFITS ADVISORY COMMITTEE

During 2018, the following served as members of the hospital's community benefits advisory committees:

Korry Dow, President, NVMC

Cheryl Bonasaro, CNO, NVMC

Kim Young, Director, HR, NVMC

Maureen Harris, Lab Manager, NVMC

Karin Swanfeldt, COA, town of Ayer

Susan McCarthy, COA, town of Pepperell

Patricia Stern, Loaves and Fishes

Vanessa Perini, Nashoba Home Care and Hospice

Tamara Bedard, Nashoba Board of Health

Virginia Leonard, NVMC

REFERENCES

- BPHC. (2017). *Boston Public Health Commission*. Retrieved from Health of Boston 2016-2017: http://www.bphc.org/healthdata/health-of-boston-report/Documents/_HOB_16-17_FINAL_SINGLE%20PAGES.pdf
- Hobson-Prater, T., & Leech, T. G. (2012). The Significance of Race for Neighborhood Social Cohesion: Perceived Difficulty of Collective Action in Majority Black Neighborhoods. *The Journal of Sociology and Social Welfare*, 39(1). Retrieved from <https://scholarworks.wmich.edu/jssw/vol39/iss1/6>
- MDPH. (2017). *2017 Massachusetts State Health Assessment*. Boston. Retrieved November 9, 2018, from www.mass.gov/dph/2017statehealthassessment
- MDPH. (2017). *Commonwealth of Massachusetts*. Retrieved from Mass.gov: www.mass.gov/dph/2017statehealthassessment
- NVMC, N. V. (2018). *Community Health Needs Assessment*.
- US Census Bureau. (2017). *2012-2016 Community Survey 5-Year Estimates*.