Creating a Healthy Community:
Johnson Memorial Hospital
2016 Community Benefit Report

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At Johnson Memorial Hospital, it is our Mission to be a transformative, healing presence in the community. This is an opportunity to complement our health care role by creating partnerships that address needs outside the walls of our hospital. We are honored to share in our annual Community Benefit Report the ways we are taking action in local neighborhoods through educational forums, assessing how our community can achieve better “wellness,” and bringing needed services closer to your home. From grocery store partnerships to our “Seeds of Kindness” program, our goals for community health and well-being are Mission investments we gladly share in cooperation with our Trinity Health Of New England family. We are pleased to walk hand in hand with the communities we serve!
The word “create” takes on different shadings for different people. To a sculptor, it can mean carving a rough hunk of stone into a graceful form. To a pastry chef, it can mean whipping up ordinary eggs into a gravity-defying soufflé. To a violinist, it means rubbing a bow over four strings to produce, not a squawk, but a sound that pleases the ear and the heart. And to a child, the word can mean something as simple as dipping all 10 fingers into tubs of paint, squishing those paint-covered fingers on a piece of paper, and making a colorful masterpiece.

Applying the word “create” to a health care institution might seem unexpected. The medical world is often seen as one of clinical data and scientific protocol. That’s true to a point, but it’s important to remember that every innovation requires imagination—and creativity. And that’s just as true for developing a miracle medication or structuring a complex health care system as it is for writing a symphony.
Creating a healthy community requires as much knowledge, skill, heart, and imagination as any other creative endeavor—and it is one that will involve the efforts of many, both within and outside our walls.

Broadening the Definition of Community Benefit

Creating a Healthy Community is the theme for this year’s Community Benefit Report, which provides a summary of our work to create a community in which all residents share in the blessing of good health. Creating a healthy community requires as much knowledge, skill, heart, and imagination as any other creative endeavor—and it is one that will involve the efforts of many, both within and outside our walls.

The term “community benefit” has long been used in the nonprofit world, but since the passage of the Affordable Care Act, every participating health care institution has been required to publish an annual Community Benefit Report (CBR) on its efforts to promote health and healing in the community in response to health needs that have been identified there. (The Affordable Care Act also requires health care institutions to regularly assess community needs and publish the results in a document called a Community Health Needs Assessment, or CHNA.)

Our Community Benefit efforts are undertaken in response to data in three areas:

- **Charity Care** — free or discounted services offered to those who can’t afford to pay.
- **Government-Sponsored Health Care** — the amount the hospital must make up when government payments fall short of actual costs.
- **Community Benefit Services** — activities designed to address community needs, such as public health programs, outreach education, partnerships with local agencies and clinical care provided despite a negative margin.

Like many in the health care field, we have seen a need to extend our reach even further. We believe that in order to help our community achieve and sustain the benefits of good health, we must expand the health care field’s traditional concept of Community Benefit. Of course, we will always focus on access to health care and health services, and we will strive for the very best health outcomes possible. But we have redefined and broadened the term, so that the Community Benefit services we provide will take place outside the hospital’s walls. Now, when we talk about Community Benefit, we talk about nothing less than transforming the community to improve overall health and well-being.

This change, though new in the context of Community Benefit, is very much an extension of our Mission. Since our founding in 1912 we have welcomed neighbors from our hometown of Stafford Springs, Connecticut, and the surrounding communities. More than 100 years later, Johnson Memorial Hospital continues to serve the community as an acute-care hospital licensed for 92 beds, with an affiliated home and community health service and a home health care and hospice agency. We have made it our Mission to serve people at every stage of life, from every walk of life. And, we have always made a special effort to serve the poor and the most vulnerable of society. Now, we plan to do so in new ways.

This change owes, in part, to our affiliation with Trinity Health, one of the largest health care systems in the nation. In 2012, Johnson Memorial Hospital signed an affiliation
agreement with Saint Francis Hospital and Medical Center in Hartford, Connecticut. Saint Francis Hospital and Medical Center became a member of Trinity Health in 2015, and Johnson Memorial Hospital entered the Trinity Health network the following year.

Trinity Health’s Mission and values—and longtime dedication to service—match our own. Trinity Health was born nearly 170 years ago and now comprises some 93 hospitals and 120 continuing care facilities, as well as home care agencies and outpatient centers in 22 states. The resources and benefits afforded to us by its regional approach make it possible for us to take a broader, more comprehensive view of health.

But our broader view of the concept of Community Benefit is also due to our increasing awareness that a health care system’s success is inextricably tied to conditions beyond the walls of the hospital. To reach peak effectiveness—to achieve the greatest good for the greatest number of people of every socio-economic status—our efforts must reach broadly and deeply into the community itself, removing as many barriers to health and health care as we can. With this in mind, we seek to:

• Move beyond the hospital’s walls to increase access to health care and improve community health.
• Impart education about healthful behavior and offer a range of preventive services.
• Collaborate with other agencies to encourage better health and well-being among the people we serve.

We are heartened to note that more and more the health and social services fields have recognized that it is not enough to treat only symptoms, that we must address the root causes of ill health. There is recognition, too, that such efforts must be coordinated across disciplines, and that increasingly limited resources must be leveraged across communities and agencies. Many hands will be needed to address the barriers to the health and well-being of our community.

This goal will not be achieved overnight. It will require a long-term commitment, but it is one that we are ready and eager to make. We extend an invitation to the community—individuals and institutions, government, nonprofit, and business—to work with us in Creating a Healthy Community.
The Community’s Needs Are Complex

Johnson Memorial Hospital’s primary service area comprises 10 communities in Tolland County in north central Connecticut and five more in neighboring Hampden County in Massachusetts.

Our most recent Community Health Needs Assessment (CHNA), published in 2016, revealed that Tolland County’s residents are generally more affluent and that greater numbers have achieved higher education than their counterparts in Hampden County; these are two widely accepted predictors of good health and well-being.

Yet, despite their differences, residents of the various corners of our service area struggle with many of the same health issues—obesity, diabetes, behavioral health, substance abuse, asthma, and cardiovascular health. These same issues are seen statewide.

Some of these problems have their roots in individual behavior choices or the random draw of genetics. Others, however, are grounded in what the public health field calls “the social determinants of good health”—socio-economic conditions that influence health outcomes. Indeed, even in our relatively affluent service area, our surveys revealed that 23% of participants reported that they had “put off or postponed” necessary health care during the previous 12 months. Of these, 56% cited cost as the reason, while 11% said providers did not accept their insurance and 27% said their insurance did not cover the service. Our surveys also revealed that 12% of participants said that they could not afford to buy food at some point in the previous 12 months. Some 5% said they never, or almost never, had access to a car. \(^1\)

The social determinants of good health also include a community’s physical environment. Some respondents to our CHNA reported that they didn’t take walks or send their kids to play in the park because their neighborhoods lack sidewalks and the nearest parks are located beyond walking distance.

As our CHNA illustrated, for some members of our community the simple realities of daily life pose obstacles to achieving good health. They lack meaningful access to vital resources that others take for granted. As health care providers, we need to consider these conditions as we plan our efforts to create a healthy community.

\(^1\) Johnson Memorial Hospital, Community Health Needs Assessment Report, 2016.
The Approach We Are Taking

With many complex factors influencing the health and well-being of our community, Johnson Memorial Hospital is taking a comprehensive approach to its Community Benefit programs: we are continuing our efforts at education and prevention while moving beyond the walls of the hospital, and we are forging collaborations with other health and social service agencies and community partners.

We have conducted numerous education programs and health screenings in a variety of locations, in an effort to reach people where they live and work and encourage healthful behaviors—and we will continue to do so.

In 2016, we opened FastCare, our first retail health clinic, located at the Big Y World Class Market in Stafford Springs. The clinic is staffed by Advanced Practice Registered Nurses, who assess patients; treat and/or prescribe medications for common non-emergency ailments; administer selected vaccines; and refer patients to physicians when needed.

Over the past several years, our affiliation with Saint Francis Hospital and Medical Center has enabled us to leverage our resources in numerous ways. We have shared marketing and data collection resources, both of which have enabled us to extend the reach of our education programming.

With our recent affiliation with Trinity Health Of New England, we look forward to ever more fruitful sharing of resources and expertise.
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Case Studies

The Johnson Memorial Hospital Auxiliary Seeds of Kindness Program Benefitting the Cancer Center Patient Assistance Fund

Health insurance and government assistance are invaluable in meeting the complex and often expensive needs of those who seek cancer care at Johnson Memorial Hospital. But there are some needs that aren’t covered by such programs. That’s when the Johnson Memorial Cancer Center (JMCC) Patient Assistance Fund comes to the rescue.

The JMCC Patient Assistance Fund was formally established in 2012, although it had been operating informally for years before that. When discussions with patients revealed a number of financial barriers that affected their access to care, the fund was formalized. The program assists patients who have minimal income or inadequate insurance and need help with everyday expenses such as groceries, utilities, housing, medications, transportation and other urgent needs. Clinical social workers manage and disburse funds. There are no administrative costs associated with the fund, so 100% of its assets go toward patient and family support at a time when they are already taxed physically and emotionally. At least 55 people have received direct assistance from the fund.

But where does the money come from? Over the years, memorial donations and contributions from local businesses were among the primary sources of funding. In 2016, the fund got a new source of support. That spring, the Johnson Memorial Hospital Auxiliary launched Seeds of Kindness. The project began the way so many charitable efforts begin—with the urge to bring beauty into the world by “giving back” to the community. But with this project, the beauty is both spiritual and visible for all to see: the program grows sunflowers that are sold to the public at Geissler’s Supermarkets and other partnering retailers.

In its first year, more than 70,000 sunflowers were harvested on land in Somers that was loaned to the cause by a breast cancer survivor. That first crop raised more than $13,000. The Auxiliary, with assistance from Gordon Burson of Pine Croft Farm in Somers, Connecticut, grew the flowers. With the success of the program, the Auxiliary has plans to plant more acreage in future seasons. Envision Marketing Group of East Longmeadow, Massachusetts, helped launch the Seeds of Kindness program in various ways, including the design of the Seeds of Kindness website. Geissler’s played a key role in the project’s
success, as they sold the bouquets at all seven of their stores, with 100% of the proceeds benefitting the Seeds of Kindness program.

As part of the Seeds of Kindness program, the Auxiliary sponsored a contest for graphic designers to submit designs for the Seeds of Kindness logo and future sunflower seed packaging. The winner was a student at Central Connecticut State University.

In addition to the Seeds of Kindness program, the Patient Assistance Fund is also supported through donations received from the Big Y Supermarket’s Partners in Hope program.

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Community Benefit | Services

What are the activities? Community Benefit reporting is categorized into three broad areas which include: Charity Care, Government-Sponsored Health Care, and Community Benefit Services. The following list outlines, in more detail, the Community Benefit Services portion.

A. Community Health Improvement Services

These activities are carried out to improve community health and are usually subsidized by the health care organization. There are four groupings within this category: Community Health Education, Community-Based Clinical Services, Health Care Support Services and Other Community Health Improvement Services. Some of these programs include:

- Community Speakers
- Grief Groups
- Health Fairs/Expos
- Dementia Support Group
- Smoking Cessation Courses
- Hospice
- Screenings/Evaluations

B. Health Professions Education

This category includes the unpaid costs of undergraduate training, internships, clerkships, residencies, nursing training, residency education, and continuing medical education (CME) offered to physicians outside of the medical staff.

C. Subsidized Health Services

This category includes health services and clinical programs that are provided despite a financial loss. These services are provided because they meet an identified community need that is not being fulfilled by the government or another not-for-profit organization.
D. Research

This category includes clinical and community health research that is shared with the public and funded by the government or a tax-exempt entity (including the organization itself).

E. Financial and In-Kind Donations

This category includes funds and in-kind services donated to individuals not affiliated with the organization or to community groups and other not-for-profit organizations. In-kind services include hours contributed by staff to the community while on work time; overhead expenses of space donated to not-for-profit community groups, and the donation of food, equipment, and supplies.

- In Kind Facility Use
- Board Involvement with Local Organizations

F. Community-Building Activities

This category includes programs that address underlying social problems, such as poverty, homelessness, and environmental issues. These activities support community assets by offering the expertise and resources of the health care organization.

- Disaster Preparedness
- Community Health Needs Assessment

G. Community-Benefit Operations

This category includes the costs associated with assigned staff and community health needs and/or assets assessment, as well as other costs associated with community benefit strategy and operations.
During 2016, Johnson Memorial Hospital provided Community Benefit Services to 4,200 individuals who received financial assistance for their medical care and support through our Community Benefit programs.

Charity Care
$90,100
Free or discounted health services are provided to persons who cannot afford to pay and who meet the organization’s financial assistance policy criteria. Charity care is reported in terms of costs, not charges. Charity care does not include bad debt, which may be reported elsewhere but not as a community benefit.

Community Benefit Services
$157,693
These are services provided to meet community needs because the services would otherwise not be available to meet patient demand. Included are clinical patient care services provided despite a negative margin, public health programs, community outreach and education, and partnerships to meet community needs.

Government-Sponsored Health Care
$5,724,494
Government-sponsored health care community benefits include unpaid costs of public programs for low-income persons. These include the shortfall created when a facility receives payments that are less than the cost-of-caring for program beneficiaries.

Total Community Benefit
$5,972,287
Summary

Community Benefit was part of Johnson Memorial Hospital’s Mission long before that term came into vogue—and it will inform our work for a long time to come. But now we are reaching beyond the hospital’s walls with greater urgency to leverage increasingly strained community resources and promote good health where people live and work, before problems arise.

Some of the work we are doing will result in immediate changes—for example, increasing access to programs that support behavior change. Some will take shape over the longer term—implementing new policies that lead to better health outcomes and forging partnerships in our community.

We are not deterred by the time frame. We know that there are no quick fixes to deeply entrenched social norms. But Johnson Memorial Hospital is here to stay; we have been here since 1912, and this is our home. We are invested in this community and plan to increase that investment over time.

We look forward to collaborating with residents, businesses, local nonprofits, faith-based organizations, government agencies, and foundations and our colleagues at Saint Francis Hospital and Medical Center and Trinity Health in Creating a Healthy Community.
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