Creating a Healthy Community

Saint Francis Hospital and Medical Center

2016 Community Benefit Report
Creating a Healthy Community:
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Contents
1. Introduction
2. Creating a Healthy Community
5. The Community’s Needs Are Complex
6. The Approach We Are Taking: Well Being 360, a Transforming Communities Initiative
8. Saint Francis Hospital’s Community Benefit Program: Case Studies
12. Community Benefit Services
14. Community Benefit Numbers at a Glance
15. Summary
At Saint Francis Hospital and Medical Center, 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 hospitals. 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. The Curtis D. Robinson Center for Health Equity brings it all together to assure equitable care for every person in our community. From the Well Being 360 program designed to assist in access to healthy foods, appropriate social services, and diabetes education to screening and engagement in the community, 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

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Creating a Healthy Community

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. A healthy community is not something that can be created by a single entity. We will need partners to succeed.

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 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 original Mission. Since our founding in 1897 by the Sisters of Saint Joseph of Chambéry, we have welcomed people from Hartford’s Asylum Hill community, as well as the entire city of Hartford and the surrounding area. From our early days as a two-room hospital to our current status as New England’s largest Catholic hospital, with 617 licensed inpatient beds, 65 bassinets and five centers of excellence, 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...
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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. 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. Trinity Health’s Mission and values—and longtime dedication to service—match our own, and the resources and benefits afforded to us by its regional approach have made 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:

- Develop and implement policies to improve or create a climate for healthy behavior.
- Have an impact on community systems that are poorly designed and do not serve the residents well.
- Collaborate with other agencies to change the physical environment in ways that lead to better health and stronger community cohesion.

We are heartened to note that increasingly, the health and social services fields have recognized that it is not enough to treat only symptoms, but that the root causes of society’s ills must be addressed if long-term progress is to be achieved. 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 get to a point at which the conditions of daily life in low-income communities do not pose barriers to the health and well-being of its residents.

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

Saint Francis Hospital and Medical Center’s service area is highly diverse: a mix of races and ethnicities; a range of socioeconomic levels; a population spread over urban, suburban and rural communities. It is composed of 32 municipalities centered in Hartford and extending to the surrounding towns. Despite their differences, residents of the various corners of our service area struggle with many of the same health issues: obesity, diabetes, heart disease and behavioral health.

Yet, the largest numbers of patients seen at Saint Francis Hospital and Medical Center are from the city of Hartford itself, whose population is younger, poorer and more densely distributed than those of the surrounding communities. For the urban poor, the simple realities of daily life pose huge obstacles to achieving good health. For many, meaningful access to vital resources that more affluent communities take for granted—things that public health professionals call the “social determinants of good health”—is sorely lacking.

In fact, in April 2015, our immediate neighborhood of North Hartford—one of the city’s poorest—was one of 20 “high-poverty, high capacity” communities nationwide to be designated as Promise Zones by the U.S. Department of Housing and Urban Development. (Promise Zones receive various forms of federal support but no new direct funding.) To cite just a few statistics, this 3.11-square mile area is home to 23,950 people, of whom 49.3% live in poverty. The Promise Zone’s per capita income is $12,099. Only 38.3% graduate from high school, and unemployment is over 27%. Annual life expectancy there is 10 years less than in neighboring communities.¹

The causes for these dismal health disparities are complex and intertwined, and they paint a picture of the enormity of the community’s needs.

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THE APPROACH WE ARE TAKING:
Well Being 360, a Transforming Communities Initiative

With so many high-priority needs in the community influencing the health and well-being of residents, Saint Francis Hospital and Medical Center is taking a comprehensive approach to its Community Benefit programs. We have launched a multifaceted initiative called Well Being 360, a collaborative effort between the hospital, community groups, economic development agencies and the City of Hartford to promote good health beyond the walls of the hospital.

Transforming Communities Initiatives
Well Being 360 is the name that Saint Francis Hospital and Medical Center has given to our local version of a national effort by Trinity Health called the Transforming Communities Initiative (TCI). Thus far, Trinity Health has identified Saint Francis Hospital and Medical Center and seven other health care institutions that will design individualized local initiatives with this program. Trinity Health has pledged to invest $80 million in grants, loans, community matching dollars and services in these communities over five years to address several defined focus areas.

Well Being 360
In its initial phase, Well Being 360 will direct its efforts at the North Hartford Promise Zone (which comprises the Clay Arsenal, Northeast and Upper Albany neighborhoods), plus the Blue Hills and Asylum Hill neighborhoods. Our coverage will eventually expand to the entire city. The investment priorities will be aligned with the needs identified in the Saint Francis Hospital and Medical Center CHNA for 2016, the TCI focus areas identified by Trinity Health, and community engagement priorities of the hospital system. A reallocation of the hospital’s community benefit funds has been committed to this effort.
Creating a Healthy Community

Well Being 360 will:

• **Develop a Health Collaborative for Hartford’s North End.** This collaborative will comprise health care systems, community-based organizations, development agencies, and representatives of the City of Hartford. Partners in the Health Collaborative include:
  ~ Saint Francis Hospital and Medical Center
  ~ Trinity Health Of New England
  ~ City of Hartford, Department of Health and Human Services
  ~ Community Solutions, a national organization focused on community health and development

  ~ Invest Health, a joint effort of The Reinvestment Fund and the Robert Wood Johnson Foundation to help leaders of mid-size cities improve the health of their low-income communities
  ~ Way to Wellville, a 10-year challenge sponsored by the nonprofit Health Initiative Coordinating Council.

• **Increase programming for healthy behavior change.** Well Being 360 will support programs that encourage changes in diet, exercise, and tobacco and substance abuse and other healthful practices.

• **Improve patient access to social service agencies to merge health care delivery systems with social support programs** (to help patients with their most significant and complex problems).

• **Change the physical environment to improve the quality of life in the North End of Hartford.**

The hospital’s Curtis D. Robinson Center for Health Equity is the lead agency for Well Being 360 and, with a steering committee of representatives from community organizations, it will focus on overseeing investments in innovative, evidence-based solutions on policy, system, and environment change that engage the community and result in improved well-being for residents.

Toward this end, we plan a multifaceted approach.

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Town Hall on Diabetes Engagement

Diabetes hits Hartford hard. Statewide, over 8% of adults are diagnosed with diabetes; in Hartford, 12% of adults diagnosed with the disease. Diabetes is the eighth leading cause of death in Connecticut. Statewide, mortality rates are higher among black and Hispanic residents than mortality rates among whites.²

It’s a serious disease, but one that can often be managed if the patient has the necessary resources. For the urban poor, however, the lack of these necessary resources makes managing the disease much more difficult.

In November 2016, Saint Francis Hospital and Medical Center’s Curtis D. Robinson Center for Health Equity devoted its 6th Annual Town Hall Meeting to “A Community Conversation about Diabetes.” The goal was to provide a forum for individuals with diabetes to tell their stories and learn from experts in the field.

Over 70 members of the public attended the meeting, which was facilitated by a six-person panel that included physicians, a nutritionist, a dietitian, a pharmacist, and an attorney.

But the education that took place at this meeting was not just from the experts to the audience. The meeting was designed to give participants a platform to educate the health care providers. One after another, participants shared personal stories of their interactions with the health care system, told how

the circumstances of their lives affect their health and how they live with diabetes, and described the barriers they encounter in managing the disease. They raised many issues, including:

- Getting access to healthy food in their neighborhoods
- Finding places where they can exercise and enhance physical fitness
- Maintaining a healthy diet
- Learning to use insulin to treat diabetes.

The information that emerged from the meeting will be used by the hospital and our community partners to develop strategies and policies to promote healthy lifestyles. This discussion was beneficial for our hospital leadership team, and gave insight about which outreach organizations we should engage to confront the issue of diabetes management in the community.
Breastfeeding, Heritage and Pride: A Breastfeeding Support Project

In 2014, the W.K. Kellogg Foundation awarded a three-year $498,980 grant to Saint Francis Hospital and Medical Center and the Hartford Hispanic Health Council (HHC) to collaborate on a program called Breastfeeding: Heritage and Pride.

The immediate goal of the grant is to increase the rate of breastfeeding among African American and Latina mothers who are patients at the hospital’s Women’s Health Center, an obstetrics and gynecological clinic. The long-term goal is normalization of the practice.

The Heritage and Pride program, which the HHC developed for use elsewhere in the city, relies on an operating model that is unique in Connecticut: peer counselors teach expectant and new mothers about breastfeeding, and once the babies are born, follow up in the hospital, in community clinics, and at home, to offer support and assistance. Peer counselors must be from the local community and must have breastfed their own children; the program is based on mother-to-mother support and relies on the development of personal relationships between counselor and client. Peer counselors receive extensive training before they begin counseling others. The fact that they make free visits to community clinics and clients’ homes is unique among lactation programs.

Since its inception, the program has measured peer counselors’ efforts to increase breastfeeding initiation rates at key points before and after birth—in prenatal visits, in the hospital, and after six months. The hope was to increase the rate of breastfeeding initiation, as well as the rate of mothers who breastfeed for six months.
The results were impressive. In the first year of the program, August 2015–July 2016, despite the fact that the program was not fully staffed, more than 1,400 successful contacts were made. Of the mothers who entered the program, 84.7% were breastfeeding two weeks after their babies were born; 61% continued to breastfeed at six weeks; 41.9% were breastfeeding at three months; and 12.8% were breastfeeding at six months.

During the calendar year 2016, of the mothers enrolled in the program, 99.4% initiated breastfeeding; 40.6% breastfed exclusively while in the hospital; 54.7% practiced mixed feeding in the hospital; and just 4.7% fed their babies only formula while in the hospital.

Of the mothers who entered the program, 84.7% were breastfeeding two weeks after their babies were born.
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. The following is a sample of programs and activities in each of these categories.

Community Health Education
- Access to Recovery for Substance Abuse
  Clients
- Breast and Cervical Cancer Education and Outreach
- Breastfeeding Support
- Child Abuse Prevention Education and Outreach
- Childbirth Education Classes
- Colorectal Screening Program
- Center for Diabetes & Metabolic Care Program Education and Outreach
- Curtis D. Robinson Center for Health Equity
- Healthy Start and Parenting Programs
- Integrative Health Services Classes
- Medical Legal Partnership Program
- Violence and Injury Prevention Program
- Women’s Heart Program Outreach
- Pastoral Counseling Program
- Support Groups

Health Care Support Services
- Language Services Program
- Financial Assistance Counseling
- Transportation Assistance for Clinical Appointments

Other Health Improvement Services
- Caregiver Support Services
- Literacy Support Programs
- The Auxiliary at Saint Francis
- Keep-the-Power-On Utility Clinic
- Language Services Program

Community-Based Clinical Services
- Preventive Health Screenings:
  ~ Cardiovascular Risk Assessment
  ~ Diabetes Screening
  ~ Mammograms
  ~ Prostate Cancer
- Malta House of Care Mobile Medical Clinic
- Cardiac Rehab and Wellness
- Case Management Services
- Procurement of Pharmaceuticals

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.
• Connecticut Institute for Primary Care Innovation (CIPCI) – Primary Care Training
• Clinical Pastoral Education Mentorship
• Dental Assistant and Dental Hygienist Training
• Dietitian Training
• Medical Student Education
• Nurses and Nursing Student Education
• OB/GYN Residency Training
• Other Health Professional Education
• Pharm-D Training Site

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).
• Community Research Grants
• Clinical Research Grants
• Trainee Research Grants

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.
• Donations to Charitable Organizations
• In-Kind Use of Facilities
• Medical Mission Support
• Support for Local Community 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.
• CREC Magnet School Partnership
• Disaster Planning
• Housing Support
• Neighborhood Association Support
• Board Involvement with Local Organizations

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, Saint Francis Hospital and Medical Center provided Community Benefit Services to 67,287 individuals who received financial assistance for their medical care and support through our Community Benefit programs.

**Charity Care**
$2,718,176

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**
$32,026,072

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**
$64,894,781

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**
$99,638,781
Summary

Community Benefit was part of Saint Francis Hospital and Medical Center’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 next six months—the development of the collaborative, for example, and our support for local agencies with capacity-building to improve access by the community.

Some of our work will be much longer-term—such as changing the environment, implementing new policies that lead to better health outcomes, and working with partners to improve employment opportunities.

We are not deterred by the time frame. We know that there are no quick fixes to deeply entrenched social norms. But Saint Francis Hospital and Medical Center is here to stay; we have been here since 1897, 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 in Creating a Healthy Community.
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