Creating a Healthy Community

Saint Mary’s Hospital
2016 Community Benefit Report
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At Saint Mary’s 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 our Early Detection Program for Breast and Cervical Cancer to a community-based “club” designed to maintain the dignity of community members whose social situation depends on streamlined care for management of chronic disease, 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

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.

At Saint Mary’s Hospital, the notion of Community Benefit—of helping the most vulnerable among us—is central to our identity as a Catholic, not-for-profit community teaching hospital founded on the tradition of charity. In fact, we call our Community Benefit program our Community Benefit Ministry.

The concept of a Community Benefit Ministry goes back to our original Mission. Since our founding in 1907 by the Sisters of Saint Joseph of Chambéry, we have welcomed people from Waterbury, as well as the surrounding area. From our early days as a 120-bed hospital to our current status as a hospital with 347 licensed inpatient beds and more than more than 2,100 employees, we have made it our Mission to serve in the spirit of the Gospel as a compassionate and transforming healing presence within our community. Today, the hospital offers a wide variety of medical services, educational classes, and patient resources, as well as a Level II Trauma Center, pediatric emergency room, award-winning cardiac and stroke care, and exceptional surgical services.

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In 2016, Saint Mary’s affiliated with Trinity Health Of New England and its parent, 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.

Our tradition of outreach to the community has shaped our Community Benefit Ministry, but our approach 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.

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 many of the community benefit services we provide take place outside the hospital’s walls and focus on outreach. Now, when we talk about Community Benefit, we’re talking about nothing less than transforming the community to improve overall health and well-being. In short, we’re talking about Creating a Healthy Community.

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The Community’s Needs Are Complex

The Saint Mary’s Hospital service area is composed of 35 zip codes, an area that includes Waterbury and 17 surrounding towns. The primary service area, which covers nine US Census zip code tabulation areas, includes Waterbury, Naugatuck, Prospect, and Wolcott and has a population of approximately 168,000. The secondary service area includes Beacon Falls, Bethlehem, Cheshire, Middlebury, Morris, Oxford, Plantsville, Plymouth, Southbury, Thomaston, Watertown, and Woodbury and has a population of approximately 153,000. The majority of Saint Mary’s Hospital patients, however, reside in the city of Waterbury itself, which is particularly economically distressed. 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.

To cite just a few statistics, the median household income in Waterbury is $41,136—significantly less than the median income of $70,000 for the overall service area. The unemployment rate in the city of Waterbury in September 2015 was 10.7%—higher than the statewide unemployment rate of 6.6%. Some 24.2% of families in Waterbury qualify for poverty status, compared to 10.5% in Connecticut as a whole. High school and higher education graduation rates—an important social determinant of health—are lower in Waterbury (79.6% and 16.0% respectively) than in Connecticut (86.3% and 29.3% respectively), according to the U.S. Census Bureau.

In addition, Central Waterbury has been designated a Medically Underserved Area and Medically Underserved Population by the U.S. Health Resources and Services Administration (HRSA). HRSA has also designated central Waterbury as a Health Professional Shortage Area for primary medical care, dental care and mental health.[1]

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The Approach We Are Taking

To gain a better understanding of the needs of these diverse communities, in 2012, Saint Mary's Hospital joined a team of community leaders to form the Greater Waterbury Health Improvement Partnership. The partnership consisted of Saint Mary's Hospital, Waterbury Hospital, the Waterbury Department of Public Health, the City of Waterbury, the StayWell Health Center, the Connecticut Community Foundation, the United Way of Greater Waterbury, and other community partners. The partnership commissioned an extensive study of the health needs and priorities of the people of Waterbury and the surrounding towns, and the findings were compiled in our 2013 Community Health Needs Assessment. In 2016, again in collaboration with the Greater Waterbury Health Improvement Partnership, Saint Mary's Hospital led a comprehensive study of the health needs and priorities of area residents in preparation for our 2016 CHNA. The findings of the 2016 CHNA have helped us determine the direction of our Community Benefit Ministry.

As a result of the 2016 CHNA, the Greater Waterbury Health Improvement Partnership—in which Saint Mary’s Hospital is a key partner—has made a plan for community health improvement efforts over a three-year cycle. These include several focus areas:

- Access to care
- Mental health and substance abuse
- Chronic disease
- Tobacco use and asthma
- Health communications.

Since its inception, we have continued to fully participate in the Greater Waterbury Health Improvement Partnership, which creates opportunities for collective impact, fosters greater collaboration communitywide, and helps make better use of resources by eliminating duplication of effort wherever possible.

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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Access to Care—Meeting Patients Where They Are

In 2016, Saint Mary’s Hospital added a community health worker to the staff of its Family Health Center, which is the only site in Waterbury to administer the Connecticut Breast and Cervical Cancer Early Detection Program. The position was funded by a grant from the Connecticut Department of Public Health and the Centers for Disease Control and Prevention.

In this role, Darlene L. Eason is tasked with spending 24 hours each week interacting with uninsured and underinsured women in the community where they live and work. She also is expanding the reach of the early detection program to include screenings for diabetes and heart disease. Specifically, she is implementing the state’s WISEWOMAN program, which is designed to help women 30 to 64 years of age reduce their risk of heart disease and promote a heart-healthy lifestyle.

Women who choose to participate are eligible for free screenings, including blood pressure, cholesterol, blood glucose testing, and BMI, and have an opportunity to sign up for free services, including gym memberships and Weight Watchers.

Darlene visits with women in churches, hair salons, and other locations within a geographic area identified by the state Department of Public Health, to reach those who are at greater risk of certain cancers and heart disease. For various reasons, these women might not have access to health care services. Darlene’s goal is to provide them with screenings, education, and resources and connect them with health care providers.

“You have to meet them where they are,” says Darlene. In one case, the community health worker assisted a patient with an interest in joining a gym and starting to exercise—and even provided her with a new pair of sneakers.

Darlene, who is certified in tobacco-use cessation counseling, talks with patients about
Women who choose to participate are eligible for free screenings, including blood pressure, cholesterol, blood glucose testing, and BMI, and have an opportunity to sign up for free services, including gym memberships and Weight Watchers.

how to incorporate healthier diet and more activity or exercise into their daily routines. “Our focus is on prevention,” she said. A cancer survivor herself, she is passionate about her potential to help others. “Who better to be an advocate for someone,” she said, “than a like-minded person who has been through it?”

The community health worker position at Saint Mary’s Hospital is part of its Community Benefit Ministry, which is an organized and measured approach to meeting community needs by reinvesting resources back into the community through new technologies, vital health services, and access for everyone regardless of their circumstances.
Case Studies

Chronic Disease—Eliminating Barriers to Heart Failure Care

As one of the first hospitals in the country participating in the American College of Cardiology’s Patient Navigator Program, Saint Mary’s Hospital was tasked with identifying innovative solutions to reduce readmission rates for heart failure patients. One of the hospital’s responses was to establish a clinic called the PUMP Club (which stands for Preserving Upmost Muscle Power) to enhance access to care for heart failure patients who face barriers to care and a greater risk of readmission.

The PUMP Club goes beyond the scope of existing hospital-based heart failure clinics by delving deeper into the socio-economic needs of patients and helping them overcome obstacles that prevent them from accessing care. Many of these patients begin each day in crisis. Do they have transportation to their appointments? Do they have heat and access to food? Are they or their family members struggling with substance abuse issues? For these patients, a diagnosis of heart failure can be overwhelming.

Club “members” are able to bypass the traditional patient registration process.
and proceed directly to an outpatient therapy clinic on the hospital’s fifth floor. There, skilled cardiac nurses provide patient education, check vitals, manage medications, and, if necessary, provide treatment that might otherwise require a trip to the emergency room. It’s a place where patients can get a cup of coffee and a sandwich and “check in” with providers who are there to ensure that the patient’s needs are met. Often, it is simply a matter of connecting the dots and identifying available resources.

The PUMP club has over 50 members, and providers have noted that participants have been able to better manage their condition, a finding that is measurable through fewer ER visits and fewer readmissions since the program was introduced in January, 2015. As with all heart failure patients, the goal is to keep these patients as healthy and stable as possible. And so far, they are succeeding.
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
- Community Engagement Activities
- Spirit of Women Outreach
- Heart Health Educational Programs
- Childbirth Educational Programs

Community-Based Clinical Services
- Preventative Health Screenings
  - Cardiovascular Risk Screenings
  - Diabetes Screenings
  - Foot Screenings
- Early Detection/WISEWOMAN Program
- Easy Breathing Program
- Support for Malta House of Care Mobile Medical Clinic
- Care Management Support Services

B. Health Professions Education

- Nurses and Nursing Student Education
- Medical Student Education
- Dietician Training
- Other Health Professions Education

Other Health Improvement Services
- Financial Support Services
- Medication Support Services
- Transportation Support Services
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.
- Behavioral Health Clinic
- Family Health Center

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.
- Donations to Charitable Organizations
- In-kind Use of Facilities
- Support for Local Community Organizations

and resources of the health care organization.
- Greater Waterbury Health Improvement Partnership
- Board Involvement with Local Community Organizations
- Emergency and Disaster Planning

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.

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
During 2016, Saint Mary’s Hospital provided Community Benefit Services to 68,822 individuals who received financial assistance for their medical care and support through our Community Benefit programs.

**Charity Care**

$2,206,026

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**

$6,812,776

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**

$20,475,484

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**

$29,494,286
Summary

Our Community Benefit efforts were part of the Saint Mary’s Hospital 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.

We know that there are no quick fixes to deeply entrenched social norms, that this extended outreach effort will take time. But Saint Mary’s Hospital is here to stay; we have been here since 1907, and this is our home.

We look forward to collaborating with our fellow health care professionals, residents, businesses, local nonprofits, faith-based organizations, government agencies, and foundations in Creating a Healthy Community.
Saint Mary’s Hospital
General Information | 203-709-3312

Key Community Benefit Contacts
Marcus M. McKinney, D.Min., LPC | 860-714-4183
Vice President and Chief Health Equity Officer, Trinity Health Of New England

Mary Stuart, MPH | 860-714-4095
Senior Program Specialist, Curtis D. Robinson Center for Health Equity

Keon Blackledge, MPH | 203-709-3075
Director, Community Health and Well Being, Saint Mary’s Hospital

www.stmh.org