

# Carney Hospital

A STEWARD FAMILY HOSPITAL



## Community Benefits Plan FY 2014

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## Mission and Values

“Stewardship is at the center of all we do and we will now make it part of our values statement. Our current values are Compassion, Accountability, Respect and Excellence and now we are adding one more important value - Stewardship.”

--Sr. Marie Puleo, MFIC, Senior Vice President for Mission, Steward Health Care --8/7/12



## 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.



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## About Us

Carney Hospital is a member of Steward Health Care, the largest fully integrated community care organization in New England. Steward is a comprehensive, fully-integrated health care delivery network, providing community-based medicine and tertiary care in eastern Massachusetts, southern New Hampshire, and Rhode Island. Headquartered in Boston, Steward has approximately 18,000 employees, approximately 300,000 emergency department visits, and over one million annual physician visits.

Founded in 1863, Carney Hospital has evolved into a 159-bed community teaching hospital committed to the values of compassion, accountability, respect, excellence, and stewardship. Our reputation for clinical expertise and physician excellence and our strengths in key medical specialties are the reasons we are a teaching hospital for Tufts University School of Medicine. Our doctors provide a wide range of services, including primary care medicine, a wide range of surgical specialties and subspecialties, inpatient and outpatient psychiatry, emergency medicine, critical care, pediatrics, cardiology, neurology, and ambulatory surgery. Further information is available at <http://steward.org/Carney-Hospital>.

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## Our Community Benefits Mission Statement

Carney Hospital is committed to collaborating with community partners to improve the health status of community residents. We accomplish this by:

- addressing root causes of health disparities;
- educating community members around prevention and self care, particularly for chronic diseases such as diabetes and cancer; and
- addressing the social determinants of health including substance abuse, behavioral health issues, and homelessness.

## Community Benefits Statement of Purpose

Carney Hospital acts in compliance with The Massachusetts Attorney General's Guidelines for Non-Profit Hospitals as promised to our community and government at the time of our transition to Steward Health Care System, LLC in November 2010.

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 those in our community, regardless of their ability to pay
- Collaborate with staff, providers and community representatives to deliver meaningful programs that address statewide health priorities and local health issues
- Identify and prioritize unmet needs and select those that can most effectively be addressed with available resources
- Contribute to the wellbeing of our community through outreach efforts including, but not limited to, reducing barriers to accessing health care, preventative health education, screening, wellness programs, and community-building
- Regularly evaluate our community benefits program

## Needs Assessment

Attorney General's direction: Assess the needs of our service areas and get direct input from our community about which programs to include in our plan.

In accordance with the Massachusetts Attorney General's Community Benefits Guidelines, Carney Hospital completed a community health needs assessment in 2012-2013. The resulting report, the Carney Hospital *Population Health Improvement Report*, details the health conditions and social determinant factors affecting the people living in the cities surrounding Carney Hospital, as well as the key issues the hospital needs to address in order to develop service quality, improve population health, and address cost.

This report presents areas of opportunity for Carney Hospital to optimize health system quality and address cost while confronting the pressing health concerns impacting the populations in its community. This report details the most imminent concerns that arose through examination of primary and secondary data.

The report notes that secondary data is from health indicators in Carney Hospital's state defined service area populations, retrieved from sources such as the US Census Bureau and Massachusetts Community Health Information Profile (MassCHIP). Primary data is from discussions with hospital leadership and directors of patient services about areas of improvement in quality and cost, a community provider survey, and focus group discussions.

The community provider survey was sent on Oct. 22, 2012 to community leaders affiliated with health services, social services, business, churches, education, families, youth, adults, and seniors. Nine organizations responded to the survey.

Numerous health issues were identified by the community health needs assessment participants and the secondary data, but the most pressing issues met two or more of these criteria:

- Rate higher than the state average
- Rate increasing over time
- Identified as concerns by focus group participants or provider survey respondents

The report notes, "Evaluation of the needs of both the community and the hospital is important because it reveals opportunities to work collectively to improve both the health system and the health of the population. Opportunities are realized at the intersection of the hospital's strengths, the community's needs, and the new direction of health care in the United States." The areas where Carney Hospital can take a lead, based on the most pressing needs identified in the report and available hospital and community resources, are:

### **Obesity and Chronic Disease**

People die at a higher rate from heart disease in North Dorchester (171.3) and Hyde Park (150.9) than in the city of Boston (147.3). North Dorchester (37.7) and Hyde Park (28.7) also have much higher rates of diabetes mortality than the city of Boston (21.6). Patients with chronic disease are more susceptible to issues resulting from fragmentation of care. In order to address this issue, the hospital should focus on improving patients' access to healthy food and knowledge of healthy meal planning and physical activity.

### **Health Insurance and Access to Healthcare**

Access to Health Care is a major concern. Although most of the population is insured, there is a need for a more coordinated outreach effort. Language, navigation of the health insurance process, and inflexible time schedules remain barriers to achieving access to health care for the affected populations. Using community health advocates to assist with health insurance enrollment and navigation will help address some of these issues.

### **Underserved Populations**

Carney's service area is extremely diverse when compared to the state average. The largest population group is Black/African-American, representing up to eighty-one percent of the population in Mattapan, and forty-seven and forty-two percent of the population in North and South Dorchester, respectively. The Hispanic population in Dorchester, Mattapan and Hyde Park are all above the Massachusetts average of nine percent. Minority populations are less likely to be insured, and socio-cultural difference between patient and provider can lead to greater disparities in health and health care access. Other underserved populations identified through a survey of community members included: immigrants and illegal residents, the homeless, and people recently released from prison

### **Behavioral Health**

South Dorchester's suicide rate (8.4 per 100,000 people) was over sixty percent higher than the Boston city average (5.2) between 2003 and 2008. Both community service providers and residents within Carney's primary service area (PSA) identified behavioral health as an important health issue for the population that Carney serves. Mental health stigma has been identified as a major obstacle to accessing behavioral health resources.

### **Substance Abuse**

Alcohol and substance abuse related hospitalizations were higher in the service areas within Boston\*(457.4/100,000 people) than in Milton (228.6/100,000 people) and Massachusetts as a whole (345.6 /100,000 people). Focus group and survey data indicated a need for more substance abuse treatment resources within the Carney's PSA. Increased awareness of substance abuse treatment centers and support groups would also be a useful tool for this community.

## Sexual Health

Sexual Health is also an important issue in Carney's service area. Chlamydia and gonorrhea rates for the service area are much higher than most other Boston neighborhoods. Increased education around sexual health, particularly the transmission of sexually transmitted infections (STIs) would be helpful in alleviating this issue.

\*Service areas within Boston city limits are North Dorchester, South Dorchester, Mattapan and Hyde Park

## Community Benefits Plan

Attorney General's direction: The hospital should include in its Community Benefits Plan the Target Populations it wishes to support, specific programs or activities that attend to the needs identified in the Community Health Needs Assessment, and measurable short and long-term goals for each program or activity.

Carney's primary service area suffers disproportionately from chronic diseases when compared to the state and the rest of Boston. Mortality from heart disease and cancer are higher than the city of Boston and the state of Massachusetts. Dorchester, Mattapan, and Hyde Park have the highest rates diabetes and heart disease mortality. Mattapan (36.8%) and South Dorchester (32.8%) also have some of the highest rates of adult obesity in the entire state. Areas with large minority populations (such as Carney's service area) tend to have higher rates of obesity when compared to less diverse populations.

Focus group participants stated that obesity and chronic disease, particularly cardiovascular disease and diabetes, are an issue in this community. Participants stated a need for more areas to exercise safely and more places to buy healthy and inexpensive foods. They also expressed a need for more nutrition education that included healthy preparation of ethnic foods.

### Priority 1 – Obesity/Chronic Disease

**Target Population:** Those at risk for or diagnosed with chronic disease; smokers; adult men and women; school-aged children

**Regions served:** Dorchester, Mattapan, Hyde Park, Milton, and other surrounding areas

**Sex:** All

**Age Group:** Adults, Seniors, Teens

**Ethnic Group:** All

**Language:** English, Spanish, Vietnamese, Haitian Creole

**Statewide Priority:** Chronic Disease Management in Disadvantaged Populations  
Promoting Wellness in Vulnerable Populations

#### Tactics / Short Term Goals:

- Continue to implement and potentially expand to community health centers a Farmers Market Prescription Program for persons with diabetes to access fresh fruits and

vegetables from local markets. In addition, patients will enroll in the diabetes education program to gain necessary information to help in disease management.

- Investigate feasibility of developing and implementing a program using healthy foods to help manage chronic disease.
- Expand Carney’s Healthy Beverage Program, which has drastically reduced the amount of sugar sweetened beverages available for purchase at the hospital, to local community organizations.
- Continue to collaborate with the Dorchester YMCA to provide nutrition counseling and develop a ninety-day health challenge program for members to encourage healthy behaviors.
- Continue the Diabetes Education Program, which provide comprehensive and educational support for patients with diabetes and their families. From diet and exercise information to medication and glucose monitoring, Carney’s specially trained health professionals partner with patients to help them learn to self-manage their diabetes and decrease the risk of future complications.
- Continue community screenings for cardiovascular disease and blood glucose testing.
- Implement annual “Chocolate and Roses” Mammography event for Breast Cancer Awareness Month in October, which encourages women to get their yearly mammogram, and provide education around breast cancer for the community.

**Long Term Goals:**

- Help to implement city-wide tactics approved by the DPH leading to a reduction in obesity rates as identified by DPH and CHNA members.
- Help develop measurable metrics to track the impact of tactics on reducing obesity.

**Priority 2 – Health Insurance and Access to Health Care**

One of the key themes that emerged from the focus group of community members was the need for successful transmittance of information from the hospital to the community regarding health care services and health education/health promotion information. Participants also mentioned a lack of understanding of enrollment and navigation of health insurance. Carney Hospital should work with community based organization in outreaching to communities serviced by the hospital in order to increase access to health care resources.

**Target Population:** Uninsured and underinsured community members; those without a designated primary care provider; elderly; Limited English Proficiency residents

**Regions served:** Dorchester, Mattapan, Hyde Park, Milton, and other surrounding areas

**Sex:** All

**Age Group:** Adults, Seniors

**Ethnic Group:** All

**Language:** English, Spanish, Vietnamese, Haitian Creole

**Statewide Priority:** Support Health Care Reform, Reduce Health Disparities, Promoting Wellness to Vulnerable Populations

**Tactics / Short Term Goals:**

- Participate in education sessions to help the community understand their health insurance options under the Affordable Care Act.
- Continue to support the utilization of community health advocates to provide follow-up enrollment assistance for uninsured patients who visit the emergency department.
- Provide patient navigation for frequent utilizers of the emergency department, as well as patients with transportation, housing, language, and other barriers to care.
- Conduct neighborhood level outreach in strategic areas to offer assistance enrolling in available state health insurance programs.
- Explore feasibility of expanding transportation from neighborhood health centers to Carney Hospital.

**Long Term Goals:**

- Reduce the number of underinsured or uninsured patients in our service area.
- Increase access to services by accessing transportation issues.
- Educate/enroll/re-enroll the public in state health insurance at public venues, especially areas with a large concentration of underinsured and uninsured populations.

**Priority 3 – Underserved Populations**

Carney’s service area is extremely diverse when compared to the state population. Most areas have a white population of less than thirty percent compared to the Massachusetts average of eighty percent. The largest population group is Black/African-American, representing 79.5% of the population in Mattapan, 49.9% in Hyde Park, and 44.3% in South Dorchester. The Hispanic population in North Dorchester, South Dorchester, Mattapan, and Hyde Park are all above the Massachusetts average of nine percent. Overall, minority populations are more likely to be uninsured than whites in America. Additionally, social and cultural differences between patient and health providers can lead to disparities in health and health access. Besides ethnic minorities, other underserved populations identified through survey responders included immigrants and illegal residents, homeless, and people recently released from prison.

**Target Population:** African-Americans, Latinos, Vietnamese, Cape Verdeans, Haitians, Immigrants, homeless, recently released from prison population.

**Regions served:** Dorchester, Mattapan, Hyde Park, Milton, and other surrounding areas

**Sex:** All

**Age Group:** Adults, Seniors

**Ethnic Group:** All

**Language:** English, Spanish, Vietnamese, Haitian Creole

**Statewide Priority:**

Reduce Health Disparities

Promoting Wellness to Vulnerable Populations

**Tactics / Short Term Goals:**

- Conduct more primary care physician outreach to the aforementioned populations to increase healthcare access.
- Utilize bilingual community health advocates to conduct outreach to underserved populations.
- Host a health fair to highlight the medical services and community resources available at Carney.
- Host flu clinics within the community to give residents access to free flu vaccine.

**Long Term Goals:**

- Increase the percentage of insured within the minority populations.
- Connect minority and other underserved patients with health resources.
- Overall improvement of minority population health.

**Priority 4 - Behavioral Health**

The percentage of Boston adults reporting over fifteen days of poor mental health within the past thirty days was 9.9% for the city of Boston (which includes all but one of Carney's PSAs). This is slightly higher than the Massachusetts average of 9.1%. However, the rate among Black Bostonians (13.1%) and Hispanic Bostonians (12.2%) indicates a larger issue of behavioral health within these populations. This is relevant for Carney's PSA, as most of the neighborhoods have much larger black and Hispanic populations when compared to the Boston or state averages.

**Target Population:** People suffering with behavioral health issues and their caregivers

**Regions served:** Dorchester, Mattapan, Hyde Park, Milton, and other surrounding areas

**Sex:** All

**Age Group:** Adult

**Ethnic Group:** All

**Language:** All

**Statewide Priority:** Promoting Wellness in Vulnerable Populations, Supporting Health Care Reform

**Tactics /Short Term Goals:**

- Partner with community organizations, such as NAMI, to conduct education or host community workshops to educate people on behavioral health issues in our community.
- Increase outreach to help educate the community about current behavioral health services at Carney Hospital.

### **Long Term Goals:**

- Educate community on available treatment resources and support groups, with special emphasis on resources for youth and elderly.
- Decrease the effect of Mental Health stigma on behavior health resources.

## **Priority 5 – Substance Abuse**

Alcohol and substance abuse related hospitalizations were higher in the Boston service areas (457.4/100,000 people) than Milton in (228.6/100,000 people) and Massachusetts as a whole (345.6 /100,000 people). North Dorchester also had almost double the number of deaths due to substance abuse than the rest of Carney’s service area.

Focus group and survey input indicated a need for more substance abuse treatment resources within the Carney’s PSA. Community members are often unaware of available resources in Dorchester and increased awareness of substance abuse treatment centers and support groups would be useful tool for this community. The homeless population was identified as a particular sub-population in need of these resources.

**Target Population:** Populations at-risk for substance abuse; residents in underserved areas

**Regions served:** Dorchester, Mattapan, Hyde Park, Milton, and other surrounding areas

**Sex:** All

**Age Group:** Adult

**Ethnic Group:** All

**Language:** All

**Statewide Priority:** Promoting Wellness in Vulnerable Populations, Reducing Health Disparity

### **Tactics /Short Term Goals:**

- Institute a patient navigator in partnership with the Boston Public Health Commission that will link individuals with substance abuse disorders to clinical services, as well as primary care, social, and mental health services in the community.
- Support the development of educational and social service programs that train youth, teachers, and youth workers on red flags of substance abuse.

### **Long Term Goals:**

- Decrease the rates of substance abuse within Carney Hospital’s primary service area.
- Increase awareness of the detrimental effects of Substance Abuse.

## **Priority 6 – Sexual and Reproductive Health**

Sexual health is an issue in Carney’s service area. Chlamydia and gonorrhea rates for the service area are much higher than most other Boston neighborhoods. Increased education around sexual health, particularly the transmission of sexually transmitted infections (STIs), would be helpful in alleviating this issue.

**Target Population:** Men and Women

**Regions served:** Dorchester, Mattapan, Hyde Park, Milton, and other surrounding areas

**Sex:** All

**Age Group:** Adult

**Ethnic Group:** All

**Language:** All

**Statewide Priority:** Promoting Wellness in Vulnerable Populations

**Tactics /Short Term Goals:**

- Partner with local community organizations to conduct STD education, especially within the young adult population.
- Work with school and worksites in the community.

**Long Term Goals:**

- Decrease the rates of Chlamydia, gonorrhea, syphilis, HIV/AIDS, and other sexually transmitted infections within Carney Hospital's primary service area.

## **Priority 7- Crime**

Crime and violence are a major issue in much of Carney's PSA. Mattapan's homicide rate is over four times that of Boston, and both North and South Dorchester have high homicide rates as well. Youth violence in particular was identified as an area of concern in Carney's PSA from the focus group and survey responders.

**Target Population:** All

**Regions served:** Dorchester, Mattapan, Hyde Park, Milton, and other surrounding areas

**Sex:** All

**Age Group:** Adults, teens

**Ethnic Group:** All

**Language:** All

**Statewide Priority:**

**Tactics /Short Term Goals:**

- Participate in the PACT Program
- Participate in neighborhood crime watches- Peabody slope and Ashmont Adams.
- Participate in Grove Hall Multi Unit Task Force- crime fighting committee.

**Long Term Goals:**

- Decrease crime rates within in Carney's primary service area through collaboration with local community organizations.

## **Priority 8 - Community Donations**

Using hospital giving guidelines, Carney Hospital will provide financial support to our neighborhood organizations whose programs and events aid or support targeted, underserved populations. The funds are directed by the receiving organizations to best assist patients who are marginalized because of immigration status, income, lack of insurance, etc.

**Statewide Priority:** Promoting Wellness in Vulnerable Populations

### **Short Term Goals:**

- Continue to financially support organizations that provide continuum of care services to vulnerable populations after they leave the hospital setting.
- Receive, document, and triage all requests for support received by community organization. Evaluate using hospital giving guidelines.

### **Long Term Goals:**

- Develop better communication and measurement systems for coordination of care and measurement of the positive impact of community-based organizations.

## Community Benefits Advisory Board (CBAB)

Reverend John Ahern, Pastor, Tri Parish Area, Dorchester  
Joseph Burnieika, Catholic Charities  
Lilly Cam, MD, Medical Director, Neponset Health Center  
James Carmody, Board of Trustees, Carney Hospital  
Barbara Couzens, Community Health/Patient Advocate, Carney Hospital  
Cesar DaSilva, Design Construction & Consulting Services  
Andrew Davis, President, Carney Hospital  
Eleni Kontogli, Director of Marketing, Harbor Health Services  
Nancy Mahon, Baycove Human Services  
Cochise Pearson  
Dimitry Petion, Harvard Street Health Center  
Bill Howland, Director of Communications and Marketing, Carney Hospital  
Adalberto Teixeira, Boston Centers for Youth & Families  
Glory Wideman-Hughes, The Boston Home  
Rudy Miller, Attorney-at-Law  
Antoine Junior Melay, 2<sup>nd</sup> Vice Chair of the Board of Trustees, BHCC

## Carney Hospital Leadership Team

Andy Davis, *President, Carney Hospital*  
Christian Stroucken, *Chief Operating Officer, Carney Hospital*  
Alexander White, MD, *Vice President of Medical Affairs, Carney Hospital*  
Jacqueline Bergeron, DNP, MS, BSN, RN, NEA-BC, *Chief Nursing Officer*

## Carney Hospital Community Benefits Office

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