Overview

Clinton Hospital, a member of the UMass Memorial Health Care organization, is a not-for-profit, fully accredited acute care community hospital with 41 licensed beds. As a wholly owned subsidiary of a progressive health care system, Clinton Hospital provides high quality, and comprehensive community-based health care services to the seven-town primary service area and surrounding communities. The hospital also provides access to the most advanced medical technologies and specialists available at UMass Memorial Medical Center, the region’s leading academic medical center.

The Clinton Hospital primary service area consists of the towns of Clinton, Lancaster, Sterling, Bolton, Berlin, Boylston and West Boylston. The hospital’s location makes it easily accessible from all of central Massachusetts. Clinton is bordered by Bolton and Berlin to the east, Boylston to the south, Sterling to the west and Lancaster to the north. The town of Clinton is 13 miles north of Worcester, 16 miles south of Fitchburg, 35 miles west of Boston and has a population of approximately 13,500.

Clinton Hospital provides a full range of inpatient and outpatient acute care services by more than 100 physicians and 300 employees. Services include emergency care (a certified Primary Stroke Service Provider), laboratory, diagnostic imaging (including CT Scans and MRIs), women’s health care (offering digital mammography), day surgery, inpatient medical and surgical units, respiratory care, cardiac testing and outpatient clinics. A dedicated case management and Social Services Department helps patients plan for post-acute care. The Rehabilitation Services Department provides excellent occupational, physical and speech therapy services in a caring and friendly environment. During Fiscal Year 2009, Clinton Hospital had 9,748 patient days (including acute and psychiatric patients), and 1,319 patient discharges.

Clinton Hospital has a 20-bed inpatient program in geriatric medical psychiatry which treats people from all areas of the state. The highly respected program provides specialized care to the elderly with a primary psychiatric diagnosis and secondary medical problems. In 2009, the program had 6,714 patient days and 464 patient discharges.

As a certified Primary Stroke Service Provider, the emergency room provides a stroke specialist in a matter of minutes through its partnership with UMass Memorial Medical Center and the use of an advanced videoconferencing system. With services offered 24 hours a day, the emergency room is staffed by physicians from the UMass Memorial Emergency Medicine Group, who provide professional care quickly and efficiently in a convenient location close to home. If additional treatment is necessary, the UMass Memorial LifeFlight helicopter is available to transfer patients within minutes to UMass Memorial Medical Center in Worcester. In 2009, the emergency room had 13,879 emergency visits.

Clinton Hospital takes pride in its ability to provide fast, accurate diagnosis and treatment to its patients, and is committed to meeting the health care needs of a changing community.
I. Community Benefits Mission Statement

A. Summary

Clinton Hospital is committed to improving the health status of all those it serves and to addressing the health problems of the poor and other medically underserved populations. In addition, nonmedical conditions that negatively impact the health and wellness of our community are addressed.

B. Approval of Governing Body

The Community Benefits Program mission was approved by senior management and the Clinton Hospital Board of Trustees. The same mission statement is shared by all of the member hospitals of the UMass Memorial Health Care Organization, Inc.

II. Internal Oversight and Management of the Community Benefits Program

A. Management Structure

The Manager of the Community Benefits Program is responsible for overall program management and oversight of program activities, and reports directly to the hospital President and Chief Executive Officer. The Community Benefits Manager is the liaison for all program activities and outreach efforts, and works closely with hospital staff, community-based organizations and agencies in the area, as well as other system hospitals.

The Community Benefits Department also works very closely with the Community Benefits Advisory Committee (CBAC). This dedicated committee, whose main responsibility is to recommend the mission and scope of the Community Benefits Program, meets regularly to identify the area’s needs, generate ideas, plan programs, expand services, evaluate program activities and provide overall program support. Community Benefits Advisory Committee members and their affiliated organizations are listed at the end of this report.

B. Internal Communication of Community Benefits Mission and Programs

Community Benefits information is disseminated system-wide to all Clinton Hospital staff, the community and other hospitals within the system in a variety of ways, including:

- A bi-weekly hospital employee newsletter, “The Highland Fling”
- The Clinton Hospital News, a quarterly newsletter, sent to residents in the service area
- Hospital website: www.clintonhospital.com
- “News and Views”, a daily e-mail newsletter sent to all e-mail users within the UMass Memorial Health Care system
- Availability of the annual UMass Memorial Health Care, Inc. Community Benefits Report
- Local newspapers and newsletters
III. Community Health Needs Assessment

A. Process, Including Participants

The Community Benefits Advisory Committee (CBAC), with representatives from community organizations within the service area, meets regularly to identify community needs for consideration by Clinton Hospital and its Board of Trustees. The CBAC prioritizes needs and recommends the programs on which to focus initially. Clinton Hospital then leads the effort to ensure the needs are addressed and, to the extent possible, remedied.

In 2009, the Community Benefits Department continued some of the programs that addressed needs previously identified. In addition, new programs were developed to address the needs of the senior community, community at-large, school-age children, the uninsured and underinsured, and the immigrant and underserved populations.

B. Information Sources

The CEO/President of the hospital, attends the Fitchburg/Gardner Area Community Health Network meetings, whenever possible, to gather information on regional approaches to common challenges and is a member of its steering committee. The Manager also meets with senior center and community agency directors, school department staff, and internal hospital personnel to evaluate programs being offered by the Community Benefits Department, identify current concerns, and develop new programs that would address current needs. Additionally, the Massachusetts Community Health Information Profile for the service area is reviewed for health status indicators and demographic information.

C. Summary of Findings

Clinton is the largest community within the hospital service area with a population of 13,545 according to the 2000 Census. Geographically small, about 3.5 miles across from border-to-border in all directions, the contiguous towns of Lancaster, Sterling, Berlin and Bolton are larger geographically, although not as populated as Clinton. Clinton is a community with mostly small manufacturing plants, a hospital, a plastics manufacturer, and small businesses as the main sources of employment. Always ethnically a melting pot, the population continues to be increasingly more diverse. Growing populations include Hispanics, Brazilians and, to a lesser extent, other immigrant groups such as Haitians and Asians.

Critical issues identified by the Community Benefits Department for the populations served in 2009 included:

- Health care for the uninsured, underinsured and underserved and cardiovascular diseases
- Health education programs for the elderly, school children and community-at-large
- Mental health issues for the community at large
- Nutrition and exercise programs for school children and the community at large
- Skill development for youth
The following indicators differentiate Clinton from other towns within the service area:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior population</td>
<td>Clinton has a senior population of 2,012 or 15% of the total population (2000 census).</td>
</tr>
<tr>
<td>Higher rate deaths from cardiovascular disease</td>
<td>Deaths from cardiovascular disease are 339.5/100,000 compared to a state rate of 276.9/100,000.</td>
</tr>
<tr>
<td>Ethnic composition</td>
<td>The Latino population is 11.6% compared to a state rate of 6.8%.</td>
</tr>
<tr>
<td>Children in grammar school</td>
<td>Clinton has 915 children enrolled in its primary school (2009-2010 school year).</td>
</tr>
<tr>
<td>Per capita income</td>
<td>Clinton per capita income is $22,764 compared to the state’s $25,952, with 22.3% of the population living below 200% of the poverty level compared to the state’s 21.7%.</td>
</tr>
</tbody>
</table>

IV. Community Participation

A. Process and Mechanism

Clinton Hospital continued the implementation of the Healthy Communities Initiative shared by all members of the UMass Memorial Health Care system with input from community agencies. A Healthy Community is defined as:

“A community that is safe, with affordable housing and accessible transportation systems, work available for all who want to work, a healthy and safe environment with a sustainable ecosystem and a community that offers access to health care services, which focuses on prevention and maintaining health.”

The Healthy Communities Initiative is based on the concept that health is more than the absence of disease, and in this context health is defined more broadly to include a full range of quality-of-life issues. This is the Community Benefits Program design that Clinton Hospital and members of the UMass Memorial Health Care system support. Clinton Hospital reached out and collaborated with WHEAT Community Services, an agency that knows firsthand what the local needs are. The hospital also participated in a Task Force to develop a community needs assessment, which is being spearheaded by the hospital’s regional CHNA, that when completed, will assist Clinton Hospital in developing programs to address those needs.

B. Identification of Community Participants

The Community Benefits Department worked very closely with community-based agencies, which included the service area senior centers and councils on aging, school departments, and other community agencies. This approach yielded the programs that were implemented during FY 2009.
The current Community Benefits Advisory Committee is comprised of members of a diverse group of community-based organizations, and public agencies that work collaboratively with Clinton Hospital. They include: WHEAT Community Services, Community HealthLink, Sterling Senior Center, Head Start, Clinton Parent-Child Home Program, Clinton Housing Authority, the Brazilian community, with a current vacancy for a member of the Hispanic community.

C. Community Role in Review of Community Benefits Plan and Annual Reports

During 2009, programs were developed and their outcomes reviewed by the community groups directly receiving the services and by the Clinton Hospital management team. The annual report will be shared with the hospital management team and Board of Trustees, state and local legislators and community agencies. Copies will also be available by request from the Manager of Community Benefits. In addition, the annual report is available for review by all members of the community on the Massachusetts Attorney General's web site: www.ago.state.ma.us.

The Community Benefits Advisory Committee reviews Community Benefits activities and program outcomes annually, and recommends updates and revision of the Community Benefit Plan.

V. Community Benefit Plan
A. Plan Development Process

Community Benefits Program activities are based on local needs identified by the Community Benefits Advisory Committee, community agencies and other groups serving targeted populations. The Manager of Community Benefits is responsible for establishing contacts with community agencies and groups and gathering their input in the planning process. The intent of Community Benefits Programs is not to duplicate existing programs, but rather to work cooperatively with community stakeholders to ensure that services provided address the needs identified in specific target populations.

The Clinton Hospital Community Benefits Program priorities are focused on activities that contribute to the betterment of quality of life of the communities served, reducing disparities in access to health care including behavioral services, and contributing to a safe community environment.

B. Choice of Target Population(s)/Identification of Priorities

The Clinton Hospital Management Team decided to continue to focus the Community Benefits Program on activities that would improve health and quality of life in communities within the service area. Based on the various needs previously identified by community agencies and groups, the following populations continued to be targeted for interventions:

- Elderly
- School children
- The uninsured, underinsured and underserved populations
C. Short-term and Long-term Strategies and Goals

Short-term Goals (One Year):

- Continue programs that address quality of life of the senior population in the areas of home safety, nutrition, mental health, asthma control, osteoporosis, hearing impairment, heart and stroke prevention, exercise, and cancer prevention
- Continue programs that address nutrition, exercise and skill development in school children
- Continue programs that address the health care needs of the poor, uninsured and underinsured
- Develop programs that address the health care needs of the population-at-large such as nutrition, exercise, disease prevention and control

Long-term Goals (Three to Five Years):

- Improve access to health care and behavioral health services, especially in outpatient settings for the low-income, uninsured/underinsured and underserved populations
- Improve the quality of life of the communities served using the Healthy Communities Initiative.
- Expand nutrition, exercise and skills development through targeted outreach for school children and the population-at-large
- Expand services for the senior population that improve quality of life
- Address needs not previously identified in the community by enlisting the help of community-based organizations
- Secure additional funding sources to reach identified goals

D. Process for Measuring Outcomes and Evaluating Effectiveness of Programs

Community Benefits Program activities are evaluated and subsequently modified, as necessary, using valuable input from community agencies, the Community Benefits Advisory Committee, and specially from the participants themselves. Prioritization and coordination of community-wide programs and services ensure non-duplication of effort and increasing responsiveness to the needs of the community.

E. Process and Considerations for Determining a Budget

Clinton Hospital’s Management and Board of Trustees review funding of the Community Benefits Program through the process outlined below:

- A report is provided to the hospital’s Board of Trustees once per year regarding community outreach and benefits activities, including both existing and proposed programs and outcomes. The Management Team is updated throughout the year and during the budget preparation process.
• Priority is given to maintain levels of community benefits funding within the overall UMass Memorial operating budget, even with continued fiscal constraints in the health care environment.

F. Process for Reviewing, Evaluating and Updating the Plan

The Clinton Hospital Community Benefits Advisory Committee reviews the Community Benefits Program activities and outcomes, and is also responsible, together with the Manager of Community Benefits, for yearly updating and revision of the Community Benefits Program Plan.

VI. Progress Report: Activity During Reporting Year

A. Expenditures for Clinton Hospital

<table>
<thead>
<tr>
<th>TYPE</th>
<th>ESTIMATED TOTAL EXPENDITURES FOR FISCAL YEAR 2009</th>
<th>APPROVED PROGRAM BUDGET FOR FY 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITY BENEFIT PROGRAMS</td>
<td>Direct Expenses</td>
<td>$70,924</td>
</tr>
<tr>
<td></td>
<td>Other Leveraged Resources</td>
<td>$0</td>
</tr>
<tr>
<td>COMMUNITY SERVICE PROGRAMS</td>
<td>Direct Expenses</td>
<td>$25,196</td>
</tr>
<tr>
<td></td>
<td>Other Leveraged Resources</td>
<td>$0</td>
</tr>
<tr>
<td>NET CHARITY CARE*</td>
<td></td>
<td>$238,365</td>
</tr>
<tr>
<td>OTHER CONTRIBUTIONS</td>
<td></td>
<td>$2,700</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>$337,185</td>
</tr>
</tbody>
</table>

TOTAL PATIENT CARE-RELATED EXPENSES FOR FY 2009: $23,301,233

* NET CHARITY CARE as defined by the Attorney General's office, Health Care Finance and Policy, 403 Reports (includes payments to HSN). For Fiscal Year 2009, the HSN (Health Safety Net) payments to hospitals is based upon claim submissions, which do not exceed funding at the time of this report.
Community Benefit Expenditures According to a Broader Definition

The following Community Benefits Expenditures include the Massachusetts Attorney General Guidelines Expenditures plus additional expenditures that play an important role in the delivery of care.

Community Benefits Programs:

- **Direct Program Expenses** $70,924
- **Other Leveraged Resources** $0
- **Medical Group Free Care** $0
- **Grants/Other Revenue** $0

DON Expenses

Community Service Programs:

- **Direct Expenses** $25,196
  - **Other Leveraged Resources** $0
- **Charity Care HSN Payment** $238,365
- **Other Contributions** $2,700
- **Unreimbursed HSN Services (UC Cost)** $479,690
- **Payment/Hospital’s Operation Assessment of DHCFP** $25,259
- **Hospital Bad Debt/Non-Emergency Care** $157,701
- **Hospital Medicare Shortfall** $1,100,000
- **Other Subsidized Programs** $0

**Hospital Broader Definition Total Expenditures** $2,099,835
**Total charity Care at a Glance**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Umreimbursed Medicare Services</td>
<td>$1,100,000</td>
</tr>
<tr>
<td>B. Umreimbursed Medical Group Medicare Services</td>
<td>$0</td>
</tr>
<tr>
<td>C. Umreimbursed MassHealth Services</td>
<td>N/A</td>
</tr>
<tr>
<td>D. Umreimbursed Health Safety Net Services (UC Cost)</td>
<td>$479,690</td>
</tr>
<tr>
<td>E. Services/Internal Financial Assistance Program</td>
<td>$0</td>
</tr>
<tr>
<td>F. Total Payment Made to Fund Health Safety Net</td>
<td>$238,365</td>
</tr>
<tr>
<td>G. Payment of Hospital’s Operational Assessment of DHCFP</td>
<td>$25,259</td>
</tr>
<tr>
<td><strong>Total Charity Care</strong></td>
<td><strong>$1,843,314</strong></td>
</tr>
</tbody>
</table>

**Expenditures Definitions**

I. **According to the Office of the Massachusetts Attorney General**

**Community Benefits Direct Expenses:** Grant or initiative developed in collaboration through a community engagement process, planning effort and based on an identified need, a targeted population or organizational priorities.

**Community Benefits/Other Leverage Resources:** Funds and services contributed by third Parties in support of community benefits direct activities/programming.

**Community Service Direct Expenses:** a program, grant or other activity that advances the Health care or social needs of the community but is **not** directly related to identified priorities or target population.

**Community Service Other Leverage Expenses:** Funds or services provided by other parties to support community service activities but **not** directly related to identified priorities or target population.

**Determination of Need (DoN):** Expenses related to payment commitment for community projects associated with a fulfillment of a specific Determination of Need requirement by the Massachusetts Department of Public Health.
Net Charity Care: Health Safety Net payment as defined by the Massachusetts Attorney General Guidelines and as listed by the Massachusetts Division of Health Care Finance and Policy, 403 Reports.

Other Contributions: Cash or in-kind contributions that support the charitable activities of other organizations, but are not related to the Community Benefit priorities/plan.

Total Patient Care-Related Expenses: Expenses related to the care of patients as reported by the hospitals to the Division of Health Care Finance and Policy on Schedule 18 of the 403 Cost Report as reported at the time of the Community Benefits Report Filing: Schedule 18, line 37, column 2.

II. Definitions According to a Broader Definition

Definitions for Community Benefits, Community Benefits Other Leveraged, Community Service Direct Expenses and other Leveraged, DoN, and Other Contributions are the same as stated above.

Bad Debt/Hospital: Hospital expense for receivables that can no longer be collected and are written off.

Bad Debt/Medical Group: Expense of the Medical Physician Group for receivables that can no longer be collected and are written off.

Contribution to UMass Medical School: Payment to the University of Massachusetts to support the teaching of medical students and the advancement of medical research.

Medical Group Free Care: Care provided by the Medical Physician Group to patients that meet certain low income criteria where collection of payment is not pursued.

Medical Group Medicare Shorfall: The net loss the Medical Physician Group incurs for the cost of providing services to Medicare patients and the fees received from the Medicare program.

Medicare Shortfall/Hospital: The net loss the hospital incurs for the cost of providing services to Medicare patients and the income received from the Medicare program.

Other Subsidized Programs: The net loss the hospital incurs for the cost of providing services to these programs and the income received for these programs.

Payment Hospital Operation Assessment of DHCFP: Hospital expense paid to the State of Massachusetts to support the Division of Health Care Finance and Policy. The Division of the State collects and analyzes hospital financial data.

Umreimbursed Expenses for Medical Education: Based upon expenses, revenue for Graduate Medical Education.
Umreimbursed HSN Services (UC Costs): The net loss the hospital incurs for care provided to patients of the Health Safety Net pool.

B. Major Programs and Initiatives

1. Community Outreach

Community service at Clinton Hospital continued to be an important component of its Community Benefits Mission. During the past year, hospital staff was actively engaged in numerous community-based activities that brought together the resources of the hospital and local non-profit organizations to help towns within the service area. The programs and activities were voluntary in nature and included, but not limited to, fundraising walks for various causes, health fairs, screenings, lectures, and education and training programs.

The Clinton Hospital Outpatient Department provided free blood pressure clinics every Tuesday, except holiday weeks, from 10 AM – 12 PM to service area residents. Patients were screened, monitored, and counseled, and referrals made, if necessary. A total of 264 blood pressures were taken during the year.

Clinton Hospital has always been an active participant in local community events as part of its outreach program. During the Clinton Olde Home Days, the hospital sponsored a table at the Town Common where blood pressure screenings were offered, and referrals made, if necessary. Approximately 80 individuals had their blood pressures screened and all types of health information were made available to them. Other local fairs were also attended by hospital staff, such as the Bolton, Lancaster, Sterling and the Apple Fest at Wachusett Mountain with over 365 people taking advantage of the health information and screenings provided. Clinton Hospital also sponsored a Blood Pressure Clinic at the Leominster Credit Union Bank Branch in Clinton. Thirty (30) individuals were screened. The hospital’s Geriatric Medical Psychiatric Unit staffed a table at the Montachusett Health Fair at the Sheraton Hotel. Three-hundred (300) individuals were provided with information on the hospital and unit services provided to communities.

Support of community groups by donating space for their meetings has always been a priority for Clinton Hospital in its Community Benefit Program Plan. During 2009, the following groups met on a regular basis in conference rooms at the hospital campus:

- Central Massachusetts Limb Loss Support Group: A support group for amputees meets on the second Tuesday of every month.
- The Clinton Toastmasters Club: Provides public speaking learning or improvement in a fun and supportive environment. The club is the local chapter of Toastmasters International and it meets every Wednesday.
- The Massachusetts Rehabilitation Commission, Vocational Rehabilitation Program: The program focuses on assisting individuals with a physical and/or psychological disability
to enter part- or full-time community-based competitive employment. It schedules client appointments at Clinton Hospital once a month.

- **Family Groups of Massachusetts Al-Anon Meetings**: A support group for individuals affected by the drinking behavior of a friend, relative, or significant other meets every Thursday.

- **NAMI – National Alliance of Mental Illness**: Meets the second and fourth Friday of the month.

Clinton Hospital’s Emergency Department hosted an Emergency Medical Technician (EMT) Appreciation Night for all area EMT personnel, which has also become an annual event. Staff presented a seminar with CEU credits for those attending. Approximately 50 EMTs participate in this annual event.

Working in collaboration with the Clinton Rotary Club, Clinton Hospital supports scholarships for local high school graduates. The hospital donates the food that is utilized in the Rotary Club’s annual pancake breakfast fundraising event. Over 1,000 guests attended the breakfast.

Enhancing services needed in communities by those most in need has remained a top priority in Clinton Hospital’s Community Benefits Program Plan. The hospital sponsored and 87 employees, friends and relatives participated in the Heart and Memory Walks. Clinton Hospital also donated to support Medical Missions, a program of the Atlantic Union College in South Lancaster, and the North Central Massachusetts Minority Coalition.

Providing services to the medically underserved population is very important for Clinton Hospital. The Finance Department, staffed by a counselor, assisted the uninsured and underinsured with the enrollment process and eligibility requirements to qualify for public insurance and other insurance programs for which they might be eligible. A total of 202 individuals were assisted with health insurance information and application processing.

### 2. School Children

Clinton Hospital continued to support area sports, little leagues and other community events as part of its commitment to promote physical exercise and quality-of-life issues within healthier and better communities in which to live. Contributions were made to the Bolton Baseball Little League, Sterling Baseball Little League and the Sterling Youth soccer Association, the Clinton Baseball Little League, and the Clinton Minor League. In addition, Clinton Hospital sponsored and supported the efforts of Clinton High School students (Gael Force Team) at the CHS/NYPRO/First Robotics Program.

An Asthma Control program for children was developed to address the high incidence of this disease in children in the service area. The program was originally presented at the Clinton Elementary School PTO meeting by a nurse practitioner educator with a 20-year background in respiratory diseases in children, and it’s now available upon request. The Asthma Control program addresses potential symptoms of asthma, diagnosis, treatment, medications and how to use them.
The Clinton Hospital nutritionist continued to assist the School Health Advisory Council, which is addressing Federal School Lunch Law Wellness Policy requirements as well as other health issues. The Wellness Policy must include nutrition education, physical activity, and other school-based activities designed to promote student wellness.

Other programs offer to school children includes the Backpack Program. Geared for sixth graders, it provides children with information and demonstrations on how to load backpacks and how to carry them to prevent physical injuries. The program is available upon request by area schools.

A Babysitting Training Program was offered to children 11 years of age or older to prepare them for the many responsibilities that come with caring for a child and to teach them how to handle emergency situations properly. Twenty-one (21) children attended the program.

As part of a Community Relations initiative, 6 high school students spent 21 weeks during the Summer 2009 being introduced and trained as Nursing Assistants. In addition, as part of the Federal Stimulus Program, 6 young people spent the summer 2009 working at various departments in various capacities, with 2 individuals being hired after completion of the program.

3. Elderly

Clinton Hospital sponsored transportation services to 50 area senior citizens to attend the Senior Spectacular Health Fair presented by Fallon at the DCU in Worcester. Hundreds of exhibits and vendors were on hand to provide them with information on a variety of topics of interest for seniors.

The Clinton Hospital nutritionist continued to offer a program on nutrition and cardiovascular diseases for the senior population on a request basis only. The program addresses factors contributing to these diseases, the importance of early detection, methods of control and self-monitoring, and how to avoid complications from these diseases through proper nutrition. In 2009, 12 seniors attended the program with emphasis in diabetes control at the West Boylston Senior Center.

The Clinton Hospital nutritionist, in collaboration with the Director of Dietary Services, continued to offer the Healthy Eating and Nutrition program, which emphasizes proper nutrition through buying healthy foods and shows samples of those foods. In 2009, 12 seniors attended this program at the Sterling Senior Center.

The Clinton Hospital Rehabilitation Services Department continued to offer the Home Safety program for the elderly, which focuses on how to prevent falls at home, protect oneself from a fall in general, and fall-proofing one’s home. The program also addresses the safe use of walkers and canes, in and out of the home environment, and provides participants with a checklist for them to evaluate their own home safety. In addition, the program demonstrates
exercises to increase strength and balance, and provides available resources for safety equipment and home improvement. The program is presented upon request.

Clinton Hospital’s commitment to serving the region’s senior population with well deserved and needed services is reflected in the hospital’s support and contribution to the Central Massachusetts Agency on Aging. This agency serves more than 15,000 elders and their caregivers through 30 programs that deliver meals, offer legal services, and provide transportation, as well as a myriad of other support services.

The Osteoporosis program continued to be offered in the area, presented by a researcher and nurse educator in that field. The program addresses the causes of the disease, its effects in men and women, as well as its diagnosis and prevention. This program was presented to 18 seniors at the West Boylston Senior Center.

A Hearing Loss program for elders is presented by a hospital otolaryngologist and is available to the senior population upon request. The program explains some of the causes of hearing loss, the treatments available and the ways to preserve hearing.

Depression in seniors is a common affliction in this population. A program on depression was developed in collaboration with Community Healthlink which included information about defining the problem, identifying the causes and recognizing the impact, as well as diagnosis and treatment. This program is presented by a geriatric behavioral health expert on a request basis.

A program addressing Drinking and the Holidays was presented by a geriatric Social Worker from the Community HealthLink to 14 seniors at the Sterling Senior Center. Alcohol abuse is also a common affliction in this segment of the population.

An exercise program “Movement & Exercise for the Aged” was developed by a local fitness center in Clinton and presented to 13 seniors at the West Boylston Senior Center and 10 seniors at the Sterling Senior Center. The program showed seniors non-challenging and simple exercises that can be performed in comfortable positions and in any setting to remain fit and healthy.

An Asthma Control program for adults was developed to address the high rates of asthma in the senior population. Presented by a nationally accredited asthma educator, this program covers the definition of the disease, and its causes, as well as diagnosis, treatments, triggers of attacks, and prevention. The Asthma Control program is presented on a request basis.

A Colon Cancer Prevention program was developed by the Clinton Hospital Gastroenterologist. Focus was on prevention, risk factors, incidence and diet. This program is also offered to the community at large.

A cardiovascular disease prevention program was developed by an emergency department physician at Clinton Hospital and presented when requested. The program addresses the epidemiology, pathogenesis, signs and symptoms, risk factors, and prevention of cardiovascular diseases. Program is available upon request.
A Healthy Feet Program was developed by the hospital’s podiatrist and presented to an audience of 13 seniors at the Sterling Senior Center and 10 seniors at the Bolton Senior Center. The program addresses the routine care of toenails and calluses, diabetes and feet care, as well as ingrown nails.

A program addressing the Chronic Obstructive Pulmonary Disease was developed by the hospital’s Respiratory Therapy Manager and presented to an audience of 6 seniors at the West Boylston Senior Center. The program addresses the definition, treatment and medication options, pulmonary rehabilitation, physical activity training and lifestyle changes.

The Geriatric Medical Psychiatric at Clinton Hospital sponsored a Memory Screening Day at which, over 32 older individuals were confidentially screened for memory loss and other early signs of Alzheimer’s disease.

### 4. Community At Large

Clinton Hospital sponsored a cholesterol and diabetes screening program for employees of a local biotech company. The program was offered over a period of 2 consecutive days, and 86 people were screened. This program will continue to be offered in FY 2010.

The depression program, which addresses the possible causes of depression and available treatments, continued to be offered in collaboration with the Director of Outpatient Clinics at Community HealthLink. Other issues addressed in the program included cultural differences and attitudes toward symptoms of depression, how often depression occurs, and who is affected by it. The program is being offered by request only.

Clinton Hospital continued to sponsor the Community Gardens program, in collaboration with the Growing Places Garden Project and the town’s Parent-Child Home Program. Clinton Hospital allowed the use of hospital land for garden beds to be planted and cultivated by needy families to feed themselves in a healthy way. The garden consisted of 33 beds which helped feed over 60 needy individuals. A nutrition component to the program was developed and added by the hospital nutritionist to teach the nutritional value of certain foods that gardeners could plant and harvest, as well as their preparation and storage. In addition, the hospital financed the cost of fencing posts and their installation to protect crops from local pets.

Clinton Hospital offered four Aquarobics classes in a summer month to expose participants to exercise and stress control. The classes were offered during the early evening hours at the local outdoor State pool to reach as many individuals as possible, and combined strength training with cardio movement. A total of 66 people attended the program.

An introductory CPR Program was presented to introduce participants to basic resuscitation skills and proper techniques for performing CPR on adults, and children, and assisting a choking adult, child or infant. Day and evening sessions were offered and 9 community members attended.
A program geared to assist families in identifying and dealing with erratic and dangerous behaviors of other family members was developed by Clinton Hospital in collaboration with staff from Community HealthLink. The “Crisis Intervention program” is being presented upon request.

5. Community Service Programs

Interpreter Services and Cultural Competency

Clinton Hospital recognizes the special needs and concerns of patients who are members of linguistically and culturally diverse groups with Limited English Proficiency (LEP), or who are deaf or hard of hearing. It is the policy of Clinton Hospital to have and maintain a system whereby medical interpreters help providers and staff communicate with these patients and their families. This community service program addresses the linguistic needs of our patient population and goes beyond the legal mandate of being provided at Emergency Departments and acute psychiatric settings only.

Qualified, professional, and trained medical interpreters provide free interpreter services 24 hours a day, 7 days a week. Interpreter services can be requested by patients when making appointments, during registration at the hospital, or by hospital staff at any time. Interpreter services are provided by trained and qualified in-house staff, as well as by contracted on-call medical interpreters for the most common languages in the area, primarily Spanish and Portuguese. A telephonic interpretation service is also available 24 hours a day and provides support for over 160 languages. In addition, state-of-the-art equipment is maintained on the premises to enhance the telephonic interpretation and communication systems for patients with Limited English Proficiency or who are deaf or hard of hearing. American Sign Language (ASL) medical interpreters are also available through the Massachusetts Commission for the Deaf and Hard of Hearing during normal business hours, and form a bank list developed by the Department of Interpreter Services. In 2009, there were 907 medical interpretation encounters at Clinton Hospital.

In view of the increasing patient population with Limited English Proficiency, Clinton Hospital requires qualified staff to attend at a minimum a 54-hour Comprehensive Medical Interpreter Training Program offered by the Language Link Division of the Central Massachusetts Area Health Education Center, or better through other venues.

The Interpreter Services Department addresses some of the cultural issues that impact the health of the area’s ethnically diverse population while developing culturally competent care practices. Specifically, the Interpreter Services Program ensures access for patients to services that are culturally and linguistically appropriate.
C. Notable Challenges, Accomplishments and Outcomes

Many accomplishments were achieved during 2009, despite continued financial challenges. Improving access to quality health care service for individuals with Limited English Proficiency and the uninsured/underinsured, programming for school children and senior citizens, supporting efforts for the Healthy Communities Initiative, developing relationships and partnerships with non-profit organizations and other area agencies, providing quality health care services, and developing educational programs. All these programs and activities made a great difference in the communities served.

Clinton Hospital will continue to develop and support the major initiatives and programs described in this report. New partnerships and outreach activities to improve access to health care by the uninsured and underinsured will continue to be addressed. In the future, if funding sources become more limited, the Community Benefit Department will continue to look for creative ways to maximize resources.

VII. Next Reporting Year

A. Approved Budget/Projected Expenditures

Efforts will be made to maintain the level of funding for the Community Benefits Programs within the Clinton Hospital operating budget, and additional funding from foundations, federal government, and collaborative efforts will continue to be sought.

B. Anticipated Goals and Program Initiatives

Clinton Hospital will work with the Community Benefits Advisory Committee to continually refine program activities that maximize the impact of resources available, and develop new programs and collaborative efforts that address the needs of the communities served.

Programs that will be continued or expanded next year include:

- Community outreach
- Cultural and linguistic activities
- Community health education and prevention programs
- Community-based specialty services to increase access to quality health care for the uninsured and underinsured
- The Healthy Communities Initiative
C. Conclusion

Clinton Hospital’s Community Benefits Program is committed to improving the health status of all those it serves, and to addressing the health problems of the poor and medically underserved. Through linkages and partnerships with community-based organizations, unhealthy behaviors will be addressed, while improving access to quality health care services for those populations most at risk.

VIII. Primary Contact

Henry Vera-Garcia  
Manager, Community Benefit & Interpreter Services  
Clinton Hospital  
201 Highland Street, Clinton, MA 01510  
Telephone: 978-368-3716  
Fax: 978-368-3763  
E-mail: Henry.Vera-Garcia@umassmemorial.org

Clinton Hospital  
Community Benefit Advisory Committee Membership

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION &amp; AFFILIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda Hughes</td>
<td>Director, Clinton Community Partnerships for Children</td>
</tr>
<tr>
<td>Don Piktialis</td>
<td>Supervisor, North Central Sites, Community HealthLink</td>
</tr>
<tr>
<td>Karen Phillips</td>
<td>Director, Sterling Council on Aging and Senior Center</td>
</tr>
<tr>
<td>Nicolas Lucena</td>
<td>Owner, Construction Business</td>
</tr>
<tr>
<td>Michelle Caulfield</td>
<td>Case Manager, WHEAT Community Services</td>
</tr>
<tr>
<td>Mary Ellen Donnelly</td>
<td>Executive Director, Clinton Housing Authority</td>
</tr>
<tr>
<td>Mary Ann Brassard, LPN</td>
<td>Head Start Nurse, Leominster, Clinton and Mt. Wachusett Area</td>
</tr>
<tr>
<td>Vacant</td>
<td></td>
</tr>
<tr>
<td>Henry Vera-Garcia</td>
<td>Manager, Community Benefit &amp; Interpreter Services, Clinton Hospital</td>
</tr>
</tbody>
</table>
## Clinton Health Status Indicators

<table>
<thead>
<tr>
<th></th>
<th>Source</th>
<th>Clinton, MA</th>
<th>Statewide</th>
<th>Rate / Incidence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mortality</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant Mortality (1)</td>
<td>DPH</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular Disease Deaths (2)</td>
<td>DPH</td>
<td>257.0</td>
<td>239.9</td>
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<tr>
<td>AIDS and HIV-related Deaths (3)</td>
<td>DPH</td>
<td>0.0</td>
<td>3.3</td>
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<tr>
<td><strong>Substance Abuse</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug / Alcohol Treatment admits (3)</td>
<td>DPH</td>
<td>1310.0</td>
<td>1623.4</td>
<td></td>
</tr>
<tr>
<td><strong>Youth Related</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verified Abuse/Neglect Cases</td>
<td>DSS</td>
<td>52</td>
<td>29,555</td>
<td></td>
</tr>
<tr>
<td>High School Drop Outs</td>
<td>DOE</td>
<td>1.7%</td>
<td>3.8%</td>
<td></td>
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<tr>
<td>Births to Adolescent Mothers (1)</td>
<td>Vital Records</td>
<td>7.5</td>
<td>5.9</td>
<td></td>
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<tr>
<td>MCAS Results - 10th Grade</td>
<td>DOE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English Warning/Failing</td>
<td></td>
<td>5%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Math Warning/Failing</td>
<td></td>
<td>9%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td><strong>Demographics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Population</td>
<td>Census</td>
<td>13,435</td>
<td>6,379,304</td>
<td></td>
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<tr>
<td>Population &lt;200% of poverty level</td>
<td>DPH</td>
<td>22.3%</td>
<td>21.7%</td>
<td></td>
</tr>
<tr>
<td>Children &lt;100% of poverty level</td>
<td>DPH</td>
<td>6.5%</td>
<td>12.0%</td>
<td></td>
</tr>
<tr>
<td>Unemployment Ages 16 and older</td>
<td>DET</td>
<td>6.1%</td>
<td>5.1%</td>
<td></td>
</tr>
<tr>
<td>Aid to Families with Children</td>
<td>Medicaid</td>
<td>6.6%</td>
<td>7.1%</td>
<td></td>
</tr>
<tr>
<td><strong>Ethnic Composition School</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>DOE</td>
<td>20.1%</td>
<td>12.9%</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>DOE</td>
<td>3.6%</td>
<td>8.3%</td>
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<tr>
<td>White</td>
<td>DOE</td>
<td>74.9%</td>
<td>72.4%</td>
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</tr>
<tr>
<td>Asian</td>
<td>DOE</td>
<td>1.3%</td>
<td>4.6%</td>
<td></td>
</tr>
<tr>
<td>Native American</td>
<td>DOE</td>
<td>0.2%</td>
<td>0.3%</td>
<td></td>
</tr>
<tr>
<td><strong>Ethnic Composition City/ town</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>DPH</td>
<td>11.6%</td>
<td>6.8%</td>
<td></td>
</tr>
<tr>
<td>Black non-Hispanic</td>
<td>DPH</td>
<td>1.8%</td>
<td>5.3%</td>
<td></td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>DPH</td>
<td>85.5%</td>
<td>83.9%</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>DPH</td>
<td>1.0%</td>
<td>3.9%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>DPH</td>
<td>0.2%</td>
<td>0.1%</td>
<td></td>
</tr>
</tbody>
</table>

**Figures in bold exceed state rates.**

Most recent data available as of January 2007 from the following sources:


(1) State adjusted rate per 1,000 persons.
(2) State adjusted rate per 100,000 persons.
(3) Crude rates are expressed per 100,000 persons.