

**COMMUNITY BENEFITS PLAN
2013 – 2015
FOR MARLBOROUGH HOSPITAL
AN AFFILIATE OF
UMASS MEMORIAL HEALTH CARE, INC.**



Marlborough Hospital Community Benefits Plan 2013-2015

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I. Executive Summary

Marlborough Hospital, a member hospital of UMass Memorial Health Care (UMMHC), 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, as well as nonmedical conditions that negatively impact the health and wellness of our community.

Community Benefits Program

Target populations for Marlborough Hospital's Community Benefits initiatives are identified through a needs assessment that is conducted every three years. This year's needs assessment was done in conjunction with a variety of community partners, namely: The MetroWest Health Foundation, MetroWest Medical Center, Southboro Medical Group, The Kennedy Community Health Center and the Community Coalition of MetroWest (CHNA 7). Our process included gathering community input, as well as the analysis of general data collected from the hospital and publicly available data sources. The process also incorporated an online survey component that was available in English, Spanish and Portuguese, key informant interviews and focus groups. The 2013 Community Health Needs Assessment (CHA) and subsequent Community Health Improvement Plan (CHIP) for Marlborough Hospital will focus mainly on the communities of Marlborough and Hudson.

Our target populations focus on medically-underserved and vulnerable groups of all ages, as follows:

- Elderly
- Individuals who are Overweight/Obese
- Underinsured and Uninsured
- Youth at risk

The Community Benefits Plan

During the assessment process, the Marlborough/Hudson community identified the following areas of concern.

- Mental Health
 - Depression
 - Substance Abuse
- Health and Wellness
 - Nutrition
 - Exercise
 - Diabetes
- Access to Health Care
 - Primary Care
 - Insurance

Based on this input, Marlborough Hospital's Community Benefit plan includes the following priorities and goals.

Community Benefit Priority Areas	Goal
Hospital Priority Area 1: Promote Health and Wellness	Goal 1: Support efforts that promote healthy weight among youth and adults.
Hospital Priority Area 2: Increase Access to Health Care	Goal 2: Support programs and policies that promote health equity and reduce health disparities.
Hospital Priority Area 3: Increase Awareness of Mental Health Issues	Goal 3: Support programs and develop collaborative efforts that will increase awareness of the needs of the Mental Health community

When asked how funding or other resources should be spent, the Marlborough/Hudson community responded with these priorities.

Community Priority 1: Make fresh fruits and vegetables more affordable and available (Relates to Marlborough Hospital Priority 1: Promote Health and Wellness)

Community Priority 2: Offer more programs/services focusing on physical activity, nutrition, or addressing obesity (Relates to Marlborough Hospital Priority 1: Promote Health and Wellness)

Community Priority 3: Increase number of services that help seniors to remain in their homes longer (Relates to Marlborough Hospital Priority 2: Increase Access to Health Care)

Community Priority 4: Provide more mental health or counseling services for youth (Relates to Marlborough Hospital Priority 3: Build Awareness of Mental Health Issues)

II. Community Benefits Mission

The Mission incorporates the World Health Organization's broad definition of health defined as "a state of complete physical, mental and social well being and not merely the absence of disease." Marlborough Hospital's Community Benefits Mission was developed and recommended by the Community Benefits Advisory Committee and approved by Marlborough Hospital's Board of Trustees.

III. Targeted Geography and Vulnerable Populations

Marlborough Hospital aims to address both the letter and the spirit of the IRS Community Health Needs Assessment (CHA) regulation in that it will be addressing the health needs and concerns of the region's most underserved populations. The IRS mandate gives hospitals flexibility in how they define the community discussed in the CHA. The community could be defined by a specific geographic area or target populations (e.g., children, elderly), as long as the definition still captures the interests of more vulnerable groups such as the underserved, low income, or minority populations.

Geography

The 2013 Community Health Needs Assessment (CHA) and subsequent Community Health Improvement Plan (CHIP) focus on the communities of Marlborough and Hudson.

Vulnerable Populations

Our target populations focus on medically underserved and vulnerable groups of all ages, as follows:

- Elderly
- Individuals who are Overweight/Obese
- Underinsured and Uninsured
- Youth at risk

IV. Background

Marlborough Hospital's Community Benefits Program strives to meet and exceed the Schedule H/Form 990 IRS mandate to "promote health for a class of persons sufficiently large so the community as a whole benefits." Our programs mirror the five core principles outlined by the Public Health Institute in terms of the "emphasis on communities with disproportionate unmet health-related needs; emphasis on primary prevention; building a seamless continuum of care; building community capacity; and collaborative governance."

We embraced the new Affordable Care Act requirements to conduct community health needs assessments and create community health improvement plans. Marlborough Hospital along with Public Health and Public Education representatives are leading a collaborative, comprehensive community health planning effort to measurably improve the health of Marlborough and Hudson area residents. Our planning process is data-led, evidence-based and demonstrates true community partnerships.

Target populations for Marlborough Hospital's Community Benefits initiatives are identified through a needs assessment that is conducted every three years. The process used to complete this assessment is described in detail in the Methods section below.

Marlborough Hospital's Community Benefits Program works closely with: medically underserved populations; neighborhood groups; local and state government officials; local and state Health Department staff and other city departments; faith-based organizations; advocacy groups; schools and other community-based organizations.

V. Methods

The recently completed Community Health Improvement Planning process for the Marlborough/Hudson area included two major components:

1. A Community Health Needs Assessment (CHA) to identify the health-related needs and strengths of the Marlborough/Hudson area, and
2. A Community Health Improvement Plan (CHIP) to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way.

The assessment and planning process for the Marlborough/Hudson area aimed to serve multiple purposes, including to: 1) serve as the community health needs assessment for the hospital's Schedule H/Form 990 IRS mandate; and 2) engage the community in a collaborative health planning process to identify shared priorities, goals, objectives, and strategies for moving forward in a coordinated way.

To develop a shared vision and plan for improved community health, and help sustain implementation efforts, the Marlborough/Hudson planning process engaged multi-sector community organizations, community members, and partners through different avenues:

- a) This year's Community Health Needs Assessment was done in conjunction with a variety of community partners, namely: The MetroWest Health Foundation, MetroWest Medical Center, Southboro Medical Group, The Kennedy Community Health Center and the Community Coalition of MetroWest (CHNA 7).

- b) The group hired Health Resources in Action (HRiA), a non-profit public health organization located in Boston as a research partner to provide strategic guidance and facilitation of the CHA process, to collect and analyze data, and to develop the CHA deliverables.
- c) Our process included gathering community input, as well as the analysis of general data collected from the hospital and publicly available data sources. The process also incorporated an online survey component that was available in English, Spanish and Portuguese, key informant interviews and focus groups.
- d) The Community Benefits Advisory Council (See Appendix A for a full listing of members) offered feedback on the needs of the community. The council provided leadership and guidance throughout the process from assessment to planning. The members of this group represent business, education, communications, transportation, health and wellness, faith-based groups, philanthropic organizations, civic and government, vulnerable populations (disabled, seniors, etc.), and other organizations.

HRiA reviewed the existing secondary data available and also gathered additional data on the areas represented by the community partners. HRiA provided a broad summary including all the areas along with a detailed summary for Marlborough and Hudson specifically. The results of the assessment were synthesized in the CHA report and shared via email to stakeholders within the community. Additionally, presentations were made to the Advisory Council and Board of Trustees.

The Marlborough Hospital Community Benefits Plan was developed by a team comprised of Marlborough Hospital's Director of Community Benefits, Director of Marketing, CEO, Vice President of Development and Marketing, along with the Community Benefits Advisory Council chaired by a member of Marlborough Hospital's Board of Trustees. The group reviewed progress toward prior goals and objectives, as well as the current data collected through the CHA, to help envision and define priority areas for the future. Based on this foundation, priority areas were identified and goals were defined. Outcome indicators and a timeline were established for each priority area.

Summary of Community Needs

Through this process, the community identified Mental Health issues, Health and Wellness as well as Access to Health Care as their major areas of concern. When asked how funding or other resources should be spent, the community responded with these priorities. The priorities, goals, objectives, and strategies of the Community Benefit Plan are based on this input.

CHA/CHIP Priority 1: Make fresh fruits and vegetables more affordable and available (Relates to Community Benefit Priority 1: Promote Health and Wellness)

CHA/CHIP Priority 2: Offer more programs/services focusing on physical activity, nutrition, or addressing obesity (Relates to Community Benefit Priority 1: Promote Health and Wellness)

CHA/CHIP Priority 3: Increase number of services that help seniors to remain in their homes longer (Relates to Community Benefit Priority 2: Increase Access to Health Care)

CHA/CHIP Priority 4: Provide more mental health or counseling services for youth (Relates to Community Benefit Priority 3: Build Awareness of Mental Health Issues)

The Community Benefit Plan

The summary of Marlborough Hospital’s Priority Areas and Goals are listed below, followed by the detailed Community Benefit Action Plan. Marlborough Hospital’s strategy is to understand what programs are being developed within the community organizations with which we partner, and to augment their efforts with hospital resources rather than develop programs on our own. Detailed action plans will be developed annually and tracked throughout the course of the year to monitor and evaluate progress and determine priorities for the next year. This plan is meant to be reviewed annually and adjusted to accommodate revisions that merit attention.

VI. Priority Areas and Goals **

Community Benefit Priority Areas	Goal	Pages
Priority Area 1: Promote Health and Wellness	Goal 1: Support efforts that promote healthy weight among youth and adults.	9
Priority Area 2: Increase Access to Health Care	Goal 2: Support programs and policies that promote health equity and reduce health disparities.	11
Priority Area 3: Increase Awareness of Mental Health Issues	Goal 3: Support programs and develop collaborative efforts that will increase awareness of the needs of the Mental Health community	12

** Marlborough Hospital will make every effort to achieve these goals based on available funding and resources.

Priority 1: Promote Health and Wellness

Priority 1: Promote Health and Wellness		
Support efforts that promote healthy weight among youth and adults.		
Objective 1. 1: Educate community members regarding the impact of healthy eating and exercise on their risk of disease.		
Outcome Indicators: Threshold	Target	Stretch
• Number of attendees at Community Educations sessions		
• Number of households reached		
• Frequency of “walk to school” events		
• Number of schools and students assisted with BMI measurements		
• Percentage increase in number of helmets distributed		
Strategies:	Timeline: Year 1,2,3	
1.1.1: Present topics in the forefront of patient education <ul style="list-style-type: none"> • Tape information sessions with physicians and specialists that run on local cable station • Offer Community Education sessions • Develop and distribute quarterly magazine that discusses and reviews recent health trends 	1,2,3	
1.1.2: Demonstrate the basics of healthy diet including foods to choose, amounts to be eaten, cooking techniques and importance of physical activity <ul style="list-style-type: none"> • Participate in local events at high schools and as requested 	1,2,3	
1.1.3: Participate in elementary school physical activity programs <ul style="list-style-type: none"> • Partner with schools during “walk to school” events • Offer assistance with BMI measurements requirements 	1,2,3	
1.1.3: Organize and host injury prevention program targeted at children <ul style="list-style-type: none"> • Provide health screenings and fun, interactive instruction to children and their families • Distribute free bike helmets to every child who attends 	1,2,3	
Monitoring/Evaluation Approach: <ul style="list-style-type: none"> • Tracking/ reporting/ patient services • End of year reports 		

Priority 1: Promote Health and Wellness

Support efforts that promote healthy weight among youth and adults.

Objective 1. 2: Increase awareness of diabetes and health implications

Outcome Indicators: Threshold	Target	Stretch
• Presentations made		
• Opportunities evaluated		
• Number of attendees		

Strategies:	Timeline: Year 1,2,3
1.2.1: Present information about how to address and manage risk factors <ul style="list-style-type: none">• Identify opportunities and programs within community	1,2,3
1.2.2: Offer support services <ul style="list-style-type: none">• Provide facilities for groups that meet on a regular basis	1,2,3
Monitoring/Evaluation Approach: <ul style="list-style-type: none">• Tracking/ reporting/ patient services• End of year reports	

Priority 2: Increase Access to Health Care

Priority 2: Access to Care		
Support programs and policies that promote health equity and reduce health disparities.		
Objective 1. 1: Provide access to community-based medical and preventive services for vulnerable populations and ethnic/linguistic minorities.		
Outcome Indicators: Threshold	Target	Stretch
• Percentage increase in community members enrolled in services		
• Number of elders receiving screenings		
• Meeting attendance and number of organizations assisted		
• Number of students being mentored		
Strategies:	Timeline: Year 1,2,3	
1.1.1: Increase coverage by assisting community members looking to enroll in Mass Healthcare <ul style="list-style-type: none"> • Provide staff and services at hospital for Commonwealth Connector and SNAP programs 	1,2,3	
1.1.2: Improve access to care by providing medical services to elders. <ul style="list-style-type: none"> • Participate in annual health fair by providing screenings 	1,2,3	
1.1.3: Increase access to health services to ethnic and linguistic minorities through outreach programs. <ul style="list-style-type: none"> • Participate in Human Services Coalition • Strengthen access for disadvantaged youth by providing time and training to Young Adult Initiative Board 	1,2,3	
Monitoring/Evaluation Approach: <ul style="list-style-type: none"> • Tracking/ reporting/ patient services • End of year reports 		

Priority 3: Build Awareness of Mental Health Issues

Priority 3: Build Awareness of Mental Health Issues		
Support programs and develop collaborative efforts that will increase awareness of the needs of the Mental Health community		
Objective 1.1: Assist those with depression or substance abuse		
Outcome Indicators: Threshold	Target	Stretch
• Screenings held		
• Number of support group attendees		
• Regular offerings of quit smoking program		
Strategies:	Timeline: Year 1,2,3	
1.1.1: Educate community on rise of mental health needs <ul style="list-style-type: none"> • Provide depression screenings • Identify programs where we can assist local agencies 	1,2,3	
1.1.2: Reduce use of tobacco products <ul style="list-style-type: none"> • Address use of tobacco among teens • Assist adults who are trying to quit by providing support groups 	1,2,3	
Monitoring/Evaluation Approach:		
<ul style="list-style-type: none"> • Tracking patients served • Program reports 		

Appendix A: CHIP Advisory Committee Members

Community Health Improvement Plan (CHIP) Advisory Committee Members:

- Mary Carlson – Board of Trustees, chair
- Ellen Carlucci – VP Marketing and Development, Marlborough Hospital
- Leda Celedon – Interpreter Services Supervisor, Marlborough Hospital
- Mary Ann Stein – Volunteer Services Director, Marlborough Hospital
- Corrinne Hetzler – Diabetes Educator, Marlborough Hospital
- Darren McLaughlin – Wayside Racquet & Swim Club and Marlborough Wellness Council
- Fran Hurley – Boys & Girls Club of Metrowest (also sits on the UMass Memorial CBAC)
- Jennifer Claro – Marlborough Senior Center
- Martin Levins – Global Access Partners, Marlborough Chamber of Commerce and Marlborough Wellness Council
- Mary Zakrzewski – Marlborough Public Schools
- Jenny Gormley – Hudson Public Schools
- Toni Wolf – Employment Options
- Karen Reed – Assabet Valley Regional Technical School
- Aldina Vieira - Assabet Valley Regional Technical School
- Kathy Ekdahl – Hudson parent
- Sam Wong – Hudson Board of Health
- Bob Landry – Marlborough Board of Health
- Lee Waingortin – Hudson Public Schools
- Deb Foster-Smith - Department of Developmental Services
- Nilsa Roman – SMOC

Appendix B: Data Sources

Secondary Data Sources

The following is a list of Secondary Data Sources used in this report:

Primary Data Source

A listing of primary data sources is available in the Community Health Needs Assessment report.

Appendix C: Community Input, Key Informant Interviews, Focus Groups, and Community Dialogues

Community Input

Requests were made to the community to provide input by completing a survey. Surveys were made available online in English, Spanish and Portuguese.

Key Informant Interviews

While a wide variety of key informant interviews were conducted by the MetroWest Health Foundation, Marlborough Hospital augmented this listing by reaching out to a variety of community leaders in the Marlborough area. As a result, the following key informant interviews were added to the listing: Candra Szymanski, MS, RN, Interim President and CEO for Marlborough Hospital; Leda Celedon, Manager of Interpreter Services at Marlborough Hospital; the Mayor's Office of the City of Marlborough; Mark Tuttle, Director of the Emergency Department at Marlborough Hospital; Mary Carlson, Marlborough Hospital Board of Trustees; and Susanne Morreale Leeber, President and CEO of the Marlborough Chamber of Commerce. The each answered a specific set of questions designed to uncover a high level view.

The interviews explored community leaders' perspectives of the health needs and strengths (including assets and resources), challenges and successes of working in these communities, and perceived opportunities to address these needs.

In total, the key stakeholder interviewees were from a range of sectors and agencies: government, hospital, medical, health centers, secondary education, higher education, business, faith community, philanthropic and community organizations that focus on specific populations (e.g., youth, homeless, immigrant communities, ethnic/cultural groups, disabled community).

Focus Groups

While a wide variety of Focus Groups were held with the MetroWest Health Foundation partners, the groups, below, were conducted by Marlborough Hospital:

- Community Benefit Advisory Council
- Faith-based
- College students
- Seniors