

**COMMUNITY BENEFITS PLAN
2017-2019
UMASS MEMORIAL - MARLBOROUGH HOSPITAL**



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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: Community Coalition of MetroWest (CHNA 7), Framingham Board of Health, Hudson Board of Health, MetroWest Health Foundation, and MetroWest Medical Center. 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 a survey component that was available online and hardcopy in English, Spanish and Portuguese, key informant interviews and focus groups. The 2016 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:

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

The Community Benefits Plan

During the assessment process, the Marlborough/Hudson community identified the following areas of concern. Given the strong concerns expressed about the growing impact of opioids, substance abuse has been designated as a separate category from mental health in general.

- Mental Health
 - Depression
- Substance Abuse
- Access to Health Care
 - Primary Care
 - Insurance
- Healthy Aging

- Health and Wellness
 - Nutrition
 - Exercise

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

Community Benefit Priority	Goal
Priority 1: Increase Awareness of Mental Health Issues	Goal 1: Support programs and develop collaborative efforts that will increase awareness and address mental health needs in the community.
Priority 2: Substance Abuse	Goal 2: Collaborate with local agencies and government officials to address the growing impact of opioids in the region.
Priority 3: Increase Access to Health Care	Goal 3: Support programs and policies that promote health equity and reduce health disparities.
Priority 4: Promote Healthy Aging	Goal 4: Support efforts that promote healthy aging among seniors in the region.
Priority 5: Promote Health and Wellness	Goal 5: Support efforts that promote healthy weight and lifestyles among youth, adults and seniors.

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, seniors), as long as the definition still captures the interests of more vulnerable groups such as the underserved, low income, or minority populations.

Geography

The 2016 Community Health Needs Assessment (CHA) and subsequent Community Health Improvement Plan (CHIP) focuses on the communities the hospital serves.

Vulnerable Populations

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

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

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 adhere to the 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 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 included two major components:

1. A Community Health Needs Assessment (CHA) to identify the health-related needs and strengths of the community, 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 needs assessment was done in conjunction with a variety of community partners, namely: Community Coalition of MetroWest (CHNA 7), Framingham Board of Health, Hudson Board of Health, MetroWest Health Foundation, and MetroWest Medical Center. 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.
- b) 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 a survey component that was available online and hardcopy in English, Spanish and Portuguese, key informant interviews and focus groups.

c) The Community Benefits Advisory Committee (See Appendix A for a full listing of members) offered feedback on the needs of the community. The committee 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 Community Benefits Advisory Committee and Board of Trustees.

The Marlborough Hospital Community Benefits Plan was developed by a team comprised of Marlborough Hospital's Director of Community Benefits, Vice President of Development and Marketing, CEO, along with the Community Benefits Advisory Committee 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.

Summary of Community Needs

Through this process, the community identified Mental Health issues, Substance Abuse, Access to Health Care as well as Healthy Aging as their major areas of concern.

The Community Benefit Plan

The summary of Marlborough Hospital's Priorities 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	Goal	Pages
Priority 1: Increase Awareness of Mental Health Issues	Goal 1: Support programs and develop collaborative efforts that will increase awareness and address mental health needs in the community.	9
Priority 2: Substance Abuse	Goal 2: Collaborate with local agencies and government officials to address the growing impact of opioids in the region.	10
Priority 3: Increase Access to Health Care	Goal 3: Support programs and policies that promote health equity and reduce health disparities.	11
Priority 4: Promote Healthy Aging	Goal 4: Support efforts that promote healthy aging among seniors in the region.	13
Priority 5: Promote Health and Wellness	Goal 5: Support efforts that promote healthy weight and lifestyles among youth, adults and seniors.	14

Priority 1: Build Awareness of Mental Health Issues

Priority 1: 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		
Outcome Indicators: Threshold	Target	Stretch
• Screenings held		
• Number of support group attendees		
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 • Get work out about Mindkare kiosk/link in Marlborough • Offer 2 programs per year for students and parents • Distribute “little bags of happiness” 	1,2,3	
1.1.2: Provide facilities for support groups to meet <ul style="list-style-type: none"> • Monthly meeting for families of hoarders 		
1.1.3: Offer programs to educate seniors <ul style="list-style-type: none"> • Deliver presentations at local senior centers 		
Monitoring/Evaluation Approach: <ul style="list-style-type: none"> • Tracking patients served • Program reports 		

Priority 2: Substance Abuse

Priority 2: Substance Abuse		
Collaborate with local agencies, schools and government officials to address the growing impact of opioids in the region.		
Objective 1.1: Assist those with substance abuse		
Outcome Indicators: Threshold	Target	Stretch
•		
•		
•		
Strategies:	Timeline: Year 1,2,3	
1.1.1: Participate on Substance Abuse Prevention Coalition <ul style="list-style-type: none"> • H.O.P.E. support 	1,2,3	
1.1.2: Identify programs where we can assist local agencies <ul style="list-style-type: none"> • Provide 3-5 programs addressing substance abuse issues targeted at populations at risk 	1,2,3	
1.1.3: Educate on use of marijuana products <ul style="list-style-type: none"> • Offer programs to elementary school, teens and seniors • Facilitate discussion on impact of legalization of marijuana 		
Monitoring/Evaluation Approach:		
<ul style="list-style-type: none"> • Tracking patients served • Program reports 		

Priority 3: Increase Access to Health Care

Priority 3: 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 seniors 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 seniors. <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 • Work with Interpreter Services to develop education programs to deliver in the community 	1,2,3	
1.1.4: Focus on efforts to address lack of coordinated care <ul style="list-style-type: none"> • CHART program to assist those making frequent visits to the hospital 	1,2,3	

Priority 3: 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.

Monitoring/Evaluation Approach:

- Tracking/ reporting/ patient services
- End of year reports

Priority 4: Promote Healthy Aging

Priority 4: Promote Healthy Aging		
Support efforts that promote healthy aging among seniors in the region.		
Objective 1. 1: Educate community members regarding		
Outcome Indicators: Threshold	Target	Stretch
•		
•		
Strategies:	Timeline: Year 1,2,3	
1.1.1: Present topics of interest to senior community <ul style="list-style-type: none"> • Offer presentations on Medication Reconciliation • Collaborate with Matter of Balance to assist with techniques to maintain balance • Hold sessions on the application of Speech Therapy particularly for those with Parkinson's 	1,2,3	
1.1.2: Assist senior centers in developing programs <ul style="list-style-type: none"> • Provide expertise to help with Dementia-friendly communities 	1,2,3	
Monitoring/Evaluation Approach: <ul style="list-style-type: none"> • Tracking/ reporting/ patient services • End of year reports 		

Priority 5: Promote Health and Wellness

Hospital Priority 5: Promote Health and Wellness		
Support efforts that promote healthy weight and lifestyles among youth, adults and seniors.		
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		
• 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 information that discusses and reviews recent health trends in local publications 	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 • Facilitate discussion group on food and drug interactions 	1,2,3	
1.1.3: Participate in elementary school physical activity and nutrition programs <ul style="list-style-type: none"> • Partner with schools during “walk to school” events 	1,2,3	
1.1.4: 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 • Car seat safety education booth and provide car seats via raffle 	1,2,3	

Hospital Priority 5: Promote Health and Wellness

Support efforts that promote healthy weight and lifestyles among youth, adults and seniors.

Objective 1. 1: Educate community members regarding the impact of healthy eating and exercise on their risk of disease.

- 1.1.5:** Provide assistance for disadvantaged youth to participate in healthy programs
- Provide camp scholarship to Metrowest Boys and Girls Clubs
 - Sponsor basketball team at Metrowest Boys and Girls Clubs

1,2,3

Monitoring/Evaluation Approach:

- Tracking/ reporting/ patient services
- End of year reports

Appendix A: Community Benefits Advisory Committee Members

Community Health Improvement Plan (CHIP) Advisory Committee Members:

- Francis Hurley – Board of Trustees, Boys & Girls Club of Metrowest (also sits on the UMass Memorial CBAC)
- Ellen Carlucci – VP Marketing and Development, Marlborough Hospital
- Mary Ann Stein – Volunteer Services Director, Marlborough Hospital
- Isabel Skoog – Interpreter Services Supervisor, Marlborough Hospital
- Kathleen Liberty – Director of Public Health, City of Marlborough
- Darren McLaughlin – General Manager, Wayside Racquet & Swim Club and Marlborough Wellness Council
- Janice Long – Director, Hudson Senior Center
- Julie Dalbec – Practitioner, Marlborough Wellness Center
- Lee Waingortin – Director of Health and Nursing Services, Hudson Public Schools
- Lynn Faust – Executive Director, Marlborough Community Development Corporation
- Mary Zakrzewski – District Health Services Coordinator, Marlborough Public Schools
- Sam Wong – Director of Public and Community Health Services, Hudson Board of Health
- Toni Wolf – Executive Director, Employment Options
- Patricia Pope – Executive Director, Marlborough Senior Center

UMass Memorial – Marlborough Hospital Board of Trustees:

- Richard K. Bennett, Chair
- Douglas Brown
- Daniel Carlucci, MD
- Benjamin Colonero
- William Corbett, MD
- Kimberly Eisenstock, MD
- William Fischer (ex-officio)
- Francis X. Hurley
- Ann K. Molloy, Esq.

- Michael D. Murphy, Vice Chair
- Philip E. Purcell
- Gerard P. Richer, Esq.
- Steve Roach, President and CEO
- Kimberly Robinson, MD
- Habib Sioufi, MD
- David Walton
- Douglas Ziedonis, MD

Appendix B: Data Sources

Secondary Data Sources

Analysis of existing social, economic, and health data from secondary sources was used in this report. These sources are listed below. The assessment aimed to gather data at the community level, including from Marlborough and Hudson, although in some instances only county level data were available.

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2010-2014

DATA SOURCE: Education Development Center, Inc., Health and Human Development Divisions, MetroWest MetroWest Adolescent Health Survey, Middle School and High School Reports, 2012 AND MetroWest Health Foundation, MetroWest Adolescent Health Survey, Middle School and High School Reports, 2014

DATA SOURCE: World Health Organization, Towards a Conceptual Framework for Analysis and Action on the Social Determinants Of Health: Discussion paper for the Commission on the Social Determinants of Health, 2005.

DATA SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, 2003-2014

DATA SOURCE: U.S. Census Bureau, County Business Patterns, 2013 and 2014 as analyzed by Center for Applied Research and Environmental Systems (CARES), as cited by Community Commons

DATA SOURCE: Feeding America, Map the Meal Gap, 2015

DATA SOURCE: MetroWest Region Community Health Assessment Survey, 2016

DATA SOURCE: Massachusetts Department of Public Health, MassCHIP, as cited by MetroWest Health Foundation, MetroWest Health Data Search, Mortality, 2008-2012

DATA SOURCE: Marlborough Hospital, discharge statistics, 2016

DATA SOURCE: MetroWest Health Foundation, MetroWest Health Data Search, Behavioral Risk Factor Survey Statistical Estimates, Clinical Tests and Care, 2005-2011

DATA SOURCE: Centers for Disease Control and Prevention, Diabetes Interactive Atlas, 2012, and U.S. Census Bureau, Business analyst, Delorme map data, ESRI, U.S. Census tigerline Files, 2014, as cited by Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute, County health Rankings 2012 data

DATA SOURCE: MetroWest Health Foundation, MetroWest Health Data Search, Overweight and Obesity, 2010 and MetroWest Health Foundation, MetroWest Health Data Search, Overweight and Obesity, 2012-2014 average

DATA SOURCE: Massachusetts Department of Public Health, MassCHIP, as cited by MetroWest Health Foundation, MetroWest Health Data Search, Cancer, 2008-2012

DATA SOURCE: Massachusetts Department of Public Health, MassCHIP, as cited by MetroWest Health Foundation, MetroWest Health Data Search, Cancer, 2006-2010

DATA SOURCE: MetroWest Health Foundation, MetroWest Health Data Search, Behavioral Risk Factor Survey Statistical Estimates, Respiratory, 2005-2011

DATA SOURCE: MetroWest Health Foundation, MetroWest Health Data Search, Behavioral Risk Factor Survey Statistical Estimates, Health Status, 2005-2011

DATA SOURCE: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, Number of Confirmed Unintentional/Undetermined Opioid-related Overdose Deaths by City/Town, MA Residents January 2012-December 2015

DATA SOURCE: Massachusetts Department of Public Health, as cited by MetroWest Health Foundation, MetroWest Health Data Search, Births, 2008-2012

DATA SOURCE: Behavioral Risk Factor Surveillance Survey, 2007-2011, as cited by MetroWest Health Foundation, Healthy Aging Profile for the MetroWest Region Report, 2014

DATA SOURCE: Centers for Medicare and Medicaid Services (CMS), National Provider Identification (NPI) file, 2015, and Area Health Resource File/national Provider Health Institute, County Health Rankings

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 and hardcopy in English, Spanish and Portuguese.

Key Informant Interviews

Numerous 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. They 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 conducted by the MetroWest Health Foundation and its partners, the following focus groups were conducted by Marlborough Hospital:

- Community Benefit Advisory Committee
- Patient Family Advisory Council
- Faith-based leaders
- Seniors