



Creating a Healthy Community

Mercy Medical Center
2016 Community Benefit Report

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At Mercy Medical Center it is our mission

to be a transformative, healing presence in the community.

This is an opportunity to complement our health *care* role by creating partnerships that address needs outside the walls of our hospital. We are honored to share in our annual Community Benefit Report ways we are taking action in local neighborhoods through educational forums, assessing how our community can achieve better “wellness,” and bringing needed services closer to your home. From our Vietnamese Health Project offering case management to a growing population in Springfield, to the Health Care for the Homeless program impacting over 2,000 people this year through outreach and clinical care, our goals for community health and well-being are investments we gladly share in cooperation with our Trinity Health Of New England family. We are pleased to walk hand in hand with the communities we serve!

Creating a Healthy Community

The word “create” takes on different shadings for different people. To a sculptor, it can mean carving a rough hunk of stone into a graceful form. To a pastry chef, it can mean whipping up ordinary eggs into a gravity-defying soufflé. To a violinist, it means rubbing a bow over four strings to produce, not a squawk, but a sound that pleases the ear and the heart. And to a child, the word can mean something as simple as dipping all 10 fingers into tubs of paint, squishing those paint-covered fingers on a piece of paper, and making a colorful masterpiece.

Applying the word “create” to a health care institution might seem unexpected. The medical world is often seen as one of clinical data and scientific protocol. That’s true to a point, but it’s important to remember that every innovation requires imagination—and creativity. And that’s just as true for developing a miracle medication or structuring a complex health care system as it is for writing a symphony.





Broadening the Definition of Community Benefit

Creating a Healthy Community is the theme for this year's Community Benefit Report, which provides a summary of our work to create a community in which all residents share in the blessing of good health. Creating a healthy community requires as much knowledge, skill, heart, and imagination as any other creative endeavor—and it is one that will involve the efforts of many, both within and outside our walls. A healthy community is not something that can be created by a single entity. We will need partners to succeed.

The term “community benefit” has long been used in the nonprofit world, but since the passage of the Affordable Care Act, every participating health care institution has been required to publish an annual Community Benefit Report (CBR) on its efforts to promote health and healing in the community in response to health needs that have been identified there. (The Affordable Care Act also requires health care institutions to regularly assess community needs and publish the results in a document called a Community

Health Needs Assessment or CHNA.)

Our Community Benefit efforts are undertaken in response to data in three areas:

- **Charity Care** — free or discounted services offered to those who can't afford to pay.
- **Government-Sponsored Health Care** — the amount the hospital must make up when government payments fall short of actual costs.
- **Community Benefit Services** — activities designed to address community needs, such as public health programs, outreach education, partnerships with local agencies and clinical care provided despite a negative margin.

Like many in the health care field, we have seen a need to extend our reach even further. We believe that in order to help our community achieve and sustain the benefits of good health, we must expand the health care field's traditional concept of Community Benefit. Of course, we will always focus on access to health care and health services, and we will strive for the very best health outcomes possible. But we have redefined and broadened

the term, so that many of the community benefit services we provide take place outside the hospital's walls. Now, when we talk about Community Benefit, we talk about nothing less than transforming the community to improve overall health and well-being.

This change, though new in the context of Community Benefit, is very much an extension of our original Mission. In 1873 four nuns from the order of the Sisters of Providence of Saint Vincent de Paul arrived in Holyoke, Massachusetts, to set up an institution they called the House of Providence, and within a week of their arrival, they were taking in orphans, the needy, and the infirm. Over the years, the Sisters of Providence established numerous charitable ministries, which eventually became the Sisters of Providence Health System. Their ministries included the first Catholic hospital in western Massachusetts—the precursor to the current Mercy Medical Center.

From those early days our current system has grown exponentially which includes our Mercy Medical Center, a 182-bed acute care hospital in Springfield; Providence Behavioral Health Hospital, located in Holyoke and



licensed for 126 beds; Weldon Rehabilitation Hospital, a comprehensive hospital-based rehabilitation center on the campus of Mercy Medical Center; Brightside for Families and Children, an outpatient service offering counseling and family support programs; two outpatient substance abuse treatment centers; and Mercy Continuing Care Network that includes skilled nursing facilities, residential care facilities, an adult day health program, Mercy Homecare, Mercy Hospice and Mercy LIFE, a Program of All-inclusive Care for the Elderly.

We have made it our Mission to serve people at every stage of life, from every walk of life. And we have always made a special effort to serve the poor and the most vulnerable of society. Now, we plan to do so in new ways.

This change owes, in part, to our affiliation with Trinity Health, one of the largest health care systems in the nation. Trinity Health was born nearly 170 years ago and now comprises some 93 hospitals and 120 continuing care facilities, as well as home care agencies and outpatient centers in 22 states. Trinity Health's Mission and values—and longtime dedication to service—match our own, and the resources and benefits afforded to us by its regional approach have made it possible for us to take a broader, more comprehensive view of health.

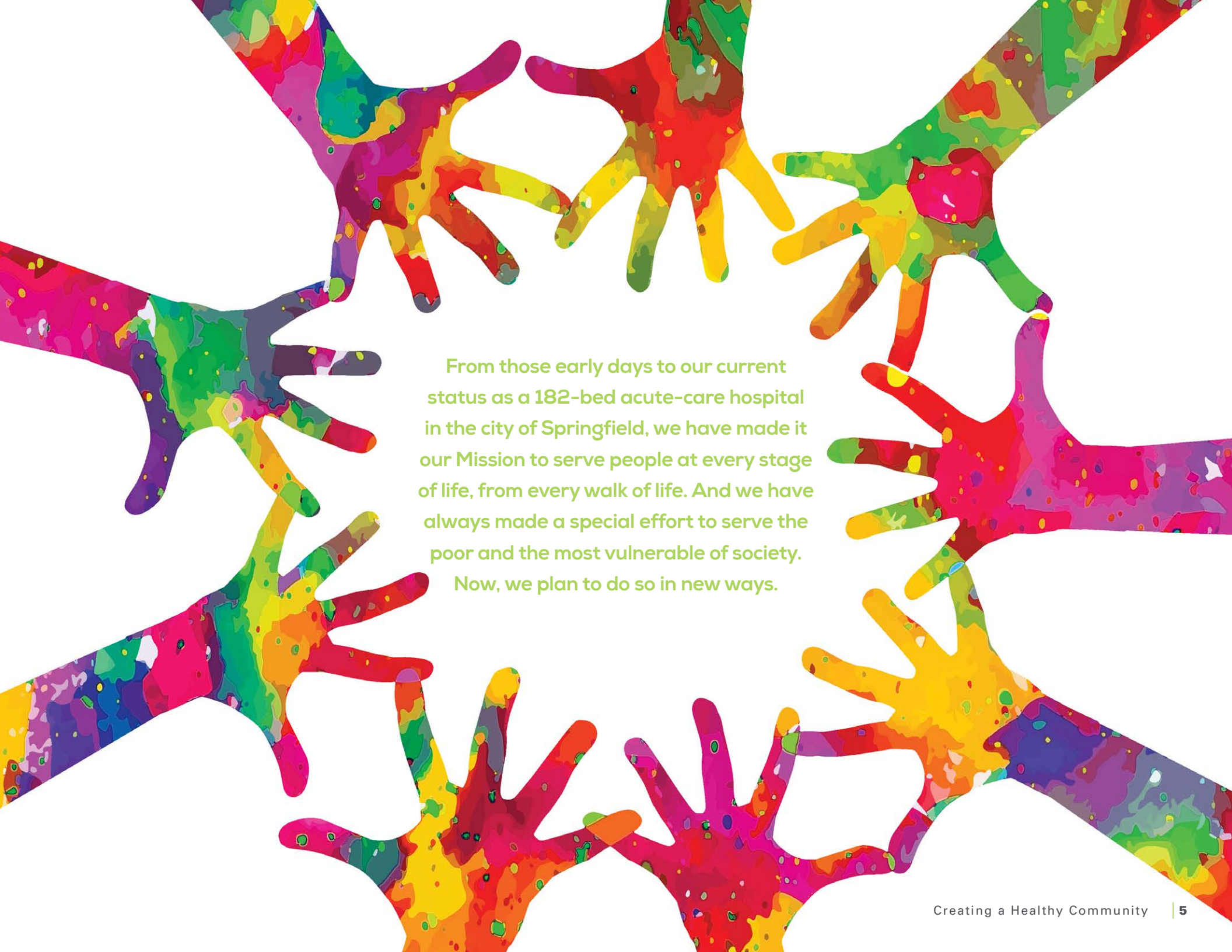
But our broader view of the concept of Community Benefit is also due to our increasing awareness that a health care system's success is inextricably tied to conditions beyond the walls of the hospital. To reach peak effectiveness—to achieve the greatest good for the greatest number of people of every socio-economic status—our efforts must reach broadly and deeply into the community itself, removing as many barriers to health and health

care as we can. With this in mind, we seek to:

- Develop and implement programs and policies to improve or create a climate for healthy behavior.
- Work with other organizations to break down barriers to care and build a healthy community.

We are heartened to note that increasingly, the health and social services fields have recognized that it is not enough to treat only symptoms, but that the root causes of society's ills must be addressed if long-term progress is to be achieved. There is recognition, too, that such efforts must be coordinated across disciplines, and that increasingly limited resources must be leveraged across communities and agencies. Many hands will be needed to get to a point at which the conditions of daily life in low-income communities do not pose barriers to the health and well-being of its residents.

This goal will not be achieved overnight. It will require a long-term commitment, but it is one that we are ready and eager to make. We extend an invitation to the community—individuals and institutions, government, nonprofit, and business—to work with us in *Creating a Healthy Community*.



From those early days to our current status as a 182-bed acute-care hospital in the city of Springfield, we have made it our Mission to serve people at every stage of life, from every walk of life. And we have always made a special effort to serve the poor and the most vulnerable of society. Now, we plan to do so in new ways.

The Community's Needs Are Complex

Mercy Medical Center's service area is highly diverse: a mix of races and ethnicities, a range of socioeconomic levels, a population spread over urban, suburban and rural communities.

It is composed of the 23 communities within Hampden County, including Springfield, the third largest city in Massachusetts (with a population over 150,000). Three adjacent cities, Holyoke, Chicopee, and West Springfield, create a densely populated urban core that includes over half of the total population of the service area (270,000 people). To the east and west of this central core area are smaller "bedroom" communities.

The Mercy Medical Center service area has more racial and ethnic diversity than many other parts of western Massachusetts. According to U.S. Census figures, countywide, 22.1% of the population is Latino, 8.7% is black, and 2.1% is Asian, though this diversity tends to be concentrated in the urban core. Economically, the Mercy Medical Center service area is home to many of the largest employers in the region, as well as numerous colleges and universities, and provides a strong economic engine for the broader region. At the same

time, the county struggles with higher rates of unemployment and poverty, lower household income, and lower rates of educational attainment. The service area's median household income is about \$50,000 (\$17,000 less than the state as a whole). The poverty rate is more than 5% higher than the statewide rate, and the child poverty rate is an alarming 27%—more than 10% higher than the statewide rate. Unemployment is somewhat higher than the state average. While education is considered an important predictor of good health, only 25.6% of the population aged 25 and over has a bachelor's degree.

In addition to the service area's economic and educational demographic, there are other factors in the local environment that influence

the community's health. Violent crime rates are almost 50% higher in Hampden County than in the state as a whole. Several areas suffer from food insecurity and/or are considered food deserts (areas where low-income people have limited access to grocery stores). Air pollution can affect a community's health, and Hampden County suffers from poor ambient air quality, which can have an impact on the morbidity associated with diseases such as asthma and cardiovascular disease, both of which have a high prevalence in Hampden County.

The CHNA also identified another barrier to health that affects the Mercy Medical Center's service area: institutional racism (deeply embedded race-based inequities in a community's ability to access goods, services,

For many, meaningful access to vital resources that more affluent communities take for granted—things that public health professionals call the "social determinants of good health"—is sorely lacking.

education, housing, employment, health care, and a healthful physical environment). Specifically, racial residential segregation was identified as a key form of the institutional racism that influences the service area's health. The CHNA cited the University of Michigan's Center for Population Studies ranking of the Springfield Metropolitan Statistical Area (Hampden, Hampshire, and Franklin counties) as the most segregated in the U.S. for Latinos, and 22nd in the country for Blacks. ^[1]

For the urban poor, the simple realities of daily life pose huge obstacles to achieving good health. For many, meaningful access to vital resources that more affluent communities take for granted—things that public health professionals call the “social determinants of good health”—is sorely lacking. The causes for these conditions are complex and intertwined, and they paint a picture of the enormity of the community's needs.

[1] Community Health Needs Assessment Report, 2016, prepared for Mercy Medical Center.



THE APPROACH WE ARE TAKING:

Live Well Springfield Transforming Communities Initiative

With so many high-priority needs in the community influencing the health and well-being of residents, Mercy Medical Center is taking an ambitious approach to its Community Benefit programs. To do so, we are partnering with the Live Well Springfield coalition and using funding from our parent organization, Trinity Health.



Transforming Communities Initiatives

Trinity Health has selected Mercy Medical Center as one of eight health care institutions nationwide to take part in its Transforming Communities Initiative (TCI). The eight institutions will receive funding to design individualized local initiatives to promote good health in their respective communities. Trinity Health has pledged to invest \$80 million in grants, loans, community matching dollars, and services in these communities over five years.

Live Well Springfield

Mercy Medical Center's partner in this undertaking is Live Well Springfield (LWS), a multi-sector, community-based coalition of more than 26 organizations working in Springfield. Its aim is to provide services and improve policies targeting low-income adults and children who are disproportionately affected by health conditions related to poor diet, inactivity, tobacco use, and other social determinants of good health.

Our partners include LWS members Martin Luther King Jr. Center, Way Finders, Square One, the Springfield Food Policy Council, the Pioneer Valley Planning Commission, and

Partners for a Healthier Community serving as co-conveners and evaluators.

The goals of the Live Well Springfield partnership include:

- Reduced rates of smoking
- Reduced youth obesity rates
- Improved access to nutrition and physical activity opportunities
- Fewer health disparities
- Enhanced community wellness and resiliency.

Mercy Medical Center is also sponsoring several initiatives to address barriers to care for underserved populations that were identified in its most recent CHNA. These include an effort to identify frequent users of the hospital Emergency Department and help them to connect with primary care physicians of their own; improve access to mammograms and cervical cancer screenings and encourage health literacy among homeless women; and improve mental health literacy by sponsoring Mental Health First Aid Training sessions. In addition, we are continuing our efforts to bring services and education beyond the hospital's walls and partner with other health care and social service institutions to improve the health of community.



Trinity Health has pledged to invest \$80 million in grants, loans, community matching dollars and services in these communities over five years to address several defined focus areas.

Case Studies



The program follows a nursing model of health care, providing assessment, intervention, referrals, follow-up, and education.

Mercy Health Care for the Homeless

Most of the time, the nurses of the Mercy Health Care for the Homeless (HCH) program provide on-the-spot treatment of the stubborn cuts and lingering coughs they encounter as they minister to the homeless of western Massachusetts. As they make their rounds of shelters, soup kitchens, and street corners, when they come upon something more complicated, they call their colleagues at Mercy Medical Center in Springfield. There, HCH clients can receive laboratory, X-ray, and inpatient services if they need them.

The Mercy Health Care for the Homeless program has been helping the homeless in western Massachusetts since 1983. It began at a Springfield soup kitchen operated by the Sisters of Providence. One member of the order, who was a nurse practitioner, started ministering to the soup kitchen's clients when they came in for meals. Soon, with her station wagon loaded with basic medical supplies, she extended her ministry to the surrounding area.

In 1987, the Stewart B. McKinney Homeless Assistance Act was passed,



reflecting the federal government's increasing concern with the growing number of homeless persons residing in cities throughout the country. Mercy HCH, together with two partners, the Springfield Public Health Department and Open Pantry Community Services, Inc., applied for, and in 1988, received, one of the first grants awarded through the McKinney program. This support enabled Mercy HCH to hire a team of four providers, serving clients at eight sites in Springfield. In 1988, the team cared for about 800 clients, providing just under 2,000 encounters for a comprehensive array of medical needs.

To ensure that Mercy services extend to even the hardest to reach, the Street Outreach team was added in 1998. Working on the streets, at the bus terminal, in cemeteries,

and under bridges, the team searches for the “hangout” spots of the hardest to reach of the homeless population. The goal is to reach those with mental illnesses, who often avoid contact with the mainstream health and social service system and who might never have received services before.

Today, the Mercy Health Care for the Homeless program provides primary care services on-site at 23 shelters, soup kitchens, job placement sites and transitional programs throughout Hampden, Franklin and Hampshire Counties. Services are provided throughout the year, Monday through Friday, with back-up arrangements for 24-hour emergency coverage. The program follows a nursing model of health care, providing assessments, interventions, referrals, follow-up, and education. The team consists of RNs, advanced practice nurse practitioners, a medical director, case managers, an administrative assistant, physicians, and a licensed mental health counselor. A corps of volunteer physicians accepts referrals directly from HCH nurses and provides medical services in their offices free of charge.

HCH offers programs tailored to the



population, such as foot care clinics, journaling programs, and support groups to address emotional needs. The program provides more than 12,000 encounters each year.

Mercy Medical Center is the cornerstone of the HCH program, providing higher-level, specialized care when needed. HCH nurse practitioners are credentialed and have on-staff privileges at the hospital, and its Emergency Department provides back-up during hours when HCH staff is not available.

The program gets support from the community at large. As an example, Mercy colleagues and various community groups support HCH with donations of items like socks, toiletries and underwear—much in demand among the homeless.

Case Studies

The van enabled the Community Health Department to partner with other departments at Mercy Medical Center and local community groups to promote community health at a multitude of events within the hospital's service area.

Van Ministry

It was a great day when the Mercy Medical Center Community Health Department received a donated van in August of 2015. Even without any operating budget, the van enabled the Community Health Department to partner with other departments at Mercy Medical Center and local community groups to promote community health at a multitude of events within the hospital's service area.

With the van as a command center, the department held weekly health education and screening outreach at the Springfield Forest Park Farmer's Market in the fall and spring, in partnership with the Caring Health Center (which promotes enrollment in health and dental insurance plans); the American Lung Association (to facilitate smoking cessation);



the Mercy Stroke Center (which offers stroke prevention information); Faith Community Nursing; Health Care for the Homeless; the Mercy Medical Center Emergency Department (which offered blood pressure screenings and Halloween safety and extreme weather/winter safety education); the Mercy Medical Center Outpatient Dietitian Services (which provided education on healthy eating and diabetes); the Mindful Awareness Practice Center (which offers the "Eat for Life" healthy eating program); Mercy Rehabilitation; and the University of New England College of Osteopathic Medicine.

In addition, the van, staffed by Mercy Medical Center Emergency Department personnel, was on-site at the day-long Springfield Jazz & Roots Festival. Blood pressure screenings and insurance information were offered from the van at the Stroke Awareness 5K running race at the Ashley Reservoir in Holyoke; the Amherst Survival



Center; and at the Western Mass Veterans Expo in the Mass Mutual Center. In partnership with the department and the Scantic Valley YMCA, the van also visited the “Healthy Habits” event at the Orchard Valley at Wilbraham senior living center.

The van anchored a Mercy Medical Center physician’s assistant’s presentation at a Cathedral High School class on medical careers and teen health issues in Wilbraham. It also served as the setting for three students from the University of Massachusetts College of Nursing and their instructor to provide blood pressure screenings and health education during visits to the Mason Square Senior Center, Cathedral High School, and the Lighthouse, a social service agency for those with mental illness.

The van served as the first aid station for the Green N Fit Day, at which more than 1,000 volunteers worked to improve a two-block neighborhood. It was the scheduled water, healthy snack, and health education station at the Zanetti Elementary School Field Day. Blood pressure screenings and health information were also offered at Springfield’s World’s



Largest Pancake Breakfast and the Foster Memorial Church wellness fair.

The van was used a total of 35 times to cover the above events and touched the lives of over 1,800 people.

Community Benefit | Services

What are the activities? Community Benefit reporting is categorized into three broad areas which include: Charity Care, Government-Sponsored Health Care, and Community Benefit Services. The following list outlines, in more detail, the Community Benefit Services portion.

A. Community Health Improvement Services

These activities are carried out to improve community health and are usually subsidized by the health care organization.

There are four groupings within this category: Community Health Education, Community-Based Clinical Services, Health Care Support Services and Other Community Health Improvement Services. The following is a sample of programs and activities in each of these categories



Community Health Education

- Breastfeeding Education
- Diabetes Education
- Audiology Education
- Mental Health and/or Substance Education
- Parenting Programs

- Obesity Education
- Pregnant Teens Education
- Stroke Prevention Education
- Bariatrics Support Groups
- Diabetes Support Groups

Community-Based Clinical Services

- Health Care for the Homeless
- Blood Pressure Screenings
- Prostate Screenings
- High End Utilizers of the ED
- Hearing/Vision Screenings
- Vietnamese Health Project

Other Health Improvement Services

- Volunteer Services
- Community/Parish Nursing

B. Health Professions Education

This category includes the unpaid costs of undergraduate training, internships, clerkships, residencies, nursing training, residency education, and continuing medical education (CME) offered to physicians outside of the medical staff.



- Emergency/Trauma Professional Training

C. Subsidized Health Services

This category includes health services and clinical programs that are provided despite a financial loss. These services are provided because they meet an identified community need that is not being fulfilled by the government or another not-for-profit organization.



- Health Care for the Homeless Program

D. Research

This category includes clinical and community health research that is shared with the public and funded by the government or a tax-exempt entity (including the organization itself).



E. Financial and In-Kind Donations

This category includes funds and in-kind services donated to individuals not affiliated with the organization or to community groups and other not-for-profit organizations. In-kind services include hours contributed by staff to the community while on work time; overhead expenses of space donated to not-for-profit community groups, and the donation of food, equipment, and supplies.



- In-Kind Use of Facilities
- Maternal Child Health Commission
- Springfield Project Baby

F. Community-Building Activities

This category includes programs that address underlying social problems, such as poverty, homelessness, and environmental issues. These activities support community assets by offering the expertise and resources of the health care organization.



- Partners for a Healthy Community
- Workforce Development
- Board and Community Involvement

G. Community-Benefit Operations

This category includes the costs associated with assigned staff and community health needs and/or assets assessment, as well as other costs associated with community benefit strategy and operations.



Community Benefit | The Numbers at a Glance

During 2016, Mercy Medical Center provided Community Benefit Services to 3,689 individuals who received financial assistance for their medical care and support through our Community Benefit programs.

Charity Care **\$235,771**

Free or discounted health services are provided to persons who cannot afford to pay and who meet the organization's financial assistance policy criteria. Charity care is reported in terms of costs, not charges. Charity care does not include bad debt, which may be reported elsewhere but not as a community benefit.

Community Benefit Services **\$2,776,335**

These are services provided to meet community needs because the services would otherwise not be available to meet patient demand. Included are clinical patient care services provided despite a negative margin, public health programs, community outreach and education, and partnerships to meet community needs.

Government-Sponsored Health Care **\$27,035,355**

Government-sponsored health care community benefits include unpaid costs of public programs for low-income persons. These include the shortfall created when a facility receives payments that are less than the cost-of-caring for program beneficiaries.

Total Community Benefit **\$30,047,461**

Summary

Community Benefit was part of Mercy Medical Center's Mission long before that term came into vogue—and it will inspire our work for a long time to come. But now we are reaching beyond the hospital's walls with greater urgency, to leverage increasingly strained community resources and promote good health where people live and work, before problems arise.

Some of the work we are doing will result in changes in the near term—for example, increasing access to programs that support behavior change. Others—such as reducing health disparities and enhancing community wellness and resiliency—will take longer.

We are not deterred by the time frame. We know that there are no quick fixes to deeply entrenched social norms. But Mercy Medical Center is here to stay; our founders began working in this community in 1873, and this is our home. We are invested in this community and plan to increase that investment over time.

We look forward to collaborating with residents, businesses, local nonprofits, faith-based organizations, government agencies, and foundations in *Creating a Healthy Community*.





Trinity Health
Of New England

**Mercy
Medical Center**

Mercy Medical Center

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