Community Benefits Report to the Attorney General
Fiscal Year 2015

Southcoast Hospitals Group
363 Highland Avenue
Fall River, MA 02720
Serving the region of Southeastern Massachusetts

www.southcoast.org

Table of Contents

EXECUTIVE SUMMARY

Southcoast Hospitals Group in FY 2015 invested over $18 million in direct services and programs that are designed to address pressing health issues in our region.

We collaborated with hundreds of community partners to adopt best practices in community benefits needs assessment and planning and implementation, with the shared goal of improving the health of our communities.

Community benefits priorities this past year included:

- Reduction of the high rate of cardiovascular disease in our region, as well as other chronic diseases, such as diabetes and asthma.
- Reduction in the incidence of youth risk behaviors such as high rates of teen pregnancy and substance abuse, youth violence and low rates of educational attainment. We had a special focus on minority youth in Greater New Bedford, who have a higher incidence of risky behaviors.
- Improving access to health care, particularly enrollment in health insurance as a result of the Affordable Care Act.
- Expanding cancer screening and education, with a particular focus on reducing disparities in access to preventive and comprehensive care.
- Addressing overall health disparities that exist in our region among certain racial, ethnic and demographic groups.
- Advocacy and program development that addresses "system and environment change designed to increase healthy lifestyle options and decrease risk factors, such as a high rate of smoking, lack of access to healthy foods and physical inactivity. Our efforts focus on vulnerable populations that face considerable environmental barriers to adopting a healthy lifestyle.
- Addressing homelessness in Wareham, where the counts of unsheltered homeless approach those in the much larger cities in our region.
- Behavioral health issues that include substance abuse and mental health issues. Southcoast serves a large population with behavioral health issues and poorly coordinated care impacts our Emergency Departments and the region's only inpatient psychiatric unit, which has been located at our St. Luke's site. Needs assessment shows our regional behavioral health system is fragmented and poorly coordinated.

Our community benefits activities in FY 2015 included the following:

Health needs assessment:
We played a leadership role this year in a major needs assessment addressing cancer disparities in our region. This included surveys, focus groups and over 100 key informant interviews. We shared this data with both community partners and clinical providers.

Behavioral Health Resource Database:
Implementation of a regional and comprehensive database for behavioral health resources in our region. We worked with literally hundreds of community partners to expand and enhance the database and provided trainings throughout the region on use of the database to improve coordination of behavioral health services. We have seen a 100% increase in utilization of the system among community partners over the past 12 months.

Smoking Cessation:
Continued work on smoking cessation and prevention that encompasses regulatory system and environment change along with education and clinical support for smoking cessation. The Southcoast Health Van this past year secured from a grant from the Thoracic Foundation to expand smoking cessation support for public housing residents throughout the region, as more municipal Housing Authorities in our region embrace smoke-free regulations.

Health Screenings:
Reaching vulnerable residents with over 13,000 health screenings for more than 4,168 people, a 26% increase over last year. This included screenings for cardiovascular disease, cancer, diabetes and stroke and targeted our most vulnerable and under-served populations.

Teen Pregnancy Prevention:
Education on teen pregnancy and other youth risk factors that reached over 2,500 teens in 11 area schools and over 1,600 teens at an after school drop-in center at our RAPPP offices in New Bedford.

Health Insurance:
Targeted outreach that helped over 7,100 residents obtain health insurance.

Community Health Workers:
Collaboration and programming to address health equity issues in our region by working to increase the capacity and training of community health workers, particularly those serving residents who face cultural, linguistic and economic barriers to health care. This included formation of a regional community health worker network that furthered training and support of regional CHWs. Our work was highlighted in presentations at several statewide forums on community health workers.

Collaboration:
Coalition building and engagement that helped make meaningful connections across communities and our region. We participated in the formation of several new coalitions including one to address substance abuse issues in Greater New Bedford.

SECTION I: MISSION STATEMENT AND TARGET POPULATIONS

Southcoast Hospitals Group, including Charlton Memorial Hospital, St. Luke's Hospital and Tobey Hospital, is committed to improving the health status of the communities we serve, by identifying pressing health needs and collaborating with community partners to prioritize and meet those needs.

We are accomplishing this through:

- Identifying the unmet health needs of the community through a needs assessment process that includes collaboration with relevant community health coalitions and networks and other community representatives and providers.
- Prioritizing health needs and identifying which needs can most effectively be met through the resources of Southcoast Hospitals Group, and its affiliated corporations, particularly the needs of the uninsured and the medically underserved who require enhanced access to care.
- Collaborating with local health providers, human services agencies, advocacy groups and others to develop cooperative plans and programs to address pressing community health needs.
- Developing community benefits plans that incorporate the social determinants of health framework, including environmental, social and other demographic factors that may influence health status.
- Recommending to the Southcoast Hospitals Group Board of Trustees the adoption of meaningful programs and services to address unmet needs and to improve the health of all members of our community.

Target Populations

Our target populations are determined by our comprehensive health needs assessment and are reviewed on an annual basis. Our target populations include:

- South Coast residents who suffer disproportionately from chronic disease such as cardiovascular disease, diabetes, cancer and respiratory disease. Particular focus is given to residents who experience barriers to care due to language, culture, race, income or education.
- Area youth who are at high risk for problems such as teen pregnancy, violence, substance abuse, lack of educational attainment and other risky behaviors that impact health and wellbeing. This includes Gay/Lesbian/Bisexual/Transgender (GLBT) youth.
- Residents who lack access to regular primary health care due to lack of health insurance or other barriers.
- Residents and their families who are impacted by mental/behavioral health issues, including substance abuse, particularly those who experience barriers to or breaks in care and are forced to rely on the Southcoast Emergency Department for regular care.
- Area Boards of Health, Emergency Medical Services and other municipal agencies whose programs impact a number of aspects of health for their residents, and who have experienced severe budget cuts that have impacted these programs. This may include smoking cessation and prevention, chronic disease management and emergency preparedness.

- Public housing residents, who suffer disproportionately from health disparities and have high rates of unhealthy risk factors including smoking, obesity and hypertension.
- Homeless residents on the South Coast, particularly in the town of Wareham, where the rate of unsheltered homeless exceeds other towns in the region and approaches South Coast cities that have five times the population.
- Those in our communities who experience health disparities due to racial, ethnic or economic factors. These include residents for whom English is not a first language, especially undocumented immigrants. In FY 2015, we focused resources on residents who are at risk for or suffer from disparities in cancer prevention and treatment.
- The fishing community in New Bedford, who experience higher rates of chronic health issues due to barriers to health access.

SECTION II: INTERNAL OVERSIGHT& MANAGEMENT OF COMMUNITY BENEFITS

The Southcoast Community Benefits Program is under the overall direction of a Community Benefits Committee that meets six times annually to review and advise on activities and expenditures related to community benefits. This committee reports to the Southcoast Hospitals Group Board of Trustees and is chaired by a trustee. The committee includes Southcoast leadership and staff, along with representatives from the various communities served by Southcoast Hospitals. Many of our community members have expertise in matters concerning the health and welfare of the community and are active members of local and regional coalitions. This board represents the diversity of our region, with members who are active leaders in minority communities including the Cape Verdean, Hispanic and Portuguese communities.

Advisory groups, comprised of community members and hospital staff, plan and carry out activities related to Southcoast's major community benefits initiatives. Also, a number of Southcoast staff participate and provide leadership in local and regional coalitions, including Community Health Network Areas (CHNAs) in Fall River and New Bedford, the Wareham Community Services Collaborative, regional coalitions such as Voices for a Healthy SouthCoast and Mass in Motion, a regional Worksite Wellness Collaborative, Health Access, Health Equity and Youth Empowerment Task Forces in Greater New Bedford and Fall River and substance abuse and mental health coalitions.

Community benefits activities by Southcoast staff are organized through an internal Community Benefits Task Force that meets bi-monthly to plan and coordinate programs and activities. This team consists of representatives from departments that regularly engage in outreach in the community, including staff from our Southcoast Health Van, Social Services, Stroke Outreach, Diabetes Management, Behavioral Health Services, Patient Access Services, Cancer Outreach, Smoking Cessation, our Youth Risk Behaviors program and others.

Senior management responsibility for the Community Benefits Program rests with Southcoast's Vice President of Marketing and Government Affairs, who also serves as a member of the Community Benefits Committee. The Community Benefits Manager, who reports to the Government Affairs Division, manages Southcoast's day-to-day community benefits activities and leads the internal Community Benefits Task Force.

Southcoast also conducts regular updates and presentations on community benefits activities to Southcoast leadership through Directors and Managers/Supervisors meetings at all three hospital sites along with presentations on community benefit activities which are periodically made to all levels of employees. Information is also presented through articles in our weekly internal hospital publication, Southcoast Weekly, and in a community newsletter, *Health +*. Information is also regularly shared with the community through collaborative meetings and forums.

2015 Members of the Community Benefits Committee of the Board of Trustees:
Maureen Sylvia Armstrong, Chair
William Burns
Louis Cabral
Stephen Canessa
Kerry Mello
Arlene McNamee
David Weed, PsyD
Mary Crowley
Helena DaSilva Hughes
Marcine Fernandes
Stuart I. Forman
Keith A. Hovan
Rev. David Lima
Rev. Donald Mier
Robert Mendes
Michelle Loranger

SECTION III: COMMUNITY HEALTH NEEDS ASSESSMENT

Southcoast completed its first comprehensive community health needs assessment in 1998 and this has been updated and expanded upon on an annual basis through regular analysis of public health data, primary disease rate data available through our health system, and periodic focus groups, interviews and needs assessment meetings with collaborative partners. In FY 2014, we worked with the University of Massachusetts Dartmouth Public Policy Institute to conduct a comprehensive and extensive update and analysis of our community health needs assessment. The highlights of this needs assessment are shared on a regular basis with community groups and are used for planning purposes by local and regional coalitions. Our needs assessment is published on our web site (www.southcoast.org/communitybenefits and is also housed on a regional needs assessment dashboard at the Public Policy Center at UMass Dartmouth. This tool includes a wide range of health, social and demographic data from many partners on the South Coast.

For FY 2015, sources for our needs assessment included:

- Updates of a comprehensive review and analysis of regional health data
- A cancer disparities study in Greater New Bedford that included over 100 key informant interviews, eight focus groups and surveys.
- Ethnic focus groups in collaboration with the Immigrants Assistance Center, which works with immigrant populations throughout the South Coast region, and the Greater New Bedford Community Health Center, the major primary health provider for Hispanic

residents in our region. Focus groups and surveys conducted in collaboration with Voices for a Healthy SouthCoast Survey data on health habits of public housing residents in New Bedford, Fall River and Wareham, including smoking, nutrition and exercise habits. This survey was conducted in partnership with Voices for a Healthy SouthCoast and the Southcoast Healthy Housing and Workplace Initiative.

- Focus groups with parents of students involved in Southcoast RAPPP youth risk behaviors program.
- Developmental Assets survey data conducted in 12 middle and high schools on the South Coast.
- Participation in comprehensive needs assessment of Greater Fall River with Partners for a Healthier Community.

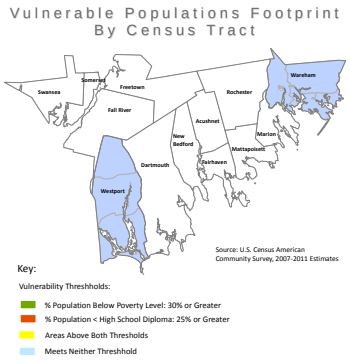
In FY 2015, our needs assessment data was shared with and utilized by:

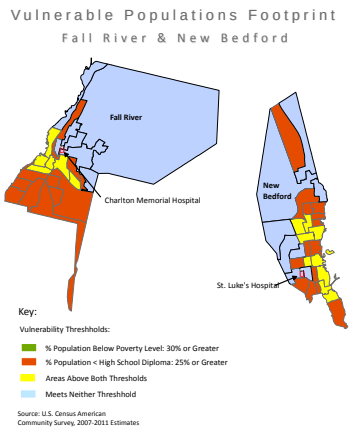
- Greater New Bedford Allies for Health and Wellness (CHNA 26).
- Partners for a Healthier Community (CHNA25).
- Wareham Community Services Collaborative.
- Voices for a Healthy SouthCoast.
- Boys and Girls Club of New Bedford and Wareham.
- New Bedford Health Department.
- New Bedford Housing Authority.
- Wareham Health Department.
- Wareham Public Schools' Family Council project.
- YMCA Southcoast.

Our needs assessment is posted on the Southcoast website and community members are encouraged to engage in dialogue concerning the findings.
<www.southcoast.org/news/benefits/#needsassessment>

<u>Highlights</u>

The South Coast region has significant demographic issues that impact residents' health, particularly in the two major urban communities in the region, Fall River and New Bedford and also the large town of Wareham. Residents in these communities have lower incomes, a lower educational level and higher unemployment than both the state and the region. Our most recent needs assessment focused on mapping vulnerable populations by census tract rather than by community, creating a more focused look at the needs of vulnerable populations.





Residents in our urban neighborhoods also have worse health indicators in a number of areas, particularly chronic diseases such as cardiovascular disease, diabetes and asthma and maternal/child health issues including high rates of teen pregnancy. High rates of chronic disease are related to risk factors such as an extremely high rate of obesity and one of the highest smoking rates in the state, particularly in the city of New Bedford.

The majority of key informant interviews and focus group participants expressed the opinion that health issues in the region are directly related to socio-economic issues and that health disparities exist among residents who experience poverty, lack of education and cultural differences.

A number of other factors also impact health on the South Coast.

Substance Abuse

The South Coast region has a higher admission rate for substance abuse than the rest of the state, particularly in our urban areas of Fall River and New Bedford. Fall River has one of the highest rates in Massachusetts.

Opioid overdose has been a significant issue here on the South Coast as well as other areas of Massachusetts in recent years.

Substance Abuse: Rate per 100,000 population

	Fall River	New Bedford	Massachusetts
Admissions	3,078	2,195	1,532
Admissions for Injection Drug Use	1,439	955	621

(Source: Massachusetts Department of Public Health. Admission to DPH funded treatment program. 2011)

The South Coast region has a higher proportion of opioid-related ER visits and fatal overdoses than the state of Massachusetts as a whole. Specifically, the South Coast region reports a rate of 195.7 per 100,000 population for opioid-related emergency department visits, a rate significantly higher than the state's (181.1 per 100,000 population). In terms of race and ethnicity, white non-Hispanic residents in the South Coast are more likely than those in the state overall to have an opioid-related ER visit.

Chronic Disease

Residents on the South Coast report higher rates of a number of chronic diseases and also the risk factors that cause them, particularly in the cities of Fall River and New Bedford.

Percent of Residents Who Report Chronic Diseases:

	Diabetes	Asthma	Heart disease	High blood pressure
Fall River	8.9	17.2	9.3	29.3
New Bedford	8.5	16.3	8.2	28.7
Massachusetts	6	14.4	6.8	25

Source: Massachusetts Department of Public Health BFRSS survey 2011.

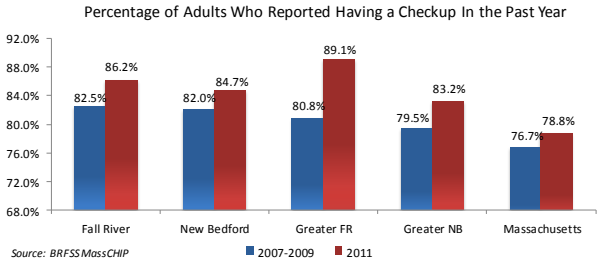
While the rates of chronic diseases such as heart disease have declined over the last decade, it still remains much higher than the state average, particularly in the Fall River area and also in the town of Wareham. Both areas also report high rates of hypertension-related hospital admissions, a key risk factor for heart disease.

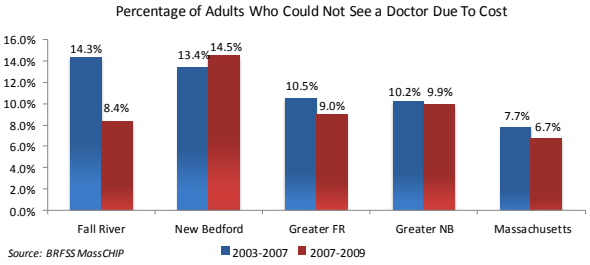
Access to Care

Access to health care is a major issue in our region. Several of our communities have suffered disproportionately with the economic downturn and unemployment in communities,specifically Fall River and New Bedford is much higher than the rest of the state (10.5% in Fall River and 10.6% in New Bedford versus six percent for the state). This has resulted in a number of residents losing their health insurance. Over 11% of New Bedford residents and 7% of Fall River residents lack health insurance, versus 3.9 percent for the state. (Source: Reaching the Remaining Uninsured in Massachusetts: Challenges and Opportunities, 2013. Blue Cross Blue Shield Foundation)

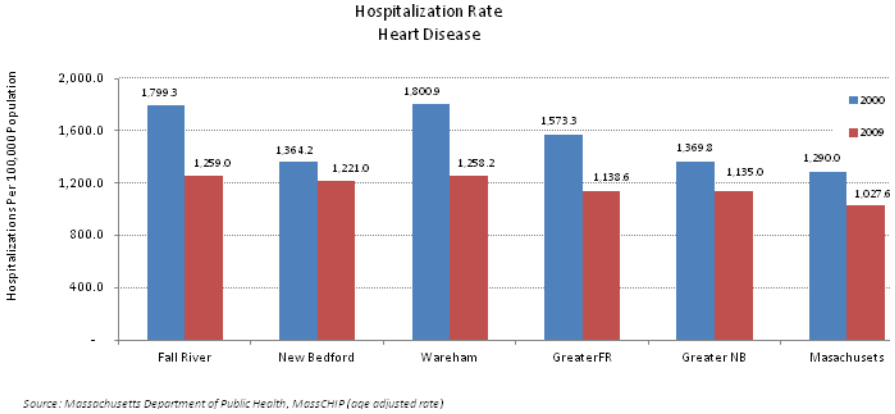
We also have many residents who are not aware that they need to renew health insurance plans each year and lose their health insurance. Our Patient Access Department does extensive outreach with trained staff to enroll residents in health insurance and also notify residents who need to re-enroll.

Although access to primary care physicians has risen in recent years, due to significant physician recruitment, data from the Behavioral Risk Factor Statewide Survey (BFRSS) indicates that a higher percentage of residents report they could not see a physician due to cost (10 percent versus 7.7 percent for the state). This is significantly higher in the cities of Fall River and New Bedford.

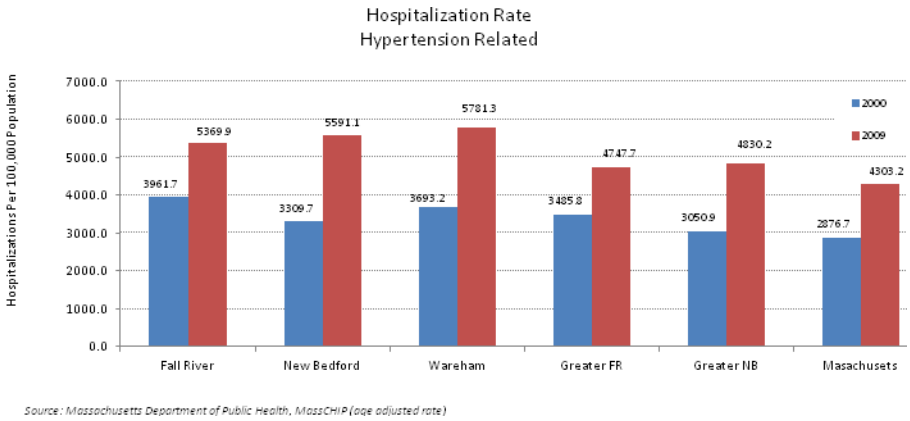




Hospitalization rates for chronic disease have declined although are still higher than the state average.



Source: Massachusetts Department of Public Health, MassCHIP (age adjusted rate)



Source: Massachusetts Department of Public Health, MassCHIP (age adjusted rate)

Chronic diseases are directly related to risk factors such as being overweight, lack of physical activity and poor diet.

Risk Factors for Chronic Disease:

	Overweight	Obese	Regular Physical Activity	5-plus Servings of Fruits/Vegetables
Fall River	61.7	22.9	47	21.9
New Bedford	65	28	49	23.6
Fall River (city)	64	31.4	45	21
New Bedford (city)	65	28	42	20.6
Massachusetts	55	19	52	28

While consumption of fresh vegetables and fruits on the South Coast is lower than the state average, mapping analysis indicates that access is also a problem, particularly in the cities of Fall River and New Bedford. While fresh, healthy, affordable food can be hard for the region's residents to obtain, fast food options are abundant. In Bristol County, there are 65.6 fast food establishments per 100,000 residents and 60.0 per 100,000 in Plymouth County. While these rates are lower than that of the state (71.9), there are nevertheless far more fast food establishments than there are grocery stores and supermarkets.

Although reported risk factors are still much worse than the state average, they have started to reverse and key indicators such as rates of obesity and overweight have been reduced by several percentage points over the last five years. Both communities have DPH funded Mass in Motion programs and there is also a very strong regional coalition on the South Coast, Voices for a Healthy SouthCoast, which strongly advocates for system and environment change to promote improved nutrition and active living.

SECTION IV: COMMUNITY BENEFITS PLAN

Southcoast's Community Benefits Strategic Action Plan was first formulated in 1998 as a result of an extensive needs assessment and is updated annually. Our current plan is based on our most recent major needs assessment, which was conducted and completed in 2012-2013 and is updated on an annual basis.

Our action plan has traditionally focused on three regional priority health issues.

- Reduction of the high rate of cardiovascular disease in our region, as well as other chronic diseases, such as diabetes.
- Reduction in the incidence of youth risk behaviors such as teen violence, high rates of teen pregnancy and substance abuse.
- Improving access to health care, particularly access to health insurance in a region where a high percentage of residents still lack health insurance.

Additional areas of focus, as a result of recent needs assessment data, include:

- Expanding cancer screening and education, with a particular focus on reducing health disparities.
- Addressing health disparities that exist in our region among certain racial, ethnic and demographic groups.
- Advocacy and program development that addresses "system and environment change," both at our hospitals and in the community. This advocacy aims to increase healthy lifestyle options and decrease risk factors, such as a high rate of smoking, lack of access to healthy foods and physical inactivity. Our efforts focus on vulnerable populations that face considerable barriers to adopting a healthy lifestyle.
- Addressing homelessness in Wareham, where the counts of unsheltered homeless approach those in the much larger cities in our region.
- Addressing behavioral health issues that include substance abuse and mental health. Southcoast serves a large population with behavioral health issues which impact our Emergency Departments and the region's only inpatient psychiatric unit. Also, our regional behavioral health system is fragmented and poorly coordinated.

Programs that were part of our community benefits plan in 2015 include:

- Health access outreach.
- Health advocates (intervention for substance abuse.)
- Cardiac prevention and stroke outreach.
- Diabetes education and outreach.
- Smoking cessation and prevention.
- RAPPP (Responsible Attitudes Toward Pregnancy, Parenting and Prevention) and associated youth outreach programs.
- Maternal/child health outreach.
- Southcoast Health Van.
- Health Equity Project.
- Voices for a Healthy SouthCoast.
- Cancer screenings and outreach.
- Emergency preparedness.

- Wareham Leadership Council to End and Prevent Homelessness.
- Southcoast Healthy Housing and Workplace Initiative.

SECTION V: COMMUNITY BENEFITS PROGRAMS

Program: Responsible Attitudes Toward Pregnancy Prevention and Parenting (RAPPP)

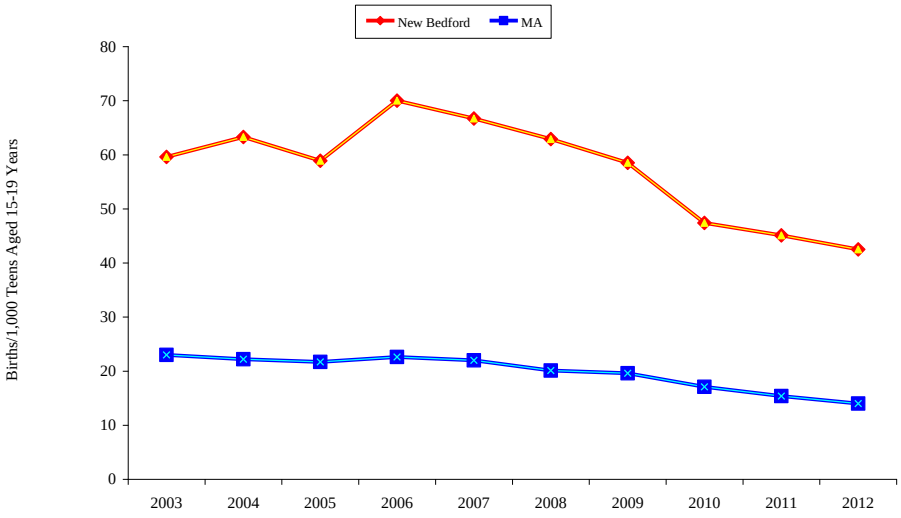
Target Audience

Middle and high school students, particularly those in communities with high rates of teen pregnancy, youth violence and other youth risk behaviors. Parents and community members who work with teens.

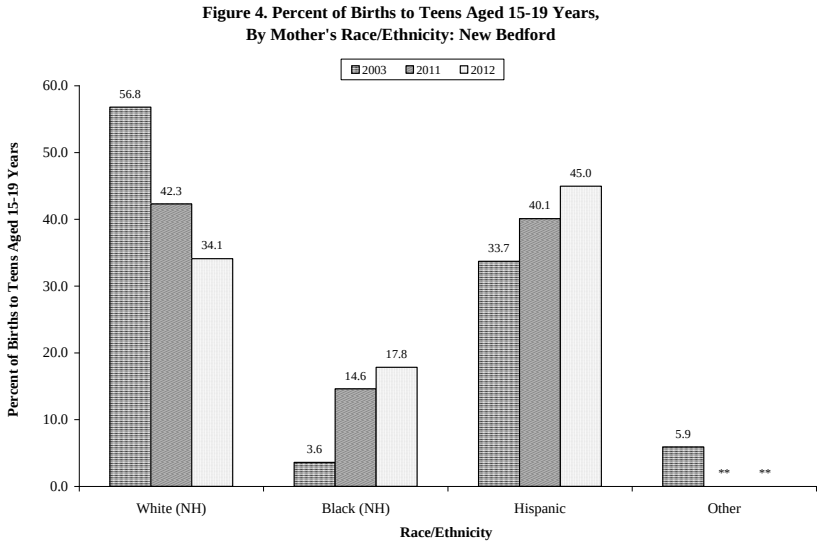
Documented Health Need

High rates of teen pregnancy, particularly in the communities of Fall River and New Bedford.

Figure 2. Birth Rates Among Teens Aged 15-19 Years: New Bedford and Massachusetts, 2003-2012



Statistics also indicate there are health disparities with regard to teen pregnancy rates.



Other documented youth risk behaviors include high rates of violence and substance abuse. Although juvenile crime has declined in recent, years, the rate of juvenile offenders in Bristol County is still the highest in the state (rate of 24.6/1,000 youth verses a rate of 3.1/1,000 for the state.) However, this rate has declined by over 28% in the last several years *(Source: Datapoints Report of Juvenile Justice in Massachusetts.2012)* The report notes that most juvenile crimes are committed during the 2 to 7 p.m. hour range, when teens are often unsupervised after school.

Lack of educational attainment is also a significant problem in our two urban communities. The table below indicates that high school graduation rates are much lower than the state average.

Community	Overall rate	Males	Females	African American	Hispanic
Fall River	69 %	63 %	75 %	63 %	54 %
New Bedford	66 %	62 %	72 %	63 %	54 %
Massachusetts	86 %	83 %	89 %	75 %	69 %

Collaborations

Boys and Girls Club of New Bedford, Bishop Stang High School, Bristol County Sheriff's Department, Dennison Memorial Club, District Attorney's Office-Bristol County, Fairhaven High School, Friends Academy, Girls Scouts of Southeastern Massachusetts, Greater New Bedford Allies for Health and Wellness (CHNA 26), Greater New Bedford Regional Vocational Technical High School, Katie Brown Foundation, Massachusetts Tobacco Control Program, Nativity Preparatory School, New Bedford Child and Family Services, New Bedford Global Charter School, Bristol County Agricultural School, Old Colony Regional Vocational High School, Our Sisters School, Partners for a Healthier Community (CHNA 25), Trinity Alternative Junior and Senior High Schools, Whaling City Alternative High School, Wareham High School, YMCA Southcoast, YWCA of Southeastern Massachusetts.

Goals for 2015

- Recruit at least 50 minority male youth with the newly developed PRIDE program.
- Continue teen pregnancy prevention programming in 12 schools in Greater New Bedford.
- Develop at least two teen targeted, smoking prevention projects though the 84-org program.

Goals for 2016

- Retain 50 minority male youth in the PRIDE program, which provides teen pregnancy and health education and will also focus on supporting educational attainment and goal setting for at-risk young men.
- Conduct at least two civic leadership training sessions for at-risk youth on the South Coast.

Reproductive Health Education and Pregnancy Prevention

The RAPPP Program is a comprehensive education program targeting middle and high school youth. This year the program served more than 2,500 middle and high school students through its in-school programming and afterschool drop in center and youth groups, including internship placements this year for students from area high schools.

Since its inception, RAPPP and its related programs have served more than 110,000 young people, their parents and other community members through programming, education, youth development and mentoring services.

RAPPP participants, including staff, peer leaders and youth council members, reflect the diversity of our region. RAPPP participants ethnic, racial and social background information is obtained and results are tabulated and retained by the Massachusetts Department of Public Health.

RAPPP also conducts afterschool programming for local youth with a particular focus on serving at-risk youth. Youth are recruited through local schools, youth serving agencies and the juvenile court system.

All youth in any phase of our RAPPP programming complete an "Assets" survey which provides RAPPP with a database that includes information from surveys from over 2,000 teens in 12 area schools. The survey assesses such questions as whether the teen feels supported in home and school settings and in the community in which they live. Survey results are shared with school partners.

RAPPP staff are Trauma Response Certified in Psychological First Aid and were identified as the Youth Serving Center in the event of tragedies and disasters that impact youth in our community. As part of training for a new outreach program to minority youth, RAPPP provided suicide awareness training for all community partners.

RAPPP staff is also involved in a number of community coalitions including:
Southcoast Youth Alliance
Healthy Families New Bedford
Regional Suicide Prevention Coalition
New Bedford Trauma Response Team

Parenting Programming
RAPPP staff offer parenting classes including violence prevention at the Bristol County House of Correction, targeting parents at risk. RAPPP reached over 3,000 inmates, both mothers and fathers, over the past year. Topics include positive discipline, the media's effects on youth violence and raising safe children.

Literacy
Each year RAPPP staff distributes books to pre-school, elementary and middle school students as part of a project to promote literacy among under-served children and youth. This year our team distributed over 3,000 books. Parents at the Bristol County House of Correction participated in this literacy program.

Youth Drop-in Center/After School Programming
Our RAPPP program is located at a site that is highly accessible to local youth – near a New Bedford middle school and adjacent to a large regional, vocational school. Research has shown that the after-school hours are a time when many unsupervised teens engage in risky behaviors, so we began a formal afterschool program in 2012, providing organized activities and snacks and tutoring with trained educators.This year, our drop-in center served over 1,600 teens and tweens with after-school programming. A large percentage of our population is male, a difficult-to-reach group. Our drop-in center provided the opportunity for additional programming including participation in a Greater New Bedford teen suicide prevention coalition.

Youth Engagement
The RAPPP program involves local youth in planning and delivering our programs and messages. Our youth involvement includes work by a RAPPP youth council, with a particular focus on media outreach. Our youth stage a series of weekly Teen Nights during the year, which reach over 100 teens on a regular basis with safe and fun recreational opportunities.

Our youth media group continued to create a series of videos and public services announcements on topics that include smoking prevention, bullying and cyber-bullying.

This year Southcoast was again a major sponsor of a Peace Summit in Fall River that reaches teens at-risk for violence. The summit is organized as part of anti-violence, anti-gang activities for the City of Fall River. Several hundred youth attend this summit.

PRIDE
In 2014, the RAPPP program was awarded a federal grant that allows us to bring targeted services to minority young men in the New Bedford area. The PRIDE (Personal Responsibility *through* Intentional Development *and* Engagement) Project targets at risk minority males to provide pregnancy prevention education, career preparation training and mentoring services including education and college preparation support. PRIDE is designed to provide evidence-based programming to address unhealthy behaviors and provide opportunities to learn adult

preparation skills and gain experiences that contribute to more positive lifestyles and enhance their capacity to make healthier life choices. This project also addresses academic success and post secondary education.

Project goals for PRIDE include:

- Project participants will demonstrate a decrease of 10% in teen pregnancies for which they are responsible.
- Project participants will demonstrate a 25% increase in knowledge in regard to contraceptive options, reproductive health and STI prevention annually.
- Project participants in need of academic assistance will demonstrate academic improvement in core subject areas of reading and math by a minimum of 10 percentile points annually.

Staff successfully recruited over 70 young men to participate and we retained approximately 40 for ongoing, intensive after-school programming during the first year of the grant.

All participants completed the (MPC- Making Proud Choices) teen pregnancy prevention curriculum and the (TOP – Teen Outreach/Community Service Learning,) which continued throughout the fall. The curriculum addresses life skills, healthy behaviors and sense of purpose and includes community engagement and community service.

Evaluation includes regular STI testing, academic monitoring and pre and post assessment following completion of the teen pregnancy prevention curricula. To date In project year one:

- There have been no reported pregnancies
- One youth tested positive for Chlamydia (anonymously to us) and was treated and retested with negative results. In the second annual STI screening there were zero positive results for any of the STIs including HIV.
- Academically, 97.8 % of these at-risk students passed the first quarter of Year 2 of the program with a grade point average of C or better. The mean GPA for participants in the first quarter was 81. None have dropped out of school during the program.

Program: Smoking Cessation and Prevention

Target Audience:
Smokers and those at risk for smoking, particularly youth. Other audiences include Southcoast employees and inpatients and outpatients who smoke.

Documented Health Need:
The Southcoast region has a smoking rate that is close to double the state average, particularly in the region's cities, Fall River and New Bedford and in the town of Wareham.

Source: Mass Department of Public Health Mass CHIP. 2013 Rate per 100,000 population

	Percent smokers	Pregnant smokers	Lung cancer mortality
Fall River	30%	17%	51.2
New Bedford	19.8%	14.8%	43.9
Wareham	21.5%	14%	70
Massachusetts	15.8%	7.4%	50.8

Collaborations

84.org,BOLD Coalition, Cape Cod Regional Tobacco Partnership, Fall River Health Department, Fall River Housing Authority, Greater New Bedford Community Health Center, Massachusetts Tobacco Cessation Program, New Bedford Board of Health, New Bedford Housing Authority, QuitWorks, Seven Hills Behavioral Health Tobacco-Free Community Partnership, Voices for a Healthy SouthCoast,Wareham Board of Health, Wareham Housing Authority,YMCA Southcoast,

Goals for 2015

- Support public housing in Fall River, New Bedford and Wareham with smoking cessation activities through the Southcoast Health Van.
- Collaborate with New Bedford Housing Authority staff on smoking ban enforcement in New Bedford public housing.
- Increase Quitworks referrals by Southcoast Physician Services.
- Establish smoking cessation program for Southcoast Physician Services patients.
- Collaborate with Partners for a Healthier Community Tobacco Control staff on campaign to increase awareness of lung cancer screening program among smokers.

Goals for 2016

- Increase Quitworks referrals by 10%.
- Increase public housing outreach by the Southcoast Health Van by 10%.

Projects and Benchmarks:

QuitWorks
Southcoast last year continued to be among the highest health care provider referrers to the state's QuitWorks program, referring over 451 patients who are smokers. As part of our Quality Assurance program, Southcoast staff asks each patient admitted to the hospital if they smoke and if so, make a referral to the QuitWorks program. We have been the largest hospital referral source to QuitWorks in the state.

Southcoast expanded QuitWorks participation to a number of physician practices, including primary care physicians, thoracic surgeons and cardiologists. Southcoast provides free or low-cost CT scans to patients who are smokers and this year linked with the Quitworks program to provide referrals for these patients.We also provided QuitWorks referrals to public housing residents through our Health Van.

Smoking During Pregnancy
In response to the high rate of pregnant women who smoke in our region, our Family Education Department at St. Luke's and Charlton provides a smoking questionnaire to all participants in prenatal education programs and uses the results to develop smoking cessation education targeted at this group. We also collaborate with the Greater New Bedford Community Health Center to refer smokers to smoking cessation counseling through their Wellness Center.

Advocacy for Smoking Restrictions
Southcoast staff has played a leadership role in advocacy for the ban of cigarette sales in pharmacies in a number of local cities and towns. To date, seven cities and towns have either adopted this bylaw or are working on it. We have also supported smoking bans in local cities and towns including New Bedford, Fall River and Wareham.

We also worked with the regional Tobacco Control program to research the adoption of new regulations that would raise the legal age for smoking and limit the sales of tobacco products that target youth. Our RAPPP 84.org youth group worked on a project to raise awareness among local youth on how tobacco companies target youth with advertising messages.

"**Smoke-Free" Campus**
Southcoast has been a totally smoke-free campus since 2012, with smoking not allowed anywhere on our properties, including parking lots. We have engaged in an extensive public information campaign for both our employees and the general public and we offer free smoking cessation classes for employees, their families and the general public. We have also worked with a number of community partners to plan for further smoking restrictions including advocacy for the creation of no-smoking buffers around health care institutions on the South Coast. Our smoke-free campus campaign was used as a model for other local initiatives to create smoke-free workplaces and was recognized as a "best practice" by the national Centers for Disease Control.

Southcoast Healthy Housing and Workplace Initiative (SCHHWI)
Southcoast is the major partner, with YMCA Southcoast, in the Voices for a Healthy SouthCoast coalition, which works to address high smoking rates in our region, along with other healthy system and environment improvements. The Voices coalition works to lower smoking rates on

the South Coast through a combination of system and environment change and support for smoking cessation.

Results have included:

- Enactment of new smoke-free regulations in all public housing units in the City of New Bedford. Southcoast provides smoking cessation services for residents with our Health Van.
- Smoking cessation support and education about smoke free regulations in large subsidized housing complexes in the town of Wareham.
- Assistance with new smoke-free public housing regulations and smoking cessation services in the town of Fairhaven.
- Education efforts in public housing complexes in the City of Fall River.

As a result of efforts in all of these communities, close to 3,000 estimated smokers were impacted by new restrictions on smoking and were supported with extensive education smoking cessation assistance.

According to the most recent statistics of the Massachusetts DPH Behavioral Risk Factor Surveillance System, the smoking rate in New Bedford has declined by almost 10% over the past several years (from almost 29% to below 20%.)

Program: Stroke Outreach

Stroke is a leading cause of death and disability in cities and towns on the South Coast and research shows that patients wait a number of hours after the onset of symptoms, which often eliminated treatment options such as administration of the clot-busting drug, TPA. Research also shows that residents in our region suffer from hypertension at a rate that is higher than the state average.

Southcoast staff provide extensive education on recognizing the signs and symptoms of stroke.

Diagnosed With Hypertension in Lifetime

	2001	2011
Fall River	30.1%	33.1%
New Bedford	31.6%	37.3%
Greater Fall River	31.4%	33.2%
Greater New Bedford	26.3%	34.9%
Massachusetts	23.6%	29.2%

Source: BRFSS, via MassCHIP

Hypertension is a major risk factor for stroke and our region reports a higher rate of hypertension and hospitalizations for hypertension-related diseases.

The South Coast region has a significant African-American and Cape Verdean population who suffer from stroke at a rate higher than the rest of the population. We have teamed with the American Heart Association's regional health disparities program, and the New Bedford Housing Authority, to provide local public housing residents with expanded screening and education surrounding hypertension. Public housing residents suffer from chronic diseases and risk factors at a higher rate than the rest of the population and public housing in New Bedford includes high numbers of African American residents. This project also collaborates with the Southcoast Health Van.

Our Stroke Outreach team, including staff from the Southcoast Health van, distributes educational materials based on the Massachusetts Department of Public Health's FAST campaign, which is designed to help people recognize the signs and symptoms of stroke and act FAST. Materials include a refrigerator magnet with the signs and symptoms and a wallet card that allows residents to record and track their blood pressure. These materials were translated into both Portuguese and Spanish. To date, during the past several years, more than 27,000 cards and magnets have been distributed.

Program: Health Equity Projects

Target Audience

Those in our community who experience health disparities due to ethnic, racial and economic factors. These include ethnic groups such as Portuguese, Hispanic, Brazilian and Mayan and Cambodian Khmer communities, African-American residents and the large percentage of residents in our region who are either at or near the poverty level in terms of income.

Documented Health Need

Health status indicators demonstrate a number of significant health disparities in our region:

Disease Risk Factors

Hispanic and African American residents in New Bedford are significantly more likely than white non-Hispanic to be obese (33.5% and 42.5% respectively) versus 27% for the white population. This exceeds the rates for Hispanics and African Americans statewide.
Both black non-Hispanic and Hispanic residents have higher hypertension hospital discharge rates than white non-Hispanic residents (160.9 and 88.3 respectively v. 31.2 per 100,000 population).

Hispanic residents are less likely than white non-Hispanic residents in the region to have had a clinical breast exam in the past two years (69% v. 89%). By contrast, 84% of Hispanic residents statewide have received a screening mammogram.

Clinical Care

	Cannot See a Doctor Due to Cost			Colorectal Cancer Screening			Mammogram Within Last Two Years			Pap Smear Within Last Three Years		
	White	Black	Hispanic	White	Black	Hispanic	White	Black	Hispanic	White	Black	Hispanic
Greater Fall River	7.4%	NA	21.3%	65.5%	NA	60.7%	87.1%	NA	79.9%	81.8%	NA	70.2%
Greater New Bedford	8.0%	NA	19.4%	66.4%	68.5%	57.8%	87.8%	84.7%	69.9%	80.9%	84.9%	79.0%
Massachusetts	5.4%	10.9%	16.7%	74.6%	71.2%	63.5%	84.3%	87.1%	84.4%	84.1%	87.0%	83.9%

Source: BRFSS, via MassCHIP Instant Topics (2010-2013)

Chronic Disease Rates: Black non-Hispanic residents and Hispanic residents have a higher diabetes mortality rate than white non-Hispanic residents in the region (38.7 and 21.4, respectively v.17.6 per 100,000 population).

Both white non-Hispanic and black non-Hispanic report higher heart disease death rates than for these populations statewide (194.1 v.184.7, and 286.3 v. 209.4 per 100,000 population, respectively).

Hispanic residents report a higher teen birth rate than others (66.4 v. 17.9 per 100,000 population white non-Hispanic, 33.8 black non-Hispanic, and 27.1 Asian non-Hispanic), though this rate is lower than Hispanic residents statewide (66.4 v. 73.2 in Massachusetts).
Focus Groups of Hispanic and Portuguese residents revealed a number of concerns about health disparities and how they affect residents' abilities to access needed health services.

Economic and Other Disparities

According to U.S. Census data, 21.7% of families in New Bedford and 21.4% of families in Fall River are at or below the poverty level, compared with 11% of families in Massachusetts. Respondents in our focus groups and key informant interviews believe community residents' financial insecurity contributes to a host of health problems, as well posing a major barrier to obtaining needed health services and achieving better health. Many respondents in our focus group research believe that financial insecurity is the underlying cause behind the poor diet and exercise, smoking, alcohol and drug abuse, and stress, which constitute the community's major perceived health problems. They also believe a lack of financial resources is the primary barrier to accessing needed health services.This is borne out by BRFSS data that shows that more residents in our region are unable to see a physician due to cost

There are also perceived language barriers to care. Many of the participants in ethnic focus groups believed that local hospitals do not have enough interpreters, which results in very long waits for care and rushed appointments. As one key informant explained, "That's still a big problem, having enough available translators and interpreters in providers' offices. … They are rushing from patient to patient, and adding that layer, of language, [having to] coordinate getting someone into the appointment and then translating both ways. It just adds another layer of fear or mistrust of the health system."

Collaborations

American Heart Association, Greater New Bedford Allies for Health and Wellness Health Equity Committee, Dog Tags Navigators Veterans Organization, Greater New Bedford Community Health Center, Partners for a Healthier Community, Greater New Bedford Community Health Center, Health First Family Health Center, Immigrants Assistance Center, Catholic Social Services, SER Jobs for Progress, Partners for a Healthier Community, Health Access Collaborative, Roosevelt Middle School in New Bedford, New Bedford Boys and Girls Club, Mercy Meals and More, Southcoast Community Health Worker Collaborative, SSTAR, United Interfaith Action, Wareham Homeless Coalition and the City of New Bedford Health Department, YWCA of Southeastern Massachusetts.

Goals for 2015

- Working with GNB Allies Health Equity Committee, develop an evaluation of the first two years of the Cancer Disparities project and an action plan and RFP for the final three years of the project.
- In collaboration with community partners, create targeted trainings for CHWs on the South Coast. Insure these trainings align with new community health worker certification guidelines established by the Massachusetts Department of Public Health (DPH).
- In collaboration with partners, establish a regional, South Coast focused CHW association that meets at least twice a year.
- Organize a regional Health Equity summit.

- Continue recruitment for clinical CHW diabetes management projects and continue documentation and evaluation of success in utilizing CHWs in chronic disease management.
- Continue to develop and share tools for CHWs concerning clinical documentation, communication and other clinical skills.
- Expand work on cancer disparities with GNB Allies through a regional, collaborative needs assessment process.

Goals for 2016

- Continue recruitment for clinical-CHW diabetes management projects and continue documentation and evaluation of success in utilizing CHWs in chronic disease management.
- Help organize and conduct at least two community health worker trainings that will increase the capacity of community health worker (CHW) work on the South Coast.
- Conduct a regional health equity needs assessment analysis.
- Play a leadership role in a Cancer Disparities project with the goal of increasing the return rate for basic colon cancer screening kits by 30%, utilizing CHWs for education and outreach.

Projects and Benchmarks:

Interpreter Services

The South Coast is a very diverse region, with residents representing a number of languages and cultures. As an illustration of this, our three hospitals last year had requests for more than 65,000 interpreter encounters in 49 different languages. This is a 60% increase from several years ago. Our Emergency Departments, which serve some 200,000 patients each year, are often the only health care option for the many undocumented immigrants in our region. The major secondary languages in our communities are Spanish, Portuguese and Cape Verdean Creole. At our St. Luke's site in New Bedford, we completed over 23,500 interpretations in Spanish. We provided close to 12,000 encounters in Continental and Brazilian Portuguese. Even within languages such as Spanish and Portuguese, which are the predominant secondary languages in our region, there are many subcultures representing highly different dialects and customs.

Our Interpreter Services Department also provides translation services to residents who need assistance at physician appointments, and assists with outreach on our Southcoast Health Van and with health education programs sponsored by the hospital and in the community.

The major cities of the South Coast, Fall River and New Bedord, are some of the most ethnically diverse in the state. This sometimes creates linguistic and cultural barriers to accessing health care, particularly primary and preventive care.

Cancer Disparities/Community Health Worker (CHW) Project

This project is a joint effort of Southcoast, the Greater New Bedford Allies for Health & Wellness (CHNA 26) and the regional office of the Massachusetts Department of Public Health. Major funding includes five-year, $375,000 funding from Southcoast that is part of Determination of Need community linkage funds, along with a commitment of an additional

$40,000 for the first two years of the project. The initiative is designed to address health inequities in the Greater New Bedford region, including access to health care, health literacy, disease prevention and chronic disease management and social justice issues, through expansion of the health outreach worker model. The initiative is primarily designed to address cancer disparities although programs may expand to address other health disparities as well.

The program has included three pilot projects that expand the capacity of community health outreach workers at the regional Immigrants Assistance Center, the YWCA of Southeastern Massachusetts and Coastline Elder Services. As part of this grant, over 25 CHWs received training in basic skills for CHWs and disease specific training in cancer prevention and treatment. Ongoing training this year included patient documentation skills and the design and implementation of program evaluation tools.

Results for CHW outreach for cancer disparities in 2015 include:
Coastline Elder Services:

- Outreach to over 100 individuals.
- Increased compliance rate for cancer screenings at the Greater New Bedford Community Health Center by almost 50 percent among patients who were not keeping appointments.

YWCA of Southeastern Massachusetts:

- Targeted outreach at community events that reached over 600 people.
- Outreach included support of local cancer patients, particularly women with breast cancer who face economic, cultural, linguistic and other barriers to care. The CHWs collaborate closely with staff at the Southcoast Center for Cancer Care.

Immigrants Assistance Center:

- Outreach to over 150 non-English speakers.
- Collaborated with the Southcoast Centers for Cancer Care outreach team to provide screenings and prevention education at ethnic health fairs.
- Assisted a number of undocumented immigrants with cancer services.

Regional Cancer Disparities Needs Assessment
The Cancer Disparities project expanded this year with a grant from the Department of Public Health to assess cancer disparities on a broad, regional basis, utilizing community health workers to conduct the research. A broad coalition was formed including clinical and community providers and ten community health workers (CHWs). CHWs conducted a needs assessment that included eight focus groups and over 100 key informant interviews. The needs assessment focused largely on residents with language and other barriers, including a number of Hispanic, Portuguese and Mayan Kichee residents.

Key findings from the needs assessment include:

- There is a lack of *functional* health literacy.
- Residents experience language barriers affect health literacy.
- Use of family members as translators is common but problematic.
- Perception that professional translators exhibit variable fluency.
- Providers sometimes fail to listen or answer questions.
- Patients feel uncomfortable asking questions.
- Fear is ubiquitous (e.g., related to diagnosis, affordability.)
- Burden of out-of-pocket expenses (e.g., deductibles.)

- Difficulty navigating healthcare system, especially for immigrant groups.
- Transportation and inconvenient appointment times are significant barriers.

Health disparities impact both prevention, such as utilization of cancer screenings, and treatment, particularly for some types of cancer. The study determined, for instance, that colon cancer in the region is diagnosed often at a later stage because residents do not take advantage of screenings including Fecal Occult tests (FIT kits) and colonoscopies. Community Health Workers (CHWs), because of their trusted position in the community, are often effective at educating vulnerable residents about the benefits of screening and early detection.
The Coalition developed an Action Plan that will be the focus of efforts in FY 2015/2016. This includes CHW distribution of FIT kits to vulnerable populations and also embedding CHWs in several clinical settings to assist providers with social determinant of health issues for cancer patients.

Southcoast Regional Community Health Worker Collaborative
Southcoast played a leadership role in the formation of a regional Community Health Worker Collaborative, which meets to further training opportunities for CHWs on the South Coast and help develop a regional CHW association.

This year, we were able to conduct several community health worker trainings, including some on behavioral health, diabetes and cancer outreach. We also held several meetings of a new group of community health workers who practice here on the South Coast. This group was established in an effort to provide a framework for collaboration and support among the region's CHWs.

Diabetes Management
Southcoast has worked for the past several years to establish a program that links community health workers (CHWs) with our Diabetes Management program and several Southcoast primary care practices. The goal is to improve management of patients with chronic diabetes through education, community and clinical navigation and assistance in overcoming barriers posed by social determinants of health, such as transportation, housing, food security and others.

(Diabetes Statistics: Source-Mass CHIP)

	Incidence	Mortality	Hospitalizations	ED visits
Fall River	10.3	20.5	656	197
New Bedford	10.7	16	777	172
FR region	10.3	18.7	525	159
NB region	8.6	14.4	568	112
State	7.5	13.2	488	111

To date, we have enrolled over 150 patients in this project and work with seven CHWs. CHWs received over 40 hours of diabetes-specific training. Many of the CHWs are bilingual and represent at-risk groups such as veterans and ethnic and racial minorities.

We have achieved successful clinical results. A1c values help to illustrate the patient's adherence to prescribed medication regimen, in addition to other factors. Our outcomes show an average A1c decrease in those who received CHW interventions of 2.4%. Those patients seeing the

greatest decrease in A1c had both Certified Diabetes Educator (CDE) and CHW interventions. The range of decrease was 3.1% to 6.6% within 6 months. Forty one percent of patients achieved an A1c of under 8.

Patient adherence with good self management also increased, with Diabetes Self Management (DSME) procedure units improving by 38% in the CHW population (compared with patients who did not have CHW interventions.)

Diabetes Self Management no shows were reduced from 47% to 10% among patients with CHW interventions.

Fisherman's Partnership:
Southcoast continues to work with the regional Fishermen's Partnership in efforts to reach out to local fishing families, who suffer from a high rate of chronic disease and sometimes have difficulty maintaining health insurance and accessing care. The Southcoast Health Van works with a CHW at the Fishing Partnership to coordinate regular health screenings and health insurance outreach with Southcoast's Patient Financial Services Department. An annual head and neck cancer screening on the New Bedford fishing pier resulted this past year in detection of early cancer in eight patients, one quarter of those screened. Clearly, this model of working with CHWs to enhance cancer screenings in successful in reaching vulnerable populations whose disease may not be otherwise detected.

Health Equity Committee:
Southcoast's community benefits manager serves as co-chair of the GNB Allies Health Equity Committee which oversees a number of other regional health equity projects. The committee this year again staged a regional Health Equity Summit, which featured a presentation on health equity and veterans' issues. Over 75 regional and state veterans' affairs officials attended the summit and worked together to create a health equity action plan.

Program: Maternal Child Health Outreach

Target Audience
Families, including pregnant women, fathers, siblings and new parents, particularly teen mothers and mothers who smoke.

Documented Health Need
Our programs address:

- The high rate of smoking among pregnant women in our region. Rates are 17.1% in Fall River, 15% in New Bedford and 14% in Wareham compared with 6.3% for the state.
- Low birth weight and low breastfeeding rates. The low birth weight rate (less than 2,500 grams) is 8.8%in Fall River and 7.6% in New Bedford compared to 7.8% for the state. The percentage of low birth weight infants has fallen in both communities (from 9.4% in Fall River and 11.1% in New Bedford.) Fall River and New Bedford are two of the three Massachusetts communities with the lowest proportions of breastfeeding mothers (49% and 59% as compared to 79.3% statewide). Although the percentage of breastfeeding mothers has risen in recent years it is still well below the state average.
- High rates of teen pregnancy, although these have declined significantly in recent years.

Collaborations
Greater New Bedford Alliance for Health and Wellness, Greater New Bedford Community Health Center, Health First Family Health Center, Boston Medical Center HealthNet (health insurance company), People Incorporated Healthy Families Program, Wareham School Department "Beyond School Time" program.

Goals for 2015

- Continue referrals and educational support for smoking cessation and breastfeeding.
- Increase number of women served by early pregnancy education by five percent.
- Begin one pilot post-partum support group through the GNB Allies Health Access committee.

Goals for 2016

- Continue to provide referrals and educational support for smoking cessation and breastfeeding.
- Expand the number of women served by early pregnancy education and maternal support groups by five percent.
- Continue to work with GNB Allies Health Access committee to begin at least one additional post-partum support group in the community.
- Develop and distribute outreach materials to various community agencies on topics relating to maternal mental health issues through the Health Access Committee.
- Increase community engagement on the Health Access Committee by 10%.

Projects and Results:

Smoking Cessation
We continued our partnership with the Greater New Bedford Community Health Center to refer pregnant moms who smoke to a smoking cessation program at the health center. We work with the Wellness Director at the Health Center to distribute information about this specialized program and to refer our patients who smoke.

Breastfeeding Initiatives
We partner with BMC HealthNet, the largest provider of health insurance to MassHealth and Commonwealth Care residents in our region of childbearing age, to expand childbirth education enrollment among BMC HealthNet enrollees.

In 2014 we partnered with Baby Café USA, a non-profit 501(c)(3) organization to become certified to host two Baby Café drop-in centers for pregnant and breast-feeding mothers to get free, professional lactation support and learn more about breastfeeding. During the past year we expanded this service to include a third site. The program is led by a Southcoast Health Obstetrician/Gynecologist with assistance provided by Southcoast lactation consultants. Each site serves an average of eight to ten mothers and three to four fathers weekly. We also offer free infant massage class for one hour per week following the Wednesday group.

We continue to provide an extensive educational component on breastfeeding, with certified lactation consultants on staff at all three hospitals. Mothers who take these classes are more prepared to breastfeed following delivery and can receive perinatal support in the hospital from our lactation consultants. We subsidize these programs so there is not a financial barrier for low-income women. As a result, our breastfeeding rate has risen in recent years.

Early Pregnancy/Childbirth Education
Last year we continued to run an early pregnancy education program in the town of Wareham, funded through a grant from the Makepeace Foundation. This program engages pregnant women in the first trimester of pregnancy, to promote better health for both mothers and infants. A key educational component is smoking prevention and cessation. During the past year, there were six classes held and an average of six to eight couples attended each class.

Parenting Support
We continue to partner with People Inc to offer in-hospital visits to new moms at our Charlton Memorial Hospital site by trained staff from the agency's Healthy Families program. Staff offer extensive information to new parents and identify families who may be at-risk and qualify for supportive programs.

We worked with GNB Allies Health Access Committee to begin a pilot Postpartum Depression Support Group in Greater New Bedford. The group was held weekly for six weeks and was targeted to pregnant and parenting teens aged 15 to 18 years. On average each one hour group had ten attendees. Over the coming year, the committee will implement an additional group targeting a minority group within the community.

Program: Health Access Outreach/Patient Financial Services:

Target Audience
Residents who lack health insurance or may need to renew public insurance plans. Residents who have lost their employment and as a result, their health insurance.

Documented Health Need
Due to extremely high unemployment rates in the South Coast region (New Bedford has one of the highest rates in the state at 12% and Fall River is close behind at 11%), we have experienced high numbers of residents who have lost their health insurance or lack insurance.

Contributing to this is the lack of awareness among residents who have state-subsidized health insurance for the first time and needed to complete renewal papers. As a result, many local residents lose their health insurance and are not aware of this.

As a result, the South Coast has a higher rate of uninsured residents than the state as a whole (11% in New Bedford and 7.1% in Fall River versus 3.9% for the state).

Collaborations
Councils on Aging (for senior health insurance assistance), Boston Medical Center HealthNet, Neighborhood Health Plan, New Bedford Housing Authority, Fall River Housing Authority, PACE, Citizens for Citizens, Healthcare for All, St. Anthony of Padua Soup Kitchen, New

Bedford, Greater New Bedford Community Health Center, Wareham Social Services Department, Stanley Street (SSTAR) and Partners for a Healthier Community.

Goals for 2015

- Continue outreach to public housing in both Fall River and New Bedford through the ROSS program.
- Form a partnership with the Community and Economic Development Center in New Bedford to create an outreach program for Hispanic residents, who have a higher rate of being uninsured.
- Continue outreach and education to vulnerable populations as part of enrollment for the federal Affordable Care Act.
- Continue outreach to young families through outreach efforts such as Family Fun Nights in the Fall River school system.

Goals for 2016

- Expand outreach to 24 community sites.
- Continued outreach and education to vulnerable populations as part of ongoing enrollment for the federal Affordable Care Act.
- Expand public housing outreach in Fall River and New Bedford through the ROSS program.

Projects and Results:

In FY 2015, the Patient Financial Services access team processed:

- 25 Virtual Gateway applications.
- 1,241 manual MassHealth applications.
- 5,755 Affordable Care Act applications.
- 31 disability and 81 long-term care applications.

The team provided outreach and education to families at 15 local schools and other community settings and regular outreach to public housing residents in Fall River and New Bedford.

Program: Behavioral Health/ Substance Abuse Intervention

Target Audience

South Coast residents who experience behavioral health issues such as addiction, depression and other mental health diagnosis, or dual diagnosis with both substance abuse and mental health disorders.

Documented Health Need

The South Coast region has a higher rate of admissions than the state overall with regard to substance abuse and other mental health treatment programs. South Coast residents also report higher numbers of days of "poor mental health."

Residents who report 15 or more days of poor mental health:

Community	Fall River	New Bedford	State
Overall	11.3	10.8	9.1
Male	9.7	8.3	7.7
Female	12.7	13.2	10.3
White	10.9	10.1	8.7
Black	NA	8.5	12.1
Hispanic	12	17.8	12.1

Source: Mass. Department of Public Health. BRFSS survey

Substance Abuse Admissions:

Communities	Southcoast	State
Fall River (CHNA 25)	4,023	1,621
New Bedford (CHNA 26)	2,673	1,621

Note: Rate is per 100,000 population. Source: MassCHIP.

The South Coast region has a higher proportion of opioid-related ER visits and unintentional fatal overdoses than the state of Massachusetts as a whole. Specifically, the South Coast region reports a rate of 195.7 for opioid-related emergency department visits, a rate significantly higher than the state's (181.1). In terms of race and ethnicity, white non-Hispanic residents in the South Coast are more likely than those in the state overall to have an opioid-related ER visit (200.6 v. 186.8 in state overall). And according to the Registry of Vital Records and Statistics (MDPH), Bristol County has an Opioid overdose rate of 16.3 – 20.2 per 100,000 people compared to the state rate of 13.9 (Jan. 2013 through Sept. 2015).

Here on the South Coast, we see an increasing proportion of behavioral health patients in our emergency departments every day. In many cases, patients requiring an acute level of care must wait hours for admission to an inpatient behavioral health unit or they are sent home only to come back to the ED again when their treatment lapses.

Collaborations

Fall River Health Department, Positive Action Against Chemical Addiction (PAACA), Stanley Street Treatment and Resources (SSTAR) Health Center, Fall River, Taunton and Dighton MOAPC and SAPC Coalitions, Interchurch Council, Massachusetts Department of Children and Families, High Point Addiction and Treatment Center, AdCare, University of Massachusetts, Dartmouth, New Bedford Health Department, Community Counseling of Bristol County, Family Recovery Council, Turning Point Wareham, Bayview Mental Health Counseling, Greater New Bedford MOAPC and SAPC Coalitions, City of New Bedford Opioid Task Force, Substance Exposed Newborns Committee, Partners Substance Abuse Committee and Seven Hills Behavioral Health, GNB Suicide Prevention Coalition, Cape Cod Behavioral Health Providers Network and New Bedford Mental Health Providers Network.

Goals for 2015

- Engage community partners in increasing communication and collaboration through common usage of behavioral health asset database.

- Continue to collaborate with substance abuse coalitions on efforts to educate the public about prescription drug and opioid misuse, which is high on the South Coast.
- Help establish a regional behavioral health coalition.
- Conduct a second behavioral health summit.

Goals for 2016

- Increase web site traffic to Behavioral Health Connect, our new behavioral health and community resource database and map, by 10 percent.
- Work with Partners Substance Abuse Subcommittee to establish an additional substance abuse family support group to serve the Greater Fall River area.
- Expand work with regional substance abuse coalitions to conduct a local scope of pain training for physicians working in the emergency department.
- Introduce new program to increase access to the life-saving drug naloxone for patients and their families through the emergency room.
- Partner with local mental health providers group to coordinate and hold training on HIPAA Privacy Rule for providers as it relates to Behavioral Health in an effort to increase communication and coordination among providers.
- Develop a community linkage to local agencies to improve education on identifying and treating substance abuse during pregnancy.

Projects and Benchmarks:

Behavioral Health Summit

This past fall, Southcoast Health in collaboration with State Representative Patricia Haddad, Speaker Pro Tempore of the Massachusetts House held a second Behavioral Health Summit that expanded on the challenges and goals identified during the first summit two years ago. The summit served as a working forum to solicit ideas and potential strategies to address behavioral health needs that currently exist in our communities and to further link behavioral health providers. Over 150 behavioral health providers, local and state leaders, including Secretary of Health and Human Services, Marylou Sudders, attended the event. As a result, we are working with existing coalitions across the region to improve communication through the development of a regional "super-coalition."

Behavioral Health Asset Database

As a result of an initial regional summit in 2013, Southcoast conducted a major behavioral health outreach and needs assessment project in 2014, which resulted in the creation of a comprehensive, searchable behavioral health database. The scope of this project encompassed:

- Development of a survey guide with input from Southcoast staff and community partners.
- Key informant interviews with over 100 behavioral health partners including faith based groups and a number of community partners who impact "social determinants of health" such as transportation, housing, education etc.
- Development of a comprehensive, searchable database, the Behavioral Health and Community Resource Locator, which includes over 1,000 pages of searchable information on hundreds of clinical and community behavioral health assets. The search function was developed to be user-friendly for a wide audience and designed based on input from community partners. A user guide was also developed. The database is housed on a public web site for use by Southcoast staff, other behavioral health providers and

consumers and is updated regularly by Southcoast staff based on input from community partners. The goal is to expand communication, increase access to services, facilitate the referral process and ultimately improve care coordination across the South Coast behavioral health system.

During 2015 we developed and implemented many system updates including the addition of a provider portal giving local and regional providers the ability to log in and personally add and update their agency's information. In addition to system updates, we conduct extensive community outreach and education about the availability of the database and how to use it. We also work to identify new resources and working collaborate with community partners to provide staff trainings on the system remains an on-going process. Last year we presented to more than one hundred community members and agencies. Early usage metrics of the database indicate that from October 1 through December 31, 2015 there have been 994 sessions with 672 users and over 2,300 page views (based on this data an estimated 61.17% of sessions are first time visitors).

Advocacy and Education/Outreach
Members of our staff were part of various behavioral health (including substance abuse) coalitions and groups across which worked to educate key segments of the public about various behavioral health issues including, the misuse of prescription drugs, underage drinking, risk behaviors in youth, maternal mental health, suicide prevention, and overdose prevention. Other highlights include working with the BOLD coalition in Fall River to coordinate a scope of pain training for prescribers across the region, holding prescription take back events and working with school departments to determine best methods for educating parents on the risks of addiction after a sports injury.

Mental Health and Substance Abuse Support Groups
Southcoast facilities host a variety of behavioral health support groups open to the community across the South Coast region. Included in these are weekly groups aimed to support those struggling with issues relating to addiction such as a women-only meeting of Narcotics Anonymous and "Learn to Cope," a peer run group for families of those suffering with an Opioid addiction. Together, these groups serve an average of 60 or more individuals per week. In addition to providing peer support, Learn to Cope offers attendees the opportunity to be trained in the use of Narcan (opioid overdose reversal drug) and supplies those who are trained with kits to take home. Additional groups include DBSA: Depression, Bipolar, Support Alliance, Parents Enduring Grief, general bereavement groups, and support for secondary victims of a sexual assault.

Prescription Drug Education
Members of our staff were part of a project organized by the BOLD Coalition in Fall River to educate key segments of the public about the misuse of prescription drugs. Southcoast helped fund, and participated in an educational campaign that features video and educational programs that target seniors and youth.

Program: Healthy System and Environment Change

Creating healthier communities depends a great deal on the environment that people live in, which include their homes, neighborhoods and wider communities. Southcoast is leading, or

collaborating with community partners on a number of initiatives that promote active lifestyles and healthier nutrition and environments for all residents in our region, helping to make healthy choices the easy choices no matter where you may live.

We recognize that many chronic diseases and health problems that afflict area residents are related to significant risk factors such as obesity, sedentary lifestyles and high rates of smoking.

In collaboration with community partners, we have introduced a number of initiatives to address these risk factors. These programs focus not only on educational efforts, but also efforts to influence policy and environment changes that aim to make healthy lifestyle choices the easiest lifestyle choices for the majority of local residents. Residents in several of our cities, namely Fall River and New Bedford, often lack access to healthy nutrition such as fresh fruits and vegetables and safe and inexpensive exercise options. These communities also have extremely high rates of smoking.

Significant health disparities exist in our region, evident both in chronic disease rates and mortality and also in the risk factors that contribute to these problems.

Southcoast has assumed a leadership role in several regional coalitions to address these issues, including Voices for a Healthy SouthCoast and Mass in Motion. Our initiatives often target specific populations on the South Coast, such as ethnic and other minorities and low-income residents, under- or uninsured, those without access to care, those at risk for heart disease and "at risk" youth.
<www.voicesforahealthysouthcoast.org>

Target Audience

South Coast residents who have high rates of obesity or tobacco use and have low rates of exercise, particularly at-risk populations of schoolchildren and low-income residents in the cities of Fall River and New Bedford — where data show these risk factors to be higher that the region as a whole.

Documented Health Need (Data for CHNA 25 and CHNA 26)

	Overweight	Obese	Regular exercise	Fruits and vegetables	Smoking
Fall River	62%	25%	47%	22%	26.5%
New Bedford	61%	23%	49%	24%	22%
Massachusetts	55%	19%	52%	29%	18%

Collaborations

YMCA Southcoast, Acushnet Company, American Heart Association, Catholic Social Services, Community Recreation Department, Fall River, Healthy Cities Fall River, Fall River Parks Advocates, Hunger Commission of Southeastern Massachusetts, National Park Service, City of New Bedford Office of Planning, City of New Bedford Health Department, City of New Bedford Parks and Recreation, New Bedford Well, Seven Hills Behavioral Health, Massachusetts Department of Public Health, Immigrants Assistance Center, Southcoast Regional Pathways

Coalition, New Bedford Economic Development Council, Partners for a Healthier Community, Fall River Health Department, Wareham Health Department, Southeastern Massachusetts Agricultural Partnership (SEMAP).

Goals for 2015

- Continue work of the Voices coalition by developing an action plan for increasing healthy market options in the cities of Fall River and New Bedford.
- Support smoke-free housing initiatives in Fall River, New Bedford and Wareham with smoking cessation resources.
- Continue to increase awareness of local bike path development and connection, including work with local physician groups to promote wellness messages to patients including development and use of a "wellness prescription pad" and distribution of exercise and healthy food options in the community.
- Conduct a monthly Walk with a Doctor program.
- Increase participation in Southcoast Community Supported Agriculture (CSA) and Farmers Markets, particularly with Southcoast Physician Group patients (SPG).

Goals for 2016

- Expand monthly walking programs to three region-wide.
- Establish nature walk path in partnership with YMCA Southcoast and the Wareham School Department.
- Establish a wellness referral program with Southcoast physicians which will refer patients to a number of free and low cost wellness options available in the community.
- Expand the link between Southcoast Farmers Markets and food pantries during the growing season, to increase access to fresh fruits and vegetables among low income residents. Expand this program to Wareham in addition to Fall River and New Bedford.
- Expand nutritional education and outreach to community and school based programs by five percent through the dietetic internship program.

Projects and Benchmarks

Voices for a Healthy Southcoast

Voices for a Healthy SouthCoast is a regional coalition whose mission is to build and support healthy lifestyles in South Coast communities. The coalition aims to achieve this by working together and advocating for policy, practice and environmental change in order to sustain vibrant communities that are conducive to healthy living. Southcoast is the major partner in this initiative with YMCA Southcoast.

Voices major goal is to advocate for environmental and policy change that helps promote healthy lifestyles and disease prevention in a sustainable way. During the past year, the coalition engaged in a number of activities and advocacy toward this goal.

Advocacy

Voices joined advocacy efforts to promote healthy food options in local neighborhood markets, in partnership with Mass in Motion. This project coordinated efforts between Mass in Motion Fall River and New Bedford. This resulted in a research study on food and grocery shopping preferences in vulnerable neighborhoods in Fall River and New Bedford. The Fall River study focused on seniors and the New Bedford study focused on ethnic markets and markets in low income neighborhoods.
Voices also helped start a "Safe Routes to School" program with the public schools in the town of Wareham. Two elementary schools joined the program and Voices is assisting with mapping routes and organizing informational sessions.

Awareness

Voices continued participation in a regional community bike and walking pathways committee that meets monthly. Voices also helped organize and participated in the annual Southcoast regional Bike Summit.

The Fall River and New Bedford Fitness Challenges

Southcoast annually collaborates with the Fall River Fitness Challenge, which engages more than 600 residents each year in a year-long program to lose weight and get fit. Southcoast provides all health screenings for the kickoff event for the Fitness Challenge and this past year also helped to provide ongoing fitness challenges for participants. The Challenge involves weekly programs and offers residents discounts and low cost options to get active and improve nutrition.

This past year Southcoast helped organize a New Bedford Fitness Challenge, with partners that included the New Bedford Parks and Recreation Department and YMCA Southcoast. Over 200 people enrolled in the challenge, which featured low-cost opportunities to get physically active.

Walking Programs

In partnership with the American Heart Association and the Massachusetts Department of Conservation and Recreation, Southcoast sponsors a well-used walking path in the city of Fall River at Heritage State Park. As part of this sponsorship, Southcoast provides walking maps and information in the park center and sponsors programs for local families.

We also run regular "Take a Walk with a Southcoast Doctor," program, in which participants have the opportunity to walk with a Southcoast physician in places throughout our region. Over 1,000 residents of all ages have attended the walks and received kits on the benefits of walking.

Farmers Markets and Community Supported Agriculture (CSA)
Southcoast expanded its Farmers Market/CSA program this year. We conducted 48 markets at four hospital sites, a 100% increase over last year. The markets are attended by both Southcoast staff and community members and improve direct access to healthy and locally grown vegetables and fruits. Our CSA program, also available to employees and the public expanded from four to eight sites including three physician office complexes.

Our healthy food program benefitted vulnerable residents in our communities and also Southcoast patients with chronic disease.

- Weekly delivery of CSA vegetables to vulnerable diabetes patients through community health workers. Efforts included:
  - Weekly delivery of fruits and vegetables to a new Mobile Food Pantry operated by United Way of Greater New Bedford and food pantry in Somerset serving homeless families in Greater Fall River. This helped provide fresh produce over 500 families in New Bedford and over 200 homeless families in Fall River.

Food drives

- We annually provide Thanksgiving dinners to over 200 homeless families who reside in motels in the Greater Fall River area (Somerset and Swansea).
- This year we sponsored a Turkey Drive run by the Salvation Army to provide holiday turkeys to families in Greater Fall River.

Our Food Services Department, along with a grant from the Market Basket Foundation, raised over $5,000 in spring 2015 to help provide evening meals to over 50 minority young men who are part of our PRIDE grant program in New Bedford.

Program: Southcoast Health Van

Target Audience
South Coast residents who lack access to regular primary and preventive health care, particularly populations who have language, income or geographic barriers to accessing care.

Documented Health Need
Lack of access to regular primary and preventive health care.

Collaborations
The ESL Program (English as a Second Language) in New Bedford and Taunton, which serves a diverse group of immigrants, Adult Learning Programs on the South Coast, New Bedford Housing Authority, The Immigrant Assistance Center in New Bedford, YWCA Women's Health Program, YMCA Southcoast, Old Colony YMCA, The Cambodian Cultural Center in Fall River, PYCO (Portuguese Youth Center Organization), Bristol Elder Services, and local colleges. Also, Diman Vocational High School in Fall River, Somerset High School, Westport High School, Old

Colony High School in Rochester, Wareham High School including the alternative high school, and Apponoquet High School in Lakeville.

Goals for 2015

- Expand smoking cessation resources and add an outreach worker to programs in public housing.
- Expand screenings by 10%.
- Expand targeted outreach to address cancer disparities in association with the Cancer Disparities project of Greater New Bedford Allies for Health and Wellness.

Goals for 2016

- Expand smoking cessation and CHW services to five additional public housing complexes in New Bedford and Fall River.
- Increase targeted screening population by 10%.
- Continue targeted outreach to public housing, ESL programs and other areas that serve vulnerable residents, to address cancer disparities and chronic disease management.

Projects and Results:

The Southcoast Health Van continued to play a major role in health outreach in our region. This past year over 4,168 residents visited the van, a 25% increase over the past year. Van staff provided over 13,000 screenings and 350 vaccinations. The Health Van focuses outreach on vulnerable populations in public housing, senior centers, the fishing community, soup kitchens and ESOL programs. Health screenings included cholesterol, blood pressure, blood sugar, body mass index, bone sonometry, oral cancer, and pregnancy and sexually transmitted disease (STI) testing at a number of teen clinics at local high schools. Health information was provided for stroke prevention and cancer education on breast, skin, cervical, prostate, lung and colon cancers.

Van staff participated this year in a cancer disparities outreach project to increase screening rates for colon cancer among vulnerable populations. The van offers a range of cancer screenings and education on cancer prevention, including distribution of colorectal cancer screening kits. There is a low rate of recommended colorectal screening in our region, due to cultural and health access barriers. Kits distributed on the van are processed free of charge at the Southcoast Hospitals lab and provide a basic level of screening that is accessible to all residents.

Van staff also made referrals for primary care and other health services and health insurance. The Southcoast Health Van is licensed by the Massachusetts Department of Public Health.

Our data shows that 26% of those screened had abnormal blood pressure and 29% had abnormal cholesterol levels. Seven percent had abnormal blood sugar levels. Our van staff provides extensive education on these risk factors.

The Southcoast Health Van also distributes Stroke Awareness kits, in conjunction with the FAST campaign by the Massachusetts Department of Public Health. This campaign is designed to help residents recognize the signs and symptoms of stroke and act FAST in obtaining treatment. The van targeted African-American residents, who have a high incidence of stroke, at several

community events, including a Gospel Festival and a regional Cape Verdean festival in Wareham. In addition to English, materials are also distributed in Portuguese and Spanish.

Southcoast was recognized this year by the Massachusetts Department of Public Health and the American Heart Association as a Center for Excellence for stroke care.

Reaching the Underserved

The Southcoast Health Van serves an ethnically diverse population including Portuguese, Brazilian, Hispanic, Mayan Kichie and Cambodian immigrants. Health Van staff also work closely with cultural organizations, churches and other community groups such as soup kitchens, to conduct outreach to diverse populations in order to develop culturally sensitive programs.

The Van collaborates with community health workers in the New Bedford fishing community to provide outreach and screening to commercial fishermen and their families, who often lack access to regular primary health care and have a higher incidence of health risk factors and chronic disease. Van staff have an active collaboration with the Massachusetts Fishing Partnership, which serves over 5,000 local fishermen and their families in the Greater New Bedford region. Working with community health outreach workers who are part of the partnership, the Van is able to provide essential preventive care to large numbers of fishermen, including screenings and flu shots.

During the past year we made regular visits to local food programs for homeless residents in Fall River, New Bedford and Wareham. Often, the Health Van is the only health prevention related encounter for these residents.

The Southcoast Health Van has an active partnership with the New Bedford Housing Authority and is the major health partner through its ROSS program, which supports residents with health education, screenings and other services. The Van provides monthly screenings and education at a number of housing sites throughout New Bedford and Fall River as well. Many public housing residents lack regular primary health care and the van has served as an important link for other needed health services for these residents. Van staff provide language appropriate communication and services since many residents do not speak English.

Other annual initiatives on the Van include the ESL Program (English as a Second Language) in New Bedford and Taunton, which serves a diverse group of immigrants, a population with significant risk factors for a variety of diseases as well as educational, cultural and other barriers that limit access to routine primary health care. Van staff also collaborates with the Adult Learning Programs and the Immigrant Assistance Center in New Bedford. Health Van staff has also worked in collaboration with the YWCA Women's Health Program and the local YMCA of New Bedford and Middleboro. In Fall River, the Health Van works in conjunction with the Cambodian Center, PYCO (Portuguese Youth Center Organization), Bristol Elder Services, and local colleges. During the past year the Van also worked with the Fall River, New Bedford, and Wareham Business Associations to target business communities in the South Coast. The Van also works closely with Catholic Social Services on outreach efforts.

Van staff also participated in wellness programs initiative, providing screenings and education as part of the annual Fall River Fitness Challenge.

The Southcoast Health Van offers a Teen Program at several high schools in the South Coast region and our RAPPP program in New Bedford. In collaboration with a regional Family Planning Agency, the Van offers adolescents a range of health screenings and health information. Local family planning agencies work with Van staff to provide counseling on sexually transmitted diseases (STD) and pregnancy prevention and confidential pregnancy testing. This information and education to teens has resulted in improved follow up rates and reduced rates of repeat pregnancy tests. Southcoast Health Van staff work with teachers to reach students with health educational material and health screenings.

Program: Cancer Outreach :

Target Audience

General public and particularly racial, ethnic and other groups who are at higher risk for certain type of cancer or who get cancer at a rate higher than the rest of the population.

Documented Health Need

Cancer Incidence:

Cancer	Fall River (CHNA 25)	New Bedford (CHNA 26)	Massachusetts
Lung	101.6	94.8	83.4
Colon	64.4	61.4	60.3
Prostate	143.9	173.2	165.1
Breast	112.3	117.6	132.3

Note: Rate is per 100,000 population.
Note: Lung and colon cancer rates are for males. Rates for females are below or at the state average.

Collaborations

American Cancer Society, Fall River Health Department, Partners for a Healthier Community, New Bedford Board of Health, Wareham Board of Health, Greater New Bedford Community Health Center, Health First Family Health Center, Inter-Church Council, Fisherman's Cooperative, New Bedford, O'Jornal, Radio Voice of the Immigrant (WHTB).

Goals for 2015

- Expand screenings targeting at-risk residents who may lack access to health screenings, particularly in public housing and through the Fishermen's Partnership.
- Develop targeted colon cancer outreach.
- Continue a survivorship event focusing on issues faced by cancer survivors.
- Continue to distribute cancer education kits on the Southcoast Health Van, which reaches many underserved in our region.
- Collaborate with the Greater New Bedford Allies Community Health Outreach Worker (CHW) project to assess and develop and action plan to address cancer disparities.
- Work with smoking cessation staff at Partners for Healthier Community to promote lung cancer screening offered at minimal cost at Southcoast.

Goals for 2016

- Expand cancer screenings to targeted vulnerable populations by 10%, in collaboration with the Fisherman's Partnership, the Immigrants Assistance Center and public housing.
- Increase return rates for basic colon cancer screening (FIT kits) by at least 20%.
- In collaboration with the Greater New Bedford Allies CHW cancer disparities project, establish a program in which community health workers assist Southcoast Centers for Cancer Care staff in identifying and overcoming social determinants of health barriers for patients.

Projects and Results

Oral Cancer

We provided special outreach for oral cancer to 32 participants with the Southcoast Health Van on the Fishing Pier in New Bedford. This screening was conducted with the Fishing Partnership and reached a number of fishermen who are at high risk for oral cancer due to a high rate of smoking. Eight patients, 25%, were referred for further treatment.

Skin Cancer

We provided skin cancer education and screening in Fall River to 100 residents. Thirty percent were identified for further treatment. We also provided education with our Southcoast Health Van, utilizing a special machine that graphically demonstrates skin damage caused by sun exposure.

Colorectal Cancer

We provided outreach and education to residents at an annual ethnic health fair at the Immigrants Assistance Center in New Bedford. These residents have a low rate of colonoscopy screenings.This event was in partnership with the Southcoast Health Van and community health workers who are part of the Greater New Bedford Allies Cancer Disparities Project. Over 100 people were reached at this event, many who are Portuguese or Hispanic and face language barriers.

Staff also conducted a number of lectures on the benefits of colorectal screening in community settings throughout the South Coast. Southcoast Center for Cancer Care was awarded a grant this year from the Colon Cancer Foundation to expand outreach efforts on the South Coast.

Breast Cancer

We provided breast cancer education to women at a number of events including a health fair for women, a senior health fair and a women's health day at our Breast Health Center, in collaboration with the Gloria Gemma Foundation Health Van. We also offered free mammograms for uninsured women during October, which is breast health month.

Lung Cancer
We provide extensive information and programming on smoking cessation and prevention. We also offer lung cancer screenings with low dose CT scanning. These screenings are provided at a minimal fee of $20 and Southcoast underwrites the majority of the cost.

Southcoast also conducted its first "Shine a Light" on lung cancer event at our Cancer Center. This event provided information about lung cancer prevention and treatment and celebrated patient survivorship.

Support Groups
Southcoast staff conduct three support groups weekly for cancer patients and their families.
Support Groups
Southcoast staff conduct three support groups weekly for cancer patients and their families.

Program: Wareham Coalition to Prevent and End Homelessness

Documented Need
Homelessness is a problem throughout our region but in the town of Wareham, the rate of unsheltered homeless residents approaches numbers in our larger cities, where there is more than triple the population. In the past several years, the annual unsheltered homeless count in Wareham has approached over 25 individuals, with estimates that the count is as high as 50. This is partly due to the fact that the nearest shelters are over 20 miles away and transportation is poor. As a result, individuals often resort to shelter in woods. At least four homeless residents have died over the past three years.

In 2012, a broad Coalition to End Homelessness was formed and spent the next year undertaking coalition building and needs analysis. Southcoast Health System assumed co-chairmanship of both the Leadership Council and four working groups that were formed to address key aspects of homelessness. These include Housing, Intervention, Income and Employment and Prevention.

In 2013, both groups worked to create a comprehensive Report to Prevent and End Homelessness, which will be a blueprint for the four working groups to begin to create housing, systems and infrastructure to address this pressing issue. The report focuses on "Housing First", creating housing for individuals and then providing wrap around services that will help them maintain their housing. This process included key informant interviews, focus groups with key constituencies, including the homeless, and meeting with communities that have successfully addressed this issue.

Goals for 2015
- Establish at least two housing sites for between three and five identified homeless residents and develop plans for wraparound services.
- Execute formal Memorandums of Understanding (MOUs) for partners in the Intervention Work Group.
- Establish membership and a meeting schedule for the Intervention Work Group to create a framework for collaboration in managing services for homeless residents who receive housing.

Goals for 2016

- Establish two additional housing sites for between three and five identified homeless individuals.
- Continue convening Intervention Group and coordinate interventions for at least three recently-housed residents.

Projects and Benchmarks:

Both the Housing Working Group and the Intervention Working Group convened and began meeting on a regular basis in 2015. The Housing Working Group, in collaboration with Father Bill's and Mainspring, which provides a range of services for homeless individuals in Plymouth County, housed over five chronically homeless in scattered site housing during 2015.

The Intervention Working Group executed Memorandums of Understanding (MOUs) among all members and created and shared a working list of chronically homeless residents in Wareham. This was accomplished with the assistance of outreach workers from Father Bills's and also staff at Turning Point, a grassroots organization in Wareham that works with homeless residents and those who are at risk for homelessness. Homeless residents were interviewed to determine if they qualified for various federal and state housing programs and that information was used to create a prioritized housing list. Over five chronically homeless residents from the list were housed in scattered site housing during 2015. The Committee's overall goal is to house between two and five residents on an annual basis. The Housing Working Group also worked with Wareham town officials to identify potential housing sites in town.

The Intervention Working Group reviewed member agencies individual privacy agreements with the goal of creating a system of information sharing that will help facilitate referrals, medical care and needed services. The group also worked to develop a system of housing readiness support for homeless residents who are about to be housed.

SECTION VI: EXPENDITURES DURING THE REPORTING YEAR

In 2014, Southcoast contributed $21,875,717 in community benefit and community service programs that reached the disadvantaged, underserved and those at-risk, bringing them services they otherwise would not have been able to access. Our major initiatives concerning health access, cardiovascular disease and youth risk behavior all had significant impact, with growing programs that reached large numbers of South Coast residents.

Program Type	Estimated Total Expenditures for FY2015		Approved Program Budget for FY2016
Community Benefits Programs	Direct Expenses	$11,416,087	$11,000,000
	Associated Expenses		
	Determination of Need Expenditures	$75,000	
	Employee Volunteerism		
	Other Leveraged Resources	$665,693	$1,000,000
Community Service Programs	Direct Expenses	$0	$0
	Associated Expenses	$0	$0
	Determination of Need Expenditures		$0
	Employee Volunteerism	$0	$0
	Other Leveraged Resources	$0	$0
Net Charity Care*		$6,654,515	$7,000,000
Corporate Sponsorships		$75,000	$100,000
	Total Expenditures	$18,886,295	$19,000,000

SECTION VII: Contact Information

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Public Access to This Report

This report, along with those of other not-for-profit hospitals in Massachusetts, is available online from the Massachusetts Office of the Attorney General.

<www.mass.gov/ago/>

Southcoast also makes its annual Community Benefits Report available on its own Website, along with an archive of reports from prior years.

<www.southcoast.org/communitybenefits/ >