Community Benefits Report to the Attorney General
Fiscal Year 2016

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 2016 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 chronic disease in our region including heart disease, 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. One program had a special focus on minority youth in Greater New Bedford, through efforts to encourage healthy behaviors, academic success and life skills.
- Improving access to health care, particularly enrollment in health insurance as a result of the Affordable Care Act. We conducted over 20 outreach events to reach vulnerable residents who still may lack health insurance.
- Expanding cancer screening and education, with a particular focus on reducing disparities in access to preventive and comprehensive care. We were able to make strides in early screenings for colon cancer among ethnic populations who had low screening rates.
- 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. This past year we supported targeted resident research projects in two of the most vulnerable neighborhoods
- Addressing homelessness in our region, particularly in Wareham, where the counts of unsheltered homeless approach those in the much larger cities in our region. We help lead a local coalition which has succeeded in security housing for 33 chronically homeless residents in the past several years.
- 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. Needs assessment shows our regional behavioral health system is fragmented and poorly coordinated. Southcoast provides an online resource database, Behavioral Health Connect, which was utilized by an average of 811 community partners and residents each month.

Southcoast Hospital's community benefits activities in FY 2016 included the following:

Health needs assessment:
Completion of a comprehensive health needs assessment that has a special focus on health disparities in our region. In 2017, we will conduct group community conversations with local residents and work with partners to develop a regional health improvement plan that works to address health disparities issues.

Behavioral Health Issues:
Increased use of our Behavioral Health Connect database which links providers and residents with up-to-date resources for behavioral health services. We also played a leadership role in 10 local and regional coalitions to address the opioid crisis, including several which expanded the availability of Narcan in our region.

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 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:
Outreach to vulnerable residents with a range of health screenings and referrals. Over 7,368 residents visited our health van, a 76% increase over the past year. Van staff provided over 11,566 screenings and 598 vaccinations. This included screenings for cardiovascular disease, cancer, diabetes and stroke and targeted our most vulnerable and under-served populations.

Youth Risk Behaviors:
Education on teen pregnancy and other youth risk factors that reached over 3,210 teens in 11 area schools and over 1,600 teens at an after school drop-in center at our RAPPP offices in New Bedford. We also reached over 3,300 inmates in the Bristol County House of Correction with parenting education. An intensive, after-school program regularly served over 50 minority young men.

Health Insurance:
Targeted outreach that helped over 4,470 residents obtain health insurance. Our patient access team conducted over 20 outreach events that reached thousands of vulnerable residents who still lack health insurance or have difficulty renewing their 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 past year we were able to expand CHW outreach for chronic disease management and also help organize supervisor and other CHW trainings.

Collaboration:
Coalition building and engagement that helped make meaningful connections across communities and our region. We participated over 10 coalitions to address the pressing issue of opioid abuse and also helped lead activities that targeted two of our most vulnerable neighborhoods in the South End of New Bedford and the Flint neighborhood in Fall River.

We also became an active member of the New Bedford Homeless Service Providers Network and joined a Community Crisis Intervention Team in New Bedford that links health and human services providers in case management efforts for vulnerable residents. These residents may be at risk for homelessness or need assistance in overcoming social determinants of health barriers.

SECTION I: MISSION STATEMENT AND TARGET POPULATIONS

Mission Statement

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 2016, 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.

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, 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, homeless coalitions in Wareham and New Bedford and substance misuse 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.

2016 Members of the Community Benefits Committee of the Board of Trustees:
Maureen Sylvia Armstrong, Chair, Southcoast Trustee
William Burns, Southcoast Director of Government Affairs
Louis Cabral, Southcoast Trustee
Stephen Canessa, Southcoast Vice President of Marketing and Government Affairs
Mary Crowley, consumer Wareham, MA.
Helena DaSilva Hughes, Executive Director, Immigrants Assistance Center
Marcine Fernandes, Wareham School Department
Stuart I. Forman, consumer, Fairhaven, MA
Keith A. Hovan, Southcoast President and Chief Executive Officer
Rev. David Lima, Executive Director, Greater New Bedford Interchurch Council
Michelle Loranger, Executive Director, Children's Advocacy Center of Bristol County
Arlene McNamee, Executive Director, Catholic Social Services
Kerry Mello, Southcoast Community Benefits Manager
Robert Mendes, Executive Director, New Bedford Boys and Girls Club
David Weed, PsyD, Director, Partners for a Healthier Community

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 2016, 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 2016, sources for our needs assessment included:

- Updates of a comprehensive review and analysis of regional health data.
- Over 30 key informant interviews of community leaders and residents throughout the region.
- 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 along with Youth Risk Behaviors Survey data from urban and suburban school systems in our region.
- Primary Southcoast admissions data on substance misuse along with data on overdoses from police departments throughout the region.

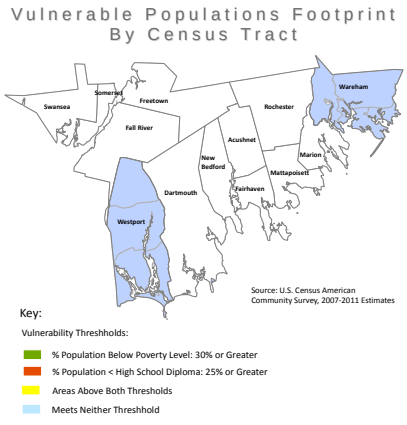
In FY 2016, our needs assessment data was shared with and utilized by:

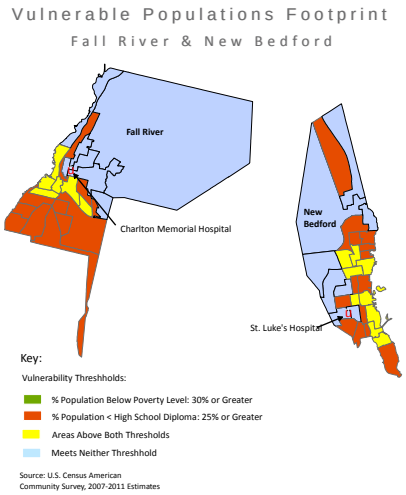
- Greater New Bedford Allies for Health and Wellness (CHNA 26).
- Partners for a Healthier Community (CHNA25).
- Wareham Community Services Collaborative.
- Voices for a Healthy SouthCoast.
- Boys and Girls Club of New Bedford and Wareham.
- New Bedford Health Department.
- New Bedford Housing Authority.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

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

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.

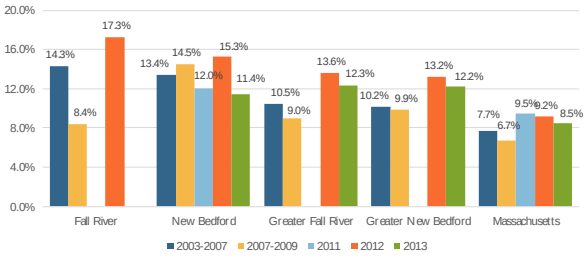
Access to Care

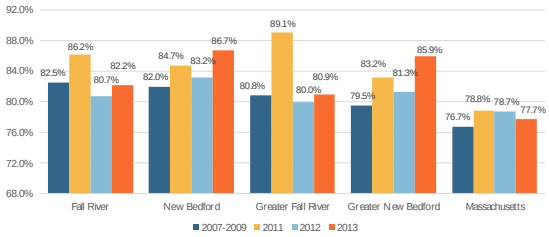
Access to health care is a major issue in our region. Several of our communities have suffered disproportionately with the economic downturn and unemployment in communities,specifically Fall River and New Bedford has historically been higher than the rest of the state, although the rate in New Bedford was recently reported to dip to 3.6%. The rate in Fall River is reported to be 7.8%. Loss of employment 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.

Age adjusted hospitalization rate for heart attack

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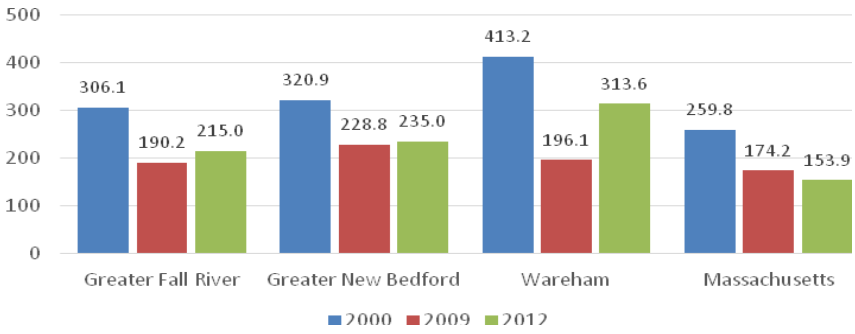
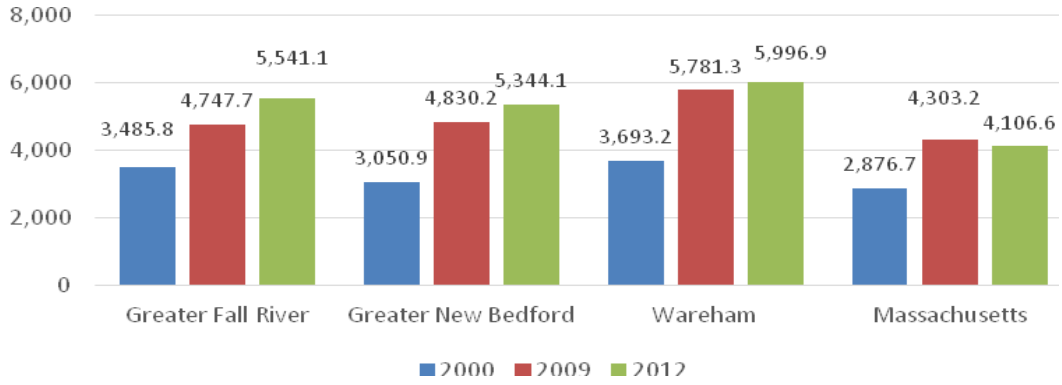


Age adjusted hospital admission rate for hypertension.



A number of risk factors contribute to chronic disease.

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 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 a recent major needs assessment conducted and completed in 2012-2013 and will be updated again in 2017 based on a comprehensive needs assessment conducted and completed this past year. Our 2016 needs assessment has a special focus on addressing health disparities in our region.

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

- Reduction of the high rate of chronic diseases, such as cardiovascular disease, diabetes and pulmonary diseases.
- Reduction in the incidence of youth risk behaviors such as teen violence, high rates of teen pregnancy and substance abuse and lack of educational attainment.
- 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 our region, particularly 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. Our regional behavioral health system is fragmented and poorly coordinated.

Programs that were part of our community benefits plan in 2016 include:

- Health access outreach.
- Health advocates (intervention for substance abuse.)
- Behavioral Health Connect.
- 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)

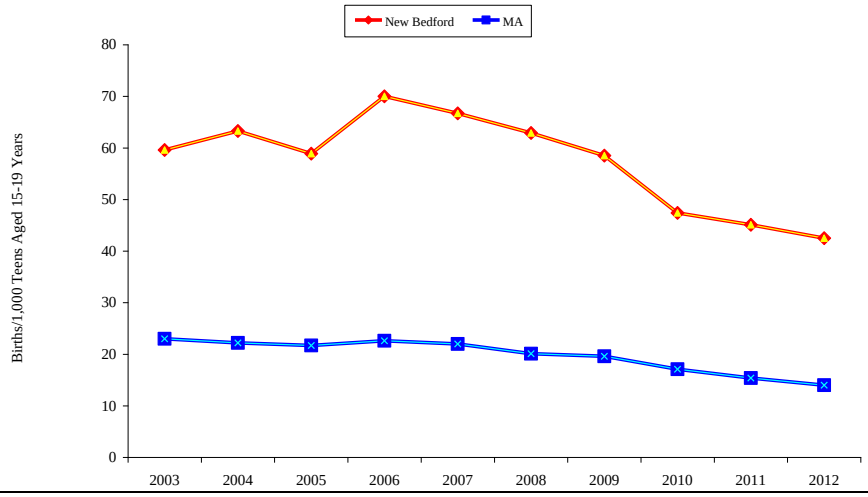
Target Audience

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.

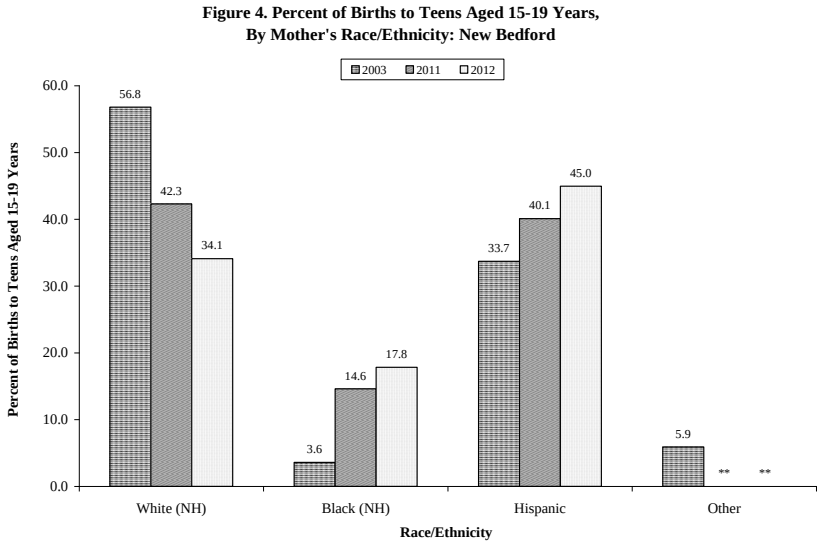
Documented Health Need

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.)* 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 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.

Goals for 2017

- Continue programming for 50 minority male youth in the PRIDE program, which provides teen pregnancy and health education educational support and life skills education.
- Conduct at least two developmental assets trainings at community organizations serving youth.
- Continue teen pregnancy prevention education in at least 11 local schools.

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 3,210 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. RAPPP utilizes a number of evidence-based curriculums including Making Proud Choices, designed to reach urban, at-risk middle school youth and the TOP (Teen Outreach Program), designed to reach minority youth. RAPPP is one of two providers in the state licensed to implement the TOP curriculum.

Since its inception, RAPPP and its related programs have served more than 121,000 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 through the PRIDE program. 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 3,500 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 provides suicide awareness training for all of its school and 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 3,300 inmates, both mothers and fathers, over the past year. Topics include positive discipline, the media's effects on youth violence and raising safe children. Additionally, prenatal and childbirth classes have been provided to expectant, incarcerated mothers at the prison. This year over 30 expectant mothers were reached.

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 1,500 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 accessible to local youth. 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.

PRIDE
A three year project, 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 capacity to make healthier life choices. This project also addresses academic success and post secondary education. Phase I utilized the Making Proud Choices curriculum and Phase II utilizes the TOP – Teen Outreach/Community Service Learning. These curricula address life skills, healthy behaviors and sense of purpose and

also address community engagement and community service. Additionally, boys are exposed to cultural experiences including painting and theatre, sporting events and hands on learning experiences such as animal husbandry. The program meets three times weekly and has successfully retained over 50 minority males between the ages of 13 and 18.

Program evaluation includes regular sexually transmitted infections (STIs) testing, academic monitoring and pre and post assessment following completion of the teen pregnancy prevention curricula. To date after year two:

- There have been no reported pregnancies
- There are no positive results for STIs, after one positive result was reported at the start of the program.
- All of these at-risk participants have consistently passed into the next grade during the program with a grade point average of C or better. The mean GPA for participants in the fourth quarter of 2016 was 81.9, a one point increase over the first year of the program. None of the regular participants have dropped out of school during the program and four will graduate from high school in 2017.

Preventing youth violence

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.

We also funded ongoing, guided discussions for youth on the root causes of violence including discussions about "Microaggression,"and "Implicit Bias." Microaggression refers to brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults. Implicit Bias refers to attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. Over 30 youth took part in a total of six sessions.

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 (incidence)
Fall River	33%	17.7%	79.9
New Bedford	19.5%	13.5%	82.3
Wareham	18.4%	19%	117.7
Massachusetts	16.6%	7.4%	64.8

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 2016

- 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 10%.

Goals for 2017:

- Support public housing in Fall River, New Bedford and Wareham with smoking cessation activities through the Southcoast Health Van.
- Work with Southcoast physicians to facilitate referrals for smoking cessation support.
- Increase Quitworks referrals in Southcoast physician practices
- Promote lung cancer screening among smokers

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. We also provided QuitWorks referrals to public housing residents through the Southcoast 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 also this year supported the increase in the legal smoking age in the town of Wareham to 21 years, which successfully passed.

Our RAPPP 84.org youth group each year works on a project to raise awareness among local youth on how tobacco companies target youth with advertising messages. The group produced several public service announcements on smoking prevention that targeted youth.

"**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. 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 Southcoast received a grant from the Thoracic Foundation to do outreach on smoking cessation in public housing complexes in the cities of New Bedford and Fall River, utilizing community health workers who have special training in smoking cessation.
- 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.

We have documented quit attempts as a result of these efforts, most notably in public housing in the City of New Bedford.

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.

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 41,000 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, both by racial and ethnic segmentation and by income. *(Source: Mass CHIP)*

Health Behavior

	Current Smoker			Overweight			Obese		
	White	Black	Hispanic	White	Black	Hispanic	White	Black	Hispanic
Greater Fall River	20.3%	20.0%	25.8%	60.3%	72.8%	70.4%	23.5%	30.9%	32.3%
Greater New Bedford	21.8%	42.3%	25.5%	62.0%	73.1%	67.8%	27.7%	42.5%	33.5%
Massachusetts	15.1%	17.5%	14.8%	57.9%	67.1%	65.0%	21.7%	30.6%	29.1%

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).

Heart-Related Conditions

	Hypertension			High Cholesterol		
	White	Black	Hispanic	White	Black	Hispanic
Greater Fall River	29.9%	33.0%	22.0%	39.0%	34.2%	49.8%
Greater New Bedfo	30.7%	NA	24.8%	39.3%	NA	47.1%
Massachusetts	26.6%	30.2%	22.1%	36.3%	31.0%	37.0%

Health disparities are also indicated in access to primary care and preventive screenings, particularly among the Hispanic population.

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%

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).

Hispanic residents in our region 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).

Economic and Other Disparities

According to U.S. Census data, 24% of families in New Bedford and 23% of families in Fall River are at or below the poverty level, compared with 11.6% 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.

Health Screening

	Had Blood Cholesterol Checked Within Five Years		Colorectal Cancer Screening Within Five Years		Had Breast Exam Within Two Years		Mammogram Within Last Two Years	
	Less than $50,000	Greater than $50,000	Less than $50,000	Greater than $50,000	Less than $50,000	Greater than $50,000	Less than $50,000	Greater than $50,000
Greater Fall River	85.0%	NA	62.7%	67.1%	83.1%	NA	84.3%	NA
Greater New Bedford	84.2%	95.9%	54.7%	58.5%	76.9%	86.5%	89.3%	86.5%
Southcoast Region CHNA 25,26	84.6%	92.0%	58.0%	61.5%	79.2%	86.1%	87.5%	87.2%
Massachusetts	79.5%	88.9%	52.8%	64.1%	78.0%	88.7%	81.5%	86.8%

There are also perceived language barriers to care. Many participants in ethnic focus groups and key informant interviews believed that local hospitals do not have enough interpreters, which results in very long waits for care and rushed appointments.

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 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 to 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 doubling the return rate for basic colon cancer screening kits to over 30%, utilizing CHWs for education and outreach.

Goals for 2017:

- Play a leadership role in formation of a South East community health worker collaborative linked with the Massachusetts Association of Community Health Workers.
- Help conduct and document a Community Health Worker census in the South East region.
- Expand diabetes CHW program to additional physician practices.
- Establish a "housing readiness" program for homeless residents as part of the Wareham Coalition to End and Prevent Homelessness.
- Establish accessible medical services at homeless shelters in Fall River, New Bedford and Wareham, in collaboration with community partners.

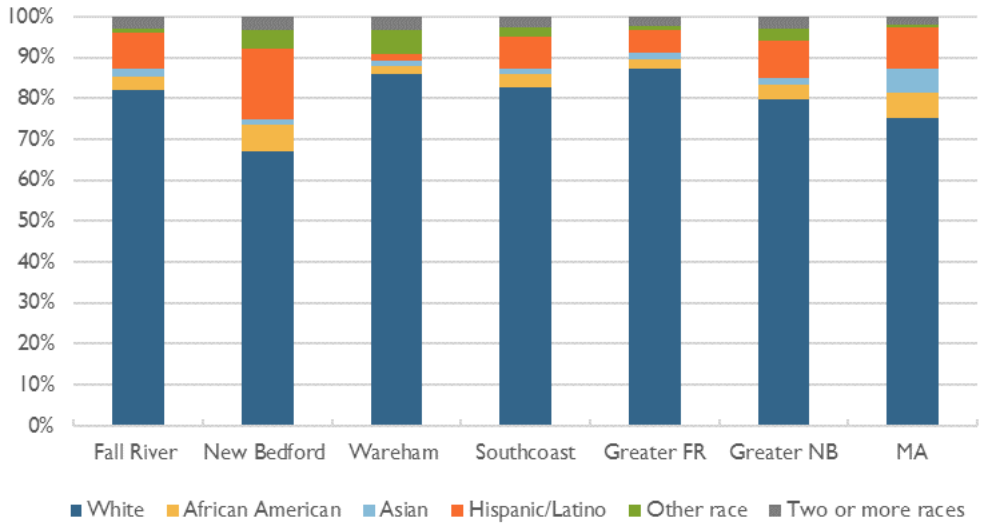
Projects and Benchmarks:

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 48,658 interpreter encounters in 49 different languages. 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, which serves the most ethnically diverse community in our region, we completed over 24,269 interpretations in Spanish. We provided close to 13,708 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.



Community Health Worker (CHW) Projects

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 supervisor trainings and "train the trainer" programs which will help increase capacity for trainings on the South Coast. 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.

Massachusetts Association of Community Health Workers (MACHW)

Southcoast this past year became part of the statewide Advisory Board for the MACHW and in that role, is helping to lead the formation of regional community health worker collaborative that will focus on training, sharing best practices and regional and statewide advocacy for community health workers.

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.

This past year we were able to expand this program with a grant from the Harvard Pilgrim Foundation. We expanded CHWs to three additional physician practices and now include patients with gestational diabetes. 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 is successful in reaching vulnerable populations whose disease may not be otherwise detected. We also this past year worked with the Fishermen's Partnership on training fishermen on the use of Narcan and the distribution of Narcan on fishing boats. This was in response to overdose incidents that occurred among fishermen while at sea.

Community Benefits Impact Grants

Southcoast last year introduced a Community Benefits Impact Opportunity Grants program to better align Southcoast community benefits priorities with projects undertaken by community partners. Funding priorities include:

- Reduction in the high rate of chronic disease.
- Reducing Health Disparities.
- Development of programs and services that support the reduction of homelessness in our region including strategies for increased collaboration among agencies serving homeless residents.
- Reduction in the incidence of youth risk behaviors such as teen violence, high rates of teen pregnancy and substance abuse.
- Behavioral health issues including substance abuse and mental health, including improved coordination of a regional behavioral health system.
- Development of healthy "System and Environment" change, including healthy food options, increased access to free and low-cost opportunities for active living, such as public parks, bike trails etc., and reduction in the high rate of smoking in our communities.
- Maternal and Children's Health.
- Increasing Emergency Preparedness in our cities and towns.

We were able to award grants to 22 community partners, many of which helped address social determinant of health barriers. This new program helped Southcoast expand our reach through community benefits and align partners around regional health improvement goals.

Grants included:

Boys and Girls Club of Greater Fall River

Boys and Girls Club of Greater New Bedford

Youth programming to promote increased physical activity and healthy eating.

Coastline Elder Services

Development of a food insecurity referral program to increase food security among elders.

Drug Free New Bedford (Interchurch Council)

Outreach by faith community and police to drug overdose victims and their families.

Family Services Association

Trainings to establish support under the Substance Abuse Recovery/Nurturing Program for Families.

Grace Episcopal Church

Program to provide laundry services for homeless and low income residents of New Bedford

Greater New Bedford Community Health Center

Outreach, primary care enrollment and disease management for chronically homeless in Wareham.

High Point

Development of system change for outpatient counseling to increase capacity and decrease no-show rates.

Immigrants Assistance Center
Utilize community health workers to expand outreach for chronic disease management to vulnerable residents.

Junior Achievement
Develop health curriculum for summer camp for at-risk girls.

Learn to Cope
Establish Fall River support group for families impacted by substance misuse.

Marion Institute
Establish new community gardens at New Bedford Schools. Engage community with education and dinners.

Mass in Motion
Conduct regional research project on physical activity on the South Coast including environmental barriers.

Partners for a Healthier Community
Support distribution of free groceries at Family Fun Nights in Fall River schools.

People Incorporated
Support educational activities at a summer camp for children with Type 1 diabetes.

Southeastern Massachusetts SER Jobs for Progress
Establish a youth educational support center for multi-lingual parents attending HiSet classes.

Trips for Kids New Bedford
Environmental bike exploration program for at-risk, urban youth.

United Neighbors of Fall River
Discussion program for youth exploring root causes of youth violence.

Wareham School Department
Family engagement programming.

YMCA Southcoast
Fitness and support program for cancer patients and their families.

Youth Build Fall River/Old Colony YMCS
Creation of a youth garden and programming on cooking on a budget.

YWCA
Outreach with community health workers for chronic disease management.

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.

Program: Maternal Child Health Education and 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 New Bedford and Fall River rates are still well above the state average.

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, Kennedy Donovan Center Early Intervention Program and Schwartz Center Early Intervention Program.

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%.

Goals for 2017

- Continue referrals and educational support for smoking cessation and breastfeeding.
- Increase number of women served by early pregnancy education by five percent.
- Continue collaboration with the Greater New Bedford Allies Health Access Committee to hold at least one training to educate and engage the community on issues related to maternal mental health and develop and implement a strategic social media campaign to increase awareness on the topic.

Projects and Results:

Smoking Cessation
We continue to have success in our partnership with the Greater New Bedford Community Health Center in referring 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 all our patients who smoke.

Breastfeeding Initiatives
In partnership with Baby Café USA, a non-profit 501(c)(3) organization we host three Baby Café drop-in centers for pregnant and breast-feeding mothers to get free, professional lactation support and learn more about breastfeeding. This program is led by a Southcoast Health Obstetrician/Gynecologist with assistance provided by Southcoast lactation consultants. Each of the three sites 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 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.

We continue to 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.

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
At our Charlton Memorial Hospital in Fall River, we partner with People Inc to offer in-hospital visits to new moms 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 who qualify for supportive programs.

We continue to collaborate with the Greater New Bedford Allies for Health Access Committee and over the past year, the committee saw many successes. Some of which include increased engagement on the committee by community partners and hospital staff, the training of two additional members in facilitating support groups for postpartum depression, distributing resource information to various community stakeholders, and hosting a community viewing of the film, Dark Side of the Moon to increase awareness of postpartum depression in 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 historically high unemployment rates in the South Coast region, 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 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.

Goals for 2017
- Increase community outreach by 25%.
- Develop health insurance marketing campaign utilizing ethnic media.
- Develop three new community partnerships that target Hispanic/Portuguese audiences.
- Expand outreach to seniors and disabled through area Councils on Aging and public housing.

Projects and Results:

In FY 2016, the Patient Financial Services access team processed:

- 8 Virtual Gateway applications.
- 437 manual MassHealth applications.
- 3,991 Affordable Care Act (ACA) applications.
- 34 disability and 81 long-term care applications.

The team provided outreach and education to families at 20 local schools and other community settings and regular outreach to public housing residents in Fall River and New Bedford. This was a 25 % increase over the previous year and represents an effort to reach out to residents who still lack health insurance or have difficulties re-enrolling.

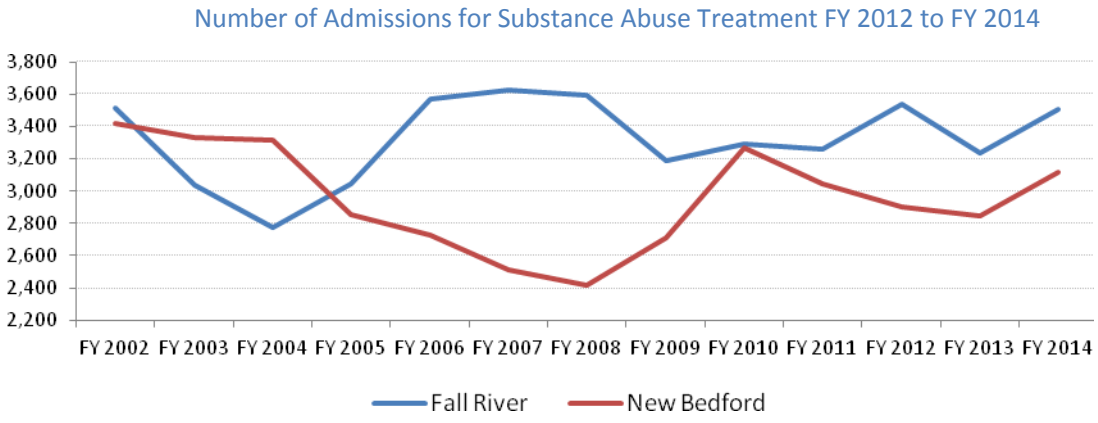
Program: Behavioral Health/ Substance Abuse Intervention

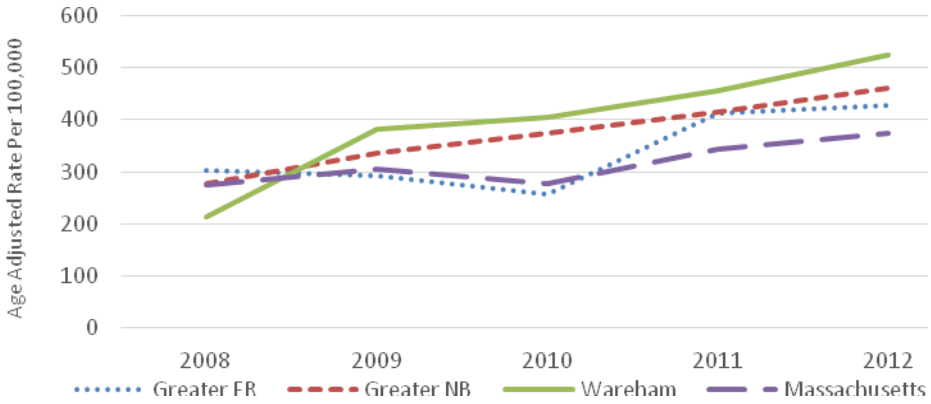
Target Audience

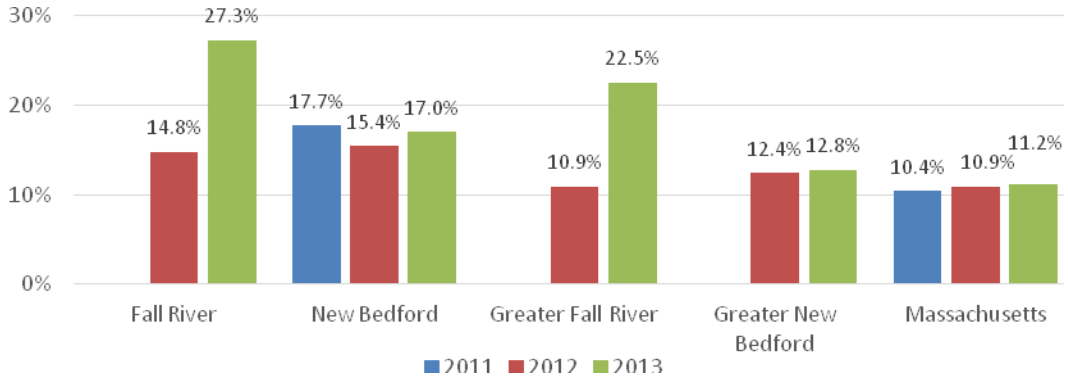
South Coast residents who experience behavioral health issues such as addiction, depression and other mental health diagnosis, or dual diagnosis with both substance abuse and mental health disorders.

Documented Health Need

Over the last few years, the South Coast region has seen a steady increase in the number of admissions for substance use treatment and greater than state averages for hospitalization rates due to opioid related injuries and neonatal abstinence syndrome (NAS). Additionally, South Coast residents also report higher numbers of days of "poor mental health."







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, Seven Hills Behavioral Health, Physicians to Prevent Opioid Abuse, GNB Suicide Prevention Coalition, Cape Cod Behavioral Health Providers Network and New Bedford Mental Health Providers Network.

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.

Goals for 2017

- Develop and implement a regional education program that promotes safe storage and disposal of prescription medications.
- Launch strategic marketing and public relations campaigns for Behavioral Health Connect (our online resource database) to increase general awareness and drive data population through increased provider engagement.
- Expand clinical to community linkages for pregnant women with substance use disorder (active and in recovery) and their families to include Charlton Memorial Hospital in Fall River.
- Continue to collaborate with substance abuse coalitions on efforts to educate the public about prescription drug and opioid misuse, which is disproportionately high across the South Coast.

Projects and Benchmarks:

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, Behavioral Health Connect (BHC). The database includes over 1,000 pages of searchable information on hundreds of clinical and community behavioral health and social service agencies. BHC 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 2016 we redeveloped the system on a new platform to increase ease of use and to allow for 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. We continue to perform outreach and education about the availability of the database and work to identify new resources and collaborate with community partners to provide staff trainings on the system. This will remain an ongoing process. Last year we presented to more than one hundred community members and agencies. Usage metrics of the database indicate that from October 1, 2015 through September 30, 2016 there have been 12,427 sessions with 9,736 users and 20,886 page views (based on this data an estimated 77.01% of sessions are first time visitors). This data represents a significant increase in usage compared to projections for FY16 (3,976 sessions; 2,688 users; 9,200 page views).

HIPAA Privacy Education and Training
On April 15, 2016, the Mental Health Providers Network in collaboration with 4C and Southcoast Behavioral Health held training on HIPAA Considerations for Coordinated Care and Collaboration. The goal of the training was to build understanding of current HIPAA privacy laws as they relate to behavioral health, and build better interagency communication throughout the South Coast. Survey results post-training indicate the need to develop a regional behavioral health network (81.82% in favor), 63.64 % of attendees were willing or able to serve on that network. The group felt that the top three priorities to address going forward were; interagency communication, integrated health care and coordination of community services. As a result, we are working to develop an action plan with existing coalitions across the region to improve communication through the development of a regional behavioral health network.

Advocacy and Education/Outreach
Members of our staff were part of various behavioral health (including substance abuse) coalitions and community events across the region that worked to educate key segments of the public about various behavioral health issues including, the misuse of prescription drugs, underage substance use, risk behaviors in youth, maternal mental health, substance exposed newborns, suicide prevention, and overdose prevention/intervention. Other highlights include working with the Physicians to Prevent Opioid Abuse to coordinate a series of community events. These included a screening and panel discussion of the film, "If Only," at the New Bedford Boys and Girls Club, a Community Town Hall Meeting on the opioid issue and a community walk and learning fair meant to raise awareness to the opioid crisis and offer education and resources to families who might be struggling.

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 80 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. In FY16, we were able to fund an additional chapter of Learn to Cope through our Community Benefit Impact Opportunity grant program. The new group also meets weekly and is hosted at our Charlton Memorial Hospital in Fall River. Additional groups include DBSA: Depression, Bipolar, Support Alliance, Parents Enduring Grief, general bereavement groups, and support for secondary victims of a sexual assault.

Neonatal Abstinence Syndrome (NAS) Patient Advocacy Pilot Program
During FY16 Southcoast Health received philanthropic support to develop and launch a NAS Patient Advocacy Pilot Program at St. Luke's Hospital in New Bedford to provide support to opiate exposed newborns and their mothers with the goal of improving long-term outcomes. This three-year pilot program includes the addition of two Patient Advocates (one full-time and one part-time) to the current maternity staff specific to the NAS patient population. The Advocate works with NAS families beginning with the prenatal consultation through delivery, inpatient care and follow-up after both mother and infant are discharged.

The program's primary goals are to increase newborn/mother visitation (frequency and duration), decrease length of stay for newborns and decrease newborn foster placements. Other key objectives include, guiding mothers and their partners through the process of developing positive parenting and coping skills and reducing substance misuse relapse rates among mothers. It is the intention of the team responsible for this pilot initiative to create a model of treatment that can be replicated at other hospitals.

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.

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. In collaboration with community partners, we have introduced a number of initiatives to address these issues. These programs focus not only on educational efforts, but also efforts to influence policy and environment changes that help 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.

Southcoast has assumed a leadership role in several regional coalitions including Voices for a Healthy SouthCoast, Mass in Motion and South End Engaged, which targets one of the most at-risk neighborhoods in the City of New Bedford. We also participate in a regional Food Security Council. 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.

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), Southeastern Massachusetts Food Security Network, Parks Advocates, City of Fall River, Friends of Buttonwood Park, New Bedford.

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.

Goals for 2017

- Engage residents in the South End of New Bedford and the Flint neighborhood in Fall River in neighborhood action planning based in a participatory research project completed in 2016.
- Expand scheduling and publicity for wellness walks in the South Coast region.
- Develop wellness events that target vulnerable neighborhoods.
- Expand food security and food rescue programs in collaboration with Southcoast Food Services and community partners.

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.

This past year Voices took part in a participatory research project in collaboration with the Conservation Law Foundation that targeted at risk neighborhoods in Fall River and New Bedford. The purpose of this project was to utilize neighborhood residents to assess perceived health status of the neighborhood as a whole. Three residents were recruited from each neighborhood and surveys were conducted in multiple languages including Spanish and Cape Verdean Creole. The results of this research will be analyzed in 2017 and results will be shared with the community at large.

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 received education for parents and students on safe walking and biking in the community.

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.

Fall River and New Bedford Fitness Challenges

Southcoast annually collaborates with the Fall River and New Bedford Fitness Challenges, which engage more than 800 residents each year in a low-cost ($5 fee), months-long-program to lose weight and get active. Southcoast provides all health screenings for kickoff events for both challenges and Southcoast staff help provide ongoing events and education for participants. Both Challenges involve weekly programs that offer residents discounts and low cost options to get active and improve nutrition.

Walking Programs

Southcoast Diabetes Management program this year began a weekly, "Walk with a Diabetes Educator" on a new, centrally located bike/walking path in Fall River. The Quequechan Rail Trail offers opportunities for physical activity in urban neighborhoods in Fall River. About 20 residents regularly attended this weekly walk, which was part of a larger "Walk Fall River" project in collaboration with Fall River Mass in Motion and Partners for a Healthier Community.

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 a regular " Walk with a Southcoast Doctor," program, in which participants have the opportunity to walk with a Southcoast physician and then join Southcoast staff in healthy activities such as chair yoga. This program is in collaboration with YMCA Southcoast.

Farmers Markets and Community Supported Agriculture (CSA)
Southcoast once again conducted 48 markets Farmers Markets at four hospital sites. Markets are held twice a week from early July through October. 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 was held weekly at our three hospital sites, our Business Center and at three physician office sites.

Our healthy food program benefitted thousands of vulnerable residents in our communities. Studies have shown that over 60 % of residents in Eastern Massachusetts at one time had to choose between purchasing healthy food or utility or mortgage payments. Numerous studies have also demonstrated a link between food insecurity and a high rate of hospital admissions.

Outreach to combat food insecurity included:

- A new food rescue effort linking healthy soup prepared in our hospital cafeterias with feeding programs for low income residents in a number of local food pantries. This program is in collaboration with the regional Hunger Commission of the United Way of Greater New Bedford. Southcoast Food Services now freezes all leftover, home-made, soup each day and the Hunger Commission truck picks up the soup on a weekly basis and distributes it to over 24 regional food pantries. Over the past year, Southcoast donated several 100 gallons of nutritious, home-made soup. Studies show that up to 40 % of prepared food is wasted and Southcoast will continue to expand efforts to reduce food waste by exploring new food rescue opportunities.
- Weekly delivery of CSA vegetables to vulnerable patients through community health workers on Southcoast staff. Many of these residents are low income, some homeless, and do not have ready access to healthy food.
- Weekly delivery of fresh fruits and vegetables to a Mobile Food Pantry operated by United Way of Greater New Bedford, to low income housing in the town of Wareham, and to food pantries serving the homeless and veterans in Greater Fall River. Southcoast purchases all of the leftover produce each week from our Farmers Markets and coordinates delivery of these donations through community partners. Our collaborative efforts this past year helped provide fresh produce over 700 families in New Bedford (a 40% increase from 2015) and over 400 families in Fall River.
- A collaboration with Coastline Elder Services in New Bedford helped to create "Nutrition in Transitions," a food insecurity referral system connecting Southcoast Nutrition staff with nutritionists and community health workers at Coastline. Utilizing a food insecurity screening tool, Southcoast makes referrals to Coastline's community based programs which include Meals on Wheels and emergency food packages.

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).
- We also help sponsor a Turkey Drive run by the Salvation Army to provide holiday turkeys to families in Greater Fall River.

Our Food Services Department raised over $3,000 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. We also received a two year, $2,500 annual grant from the DeMoulas Foundation to support food for this program. For many of these young men, the dinner they receive at the PRIDE program is the only dinner available to them.

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, YWCA Women's Health Program, YMCA Southcoast, Old Colony YMCA, and local colleges. Teen programs include Greater New Bedford Regional Vocational High School, Old Colony High School in Rochester, Wareham High School and Southcoast RAPPP program.

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.

Goals for 2017

- Expand targeted screening population by 10%.
- Expand smoking outreach to public housing residents in Fall River and Wareham, as part of efforts to create smoke-free housing.
- 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 7,368 residents visited the van, a 76% increase over the past year. Van staff provided over 11,566 screenings and 598 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 in Phase II of 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 in the past year 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.

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, providing screenings and education for over 800 residents as part of the annual Fall River and New Bedford Fitness Challenges. The van also this year participated monthly in New Bedford Well, a free exercise, nutrition and education program for New Bedford residents.

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.

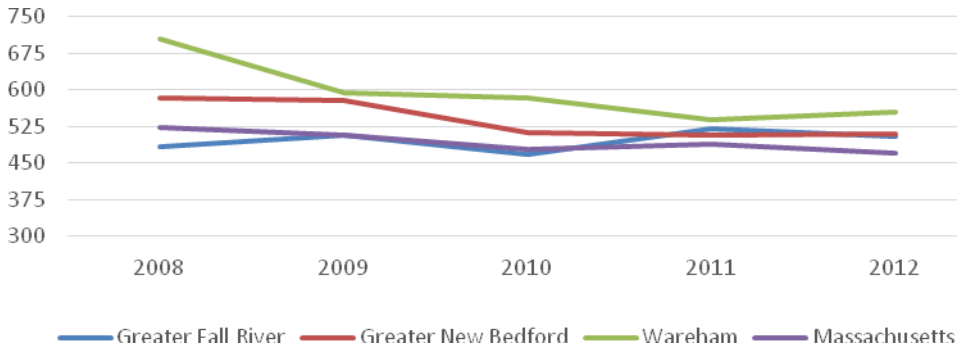
Documented Health Need

Cancer Incidence:

Cancer	Fall River (CHNA 25)	New Bedford (CHNA 26)	Massachusetts
Lung	79.9	82.3	64.8
Colon	39.5	44	37.2
Prostate	100.4	108.6	106.9
Breast	132.5	130.7	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.

Five Year Trend: Cancer Incidence



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 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.

Goals for 2017

- In collaboration with community partners, expand colon cancer education and outreach to ethnically diverse communities which traditionally have low screening rates. Work to maintain increase in FIT kit screening rates.
- Develop a Portuguese video tool for colon cancer education.
- Reach over 200 cancer patients with a survivorship event.

Projects and Results:

Working with community partners, we have made strong efforts to target vulnerable populations who lack ready access to preventive health care. Our screening programs in recent years have helped bring needed diagnostic services to at-risk patients and our Cancer Center team also insures that follow-up care is readily available for these patients.

Oral Cancer
We provided special outreach for oral cancer to 29 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. Almost one third of patients screened required further evaluation, with two patients needing immediate consultation and seven patients were referred for further evaluation.

Skin Cancer
We provided skin cancer education and screening in Fall River to 29 resident with almost half referred 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. This past year, our Chief of Surgery conducted a workshop on colon cancer for a group of veterans and their families. This resulted in a number of participants undergoing early colon cancer screening.

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. Each year we offer 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.

Each year, the Southcoast Center for Cancer Care conducts a "Shine a Light" on lung cancer event at our Cancer Center. This year, over 125 patients and family members filled our Center Center in Fairhaven to provide hope, inspiration and support for those impacted by lung cancer.

Regional Cancer Disparities Project:
Our Cancer Disparities project, in collaboration with Greater New Bedford Allies for Health and Wellness (GNB Allies) is a two-year effort to assess cancer disparities on a broad, regional basis, utilizing community health workers to conduct the research and develop an action plan. This project utilized a broad coalition of clinical and community providers, along with 10 community health workers (CHWs). In year one (2015) 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 included:

- There is a lack of *functional* health literacy.
- Residents experience language barriers that
- affect health literacy.
- Use of family members as translators is common but problematic.
- Providers sometimes fail to listen or answer questions.
- Patients feel uncomfortable asking questions.
- Fear is ubiquitous (e.g., related to diagnosis, affordability.)
- There is a burden of out-of-pocket expenses (e.g., deductibles.)
- There is difficulty navigating healthcare system, especially for immigrant groups.
- Transportation and inconvenient appointment times are significant barriers to both preventive and other care.

Based on our needs assessment, the coalition this year developed an action plan that targeted education and early screening for colon cancer. Statistics showed that residents in our region, particularly Hispanic and African American residents, are diagnosed with colon cancer at a later stage, which makes treatment much less successful. Also, screening rates for fecal occult testing and colonoscopy are lower than the state average. A number of cultural and linguistic barriers, noted in our needs assessment, seem to have an impact on follow-through for colon cancer screenings. 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 were an extensive part of our outreach and interventions.

CHWs provided culturally appropriate education and outreach in multiple languages, including the development of a health literacy toolkit that provided a combination of written, video and oral instructions on colon cancer screening in English, Spanish and Portuguese. CHWs also provided extensive outreach and education at community events including an annual health education event for over 200 Hispanic women. The major focus of the colon cancer campaign was distribution of over 125 FIT (Fecal Immunochemical Test) kits. Southcoast Health regularly distributes FIT kits and processes them for free but the return rate historically has been under 15 %. The goal of the cancer disparities project was to achieve a 30 % return rate, utilizing CHWs for education and followup.

The project was highly successful, with a return rate of over 50%. Eight patients were referred for further testing and treatment which was coordinated by staff from the Southcoast Center for Cancer Care and the Southcoast Health Van. Several CHWs were also embedded at the Cancer

Center to assist cancer patient with social determinant of health issues that may be impacting their cancer treatment. They assisted patients with food security, transportation and other issues. 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.

Survivor Event: Celebration of Hope
This year over 200 cancer survivors and their families were celebrated for their courage at an annual Cancer Survivor event at our Center for Cancer Care in Fairhaven.

Support Groups
Southcoast staff conducts three regular support groups weekly for cancer patients and their families. Support groups are coordinated and facilitated by trained social workers.

Program: Coalitions to End and Prevent Homelessness

Documented Need
Homelessness is a problem throughout our region, particularly in the town of Wareham, where 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 is a blueprint for to begin to create housing and wrap-around services to address this pressing issue. Our efforts focus on the "Housing First" model, creating permanent housing for individuals and then providing supportive services that will help them maintain their housing.

Goals for 2016
- Continue to 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.
- Work with the Housing Intervention group to establish plans for a "housing readiness" program for homeless individuals who have been identified for housing.
- Work with community partners in Wareham to enroll homeless residents in primary care and chronic disease management services.

Goals for 2017

- Continue to establish two additional housing sites for between three and five identified homeless individuals in Wareham.
- Continue convening Wareham Intervention Group and coordinate interventions for at least three recently-housed residents.
- Engage in New Bedford Homeless Service Providers Network and the Community Intervention Crisis Team to increase collaboration in the city of New Bedford.
- Engage in regional homeless coalition to share and adopt best practices on a regional basis.
- Explore establishment of medical services at homeless shelters for medically unstable homeless residents.

Projects and Benchmarks:

Both the Wareham Housing Working Group and the Intervention Working Group convened and met on a regular basis in 2016. 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 and worked with the Town of Wareham, the Buzzards Bay Coalition and the Wareham Land Trust to create an innovative housing program that combines housing for the homeless with land preservation. That project is scheduled to house up to six homeless residents in 2017.

The Intervention Working Group executed Memorandums of Understanding (MOUs) among all members and continued to focus on 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. The Committee's overall goal is to house between two and five residents on an annual basis.

Also, with grant support from Southcoast, the Greater New Bedford Community Health Center's Wareham site conducted outreach to homeless residents and engaged six residents in regular primary care and chronic disease management. Four of these residents were also established in permanent housing and continue to be followed. The Health Center also established regular communication with the Emergency Department at Southcoast's Tobey site to enhance coordination of services.

SECTION vi: Expenditures During the Reporting Year

In 2016, Southcoast contributed $18.3 million in community benefit 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 FY2016		Approved Program Budget for FY2017
Community Benefits Programs	Direct Expenses	$11,402,203	$12,000,000
	Associated Expenses	$0	$0
	Determination of Need Expenditures	$0	$0
	Employee Volunteerism	$0	$0
	Other Leveraged Resources	$1,097,890	$1,000,000
Community Service Programs	Direct Expenses	$0	$0
	Associated Expenses	$0	$0
	Determination of Need Expenditures	$0	$0
	Employee Volunteerism	$0	$0
	Other Leveraged Resources	$0	$0
Net Charity Care*		$5,748,799	$6,000,000
Corporate Sponsorships		$85,000	$85,000
	Total Expenditures	$18,333,892	$19,085,000

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/ >