



Community Benefits Report

Fiscal Year 2017

TABLE OF CONTENTS

	Page
Executive Summary	2
Mission Statement	3
Internal Oversight	4
Community Benefits Plan and Activities	5
Community Health Needs Assessment	7
Community Benefits Impact Opportunity Grants	8
Collaboration and Coalitions	9
Programs	10
Expenditures for the Reporting Year	26
Contact Information	27

EXECUTIVE SUMMARY

As a not-for-profit health system, Southcoast Health invests significantly in community benefit programs and services that provide care for the region's most vulnerable residents and help improve the health of our communities. Last year, Southcoast Hospital's Group invested almost \$19 million in community benefits initiatives including charity care, hospital-based programs, collaboration with federally qualified community health centers, regional health and human service partnerships and support of community health programs designed to address pressing health issues across our region.

Through our latest community health needs assessment, we identified nine priorities in accordance with our mission to improve population health and reduce health disparities in the regions we serve. To address these priorities, we collaborate with hundreds of community partners to plan, implement, monitor, and evaluate our Community Benefits programs.

Southcoast Hospital Group's community benefits activities in FY 2017 included the following:

Community Health Needs Assessment

We facilitated six discussion groups with community partners to gather feedback regarding the findings of our 2016 health needs assessment. We utilize this information to frame community conversations and to ask residents for their perspectives; we will be working with community partners to develop a regional health improvement plan to address issues of concern and health disparities.

Community Impact Grants

Southcoast Health completed its second Community Benefits Impact Opportunity grant program. This is a competitive grant process focused on addressing unmet health needs on the South Coast. Grant proposals must align with the nine health priority areas as identified by the community health needs assessment. We received 35 applications and awarded 32 grants for a total of \$132,500 plus in-kind donations. The average award ranged between \$2,500 and \$7,500 with a limit of \$10,000. An awards ceremony held for grantees provided an opportunity for networking and collaboration.

Collaboration & Coalition Building

Coalition building is an important activity that promotes coordination and collaboration through the effective use of limited community resources. In FY17, Southcoast staff led and participated in more than 30 community coalitions across the region. These coalitions are comprised of various stakeholders from the community including health providers, teachers, law enforcement, businesses, religious leaders, and others who come together with a shared goal to make our communities safer, healthier and drug-free.

Community Benefits Programs

Throughout the year, Southcoast collaborates with a number of community partners to implement our community benefits programs. During FY 2017 Southcoast administered ten programs that addressed the following issues in our region: youth risk behaviors, smoking cessation and prevention, health equity, maternal/child health, health access, behavioral health and substance use, healthy system and environment change, food security, chronic disease and homelessness.

MISSION STATEMENT

Southcoast Health System, a not-for-profit charitable organization, is a leading provider of healthcare services in Southeastern Massachusetts and East Bay, Rhode Island. The organization includes the three hospitals that compose the Southcoast Hospitals Group — Charlton Memorial Hospital in Fall River, St. Luke's Hospital in New Bedford, and Tobey Hospital in Wareham.

Southcoast Hospitals Group is committed to improving the health and wellness 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.

INTERNAL OVERSIGHT OF COMMUNITY BENEFITS

The Southcoast Health Community Benefits Program is under the overall direction of the Community Benefits Advisory Council (CBAC). The Council meets six times annually to review and advise on activities and expenditures related to community benefits activities. The CBAC reports to the Southcoast Hospitals Group Board of Trustees.

Chaired by a trustee, the CBAC includes representatives from the various communities served by Southcoast Hospitals Group and Southcoast leadership. Our community members have expertise in matters concerning the health and welfare of the community and are active members of local and regional coalitions. The CBAC represents the diversity of our region, with members who are active leaders in minority communities including the Cape Verdean, Hispanic and Portuguese communities.

An internal Community Benefits Committee meets bi-monthly to plan and coordinate community benefit projects and activities as guided by the CBAC. 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, Worksite Wellness, Youth Risk Behaviors program and others.

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

We provide regular updates and presentations on community benefit activities to Southcoast leadership at Vice President, Director and Manager level meetings. Regular messaging of these activities are delivered to all employees through an internal enews letter, Southcoast Weekly.

FY 2017 Members of the CBAC:

Maureen Sylvia Armstrong, Sylvia Group, CBAC Chair and Trustee, Southcoast Health
Louis Cabral, Conroy Development Corp., Trustee, Southcoast Health
Helena DaSilva Hughes, Executive Director, Immigrants Assistance Center
Rev. David Lima, Executive Director, Greater New Bedford Interchurch Council
Michelle Loranger, Executive Director, Children's Advocacy Center of Bristol County
Robert Mendes, Executive Director, New Bedford Boys and Girls Club
David Weed, PsyD. Director, Partners' for a Healthier Community
Dennis Demarinis, Director of Development, Woonasquatucket River Watershed Council RI
Jamie Berberena, Community Health Worker, City of New Bedford
Lisa Alves, Community Coordinator, Fall River WIC Nutrition Program
Jeffrey Pelletier, Executive Director, Junior Achievement of SEMA
Kerry Mello, Community Benefits Manager, Southcoast Health
Rachel Davis, Community Benefits Coordinator, Southcoast Health
Stephen Canessa, Senior Vice President of Brand and Strategy, Southcoast Health
William Burns, Director of Government Affairs, Southcoast Health

COMMUNITY BENEFITS PLAN AND ACTIVITIES

Community Benefits Plan

Southcoast's Community Benefits Strategic Action Plan was first formulated in 1998 as the result of an extensive needs assessment and since is updated annually. Our current plan is based on the most recent community health needs assessment completed in 2016. Through the needs assessment process, Southcoast identified nine priorities for addressing the most pressing health needs of the community. These priorities are:

1. **Reduction of the high rate of chronic disease** (including diabetes, asthma, cancer and other diseases) in our region.
2. **Reducing Health Disparities** including racial and ethnic disparities, income-based disparities, and education-based disparities. One other aspect of this is increasing access to health care for vulnerable populations through insurance enrollment and outreach.
3. The development of programs and services that support **the reduction of homelessness** in our region including strategies for increased collaboration among agencies serving homeless residents.
4. **Innovative approaches to population health**, i.e. improving health and wellness for defined populations such as specific demographic or geographic groups.
5. **Reduction in the incidence of youth risk behaviors** such as teen violence, high rates of teen pregnancy and substance abuse.
6. **Behavioral health issues that include substance abuse and mental health**, including improved coordination of behavioral health providers and systems.
7. **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.
8. **Maternal and Children's Health**, including fetal and infant health, abuse and neglect, hospitalizations, substance abuse, healthy weight, and mortality.
9. **Increasing Emergency Preparedness** in our cities and towns, including basic infrastructure equipment.

The activities of Community Benefits are completed in accordance with these priorities. These activities are: conducting ongoing community health needs assessments, awarding Community Benefits Impact Opportunity Grants to community organizations working on projects aligned with our priorities, and coalition-building and collaborating with community partners in the planning, implementing, monitoring and evaluating of the Community Benefits programs described below.

Target Populations

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 affect 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 use disorder, 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 2017, 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 and care.

COMMUNITY HEALTH NEEDS ASSESSMENT

As a community-based health delivery system, Southcoast Health System continually strives to identify the priority health needs of the community and to ensure that its services align with these needs. Every three years we conduct a Community Health Needs Assessment that assists with this goal by documenting the major demographic, socioeconomic and health trends among South Coast residents and by engaging the community to develop information-driven priorities and strategies that can be implemented to improve the overall health of South Coast residents. We worked with the Public Policy Center at the University of Massachusetts, Dartmouth, to conduct our FY 2016 community needs assessment that included three primary activities:

- 1. Demographic and Socioeconomic Analysis:** Understanding the community by examining the region's people in terms of population, race, education, income, poverty, wages, and employment.
- 2. Health Assessment:** Identifying major health issues and needs by analyzing a variety of health indicators, with a focus on health outcomes and disparities.
- 3. Key Informant Interviews and Focus Groups:** Engaging stakeholders to provide qualitative analysis that enriches the primary data.

The geographic definition of the South Coast Region for this report includes the 13 towns and cities served by the Southcoast Health System. Data are reported and compared by city (Fall River and New Bedford), by town when available or relevant (e.g., Wareham), by Community Health Network Area or CHNA (CHNA 25 is reported as Greater Fall River and CHNA 26 is reported as Greater New Bedford), and by region overall (all 13 towns/cities). Data are compared to Massachusetts averages and/or with past years to examine trends.

Overall, Fall River and New Bedford continue to lag the region in most socioeconomic metrics, including lower levels of educational attainment, higher poverty levels, and higher unemployment, although many of the region's towns also struggle with these issues, particularly in comparison to state averages.

Residents also trail their counterparts statewide on many health metrics, particularly in terms of health outcomes. The following results represent the most significant findings based on the five categories included in the health assessment analysis: clinical care, physical environment, health behavior, health outcomes, and children's health, with a focus on health disparities.

The community needs assessment presents data on a variety of health indicators. However, the analysis goes a step further by presenting this data in the context of social determinants of health by highlighting disparities in terms of income, education, and race, all of which are factors that affect health outcomes. The combination of highlighting disparities and identifying census tracts with vulnerable populations allows Southcoast Health System to direct policies and programs to the areas in which they are most needed. The assessment also provides context and validation to the health data through key informant interviews and focus groups.

The complete 2016 Southcoast Health Community Needs Assessment is available by request or for viewing online: www.southcoast.org/communitybenefits/programs.

COMMUNITY BENEFITS IMPACT OPPORTUNITY GRANT PROGRAM

Southcoast Health completed its second Community Benefits Impact Opportunity/Request for Proposals (RFP) in FY 2017. This is a competitive grant process focused on addressing unmet health needs on the South Coast. Grant proposals must align with the nine health priority areas as identified by the community health needs assessment. We received 35 applications and awarded 32 grants for a total of \$132,500 plus in-kind donations. The average award ranged between \$2,500 and \$7,500 with a limit of \$10,000. An awards ceremony held for grantees provided an opportunity for networking and collaboration.

The selected grantees for 2017 represented a variety of programs that positively impact communities across the South Coast. The proposals ranged from a program providing laundry services to homeless residents, to outreach and care coordination and support groups for residents impacted by the opioid crisis. Other projects promote wellness through programs that promote healthy eating and opportunities for physical activity.

2017 Grant recipients:

- Boys and Girls Club of Fall River (Fall River)
- Boys and Girls Club of Greater New Bedford/Wareham (New Bedford/Wareham)
- Bristol Elder Services (Fall River)
- Child and Family Services (New Bedford)
- Citizens for Citizens, Inc: Head Start/Early Head Start (Fall River)
- Community Foundation of Southeastern MA: The Southcoast LGBTQ Network (Regional)
- Dartmouth Board of Health (Dartmouth)
- Fall River Public Schools: Fall River Parent Academy (Fall River)
- Fall River Public Schools: Health and PE Department (Fall River)
- Fall River Re-Creation (Fall River)
- Grace Episcopal Church: Laundry Love (New Bedford)
- Healthy Tri-Town Coalition (Marion/Mattapoisett/Rochester)
- Immigrants Assistance Center (New Bedford)
- Inter-Church Council of Greater New Bedford (New Bedford)
- Junior Achievement of Southern Massachusetts (Regional)
- Marion Council on Aging (Marion)
- The Marion Institute (New Bedford)
- Mayor's Youth Council (Fall River)
- New Bedford Community Service Department (New Bedford)
- New Bedford Parks and Recreation (New Bedford)
- PACE New Bedford (New Bedford)
- People Incorporated-Diabetes Association, Inc. (Fall River)
- River to Recovery (Fall River)
- South Shore Women's Center (Wareham)
- SSTAR (Fall River)
- Steppingstone Incorporated (Fall River)
- United Neighbors of Fall River (Fall River)
- Wareham School Department (Wareham)
- YMCA Southcoast (Regional)
- Youth Opportunities Unlimited (New Bedford)
- YWCA of Southeastern Massachusetts (New Bedford)

COLLABORATION AND COALITIONS

Coalition building is an important activity that promotes coordination and collaboration through the effective use of limited community resources and every year Southcoast Health staff lead and participate in a number of community coalitions across the region. These coalitions are comprised of various stakeholders from the community including health providers, teachers, law enforcement, businesses, religious leaders, and others who come together with a shared goal to make our communities safer, healthier and drug-free.

During FY 2017, Southcoast Health participated in the following community coalitions across the region:

- Community Health Network Areas (CHNAs) in Fall River and New Bedford
- Wareham Community Services Collaborative
- Voices for a Healthy SouthCoast
- Mass in Motion
- Worksite Wellness Collaborative
- South Coast Regional Network to End Homelessness
- New Bedford Homeless Service Providers Network
- Wareham Homeless Coalition
- South East Community Health Worker Collaborative
- MA Community Health Worker Collaborative
- South End Engaged
- Healthy Eating Active Living Coalition
- Bristol County District Attorney's Youth Substance Use Prevention Task Force
- Plymouth County Substance Abuse Task Force
- Substance Exposed Newborn Committee of Southeast Massachusetts
- Fall River Opiate Task Force
- New Bedford Opioid Task Force
- Wareham Substance Abuse Coalition
- Mental Health Providers Network
- Infant Mental Health Task Force
- Age Friendly Coalition in New Bedford
- BOLD Coalition
- Healthy Families Advisory Council
- Uniforms United
- Physicians to Prevent Opioid Abuse
- GNB Suicide Prevention Coalition
- Bristol County Suicide Prevention Coalition
- Plymouth County Suicide Prevention Coalition
- Cape Cod Behavioral Health Providers Network

COMMUNITY BENEFITS PROGRAMS

Program: Responsible Attitudes toward Pregnancy, Prevention, and Parenting (RAPPP)

Documented health need: High rates of teenage pregnancy in the communities of Fall River and New Bedford, racial/ethnic health disparities in teenage pregnancy rates, high rates of violence and substance abuse among youth in Bristol County, and low educational attainment in Fall River and New Bedford (compared to state averages.)

Services offered:

- Reproductive health education and pregnancy prevention programming in middle and high schools.
- Youth drop-in center/after school programming to provide organized activities and tutoring.
- Parenting classes at Bristol County House of Correction, targeting parents at risk.
- Literacy programming involving book distribution to local schools, with participation from Bristol County House of Correction.
- RAPPP youth council/youth engagement in program planning and implementation with a particular focus on media outreach.
- PRIDE (Personal Responsibility through Intentional Development and Engagement) pregnancy prevention education, career preparation training and mentoring services including education and college preparation support targeting minority young men.

Populations served: 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.

FY 2017 goals:

- 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.

FY 2017 outcomes:

- The PRIDE program met three times weekly and successfully retained over 50 minority males between the ages of 13 and 18.
- Our Southcoast Asset Educator provided two developmental assets trainings at community organizations serving youth.
- Students in 12 area schools received teen pregnancy prevention education.

FY 2018 goals:

- Increase drop-in utilization by New Bedford area youth at the new location in the Boys and Girls Club; have at least 100 youth utilize the drop-in center by June 2018.
- Conduct at least three agency and one youth training in the Search Institute's 40 Developmental Model in either the "Everyone's An Asset Builder," "Sharing the Asset Builder," or "Building Assets in School Communities" (4, 4, and 6 hour trainings respectively) in the South Coast region by June 2018.
- Introduce PRIDE 2.0, a continuation of the PRIDE program and engage at least five PRIDE graduates.

Community partners:

- Boys and Girls Club of New Bedford
- Bristol County Sheriff's Department
- Dennison Memorial Club
- 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
- Massachusetts Tobacco Control Program
- Nativity Preparatory School
- New Bedford Child and Family Services
- New Bedford Global Charter 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
- YWCA of Southeastern Massachusetts
- Norfolk County Agricultural High School
- Training Resources Inc.
- Massachusetts Alliance on Teen Pregnancy
- Massachusetts Service Alliance

Program: Smoking Cessation & Prevention

Documented health need: The South Coast 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.

Services offered:

- QuitWorks referral program (to patients and public housing residents).
- Smoking cessation education for prenatal education program participants, based on survey results from the same population.
- Advocacy for smoking restrictions (bans of cigarette sales in pharmacies, raising the minimum tobacco purchase age to 21, and smoke-free regulations in public housing), including public service announcement video campaign regarding harmful advertising practices.
- Smoke free campus along with cessation classes for employees, families, and the public.
- Major partnership in Voices for a Healthy SouthCoast coalition, focused on systems and environment change.
- Smoking cessation services for residents with Southcoast Health Van.

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

FY 2017 goals:

- 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.

FY 2017 outcomes:

- Southcoast Health Van provided smoking cessation education and outreach to public housing sites in Fall River, New Bedford and Wareham.
- Due to targeted outreach to physician practices, Quitworks referrals increased overall 39% from FY16 to FY17.
- Southcoast Cancer Center now employs a full time Smoking Cessation Educator.
- Southcoast Health continues to provide extensive information and programs on smoking cessation and prevention at a variety of events; and continues to offer a low cost lung-screening program to employees and the public meeting specific criteria.

FY 2018 goals:

- Continue to increase QuitWorks referrals by 10%.
- Offer smoking cessation education to 50 individuals through prenatal education program.
- Provide cessation training to 50 individuals through Southcoast Health Van.

Community partners:

- 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

Program: Community Health Worker Projects

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. Financial insecurity poses a major barrier to obtaining needed health services and achieving better health. There are also perceived language barriers to care faced by residents with low levels of English proficiency.

Services offered:

- Professional Development Forums (PDFs): Southcoast, in collaboration with regional and statewide groups, played a leadership role in establishing ongoing PDFs for community health workers on the South Coast. In FY17, at least three PDFs were conducted on topics that included immigration, behavioral health and the role of CHWs on clinical teams. Southcoast staff, including CHWs, served as presenters at these forums.

- Massachusetts Association of Community Health Workers (MACHW): Southcoast continued involvement in the statewide Advisory Board for MACHW and provided a donation to support the growth of a regional CHW forum that covers all of Southeastern Massachusetts.
- 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. To date, we have enrolled over 150 patients in this project and work with three 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 continued to expand this program with an ongoing grant from the Harvard Pilgrim Foundation. We added physician practices and expanded work to patients with gestational diabetes. We have achieved successful clinical results on several indicators.
- Fishing Partnership: Southcoast continues to work with the regional Fishing 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. We also worked with the Fishing Partnership this past year 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.
- Southcoast participates in the South East Community Health Worker Collaborative, which works to plan CHW trainings and promotes individual and team skill development for CHWs in Southeastern Massachusetts.

Populations served: Those in our community who experience ethnic, racial and socioeconomic health disparities. 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 live near the poverty level or below.

FY 2017 goals:

- 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.

FY 2017 outcomes:

- Southcoast played a leadership role in the formation of a SE Regional community health worker collaborative with ties to the Massachusetts Association of Community Health Workers.
- In collaboration with community partners, Southcoast helped lead and develop a Community Health Worker census in the South East Region.
- Diabetes management specific outcomes:
 - 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.

FY 2018 goals:

- Establish at least one core competency training for community health workers held on the South Coast.
- Expand accessible medical services at homeless shelters in Fall River, New Bedford and Wareham in collaboration with community partners.

Community partners:

- American Heart Association
- Greater New Bedford Allies for Health and Wellness Health Equity Committee
- Dog Tags Navigators Veterans Organization
- Greater New Bedford Allies for Health and Wellness
- 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
- Health Access Collaborative
- Roosevelt Middle School in New Bedford
- New Bedford Boys and Girls Club
- Mercy Meals and More
- South East Community Health Worker Collaborative
- Stanley Street Treatment and Recovery (SSTAR)
- United Interfaith Action
- Wareham Homeless Coalition
- City of New Bedford Health Department
- YWCA of Southeastern Massachusetts

Program: Maternal Child Health Education and Outreach

Documented health need: Many segments of Southcoast Hospital Group's service region have high rates of smoking among pregnant women and low breastfeeding rates compared to state averages. Furthermore, despite recent declines, teenage pregnancy rates in New Bedford and Fall River are still above the state average.

Services offered:

- Smoking cessation education among this target population (*as described in Smoking Cessation program section above*).
- Referral program for pregnant people who smoke through partnership with Greater New Bedford Community Health Center.
- Weekly Baby Cafés (in partnership with Baby Café USA) led by Southcoast Health Obstetrician/Gynecologist and lactation consultants.
- Subsidized lactation classes' at all three Southcoast hospitals.

- Early pregnancy education programming, including targeted expansion of childbirth education enrollment among BMC HealthNet enrollees.
- Parenting support through partnership with People Inc.'s, Healthy Families program.
- Collaboration with GNB Allies for Health Access Committee, including distribution of resource information to community stakeholders, increasing awareness of postpartum depression through community events, and pre-implementation planning for support groups that will target socioemotional issues faced by postpartum parents.

Populations served: Families, including pregnant women, fathers, siblings and new parents, particularly teen mothers and mothers who smoke.

FY 2017 goals:

- 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 GNB Allies Health Access Committee to hold at least one training to educate and engage the community on issues related to maternal mental health.
- Work with GNB Allies Health Access Committee to develop and implement a strategic social media campaign to increase awareness on the topic of postpartum depression.

FY 2017 outcomes:

- Southcoast continued to provide referrals for smoking cessation and educational support for breastfeeding to new and expectant mothers.
- In collaboration with Greater New Bedford Allies Health Access Committee, a representative from MCPAP for moms participated in Grand Rounds at all three Southcoast Hospitals and trained staff on recognizing and treating maternal mental health issues.
- Work began to develop and implement a social media campaign aimed at increasing awareness of postpartum depression in the community.

FY 2018 goals:

- Begin implementation phase for support groups that will target socioemotional issues faced by postpartum parents.
- Increase number of women breastfeeding at discharge from Family Centered Unit by 5%.

Community partners:

- Greater New Bedford Community Health Center
- Greater New Bedford Alliance for Health and Wellness
- Health First Family Health Center
- Boston Medical Center HealthNet
- People Incorporated Healthy Families Program
- Marion Public Health Nurse
- Kennedy Donovan Center Early Intervention Program
- Schwartz Center Early Intervention Program.

Program: Health Access Outreach

Documented health need: High unemployment rates in the South Coast region have led to loss of insurance coverage for many area residents. Additionally, many area residents who have state-subsidized health insurance are not aware of the renewal process. As a result, the South Coast has a higher rate of uninsured residents than the state as a whole.

Services offered:

- Provide insurance application assistance through Patient Financial Services (at Southcoast Hospitals, community outreach events and on the Health Van) to our patients that are uninsured, underinsured, or denied coverage by a government healthcare program.
- Provide outreach and education to families, local schools and other community entities, including outreach to public housing residents in Fall River and New Bedford.
- Provide interpreter services at hospital sites and on the Health Van.

Populations served: Residents who lack health insurance or need to renew public insurance plans. Residents who have lost their employment and as a result, their health insurance.

FY 2017 goals:

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

FY 2017 outcomes:

- Community outreach increased by 30% from FY16 to FY17.
- Patient Financial Services filed 5,120 applications in FY17, a 15% increase over FY16.

FY 2018 goals:

- Work with one community housing partner to establish an onsite drop in city to improve access to patient financial services.
- Participate in at least 20 community outreach events.

Community partners:

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

Program: Behavioral Health/Substance Use Intervention

Documented health need: Over the last several 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” than the state average.

Services offered:

- Behavioral Health Connect (BHC), a comprehensive online database offering information on regional behavioral health services and community resources. The database includes over 1,000 pages of searchable information on hundreds of clinical and community behavioral health and social service agencies. Located on our public web site, BHC is available for use by Southcoast staff, other behavioral health providers and consumers and updated regularly by Southcoast staff based on input from community partners.
- Members of our staff participate in 11 local community coalitions to address 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.
- 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.
- Neonatal Abstinence Syndrome (NAS) Patient Advocacy Pilot Program at St. Luke’s Hospital in New Bedford. Created through a philanthropic donation, this program provides support to opiate exposed newborns and their mothers with the goal of improving long-term outcomes. This pilot program includes the addition of Patient Advocates 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.

Populations served: South Coast residents who experience behavioral health issues such as substance use disorders, mental health diagnosis (e.g. major depressive disorder), or dual diagnosis with both substance use and mental health disorders.

FY 2017 goals:

- 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.

FY 2017 outcomes:

- Southcoast worked collaboratively with many community partners to determine best practices in promoting safe storage and disposal of prescription medications in drug kiosks at police stations to the public.

- Southcoast assumed a leadership role in the Substance Exposed Newborn Committee of SE Massachusetts. A group consisting of various stakeholders and providers of services for pregnant women with substance use disorder.
- Southcoast physicians participated in five community forums in an effort to educate the public on various topics related to substance use disorder.
- Implementation of a marketing plan for Behavioral Health Connect was on hold due to system upgrades. Planning is currently underway to begin to market the upgraded system widely across Southcoast staff and the public.
- Utilization of current Behavioral Health Connect system increased from FY16 to FY17. Sessions increased by 173% (from 12,427 to 33,896), users increased 175% (from 9,737 to 26,805), and page views increased by 142% (from 20,886 to 50,537).

FY 2018 goals:

- Complete various upgrades to the Behavioral Health Connect system, including the addition of a provider portal and improved searchability.
- Provide at least three community trainings on the new BHC system.
- Work with internal staff and community partners to increase utilization of prenatal services by women with active substance use disorder or engaged in a medication assisted treatment program.
- Assume a leadership role in developing and implementing a countywide alliance of existing substance use coalitions and hold at least one group meeting.

Community partners:

- 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
- Greater New Bedford Interchurch Council
- Massachusetts Department of Children and Families
- High Point Addiction and Treatment Center
- AdCare North Dartmouth
- 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
- New Bedford Mental Health Providers Network

Program: Healthy System and Environment Change

Documented health need: Creating healthier communities depends a great deal on the environment that people live in, which include their homes, neighborhoods and wider communities. We recognize that many chronic diseases and health problems that afflict area residents relate to risk factors such as sedentary lifestyles and high rates of smoking. Significant health disparities exist in our region, evident in chronic disease and mortality rates. Residents in several of our communities, 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.

Services provided:

- Southcoast is a major partner, along with YMCA Southcoast, in Voices for a Healthy SouthCoast, 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. Voices major goal is to advocate for environmental and policy change that helps promote healthy lifestyles and disease prevention in a sustainable way.
- Together with Voices, Southcoast 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.
- Southcoast annually collaborates with the Fall River and New Bedford Fitness Challenges, which engage more than 800 residents each year in a low-cost program over several weeks to promote physical activity. Southcoast provides all health screenings at kickoff events and helps provide ongoing events and education for participants.
- 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.
- “Walk with a Southcoast Doctor,” program, a once a month event offering participants 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.
- Southcoast offers a CSA program and hosts Farmers Markets at four hospital sites once a week from early July through October. Southcoast staff and community members attend the markets, improving direct access to healthy and locally grown vegetables and fruits.

Populations served: South Coast residents who experience food insecurity and have low rates of physical activity, particularly low-income residents in the cities of Fall River and New Bedford, where data show these risk factors to be higher than the region as a whole.

FY 2017 goals:

- Engage residents in the South End of New Bedford and the Flint neighborhood in Fall River in neighborhood action planning based on 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.

FY 2017 outcomes:

- Analysis of a participatory research project completed in 2016 was shared with the community and formed the framework for various activities including three community dinners that were held with residents from the South End of New Bedford.
- Southcoast supported various wellness events that targeted vulnerable neighborhoods including Homeless Connect.
- Southcoast engaged in many efforts to expand food security and food rescue programs. Projects included:
 - A food rescue program 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, homemade soup each day and the Hunger Commission truck picks up the soup on a weekly basis and distributes it to regional food pantries. Over the past year, Southcoast donated several hundred gallons of nutritious, homemade soup.
 - Weekly delivery of CSA vegetables to vulnerable patients through Southcoast's community health workers. Many of the residents are low income, some homeless, and do not have ready access to healthy food.
 - 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 to over several hundred families in New Bedford and 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 including Meals on Wheels and emergency food packages.
 - Southcoast provided evening meals to over 50 minority young men who were part of our PRIDE grant program in New Bedford. For many of these young men, the dinner they received at the PRIDE program was the only dinner available to them.

FY 2018 goals:

- Increase the number of wellness walks offered across the South Coast in collaboration with Southcoast physicians and community partners.
- Increase distribution of healthy food in vulnerable neighborhoods through the Southcoast Health Farmers' Market program and soup distribution program. Increase distribution by 25%.

Community partners:

- YMCA Southcoast
- Acushnet Company
- American Heart Association
- Catholic Social Services
- Fall River Community Recreation Department
- 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

Program: Southcoast Health Van

(Licensed by the Massachusetts Department of Public Health)

Documented health need: Many South Coast residents lack access to regular primary and preventive health care. There is a low rate of recommended colorectal screening in our region, due to cultural and health access barriers.

Services offered:

- Focused outreach on vulnerable populations in public housing, senior centers, the fishing community, soup kitchens and ESOL programs.
- Health screenings, including cholesterol, blood pressure, blood sugar, body mass index, bone sonometry, oral cancer, pregnancy, and sexually transmitted disease (STI) testing at a number of teen clinics at local high schools.
- Health information for stroke prevention and cancer education on breast, skin, cervical, prostate, lung and colon cancers.
- Distribution of Stroke Awareness kits, in conjunction with the FAST campaign by the Massachusetts Department of Public Health. This campaign helps residents recognize the signs and symptoms of stroke and act FAST in obtaining treatment. The van targets 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 distributed in Portuguese and Spanish.
- Referrals for primary care and other health services including access to health insurance.
- 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.
- Monthly screenings and education at a number of housing sites throughout New Bedford, Fall River and Wareham.
- ESL Program (English as a Second Language) in New Bedford and Taunton, which serves a diverse group of immigrants. Van staff also collaborates with the Adult Learning Programs and the Immigrant Assistance Center in New Bedford.
- Community outreach, screenings and education as part of the annual Fall River and New Bedford Fitness Challenges and monthly New Bedford Well program, a free exercise, nutrition and education program for New Bedford residents.

- Collaboration with local family planning agencies to offer counseling on sexually transmitted diseases, pregnancy prevention and confidential pregnancy testing at several high schools in the South Coast region and our RAPP program in New Bedford.

Populations served: 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. The Southcoast Health Van serves an ethnically diverse population including Portuguese, Brazilian, Hispanic, Mayan Kichie and Cambodian immigrants.

FY 2017 goals:

- 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.

FY 2017 outcomes:

- This past year, approximately 4000 residents visited the van. Van staff provided over 20,000 screenings and 465 vaccinations.
- Our data shows 50% of those screened in the past year had abnormal blood pressure, 25% had abnormal cholesterol levels, and 25% had abnormal blood sugar levels. Our van staff provides extensive education on these risk factors.
- Van staff participated in Phase II of a cancer disparities outreach project to increase screening rates for colon cancer among vulnerable populations. A range of cancer screenings and education on prevention, including distribution of colorectal cancer screening kits, were offered. Kits distributed on the van were processed free of charge at Southcoast Hospital labs and provided a basic level of screening accessible to all residents.

FY 2018 goals:

- 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.
- The Mobile Van service looks to provide additional service to the New Bedford Homeless shelter visitors by providing support along with a community CHW at the site for medical /psychosocial treatment and follow up.

Community partners:

- The ESL Program (English as a Second Language) in New Bedford and Taunton
- Adult Learning Programs on the South Coast
- New Bedford Housing Authority
- The Immigrant Assistance Center
- YMCA Southcoast
- Local colleges including Bristol Community College and UMass Dartmouth
- Greater New Bedford Regional Vocational High School
- Old Colony High School in Rochester
- Wareham High School

Program: Cancer Outreach

Documented health need: The South Coast region generally has higher rates of cancer than state averages in almost all categories of cancer, with the top three highest incidences being in breast cancer, prostate cancer and lung cancer.

Services offered:

- Oral cancer: In collaboration with the Fishing Partnership, we provided oral cancer screenings to 31 participants on the Fishing Pier in New Bedford. Almost one third of patients screened required further evaluation.
- Breast cancer: Provided breast cancer education to more than 1,000 women at a number of events including multiple health fairs geared toward women, a senior health fair at Dartmouth COA and free mammograms to uninsured individuals during the month of October.
- Colorectal cancer: Assisted vulnerable residents overcome barriers to preventative and comprehensive care for colorectal cancer, utilizing community health workers to provide education and navigation.
- Prostate cancer: Through the Health Van, we distributed educational materials in both English and Spanish.
- Skin cancer: In addition to free skin cancer screenings, we provided skin safety and prevention information at a variety of venues with a focus on local schools to emphasize sun safety and the risks associated with tanning beds.
- Relay for Life: We reached over 3000 people during our participation at four Relay for Life celebrations in New Bedford, Fall River, Tri-Town and Wareham. Sun safety and skin cancer awareness was the focus.
- Shine a Light on Lung Cancer: Over 125 guests and Southcoast staff filled the Fairhaven Cancer Center to provide our community with hope, inspiration and support for those impacted by lung cancer and those at risk.
- Every year, Southcoast Centers for Cancer Care Physicians and Nurse Navigators donate their time by offering free lectures in the community on a variety of subjects.
- CLIMB Program: Southcoast Centers for Cancer Care is collaborating with Children's Treehouse Foundation to bring cancer education program to the region. CLIMB (Children's Lives Include Moments of Bravery), is a unique program that provides coping skills to children whose parents or grandparents have cancer. The program helps normalize feelings of sadness, anxiety, fear and anger for the kids and stimulates improved communication between the children and their affected love one.

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

FY 2017 goals:

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

FY 2017 outcomes:

- Southcoast Center for Cancer Care received a grant in FY17 from the Colon Cancer Foundation to expand outreach efforts on the South Coast. 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. We also collaborated with the Immigrants Assistance Center at an annual ethnic event in New Bedford and reached over 100 people, many of whom

are Portuguese or Hispanic and face language barriers.

- This year we celebrated over 700 cancer survivors and their families for their courage at an annual Cancer Survivor event at our Center for Cancer Care in Fairhaven.

FY 2018 goals:

- Increase referrals for lung cancer screening through targeted outreach and education to at-risk populations.
- Hold at least one community event to celebrate cancer patients and their families.
- Develop a campaign aimed at reducing stigma associated with colon cancer screenings.

Community partners:

- American Cancer Society
- Gloria Gemma Foundation
- Sailing Heals
- 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
- Fishing Partnership
- New Bedford
- O'Jornal
- Radio Voice of the Immigrant (WHTB)

Program: Coalitions to End and Prevent Homelessness

Documented health need: Homelessness is a problem throughout our region, particularly in the town of Wareham where the rate of unsheltered homeless residents approach numbers in our larger cities where there is more than triple the population.

Services offered:

- Both the Wareham Housing Working Group and the Intervention Working Group convened and met on a regular basis. The Housing Working Group, in collaboration with Father Bill's and Mainspring, provides a range of services for homeless individuals in Plymouth County 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.
- 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. 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 aims to house between two and five residents on an annual basis.
- 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 also received permanent housing and ongoing case management. Regular communication between GNBCHC Wareham and Tobey Hospital's Emergency Department continues to enhance coordination of services.

Populations served: Individuals in the region served by Southcoast Hospitals Group who are currently homeless or at risk of becoming homeless or individuals who were previously homeless and recently housed.

FY 2017 goals:

- 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 (CCIT) 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.

FY 2017 outcomes:

- One housing site for six chronically homeless individuals in Wareham was developed.
- Southcoast staff participated in the Intervention Group; multiple patients who were homeless and receiving services from Turning Point/Father Bills (at least 12) accessed care through a collaboration in which Southcoast Health takes part.
- Southcoast took on a leadership role in the New Bedford Homeless Service Providers Network and regularly attended meetings of the CCIT in New Bedford.
- Southcoast engaged in the South Coast Regional Homeless Providers Network to share lessons learned and better understand current work taking place on the regional level around homelessness and prevention of homelessness.
- Southcoast staff visited the Father Bill's Main Spring shelter in Brockton to view and discuss an onsite clinic that supports medically unstable homeless residents.

FY 2018 goals:

- Expand accessible medical services at homeless shelters in Fall River, New Bedford and Wareham in collaboration with community partners.
- Work with CCIT partners to develop a method for sharing information in compliance with HIPAA regulations to enhance care coordination for individuals with complex social/emotional and medical needs.

Community Partners:

- Greater New Bedford Community Health Center
- Father Bill's/Mainspring
- Turning Point
- Sister Rose
- United Way
- New Bedford Homeless Service Providers Network
- South Coast Regional Network to End Homelessness
- Stepping Stone, Inc.
- City of New Bedford

EXPENDITURES DURING THE REPORTING YEAR

In FY 2017, Southcoast contributed almost \$19 million in community benefit programs that reached the disadvantaged, underserved and those at-risk, and provided services they otherwise would not have been able to access. Our major initiatives concerning health access, health equity, behavioral health and youth risk behavior all had significant impact, with growing programs that reached large numbers of South Coast residents.

Total Expenditures FY 2017		Estimated Program Budget FY18	
Community Benefits Programs	Direct Expenses	\$11,459,744	\$12,000,000
	Determination of Need Expenditures	\$0	\$0
	Employee Volunteerism	\$0	\$0
	Other Leveraged Resources	\$692,128	\$800,000
Net Charity Care	\$6,750,771	\$7,000,000	
Corporate Sponsorships	\$85,000	\$85,000	
	Total Expenditures	\$18,987,643	\$19,885,000

CONTACT INFORMATION

Rachel Davis | Community Benefits Manager
Southcoast Hospitals Group
363 Highland Avenue | Fall River, MA 02720
Phone: 508.973.5212 | Fax: 508.973.5876
davisra@southcoast.org | www.southcoast.org
www.facebook.com/southcoasthealth | @SouthcoastHosp

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/>