



Bridging the Divide

2014 COMMUNITY BENEFIT REPORT

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Sir Isaac Newton once wrote, “We build too many walls and not enough bridges.”



Today, more than ever, we need bridges between the voices of families in our communities and healthcare providers who seek to focus resources where they are needed most. With the great diversity of our region, we have an opportunity to improve the health of all the communities we serve, including the most vulnerable, by providing culturally appropriate, community-informed, prevention-smart resources that harness the most visionary approaches in healthcare today. Our destiny must be your *bestcare*.

Our mission will help us build bridges that ensure your health and wellness is easier to maintain by providing better access, less complicated services, mindful of eliminating the barriers to quality care and outcomes.

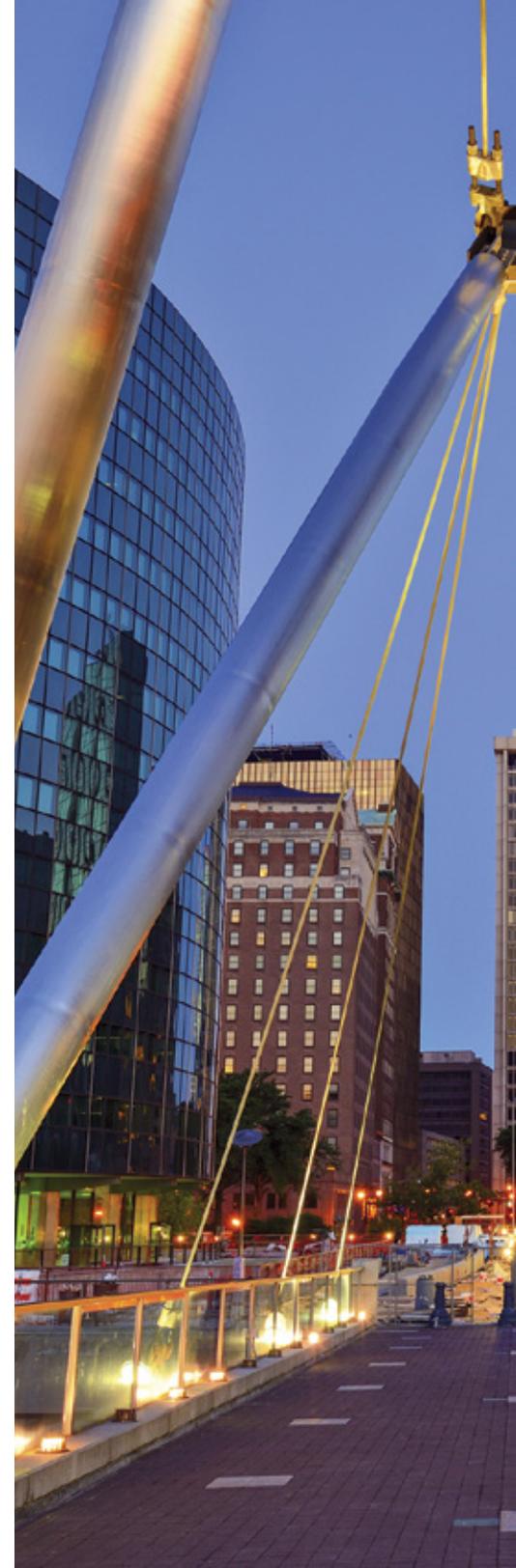
In the stories that follow, you will see moving examples of how our mission to give back to our community is making a difference. In 2014, over \$78,102,500 was targeted to community needs. That amounts to \$213,979 each day. Every dollar must pass the mission test to benefit the communities we serve, especially those in most need.

Ask Deborah, whose destination in life crossed a bridge that introduced easier access to care, more meaningful relationships that assisted all aspects of life that made a difference in her outlook. Or Rev. David Massey, who engaged providers at Saint Francis as family...honestly shaping the way care needed to happen for him. Talk with members of the Bhutan Community who see Saint Francis as a neighborhood partner helping them transition to a new home.

After 118 years, Saint Francis' mission is well positioned to build bridges to more personal health and wellness for you, as well. Where relationships matter most. We value our relationship with you and your family, and welcome your insights! More than ever, we are honored to be a trusted provider of healthcare to benefit our communities!

Christopher M. Dadlez, FACHE
President and Chief Executive Officer

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Bridging the Divide

The role of community in healthcare is changing – never before has the healthcare system focused so much attention on the needs of patients and the idea that relationships with the people in the community can lead to a better system for providing the care and support needed for optimal health.

Community Benefit is emblematic of that change – from its start as a simple plan for collecting and reporting data about community-based hospital activities, to the development of a required annual reporting to the IRS and periodic Community Health Needs Assessment and the subsequent Strategic Implementation Plan designed to address those needs. Community Benefit at Saint Francis has evolved to target resources where they are needed most and to bridge the divide between the system of healthcare delivery and the current needs of community members who choose Saint Francis as their healthcare provider.

The Saint Francis Strategic Implementation Plan for Community Benefit identifies four priority areas of work based on the findings of the Community Health Needs Assessment completed in 2012. (See call-out box.) These priorities highlight issues that have a significant impact on health outcomes for patients both within the healthcare system and in the community. This report will identify those priorities and then provide examples of patients who have benefited from our commitment to providing services that target community priorities and improve health outcomes. These stories are important, not only for those in need of care, but for us all. As a community of people who participate together in a healthcare system, we need to understand how that system can help each of us when we need it most. By highlighting a few examples we hope to share our priorities, demonstrate the value of bridging the divide between the community and the healthcare system, and engage the community in this important discussion.

Strategic Priorities for Community Benefit:

Improve Communication

Example: Work with a new immigrant group results in better understanding.

Remove Barriers to Healthcare

Example: Collaboration with community agency improves health outcomes for a patient.

Provide Coordinated Care

Example: A patient with complex health issues gets the services needed to return to health.

Target Social Determinants of Health

Example: Financial counselors help patients enroll in needed health insurance.



Improving Communication

The Welcoming Committee meets with new immigrants to offer assistance. [Clockwise, Front to Back] Jennifer Cassidy, Nancy Caddigan, Dr. Janet Bauer, Mary Stuart, Lar Pwe Paw, Reena Shrestha, and Alok Bhatt.

The Welcoming Committee is a sub-committee of the Asylum Hill Neighborhood Association (www.asylumhill.org) and has been meeting monthly at the *Curtis D. Robinson Center for Health Equity at Saint Francis* for the past year. This group is made up of members from both the immigrant and receiving communities, and focuses on supporting new immigrants to integrate into the neighborhood as well as navigate the services they need to make Hartford their new home. The space is offered free to community groups, and provides easy access to parking and is located right on the bus line which enhances the ability of group members to attend regularly, thereby improving group cohesiveness.



Members hail from countries that include Togo, Cameroon, Bhutan, Burma, Peru, the Ivory Coast, Ghana and Nepal. Many are learning English and establishing themselves and their families by connecting with fellow residents, neighborhood agencies and institutions offering them a range of services and targeted assistance. The support of the Center facilitates such connections to multiple resources and serves as a bridge between group members and the services that exist in the community. This past year staff from the Urban League, located in the same building, gave workshops on “Buying Your First Home” and “Finding Employment,” topics that group members had asked to learn more about.

The relationship with the *Welcoming Committee* works both ways in that the members sometimes serve as a resource for Saint Francis. One example of this is when a hospital chaplain was working with a patient whose family member was dying; she was not aware of the cultural and religious customs of this family and was trying to find a religious leader from within that community who could assist the family through this difficult time. By contacting a member of the *Welcoming Committee*, an appropriate religious leader was found and the family found some solace during this difficult time. In another case, a social worker from the *Saint Francis Children’s Advocacy Center* had concerns about communicating appropriately to the family member of a child who was sexually abused. Again, the *Welcoming Committee* served as a resource for finding the information needed to help the staff member communicate this sensitive information to the family in a culturally appropriate manner.



Reena Shrestha, who recently relocated to Hartford, meets with the *Welcoming Committee* to learn about access and resources.





Removing Barriers to Healthcare

Management of a chronic illness can be a difficult task, but it is even more challenging when faced with limited resources and insufficient health insurance coverage. Saint Francis has partnered with a national organization called *Community Solutions*, which is engaged locally in community development designed to improve the quality of life for the residents in the North End of Hartford. One focus of this partnership has been to help residents find the services they need to manage chronic illness rather than using the high-cost services of the Emergency Room for their healthcare. In the first nine months of a pilot project, participants experienced a 57 percent decrease in their Emergency Room use. A social worker from *Community Solutions*, Nadia Lugo, says her client Deborah Knowles' story shows how the new approach works.

Heather Applewhite, MD, a first year Family Medicine resident, consults with Deborah about her medical history.



Evelyn Pianko, MA, checks Deborah's vitals prior to her medical appointment.

Deborah is a North End resident by way of South Carolina. She lives in a very clean and homey apartment, and she has an amazing smile – that becomes even more amazing when you learn she is living with chronic back pain, cirrhosis of the liver, diabetes, and hypertension. It's clear when you sit in her kitchen that she loves to cook. She has a large bag of onions and potatoes on the shelf in the corner along with big bags of both rice and beans. She even has a set of measuring cups adorning the walls.

“When I was a kid we moved to South Carolina and we didn't have any furniture in our new house. My mom said she could buy the furniture if we all agreed to eat beans for a full month. So we did – and we got that furniture. And you know – I still love to cook beans.”

When she met Nadia, Deborah was using the Emergency Room to deal with her health issues. She did not have transportation, and because of acute back pain, she was unable to walk to the bus stop. Sometimes her medical cabs did not show up, so she would call the ambulance to get to the Emergency Room and receive the treatment she needed. This use of the Emergency Room was logical, but it was also expensive and time-consuming for Deborah. Nadia helped her develop a better strategy for managing her chronic conditions.



Social Worker Nadia Lugo and Deborah leave the Family Medicine Center at Asylum Hill.

Since she met Nadia, Deborah has seen her quality of life, and her health, improve significantly. She now has a plan set up with her landlord to address back rent, and a walker and stability bars to get around her apartment more easily. Her prescriptions are now delivered to her home, and she has gained control of her diabetes thanks to a primary care doctor and a visiting nurse, who helps with her insulin shots. Deborah no longer spends the day in bed depressed and in chronic pain. Instead, she says she wants to get outside more and visit her friends and family. She is even considering attending the Valentine's Day Dance at the Elks Club.

Community-based care coordination has helped Deborah spend less time in the hospital and more time doing what she loves. She is forever grateful to Nadia for helping her get her life back.



Reverend David Massey in the sanctuary of Hopewell Baptist Church.

Providing Coordinated Care

Pastor David Massey has seen a lot of Saint Francis in the past few years. First he was diagnosed with heart disease, concurrently he had diabetes and then, just as soon as he recovered his health, he found a lump on the side of his neck. It proved to be nasal pharynx cancer and became the most difficult of his health issues to address. For almost a year he received radiation and chemotherapy treatment at the *Saint Francis/Mount Sinai Regional Cancer Center*. It was a long and difficult journey that included many healthcare providers.

“I’ve been at Saint Francis a lot lately, it feels like family to me and one person can make a big difference.”

Health issues have changed Reverend Massey in many ways. The first thing you notice is that his weight has dropped from over 200 lbs. to a slim 170 – a weight that he describes as “looking good on me.” He also says he has a lot more knowledge about how to be an advocate for himself and he actively participates in healthcare decisions. For example, when he saw that his blood sugars were normal after having lost all that weight he suggested that he stop the medicine to see if his blood sugar was now stable, and he was right. Before this journey he was not so good at that. But now he says, “I’m healthy in my mind, and I play a role in my healing and my care.”

Pastor Massey is a thoughtful, articulate person – and he describes himself as “particular.” So when he was not getting what he needed from Saint Francis staff he asked to talk with a supervisor and things improved; when he felt that he could benefit from taking the Diabetes Class a second time he asked to be enrolled in the next class; and when he found the music in the chemotherapy suite not to his liking, the staff found something more appropriate. Patients appreciate it when they are recognized as individuals and healthcare providers work to coordinate the care they need. Acknowledgement from a healthcare provider of the struggle to stay positive when you are sick can go a long way. The small things can make all the difference in healing. Reverend Massey said it best when he said, “I’ve been at Saint Francis a lot lately, it feels like family to me and one person can make a big difference.” Imagine the difference Pastor Massey can make when he speaks to his congregation of over 1,700 people about his insights on health and the coordination of healthcare services he received from Saint Francis.



[Top] Joerg Rathmann, MD and Michele Bender, RN, BSN, OCN, consult with Reverend Massey, during a follow-up appointment in the Saint Francis/Mount Sinai Regional Cancer Center.

[Bottom] Lillie Tierney, MS, RD, CDE, reviews portion size with Reverend Massey in the Diabetes Care Center.

Targeting Social Determinants of Health

Issues on the margins of healthcare, but in the center of people's lives can have a huge impact on health outcomes. How much money someone makes, the neighborhood they live in, their level of education, the type of work they do, housing, food security, exposure to violence, experience of trauma – all of these issues are referred to as the “social determinants of health” and must be addressed to maintain good health.

At Saint Francis, five full-time Financial Counselors help patients and community members enroll in health insurance – either Medicare; Medicaid, or insurance on the Health Exchange. Patients are also screened to determine if they qualify for resources available for a specific illness or an expensive drug. Finally, Charity Care, or “financial relief,” is offered through this office to those who cannot get health insurance. The staff is a diverse group of committed professionals – 4 out of 5 are bilingual; they work at the Gengras and Burgdorf Clinics; in the Emergency Room; and on the Hospital floors. They provide help when it is needed most.

Maritza Arnold, a Financial Counselor at Burgdorf Clinic, screens a new patient.



Here is what they had to say about their work:

Tell me about a typical day in the life of a Financial Counselor.

“Our work mostly includes talking with people to find out their needs and then matching them up with the programs that can help.”

Can you tell me more about those programs?

“We provide information about health insurance that is on the exchange (Access Health CT) and information about Medicaid and Husky, and then we also work with people to see if they qualify for “financial relief,” sometimes called Charity Care, and finally we help with payment plans.”

When you say payment plans, what do you mean?

“This is when someone has a bill and they cannot pay it all off but they can come up with a plan to pay it off slowly until it is fully paid.”

Where do you get referrals?

“All over, the Emergency Room, the ‘daily report’ which includes all the in-house self pay patients, from case management and now we also get referrals from the State 211 Helpline. The financial counselors at Saint Francis are qualified to help people find health insurance on the State Health Exchange. So that means we might be helping a person with private insurance or state coverage and it also means they might not come to Saint Francis for their healthcare.”

You mean you are signing up people who just come into the hospital to find health insurance?

“Yes, now that we are trained to do this work when people call the 211 Helpline they might refer them to us for assistance with their application. Right now is the “Open Enrollment” period so it’s pretty busy with people who are trying to find insurance on the exchange.”

Tell me a little more about how you do your screening?

“We have to learn about what their needs are so we ask if they are citizens, if they have insurance or not, if they are fully insured or if they need more insurance. We need to know about their income, who they live with, where they work, it’s a lot of information that we ask for, so by the end we have a clear picture of what is going on.”

Do you have examples of patients that you have helped?

“I helped a family with 6 people; 4 were undocumented and the 2 youngest children were born here, so they were U.S. citizens. They were afraid to ask for help because they thought that only 2 of the kids would qualify for assistance and in filling out that paperwork the others would get found out. So they didn’t fill it out for a long time. But I talked to them and explained the others would qualify for help from the hospital and in the end everyone got the healthcare they needed.”

“I had a family where the mother was very sick, but she didn’t have the money to pay for the premium for her health insurance. The mother did not speak English very well so her daughter helped with communicating and with filling out the paperwork needed to get coverage. The daughter was pregnant and very worried about her mother who needed surgery quickly. So we expedited the approval process and the mother got her surgery. Then after the daughter had her baby we counseled her to tell the insurance company about this change; as a result the premium she was paying decreased significantly. She was so happy when she got this news she came in to the office to tell the news.”

What do you want others to know about the work that you do?

“Well it’s very rewarding, you know. We see people at their worst and then with our help they get better.”

“Sometimes because of our help, they are alive. I once worked with a woman who needed a heart transplant. She had 3 children and was very sick. But we helped her and now she is doing really well.”

“We have to develop trust before we can help – sometimes people are too proud to ask for assistance, but we approach it by making a connection and then telling them the information they need to know.”

“People have lots of wrong information so it’s nice to be able to tell them what we have to offer.”

“Also, sometimes we are actually saving the Hospital money. One time I had a patient who was very sick with diabetes and he was coming into the Emergency Room and ending up in the ICU. He was not here legally so he didn’t qualify for Medicaid or other insurance. But we finally convinced him to share the documents we needed and were able to get him on financial relief. Then he started taking control of his diabetes and he would come into the clinic instead of going to the Emergency Room.”

Community Benefit – Activity at a Glance

During 2014, Saint Francis provided community benefit services to 147,675 individuals who received financial assistance for their medical care and support through our Community Benefit programs.

Charity Care
\$5,967,252

Free or discounted health services provided to persons who cannot afford to pay and who meet the organization's financial assistance policy criteria are categorized as Charity Care. This year's report highlights the work of the Financial Counselors who administer Charity Care, sometimes referred to as financial relief. Charity Care is reported in terms of costs, not charges.

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Community Benefit Services
\$30,235,625

Services provided to meet community needs identified in the Community Health Needs Assessment are referred to as Community Benefit Services. Included here are clinical patient care services provided despite a negative margin, public health programs, community outreach and education, and partnerships with local community agencies.

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Government-sponsored Healthcare
\$41,899,623

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

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Total Community Benefit
\$78,102,500





Community Benefit – Services

What are the numbers?

Community Benefit is categorized into three broad areas which include: Charity Care, Government-Sponsored Healthcare, and Community Benefit Services. The following list outlines, in more detail, the Community Benefit Services portion, which this past year totaled \$30,235,625.

A. Community Health Improvement Services

\$2,035,780

These activities are carried out to improve community health and are usually subsidized by the healthcare organization. There are four groupings within this category: Community Health Education, Community-Based Clinical Services, Healthcare Support Services and Other Community Health Improvement Services. The following is a sample of programs and activities in each of these categories.

Community Health Education

- Adaptive Rowing Program
- Breast and Cervical Cancer Education and Outreach
- Breastfeeding Support
- Child Abuse Prevention Education and Outreach
- Cancer Support Groups
- Childbirth Education Classes
- Colorectal Screening and Education Program
- Center for Diabetes & Metabolic Care Program Education and Outreach

- Curtis D. Robinson Center for Health Equity Programs:
 - Community Engagement Activities
 - Language Services Education
 - Men’s Health Education
 - Navigation Services
 - Pastoral Counseling Training Program
- Golfers in Motion
- Health Promotion Activities
- Healthy Start and Parenting Programs
- Integrative Health Services
- Medical Legal Partnership Program
- Violence and Injury Prevention Program
- Women’s Heart Program Outreach

Community-based Clinical Services

- Preventive Health Screenings:
 - Cardiovascular Risk Assessment
 - Child Seat Safety Screening
 - Diabetes Screening
 - Mammograms
 - Prostate Cancer

- Services for Children and Families Impacted by Child Abuse
- Support for Malta Van Healthcare Support Services
- Cardiac Rehab and Wellness
- Care Management Support Services
- Diabetes Support Services
- Multidisciplinary Case Management Team for Child Abuse
- Nurturing Families Network Case Management Services
- Procurement of Pharmaceuticals for Indigent Clients

Other Health Improvement Services

- Caregiver Support Services
- Health Equity Fellowship
- Literacy Support Programs
- Transportation Support
- Language Support Services
- The Auxiliary Repetitions Thrift Store
- Joan C. Dauber Food Bank
- Keep-the-Power-On Utility Clinic



B. Health Professions Education

\$24,803,442

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

- Connecticut Institute for Primary Care Innovation (CIPCI)
- Dental Assistant and Dental Hygienist Training
- Dietitian Training
- Medical Student Education
- Nurses and Nursing Student Education
- OB/GYN Residency Training
- Other Health Professional Education
- Pharm-D Training Site

C. Subsidized Health Services

\$2,382,497

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

- Uncompensated Care – Dental Clinic
- Uncompensated Care – Family Medicine

D. Research

\$230,090

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

- Community Research Grants
- Federal Research Grants
- State and Local Research Grants
- Trainee Research Grants

E. Financial and In-kind Donations

\$237,064

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

- Donations to Charitable Organizations
- In-kind Use of Facilities
- Medical Mission Support
- Support for Local Community Organizations

F. Community-building Activities

\$238,668

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

- CREC Magnet School Partnership
- Disaster Planning
- Board Memberships
- Neighborhood Associations

G. Community Benefit Operations

\$308,084

This category includes the costs associated with staffing the community health department and costs associated with community benefit planning and operations.



The Curtis D. Robinson Center for Health Equity is located at 140 Woodland Street at the Urban League of Greater Hartford building.



Staff include: [Back Row, L-R] Mary Stuart, Sara Grant, Luis Diez-Morales, MD, Michelle Safo-Agyeman, Marcus McKinney, D. Min., Adriana Medina and Lawrence Young. [Front Row, L-R] Nkemdilim Chi Anako, Rebecca Santiago and Shirle Moone Childs, Ph.D.

Bridge. Navigate. Support.

The mission of the *Curtis D. Robinson Center for Health Equity* is to develop, deliver, and support innovative health equity solutions with and for the communities served by Saint Francis Care to improve overall health outcomes.

Founded in 2012 after the Saint Francis Care Board of Directors passed a resolution to focus on specific Health Equity priorities, the Center is staffed with a multicultural team committed to a collaborative approach to achieving optimal health through community engagement, education, health advocacy and research.

Staff at the Center for Health Equity focus on accomplishing the Strategic Priorities outlined in this report by:

- Bridging the divide between healthcare providers and patients.
- Supporting the community in addressing health disparities.
- Navigating the healthcare system to find solutions.

We welcome you to join us in this work!



Our Mission

We are committed to health and healing through excellence, compassionate care and reverence for the spirituality of each person.

Our Core Values

Respect

We honor the worth and dignity of those we serve and with whom we work.

Integrity

We are faithful, trustworthy and just.

Service

We reach out to the community, especially those most in need.

Leadership

We encourage initiative, creativity, learning and research.

Stewardship

We care for and strengthen resources entrusted to us.

Saint Francis Care is a healthcare ministry of the Catholic Archdiocese of Hartford.



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