Let's Go: Participating in Community Health Initiatives

Margot G. Malachowski, Baystate Health
LET’S GO!: PARTICIPATING IN COMMUNITY HEALTH INITIATIVES

MASSACHUSETTS LIBRARY ASSOCIATION ANNUAL CONFERENCE
PANEL PRESENTATION
MAY 7, 2014
MARGOT MALACHOWSKI,  
COMMUNITY OUTREACH LIBRARIAN  
ANNAMARIE GOLDEN,  
COMMUNITY & GOV’T RELATIONS  
BAYSTATE HEALTH, SPRINGFIELD, MA

ANNE GANCARZ,  
COMMUNITY SERVICES LIBRARIAN  
CHICOPEE PUBLIC LIBRARY
Hampden County has the dubious distinction of being the **least healthy county** in Massachusetts. Providers of health care are looking for innovative ways to tackle the causes of poor maternal/infant health, high rates of diet- and exercise-related disease, and barriers to adequate mental health services.
Libraries are **key community partners** in these endeavors. By offering community meeting space, digital literacy support and other resources, libraries expand the reach of health literacy instruction into the towns and cities that they serve.
Margot Malachowski, overview of libraries involved in health initiatives
Margot Malachowski, overview of libraries involved in health initiatives

Annamarie Golden, hospital perspective on need for community partners
Margot Malachowski, overview of libraries involved in health initiatives
Annamarie Golden, hospital perspective on need for community partners
Anne Gancarz, public library involved with health-related programming
Search for stories:

**allregions** list for MA libraries

**wmrls** list for W. MA libraries

**caphis** list for consumer health libraries, nationwide

**nahsl** list for health sciences libraries in North Atlantic region
Do you know of any public libraries that are supporting community health by having a nurse, social worker or other health care provider on site?
Search for stories:

Gale databases
PubMed
public libraries AND health, limited to last year, and only activities of public libraries in the United States
5 news items, 4 magazine articles, 1 research article, 1 conference proceeding and 1 dissertation
Results:

**Health Screenings & Vaccines**

Partnering with town or county health dept, visiting nurses or the Red Cross. Blood pressure screenings and flu shots most common.
Results:

**Health Fairs & Talks**
Offering space for health fairs, investing in assistive technology to bolster library services, health related programming (health talks, yoga, Zumba, vegetable seed sharing), story time with health themes.
Mission is to focus on being community hubs for healthy child and family development. MacArthur Public Library in Biddeford, ME hosted pediatric nurse, nutritionist, speech therapist, occupational therapist, WIC rep, and expert on lead paint poisoning.
Results:

On-Site Services

Pima County Library in Arizona
San Francisco Public Library
San Diego Public Library
Queens ConnectCare in NYC
San Francisco Public Library

In 2009, decided to partner with the Dept of Public Health to hire a social worker. Goal was to reduce amount of 911 calls by de-escalating tense situations.
Pima County Public Library

Initially sought to replicate this program, but concluded that a public health nurse was a better fit. PHNs roam the library with a stethoscope to signify a health care professional.
San Diego Public Library
Partners with a mental health services agency. The New Chapter Support Group is located within the library building, offering mental health and social services to public library patrons impacted by homelessness.
Queens ConnectCare

Partnership between Queens public libraries and the Joseph P. Addabbo Family Health Center, Albert Enstein College of Medicine and other community health organizations. Provide screenings and assistance with making follow-up appointments.
Prescription for the Future: Medical and Health Information Services for All Delawareans

Statewide initiative. Strategic plan developed by the Delaware Division of Libraries and the Delaware Academy of Medicine to integrate the efforts of libraries and health care professionals.
Prescription for the Future

Consumer health librarians were trained and embedded in three counties. The public libraries gained much needed support, and community members received high quality health information.
What I Learned:

Few libraries are employing health care professionals at this time. For those that are, the shared attribute is a partnership with a city or county health dept. Employee works for the city or county, works in the library, but gets training & support from the health dept.
What I Learned:
Librarians need to make the first move, and sustain the effort. Mary Grace Flaherty’s dissertation on Delaware found that those efforts were initiated by a medical librarian at the Academy of Medicine (2008).
What I Learned:

Pima County Public Library (AZ) was invited to participate in the local Community Health Needs Assessment. After the assessment, PCPL created a Health Information Literacy Team of staff members to play a role in addressing community health needs.
THE HEALTH SCIENCES LIBRARY AT BAYSTATE MEDICAL CENTER IS A RESOURCE LIBRARY FOR THE NATIONAL NETWORK OF LIBRARIES OF MEDICINE (NN/LM). OUR MISSION IS TO SERVE THE HEALTH INFORMATION NEEDS OF UNAFFILIATED HEALTH CARE PRACTITIONERS, LIBRARIANS, EDUCATORS AND CONSUMERS IN WESTERN NEW ENGLAND. WE PROVIDE FREE INSTRUCTION AND ASSISTANCE.
CONSUMER HEALTH LIBRARY

- 3300 Main Street satellite
- M-F afternoons, staffed by librarian
- Free pamphlets on general health
- Subscription databases
- Reference texts, health newsletters
- Free printouts on health information
- Phone, email, postal mail services
COMMUNITY OUTREACH, FY13

Springfield Public Library: 5 classes
Massachusetts public librarians: 4 classes
Baystate Health Senior Class: 3 classes
Storrs (Longmeadow) Public Library: 2 classes
Wilbraham Public Library: 1 class
Greenfield Community College: 1 class
Holyoke High School health teachers: 1 class
Gerena Elementary School parents: 1 class
Holyoke Pediatrics families: 1 class
COMMUNITY OUTREACH, FY13

Mt Zion Church Health Fair
Celestial Praise Church of God Health Fair
Dunbar Y Health Fair
Stone Soul Festival Health Fair
Baystate Health Heart Health Event
Van Sickle Middle School Career Day

Monthly networking meetings: Medical Home Work Group for Special Needs Children in Western MA (manage the social media for this group)
WHAT IS BAYSTATE HEALTH?
OUR MISSION

Baystate Health’s charitable mission is to improve the health of the people in our communities every day, with quality and compassion.
QUICK VIEW

- Private, tax-exempt not-for-profit health system serving Western MA and New England
- Region’s largest private employer with 10,000 employees
- 777 beds and 57 bassinettes across three hospitals
- 100,000 member-owned managed care organization (HNE)

Includes:
- Baystate Franklin Medical Center, Greenfield
- Baystate Mary Lane Hospital, Ware
- Baystate Medical Center, Springfield (an academic medical center)
- Baystate Children’s Hospital, Springfield
- Baystate Medical Practices, more than 60 outpatient practices throughout the region
- Baystate Visiting Nurse Association & Hospice, Hampden, Hampshire and western Worcester counties
- Several other services and centers
Baystate Health serves a population of almost 750,000 throughout Hampden, Hampshire, Franklin and western Worcester counties.
### HOW WE ARE ORGANIZED

<table>
<thead>
<tr>
<th>Care Delivery</th>
<th>Physician Practices</th>
<th>Philanthropy</th>
<th>Health Plan</th>
<th>Self-Insured Captive</th>
<th>Academics/Research</th>
<th>Physician-Hospital Partnership</th>
</tr>
</thead>
</table>
| Baystate Medical Center  
Baystate Franklin Medical Center  
Baystate Mary Lane Hospital  
Baystate Visiting Nurse Association and Hospice  
Baystate Infusion and Respiratory Services | Baystate Health Medical Staff (1,312 MDs)  
Includes: Baystate Medical Practices (approximately 400 MDs) | Baystate Health Foundation  
Baystate Health Foundation | Health New England | Baystate Health Insurance Company | Pioneer Valley Life Sciences Institute (partnership with UMass Amherst)  
Western Campus Tufts University School of Medicine | Baycare Health Partners (Joint Venture-approximately 1,150 MDs)  
Baystate Radiology and Imaging (Joint Venture)  
Baystate Orthopedic Surgery Center |

BH Care Delivery  
Physician Practices  
Philanthropy  
Health Plan  
Self-Insured Captive  
Academics/Research  
Physician-Hospital Partnership
LIVES TOUCHED EACH YEAR

Inpatient discharges: 44,501
Emergency visits: 153,231
Babies born: 4,846
Surgical Procedures: 32,734
Clinic visits: 499,915
Lab tests: 5,044,420
Diagnostic Exams: 340,770
Language interpreter sessions: 80,000 in more than 30 languages
HNE Covered Lives: 100,000
SERVING OUR PATIENTS

- 10,000 employees
- 1,504 medical staff
- 2,000 nurses
- 2,050 students including residents, fellows, and medical, nursing and allied health students
- 971 volunteers
DEFINING COMMUNITY BENEFIT

A community benefit program or activity:
- provides treatment and/or promotes health and healing
- as a response to the community needs of a target population
- identified through a community needs assessment
- with the active collaboration of the community and populations to be served
- not provided for marketing purposes
Baystate Health’s **Community Benefit Mission**

is to reduce health disparities, promote community wellness and improve access to care for vulnerable populations.

*Adopted by Baystate Health Board of Trustees, July 2010*
Committee/Council Charter

- Advocate for CB at Board level, throughout health system and in community
- Assist in integrating CB implementation plans into hospital strategic plan
- Review and approve CB mission statement and health priorities
- Review needs assessment
- Review impact of programs in promoting health of community
- Ensure AG & IRS compliance
What does the IRS Regulation 501(r)(3) requirement mean to Hospitals?

Not-for-profit hospitals must:

- Conduct a community health needs assessment (CHNA) every three years
- In collaboration with the community
- Make report widely available to public (i.e. hospital website)
- Board adoption of implementation strategy for each facility in the same taxable year that each facility's CHNA report is completed and widely publicized
- Comply by end of FY 2013 (September 2013)
- Excise tax of $50,000 per hospital and tax exemption may be at risk for failure to meet this requirement
- Pressure on hospitals to ensure “community benefit” investments are transparent, measurable, and responsive and accountable to identified community need
COALITION OF WESTERN MASSACHUSETTS HOSPITALS

Baystate Franklin Medical Center
Baystate Mary Lane Hospital
Baystate Medical Center
Cooley Dickinson Hospital
Holyoke Medical Center
Mercy Medical Center/Providence Behavioral Health Hospital
Wing Memorial Hospital
CHNA OBJECTIVES

- Identify the most significant health needs or problems
  - **Who** (vulnerable people, e.g., those with health disparities)?
  - **What** (poor health status, early mortality, chronic disease)?
  - **Where** (medically underserved areas, counties/zip codes)?
  - **Why** (access barriers, unhealthy behaviors)?

- The “How” = Implementation Strategy: identify potential program and collaboration opportunities that have a measurable impact
METHODS AND APPROACH

Project design (Design Team)

Phase 1: Secondary data analysis
- Social and economic indicators
- Hospital discharge data
- Health status and access indicators (and comparative benchmarks)

Phase 2: Primary data collection and analysis
- Interviews with community representatives
- Community survey
- Response sessions to validate findings

Phase 3: Prioritization of needs and report development

Implementation Strategy (hospital specific)
CHNA: TOPICS ASSESSED

• Demographics
• Economic indicators
• Health status indicators and benchmarks
  ▪ Mortality
  ▪ Morbidity
  ▪ Behavioral risk factors
• Health access indicators
  ▪ MUA/MUP/HPSA
  ▪ Ambulatory care sensitive condition (ACSC) discharges
  ▪ Insurance status
• Health disparities indicators

• Health care delivery system capacity and characteristics

• Community issues
  ▪ e.g., homelessness, housing, safety, crime, environmental concerns, food access

• Community assets
  ▪ e.g., organizations, groups, and individuals with whom to partner and leverage hospital resources
  ▪ Social services
  ▪ Public health resources
BAYSTATE MEDICAL CENTER
COMMUNITY DEFINED

- 51 ZIP codes representing all of Hampden County
- Projected population change (2012-2017):
  - Growth of about 1% overall; 11% increase in the 65+ population
- 11% of Baystate’s discharges for ambulatory care sensitive conditions (ACSC)
- Discharges for ACSC most frequent among Medicare patients
- High poverty rates in 6 Springfield ZIP codes
- Higher crime rates than the Commonwealth
- Disparities for Black and Hispanic (or Latino) residents:
  - More likely to be living in poverty
  - Higher stroke, heart disease, diabetes, and cancer mortality rates
- Growing diversity:
  - Growing Asian, Black, and Hispanic (or Latino) populations
  - 14% non-White in 2012; 16% non-White by 2017
BMC COMMUNITY SURVEY HIGHLIGHTS

1,321 RESPONSES WERE RECEIVED FROM RESIDENTS OF BAYSTATE’S COMMUNITY. SURVEY RESULTS WERE POST-STRATIFIED TO HELP ASSURE THAT THEY ACCURATELY REFLECT THE COMMUNITY’S DEMOGRAPHICS. RESPONSES ALSO WERE ASSESSED BY RACE, INSURANCE STATUS, AND EDUCATION STATUS.

• Community has difficulty accessing prevention, wellness, and mental health services
• Access disparities also are present, with White residents better able to access care
• MassHealth (Medicaid) recipients identified mental health as a top health issue
• Medicare beneficiaries identified cancer
• Commonwealth Connector identified dental health issues

• Uninsured residents and MassHealth (Medicaid) recipients rely primarily on free or low-cost clinics and hospital emergency rooms for basic primary care needs
• The community perceives top health issues to include:
  ▪ Low income/financial challenges
  ▪ Obesity
  ▪ Diabetes
  ▪ Substance abuse
  ▪ Unemployment
IMPLEMENTATION STRATEGY

Current IRS requirements are pushing population health measures to the forefront, making this an exciting time for those of us working in community outreach.

• Addresses *how* the hospital can best use its limited charitable resources to address priority needs
• Identify potential program and collaboration opportunities that have a measurable impact
• Must include:
  ▪ A description of the needs each hospital organization will and will not meet
  ▪ A description of how each facility plans to meet each selected health need
  ▪ A description of any planned collaborations
  ▪ A description of why each facility will not meet each of the needs it does not intend to meet
PRIORITY SETTING

Needs

Programs Aligned With Needs

Programs

Needs without available programs

Programs misaligned with identified needs
WHY IS SETTING PRIORITIES IMPORTANT?

- No hospital facility/organization can (or should) address all community health needs found in the CHNA process
- Hospital organizations want to assure strategic investment of limited charitable resources
- Communities benefit most from investments focused on the most pressing health improvement issues
- Priority setting is required by IRS
## PRIORITY COMMUNITY HEALTH NEEDS

<table>
<thead>
<tr>
<th>Access to Care</th>
<th>Plan to Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lack of Affordable and Accessible Medical Care</td>
<td>Yes</td>
</tr>
<tr>
<td>• Need for Care Coordination and Culturally Sensitive Care</td>
<td>Yes</td>
</tr>
<tr>
<td>Dental Health</td>
<td></td>
</tr>
<tr>
<td>• Lack of Access to Dental Care</td>
<td>No</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td></td>
</tr>
<tr>
<td>• High Rates of Alcohol, Tobacco, and Drug Use</td>
<td>No</td>
</tr>
<tr>
<td>• High Rates of Unsafe Sex, Teen Pregnancy, and Chlamydia</td>
<td>No</td>
</tr>
<tr>
<td>Maternal and Child Health</td>
<td></td>
</tr>
<tr>
<td>• Prevalent Infant Health Risk Factors</td>
<td>Yes</td>
</tr>
<tr>
<td>• Pediatric Disability</td>
<td>No</td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
</tr>
<tr>
<td>• Lack of Access to Mental Health Services and Poor Mental Health Status</td>
<td>Yes</td>
</tr>
<tr>
<td>Morbidity and Mortality</td>
<td></td>
</tr>
<tr>
<td>• High Rates of Diet and Exercise-Related Diseases and Mortality</td>
<td>Yes</td>
</tr>
<tr>
<td>• High Rates of Asthma</td>
<td>No</td>
</tr>
<tr>
<td>• Racial and Ethnic Disparities in Disease Morbidity and Mortality</td>
<td>No</td>
</tr>
<tr>
<td>Physical Environment</td>
<td></td>
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<tr>
<td>• Poor Community Safety</td>
<td>Yes</td>
</tr>
<tr>
<td>• Poor Built Environment and Environmental Quality</td>
<td>No</td>
</tr>
<tr>
<td>Social and Economic Factors</td>
<td></td>
</tr>
<tr>
<td>• Basic Needs Insecurity: Financial Hardship, Housing, and Food Access</td>
<td>No</td>
</tr>
<tr>
<td>• Low Educational Achievement</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Health need identified as BMC community benefit strategic priority
OPPORTUNITIES MOVING FORWARD

- Hospital Community Benefit Advisory Councils
- Implementation Strategy Workplans/Partners
- Local Coalitions (Coalition of Western MA Hospitals)
- 2014 Western MA Health Equity Conference
- Future Community Health Needs Assessments and Surveys
- Hospital Determination of Needs (MA DPH) – Grant RFP’s
HOW TO GET CONNECTED

- Community Relations
- Community Outreach
- Community Benefit
- Grants (Academic, Research, Community)
- Health Centers/Federally Qualified Health Center’s (FQHC’s)
- Physician Practices/Practice Managers
- MA Attorney General Website – view community benefit reports
- Hospital websites (Annual Reports, CB Reports, CHNA, Implementation Strategies)
- Health Insurance Companies
- Area Coalitions and Task Forces
COMMUNITY SERVICES LIBRARIAN
Collaborations useful to health and information consumers:

Hospital Library  →  Public Library

Public Library  →  Community Health Facilities

Community Health Providers  →  Public Library
Literature suggests that the public library is a front line resource for health information. HOWEVER some librarians do not feel equipped to answer and guide patrons to health info.

Literature suggests that collaborations between public libraries and hospitals are useful and successful with participants reporting high levels of self-esteem, self-efficacy and healthy decision making.
Hospital –
Chicopee Public Library collaboration includes:

• Baystate Health
Community Health Providers –
Chicopee Public Library collaborations include:

• Visiting Nurse Association

• Abundant Wellness Center

• Local doctors, dentists and health care practitioners
Chicopee Public Library –
Community Health Facilities collaborations include:

• Nursing homes

• Chicopee Council on Aging

• Valley Opportunity Council
Other outreach initiatives that often include a health aspect:

• Schools
• Teens
• Blind Community
• Ex-Offenders / Sheriff’s Department

Participation on Planning Boards such as:
• Adult Basic Education Community Planning Partnership
• Alumni Boards

Participation in local events such as:
• Relay for Life
• National Night Out Against Crime
• Social Service Fairs
Collection Development

• Making sure our health books are up-to-date by regularly weeding. (within 5 years for items that publish regularly i.e., books about cancer, heart disease, hepatitis etc.)

• Continually purchase health books and resources. (if we do not have info on a patron requested topic, we will look for sources and order if available)

• Making changes to call numbers in order to organize sections by specific topic. This entails making sure the Dewey classification accurately reflects the health sub-category. The next slide shows an example:
616 Hoffer (616 = Diseases)
Healing schizophrenia: complementary vitamin & drug treatments

616.89 Tracey (616.89 = Mental disorders)
Stalking Irish madness: Searching for the roots of my family’s schizophrenia

616.898 Diagnosis (616.898 = Schizophrenia)
Diagnosis: schizophrenia: a comprehensive resource for consumers, families and helping professionals

616.898 Tsuang (616.898 = Schizophrenia)
Schizophrenia

616.8982 Torrey (This number is no longer used as of DDC22! – Should be 616.898) (This is a perfect example of keeping your collection current!)
Surviving schizophrenia: a family manual
Online Presence

• Making sure our databases are maintained and relevant to our patrons

• Making sure our website is up-to-date and accessible

• Making sure that people are aware of our online health resources
Reference Librarians

• Participate in available trainings (for example, from National Network of Libraries of Medicine)
• Apply for grants that focus on health initiatives
• Refer patrons to health databases and print info for patrons to take home
• Database training for general public by reference librarians
Final Thoughts from Anne:

• Collaborate!
• Don’t reinvent the wheel!
• Meet people in your community that have the same goals as you do!
• Don’t get discouraged! You are doing important work that is helping many people!
YOU HAVE BRAINS IN YOUR HEAD,
YOU HAVE FEET IN YOUR SHOES.
YOU CAN STEER YOURSELF ANY DIRECTION YOU CHOOSE.

Dr. Seuss, writer, poet, cartoonist
Springfield, MA


What counts? Determining what counts as community benefit. [https://www.chausa.org/communitybenefit/](https://www.chausa.org/communitybenefit/)


Baystate Medical Center: Community health needs assessment. [http://www.baystatehealth.org/Baystate/Main+Nav/About+Us/Community+Programs/Community+Health+Planning/Community+Benefits+Program](http://www.baystatehealth.org/Baystate/Main+Nav/About+Us/Community+Programs/Community+Health+Planning/Community+Benefits+Program)
