Community Health Improvement Plan 2017-2019

Cooley Dickinson Health Care Community Benefit and Community Health Improvement Plan

The Cooley Dickinson Health Care vision:

Cooley Dickinson Health Care’s vision is to make the mid-Pioneer Valley the nation’s model healthy community. One component of that vision is to improve access to programs to meet the community’s medical needs and to partner with the community to develop practices that encourage health and a high quality of life.

Through its Healthy Communities Committee Cooley Dickinson monitors local health status and works collaboratively to improve health. In this community benefits/community health improvement plan, Cooley Dickinson will describe its mission, structure, and processes for community health engagement. We will then describe our approach to community health assessment and provide our community health improvement plan for 2016-2019.

Cooley Dickinson’s mission is to provide our patients and communities with the best health care in the most appropriate setting.

The Patient Protection and Affordable Care Act has provided a definition for community benefit:

A community benefit must respond to an identified community need and meet at least one of the following criteria:

- Improve access to healthcare services
- Enhance health of the community
- Advance medical or health knowledge
- Relieve or reduce the burden of government or other community efforts

Community benefit activities may include:

- Community health improvement services
- Health professions education
- Subsidized health services
- Research
- Cash and in-kind contributions
- Community-building activities
- Community benefit operations
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The Cooley Dickinson Hospital community benefits mission:
Cooley Dickinson Health Care Corporation (Cooley Dickinson) will work in partnership with community leaders in business, government, education, religion, public health, healthcare and other areas to develop and enact a common vision of improving the health status of the communities and people we serve.

The community health improvement mission will be accomplished by providing accessible, quality health care services at a reasonable price, by taking an active role in assessing community needs, by developing a plan and allocating resources to identified needs, and by serving as a role model for other institutions.

The above mission was affirmed by the Cooley Dickinson Health Care Corporation Board of Trustees, February 1995; revised, August 1996 and October 2009.

Healthy Communities Structure:
The Cooley Dickinson Healthy Communities Committee is a board committee and was established in 1995 to carry out the community health mission of the hospital and health system. The committee membership includes a mix of community members and health system representatives, including a physician, senior staff and board members.

The Healthy Communities Committee guides community health assessment and planning, including approving the community benefits plan and budget. The committee reviews program goals and makes recommendations for interventions to improve community health.

Community Health Assessment
Cooley Dickinson conducted a formal community health assessment and published the results in 2016. The health assessment built on earlier assessments, published in 2011 and 2014.

Cooley Dickinson Health Care joined several other hospitals and a health insurance company in western Massachusetts to conduct health assessments using a shared methodology and shared consulting team. We chose to work with local consultants in order to increase regional capacity to conduct health assessments and to increase the likelihood of having regional partners to develop, implement and evaluate health improvement projects.

The health assessment includes a comprehensive review of secondary data sources collected and provided by the Massachusetts Department of Public Health. Data is categorized by community and/or county, within the hospital’s service area. Where possible, data is further analyzed by gender, age, and race. Data sources include the Behavioral Risk Factor Surveillance Survey, Hospital Discharge data from the Massachusetts Department of Public Health, Hampshire County and Franklin County
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Prevention Needs Assessment Survey, United States Census Bureau, Food Environment Atlas, MDPH Birth Reports, Massachusetts Cancer Registry, MDPH Pediatric Asthma Surveillance, and local school health data.

Key informant interviews were conducted with residents identified as informal community opinion leaders. Four focus groups were also conducted. Areas of focus were: veterans, military families, lesbians, transgender people. A community forum was held to review draft findings and to prioritize themes and topics as the basis for the community health improvement plan.

In addition to our own health assessment, we also supported the implementation of the Prevention Needs Assessment Survey in area middle and high schools. The survey was conducted by the Strategic Planning Initiative for Families and Youth (SPIFFY), in partnership with school districts. Survey data includes youth risk and protective factors and risky behaviors, http://www.collaborative.org/programs/families-and-youth/data

We consider the health assessment role to be an ongoing process of monitoring community health trends, engaging the community in identifying needs and solutions, and building local capacity to understand and improve community health.

To read the community health needs assessment visit: www.cooleydickinson.org.

In FY 2015 Cooley Dickinson, in partnership with the Pioneer Valley Planning Commission and Hampshire County United Way, released Getting to Healthy – a report about transportation barriers and possible solutions.

Our plan is consistent with the Healthy People 2020 (Centers for Disease Control and Prevention) focus on the social determinants of health. Our plan and budget are organized according to these categories:

- Access to care
- Health reform
- Supporting health equity
- Chronic disease rates and preventive practices
- Behavioral health
- Healthy eating and active living
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Cooley Dickinson collaborated with other hospitals and a health insurance company (Western Massachusetts Coalition of Hospitals) as we each conducted a health assessment for our service area. We plan to participate in regional projects that emerge from this work. The 2016-2019 Cooley Dickinson community health improvement plan (CHIP) is based on results of our 2016 community health needs assessment (CHNA) and a community forum held in June 2016 to seek input from residents about priorities and ideas for strategies and partners. Achieving these goals will require collaboration with community partners, including residents.

Seven priority themes for the Cooley Dickinson service area and several target populations and goals were identified.

- **Priority 1: Culturally sensitive care/health literacy/language barriers**
  - Goal: Improve access to health care and mental health care for lesbians and transgender people
  - Goal: Improve care and coordination of care for veterans and military families using the civilian health care system
  - Goal: Improve care coordination for Latinos
  - Goal: Improve access to care for people with disabilities
  - Goal: Ensure access to medical interpreter services in a federally qualified health center
  - Goal: Increase understanding of the impact of racism
  - Goal: Support youth of color to learn from mentors and create community with peers and allies

- **Priority 2: Transportation**
  - Goal: Collaborate with regional partners to improve access to health care and health related services for isolated rural seniors and people with disabilities

- **Priority 3: Mental health access**
  - Goal: Improve access to mental health care
  - Goal: Increase awareness of trauma and how it relates to a range of health conditions

- **Priority 4: Substance use disorders treatment and prevention**
  - Goal: Support data collection on substance use, other risk behaviors, risk and protective factors
  - Goal: Develop and implement comprehensive recommendations to reduce opioid use disorders and its impact
  - Goal: Increase access to tobacco treatment for residents of low income housing

- **Priority 5: Homelessness**
  - Goal: Support increased housing for homeless youth

- **Priority 6: Chronic Disease Supports**
  - Goal: Provide supportive services for people living with HIV/AIDS
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- Priority 7: Food Systems
  - Goal: Develop resident leaders to identify priorities
  - Goal: With partners, explore feasibility of a mobile market