

# Saving Lives. Serving Communities.

## 2021 Community Benefits Report

The COVID-19 pandemic has presented the Commonwealth of Massachusetts, the United States, and the world with the greatest combined public health and economic crises of a lifetime. The fatalities and the lasting health effects of those that contracted the novel coronavirus have disrupted families and communities and altered the very fabric of society. Massachusetts hospitals undertook a series of unparalleled actions throughout the year to prepare for the virus, respond ably to its threats, plan for its resurgence, and administer life-saving vaccines.

Outside of their pandemic efforts, Massachusetts hospitals continued their outreach to communities throughout 2020, taking day-to-day steps to address chronic disease, housing stability and homelessness, mental health, and substance use disorder, among other adverse determinants of health. These community benefit efforts during 2020 have not yet been formally reported. But hospital efforts during Fiscal Year 2019 – the most recent available data – show a concerted effort by all hospitals to strengthen the communities they serve. Improving the health of communities before the pandemic hit surely had a positive effect in minimizing in some way the devastation from the pandemic that followed in the successive year.



According to the Massachusetts Attorney General's Office, Massachusetts hospitals provided **more than \$753 million** in community benefits for residents of the commonwealth in Fiscal Year 2019 – **an increase of \$112 million over FY18 community benefits.**

The IRS – allowing hospitals to count financial losses related to care provided to Medicaid recipients, along with medical education costs, and other metrics – totals hospital community benefits in Massachusetts for the most recent available year (FY2017) at \$2.7 billion.

Fifty-seven acute care Massachusetts hospitals filed Community Benefits reports with the Attorney General in FY19. [Those detailed reports are available here.](#) (Post-acute care hospitals, such as long-term acute care hospitals and inpatient rehabilitation facilities, also provide free community benefits to their communities but are not required to file annual reports to the state.)

The state's Executive Office of Health & Human Services and the Department of Public Health in 2017 identified four major statewide needs that drive mortality, morbidity, and healthcare costs, and that therefore should be considered when a hospital is constructing its community benefits program. Hospitals devoted significant resources – about half of all Community Benefits funding in FY19 – to programs relating to these four areas:

- chronic disease (with a focus on cancer, heart disease, and diabetes);
- housing stability and homelessness;
- mental health; and
- substance use disorders.

In addition, hospitals – within these four areas and within their other community outreach programs – focused on health equity and social determinants of health. These efforts were extraordinarily important given that the COVID-19 pandemic demonstrated once again how communities of color are affected disproportionately by adverse health conditions.

[Click here to view what hospitals in your community did to improve the health of their communities.](#)

### **Heywood Healthcare Access/Coverage Supports**

In FY2019, Heywood assisted 72 community members to overcome barriers and address psycho-social needs by providing information and referrals on issues related to housing, food, transportation, behavioral health, and substance use. The hospital provided financial and health insurance information and enrollment assistance to 4,048 individuals, thereby reducing financial barriers to accessing healthcare. It also assisted and paid for legal services (such as healthcare proxy, guardianship, advanced directives) for 14 patients, who did not have the means to pay. Heywood Hospital assisted 260 patients with transportation and, as a result, they were able to follow up with their provider and prevented missed appointments. The organization provided more than 30,000 hours of mentorship to 200 students pursuing careers in healthcare and subsequently hired six into permanent paid positions.

### **Baystate Franklin Medical Center (BFMC) Community-Clinical Linkages**

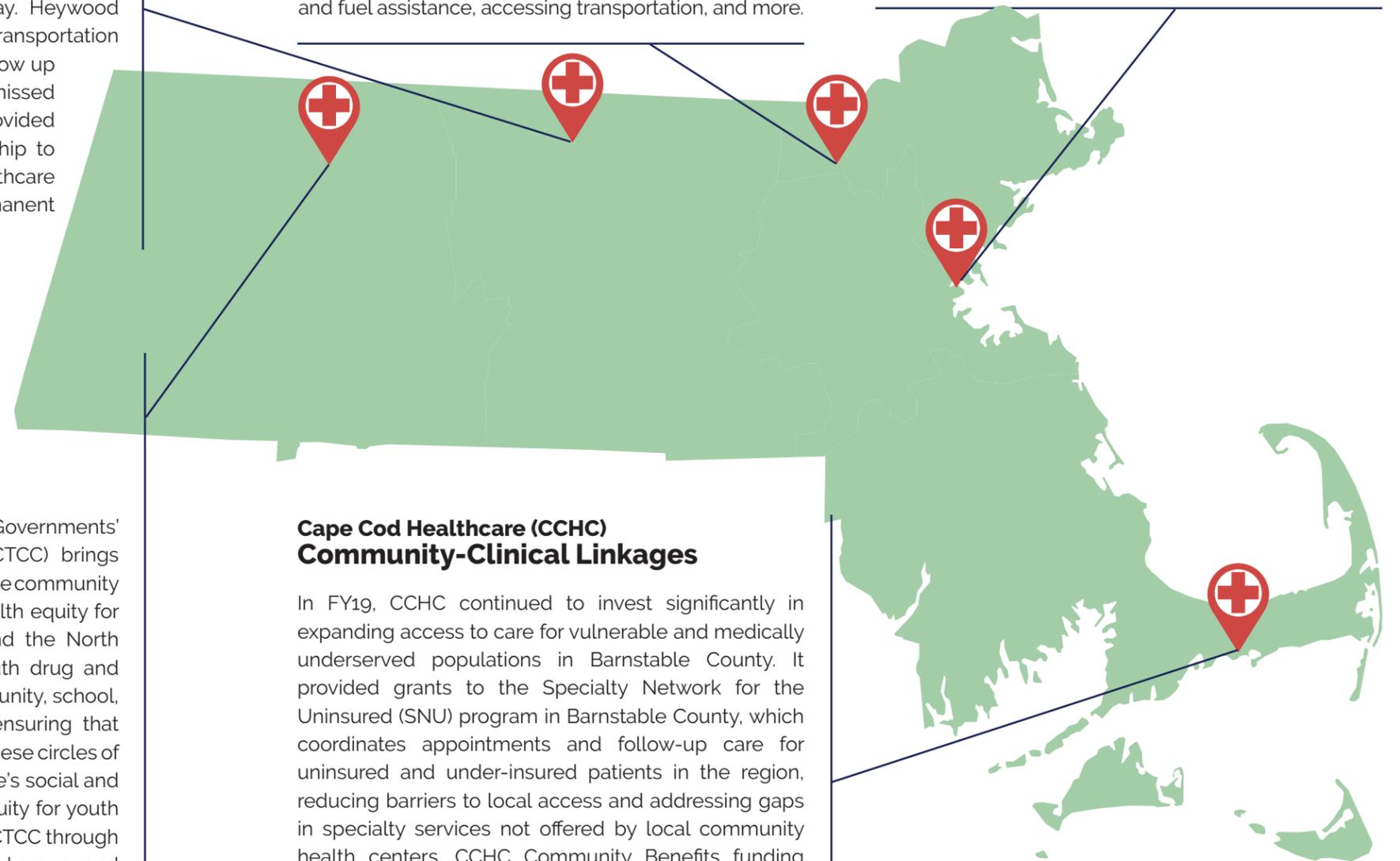
Franklin Regional Council of Governments' Communities That Care Coalition (CTCC) brings together schools, families, youth, and the community to improve health, wellbeing, and health equity for young people in Franklin County and the North Quabbin. This includes reducing youth drug and alcohol use by creating healthy community, school, family, and peer environments; by ensuring that young people are well-connected to these circles of support; and by building young people's social and emotional skills. A focus on health equity for youth has also become a core focus for the CTCC through the creation of a Racial Justice Workgroup and the continued convening of the Youth Leadership Initiative. The initiative is supported through a Better Together Community Benefits Grant. (The source of funding is Determination of Need Community Health Initiatives related to Baystate Franklin Medical Center's Surgery Center built in 2016.)

### **Lowell General Hospital (LGH) Social Determinants of Health**

Through a partnership with Community Teamwork Inc. (CTI), LGH supported a CTI Resource Specialist to be stationed in each of the hospital Emergency Departments for 20 hours per week. This resource specialist was able to meet directly with those patients presenting in the ED, with not only medical issues, but also with the social determinants of health that can directly affect their access to care and ability to focus on healthy living, and that cause negative health outcomes. The CTI staff person received more than 100 referrals, assisting patients with housing searches, access to WIC and fuel assistance, accessing transportation, and more.

### **Dana-Farber Cancer Institute Chronic Disease with focus on Cancer**

Dana-Farber's Mammography Van Program provides digital screening mammograms to all women 40 years of age and older, however priority populations include women who are low-income, elderly, immigrant, and non-English speaking. Ultimately, the program aims to decrease breast cancer morbidity and mortality among medically underserved women and increase survival rates for those diagnosed with breast cancer. Dana-Farber partners with community health centers to provide this life saving screening tool for those who need it the most.



### **Cape Cod Healthcare (CCHC) Community-Clinical Linkages**

In FY19, CCHC continued to invest significantly in expanding access to care for vulnerable and medically underserved populations in Barnstable County. It provided grants to the Specialty Network for the Uninsured (SNU) program in Barnstable County, which coordinates appointments and follow-up care for uninsured and under-insured patients in the region, reducing barriers to local access and addressing gaps in specialty services not offered by local community health centers. CCHC Community Benefits funding provided free medical interpreter services for limited-English-speaking patients in community-based primary and specialty care offices across the region. And in partnership with the Cape and Islands Emergency Medical Services System, CCHC expanded the reach of medical interpreter services in pre-hospital settings.

# Massachusetts Hospitals' Commitment to the Commonwealth



## \$541 Million

in Health Professions  
Education

Educational programs that are available to physicians, medical students, interns, residents, nurses and nursing students, and other health professionals that are not available exclusively to the hospital's employees.



## \$257 Million

in Subsidized Health  
Services

Clinical service lines that would not be available in the community if the hospital stopped providing them. This includes things like air ambulance, neonatal intensive care, burn units, mobile units, and hospice and palliative care.



## \$440 Million

in Research

Clinical and community health research, as well as studies on healthcare delivery that are shared outside the hospital.



## \$97 Million

in Community Health  
Improvement Services  
& Community Benefit  
Operations

Activities that improve community health based on an identified community need. They include support groups, self-help programs, health screenings, and health fairs, and also include the costs associated with staffing and coordinating the hospital's community benefit activities.



## \$289 Million

in Charity Care

Free or discounted health services provided to people who cannot afford to pay and who meet the eligibility criteria of the hospital's financial assistance policy.



## \$42 Million

in Cash and In-Kind  
Contributions

Funds and services donated to the community, including contributions to non-profit community organizations, grants, and meeting room space for non-profit organizations.

**Data From:** IRS Form 990, Schedule H, Non-Profit Massachusetts Hospitals

"I want to thank these organizations for their continued work to address the root causes of poor health, especially in our most vulnerable populations and amid the ongoing COVID-19 pandemic, which has exacerbated existing health inequities."

**Massachusetts Attorney General Maura Healey in announcing the release of hospital's FY2019 community benefit reports, January 25, 2021**



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