

Blue Hill Memorial Hospital**Total Community Benefit: \$ 1,919,515**

Community Impact: We all know that the health of our future depends on the health of our children. The Healthy Peninsula Early Childhood Work Group is a disciplined, evidence-based effort, working to improve early childhood outcomes. In April, we partnered with Healthy Peninsula and several community organizations including, Ready by 21, Child and Family Opportunities, Downeast Regional Child Development Services, local dentists, and others to provide comprehensive health, dental, and developmental screenings at a health fair at Island Family Medicine (IFM) in Stonington. This event was free of charge to young children from 18 months to five years of age. Nurses from IFM provided height, weight, hearing, and vision screenings, and a Blue Hill Memorial Hospital therapist working with Child Development Services offered play-based developmental screenings. Early identification of developmental delays are vital for healthy childhood development, which in turn, affects health literacy, a critical element to community wellness.

Community Health Improvement Services: \$ 40,632
 Community-Building Activities: \$ 33,722
 Community Benefit Operations: \$ 220,000
 Charity Care: \$ 1,170,416

Unpaid Cost of Public Programs: Medicare: \$ 323,607
 Unrecoverable interest cost on funds used to subsidize state
 Mainecare/Medicaid underpayments of \$ 1.4M: \$ 131,138

\$ 50,732 is the total amount of donor funds used for community benefit at Blue Hill Memorial Hospital through Blue Hill Memorial Hospital Foundation.

Charles A Dean Memorial Hospital**Total Community Benefit: \$ 1,032,560**

Community Impact: With a rapidly aging population in Maine, it's becoming more important than ever to recruit young professionals to careers in healthcare, a field that is increasing in opportunities. This is why Charles A Dean Memorial Hospital is dedicated to fostering interest in the medical field at a young age. The Hospital partners with the area's 4H group to help engage local youth in different areas of healthcare. The hospital hosted a 4H Adventures in Health Science camp where children received presentations on different areas of health science and even got to dissect pig and deer hearts with the hospital's president and CEO, Geno Murray. In July, CA Dean hosted a Painted Pony program where kids learned about therapy horses and left colorful handprints on the horses to reflect the special nature of these animals.

Community Health Improvement Services: \$ 17,507
 Community Benefit Operations: \$ 99,701
 Charity Care: \$ 376,499

Unpaid Cost of Public Programs:
 Medicare: \$ 109,326 Medicaid: \$ 316,363
 Unrecoverable interest cost on funds used to subsidize state
 Mainecare/Medicaid underpayments of \$ 1.3M: \$ 113,164

\$ 483 is the total amount of donor funds used for community benefit at Charles A Dean Memorial Hospital through Charles A Dean Memorial Hospital Foundation.

EMHS (data below reflects Home Office activity only)**Total Community Benefit: \$ 3,853,324**

Community Impact: This spring EMHS celebrated the end of its three-year Bangor Beacon Community pilot, which has helped to build a web of interconnected systems among all partners involved in the pilot, including electronic health records, disease registries, secure email, home telemonitoring, and connections with a statewide health information exchange. Recently, EMHS was one of five national recipients of the American Hospital Association's 2013 Nova Awards for effectively developing a collaborative program focused on improving community health and transforming the care we provide. Although EMHS is very proud of the strides we have made, we know our work is not done. The Bangor Beacon Project is only the foundation for what we call the EMHS Difference in Care, where we are working further to integrate our services for all those that we serve in Maine. In the end, helping our patients to live healthier, more fulfilled lives.

Community Health Improvement Services: \$ 3,088,621
 Health Professions Education: \$ 36,311
 Research: \$ 164,139

Financial Contributions: \$ 118,370
 Community-Building Activities: \$ 29,221
 Community Benefit Operations: \$ 416,662

\$ 65,879 is the total amount of donor funds used for community benefit at EMHS through EMHS Foundation.

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Eastern Maine Homecare

Total Community Benefit: \$ 699,691

Community Impact: In the first nine months of FY2013, donor funds totaling more than \$25,000 has helped Eastern Maine HomeCare provide massages to 80 hospice patients. Massage therapy has been shown to help reduce anxiety, pain, and discomfort for many end-of-life patients and may delay the need for some medications. This service is not paid for by insurance. As a result, donations from individual donors, communities, bequests, and memorial gifts are critical to this part of the hospice program.

Community Health Improvement Services: \$ 175,724
Community Benefit Operations: \$ 73,094

Charity Care: \$ 14,213
Medicaid: \$ 436,660

\$ 278,338 is the total amount of donor funds used for community benefit at Eastern Maine Homecare through Eastern Maine Homecare Foundation.

Eastern Maine Medical Center

Total Community Benefit: \$ 107,809,582

Community Impact: EMMC and its employees work tirelessly to improve the health of the people living in the northern two-thirds of Maine. One way we do this is by collaborating with other nonprofit organizations that are committed to building healthier communities. For many years, EMMC and the Bangor Y have partnered to bring Caring Connections to our community, a program designed to decrease the isolation of women and increase advocacy and empowerment around the issue of breast and cervical health. With the support of several individuals and organizations, the program provides education, support, and no-cost breast and cervical cancer screenings to eligible women, reducing mortality from cancer through earlier detection and treatment. In June 2013, through the Caring Connections program, EMMC and the Bangor Y came together to hold a women’s health fair that featured free workshops, lectures, community health resource tables, and a farmers market. More than 100 women attended to find out more about breast and cervical health and learn how small lifestyle changes can make a big difference when it comes to staying healthy.

Community Health Improvement Services: \$ 1,591,038
Health Professional Education: \$ 2,807,322
Subsidized Health Services: \$ 68,132
Research: \$ 1,699,547
Financial Contributions: \$ 10,105

Community Benefit Operations: \$ 1,689,000
Charity Care: \$ 13,336,812
Unpaid Cost of Public Programs:
Medicare: \$ 30,854,212 Medicaid: \$ 48,237,121
Unrecoverable interest cost on funds used to subsidize state
Mainecare/Medicaid underpayments of \$ 83M: \$ 7,516,293

\$ 3,118,359 is the total amount of donor funds used for community benefit at Eastern Maine Medical Center through Eastern Maine Medical Center Foundation.

Inland Hospital

Total Community Benefit: \$ 9,682,000

Community Impact: It takes a village to improve eating habits! Inland Hospital in Waterville is working collaboratively with many community partners and volunteers to provide free classes teaching hands-on meal preparation, practical nutrition information, and food budgeting skills. Cooking Matters®, a groundbreaking nutrition-education program, empowers families at risk of hunger with the skills, knowledge and confidence to prepare healthy and affordable meals. Partnering with their local Healthy Maine Partnership, Hannaford Supermarkets, the Good Shepherd Food Bank, professional chefs, and community organizations, Inland has been instrumental in providing several 6-week sessions for seniors, after-school programs, and people living with diabetes in the Waterville area communities. Participation in Cooking Matters classes has proven to help participants improve their shopping habits, cooking skills and food choices; more classes with a growing network of partners are planned in the coming year.

Community Health Improvement Services: \$ 47,830
Health Professional Education: \$ 281
Financial Contributions: \$ 35,564
Community-Building Activities: \$ 38,219
Community Benefit Operations: \$ 230,694

Charity Care: \$ 1,515,322
Unpaid Cost of Public Programs:
Medicare: \$ 3,899,086 Medicaid: \$ 2,771,754
Unrecoverable interest cost on funds used to subsidize state
Mainecare/Medicaid underpayments of \$ 12.6M: \$ 1,143,250

\$ 660,747 is the total amount of donor funds used for community benefit at Inland Hospital through the Inland Foundation.

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Rosscare

Total Community Benefit: \$ 17,422

Community Impact: Rosscare was pleased to have two nursing homes participate in the Bangor Beacon Community working to improve the health of chronically ill people in the Bangor region through sustainable care coordination that is facilitated by health information technology. As a result of the Bangor Beacon grant, Ross Manor and Stillwater Health Care, owned in partnership with First Atlantic Health Care, participate in HealthInfoNet. This is Maine’s system for allowing the electronic exchange of health information between nursing homes and other healthcare providers and organizations to improve care delivery for patients across the health continuum.

Community Health Improvement Services: \$ 14,755
Health Professions Education: \$ 239

Community Building Activities: \$ 428
Community Benefit Operations: \$ 2,000

\$ 3,898 is the total amount of donor funds used for community benefit at Rosscare through Rosscare Foundation.

Sebasticook Valley Health

Total Community Benefit: \$ 1,822,418

Community Impact: Sebasticook Valley Health, along with community partners, continues to focus on community outreach and access to care in our efforts to align services with health priorities identified in the 2010 statewide Community Health Needs Assessment. The project, nicknamed “Little Beacon” after the Bangor Beacon Community project, brings area providers and care managers together to reduce barriers to care in our community. Currently, “Little Beacon” is making progress in work to help reduce the number of unnecessary emergency department visits. The group looks at reports on ED utilization by levels, practice, insurer, time of day, and has developed materials for providers, care coordinators, and families that better meet their needs and addresses issues associated with access and appropriate utilization of medical services.

Community Health Improvement Services: \$ 333,899
Subsidized Health Services: \$ 49,699
Research: \$ 119,585
Community Building Activities: \$ 4,500

Community Benefit Operations: \$ 149,400
Charity Care: \$ 932,717
Unpaid Cost of Public Programs: Medicare \$ 63,188
Unrecoverable interest cost on funds used to subsidize state
Mainecare/Medicaid underpayments of \$ 1.9M: \$ 169,430

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Community Benefit Report Glossary of Terms

Charity Care: The cost of care provided to uninsured, low-income patients who are not expected to pay all or part of a bill. Charity Care does not include bad debts arising from the failure to pay by patients expected to pay for such services.

Community Benefit: A planned, managed, organized, and measured approach to a healthcare organization's participation in meeting identified community health needs. It implies collaboration with a "community" to "benefit" its residents- particularly the poor, minorities, and other underserved groups- by improving health status and quality of life. Community benefit responds to an identified community need and meet at least one of the following criteria:

- | | |
|-----------------------------------|---------------------------------|
| Generate a low or negative margin | Community-building activities |
| Health professions education | Community benefit operations |
| Subsidized health services | Charity care |
| Research | Government-sponsored healthcare |
| Financial contributions | |

Community Benefit Operations: Costs associated with dedicated staff, community health needs and/or assets assessment, and other costs associated with community benefit strategy and operations

Community-Building Activities: Includes cash, in-kind donations, and budgeted expenditures for the development of community health programs and partnerships. Enhancements include physical improvements, economic development, healthy community initiatives, partnerships, environmental improvements, and community leadership skills training.

Community Health Services: Activities carried out for the purpose of improving community health. They extend beyond patient care activities and are usually subsidized by the hospital

Donor Funds: The donor funds provided by each entity's Healthcare Charities branch are monies distributed to address recognized needs in the community. Donor funds are not included in the individual entity's total community benefit amount or the system-wide community benefit amount.

Financial Contributions: Includes funds and in-kind services donated to individuals and/or the community at large. In-kind services include hours donated by staff to the community while on the healthcare organization's work time, overhead expenses of space donated to not-for-profit community groups for meetings, etc., and donation of food, equipment, and supplies.

Health Professions Education: This category includes providing a clinical setting for undergraduate/vocational training, internships/clerkships/residencies, and residency education for physicians, nurses and medical students; funding for staff education that is linked to community services and health improvement; nursing scholarships or tuition payments for professional education to non-employees and volunteers; and a clinical setting for undergraduate training for lab and other technicians.

Research: Studies on healthcare delivery, unreimbursed studies on therapeutic protocols, evaluation of innovative treatments, and research papers prepared by staff professional journals

Subsidized Health Services: Costs for billed services that are subsidized by the healthcare organization. They include clinical patient care services that are provided despite a negative margin because, although they are needed in the community, other providers are unwilling to provide the services and the services would otherwise not be available to meet patient demand. Negative contribution margin departments and/or services can be categorized in the subsidized health services area.

Unpaid Costs of Public Programs: EMHS reports both Medicare, a federal government-sponsored healthcare benefit program, and MaineCare, Maine's Medicaid program. The loss for both Medicare and MaineCare is the shortfall that is created when a facility receives payments that are less than the costs incurred for caring for public program beneficiaries.

Definitions derived from the CHA (Catholic Health Association), VHA Inc., Internal Revenue Service Schedule H of form 990, and Lyon Software - Community Benefit Reporting: Guidelines and Standard Definitions for the Community Benefit report for Social Accountability.

EMHS' community benefit report comes out quarterly (the EMHS fiscal year starts in October). If you would like to request that another email address be added to our distribution list, request to be taken off our community benefit distribution list, or have any question or concern regarding the EMHS Community Benefit Report, please send an email to communitybenefit@emhs.org, or call (207) 973-7051. The most recent version of our report is always available on the EMHS website, www.emhs.org.



Community Matters!



Eastern Maine HomeCare

EMHS MEMBER



Provides a caring touch to hospice patients



Kathy Murray, RN, Eastern Maine Homecare massage therapist.

On a daily basis, patients in Eastern Maine HomeCare's (EMHC) hospice programs may experience pain, discomfort, and emotional distress from debilitating diagnoses, such as cancer, heart/respiratory disease, Alzheimer's/dementia, ALS and other terminal illnesses. It's the goal of hospice massage therapists, like Kathy Murray, RN, to help these patients live more fully and comfortably. This means a focus on palliative care by providing for the physical, emotional, and spiritual needs of the patients.

When patients are admitted to the program they must have a referral from a medical professional stating that their disease is likely to be terminal within six months. It is a challenging time that can be filled with turmoil and pain. As health problems arise, the hospice team works with the patient, family members, and other healthcare providers to address pain and anxiety so that the patient can focus attention on the bigger issues around closure and acceptance.

Pain and anxiety are often major problems and as the disease progresses immobility contributes to an increase in both. "Our goal of the hospice team is to help patients manage their symptoms while staying as alert as possible," explains Kathy. "Medication can be very effective, but often comes with the unwanted side effects such as confusion, drowsiness, and constipation. We use massage therapy as one treatment for hospice patients to not only ease anxiety, but to decrease symptoms such as nausea and pain."



While Medicare does cover hospice-related services such as medical care (doctors, nurses, physical and occupational therapy, social work services), as well as medications and equipment needs, massage therapy is not yet covered. Thanks to donor and grant funds, EMHC is able to continue to offer massage therapy to terminally ill patients.

Kathy commented, "It's truly a gift to work with these patients at the end of their lives. We have seen positive results from patients who have benefited from massage therapy. I feel fortunate to be able to help through this skill and make their remaining days more comfortable."

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