



**Holy Family Hospital
2016 Community Benefits Plan**

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Introduction

In August, 2014, Holy Family Hospital and Merrimack Valley Hospital integrated their operations under one license. Led by the chief executive officer, the hospital campuses share an integrated leadership team supervising various service lines and administrative functions, including community benefits.

The campuses are under one name Holy Family Hospital Methuen-Haverhill. For purposes of this plan, the hospital campuses will be referred to as “Holy Family Hospital” and “the hospital.”

Collectively, the campuses service the Merrimack Valley, including parts of southern New Hampshire. The hospital’s primary service area includes the following communities: Amesbury, Andover, Bradford, Danville, Georgetown, Groveland, Haverhill, Lawrence, Methuen, Newburyport, North Andover, Rowley, and Ward Hill in Massachusetts; and Atkinson, Derry, Hampstead, Kingston, Londonderry, Merrimack, Newton, Pelham, Plaistow, Salem, and Windham in New Hampshire.

Holy Family’s service area is part of two area networks designated by the Mass. Dept of Public Health. The hospital service area is part of Community Health Network Area (CHNA) 11 made up of Andover, Lawrence, Haverhill, Methuen, Middleton, and North Andover; and CHNA 12 consisting of Amesbury, Boxford, Georgetown, Groveland, Haverhill, Merrimack, Newbury, Newburyport, Rowley, Salisbury, and West Newbury.

The following proposed 2016 community benefits plan is based on the findings of the 2015 community health needs assessment, which includes recommendations for community benefits priorities. Community benefits programming from 2016 through 2018 is based on these priorities. Important to note is that the community benefits plan is a working document that may be changed at any time to reflect emerging or sudden health needs facing the communities we serve.

About Us

Holy Family Hospital (www.holyfamily-hospital.org) is a 383-bed acute-care hospital with two campuses-one in Methuen and one in Haverhill. Both locations provide comprehensive inpatient, outpatient and 24/7 emergency services to the greater Merrimack Valley, southern New Hampshire and the New Hampshire seacoast. Holy Family Hospital’s Methuen and Haverhill campuses are proud recipients of the Gold Seal of Approval from The Joint Commission. Both campuses have also earned “A” Hospital Safety Scores from The Leapfrog Group for their performance on national standards of safety, quality and efficiency. Holy Family Hospital is part of the Steward Health Care Systems LLC, the largest integrated community care organization in New England, which combines over 3,000 physicians, 10 hospital campuses, managed care, insurance programs, home care, an imaging operation, and a number of other post acute services, to provide the most cost effective and highest quality of integrated patient care.

Together, the two campuses offer specialized services in orthopedics, cancer care, wound care, cardiac and vascular care, diabetes management, neurology, behavioral health, weight control, general surgery, maternity, and emergency care.

National Quality Approval

Holy Family Hospital is committed to service excellence and exceptional clinical quality. In Methuen and Haverhill, we have received the Gold Seal of Approval from The Joint Commission and have earned an “A” grade in Hospital Safety Scores from The Leapfrog Group for performance on national standards of safety, quality and efficiency.

Distinguished Clinical Accolades

Holy Family Hospital in Methuen has been recognized for three consecutive years (2012-2014) as a Distinguished Hospital for Clinical Excellence™ by Healthgrades® for performing in the top 5% nationally. Additionally, Holy Family Hospital in Methuen is ranked among the Top 5% in the nation for Women’s Health by Healthgrades® for two consecutive years.

The Wound Care and Hyperbaric Center at Holy Family Hospital at Merrimack Valley has been named a Center of Excellence for three consecutive years by Healogics. Holy Family Hospital in Methuen earned The Joint Commission’s Disease Specific Certification for Hip and Knee Surgeries, and is nationally recognized by BlueCross and BlueShield of Massachusetts as a Blue Distinction Center® Plus for excellence in hip and knee replacements.

As the recipient of the Outstanding Achievement Award from the American College of Surgeons Commission on Cancer for six consecutive years, Holy Family Hospital in Methuen is one of only seven hospitals in Massachusetts and only two hospitals north of Boston to have achieved this.

Holy Family Hospital received congratulatory citations from the Massachusetts House of Representatives and the Massachusetts Senate for the hospital’s Farmers Market on the occasion of its July 18, 2014 grand opening and for the hospital’s “longstanding commitment to ensuring the health and well-being of the Methuen community.”

At an October 8, 2014 press conference in Lawrence, Holy Family Hospital’s Farmers Market Voucher program was publicly recognized by Mass. Agriculture Commissioner Greg Watson and Groundwork Lawrence. The press conference, spearheaded by Mayor Dan Rivera who urged city residents to eat healthy, was at Campagnone Park, utilized Spanish interpreters, and offered materials in Spanish and English.

Our Mission Statement

Steward Health Care is committed to providing the highest quality care with compassion and respect.

In the communities we serve, we dedicate ourselves to:

- Delivering affordable health care to all
- Being responsible partners
- Serving as advocates for the poor and underserved

Our Values Statement

Steward Health Care is committed to serving the physical and spiritual needs of our community by delivering the highest quality care with compassion and respect.

Our Mission revolves around the following Values:

- **Compassion:**
Providing care with empathy in such a way that the person experiences acceptance, concern, hopefulness, and sensitivity
- **Accountability:**
Accepting responsibility for continuous performance improvement, embracing change and seeking new opportunities to serve
- **Respect:**
Honoring the dignity of each person
- **Excellence:**
Exceeding expectations through teamwork and innovation
- **Stewardship:**
Managing our financial and human resources responsibly in caring for those entrusted to us

Our Guiding Principles are:

- Holy Family Hospital will strive to be patient-centered, providing ease of access, convenience, and caring to all who seek its services.
- Holy Family Hospital provides the highest quality of care by managing medical outcomes through excellence in clinical programs and centers of excellence. We will exceed expectations of patients and referring physicians.
- Holy Family Hospital will provide leadership in collaboration with its colleagues in Steward Health Care to strengthen clinical and network integration as one health care system.
- Holy Family Hospital, as a major employer, strives to be the best place to work in health care.
- Holy Family Hospital will enhance community health through education and outreach programs

Our Community Benefits Statement of Purpose

Holy Family Hospital complies with the Massachusetts Attorney General's Community Benefits Guidelines for Non Profit Acute Care Hospital as promised to our communities at the time of our transition to one license.

Specifically, Holy Family Hospital is committed to:

- Improving the overall health status of people in our community
- Providing accessible, high quality care and services to all those in our community, regardless of their ability to pay
- Working in collaboration with staff, providers and community representatives to improve the area's health status
- Identifying and prioritizing unmet needs and selecting those that can most effectively be addressed with available resources
- Contributing to the well-being of our community through outreach efforts including, but not limited to, reducing barriers to accessing health care, preventative health education, screening, and wellness programs
- Regularly evaluating our community benefits program

Overall Community Benefits strategic objectives are:

1. Reducing the incidence of specific health problems through education, prevention, support programs, and advocacy; specifically to:

- Continue to address substance abuse
- Continue to address mental health
- Increase cancer education and support
- Increase awareness and understanding of chronic diseases
- Continue The Family Safety Project and support programs and activities addressing domestic violence
- Continued community outreach, such as health fairs, talks and demonstrations and talks, with an emphasis on areas on interest noted in the community health needs
- Offer local emergency preparedness and trauma prevention.

2. Increase access to care for the uninsured and underinsured:

- Act as a critical link to connect people to the state health insurance programs
- Provide a connection for our community primary care and prenatal care providers
- Increase cultural competence among providers.

Community Benefits Leadership

The Director of Mission and Community Partnerships heads up the Community Benefits program. The Director is responsible for assessment, development, implementation, review, and administration of the community benefits processes and programs through collaboration with various community partners, coalitions and health providers. This function reports to the Chief Executive Officer of Holy Family Hospital and to the Steward Health Care Vice President of Government Relations and Community Benefits. Each campus has a Community Benefits Advisory Committee (CBAC). The committees are comprised of representatives from health and human service organizations; city and town health departments; law enforcement; schools; and churches.

Each CBAC meets quarterly to guide the planning and execution of the community health initiatives. (See list of Community Benefits Advisory Committee members for each campus at end of this document.)

The Community Benefits Hospital Leadership Team (CBHLT)—made up of the hospital CEO and directors from a cross-section of services—meets quarterly to provide direction on community health programming. (See list of Community Benefits Hospital Leadership Team members at the end of this document.)

Also advising community benefits programming is hospital trustee Anthony Stankiewicz, Esq., who is the Board of Director’s Community Benefits designee.

About the 2015 Community Health Needs Assessment

In accordance with the Massachusetts Attorney General’s Community Benefits Guidelines’ requirement to conduct a community health needs assessment every three years, Holy Family Hospital conducted a community health needs assessment from June through November, 2015. (The prior needs assessment was published in December, 2012.)

The new report, entitled Holy Family Hospital 2015 Community Health Needs Assessment analyzed the following communities: Methuen, Haverhill, Lawrence, Andover, North Andover, Georgetown, Amesbury, and Salem, NH.

The report utilized several data sources, including:

- Secondary data including demographics, epidemiological and socio-economic characteristics of each community. Specifically, information is presented by community and includes demographics (i.e. age, gender, race/ethnicity, mortality); health data (i.e. chronic diseases, morbidity); and socio-economic data (i.e. income, education, employment, literacy, transportation, language, insurance status). Every effort has been made to provide the most up-to-date information working with the Department of Public Health to secure MassCHIP information as well as other state, regional and national information sources, including the U.S. Census.
- An online SurveyMonkey, 15-question-survey sent to about 350 community stakeholders including (but not limited to) health and human service agency directors; schools administrators, nurses and psychologists; law enforcement; CHNA 11 and CHNA 12 memberships; church leaders; Community Health Advisory committees for the Methuen and Haverhill campuses; and hospital frontline leadership. The survey, open from August through September, drew 176 respondents.
- More than 60 area residents in total participated in seven evening focus groups conducted in Methuen, Haverhill, Lawrence, and Salem, NH between Aug. 18 and Oct. 14, 2015. Four were conducted in English and three were conducted in Spanish. Fifteen questions were asked.

- While there is health data available for New Hampshire and some for Rockingham County and Salem, much of the information pre-dates the time period examined. Therefore, information for Salem, NH is limited.
- Those health issues determined to be the most pressing issues were those that met two or more of the following criteria:
 - **A rate higher than the state average
 - **A rate increasing over time
 - **Identified as concerns by focus group participants or provider survey respondents

Important to note is that CHNA 12 published its community health needs assessment in September, 2015. There are findings and recommended priorities that are similar to those of Holy Family Hospital's needs assessment. As co-chair to CHNA 12, Holy Family will play an active role in coordinating review of the needs assessment with CHNA 12 leadership and membership to decide on priorities, establish working groups, and develop programming to address needs.

Community Benefits Priorities

The shared leadership team, shared physicians and clinicians, expanded community benefits advisory committees on both campuses, combined with extensive community partnerships are the hospital's great strengths that will be brought to bear on community benefits initiatives and activities.

The following are the recommended community benefits priority areas where the hospital can continue to lead and offer available resources. These priorities serve as the foundation for the 2016 community benefits plan:

1. Substance Abuse Information and Support
2. Mental Health Information and Support
3. Cancer Education, Awareness and Early Detection on Breast, Prostate, Lung, Colorectal, and Oral cancers
4. Chronic Diseases, particularly Asthma causes, prevention and treatment; Diabetes prevention and management; and Obesity with emphasis on portion control, fast food options, and ways to exercise for free
5. Health Insurance and Understanding Benefits, including re-enrollment and education on health insurance benefits and assistance with co-pays and deductibles, and supporting re-enrollment
6. Transportation Issues facing elderly citizens and those without cars

Additional information and resources will focus on:

7. Information and Cultural Inclusion of the Spanish community by establishing a speakers' bureau covering hospital services, patient rights, and Emergency Room visits
8. Domestic Violence Prevention and Victim Advocacy re child and elderly neglect
9. Community Outreach Projects for underserved through community service projects, health fairs, screenings (when practical), and talks on such topics as how to take medications properly, understanding what a health proxy is, and the importance of exercise and an annual physical exams as well as the hospital's popular Meet The Expert Series.

Recap of the 2015 Community Health Needs Assessment Findings

1. Substance Abuse

Massachusetts is in the midst of a deadly opioid epidemic, according to a task force created by Gov. Charlie Baker. The task force's June, 2015 report urged that drug addiction be considered a medical disease. The 18-member task force released 65 recommendations in the areas of prevention, education, intervention, treatment, and recovery throughout the state.

In New Hampshire, the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment published Collection Action-Collective Impact, New Hampshire's Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promotion Recovery 2013-2017. Goals established "apply to four problems of focus: alcohol misuse, marijuana use, prescription drug misuse, and the incidence of persons with substance use or co-occurring substance use and mental health disorders seeking and not receiving treatment or recovery support services.

In the Merrimack Valley, communities have experienced an alarming surge in substance abuse, overdose, and death by overdose involving heroin and prescription opioid drugs for adults and teens. Law enforcement agencies, social services, health care providers, and concerned citizens are mobilizing to find solutions to the problem.

According to the 2015 needs assessment:

*****Age-adjusted rates Opioid/Substance-Related Hospitalizations**

Opioid-related hospitalizations are common across the hospital's service territory. There was a slight drop in the hospitalizations for all the community between year 2012 and 2013, except for Andover where there was an increase. All the service territory towns for both 2012 and 2013 have higher rates of hospitalizations than the State's figure in the two years. Georgetown had the highest rate of hospitalization in 2012 (29.80%), while Lawrence had the rate lowest in 2012 and 2013 (17.40% and 13.60) respectively. Haverhill had the highest rate (22.50%) for opioid-related hospitalizations in 2013.

***** Percent by Admissions to DPH-Funded Substance and Alcohol Abuse Programs (per 100,000), 2012-2014**

The DPH program is administered across all the eight towns. Andover has maintained high admission rates since 2012, in keeping with the Essex County rate, and above the State and other communities' number of admissions, whereas Methuen and Lawrence maintained low admissions across the three years, though still above the State. Andover (61.20%) had a high rate of admissions above the State's Tables of (31.90%) and close to the Essex County rate. Methuen (36.30%) and Lawrence (35.30%) were the towns with least number of admissions in the program in the year 2013, though higher than the States's admission of 31.90%. Overall in 2013, Essex County (81.80%) had a high rate of admissions in the DPH program above that of the State.

*****Age-adjusted rates Opioid Deaths**

Opioid deaths were reported across the hospital's communities except in Methuen in 2012 where no case was reported, as well as Georgetown no cases were reported in 2011 and 2012. Haverhill has the highest number of reported deaths from Opioid (20.44), higher than the State (10.68).

*****Alcohol/Substance Abuse** is a common problem across all the communities in the hospital's service region, with Amesbury leading in the number of alcohol/substance related hospitalizations for three consecutive years, 2011-2013 (816.8, 810.66 and 749.25), closely followed by Haverhill (596.29, 583.15 and 612.72). These communities have figures above the State (554.58, 523.07, 506.93) respectively.

Andover (241.04, 228.99 and 265.15), North Andover (310.43, 303.4, and 250.49), Methuen (353.46, 302.63, and 313.21) and Georgetown (403.28, 281.07, and 342.17) in this order, have the lowest number of alcohol/substance related hospitalizations, below what has been reported for Massachusetts.

While other towns like Amesbury and North Andover experienced a steady drop in the three years consecutively, a similar trend as the State, Methuen, Andover and Georgetown experienced a drop in 2012 and an increase in hospitalization in 2013. *Note that the information combines alcohol and substance abuse.*

Additionally, the following information was published in June, 2015 by the Opioid Data Report, a substance abuse needs assessment, authored by the Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) Merrimack Valley Cluster. The cluster is made up of different community providers and residents working together under the coordination of the Lawrence/Methuen Coalition. (Holy Family Hospital did not provide information for this report, nor is the hospital part of the grant-funded MOPC effort.) The report covers Lawrence, Methuen, Andover, North Andover, and Haverhill.

According to the report:

“Lawrence has filed the most opioid related death certificates over the last 5 years (82) with the highest so far in 2014 (25) which an increase of 150% from 2010 to 2014. The total number for all towns has risen from 23 to 71, which is a 209% increase from 2010 to 2014. Data from North Andover are missing. The city/town with highest percent change over these same years is Andover (400%) then Haverhill (243%).”

“...the total number of unintended opioid overdose deaths from 2000-2012 was 217 (Massachusetts Department of Public Health, Bureau of Health Information, Statistics, Research, and Evaluation, April 2014). Lawrence had the most with 82 and Andover with the least with 10.” Haverhill has 71 unintended overdoses, Methuen has 37, and North Andover has 17 in the same time frame.

Also worth noting are the 2015 Youth Risk Behavior Survey [YRBS] for Haverhill and Methuen high schools. All of Haverhill High School's substance use percentages are over the state average: 37% of survey respondents report consuming alcohol in the last

30-day; 29% report using marijuana in the past 30 days; 6% report using cocaine in their lifetime [compared to 4% for the state]; 7% report using Ecstasy in their lifetime [compared to a 5% state rate]; 4% report using heroin in their lifetime [compared to a 1% state rate].

Drugs are also found on campus as 24% of Haverhill High students reported being offered drugs on school grounds as compared to 23% for the state average. Methuen High School's rates of substance use for 30-day and lifetime use are below the state averages, although 28% report using alcohol and 18% report using marijuana in the last 30 days.

Salem, NH and Rockingham County are experiencing dramatic rises in heroin and opioid usage, too. The number of heroin related emergency department (ED) visits [in New Hampshire] during the first nine months of 2015 is 70.4% greater than the number of heroin ED visits during the same nine months in 2014. Rockingham County had a 14% increase from July through September in heroin-related Emergency Department visits. Salem experienced between 51 and 100 incidents of administering Narcan from Oct. 1, 2014 to Sept. 30, 2015. To better understand Salem's placement, the incident categories are: 0 (incidents requiring Narcan), 1-10, 11-25, 26-50, **51-100**, 101-200, 201-500, and 501-750.

All seven focus groups stated that drug abuse, especially the heroin crisis, was a major issue in their community and that of surrounding communities. The topic also was a leading concern among SurveyMonkey respondents.

2. Mental Health

Mental Health was closely connected with Substance Abuse is another significant problem for the hospital's service territory, and ranked second overall in focus group and SurveyMonkey responses. Many pointed out that the two issues are intertwined. Depression and anxiety also were listed as problems.

Mental disorder was an issue across the hospital service territory in 2011 and 2012, with the same trend reported in mental disorder hospitalizations and mental disorder all-related hospitalizations. The towns maintaining high mental disorder hospitalizations as well as all related hospitalizations are Methuen, Haverhill, Lawrence, and Amesbury with figure for each higher than the state. Andover and North Andover maintained the lowest reported cases for both mental disorder hospitalization and mental disorder all-related hospitalizations below the state's figures.

Suicide deaths occurred in the hospital service territory. Georgetown had the highest suicide deaths (21.55), followed by Methuen (10.9) higher than the state (8.5) in 2011, though no suicide deaths were reported in Georgetown in 2012. Haverhill's rate was high in 2012 (9.6) compared to the state (8.78).

3. Cancer

Breast, prostate, colorectal, lung, and oral cancers are high in the Merrimack Valley compared to the state. (The most recent information is from 2011.)

*****Breast and Prostate cancer-Age-adjusted rates** are prevalent in all the seven communities. In 2011, North Andover had the highest cases for both breast and prostate cancer with 151.17 and 207 respectively, however below the state figure of 136.92 and 136.76 respectively by cancer type. The town with the least cases is Haverhill with 110.85 and 100.65 for both breast cancer and prostate cancer; this is below the state's numbers and Essex County (71.04).

There are more people across the seven communities with prostate cancer than breast cancer. The high rate of prostate cancer in the area calls for renewed efforts to increase awareness on the importance of regular prostate screenings.

*****Colorectal cancer-Age-adjusted rates** points to Andover (56.5) which has the leading cases of colorectal cancer among the seven MA communities, followed closely by Lawrence (41.53), and Amesbury (41.33), and North Andover (38.99), higher than the state (38) and Essex County (40.19). Methuen has the lowest cases of colon-rectal cancer at (28.69), followed by Haverhill (37.27), both below the state (38) and Essex County (40.19) numbers.

*****Lung cancer-Age-adjusted rates** for Amesbury are the highest for Amesbury (98.69), followed closely by Methuen (98.19), Haverhill (82.61), Lawrence (70.95), and Georgetown (68.32), all above the state (66.06) and Essex County (71.04).

*****Esophagus Cancer-Age-adjusted rates** among the towns that maintained high mortality rates are Amesbury (7.34, 5.82), Haverhill (5.46, 6.84) and Andover (5.85, 3.9)—all above the state's figures (4.83, 4.88).

*** **Respiratory System Cancer-Age-adjusted rates** were common in the service territory during 2011 and 2012. Communities with leading deaths for respiratory cancer were Georgetown (133.1), followed by Lawrence (85.29)—both significantly above the state's figure (63.18).

*****Percentage of people Smoking, 2014** shows that Haverhill (21.1%) has the highest number of people smoking, followed closely by Methuen (17.6%) and then Lawrence (15.8%)—well above the state's figure (4.5%). The town with the least percentage was Amesbury (7.8%).

*****Oral Cavity-Age-adjusted rates** for oral cavity cancer deaths were reported in several towns in the hospital service territory. Methuen (5.53, 1.88), Haverhill (4.48, 3.84), Lawrence (5.5, 3.26), and North Andover (4.91, 4.48) are above the state (2.34, 2.38) in 2011 and 2012 respectively.

Cancer came up several times in many of the focus groups and in SurveyMonkey as a major health problem.

4. Chronic Diseases-Asthma, Diabetes and Obesity

Asthma related hospitalizations are prevalent in all MA communities. Lawrence had the highest hospitalizations of asthma attacks in 2012 and 2013 (1401 and 1292.09) respectively by year, followed by Haverhill (944.22 and 748.07), above the state (562.56 and 571.88) respectively. Georgetown, experienced an increase in the number of hospitalizations in 2013 from 2012, as did Essex County overall.

Andover reported the least number of hospitalizations for the two years (185.51 and 173.88), below the state (562.56 and 571.88). Communities like Methuen, Haverhill, Lawrence, Amesbury, Andover, and North Andover had a drop in the number of asthma hospitalizations in 2013 from 2012.

Obesity remains a major community health issue, and was identified as such by focus group and SurveyMonkey participants.

There is good news and bad news for Massachusetts.

The good news:

- Massachusetts is the third least obese state in the nation, according to F as in Fat: How Obesity Threatens America's Future 2013, a report from the Trust for America's Health and the Robert Wood Johnson Foundation.
- A 2013 report released by the Centers for Disease Control and Prevention said 18 states, including Massachusetts, and one U.S. territory experienced a decline in obesity rates among preschool children from low-income families.
- Lawrence, which a few years back was rated the Massachusetts community with the highest obesity rate among school children, is now number 2.

However, obesity rates remain high. Massachusetts's adult obesity rate is 22.9 percent and 13 states have adult obesity rates above 30 percent, 41 states have rates of at least 25 percent, and *every* state is above 20 percent, according to the F as in Fat report.

According to the Mass. Dept. of Public Health (DPH):

- More than half of adults and 1 in 4 high school and middle school students in Massachusetts are overweight or obese.
- In Massachusetts in 2011, Black adults were 43% more likely to be obese, and Hispanic adults were 40% more likely to be obese than White adults. [2011 MA BRFSS]
- More than three-fourths of adults in Massachusetts are not eating the recommended 5 or more servings of fruits and vegetables a day. [2011 MA BRFSS]
- Only 14% of high school students in Massachusetts report eating the recommended 5 or more servings of fruits and vegetables a day. [2011 MYRBS]

- Only 28% of middle school students ate three or more fruits and vegetables the day before the survey. [2011 MYHS]
- According to a recent study published in the journal Obesity, over \$3.5 billion of medical expenses in Massachusetts are due to adult obesity. [Trogdon JG, et al. 2012]

The following information for BMI screening among Massachusetts students grades 1, 4, 7, and 10 was taken from two DPH reports in 2013-2014:

“Data gathered from the BMI screenings performed by school nurses and other school staff is a core part of understanding – and reversing – the rising trend in childhood overweight and obesity in Massachusetts.

Being overweight, obese or underweight can put a person at risk for certain health problems. A student who is overweight or obese has an increased risk of developing serious conditions, including type 2 diabetes, heart disease, high blood pressure, and orthopedic problems. A student who is underweight has an increased risk for heart problems, loss of bone mass and anemia. Underweight may also be a sign of an underlying eating or endocrine disorder.

Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.”

Body Mass Index (BMI) figures for 2014 in Massachusetts revealed the following information for total males and females in all grades. (There was no available for Amesbury and Lawrence except for one school.)

Percentage of overweight/obesity total for all grades 1, 4, 7, and 10 are as follows:

Andover - 21.1%

Georgetown - 18.2%

Haverhill - 37.1%

Lawrence (ONLY Lawrence Family Center Charter School) - 54.5%

Methuen - 33.6%

North Andover - 25.2%

Underweight may be a sign of an underlying eating or endocrine disorder.

Andover - 2.5%

Georgetown - 2.9%

Haverhill - 3.6%

Lawrence (ONLY Lawrence Family Center Charter School) - negligible/not 1%

Methuen - 6.7%

North Andover - 2.9%

In 2012, 34.9% of adults in New Hampshire were overweight and 25.8% were obese. Reported prevalence of overweight increased with income, while prevalence of obesity decreased. The 2012 NH BRFSS respondents with obesity reported a monthly average of six days when poor physical or mental health kept them from usual activities

such as self-care, work, or recreation. Respondents with healthy weight reported four days on average.

In 2012, 4.2% of adult New Hampshire respondents reported that they have ever been diagnosed with coronary heart disease, 4.3% ever diagnosed with heart attack, and 2.3% ever diagnosed with stroke. The prevalence of these conditions was reported significantly more often among those who reported obesity or diabetes compared with those without reported diabetes or obesity.

Diabetes remains a major health problem. According to a 2013 report by the CDC's Division of Translation, National Diabetes Surveillance System, the Age-adjusted percent on adults who have diagnosed diabetes has grown significantly in Massachusetts at between 7.5% and 8.9%. Ten years ago, those figures were between 6.0% and 7.4%.

Diabetes information provided by MassCHIP shows that the disease is common in all the hospital service territory. Lawrence leads in mortality rates (12.01, 10.65), although there has been a significant drop in Lawrence's rate from 2011 to 2012. Although all communities are lower than the State (13.5, 12.7) for mortality, a significant number of the population are developing diabetes due to an inactive lifestyle and eating habits that include lots of processed foods, fast food, and a high caloric intake.

Although there is no current information on diabetes in Salem, NH, there is information that diabetes is the seventh leading cause of death in New Hampshire. In 2013, 9.2% of New Hampshire adults reported having been diagnosed with diabetes. Approximately, 6.8% of New Hampshire adults reported having been diagnosed with pre-diabetes, a risk factor for Type 2 diabetes. In 2012, 9.1% of New Hampshire adults reported ever being diagnosed with diabetes.

Focus groups and SurveyMonkey participants listed diabetes as a major health problem in their community.

5. Health Insurance Enrollment and Understanding Benefits

Health insurance coverage is across all communities with Georgetown having almost all of its residents covered by health insurance, only (1.30%) of its residents are not insured, followed closely by North Andover (97.10%), Amesbury (96.80%) and Methuen (96.30%) %, higher than the state (96.00%). Lawrence (89.90%) and Andover (90.00%) have the least number of their residents covered with health insurance, below the state (96.00%).

Across the hospital's service territory, private insurance is more popular than public insurance, except in Lawrence, where we have more people insured by public insurance than private insurance. Georgetown (91.60%) has the highest number of people insured by private insurance, higher than the state (75.80%), whereas Lawrence has highest number of people insured by public insurance(59.80%), higher than the state (32.40%).

Other major issues that were raised in focus group and SurveyMonkey responses:

- Many people still are unaware of, or are not taking care of, re-enrolling themselves or their families for health insurance coverage. They either still do not know that this is a mandatory annual requirement, they forget to do so, or they do not understand the notification(s) sent to their home. In addition, more transient people are inclined to let their health insurance enrollment lapse.
- Many people do not know what their benefits are. For example, they are not aware of 100% preventative dental coverage for adults or 100% preventative and corrective dental coverage for children younger than 21 years old.
- Many people cannot afford the deductible or co-pay and are unaware that there is some financial assistance available.
- People resort to the ED as an easier way of addressing their medical issues.

6. Transportation Issues

Difficulty for seniors in accessing transportation for medical appointments and performing daily chores was cited as a main health problem by focus groups and SurveyMonkey participants. Many respondents are acutely aware of seniors who do not know local bus schedules or cannot travel directly to important appointments, but instead spend hours trying to make connections.

7. Improved Communication with Hispanic residents

Focus groups and SurveyMonkey respondents expressed a strong desire for more of the following:

- Talks in Spanish on popular health topics, such as cancer, aging, pain, sleep, chronic disease, etc.
- Talks in Spanish on the hospital's services
- A greater effort to interpret medical diagnosis, conditions, prescriptions, at-home care to the Spanish community

8. Understanding Domestic Violence and Child/Elderly neglect

Many who participated in the focus groups and SurveyMonkey survey noted that people need information on how to deal with domestic violence. People also expressed much concern about child and elderly neglect, stating that this is an abuse issue as well.

9. Community Outreach

Focus group participants and survey respondents urged the hospital to continue participating in area health fairs and continue community lectures. Several suggested offering lectures in Spanish. Among the suggestion lecture topics are how to take medications properly, understanding a health proxy is, and the importance of exercise and an annual physical exam.

2016 Community Benefits Plan

The following is the Holy Family Hospital FY 2016 Community Benefits Plan.

The ‘Statewide Priority’ category was developed by the Mass. Executive Office of Health and Human Services specifically for community benefits planning. The objectives are Support Health Care Reform, Address Chronic Diseases in Disadvantaged Populations, Reduce Health Disparities, and Promote Wellness to Vulnerable Populations.

Cost of community benefits programming depends on a number of factors including, but not limited to, time of some staff, printing, meals, translation services, farmers market coupons, and use of services or product purchases from various vendors. Some programs are grant funded, such as The Family Safety project funded in part by the U.S. Dept. of Justice and the Mass. Dept. of Children and Families.

Priority 1 Substance Abuse Information and Support

Target Population

School children, adults, and the community-at-large

Statewide Priority

Promote Wellness of Vulnerable Populations
Reduce Health Disparities

Three-Year Goals

- Improve substance abuse education in primary and secondary grades
- Educate the community on substance abuse warning signs, resources for assistance, treatment, recovery, and prevention
- Support local efforts to improve treatment and a somber, sustained re-entry into society

Activity

Description: Continue active role, committing financial and other resources, with Merrimack Valley Prevention and Substance Abuse Coalition (MVPASAP), Stand Up Salem substance abuse coalition, Haverhill Overdose Prevention and Education (H.O.P.E.) coalition, and other local efforts.

Date/Time/Location: Continue role on planning committees in Methuen, Salem and Haverhill throughout 2016

Description: Assist in planning and executing third annual MVPASAP “To Be Aware is to be Alive” community forum

Date/Time/Location: Spring through September, 2016

Description: Haverhill Methuen Shannon Community Safety Initiative (CSI) Partnership 2015: The Haverhill Methuen Partnership funded by Charles E Shannon CSI grant will address youth violence and gangs in 2016 with a renewed effort by using the Comprehensive Gang Model and engaging a broader representation of the community stakeholders. Though not directly involved in the grant program, Holy Family Hospital will be available to support this activity in whatever way it can.

Community Partners: MVPASAP, H.O.P.E. and Stand Up Salem coalitions made up of recovering addicts, users, loved ones of substance abusers, treatment and recovery professionals, law enforcement, businesses, community organizers, elected officials, schools, and concerned citizens

Clinical Partners: HFH Behavioral Health Dept. staff, school nurses

Priority 2 Mental Health Information and Support

Target Population

People suffering from mental or behavioral problems or people dealing with those who have these problems

Statewide Priorities

Improve Chronic Disease Management in Disadvantaged Populations
Promote Wellness in Vulnerable Populations
Reduce Health Disparities

Three-Year Goals

- Continue creation of English and Spanish forums discussing real-life situations dealing with mental health from the caregiver's perspective.
- Educate community on available treatment resources and support groups
- Educate community stakeholders and caregivers on how to navigate health system when dealing with mental health problems

Activity

Description: Continue to educate community on mental health issues and resources through the "Understanding Mental Wellness: Making Connections...Staying Healthy" community forums in English and Spanish for Haverhill, Lawrence, Methuen, and Salem NH. Provide information to educate and de-stigmatize mental illness utilizing experts in a panel format with a question-and-answer session and resources information for residents. A survey administered at each forum determines the topic for the next forum.

Date/Time/Location: January, 2016 at Salem Boys & Girls Club-English; March 19, 2016 at Holy Family Hospital (Methuen)-English; November, 2016 for third Lawrence forum-Spanish at Lawrence Senior Center; Haverhill-English and Methuen-Spanish TBD

Description: Continue Behavioral Health Navigator program at both campuses. The Navigator helps newly insured behavioral health patients connect with primary care and outpatient services to alleviate gaps in care and provide a continuum of quality services to improve overall patient health.

The Behavioral Health Navigator serves as the primary liaison for coordinating community wrap around services for frequent users of emergency services. Through screening, the Behavioral Health Navigator provides early detection, brief intervention and referral for patients with behavioral health problems (e.g., mental health and alcohol & drug related health problems).

The Navigator also provides direct services to psychiatric patients of all ages in a hospital emergency department setting, including evaluations and level of care assessments. The Navigator conducts appropriate assessments of the patient and providing any psychosocial intervention as needed.

The Behavioral Health Navigator accepts referrals from the outpatient areas, refers to community agencies as necessary and provides education/ consultation to clinical staff to ensure achievement of quality outcomes.

Date/Time/Location: On both campuses throughout 2016

Description: Physician Relations to host 7th annual Adult Behavioral Health Forum for physicians, nurses, addiction counselors, and social workers (for credits)

Date/Time/Location: Fall 2016, location TBD

Description: Sponsor and guest host 10th annual Leadership forum of Mass. Coalition for Suicide Prevention, Northeast Region and Mass. Dept. of Public Health

Date/Time/Location: September, 2016/morning/HFH (Methuen) Auditorium

Community Partners: CHNA 11 Behavioral Health Working Group, Mass. Coalition for Suicide Prevention (Northeast Region), Mass. DPH, CHNA 12 membership

Clinical Partners: Steward Behavioral Health Navigators, HFH Behavioral Health Dept., hospital physicians, area behavioral health experts, director of Physician Relations and Communications

Priority 3
Cancer Education, Awareness and Early Detection
(Breast, Prostate, Lung, Colon, and Oral)

Target Population

Community-at-large and at-risk population for these diseases

Statewide Priority

Improve Chronic Disease Management in Disadvantaged Populations: Cancer
Promote Wellness to Vulnerable Populations
Reduce Health Disparities

Three-Year Goals

- Offer free oral and head and neck screenings in collaboration with local organizations
- Coordinate talks on these topics in Spanish and in English
- Promote awareness at community events

Activity

Description: Educating Spanish speaking residents on Chronic Diseases: Hospital campuses to offer chronic disease management lessons in Spanish.

Date/Time/Location: on-going and one-on-one; Holy Family Hospital and Holy Family Hospital at Merrimack Valley

Description: Create awareness of breast health and breast care through the Annual Breast Cancer Awareness Month campaign during which hospital will offer:

- * Host annual breast cancer evening with hospital physician experts and breast health navigators at Haverhill campus
- * Education Outreach—Travelling Pink Ladies at local events including, senior health fairs
- * Participate in Lawrence Mayor's Health Task Force events, including sponsoring of the annual women's breakfast (October), evening of relaxation and health information (October), women's health fair (May)
- * Maintain active role in City of Lawrence Mayor's Health Task Force Mammography Working Group and Women's and Men's Health Working Group

Date/Time/Location: Chiefly in October at various community venues and hospital's campuses.

Description: Free head & neck screenings, which include examination of mouth, nose, head, and neck for those using tobacco products, for those who are more than social drinkers, or for those with sores or lumps.

Date/Time/Location: Spring 2016/possible venues-Andover Ear, Nose and Throat; Holy Family Hospital William Lane Cancer Center, 101 Amesbury St., Lawrence

Description: Offer lecture on impact of oral health on the body

Date/Time/Location: TBD

Description: Offer free oral exams and cleaning to indigent populations

Date/Time/Location: Haverhill and other towns as requested, working closely with community organizations dealing with homeless and transitional populations

Description: Offer screenings at both campuses and/or with affiliated physician practices. Despite national guidelines on prostate screening, the high rate of prostate cancer in the area calls for renewed efforts to identify communities, specific populations and partners who increase awareness of the importance of screening.

Date/Time/Location: TBD/venues include hospital campus medical offices and affiliated area practices

Description: Promote new lung cancer screening program at HFH-Methuen

Date/Time/Location: HFH-Methuen Oncology Dept. and community events

Description: Offer community lecture in English and Spanish on lung cancer

Date/Time/Location: TBD

Description: Colorectal cancer awareness program, including hospital campus lecture, letter campaign to current patients 50 years and older, and information campaign including posters and postings on hospital social media

Date/Time/Location: Hospital campuses/colon cancer lecture in March, 2016/
information campaign throughout the year

Description: Host Sheila Brodie-Zetlan Support Group for people who are recovering from breast cancer; five to eight women for each session.

Date/Time/Location: Monthly scheduled meetings/Holy Family Hospital

Description: Look Good...Feel Better Program, facilitated by the American Cancer Society, a free make over by a cosmetic aesthetician for women undergoing chemotherapy or radiation therapy; free \$300 make-up kit; and information on services provided by the American Cancer Society.

Date/Time/Location: Every two months/evening/Holy Family Hospital (Methuen) and offered once during the year for Lawrence women.

Community Partners: American Cancer Society, CHNAs 11 and 12, transitional houses and homeless shelters, senior centers, local gyms; Elder Services of Merrimack Valley: Boys & Girls Clubs; YMCAs

Clinical Partners: Hospital's breast health navigators, women's health navigator, hospital and affiliated practices physicians, appointment staff, Physician Relations and Communications director, Oncology director, Cancer Registry manager

Priority 4
Chronic Disease-Asthma, Obesity and Diabetes

Target Population

Communities identified with high rates of Asthma, Obesity and Diabetes

Statewide Priorities

Improve Chronic Disease Management in Disadvantaged Populations
Promote Wellness of Vulnerable Populations
Reduce Health Disparities

Three-Year Goals

- Create awareness of conditions causing Asthma in the home, neighborhood and at work, and need for testing
- Continue Farmers Market in Methuen Continue Farmers Market on Haverhill campus
- Continue partnership with Simone's Riverside Farm Community Shared Agriculture Program (CSA)
- Continue Farmers Market Voucher program to weight loss, diabetes, cardiac rehab, and oncology patients in hospital programs and at Steward physician practices
- Educate the public on co-morbidities associated with obesity
- Educate the public on simple ways to make lifestyle change
- Educate students on healthy eating
- Educate public on risk signs for Type 2 diabetes
- Offer programming on causes and treatment of chronic disease, with particular attention to high blood pressure, high cholesterol, pain management, and stroke

Activity

Asthma

Description: To raise awareness about asthma sponsor asthma awareness events, distribute educational materials, and identify and partner with other programs conducting asthma outreach

Date/Time/Location: Throughout 2016

Obesity and Diabetes

Description: Continue Farmers Markets

**Expand community exposure to Friday Holy Family Hospital-Methuen Farmers Market by locating market to a key location in Methuen, working closely with the City of

Methuen's Community Development Director and Groundwork Lawrence. The Farmers Market will continue to accept EBT/SNAP/Food Stamps, WIC, senior coupons, cash, debit, credit and the Holy Family Hospital Farmers Market Voucher Program. The hospital will continue to provide information on easy and gradual lifestyle changes, basic information on nutritional value of fruits and vegetables, and food preparation suggestions and demonstrations.

Date/Time/Location: July through October, 2016/Friday 10am-3 or 4pm/TBD

****Continue Tuesday Farmers Market at Holy Family Hospital at Merrimack Valley. The farmers market will continue to honor EBT/SNAP/Food Stamps, WIC, and senior coupons. Cash and the Holy Family Hospital Farmers Market Voucher Program will continue to be accepted. Additionally, information on lifestyle changes, and basic information on nutritional value of fruits will be available.**

Date/Time/Location: June through September/Tuesday 12pm-4pm/HFH at Merrimack Valley campus

Description: Continue sponsorship of Saturday farmers market in Lawrence and Saturday farmers market in Haverhill.

Date/Time/Location: July-October, 2016/morning to afternoon TBA/Lawrence and Haverhill

Description: Continue Community Shared Agriculture (CSA) programs with Simone Farm on both campuses

Description: Continue Farmers Market Voucher program for hospital patients in weight loss, diabetes care, cardiac rehab, and oncology programs. Also continue to offer program to Steward physicians with patients who have these diagnoses.

Date/Time/Location: Summer-Fall, 2016, Holy Family Hospital (Methuen) and Holy Family Hospital at Merrimack Valley

Description: "Rethink Your Plate" and "Rethink Your Drink" poster campaign for children and adults in Spanish and English. Display three posters developed by Holy Family Hospital and the Merrimack Valley YMCA in 2015. Two posters are on healthy plate portions of protein, vegetables and fruit, and carbohydrates, and the third is on switching soda for water.

Date/Time/Location: throughout 2016, Holy Family Hospital and Holy Family Hospital at Merrimack Valley cafeterias, schools, farmers markets

Description: Continue work with the Lawrence Mayor's Health Task Force Healthy Active Living Working Group to support development of, as well as improvement to, community education and events for eating healthy food and exercise, including the SALSA (Supporting Active Life Styles for All) campaign.

Holy Family will continue to be actively involved with:

**Annual S.A.L.S.A. (Supporting Active Lifestyles Always) spring health and wellness festival

**Annual Ciclovía (streets become temporarily car-free for people to run, walk, roller blade, skateboard, ride bikes, and enjoy active events and fresh air)

Date/Time/Location: throughout 2016, Lawrence

Description: Continue Steward Health Care’s Sugar Sweetened Beverages (SSBs) “Red-Yellow-Green” campaign with Sodexo Food Services. Provide information on Red, Yellow, and Green products; on health problems associated with excessive sugar consumption—pre-disposition to diabetes, oral health, obesity and overweight, etc.

Date/Time/Location: throughout 2016, Holy Family Hospital and Holy Family Hospital at Merrimack Valley cafeterias

Description: Community talks on healthy eating, healthy lifestyle talks to various community groups of all ages

Date/Time/Location: Throughout 2016/Venues will include Methuen Senior Activities Center. 2015 day to be decided/evening/Methuen Adult Learning Center; other talks as requested throughout the community

Description: Offer the National Food Day celebration with a week of events in the cafeteria, including “Mindful Menu” items, recipes, exhibition cooking, and information on healthy eating.

Date/Time/Location: Third week in October, Holy Family Hospital and Holy Family Hospital at Merrimack Valley

Description: Educate public on signs of diabetes: Continue to offer non-fasting blood glucose, BMI, and blood pressure screenings in the community with one-on-one discussion of screeners’ results with a clinical staff person. Continue popular lecture “Eating Well on a Budget” and cooking demonstrations.

Date/Time/Location: Throughout the year/various locations throughout service territory.

Description: Continue to offer talks and information on diabetes care and management, particularly for Spanish speakers.

Date/Time/Location: Throughout the year/various locations throughout service territory; Spanish Chronic Diseases workshops at Holy Family Hospital and Holy Family at Merrimack Valley auditoriums and possible other locations.

Community Partners: City of Methuen Community Development Office, Groundwork Lawrence, Mass. Farmers Market Assoc., Methuen Senior Activity Center, Lawrence Mayor’s Health Task Force Healthy Active Living Working Group, Lawrence Senior Center, Amesbury Senior Center, Haverhill Senior Center, Merrimack Senior Center, Salem Senior Center, Boys & Girls clubs; Haverhill and Methuen YMCAs, Elevated Thought Foundation, YWCAs, Diabetes Today Coalition, churches, community centers, senior centers, and adult learning centers

Clinical Partners: HFH Oncology dept., HFH Diabetes Care program Coordinator, Nutritionist, Dieticians, HFH Weight Loss program, Steward physicians, US Wellness, Inc.

Priority 5
Health Insurance Enrollment and Benefits Education

Target Population

All residents not enrolled/or needing to re-enroll in health insurance
All residents who do not understand health insurance coverage options, including extent of coverage and coverage for families/individuals

Statewide Priorities

Support Health Care Reform
Reduce Health Disparities
Promote Wellness of Vulnerable Populations

Three-Year Goals

- Enroll/enroll/educate the public in state health insurance and benefits at public venues, especially ‘hot spots’ where underinsured and uninsured live/work
- Enroll/re-enroll those without health insurance who are ED patients
- Educate adults on individual and family insurance coverage, both private and state, including which services and medications are covered, co-pays, deductibles, and restrictions that apply. Information to include coverage for mental health problems and oral hygiene.
- Offer enrollment and benefits information for Spanish-speaking population
- Continue to expand Community Health Advocate program in underserved areas

Activity

Description: Continue enrollment/re-enrollment: Bi-lingual Community Health Advocates (CHAs) will continue to enroll/re-enroll residents in MassHealth insurance through planned events throughout the service territory and at the request of local organizations. Emphasis is on benefits education in Spanish and English

Date/Time/Location: Throughout the year; venues to include health fairs, churches, community centers, adult learning centers, unemployment office, libraries, food banks, homeless shelters, food pantries, and appropriate events and neighborhood gatherings.

Description: Enrollment of patients in ED

Community Health Advocates will continue to enroll/re-enroll Emergency Department patients. A community health advocate will continue to be stationed in the campuses' EDs as well as conduct home visits and follow-up assistance.

Community Health Advocates will continue to guide patients through the health care system, especially for PCP enrollment, addressing social and physical problems, and offer information on available resources (i.e. transportation, WIC, filling prescriptions).

Date/Time/Location: Throughout the year in all communities

Description: Update CHA brochure and distribute in English and Spanish CHA brochure in hospital waiting areas, various hospital departments, physician offices, libraries, community centers, and unemployment office.

Date/Time/Location: Throughout the year

Community Partners: Luz Rosado, community Outreach and Enrollment Specialist-Methuen Family Health Center and Greater Lawrence Family Health Center; Lawrence Mayor's Health Task Force Women's and Men's Health Working Group; Methuen-Arlington Neighborhood, Inc.; Somebody Cares New England; Haverhill YWCA; Emmaus House; Haverhill YMCA transition assistance shelter; churches; pantries; shelters; community centers.

Priority 6 Transportation

Target Population
Elderly and people without cars

Statewide Priorities
Reduce Health Disparities
Promote Wellness in Vulnerable Populations

Three-Year Goal

- Improve transportation for elderly and people without cars for medical appointments and conducting daily business

Activity

Description: Working with hospital staff, local transportation authorities, and the Merrimack Valley Planning Commission, identify:

**Areas where this is a problem

**Bus routes, senior transportation, and other transportation services

**Gaps in information about bus routes, senior transportation, other transportation modes

**Way to distribute information

Date/Time/Location: Beginning in 2016/throughout service territory

Community Partners: CHNAs 11 and 12, Merrimack Valley Planning Commission, transportation authorities, senior centers

Clinical Partner: Hospital departments

Priority 7
Informational and Cultural Inclusion of the Spanish Community

Target Population
Spanish speaking populations

Statewide Priority
Reduce Health Disparities
Improve Chronic Disease Management in Disadvantaged Populations
Wellness Outreach to Vulnerable Populations

Three-Year Goals

- Educate Spanish speakers on key health topics
- Educate Spanish speakers on service offerings at both hospital campuses
- Promote internally a culturally-sensitive hospital environment

Activity

Description: Inventory materials that are in Spanish and those that need to be in Spanish, such as newsletters, brochures and pamphlets, newspapers, physician profile cards, information on hospital services, and develop Spanish materials based on a prioritized list

Date/Time/Location: Beginning in 2016/hospital campuses

Description: Develop a speakers bureau for health topics to be delivered in Spanish, and offer

Date/Time/Location: Beginning in 2016/hospital campuses

Description: Offer talks in Spanish on health topics and hospital services

Date/Time/Location: Beginning in 2016/hospital campuses

Community Partners: YWCA of Greater Lawrence, community organizations interested in hosting Spanish talks on health topics

Clinical Partners: Hospital department heads, Interpreter Services, Steward Medical Group

Priority 8
Domestic Violence Prevention and Victim Advocacy

Target Population

Adults, seniors, and children who are victims of domestic abuse/violence
and those who are perpetrators

Statewide Priority

Wellness Outreach to Vulnerable Populations
Reducing Health Disparities

Goal

- To end domestic violence and child and elder abuse and neglect

Activity

Description: Distribution of materials in Spanish and English on domestic violence, elder and child abuse, and resources at school campuses, senior centers, farmers markets, health fairs, hospital waiting areas, other venues throughout the service territory

Date/Time/Location: Throughout 2016 in hospital service area

The following describes The Family Safety Project programs:

Description: Domestic Violence Prevention and Victim Advocacy: Acclaimed six-component, proactive intervention program that addresses the crisis of domestic/family abuse through community collaboration, trainings and education, prevention and outreach, and perpetrator intervention.

Date/Time/Location: Throughout the year; day and evening hours, depending on program component/various venues throughout the Merrimack Valley and beyond

Description: “Shining the Light: After the Violence” workshop for healthcare practitioners exposed to and concerned about domestic violence; CEUs available. Workshop covers the healthcare landscape, the criminal justice system response to domestic violence, risk assessment, and interventions.

Date/Time/Location: TBD/Holy Family Hospital

Description: Batterer’s Intervention Program (Domestic Violence Prevention-Component 1): A Dept. of Public Health-certified program that provides educational intervention to men who are, or have been, violent/abusive in intimate relationships. Sixteen groups per week in six different locations. Also offered in Spanish.

Date/Time/Location: Throughout the year/northeastern Massachusetts/day and evening sessions

Description: Batterer’s Intervention Certification Training (Domestic Violence Prevention-Component 2)-One of four programs in the state designated by DPH as a Certification Training Facility. Training for agencies and individuals. A three-day (three

consecutive Fridays) Massachusetts Department of Public Health approved certification training for individuals who are concerned about domestic violence and men who batter. Participants will be taught intervention strategies, philosophies, and approaches consistent with the "Duluth Model" that meet the Batterer Intervention Certification requirements of the Massachusetts Department of Public Health.

Dates/Time/Location: TBD/all-day training program/Holy Family Hospital

Description: Children Who Witness Domestic Violence Programs (Domestic Violence Prevention-Component 3)-Group and individual clinical services to children ages three to seventeen who have witnessed violence at home. Provide support and advocacy for children. Chief goal is to provide safe, therapeutic environment to counteract negative impact of witnessing violence; to provide advocacy and support for children. Comprehensive assessment and family consultation services for non-offending parents/caretakers.

Date/Time/Location: Throughout the year/day and evening/Holy Family Hospital primary service area and greater Lawrence

Description: Consultation, Education, Outreach Staff (Domestic Violence Prevention-Component 4)-Training and consultation on domestic violence issues to a variety of local and Boston-based health care organizations, members of the Governor's Commission on Domestic and Sexual Violence.

Dates/Time/Location: Throughout the year/ongoing/throughout Merrimack Valley and beyond

Description: Responsible Fatherhood Program (Domestic Violence Prevention-Component 5)-Education program for fathers (both custodial and non-custodial) who wish to develop better parenting skills by learning characteristics of responsible fathering. Topics include appropriate discipline and limit setting, child development, abusive relationships, and impact on children.

Dates/Time/Location: Every week/evening/throughout Merrimack Valley and beyond.

Description: Victim Services Program (Domestic Violence Prevention-Component 6): Consultation, intervention, advocacy, and referral services to victims of domestic/family violence who present for treatment at Holy Family Hospital; same confidential services provided to hospital employees affected by abuse at home. Training, consultation and education provided to hospital staff as benefit to patients.

This program is in partnership with the YWCA of Greater Lawrence, which provides intervention at the hospital, especially in the Emergency Dept.

Dates/Location: Ongoing/day and evening/throughout Merrimack Valley and beyond

Description: Elder Abuse 24-hour Hotline serving people ages sixty and older throughout Massachusetts. Responds to abuse (physical, verbal, emotional, sexual, financial, caretaker neglect, self neglect) assessing risk and screening cases for course of action. Thousands of incoming and outgoing calls and reports to protect elderly each year.

Dates/Time/Location: Ongoing/24-hour-7days week/throughout Massachusetts

Description: Member of Governor's Council to Address Sexual and Domestic Violence Health Care Working Group (HCWG)-The Council looks at the need for further legislation to protect victims, punish and treat perpetrators, and reduce and prevent the incidence of sexual and domestic violence. It also works to enhance interagency communication and cooperation, as well as the timely and accurate sharing of information between law enforcement, judicial personnel, the private bar, and other victim service providers. The Council consists of a diverse group of individuals with backgrounds in social policy, advocacy, government, law and criminal justice.

Date/Time/Location: Meets quarterly/TBD/ Mass. State House, Boston

Community Partners: State, regional, and local social service agencies; law enforcement, court system, prosecutors, probation officers, victim advocates, batterer intervention experts; Mass. Dept. of Public Health

Clinical: Director of the Family Safety Project Douglas Gaudette; Children Who Witness Domestic Violence Coordinator Michele Penta; Staff of The Family Safety Project; Vilma Lora, Co-Director of Women's Services, YWCA of Greater Lawrence

Priority 9 Community Outreach

Target Population

Poor and underserved families, individuals and children; seniors; local blood bank; Methuen High School Health program

Statewide Priority

- Promoting Wellness to Vulnerable Populations

Activity

Description: Partnership with Methuen High School on various health projects, including:

- **Revitalizing Walking Path between high school and hospital, with new exercise stations
- **Benches at high school campus pond for enjoying outdoors and for classes
- **Lectures on various health topics

Date/Time/Location: Spring through fall 2016/on Methuen High School-Holy Family Hospital (Methuen) campus

Description: Continue backpack, clothing and food drives for local non-profits, as well as continuously running collection of spare change at the Haverhill campus cafeteria register for local agencies.

Date/Time/Location: Different times during the year/Holy Family Hospital and Holy Family Hospital at Merrimack Valley

Description: Senior Luncheons and Suppers: A nutritious meal for \$5 per person and guest speaker or entertainment.

Date/Time/Location: Holy Family Hospital at Merrimack Valley
Tues. March 1, Tues. June 7, Tues. Sept. 6, and Tues. Dec. 6, 2015/ 1:00 pm to 2:00 pm/
Holy Family Hospital at Merrimack Valley Auditorium

Date/Time/Location: Holy Family Hospital

Wed. March 16, Wed. June 15, Wed. Sept. 14, and Thurs. Dec. 8, 2016 /3:30 pm to 4:30 pm/ Holy Family Hospital Auditorium

Description: American Red Cross blood drives at which area residents and employees contribute to the blood bank

Date/Time/Location: 2nd Saturday of the month/8 a.m. to 2 p.m. at Holy Family Hospital (Methuen) auditorium/and periodic drives throughout the year at Holy Family Hospital at Merrimack Valley auditorium

Description: Taxi vouchers for those without transportation who are returning home following a hospital stay

Date/Time/Location: On-going/From Holy Family Hospital and Holy Family Hospital at Merrimack Valley

Description: Ambassador Program-Employee ambassadors volunteer their time serving more than two dozen local organizations to understand and respond to needs of communities served. Efforts include health fairs, health talks, demonstrations, and screenings for a variety of conditions, career fairs, and board memberships.

Date/Time/Location: Throughout the year/at local organizations and venues in the service area

Community Partners: American Red Cross, Methuen Arlington Neighborhood, Inc., Methuen High School

Clinical Partner: Physicians; clinicians; Case Management Dept.; Rev. Suzy Goodspeed; Susan Sullivan, MT (ASCP) SBB, Section Leader, Blood Bank/ Tissue Management/Phlebotomy; employees

Additional FY 2016 Community Benefits Goals

- Efforts to grow and diversify the Community Benefits Advisory Committees will continue.
- Community Benefits is supported by the hospital's Marketing and Public Relations Dept. Information on community benefits programs is sent to the print, broadcast, and cable outlets; shared on social media; and provided to area organizations via press releases, announcements, and person-to-person outreach. Information also is shared with staff. Every effort is made to provide information in Spanish.
- Because Community Benefits is dynamic, programming will be subject to:
 - **On-going assessments of current population health needs, including new and emerging health issues, and
 - **Continuous discussions with community leaders and partners, including members of the community benefits internal and external advisory committees, on emerging population health issues and progress or lack thereof around current population health issues

Partnerships

Holy Family Hospital and Holy Family Hospital at Merrimack Valley partner with dozens of area civic organizations, health and human service organizations, boys & girls clubs, YMCAs, YWCAs, community coalitions, chambers of commerce, senior centers, churches, law enforcement, and schools. Every effort is made to partner with organizations, causes and activities that are in keeping with critical population health issues, especially as they pertain to the hospital's Community Benefits priorities.

The Director of Mission and Community Partnerships is an active member of the following:

- City of Lawrence Mayor's Health Task Force (CHNA 11) Executive Committee
- CHNA 11 Behavioral Health Working Group, Healthy Active Living Working Group, and Mammography Services Working Group
- Lower Merrimack Valley and Seacoast Health Partnership (CHNA 12), Co-chair
- Merrimack Valley Prevention And Substance Abuse Project (MVPASAP)
- Stand Up Salem substance abuse coalition
- Haverhill Overdose Prevention Education (H.O.P.E.)
- Methuen Adult Learning Center Advisory Committee
- Haverhill Adult Learning Center Advisory Committee

Beth Cronin, Outpatient Dietician, Diabetes Care Program, is a member of the Diabetes Today Coalition, Lawrence.

Karen Tanona, RN, Patient Navigator, Oncology Dept., is a member of CHNA 11's Men and Women's Working Group.

Andrew Desrosiers, Neurology/Orthopedics Service Lines, Steward Health Care, is a member of the Health Committee for the Greater Salem Chamber of Commerce.

Holy Family Hospital Community Benefits Advisory Committees (CBAC)

Community Benefits Advisory Committee-Holy Family Hospital (Methuen)

- **Joseph Roach, CEO
- **Anthony K. Stankiewicz, Esq., Trustee, Holy Family Hospital
- **Wil Carpenter, Vice President, Sales and Service, Merrimack Valley Chamber of Commerce, *CBAC co-chair*
- **Leigh Carpenter, Senior Market Manager, Community Engagement, New England Division, American Cancer Society, Inc.
- **Patty Comeau, RN, School Nurse Coordinator, Methuen Public Schools
- **Kimberly Flowers, Elder Services of the Merrimack Valley
- **Corinne LaCharite, Executive Director, Methuen Senior Activities Center, *CBAC co-Chair*
- **Brian Lagrasse, Health Director, Methuen Board of Health
- ** Vilma Lora, Co-Director of Women's Services, YWCA of Greater Lawrence, and Coordinator of the City of Lawrence Mayor's Task Force
- **Lt. Kevin Mahoney, Community Liaison, Methuen Police Department
- **Paul Muzhuthett, MA, MSW, Regional Director, Northeast Regional Health Office, Mass. Dept. of Public Health
- **Linda Soucy, Director of Greater Lawrence Community Action Council, Inc.'s Fuel Assistance Program, and Director of the Safe Haven Computer and Homework Center at Methuen Arlington Neighborhood, Inc.
- **Anne Whalen, Executive Director, Methuen YMCA

2016 Meetings, Café Conference Room, 8:30 a.m. to 9:30 a.m.:

Thurs. Jan. 21, Thurs. May 12, Thurs. Aug. 11, and Thurs. Nov. 17

Community Benefits Advisory Committee-Holy Family Hospital (Haverhill)

- **Joseph Roach, CEO
- **Carmenza Bruff, Community Health Educator, Dana-Farber Cancer Institute Center for Community-Based Research
- **Mary Connolly, RN, Haverhill Council on Aging
- **Douglas Edison, President, Haverhill Brightside
- **Collette Farina, Member Service Director, Haverhill YMCA
- **Anne-Marie D'Angelo Florent, MSPA, Member Education Representative, Executive Office of Health and Human Services, MassHealth Operations
- **Tracy Fuller, Executive Director, Haverhill YMCA
- **Kalister Green-Byrd, Board of Trustees, Holy Family Hospital

- **Reverend Robert Murray, Pastor, St. James Church and St. John the Baptist Church, Haverhill
- **Paul Muzhuthett, MA, MSW, Regional Director, Northeast Regional Health Office, Mass. Dept. of Public Health
- **Mary O'Neill, Regional Outreach Director, Serenity at Summit New England, Haverhill
- **Gary Ortiz, Haverhill Public Works Department
- **Megan Shea, Coordinator, Haverhill chapter, Massachusetts Opioid Abuse Prevention and Collaborative Merrimack Valley Cluster
- **Marlene Yeo, Director, Somebody Cares New England

2016 Meetings, Board Room, 12:00 p.m. to 1:00 p.m.
 Fri. Jan. 29, Fri. May 20, Fri. Aug. 19, Fri. Nov. 18, 2015

Community Benefits Hospital Leadership Team (CBHLT)
Holy Family Hospital and Holy Family Hospital at Merrimack Valley

- **Joseph Roach, President and CEO
- **Michael Cornelius, Director of Respiratory Services
- **Beth Cronin, Outpatient Dietician, Diabetes Care Program
- **Andrew Desrosiers, Neurology/Orthopedics Service Lines, Steward Health Care
- **Cheryl Edwards, RN, Director, Nursing Operations
- **Kate Ferguson MS, RD, LDN, Clinical Nutrition Manager, Sodexo Healthcare
- **Douglas Gaudette, Director, the Family Safety Project
- **Jean MacDougall-Tattan, Director of Physician Relations & Services
- **Anthony Slabacheski, Program Director, Oncology Dept., William Lane Cancer Center
- **Eileen Soucy, Case Management Director, Case Management/Social Services Dept.
- **Karen Kennedy, Director, Mission and Community Partnerships

2016 Meetings, 1:00 pm to 2:00 pm:

- Thurs. Jan. 14: Holy Family Hospital at Merrimack Valley Boardroom
- Thurs. May 5: Holy Family Hospital (Methuen) Cafeteria Conference Room
- Thurs. Aug. 4: Holy Family Hospital at Merrimack Valley Atrium Conference Room
- Thurs., Nov. 11: Holy Family Hospital (Methuen) Cafeteria Conference Room

Board of Directors Appointee to Community Benefits

Anthony Stankiewicz, Esq., Trustee, and Chief Advancement Officer and Chief of Staff,
 Codman Square Health Center, Dorchester, MA

Steward Health Care Community Benefits Administrator

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