



Hallmark Health System, Inc.  
Community Benefits  
Implementation Plan 2014-2016

**Executive Summary:** In 2009, revisions to the Massachusetts Attorney General Community Benefits Guidelines for Not-for-Profit Hospitals improved transparency and accountability in community benefit reporting, encouraged pre-planning and community involvement, and aligned the community benefit activities of hospitals and Health Maintenance Organizations (HMO) with statewide health priorities. Provisions in the federal Affordable Care Act (ACA) now require tax-exempt hospital facilities to conduct a Community Health Needs Assessment (CHNA) at least every three years and plan to appropriately designate resources to address those needs, either independently or through partnerships with other health systems and/or community agencies. These new federal requirements begin on October 1, 2014.

There are many components required to meet the current state and federal requirements. These include taking into account input from residents who represent the broad interests of the community, those with expertise in public health, and members of medically underserved, low-income and minority populations or their representatives. The process may also include input on financial and other barriers to care experienced by members of the community. Both the CHNA and the Community Benefits Implementation Plan must also be made widely available for review by the public.

A formal Community Health Needs Assessment was completed in fiscal year 2013 for Hallmark Health System by the Institute for Community Health, Inc. The Institute for Community Health (ICH) began in 2000 as a nationally recognized non-profit organization dedicated to health status improvement through facilitation and collaborative sponsorship of community-based participatory research, assessment, dissemination, and educational activities. Founded by Cambridge Health Alliance, Mt. Auburn Hospital, Massachusetts General Hospital of Partners HealthCare, and Harvard Medical School, ICH functions as a unique collaboration of these four Massachusetts health institutions.

The Hallmark Health System (HHS) CHNA, begun in May 2012 and completed in June 2013, involved a mixed-methods approach that involved assessment of a variety of health topic areas and social factors across the catchment area, and utilized a combination of primary data collected from community residents and key stakeholders through interviews and a survey, as well as existing secondary data. The assessment also encompassed a review of existing assets and resources across the catchment area, based on both a review of HHS programs and services as well as interview and survey feedback on HHS services in particular, and additional community assets. As they are licensed as one health system and serve the same geographic area, one CHNA was completed for both hospital facilities—Lawrence Memorial Hospital and Melrose-Wakefield Hospital. When applicable, programs available at only one campus will be noted.

From this assessment, HHS drafted a Community Benefits Implementation Plan. The Plan is a strategic guide to evidence-based programs and services that addresses identified community health needs. To meet state and federal requirements the Community Benefits Implementation Plan must include both the processes used to develop the plan and encourage community input in all phases of planning and

implementation. It is crucial that the target populations addressed by the plan are clearly identified and the rationale for prioritizing these populations and programs are plainly stated. In Massachusetts, hospitals are encouraged to address four statewide health priorities: supporting health care reform; reducing health disparities; improving chronic disease management; and promoting wellness in vulnerable populations, as well as addressing medical debt by encouraging hospitals to adopt fair medical debt collection practices. Federal priorities are: improving access to care; advancing medical knowledge; enhancing community health; and relieving or reducing government burden.

The plan should also include the list of programs developed to address the needs identified, including the goals and measures for the programs and the overall budget for the hospital's Community Benefits. In addition, hospitals are responsible to keep an updated inventory of programs and services provided to the community. It is also imperative to identify and explain the reasoning for any needs the hospital does not plan to address and the process by which needs are prioritized. Finally, each tax-exempt Community Benefits Implementation Plan must receive the ultimate approval of the hospital's governing body.

To promote transparency in the community, Hallmark Health System maintains a Community Benefits web page to list the identified target populations to be served, recognize Hallmark Health's community partners, and showcase key Community Benefits Programs as well as the annual Community Benefits Report. The web page at <http://hallmarkhealth.org> links community members with a health survey tool to allow them to share their personal and local health concerns, available in English and translated into the six most common languages spoken in this geographic area. The tool was updated in 2013 and more than 400 surveys were collected as part of the CHNA process. Both the CHNA and the board-approved Community Benefits Implementation Plan will be posted on this website; printed copies will be made available at both Hallmark Health System hospitals and in other key service locations across the health system.

The Hallmark Health Community Benefits Implementation Plan covers a range of programs designed to meet the health needs of the identified target populations. In most instances, Community Benefits programs align closely with the core service lines of Hallmark Health System. However, to address identified needs of disadvantaged populations, programs also address statewide health priorities and identified health needs of these groups in the local community. The Plan also reflects the need to streamline services to best align limited resources with underserved populations.

For Hallmark Health System, some of the largest community benefits programs continue to address the needs of families at risk, such as the North Suburban Women, Infants and Children (WIC) Nutrition program, Healthy Families home visiting program, low to moderate income elders, such as the Robert Dutton M.D. Adult Day Health and Supportive Day Center, and cross-generational needs such as the Mobile Food Market. Other programs assist minorities and those living with chronic illness, such as residents diagnosed with tuberculosis or underserved cultural and linguistic populations, such as those served by the Asian Elder Diabetes Health Project in Malden.

As new health needs emerge, or are identified as critical to the communities HHS serves, the Community Benefits Plan may be amended to add programs that address those needs. Other programs that benefit the community, but are either not delineated in the Attorney General’s Community Benefits Guidelines, or allowable under federal IRS regulations, will be reported as Community Service programs.

*In Conclusion*

Hallmark Health System, Inc. has complied with the Attorney General’s Community Benefits Guidelines for Non Profit Hospitals since the inception of the program in 1994, and is also compliant with the IRS Form 990 Schedule H requirements. In the political climate both, at the state and federal level, focused on validating the tax-exempt status of hospitals and other not-for-profit institutions, it is critical that Community Benefits programs and the processes used to develop them remain transparent, evidence-based or evidence-informed, measurable and ultimately accountable to the community. These responsibilities require ongoing engagement with the community to ensure that identified needs are addressed appropriately—either independently, through collaboration with other health systems—or, when resources and expertise are not available, residents receive referrals to other appropriate services. Hallmark Health System will continue to reach out to other community agencies and health systems, to better meet the needs of underserved populations as well as decrease waste and reduce health care costs.

In 2014, and the years to follow, Hallmark Health System will continue to focus its Community Benefits resources on increasing evidence-based and evidence-informed prevention programs for the community, measuring program impact, and advancing care coordination and service integration across the system. Limited resources must be leveraged appropriately to assure the best “return on investment”, prioritizing significant health needs with programs that have the greatest chance of improving the health of residents living in the Hallmark Health System service area.

## **Hallmark Health System's 2014 Community Benefits Plan**

### Community Process and Input

Collaboration in the community is an integral component of Hallmark Health's Community Benefits mission. These efforts assist the organization in identifying community needs, allow for sharing of resources and innovations, and better serve community residents by preventing duplication of services.

The strategies that support this process include the following:

- Hallmark Health supports membership and leadership activities on boards of local coalitions supporting the Community Benefits Plan of Hallmark Health, such as board level membership on the Melrose Alliance Against Violence (MAAV), Medford Health Matters, and others as appropriate.
- HHS subsidizes rent and utilities in-kind for key community partners such as Portal to Hope, Inc. Programs receiving this support must be not-for-profit agencies closely aligned with Hallmark Health Community Benefits programs.
- The System offers meeting space to community agencies (in-kind) that support the Hallmark Health Community Benefits Plan.
- Each year HHS supports ongoing outreach activities to identify new or previously unknown community agencies that support Community Benefits target populations, especially grass roots and faith-based organizations. This includes limited ongoing support for the Haitian-American population in this service area and to the country of Haiti, based on assessed need and available resources.
- Hallmark Health System Community Teams provide significant outreach and support to community events and programs in the catchment area.
- HHS also reaches out to other local health care systems to explore ways to work collaboratively, in an attempt to avoid unnecessary duplication of services.
- Staff members participate regularly at Community Health Network Area (CHNA) meetings for CHNA 13/14, CHNA 15, and CHNA 16, in which the hospital maintains a leadership role.
- HHS devotes Hallmark Health Community Services and Financial Management staff time to document value, monitor, and measure the impact of programs and services to Hallmark Health communities.
- The Development department and the Community Services department identify and secure resources as appropriate to fund community benefits programs; this includes grant writing, securing restricted donations, and fundraising.
- HHS sponsors professional memberships as appropriate, such as to the Association for Community Health Improvement (ACHI).

The key reporting relationships for Hallmark Health System Community Benefits are outlined in Attachment 1 (Organizational Chart) and the key responsibilities are defined as follows:

*The Hallmark Health Community Services Director and Community Benefits Manager* are responsible for these components of the Community Benefits planning process:

- Assessing community needs through a formal Community Health Needs Assessment at least every three years.
- Preparing an inventory of all current Community Services and Community Benefits Programs and updating the information annually.
- Providing input to the development and implementation of Community Benefit and Community Service programs included in the Community Benefits Implementation Plan.
- Identifying short term (one year) and long-term (three to five year) goals for each Community Benefits program, described with as much specificity as possible. These will be reviewed and revised annually.
- Preparing a budget (including expenses, revenues, and outside funding sources).
- Leveraging resources to fund Community Benefits programs.
- Writing and submitting an annual Community Benefits Report to the Massachusetts Attorney General, and providing input for the annual filing of the IRS Form 990 Schedule H.
- Writing the annual Department of Public Health Language Needs Assessment in collaboration with the Hallmark Health Interpreter Services program.
- Determining the timeline for each aspect of the plan, as well as tracking and recording program impacts.
- Ongoing communication with the Hallmark Health Community Benefits Advisory Council around new and emerging community health needs.
- Providing input to the Community Benefits Advisory Council's statement of priorities consistent with the hospital's resources.
- Maintaining the database integrity of the Community Benefits Information System for Accountability (CBISA, including training and system wide reporting. Financial oversight is provided by the HHS Controller and Senior Accountant.
- Providing recommendations for membership on the Community Benefits Advisory Council by community members representing key target populations.

*The Community Benefits Advisory Council* is comprised of three community members representing the system's Community Benefits target populations, a member from the Hallmark Health Board of Trustees, the Executive Vice President for Strategy and External Affairs, the Executive Vice President and Chief Legal Officer, the System Vice President of Home Care and Community Programs, the system's Controller, an Associate Chief Nursing Officer, the Director of Public Affairs and Marketing, the Director of Community Services, and the Community Benefits Manager.

The Council is responsible for the following:

- Reviewing Council membership to ensure that Board and community positions on the Council continue to represent target populations for Hallmark Health System.

- Developing, reviewing and amending the Community Benefits Mission Statement annually, as needed.
- Serving as the planning committee for Hallmark Health's Community Benefits programs by defining the process for recognizing the current and emerging health needs in the community and ensuring that the Community Benefits Implementation Plan is responsive to these identified needs.
- Reviewing the annual state Community Benefits report and Community Health Needs Assessment.
- Confirming that Community Benefits priorities are met, or that there is a defensible rationale why certain priorities will not be met, and that resources allocated for Community Benefits reflect the hospital's available resources.
- Encouraging system-wide and community involvement in the planning and execution of the Community Benefits Implementation Plan.
- Retaining flexibility in the Community Benefits planning process to enable the health system to respond to unplanned emergencies and emerging needs.
- Ensuring the transparency of the Community Benefits planning process.
- Making recommendations for changes prior to submitting the Community Benefits Implementation Plan for approval by the Board Governance Committee.

*The Board Governance Committee* has responsibilities in the following areas:

- Affirming and sharing publicly a Community Benefit Mission Statement, setting forth Hallmark Health's commitment to a formal Community Benefits Implementation Plan.
- Reviewing the Community Health Needs Assessment and Community Benefits Implementation Plan and making recommendations for changes prior to the approval to the full Board of Trustees.
- Through the Community Benefits Advisory Council, overseeing the development and implementation of the Community Benefits Implementation Plan, including methods, resource allocation, and mechanisms for regular evaluation.

*The Hospital Board of Trustees* has responsibilities in the following areas:

- Affirming and sharing publicly a Community Benefit Mission Statement, setting forth Hallmark Health's commitment to a formal Community Benefits Implementation Plan based on needs identified through a Community Health Needs Assessment.
- Confirming that the established priorities for community health care needs are identified and addressed by the Community Benefits Implementation Plan. This includes why certain priorities will not be met, and that resources allocated for Community Benefits reflect the hospital's available resources.
- Through the Community Benefits Advisory Council, overseeing the development and implementation of the Community Benefits Plan, including methods to be followed, allocated budget and resources, and mechanisms for regular evaluation.
- As the hospital's governing body, reviewing and approving the Community Benefits Implementation Plan.

### The Overall Estimated Annual Community Benefits Budget

The Hallmark Health System, Inc. 2014 Community Benefits Implementation Plan intentionally designates appropriate resources to Community Benefits and Services (excluding Charity Care) providing support and health services to community residents. This budget is expected to be approximately \$3,000,000.

### Community Benefits Service Area

For most HHS Community Benefits programs, the service area is defined as the primary communities of Malden, Medford, Melrose, Reading, Stoneham, and Wakefield and the secondary communities of Everett, North Reading, and Saugus. For individual Community Benefits programs however, the geographic area served may be larger; for example the North Suburban Women, Infants and Children (WIC) program also serves the towns of Wilmington, Winchester, Woburn, and Burlington.

### Newly emerging or unaddressed health issues

Currently, Hallmark Health System is able to address most identified health needs through evidence-based or evidence-informed programing. Some needs are addressed in partnership with other agencies, such as for domestic violence and substance use issues. In the coming year, as trends emerge or additional funding becomes available, other programs will be developed focusing on the priority areas identified in the 2013 Hallmark Health System Community Health Needs Assessment. Community input will continue to be utilized to validate the process used to prioritize and address emerging and unaddressed health issues.

## Community Benefits Priorities—Target Populations

### ***Primary Priorities***

- *Residents managing behavioral health issues and substance use* including depression, anxiety, co-occurring substance use disorders, and serious and persistent mental illness. This will include a focus on access to care issues, integration of behavioral health and primary care, preventive mental health, and a particular emphasis on the geriatric population and their families/caregivers.
- *Community members at risk for developing cancer or being treated for cancer*, with a focus on lung, colorectal, oral, head and neck, breast, and skin cancers.
- *Residents at risk for developing cardiovascular disease or those experiencing health issues due to undiagnosed or poorly understood cardiovascular risks*, including those at risk for developing Congestive Heart Failure (CHF) or for suffering a stroke.
- *Men, women, and children with weight management issues*, with specific focus on obesity prevention for adults and children.
- *Community members at risk for developing diabetes or with diabetes management issues*.
- *Residents needing access to healthcare* especially focused on uninsured or underserved residents of our core communities. This includes recruitment, education, and training of nurses, physicians, other practitioners, and community volunteers needed to care for these populations, as well as appropriate research to enhance access to health care and improve health services.
- *Vulnerable populations needing services; such as families with children/adolescents at risk* due to poverty, isolation, language or cultural barriers, domestic violence, access to care issues, or lack of skills to navigate the health care system, lack of early prenatal care or those in need of developing parenting skills. This includes mother/infant programming and reproductive health.

### ***Secondary Priorities***

- *Residents impacted by Tuberculosis and other infectious diseases*.
- *Men, women and children at risk for developing bone and joint injuries or disease*, with a focus on injury prevention for all ages, specifically falls prevention, arthritis and osteoporosis prevention and detection, and prevention of sports injuries- including head injury in youth.
- *Residents impacted by Respiratory Health issues* such as Chronic Obstructive Pulmonary Disease (COPD).
- *Residents impacted by Sexual Assault/Domestic Violence*.
- *The community at-large* to be prepared for disasters and emergencies, both natural and man-made, such as seasonal and pandemic flu or accidents involving large numbers of victims.

## Community Benefit Programs

### **Primary Priorities**

*(A) Residents managing behavioral health issues and substance use* including depression, anxiety, co-occurring substance use disorders, and serious and persistent mental illness. This will include a focus on access to care issues, integration of behavioral health and primary care, preventive mental health, and a particular emphasis on the geriatric population and their families/caregivers.

### **Identified Need:**

Behavioral health and substance use issues are identified in both the primary and secondary data of the Hallmark Health System Community Health Needs Assessment. Mental disorders (including dementia) are a top cause of death in all nine communities. Compared to the state, mental disorder-related mortality rates are higher in three towns, and hospitalization rates are higher in four towns. Three towns also have higher youth mental health concerns. In the Stakeholder Interviews, mental health was cited as a top health concern in more than half of communities, particularly for elders and families with young children; and in the Community Surveys, depression was cited as one of the most common personal health conditions and mental health as a top community concern, particularly for younger and lower-income respondents. Respondents expressed desire for expanded access to affordable mental health services needs in the Emergency Departments (ED) and in the community.

For Substance Use, in the secondary data, compared to the state, most communities have higher rates of alcohol and substance-related ED visits. All have higher opioid-related ED visits, and most have higher opioid-related mortality. One town also has higher youth alcohol, tobacco, and marijuana use. Stakeholders mentioned substance use as a top health concern in almost all communities, particularly for youth. Stakeholders also described a need for increased substance abuse prevention and treatment services; while Community Surveys identified substance abuse, particularly for youth, as a top community health concern, and respondents also indicated desire for increased substance abuse education and awareness. Behavioral Health programs at Hallmark Health address a variety of these community needs.

### **Programs:**

- Outpatient psychiatric care for vulnerable populations will be provided through a sliding scale fee adjustment for elders or adult psychiatric clients identified in financial need. This program complies with the Hallmark Health debt collection policies and practices.
- Behavioral health visits in the Emergency Departments will include SBIRT Screening (screening, brief-intervention, resource, and treatment) for all patients where appropriate. Of note, in the MWH Emergency Department, trained psychiatric nurses are available to support optimal patient care.
- Hallmark Health will continue to provide support to the Melrose, Medford, Reading, and Wakefield Substance Abuse Prevention Coalitions. Hallmark

Health System has also convened the HASURC (Hallmark Health Substance Use Regional Collaborative) to support local cities and towns with this effort.

- A community-based Alcoholics Anonymous (AA) group will continue to be offered weekly at the Melrose campus. This is one of three AA meetings offered in Melrose and is the only handicapped-accessible site.
- In 2014, Hallmark Health VNA and Hospice will continue to offer a series of ongoing support groups to help those who have experienced loss, including support groups such as Surviving Grief and Change and Surviving Loss Over Sixty.
- In addition, “Kids in Grief”, a program for children who have experienced loss utilizing expressional therapy, will be offered in multiple sessions this year.
- In Wakefield and in Stoneham, Community Teams will continue to support annual drives for local troops stationed overseas in service of our country. The goal of this program is to ease the isolation of local service men and women during their assignment and to provide a community bridge for them as they return home from deployment overseas.
- The Behavioral Health Departments will provide annual community depression screening and educational sessions.
- In Melrose, Hallmark Health continues to support the “Shine the Light” Program to address a community education need resulting from a sexual predator incident affecting children cared for by the Melrose Family YMCA.
- Behavioral Health Services continues to provide a single-number resource line to allow the community to easily access behavioral health services. Staff and the community may use this resource to identify services within Hallmark Health and with other local providers. Case management services are also provided as needed.
- The Supported Birthing Program will seek funding to continue providing support and education sessions for pregnant women in addictions treatment.
- The North Suburban Child and Family Resource Network (NSCFRN) in collaboration with Maternal Newborn Services will provide support and education for parents with babies discharged from the Special Care Nursery, especially those under treatment for addictions.
- Other programs such as Healthy Families and the MA Home Visiting Initiative, the North Suburban Child and Family Resource Network, include prevention and referral for behavioral health and substance use as core program components.
- The Dutton Center Adult Day Health and Supportive Day Program will continue to offer Supportive Day Care for all seniors and Adult Day Healthcare for those with special physical, cognitive or emotional needs, including those with mental health and developmental challenges.
- Alzheimer’s Caregivers and other Caregiver Support groups will be offered throughout the year.
- A bi-monthly program “Grandparents Raising Grandchildren in Harmony” will be offered through the North Suburban Child and Family Resource Network and local community collaborations.
- Intensive behavioral health day treatment is available for both adults (over 18 years) and elders.

- In the fall outpatient groups will be offered in psycho-education, mood management, and developing enhanced coping skills.
- In FY 14- an outpatient Geriatric Assessment and Treatment Center will be opened to offer more specialized mental health support, including consideration of issues like home safety and driving, with goal to keep people housed and independent in their homes.

*(B) Community members at risk for developing cancer or being treated for cancer, with a focus on lung cancer, colorectal cancer, oral, head and neck cancer, breast cancer, and skin cancer.*

**Identified Need:**

In the core communities of Hallmark Health, many residents are burdened with a diagnosis of cancer for themselves or a family member. Most cancers occur in adults middle-aged or older. In the United States, men have slightly less than a one in two lifetime risk of developing cancer, and for women, the risk is one in three. Persons with lower socioeconomic status have disproportionately higher cancer death rates, reflecting obstacles to receiving cancer prevention, early detection, and high quality treatment. Racial and ethnic disparities also continue to exist. Smoking accounts for 30% of all cancer deaths and 87% of lung cancer deaths. Prevention efforts such as building awareness through education, screening, and early detection all demonstrate positive results in the identification and early treatment of most cancers, allowing for the best outcomes.

Secondary data identifies all HHS communities as having higher incidence (new cases) and/or higher mortality than the state for at least one cancer type. In particular, breast cancer incidence and mortality are higher than the state in most service communities, and lung cancer is one of the top causes of death in the catchment area overall. In addition, all-cancer incidence is higher than in the state in four towns, and two towns have higher all-cancer mortality. Stakeholder Interviews highlighted cancer as a top health need for four of the nine communities and in the Community Surveys, cancer was cited as a top health concern, especially amongst the elderly. Most respondents reported receiving recommended cancer screenings (colonoscopies for those ages 50+, pap smears for women, and mammograms for women ages 40+); however, lower-income respondents reported lower screening rates. Self-reported current and past tobacco use was also higher for low-income respondents.

**Programs:**

- Opportunities for Skin Cancer Screening will be available for community members annually.
- A Breast Health Awareness program will be held in the community annually. Hallmark Health System opened a comprehensive Breast Health Center in 2012.
- Through a relationship with the Malden YWCA, underserved women will be provided screening and care to promote breast health. Hallmark Health will participate in the annual YWCA “Tina’s Heart” cancer survivor program hosted by the YWCA. Hallmark Health also supports the YWCA’s efforts to screen women for breast cancer through their Avon grant.
- In addition mammography screening events will be offered to low-income diverse residents in the services area.
- A sliding scale fee and scholarship program will be offered for low-income residents with lymphedema.
- An eight-week group support and cessation education will be made available to patient and employee tobacco users. These low cost programs will be available

throughout the year and follow the successful American Lung Association program guidelines.

- An oral, head and neck cancer screening will be offered annually.
- The Hallmark Health Cancer Center in Stoneham will offer a variety of cancer support groups to aid families in coping with the physical, social, and emotional aspects of cancer. Facilitated by nurses, social workers, and other clinical members, the groups will be held at the Cancer Center. One of the groups offered will be a four-part series entitled, “I Can Cope”, which includes sessions on learning about cancer and cancer treatments, understanding feelings and family relationships, discovering resources, and celebrating life. Attendance will be monitored.
- Community Education programs focused on cancer prevention will be planned and implemented throughout the year, especially focused on geographic areas with a higher than average incidence of certain cancers. Cancer Conversations will be offered with a focus on both men and women.
- Chronic Disease Self-Management programs will be offered to long-term cancer patients and recovering smokers.
- Limited transportation is made available for low-income residents without other means to access care.
- Radiation oncology treatments are provided to patients from Cambridge Health Alliance through a collaborative practice agreement.

*(C1) Residents at risk for developing cardiovascular disease or those experiencing health issues due to undiagnosed or poorly understood cardiovascular risks, including those at risk for developing Congestive Heart Failure (CHF) and for suffering a stroke.*

*(C2) Men, women, and children with weight management issues, with a specific focus on obesity prevention for adults and children.*

*(C3) Community members at risk for developing diabetes or with diabetes management issues.*

**Identified Need:**

In 2007, cardiovascular disease caused one of every three deaths in Massachusetts. Stroke is the third leading cause of death in the United States and the leading cause of long-term disability. Although in the past decade the death rate from heart disease and stroke in MA has declined, risk factors such as obesity, high blood pressure, tobacco use and high cholesterol are on the rise especially in minority populations. Diabetes and circulatory system diseases are top causes of hospitalization for all communities in the HHS service area, and circulatory system diseases are also a top cause of death. Compared to the state, major cardiovascular disease hospitalizations are higher in four towns, and mortality is higher in one. Three towns also have higher stroke mortality, and one town has higher stroke hospitalizations. Emergency Department visits for heart attacks are higher in four towns. Five towns have either higher diabetes-related hospitalizations or mortality compared to the state, with one town having both higher.

Stakeholder interviews identify obesity, nutrition, physical activity and related diseases (e.g. diabetes) as top concerns, particularly for families with young children. Community Survey data also described residents' concerns around issues of obesity, high blood pressure, and high cholesterol as top personal health concerns, and obesity, diabetes, and heart disease as top community health concerns, particularly for lower-income and elderly respondents. Moderate levels of physical activity and fruit, vegetable and whole grain consumption were reported, with lower rates reported by lower-income and young adult respondents.

**Programs:**

- The “Red Dress Day” program offering health education and screening will be offered in the community annually. The programs offer participants heart healthy information, health screenings, and the opportunity to speak with a financial counselor, a pharmacist, and/or a dietician.
- The Healthy Heart Educational Series through the Cardiac & Endovascular Center at Melrose-Wakefield Hospital will be offered annually.
- “Watch Over Me”, a stroke community health education program, will continue to be offered in the community. Volunteers will be trained to reach out to their peers to spread the “FAST” message about stroke, and health education lectures will be provided by trained professional staff and physicians. This program will be implemented in collaboration with Winchester Hospital.

- An Anticoagulation Management Service was developed and implemented in late 2012, the services will continue.
- Funding will be sought to extend the number of maintenance sessions available to residents needing cardiac and pulmonary rehabilitation services that do not have insurance coverage. This program will comply with the Hallmark Health debt collection policies and practices.
- Varicose Vein Screening will be offered annually. Participants with abnormal screening values will be referred for treatment and provided follow-up care.
- Blood Pressure clinics will be offered through the VNA and at community events throughout the year. Screening/education tools will be used consistently across program departments to measure the number of residents screened, the health information provided, and any follow-up and referral done with patients.
- A multi-session tested BP reduction program is available without charge to residents identified as at risk.
- The HHS Senior Outreach Program will offer nursing services such as nursing assessments and referrals, blood pressure screenings, individual health conferences, and support groups. Education programs will be provided on topics ranging from healthy aging to diabetes management. Chronic disease self-management programs are also being offered.
- Hallmark Health will continue to support Mystic Valley Elder Services Senior Citizen lunches at the West Medford Community Center. This is a racially diverse area of the community where many seniors are living at or below the poverty level.
- In Stoneham, Community Team Volunteers provide support for family supper programs hosted by various town sponsors. These programs provide a hot meal, health education, and health screenings for families in financial need.
- Chronic Disease Self-Management programs will be offered for seniors in collaboration with Merrimack Valley and Mystic Valley Elder Services.
- The North Suburban WIC program will continue to focus on improving the identification and management of enrolled participants at risk for developing gestational diabetes and those requiring support to manage their disease.
- Hallmark Health will sponsor diabetes education and screening programs to support patients in getting their blood sugar under control through diet and exercise and making healthy lifestyle choices. The programs will focus on educating patients to address all aspects of diabetes management, from lifestyle and emotional issues to medical treatments and long-term health concerns. The Diabetes Self-Management Program will continue to offer group or 1:1 classes. Scholarships are provided for patients without insurance coverage or with limited financial resources. Family members and friends are also invited to attend without cost to allow them to be able to support the patient with diabetes.
- Exercise programs will be provided for residents with diabetes.
- Screening to identify community members at risk for developing diabetes will be offered during the year at community events and programs. These screenings will be focused on geographic communities identified through data as having many underserved residents. Patients identified as at risk will be offered referrals and follow-up care.

- The Malden Elder Asian Diabetes Project, funded by the Marshall/Adelaide Breed Bayrd Foundation, will offer education and screening for elder Asian residents in collaboration with the Chinese Culture Connection of Malden.
- Diabetes Support Groups will meet monthly. This program receives clinical support from the hospital's Diabetes Self-Management Team.
- "Healthy Kids in Motion" will be offered to elementary age students.
- A "Healthy Adults in Motion" program will be offered annually. This program will be available to underserved residents. Follow-up activities and referrals will be made as appropriate.
- A four to six week Advanced Bariatric Support Group will be offered twice annually for patients more than two years post-operative from bariatric surgery.
- Health Awareness Education programs focused on healthy eating will be provided throughout the year. These programs are offered for diverse age groups.
- Body Mass Index (BMI) Screening will be offered annually at local community events.
- Support will be provided to the Everett, Malden, Medford, Melrose, and Wakefield Community Transformation grants as funding allows.
- An Overeaters Anonymous Group will be offered space for their program at LMH.

***(D) Residents needing access to healthcare especially focused on uninsured or underserved residents of our core communities.*** This includes the recruitment, education, and training of nurses, physicians, other practitioners, and community volunteers needed to care for these populations.

**Identified Need:**

Although more than 98% of the population in MA is thought to be insured since state health reform was instituted, certain populations are more likely to be without primary care or health insurance and also need support to ensure they maintain their coverage through re-enrollment. These residents will be the focus of outreach efforts.

In both stakeholder interviews & community surveys, respondents highlighted an overarching need to address access to care issues, health disparities, and the needs of vulnerable populations, particularly elders, families with young children, immigrant groups, low-income residents, women, and children/youth. In particular, respondents highlighted elder mental health; increased interpreter services for non-English speakers; and increased transportation services, clinic locations, care affordability, and discharge planning to address social needs.

**Programs:**

- Information will be provided on the Hallmark Health website, at physician offices, at the hospital campuses, and offsite locations to assist families in accessing financial counseling services.
- Hallmark Health policies will include fair debt-collection practices.
- Hallmark Health Financial Counselors will support individuals to enroll and re-enroll in the distinctive state health programs; such as Mass Health, Commonwealth Care, Children’s Medical Security Plan, Healthy Start and the Health Safety Net; and to assist additional people in choosing a managed care plan and a primary care practitioner. Outreach and education to uninsured residents will be provided as resources allow.
- Through community collaboration, Hallmark Health System will refer residents to education sessions designed to assist them in retaining health insurance coverage.
- Interpreter service availability, in accordance with Hallmark Health policy, will be advertised publicly in conjunction with financial counseling services. Services provided over and above requirements, such as providing translation services at health screening events will be tracked.
- Hallmark Health System and Hallmark Health VNA and Hospice, Inc. will work in partnership with Somerville Cambridge Elder Services, Cambridge Health Alliance, and Mystic Valley Elder Services on a federal Community Innovations program to benefit local elders in transitions of care.
- As an organization, Hallmark Health will attempt to recruit and retain diverse staff. Hallmark Health will also recruit diverse medical staff as appropriate.
- The Hallmark Health Diversity Steering Committee will meet quarterly to develop training programs on diversity and discuss system-wide issues impacting access to care. Ongoing diversity training will continue to be implemented for Hallmark Health staff and leaders.

- Training for nursing and radiology students from the Lawrence Memorial/Regis College School of Nursing/ Medical Radiology will be provided; including those who represent diverse communities. Both faculty and students in the nursing and radiology programs will be offered opportunities to engage in community activities. Both schools provide scholarship opportunities for community residents to be trained in the health professions as eligible.
- Mentoring opportunities will be made available for nursing and radiology students from Salem State University, Lawrence Memorial/Regis College, and other colleges; for nutrition students from Tufts University, Framingham State University, and other colleges; and in for other health disciplines such as pharmacy, where students come from colleges such as the Massachusetts College of Pharmacy. Students in other disciplines will be mentored as resources allow.
- A pharmacy residency program for registered pharmacists is also available.
- Mentoring opportunities for new physicians will be made available through the Hallmark Health Medical Associates Physician Practice Program and in the hospitals of the system.
- A web-based medical library will be available for use by area residents and local community access television and publications will be utilized to share important health information with the community.
- Limited transportation services will be made available to residents with no other documented means of accessing care and to clients in the Intensive Outpatient Program.
- Continuing Medical Education will be offered regularly at both hospital campuses. These programs will be open to all medical staff in the community. Community educational opportunities offered to the community through the School of Nursing and Radiology will also be tracked.

*(E) Vulnerable populations such as families with children/adolescents at risk due to poverty, isolation, language or cultural barriers, domestic violence, access to care issues, or lack of skills to navigate the health care system, lack of early prenatal care or those in need of developing parenting skills.*

**Identified Need:**

All parents need support to be good parents. Research suggests that parenting has an important role to play in helping children to become well-adjusted adults, and that the first few months and years of a child's life are especially important in establishing brain development and patterns of emotional, cognitive, and social functioning, which will in turn influence the child's future development and lifelong health and well-being. Patterns of overall health are also set in childhood such as immunizations for vaccine preventable diseases, breastfeeding to reduce the incidence of obesity, and the promotion of dental health, healthy age-appropriate nutrition, opportunities for optimum growth and development, and the prevention of child abuse and neglect. Hallmark Health Community Benefits programs address a wide variety of preventative health issues in this population.

**Programs:**

- Healthy Families home-visiting program for first-time parents age 20 and under, living in Everett, Malden, Medford, Melrose, North Reading, Reading, Stoneham, and Wakefield. Funded by the Children's Trust Fund (CTF) and supported by Hallmark Health, Healthy Families will offer free services for participants and their families during pregnancy and until the child turns three. Healthy Families provides home visits, prenatal and parenting education, mentoring, family-focused groups and activities, and connects families to community resources.
- Additional participants and an expanded age group (22 years and under) will be served in Everett through the MA Home Visiting Initiative (MHVI) funded by the Massachusetts Department of Public Health and supported through a collaboration with the Children's Trust Fund.
- The North Suburban Women, Infants and Children (WIC) Nutrition Program funded by the United States Department of Agriculture (USDA) through the Massachusetts Department of Public Health and supported by Hallmark Health System, will provide food and nutrition services to prenatal and postpartum women and infants and children under the age of five at four local sites.
- The "Fit and Fabulous" Prenatal Exercise and Nutrition program will continue to be offered for prenatal women from 16 weeks to term with their health care providers' approval. This program will be offered through special WIC funding.
- WIC Parenting Education and Support program "Mornings with Mom" will be offered. This free program includes a nutrition class, followed by a playgroup.
- The WIC Farmer's Market program will be offered in the summer. Farmer's Market coupons are provided and used to purchase fresh vegetables and fruits grown at approved Farmer's Markets on a first-come, first serve basis.
- The "Mothers Helping Mothers" Program, a community resource closet providing free gently used maternity clothes, children's clothing, and infant care products,

- expects to serve more than 600 families this year. Parenting education and resources and referrals are also provided.
- The Family Support Worker position, funded through a WIC pilot will help families with overall support service needs such as referrals to English as a Second Language (ESL) classes, housing assistance, SNAP (formerly Food Stamps), and others.
  - Through collaboration with the Greater Boston Food Bank and Hallmark Health System, a monthly mobile food pantry will be offered at the WIC site in Malden. More than 16,000 residents in this area are considered “food insecure”-without the necessary resources to purchase food to maintain a nutritious diet.
  - Through collaboration with the Malden Board of Health and WIC, lead prevention education and lead testing will be offered to children three to five years at the Malden WIC site.
  - Education offerings such as “Shopping with Tots” will be provided by the Nutrition Service Department. The program is designed to promote healthy eating and to help parents and caregivers to utilize experiential learning, such as their grocery shopping trips as ways to provide developmentally appropriate learning for their child.
  - The North Suburban Child and Family Resource Network (NSCFRN) is a community based parenting education and support program that serves families living or working in Melrose, Stoneham, and Wakefield as well as other local communities. The Network, funded by a grant through the Massachusetts Department of Early Education and Care through a partnership with the Melrose, Stoneham, and Wakefield Public Schools, will offer parent/child play and learn groups, parenting education programs, support groups, family fun activities, as well as information on community resources. Programs will also be available for grandparents, single parents, and fathers.
  - As a “Help Me Grow” site, the NSCFRN will assist parents and caregivers to learn and use appropriate developmental assessment tools to enhance child growth and development.
  - An expanded collaboration of the NSCFRN and Everett Public Schools will allow Hallmark Health System to serve Everett residents in the Family Network model.
  - Evidence-informed programs for women will be offered, based on needs identified through focus groups.
  - “Creative Coping for New Moms”, a parenting education and support group model, will provide group support and parent education for first-time families with children under the age of one. In 2013, a component of exercise and nutrition was added for mothers.
  - Integrated breastfeeding support and education will be provided through Maternal Newborn Services, Community Health Education, through the Hallmark Health VNA and Hospice, WIC, Healthy Families, the North Suburban WIC program, and the NSCFRN. This includes a pilot home visiting model in collaboration with Northeastern University, the State Department of Public Health, and local Mass in Motion programs.
  - The Melrose-Wakefield Hospital’s Baby Café and Melrose-Wakefield Hospital’s Baby Café Malden, in affiliation with the UK-based Baby Café Charitable Trust,

- will provide pregnant and breastfeeding mothers a friendly and comfortable environment to learn more about breastfeeding. In 2013, WIC was funded to add another Baby Café location, in Everett. This site opened in the spring of 2013.
- Shaken Baby prevention and education services will be offered for staff and families in the community through the WIC program. A WIC staff member is certified as a “Happiest Baby on the Block” trainer.
  - Prenatal Class Scholarships will be provided for those individuals meeting the guidelines for free care in accordance with the Attorney General’s recommended debt collection practices.
  - With the ongoing financial instability in this geographic area, families continue to be sheltered in the motels along Route 99 in Malden and Saugus. These families are being sheltered for a variety of reasons and for varying lengths of time. Hallmark Health and other local partners will continue to monitor and address the need for family support by these residents and work together to meet the needs as reasonable.
  - In Stoneham, Community Team volunteers provide monthly support for Family Supper programs hosted by the town. These programs provide a hot meal, health education, and health screenings for families in financial need.
  - Community drives to support families in financial need are held throughout the year and include clothing and diaper drives for children in our area, holiday food, book, and toy drives, and a school supply drive for children in Medford.
  - Family Suppers will be hosted at the hospitals to promote overall health and improved connections between families. Each supper will include a health education lecture.

## **Secondary Priorities**

*(a) Residents impacted by infectious disease such as Tuberculosis; especially those residing in Everett, Malden, and Medford.*

### **Identified Need:**

Through secondary data review, infectious diseases arose as a health concern in four HHS Community Benefits communities. Infectious disease rates are higher than in the state for one or more indicators in Everett, Malden, Medford and Saugus. Everett, Malden and Medford have higher rates of HIV/AIDS prevalence (existing cases) and Hepatitis C incidence (new cases). Saugus also has a higher Hepatitis C incidence, and Everett and Malden also have higher incidence rates for Chlamydia. In the stakeholder interviews conducted, infectious disease (particularly TB) was also highlighted as an important need to address in the two lower-income communities of Malden and Everett.

Tuberculosis (TB) is an airborne infectious disease that is preventable and curable. Despite strides made to reduce the incident of this disease worldwide, it continues to impact community residents especially in Everett, Malden and Medford. Hallmark Health, in collaboration with the local boards of health, provides the Massachusetts Department of Public Health Clinic for this geographic area.

### **Programs:**

- Hallmark Health will provide space and staffing for the Massachusetts Department of Public Health Tuberculosis Clinic. This program provides screening, education, and treatment for residents of all ages in Everett, Malden, and Medford. It is operated in collaboration with the city Boards of Health in these communities.
- Hallmark Health System is currently working with the Malden Board of Health to secure funding for specialized TB testing for children. This would replace less accurate screening measures.
- These residents' needs will also be addressed as a component of the Emergency Planning process for the health system.

*(b) Men, women and children at risk for developing bone and joint injuries or disease with a focus on injury prevention for all ages; specifically falls prevention, arthritis and osteoporosis prevention and detection, and prevention of sports injuries, including head injury in youth.*

**Identified Need:**

To address the needs of the aging population in the service areas of Hallmark Health, a variety of programs addressing arthritis, osteoporosis, joint replacement, and falls prevention have been developed. For younger residents, issues of preventing sports injuries are also of significant importance. Organized sports are a vital part of the lives of school-age children and teens. The number of different sports supported by cities and towns, junior high and senior high schools has increased. Sports are the most frequent cause of injuries for both male and female adolescents. Although the vast majority of these injuries will be minor, some will be quite severe or cause chronic health conditions.

Through secondary data review, injury prevention arose as a health concern in four HHS Community Benefits communities. Injury rates are higher than in the state for one or more indicators in Everett, North Reading, Reading and Stoneham. Everett and North Reading have higher age-adjusted rates of all injury and poisoning hospitalizations; North Reading, Reading and Stoneham have higher age-adjusted rates of hospitalization for hip fracture injury.

**Programs:**

- Bone and Joint Camp, a pre-surgical education program will continue to be offered to community residents to assist them in planning for post-surgical recovery, thus reducing hospital stays. This includes staff from the Nutrition Department, Rehabilitation Services, and many others.
- “Joint Talks” will be provided to physician groups to increase their awareness of new arthritis treatment options available for patients.
- “Falls Prevention” lectures will be offered in the community annually.
- The “Falls Prevention Task Force” will continue to meet to offer support system-wide and collect information to reduce falls and promote safety in the community.
- “Back School” lectures will be offered to educate community members about injury prevention, exercises to reduce injuries, and postural control.
- The Osteoporosis Screening and Education Program will continue to offer education and screening programs throughout the Hallmark Health service area. Patients identified through the screening process will be referred to treatment or receive follow-up support through the program.
- The Hallmark Health Rehabilitation Department will offer a variety of sports medicine education programs focused on the prevention of injuries, including head and spine injuries. The education programs will be offered to parents, caregivers, and coaches of student athletes to assist them in preparing children/adolescents for an active lifestyle, while focused on reducing risk of injury.
- Athletic trainer programs will also be offered at some of the local high schools. The costs of these services are not fully reimbursed.

- A concussive injury program has been developed and implemented for local students. The testing equipment has been funded by a grant from the Boston Bruins Foundation.

*(c) Residents with Chronic Respiratory Condition* such as COPD and Asthma

**Identified Need:**

Through secondary data review, respiratory health arose as a top health concern in more than half of Hallmark Health System service area communities. The five towns of Everett, Malden, Medford, North Reading and Stoneham each have at least one respiratory health indicator higher than in the state. Everett and Malden have higher rates of age-adjusted asthma and Chronic Obstructive Pulmonary Disease (COPD) hospitalizations, and Everett also has a higher rate of childhood (ages 14 and under) asthma emergency department visits. Medford, North Reading and Stoneham have higher rates of bacterial pneumonia-related hospitalizations compared to the state.

Across individual communities in the HHS catchment area and in the HHS community benefits core catchment area as a whole, chronic obstructive pulmonary disease (COPD) arose as one of the top three causes of hospitalization. This is comparable to the state of Massachusetts. In the community survey, close to two out of five respondents reported having been told they had asthma by a healthcare provider, particularly amongst younger and lower-income groups. Asthma was also identified as a top community health concern by one out of seven respondents, again particularly amongst younger and lower-income groups

**Programs:**

- Hallmark Health System offers a free monthly adult support group “Better Breathers” to assist residents to better manage their chronic respiratory illness.
- Children with asthma are referred to other local programs such as those at Winchester Hospital and Cambridge Health Alliance.

*(d) Domestic Violence Prevention & Education is a key initiative for Hallmark Health System. Domestic violence is defined as a pattern of coercive controlling behaviors that one person exercises over another in an intimate relationship.*

**Identified Need:**

Based on early 2010 data, in Massachusetts, nearly 1 in 2 women and 1 in 4 men in MA have experienced sexual violence victimization other than rape. Nearly 1 in 3 women and 1 in 5 men in MA have experienced rape, physical violence and/or stalking by an intimate partner in their lives. More than 1 in 7 women have experienced rape.

2,337 unduplicated incidents of sexual assaults were reported to rape crisis centers in Massachusetts between July 1, 2011 and June 30, 2012.\* Eleven percent (11%) of high school students and six percent (6%) of middle school students reported being physically hurt by a date sometime in their life.\* Between 2003 and December 31, 2012, JDI identified 231 victims of domestic violence related homicides and an additional 121 domestic violence homicide perpetrator deaths in Massachusetts.

In the stakeholder interviews conducted, three communities (Melrose, Reading, and Wakefield) highlighted access to sexual assault and domestic violence services as important health needs to address, as well as mentioned that they would like to see increased efforts from HHS around domestic violence prevention. In the community survey, violence and domestic violence were highlighted as top community health concerns by just less than one in ten respondents, particularly in younger and lower-income groups

\* Data compiled from Jane Doe Inc., the Massachusetts Department of Public Health, and the National Intimate Partner and Sexual Violence Survey.

**Programs:**

- Hallmark Health staff members provide support to three local coalitions in Melrose, Stoneham, and Wakefield.
- In addition to the support it provides for the prior mentioned domestic violence prevention programs, Hallmark Health will also provide space and services to the Portal to Hope program.
- A Domestic Violence Support group will be offered in collaboration with the Melrose Alliance Against Violence and other local prevention coalitions.

*(e) The community at-large to be prepared for disasters and emergencies: Only those activities constituting services over and above what is required will be tracked as community services and benefits.*

**Identified Need:**

Emergency preparedness is a shared responsibility. To be successful, federal, state, and local agencies must work together to share the overall tasks. Residents must also be prepared to do their part to protect themselves, their families, and their community. Hallmark Health programs address out of hospital cardiac arrest, seasonal flu, tuberculin testing (TB), and vaccine preventable illness in the Community Benefits plan, as well as efforts to support emergency planning.

Responding to public health emergencies and disasters as they occur, including communication with the Massachusetts Department of Public Health and local public health departments is also included as a component of the plan.

**Programs:**

- Clinical staff and administrators will participate in local, regional, and state activities, including drills aimed at preparing for a range of natural and other disasters such as pandemic flu and other health emergencies.
- Hallmark Health System will participate on regional and local emergency planning committees and will also serve as a receiving facility for victims of emergencies and natural disasters as needed.
- Hallmark Health System will partner with the American Red Cross to host blood drives annually.
- Hallmark Health System will continue to collaborate with our communities to provide education and support for seasonal Flu Clinics in the core Hallmark Health communities. (This will also include the work of the Hallmark Health Visiting Nurse Association and Hospice.) Other immunizations and Tuberculosis testing will be provided as needed and in alignment with available resources.
- Hallmark Health will participate in community-oriented CPR training programs in collaboration with local agencies. At Hallmark Health Community health events, CPR demonstrations will continue to be offered to build awareness about the need for the public to learn and perform CPR.
- American Heart Association “Family and Friends CPR Anytime” will be offered at local high schools in collaboration with community partners. Students will be encouraged to train additional family and friends using the kits provided.
- An annual dinner and training will be offered to the local first responder groups in the area.
- Hallmark Health will continue to provide Medical Control for the City of Melrose’s Ambulance Program, providing local ambulance service in collaboration with Cataldo Ambulance. Medical oversight for this program will be provided by Hallmark Health. In 2013, an Advanced Life Support Component was also added.
- The Emergency Department will provide “just-in-time” education sessions for ambulance company providers and quarterly Morbidity & Mortality education

rounds. These programs will focus on helping Emergency Medical Providers to be better prepared in emergencies by using strategies such as hypothetical case discussions.

- File of Life activities will be supported as requested in local communities; such as providing support to the File of Life Committee in Medford, focused on reaching out to Haitian Creole speaking residents.
- The Lifeline Emergency Response Program, including medication support, will continue to be widely available for community residents.
- The Emergency Planning Team will work to identify the specific needs of underserved populations and develop policies and strategies to address these needs as appropriate.

# Attachment 1: Hallmark Health System Community Benefits Organizational Chart

