Community Benefits Report

Fiscal Year 2019

Beth Israel Lahey Health
Winchester Hospital

Section I: Mission Statement

Summary and Mission

Winchester Hospital is a member of Beth Israel Lahey Health (BILH), which was established with an appreciation for the importance of caring for patients and communities in new and better ways. BILH brings together an exceptional array of clinical organizations spanning the continuum of health care delivery, academic and teaching hospitals, community hospitals, ambulatory and urgent care centers, behavioral health programs, and home care, in a shared mission to expand access to great care and advance the science and practice of medicine through groundbreaking research and education.

At the heart of BILH is the belief that everyone deserves high-quality, affordable health care. This belief drives us to work with community partners across Winchester Hospital's Community Benefits Service Area (CBSA), comprised of nine cities and towns including Medford, North Reading, Reading, Stoneham, Wilmington, Winchester, Woburn, and Tewksbury, to promote health, expand access, and deliver the best care in the communities BILH serves. BILH's community benefits staff is committed to working with the communities we serve to address leading health issues and create a healthy future for individuals, families, and communities.

Winchester Hospital's Community Benefits Mission Statement: In 2013 Winchester Hospital's Community Benefits Advisory Committee and Board of Trustees agreed upon our mission *"Winchester Hospital is committed to benefit all of the communities we serve by collaborating with community partners to identify health needs, improve the health status of community residents, address health disparities, and educate community members about prevention and self-care"*. The following annual report details how Winchester Hospital is honoring this commitment. It includes information on Winchester Hospital's CBSA, community health priorities, target populations, and community partners, and detailed descriptions of our community benefits programs and their impacts. We fulfill our mission by:

- Involving Winchester Hospital's staff, leadership, and dozens of community partners in the community health assessment process as well as in the development, execution, and oversight of our Implementation Strategy.
- Engaging and learning from residents throughout Winchester Hospital's CBSA in all aspects of the community benefits process, including assessment, planning, implementation, and evaluation of our community benefits efforts. We give special attention to engaging the diverse perspectives from those who are not patients of Winchester Hospital and those who are often left out of such assessment, planning, and implementation processes.
- Assessing unmet health-related community needs and identifying groups who are most vulnerable and face disparities in access and outcomes by collecting primary and secondary data, both quantitative and qualitative.
- Implementing community health programs and services geared toward improving the current and future health status of individuals, families, and communities by removing barriers to care, addressing social determinants of health, strengthening the healthcare system, and working to decrease the burden of leading health issues.
- Promoting health equity by addressing social and institutional inequities, racism, and bigotry, as well as ensuring that all patients are welcomed and received with respect and cultural responsiveness.
- Facilitating collaboration and partnership within and across sectors (e.g., public health, health care, social service, business, academic, and community health) to advocate for, support, and implement effective health policies, community programs, and services.

Target Population

Winchester Hospital's Community Benefits Service Area (CBSA) is comprised of nine cities and towns including Medford, North Reading, Reading, Stoneham, Wilmington, Winchester, Woburn, and Tewksbury. The FY16 CHNA, on which this report is based, shows that although all geographic, demographic, and socio-economic segments of the population face challenges that can hinder the ability to access care or maintain good health, the populations listed below were identified as facing the greatest health disparities and being the most at-risk:

- Low Economic/Low Resource Individuals
- Older Adults
- Youth and Adolescents
- Racially/Ethnically Diverse Individuals
- Individuals with Chronic Disease

While Winchester Hospital is committed to improving the health status and well-being of those living throughout its entire service area, per the Commonwealth's updated community benefits guidelines, Winchester Hospital's Implementation Strategy will focus on these most at-risk priority populations in the CBSA.

Basis for Selection

In FY16, Winchester Hospital, as a member of Lahey Health at that time, conducted its triennial Community Health Needs Assessment (CHNA) in conjunction with all the hospitals in the Lahey Health system. The purpose of the CHNA was to inform and guide the hospital's selection of and commitment to programs and initiatives that address the health needs of the communities it serves. The CHNA was conducted in partnership with John Snow Inc., public health research organization.

Data Collection/Methodology: The CHNA was conducted in three phases in which data was collected from a number of quantitative and qualitative sources to ensure a comprehensive understanding of the issues:

Quantitative Data Sources:

- MA Community Health Information Profile
- U.S. Census Bureau
- Behavioral Risk Factor Surveillance System
- MA Vital Records
- MA Bureau of Substance Abuse Services
- MA Health Data Consortium
- MA Cancer Registry
- MA Communicable Disease Program
- MA Hospital Emergency Dept. Discharges
- MA Board of Heath

Qualitative Data Sources: To obtain targeted data and understand the current issues facing the community:

- Informant interviews with external stakeholders (28 completed)
- Random household surveys (1,022 completed in the Winchester Hospital service area)
- Community listening sessions (two sessions; 100 attendees)

Key Accomplishments for FY19:

While Winchester Hospital's most recent CHNA was completed in FY19, the accomplishments and programs included in this report are based upon priorities identified in Winchester Hospital's FY16 CHNA, and aligned with the statewide health priorities identified by the Executive Office of Health and Human Services (EOHHS) and the Massachusetts Department of Public Health (DPH):

FY16 CHNA:

- Mental Health/Substance Use
- Elder Health
- Chronic Disease
- Cancer

EOHHS:

- Substance Use Disorders
- Housing /Homelessness
- Mental Health
- Chronic Disease

DPH:

- Built Environment
- Social Environment
- Housing
- Violence
- Education
- Employment

- ***Community Home Blood Draw Program*** — Winchester Hospital Phlebotomy staff provided home blood draws for 9,942 patients who were homebound due to illness, injury or transportation issues.

- ***"Aging on Your Own Terms" Senior Outreach Initiative*** — Winchester Hospital partnered with local senior centers and community partners to provide an ongoing series of free social activities and educational programs to approximately 2,000 older adults in Winchester Hospital's service area. The educational programs were in alignment with the priority health needs identified in the 2016 CHNA, and included a variety of sessions on preventing and managing chronic disease and improving mental health. The overall goal of the social activities was to increase the emotional well-being of older adults and reduce isolation and depression by providing opportunities to have fun and engage with community members. .

- ***Community and Hospital Asthma Management Program (CHAMP)*** — In FY19, 104 children were enrolled in CHAMP, a pediatric asthma management program where the pediatric asthma nurse specialist worked collaboratively with the child, family, doctor and school personnel to improve each child's management of asthma, which resulted in fewer missed school days and emergency rooms visits, and a reported improved overall quality of life.

- ***Mobile Mental Health Program***- In collaboration with Mystic Valley Elder Services, the Mobile Mental Health program provided home-based mental health services to 371 older adults living in Medford, North Reading, Reading, Stoneham and Wakefield. The program addressed a variety of issues affecting older adults' emotional well-being and quality of life thorough home-based mental health counseling and direct care services.

- ***Chronic Disease Management Program*** — In FY19, 1,105 adults with chronic diseases participated in the program which helped them better manage their health and overall quality of life by addressing the physical and psychological effects of chronic disease and improve their coordination of care.

Plans for Next Reporting Year

In FY19 Winchester Hospital conducted a comprehensive Community Health Needs Assessment (CHNA) that included qualitative and quantitative data collection, robust community engagement activities, and an inclusive prioritization process. In response to the findings, Winchester Hospital will focus its FY20-22 Implementation Strategy (IS) on the following priority areas that address the broad range of health and social issues for residents facing the greatest health disparities. These priority areas are in alignment with the statewide health priorities identified by the Executive Office of Health and Human Services (EOHHS) and the Massachusetts Department of Public Health (DPH) which underscore the importance of investing in the social determinants of health.

1) Social Determinants of Health and Access to Care - A key finding from the CHNA was the continued impact that the social determinants of health (e.g., economic stability, transportation, access to care, housing stability, and food security) have on residents of Winchester Hospital's service area, especially those who have low to moderate income, are frail or homebound, have mental health or substance use issues, or lack a close support system. In addition, despite the fact that the people in Winchester Hospital's service area are generally insured and employed, the CHNA indicated concern that families face financial stress due to high out-of-pocket costs for health care services and not being eligible for public benefits. If eligible families in need often don't enroll because of the stigma of accepting public assistance and/or face language and cultural barriers to accessing services.

2) Chronic/Complex Conditions and Risk Factors – The CHNA findings revealed a need to address risk factors associated with chronic and complex health conditions including physical inactivity and poor nutrition/lifestyle, particularly for older adults, people with lower levels of education/health literacy, and/or access issues. Addressing the leading risk factors is at the root of many chronic disease prevention and management strategies.

3) Mental Health and Substance Use Disorders - Mental health issues underlie many health and social concerns. The CHNA revealed depression, anxiety/stress, social isolation, and use of e-cigarettes/vaping by youth were particular concerns. Social isolation in older adults and access to mental health services were also identified as priority concerns. In addition, substance dependency continues to impact individuals, families, and communities. The opioid epidemic continues to be an area of concern. Key informants were also concerned with alcohol misuse and changing community norms in light of the legalization of recreational marijuana.

The FY19 CHNA provided new guidance and valuable insight on quantitative trends and community perceptions, used to inform Winchester Hospital's efforts. Winchester Hospital will continue to partner with dozens of community-based organizations and service providers including public agencies, social service providers, community health organizations, academic organizations, and businesses to execute the FY20-22 Implementation Strategy, and to improve the health and well-being of all people living in its service area. Based on the assessment's quantitative and qualitative findings, including discussions with a broad range of community participants, there was agreement between Winchester Hospital leaders and members of the CBAC that the FY20-22 Implementation Strategy should prioritize certain demographic, socio-economic and geographic population segments that have complex needs face barriers to care, and other adverse social determinants of health. These factors put these segments at greater risk, limit their access to needed services, and can often lead to disparities in health outcomes. More specifically, the FY19 CHNA identified the importance of supporting initiatives that target low income populations, youth, older adults, and racially/ethnically diverse populations.

Section II: Community Benefits Process

Community Benefits Leadership Team:

Winchester Hospital's Board of Trustees, along with its clinical and administrative staff is committed to improving the health and well-being of residents throughout the hospital's service area and beyond. Winchester Hospital's Community Benefits Team is dedicated to collaborating with community partners and residents and will continue to do so in order to meet its community benefits obligations, but it is not only the Board and senior leadership that are accountable for fulfilling Winchester Hospital's Community Benefits mission. We recognize that the most successful community benefits programs are those that are integrated into our culture, policies and procedures. Community benefits are not the responsibility of one staff or department, but rather manifested in how we provide care at the hospital and affiliated practices.

Because Winchester Hospital is a member of Beth Israel Lahey Health (BILH), our community benefits program is under the purview of the BILH Chief Strategy Officer. The program is spearheaded by Marylou Hardy, Regional Manager, Community Benefits and Community Relations, who is accountable to Winchester Hospital's President and to the BILH Vice President of

Community Benefits and Community Relations, who reports to the BILH Chief Strategy Officer. It is the responsibility of these senior managers to ensure that community benefits is addressed by the entire organization and that the needs of underserved populations are always considered in discussions on resource allocation, policies, and program development. We employ this structure to ensure that community benefits is not the purview of one office alone, to maximize the organization's efforts to fulfill our community benefits mission and goals, and to ensure that community benefits efforts, prioritization, planning and strategy align and/or are integrated with local and system strategic and regulatory priorities.

Community Benefits Advisory Committee (CBAC):

Winchester Hospital's CBAC represents the constituencies and priority populations of our community benefits efforts, including people of diverse racial and ethnic backgrounds, ages, sexual orientations and gender identities and those from corporate and non-profit community organizations. Senior management is engaged in the development and execution of the Community Benefits Implementation Strategy, ensuring hospital resources are allocated to support planned activities.

Winchester Hospital Community Benefits Advisory Committee (CBAC) Members:

Richard Weiner, President, Winchester Hospital
Jane Walsh, Winchester Board of Trustees Chair, Member of BILH Board and Community Benefits Committee
Paul Andrews, Winchester Hospital Board of Trustees
Michael Baldasarre, Assistant Superintendent, Woburn Public Schools
Carla Beaudoin, Director of Development, Metro Housing | Boston
Dot Butler, Winchester SAFER Coalition
Denise Flynn, Vice President of Philanthropy, Winchester Hospital
Marylou Hardy, Regional Manager, Community Benefits and Community Relations Winchester Hospital
Christine Healey, Director of Community Benefits/Community Relations, Lahey Health,
Karen Keaney, Associate Chief Nursing Officer, ED and Case Management
Deb McDonough, Winchester Hospital Board of Trustees
Jennifer Murphy, Director of Health, Winchester Health Department
Lauren Reid, Director of Community Programs, Mystic Valley Elder Services
Adam Rogers, Executive Director, Boys & Girls Club of Stoneham & Wakefield
Kathy Schuler, Chief Operating Officer, Chief Nursing Officer, Winchester Hospital
Dean Solomon, Executive Director, Council of Social Concern, Woburn
Joseph Tarby, Winchester Hospital Board of Trustees
Matthew Woods, Vice President of Finance, Winchester Hospital
Sue Powers, Associate Director of the Winchester Hospital Center for Healthy Living and Nursing Staff Development

Community Benefits Advisory Committee (CBAC) Meetings:

The Winchester Hospital CBAC met three times in FY19 to oversee and provide guidance on the community benefits programs and services outlined in the FY17-19 Implementation Strategy (IS), and to provide feedback and direction on the FY19 CHNA process, and development of Winchester Hospital's corresponding IS.
Meeting dates: October 30, 2018: May 30, 2019: and July 11, 2019

Community Engagement:

Winchester Hospital's community benefits program exemplifies the spirit of collaboration that is a vital part of our mission. We recognize our role as a community hospital in a larger health system and know that to be successful we must collaborate with community partners and those we serve. Winchester Hospital's CHNA and associated Implementation Strategy were completed in close collaboration with hospital staff, health and social service partners, and the community at large. Winchester Hospital supports dozens of educational, outreach, community health improvement, and health system strengthening initiatives by collaborating with many of the area's leading healthcare, public health, and social service organizations. These partners have been a vital part of our community health improvement strategy since 1968. Winchester Hospital has relied heavily on our community partners to implement community benefits initiatives and has leveraged its expertise and the vital connections it has with residents and other community-based organizations. The following is a list of the community partners we have joined with in identifying and addressing the health needs of the community.

FY19 Community Partners:

- Boys & Girls Club of Stoneham & Wakefield
- CHNA15
- Council of Social Concern, Woburn
- Massachusetts Department of Mental Health
- Metro Housing Boston
- Middlesex County District Attorney
- Minuteman Senior Services
- Mystic Valley Elder Services
- Mystic Valley Public Health Coalition
- Mystic Valley Substance Use Prevention Coalition
- NAN Project
- Stoneham Substance Abuse Coalition
- Tewksbury Substance Abuse Prevention Coalition
- City of Medford
- City of Woburn
- Town of North Reading
- Town of Reading
- Town of Stoneham
- Town of Wakefield
- Town of Wilmington
- Town of Winchester
- Town of Tewksbury
- Winchester Housing Authority
- Winchester SAFER Coalition

Section III: Community Health Needs Assessment

Date and Current Status of Last Community Health Needs Assessment:

In FY19 Winchester Hospital conducted a comprehensive Community Health Needs Assessment (CHNA) which included qualitative and quantitative data collection, robust community engagement activities, and an inclusive prioritization process. These activities were in compliance with state and federal community benefits guidelines. Although these activities fulfill Winchester Hospital's requirement to conduct a triennial CHNA, engage the community, identify priority health issues, inventory community assets, assess impact, and develop an Implementation Strategy, they are driven primarily by our dedication to our mission, our covenant to the underserved, and our commitment to community health improvement. Although Winchester Hospital's most recent CHNA was completed in FY19, the community benefits programming in this report was informed by the FY 2016 CHNA, and aligns with the FY17-19 Implementation Strategy.

Approach and Methods:

The assessment began in December 2018 and was conducted in three phases, allowing for the collection of an extensive amount of quantitative and qualitative data:
Phase 1 – Preliminary assessment and engagement
Phase 2 – Targeted engagement
Phase 3 – Strategic planning and reporting
Hundreds of individuals from across Winchester Hospital's service area were engaged in the assessment and planning process, including health and social services providers, public health officials, elected officials, public school nurses and administrators, first responders, leaders of faith based organizations, BILH senior leadership, staff, board members, and community residents.

Quantitative Data Sources: An extensive analysis of demographic and socioeconomic data, health status, utilization rates, and risk survey data from a broad range of sources collected and analyzed to measure health and understand health issues:

- U.S. Census Bureau, American Community Survey 5-Year Estimates (2013-2017)
- Massachusetts Department of Elementary and Secondary Education: School and District Profiles
- FBI Uniform Crime Reports (2017)
- Massachusetts Department of Public Health, Registry of Vital Records and Statistics (2015)
- Massachusetts Department of Public Health, Bureau of Substance Abuse Services (2017)
- Massachusetts Department of Public Health, Annual Reports on Births (2016)
- Massachusetts Department of Public Health, Opioid Related EMS Incidents (2018)
- Massachusetts Bureau of Infectious Disease and Laboratory Sciences (2017)
- Massachusetts Center for Health Information Analysis (CHIA) Hospital Profiles (FY 2013-2017)
- Massachusetts Center for Health Information Analysis (CHIA) Hospital Discharges (2017)
- Massachusetts Healthy Aging Collaborative, Community Profiles (2018)
- Middlesex League Youth Risk Behavior Survey (2019)
- Changing Faces of Greater Boston, Boston Foundation (2019)

Qualitative Data Sources: To obtain targeted data and understand the current issues facing the community:
- 28 Internal stakeholder interviews (Board members, senior leaders and service line leaders)
- 20 external stakeholder interviews
- 1,022 household surveys
- 2 community listening sessions (100 attendees)

Individuals were invited to provide input through interviews, focus groups, community listening sessions, and a widely distributed Community Health Survey. While it was not possible for this assessment to involve all community stakeholders, every effort was made to be as inclusive as possible and to provide a broad range of opportunities for participation. Winchester Hospital's community benefits program is built on partnership and dialogue with our many communities. Our understanding of these communities' needs is derived from discussions with and observations by healthcare and health-related workers in the neighborhoods as well as from more formal assessments of public health data, and through focus groups, surveys, etc. This data was then augmented by demographic and health status information from a variety of sources including the Massachusetts Department of Public Health, federal resources such as the Institute of Medicine, and the Centers for Disease Control and Prevention, and review of literature relevant to a particular community's needs. An articulation of each specific community's needs (crafted jointly by Winchester Hospital and community partners) informs Winchester Hospital's decision-making about priorities for community benefits efforts. We work in concert with community residents and leaders to design specific actions to be undertaken each year. Each component of the plan is eventually woven into the annual goals and the agenda for Winchester Hospital's Community Benefits Implementation Strategy, adopted by the Board of Trustees.

Summary of Key Health-Related Findings from the FY 19 CHNA:

In FY19, Winchester Hospital conducted a comprehensive CHNA that in compliance with the state's updated guidelines included qualitative and quantitative data collection, robust community engagement activities, and an inclusive prioritization process. Winchester Hospital will focus its FY20-22 Implementation Strategy on the following four priority areas that address the broad range of health and social issues facing residents who have the greatest health disparities:

1) Social Determinants of Health – A key finding was the continued impact that the social determinants of health (e.g., economic stability, transportation, access to care, housing, food security) have on residents of Winchester Hospital's service area, especially those with low to moderate income, frail or homebound, have mental health or substance use issues, or lack a close support system.

2) Access to Care – Despite the fact that people in Winchester Hospital's service area are generally insured and employed, the CHNA indicated concern that families face financial stress because of high out-of-pocket costs for health care services and not being eligible for public benefits. If eligible, families in need often don't enroll because of the stigma of accepting public assistance. In addition, there are groups that face language and cultural barriers to services.

3) Chronic/Complex Conditions and Risk Factors – The CHNA findings revealed a need to address the many risk factors associated with chronic and complex health conditions, including physical inactivity and poor nutrition/lifestyle, particularly for older adults, people with lower levels of education/health literacy, and those with access issues. Addressing the leading risk factors is the key to many chronic disease prevention and management strategies.

4) Mental Health and Substance Use Disorders – Mental health issues (e.g., depression, anxiety, stress, stigma, access to treatment) underlie many health and social concerns. The CHNA revealed that depression, anxiety/stress, and social isolation among older adults were particular concerns. Additional concerns included substance dependency (particularly use of e-cigarettes/vaping and alcohol by youth), access to mental health services, and the opioid epidemic, which continues to impact individuals, families, and communities.

Section IV: Community Benefits Programs

Substance Use Disorder & Mental Health

Boys & Girls Club Screening, Brief Intervention, Referral to Treatment (SBIRT)

Description: This program utilizes an innovative approach to screening, identifying, and providing intervention as early as possible for youths who have or are at risk of developing mental health or substance use disorders. What differentiates the program is that it is delivered on-site at the Boys & Girls Club by staff members who know the participants and see them on a regular basis. The staff members are the participants' mentors and are highly liked and respected. Administering the program in this non-authoritarian, safe environment results in more natural, open, and honest dialogue. The program incorporates three components:

1. **Screening.** Two screening tools are used based on age (older teens get a combination of the two):
- CRAFFT behavioral screening tool – ages 12-17
- QPR – ages 8 and up

2. **Interventions (ongoing):**
- Positive reinforcement: inoculation effects on at-risk youth
- Weekly meetings between at-risk youth and an assigned mentor
- Group discussions led by social workers and staff that are focused on current events, challenges, and community service

3. **Referral to Treatment.** If a youth has symptoms of a mental health disorder or is using substances, a referral is made immediately to guardians and treatment providers. In addition, youths receive ongoing support to help them open a dialogue about the problem with their parents, and parents receive help in accessing treatment.

Target Population:
- Regions Served: Stoneham, Wakefield
- Gender: All
- Age Group: Children, Teenagers
- Race/Ethnicity: All
- Language: English
- Environment Served: Suburban

Additional Target Population Status: NA

Program Type: Community Clinical Linkages
Descriptors: Community Education, Prevention
DoN Health Priorities: Social Environment
EOHHS Focus Issues: Substance Use Disorders, Mental Health
Health Issues: Substance Use Disorder, Mental Health

Goals:
- Identify youths who have or are at risk of developing mental health or substance use disorders.
- Deliver immediate intervention and/or referral to treatment to those at risk.
- Ensure sustainability by training staff to become leaders/mentors who in turn train additional staff.

Goals Status: In FY19:
- 7 staff members were trained in early recognition, basic treatment, and SBIRT methodology, bringing the total to 27 trained staff members.
- 3 staff members were trained in screening techniques, motivational interviewing, treatment of substance use disorders, and suicide prevention, bringing the total to six trained staff members.
- 317 youths were screened in FY19, resulting in the following:
    - 2 participants were referred to treatment.
    - 18 participants were referred to staff mentors.
    - 100% of referred participants attended weekly mentoring sessions.
    - 94% of referred participants maintained a connection with a mentor into the next school year.
    - 94% reported they were less likely to participate in risky behaviors.
    - 94% identified an adult to talk to if they felt depressed or had thoughts of self-harm.
    - 52% of all participants improved their accuracy in estimating peer marijuana and tobacco use.

Community Partners: Stoneham Substance Abuse Coalition – stoneham-ma.gov/160/Stoneham-Substance-Abuse-Coalition**,** Riverside Healthcare – riversidehealthcare.org

Community Based Behavioral Health and Collaborative Care Model (CoCM)

Description: The National Alliance on Mental Illness (NAMI) reports that one-in-four individuals experience a mental illness each year, underscoring a critical need for mental healthcare access across all patient populations. In the FY16 CHNA, mental health – including depression, anxiety, stress, serious mental illness, and other conditions – was overwhelmingly identified as one of the leading health issues for residents of Winchester Hospital's service area. Further, individuals from across the health service spectrum discussed the burden of mental health issues for all segments of the population, specifically the prevalence of depression and anxiety. Winchester Hospital is committed to addressing this need by increasing access to Behavioral Health services in the community. In conjunction with Beth Israel Lahey Health Behavioral Health Services (BILHBS) services, a variety of services are provided including individual and group therapy for mental health and substance use issues; addiction treatment; family services; mobile crisis teams for behavioral and substance-related emergencies; inpatient psychiatric care, plus home and school-based programs for children and teens. In addition, this past year BILHBS collaborated with primary care practices from Winchester Hospital adopted the Collaborative Care Model (CoCM), a nationally recognized primary care led program specializing in integrating behavioral health services into the primary care setting. The services are provided by a licensed behavioral health clinician and include counseling sessions, phone consultations with a psychiatrist, and coordination and follow up care. The behavioral health clinician works closely with the primary care provider in an integrative team approach to treating a variety of medical and mental health conditions. The primary care provider and the behavioral health clinician develop a treatment plan that is specific to the patient's personal goals. The behavioral health clinician uses therapies that are proven to work in primary care. A consulting psychiatrist may advise the primary care provider on medications that may be helpful. FY19 efforts were primarily focused on hiring and training behavioral health clinicians. In FY20 the program will be expanded to additional communities throughout the Beth Israel Lahey Health service area.

Target Population:

- Regions Served: Massachusetts
- Gender: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Program Type: Direct Clinical Services

Descriptors: Prevention

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Mental Health

Health Issues: Mental Health, Depression, Access to Care

Goal: To provide a collaborative approach between patients, clinicians and family members to increase access to behavioral health services to identify and address health behaviors that may lead to mental health issues and substance disorders.

Goal Status: Since the launch of the program in August, 2019, 49 patients received the service in three different primary care sites located in Stoneham (16 patients), Winchester (7 patients), and Tewksbury (26 patients).

Community Partners: Beth Israel Lahey Health Behavioral Health Services

Interface Mental Health Referral Helpline

Description: As per findings from recent local data including the Winchester Schools Youth Risk Behavior Survey, 2018 police reports, and a 2018 community wide survey distributed to all Winchester residents, mental health and stress were reported to be among the top three health issues having an impact on members of the community. The survey also revealed that there is a great need for community members to learn about and connect with mental health resources in a more convenient and confidential way. In response to this need, Winchester Hospital collaborated with the Winchester SAFER Coalition to support the development of the Interface helpline, launched in January, 2020.

The service incorporates the William James Interface Referral Service, a confidential service offered for free to all community members. The Interface counselor matches callers with providers and counselors based on their needs, and follows up with each caller to ensure the match was successful and that the caller has received the help they need.

Target Population:

- Regions Served: Winchester
- Gender: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Program Type: Community Clinical Linkages

Descriptors: Prevention

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Mental Health

Health Issues: Mental Health, Depression

Goal: The goal for FY19 was to provide support to offset the costs required to launch the Interface program, including subscription costs, staff time for building the provider network, and development of materials for the program.

Goal Status: The program materials and provider network were developed for a program launch in 2020.

Community Partners: Winchester Police Department, Fire Department, Schools

Therapeutic Crisis Intervention (TCI) - Woburn Public Schools

Description: Suicide was the second leading cause of death among Americans ages 15 to 24 in 2017, according to data released in October 2019 by the National Center for Health Statistics and the CDC. Evidence that supports the growing need for mental health services can be found in the increasing number of students in Woburn Public Schools who receive counseling during the school day, and in the growing budget for mental health services for Woburn's students.
For many years, student behavior and emotional wellness have been managed in school, to little effect. In response, Winchester Hospital provided funding for TCI "train the trainer" sessions, conducted by personnel from Cornell University, for staff members of Woburn Public Schools, the Woburn Boys & Girls Club, and the Woburn YMCA so they in turn could train their staff to implement TCI in their schools or facilities. TCI is proven to help any trained teacher, administrator, or staff person manage stressful situations, thus allowing licensed clinicians to conduct goals-based counseling using a "Modular Approach to Therapy for Anxiety, Depression, Trauma, and Conduct disorders" (MATCH-ADTC). The 40-hour TCIS training presented crisis prevention and intervention model that teaches staff to help children learn constructive ways to handle crisis situations. This is critical in establishing not only a safe environment, but also one that promotes growth and development. The skills, knowledge, and professional judgment of staff in responding to crises are critical factors in helping young people learn constructive and adaptive ways to deal with frustration.

Target Population:

- Regions Served: Woburn
- Gender: All
- Age Group: Children, Youth
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Program Type: Community Wide Intervention
Descriptors: Community Education, Staff Training
DoN Health Priorities: Education, Social Environment
EOHHS Focus Issues: Mental Health
Health Issues: Mental Health

Goal: To provide TCI "train the trainer" sessions, conducted by personnel from Cornell University, for staff members of Woburn Public Schools, the Woburn Boys & Girls Club, and the Woburn YMCA to allow them in turn to conduct trainings for staff in their respective organizations in order to teach them how to help children learn constructive and adaptive ways to handle crises and deal with frustration.

Goal Status: In FY19, the 40-hour TCI training was completed by 13 staff members from Woburn schools, two staff members from the Woburn Boys & Girls Club, and two staff members from the YMCA, resulting in the following outcomes:

- All 17 participants received instructor-level certification from the Residential Child Care Project at Cornell University.
- Woburn Public Schools developed and implemented a 12-hour training session for faculty and staff who provide direct service or care to students.
- The YMCA of Greater Boston trained 20 after-school care providers in TCI and reported there is now consistency in how children with acute needs are addressed by staff during the school day and in their after-school program.
- 3 full-time after-school care providers from the Woburn Boys & Girls Club were trained in TCI.
- 139 staff members from Woburn Public Schools completed the 12-hour training.
- All faculty and staff at Malcolm-White Elementary School completed TCI training.
- Woburn Memorial High School reported a 25% reduction in the number of suspensions after staff completed the training.
- The Principal of Malcolm-White Elementary School reported a reduction in incidences of students being sent to the office and also in time out of the classroom due to behavior.
- Teachers reported being less likely to engage in "power struggles" with students.
- Students are being supported in a uniform way, which provides them with clear expectations for interactions with adults.

Community Partners: Woburn Boys & Girls Club, YMCA of Greater Boston

Mobile Mental Health Program

Description: Winchester Hospital collaborated with Mystic Valley Elder Services to support the Mobile Mental Health Program in providing home-based mental health services to older adults in Medford, Reading, Stoneham, and Wakefield. The program addresses a variety of issues affecting older adults' emotional well-being and quality of life such as hoarding, depression, anxiety, adjustment to loss, and substance use. The goal is to get trained professionals to clients as soon as possible to ensure recovery. A clinical caseworker provides participants with ongoing communication and linkages to health care services such as in-home mental health therapy, medication evaluation, and other supports as needed.

Target Population:

- Regions Served: Medford, Reading, Stoneham, Wakefield
- Gender: All
- Age Group: Elderly
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Additional Target Population Status: Disability Status

Program Type: Access/Coverage Supports **Descriptors:** Prevention

DoN Health Priorities: Social Environment **EOHHS Focus Issues:** Mental Health, Chronic Disease

Health Issues: Mental Health; Access to Health Care; Income and Poverty; Senior Health Challenges/Care Coordination

Goal: To improve the mental health and emotional well-being of older adults and increase access to mental health care by providing home-based mental health counseling and direct care services including diagnosis, prescription medication, and therapy in Medford, Reading, North Reading, Stoneham, and Wakefield.

Goal Status: In FY19, the Mobile Mental Health Program provided services to 371 community members, 128 (35%) of whom were served specifically through funding received by Winchester Hospital: 45 in Medford, 30 in Stoneham, 25 in Reading, 19 in Wakefield, and 9 in North Reading. Participants reported the following outcomes in a survey administered by the case worker:

- Improved health outcomes (100 participants).
- Changed or improved healthy lifestyle behaviors (98 participants).
- Root causes of participants' health issues were identified as depression, anxiety, grief, and loneliness.
- Health inequities addressed included being low-income, homebound, immobile, and/or economically insecure.

Community Partners: Arbour Health System, New England Recovery Learning Center, and Medford, North Reading, Reading, Stoneham, and Wakefield Councils on Aging.

Assessing Risk in the Schools

Description: In FY19, Lahey Hospital and Medical Center (LHMC) helped bring the Youth Risk Behavior Survey to Lynnfield Public Schools and schools in the Middlesex League Collaborative. The survey determines the prevalence of and any changes in health behaviors, provides geographical and subpopulation comparison data, and monitors progress toward Healthy People objectives. The survey also allows schools to better understand the extent to which middle and high school students engage in risky behaviors. LHMC's support has helped the Middlesex League and the Lynnfield Public School Department create a standardized online test that allows the data to be processed in a timely manner and synthesized into a regional report.

Target Population:

- Regions Served: Middlesex County
- Gender: All
- Age Group: Children, Teenagers
- Race/Ethnicity: All
- Language: English
- Environment Served: Suburban

Program Type: Total Population/Community Intervention **Descriptors:** Community Education, Prevention

DoN Health Priorities: Social Environment **EOHHS Focus Issues:** Mental Health**,** Substance Use

Health Issues: Mental Health, Depression, Stress Management, Substance Use, Alcohol Use, Tobacco Use

Goal: To use survey findings to guide evidence-based activities that address identified risky behaviors and to foster regional collaboration among schools.

Goal Status: 11 of 12 schools in the Middlesex League participated in the Youth Risk Behavior Survey collaboration, an increase of 7 schools since 2017. The 2019 survey included questions related to depression, suicide, stress, and behavioral health treatment. Highlights from the survey results include:

- 26.5% of high school students reported feeling sad or hopeless almost every day for at least 2 weeks in a row.
- 7.5% of high school students experienced sexual violence in the past year.
- 40.1% of high school students used electronic vapor products, an increase of 34.9% over 2017.
- 11.8% of high school students were bullied electronically in the past year.
- 13% of high school students were bullied on school property.
- 15.6% of middle school students seriously considered attempting suicide, 8.5% made a plan, and 3.2% attempted suicide.
- Woburn middle school students were most likely to report trying cigarettes (3.7%), electronic vapor products (14.0%), and electronic vapor products (7.3%).

Community Partners: Middlesex League Collaborative

Medford Health Matters Big Table Social Emotional Wellness Series

Description: The Medford Health Matters (MHM) Big Table Wellness Series engaged community organizations and coalitions using a Wellness Model for Community Collaboration to address the social, emotional, physical, and behavioral wellness of Medford residents. With support from Winchester Hospital, MHM provided five sessions planned by MHM board members and community partners and facilitated by the City of Medford Office of Prevention and Outreach. Each session focused on guiding participants through the phases of the Wellness Model, with the following objectives:

1. ***Awareness/Knowledge*** – Increase awareness of mental health, substance misuse, social isolation, and stress.
2. ***Attitudes/Preparation*** – Explore individual/collective attitudes, values, and biases and identify driving and restraining forces for solving the problems.
3. ***Behavior and Action*** – Collaborate and take action on intervening variables, social determinants of health, and root causes.

Target Population:

- Regions Served: Medford
- Gender: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: Urban, Suburban

Program Type: Community-Wide Intervention
DoN Health Priorities: Social Environment
Health Issues: Mental Health
Descriptors: Community Education, Prevention
EOHHS Focus Issues: Mental Health

Goals: To improve communication and increase collaboration between community organizations to address health-related issues affecting Medford residents, and to address the intervening variables that can impact stress, social connectedness, and community engagement.

Goal Status: In FY19, MHM held five sessions with a focus on leading participants through the phases of the Wellness Model for Community Collaboration — Awareness/Knowledge, Attitudes/Preparation, and Behavior and Action — in order to lead them to take action on intervening variables, social determinants of health, and root causes. In addition, each session provided participants with resources and tools to help address poor health outcomes using strength-based approaches. In post-event surveys, the following were reported:

- Participants understood the process and collaboration and where each of their organizations is in the stages of readiness to address social determinants of health.
- After the fourth event, most participants reported more knowledge and a higher level of readiness to address social determinants of health than they had after the first event.
- Community collaborations as a result of the series:
  - MHM and Medford Conversations applied for funding to merge efforts in 2019.
  - MHM is currently engaged in a possible merger with Medford Conversations.
  - Health Departments' OPO partnered with Medford Public Schools and Alliance Inclusion and Prevention to apply for a Federal School Climate Transformation Grant.
  - Medford Family Network, Medford Housing Authority, and Wayside Youth and Family Services are working to provide greater access to mental health services for families in need of these services.
  - Multi-City Department effort to address transportation to consider MBTA grant.
  - Tufts University student groups, Sanctuary UCC, the Food Security Task Force, and other corporate and individual members – year two 20,000 Meal Packing Project.
  - Sanctuary, Tufts Community Outreach Project, and CCSR are developing an am2pm mentoring and leadership development community service program.

Community Partners: The City of Medford

The NAN Project at Galvin Middle School, Wakefield

Description: The NAN Project built on partnerships with Galvin Middle School and the Wakefield Suicide Prevention Coalition to reduce the stigma and increase understanding of mental health and suicide. The NAN Project educated students, staff, and parents about youth mental health issues through a series of training and educational sessions.

Target Population:

- Regions Served: Wakefield
- Gender: All
- Age Group: Children, Youth, Adults
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Program Type: Total Population/Community Intervention
DoN Health Priorities: Social Environment
Health Issues: Mental Health, Depression, Stress Management
Descriptors: Community Education, Prevention
EOHHS Focus Issues: Mental Health

Goal: To help teachers, parents, and students reduce stigma and increase understanding about mental health and suicide.

Goal Status: In FY19, the following outcomes were reported:

- 25 staff members, including guidance counselors, teachers, school nurses, and adjustment counselors, received QPR Social Emotional Behavioral health training to learn about the signs of depression, other mental illnesses, and suicide risk; resources available in their community; and how to respond to youth in distress.
- All staff members at Wakefield High School and SEEM Collaborative participated in a professional development training session on anxiety and depression.
- More than 100 parents attended a community health forum/resource fair.
- Teachers and staff reported that students demonstrated increased awareness of how to ask for and where to find help for themselves and others who are struggling with mental illness.
- Parents learned about signs of depression, other mental illnesses, and suicide risk; resources available in their community; and how to respond to youth in distress.

Community Partners: Eliot Center, Wakefield Health Department, Wakefield Public Schools, Wakefield Police Department

Alcohol Use Prevention Program – North Reading

Description: This program engages youth to reduce and change their attitudes about alcohol use while improving support for parents. The program is collaboration between the North Reading Police Department (NRPD) and the North Reading Community Impact Team. To address the root causes of underage drinking, including the casual attitude among youth and adults toward underage drinking, the ease with which youth can access alcohol, and the inconsistent consequences related to alcohol use and/or provision of alcohol to minors, the program uses five harm reduction strategies:

1. Sticker Shock Program – The Community Impact Team's Youth Action Team collaborated with alcohol vendors to label the most popular alcohol products with stickers indicating the consequences of underage purchasing of alcohol.

2. Shoulder Taps – Under the guidance of local police, students asked customers outside of an alcohol retailer to purchase alcohol. If customers agreed, they were given a red card listing the consequences of purchasing alcohol for someone who is underage. If they declined, they were given a green card to thank them for keeping youth safe.

3. Alcohol Compliance Checks – Trained NRPD detectives utilized retailer and restaurant compliance techniques to identify underage selling.

4. Training and Intervention Procedures for Servers of Alcohol (TIPS) course – Retailers and restaurant servers learned to identify fake ID cards, discourage underage drinking, and decline service to adults who have had too much to drink.

5. Guiding Good Choices Educational Sessions – This science-based national program improved parents' skills and attitudes related to underage drinking. Through funding received by Winchester Hospital, healthy dinner and babysitting was provided to make it easier for parents to participate.

Target Population:

- Regions Served: North Reading
- Gender: All
- Age Group: Children, Youth, Adults
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Program Type: Total Population/Community Intervention

Descriptors: Community Education, Prevention

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Substance Use Disorders

Health Issues: Substance Use, Alcohol Use, Public Safety, Parenting Skills

Goals:

- Engage youth in increasing awareness of the use of alcohol and its dangers.
- Reduce youth use of alcohol by reducing access and increasing awareness about the consequences of use.
- Increase protective factors by educating parents and caregivers about the consequences of youth alcohol use.

Goal Status: In FY19, the following outcomes were reported:

- 7 youth visited eight retail outlets and engaged 47 adults to participate in the Sticker Shock or Shoulder Tap initiatives.
- 10 alcohol checks were completed by the NRPD, and one violation was found.
- 11 staff members and volunteers were trained to facilitate the Guiding Good Choices program, and 50 parents and caregivers received the training.
- 7 local organizations and 68 servers completed the TIPS training to help recognize attempts by youth to purchase alcohol.

Community Partners: North Reading schools, Chamber of Commerce, Parks & Recreation, Elder Services, Public Health, Middle & High School Parent Organizations, Select Board, Substance Use Prevention Coalition, Community Impact Team

Chronic Disease

According to the Massachusetts Department of Public Health, cancer, heart disease, stroke, chronic respiratory disease, and diabetes are leading causes of death in Winchester Hospital's service area. These causes of death are, to a large extent, preventable if we address obesity, lack of physical exercise, poor nutrition, food insecurity, and tobacco use. With that in mind, Winchester Hospital provided a wide variety of programs aimed at preventing and managing chronic disease.

High-Risk Intervention Program

Description: Every day, millions of people with chronic diseases struggle to manage their symptoms. According to the National Council on Aging, approximately 80% of older adults have at least one chronic disease, 68.4% have two or more, and 36.4% have four or more. Chronic diseases such as heart failure, pneumonia, and chronic obstructive pulmonary disease can affect a person's ability to perform important activities, restricting their engagement in life and their enjoyment of family and friends. In addition, these progressive conditions can result in frequent hospital readmissions and fragmented care.In response to this need, Winchester Hospital created the High-Risk Intervention Program to help adults with chronic disease manage and improve their health. The program consists of a consultation with a nurse from the Center for Healthy Living, followed by at least two phone consultations to help the patient manage their care and medications, to assist with medical appointments, and to facilitate communication among all members of the patient's care team. The team also works to identify and address any social determinants of health that could be negatively impacting the patient's health. Conversations regarding end-of-life and palliative care are also initiated when appropriate. The program is offered upon discharge to at-risk patients who have multiple health conditions and/or social determinants of health that could put their health and safety at risk, such as lower income, problems with their physical home environment, lack of family support, and lack of access to care.

Target Population:

- Regions Served: Massachusetts
- Gender: All
- Age Group: Adults, Elderly
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: Disability Status

Program Type: Direct Clinical Services

Descriptors: Prevention

DoN Health Priorities: NA

EOHHS Focus Issues: Chronic Disease

Health Issues: Chronic Disease

Goals:

- To help participants effectively manage their health and enhance their overall quality of life by addressing the physical and psychological effects of chronic disease and improving coordination of care.
- To help participants being treated with prednisone recover and successfully taper down the dosage without medical complications.

Goal Status: In FY19, 1,105 patients received hospital visits and follow-up consultations with nurses from Winchester Hospital. In addition, 92% of the participants being treated with prednisone successfully tapered down after discharge.

Community Partners: NA

Community and Hospital Pediatric Asthma Management Program (CHAMP)

Description: According to the American Academy of Pediatrics, pediatric asthma continues to be a leading cause of hospital admissions in the U.S., with readmission rates of between 10% and 40%. Asthma is the leading chronic disease in children, affecting about 10% of those under age 18. In addition, it is the No. 1 reason for missed school days. According to Winchester Hospital's 2016 CHNA, hospital admissions rates for asthma patients under the age of 20 were significantly higher in certain towns in its service area, such as Woburn (35% higher than the county and 16% higher than the state) and Medford (29% higher than the county and 20% higher than the state).Additionally, the CDC's Vital Signs report on pediatric asthma, action plans can decrease the rate of asthma-related hospitalizations by more than 5%. As a result, Winchester Hospital's Center for Healthy Living developed and launched CHAMP, a model of care that uses a team approach proven to help children with asthma manage the condition more effectively. The team consists of family members, caregivers, the child's pediatrician and/or primary care physician, clinical staff from Winchester Hospital, the child's school nurse, child care personnel, classroom teachers, and anyone else who may be in a position to advise the child and his/her parents about asthma management.

Target Population:

- Regions Served: Middlesex County
- Gender: All
- Age Group: Youth, Children
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: NA

Program Type: Direct Clinical Services

Descriptor: Community Education

DoN Health Priorities: NA **EOHHS Focus Issues**: Chronic Disease

Health Issues: Chronic Disease / Asthma

Goal: To reduce emergency department visits for pediatric asthma patients by ensuring effective control of the disease through treatment and through education of patients, families, physicians, and other health professionals.

Goal Status: In FY19, 104 children participated in CHAMP, resulting in the following clinical outcomes that demonstrate the program is effective in helping children effectively manage asthma:

- Hospital admissions decreased 50% (12 to 6) compared to the number reported prior to enrollment in the program. This rate is also 32% lower than the state average rate of 18.5 visits per year, as reported in the Massachusetts DPH "Asthma among Children in Massachusetts" 2017 report.
- Hospital discharges decreased 11.11%.
- Emergency department visits decreased 20%.

In addition, Winchester Hospital's pediatric asthma nurse specialist provided extensive community outreach in our service area in FY19 via education and training sessions and private consultations and visits to educate students, teachers, and families about pediatric asthma. Efforts included:

- 59 home visits
- 44 school or camp visits
- 4 school education/training sessions reaching 31 school nurses
- 6 physician office visits to facilitate care coordination
- 112 asthma action plans completed and filed with schools and day care centers, a 32% increase over FY18

Community Partners: Beverly, Burlington, Gloucester, Malden, Medford, Melrose, North Reading, Reading, Stoneham, Tewksbury, Wakefield, Winchester, Wilmington and Woburn school districts.

Winchester Hospital Weight Management Program

Description: The Winchester Hospital Weight Management Program is designed to help people lose weight and keep it off. Named the No.1 Best Fast Weight-Loss Diet by U.S. News & World Report four years in a row (2015-2019), the program utilizes clinically proven behavior change techniques, the program offers participants a simple and effective way to lose weight lose weight while learning lifestyle skills that can help improve their health and overall quality of life and contribute to long-term success. What differentiates this program from other weight loss programs is the wide variety of individually tailored components that reduce barriers to participation and provide each participant with tools, resources, strategies, and ongoing support to maintain weight loss and achieve optimal health. The highly structured program is facilitated by a team of registered dietitians and the comprehensive approach incorporates:

- Weekly classes focused on choosing and preparing healthier meals
- Diet plans tailored to meet each person's needs
- Medical supervision during the weight-loss process
- Individualized phone coaching with a registered dietitian, including for people who are homebound or unable to attend in person
- Optional weekly weigh-ins and consultations with registered dietitians
- Long-term support for maintaining weight loss and healthy behavioral changes

Target Population:

- Regions Served: Middlesex County
- Gender: All
- Age Group: Adults, Elderly
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: NA

Program Type: Direct Clinical Services **Descriptor**: Community Education

DoN Health Priorities: NA **EOHHS Focus Issues**: Chronic Disease

Health Issues: Obesity, Nutrition

Goal: To help participants lose weight and learn lifestyle skills and strategies for diet and physical activity in order to prevent weight regain, improve mobility, and increase self-esteem.

Goal Status: In FY19, 90 people participated in the program.

1. **Weight Loss Program/Phase 1.** 28 people participated for an average of eight months, producing the following outcomes:
   - Individual weight loss ranging from 4 pounds to 130 pounds
   - Group average weight loss of 30 pounds or 9% of body weight, a medically significant reduction in BMI
2. **Maintenance/Phase 2.** 62 participants achieved the following results up to one year after the program started:
   - 71% who continued to attend weekly classes maintained their weight loss.

- 52% maintained the recommended vegetable/fruit intake of five cups daily.
- 41% maintained the goal of expending 2,000 calories a day.

3. Participant Survey. 62 participants completed surveys, rating the following parts of the program on a scale from 1 to 10:

- Quality of classes and education provided by dietitians: 9.6
- Dietitian instructors' knowledge: 9.7
- Attention to individual medical issues (by medical assistants and physicians): 9.8
- Responsiveness to questions/phone calls/emails: 9.8
- Likelihood of referring a friend/family member: 10

Community Partners: NA

Stroke Awareness Community Outreach Campaign

Description: In Massachusetts there are over 16,000 hospitalizations due to stroke each year. According to Winchester Hospital's 2016 CHNA, six of nine towns in the hospital's service area — Medford, North Reading, Stoneham, Wilmington, Woburn, and Tewksbury — experienced significantly higher cardiovascular disease and hypertension rates than the state or county. Recognizing that these factors play a significant role in increasing the chances of a stroke, Winchester Hospital launched a community outreach campaign to raise awareness about the risk factors, signs, and symptoms of stroke, and the vital importance of seeking immediate treatment. The campaign included free blood pressure screening at locations throughout the community, combined with educational information presented in a fun and engaging manner. The outreach efforts focused on the cities and towns with the highest incidence of cardiovascular disease or hypertension, with an increased focus on adults over the age of 65, who are reported to be 40% more likely to have elevated blood pressure.

Target Population:

- Regions Served: Middlesex County
- Gender: All
- Age Group: Adults, Elderly
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Additional Target Population Status: NA

Program Type: Community-Wide Intervention

Descriptors: Community Education, Health Screening

DoN Health Priorities: NA

EOHHS Focus Issues: Chronic Disease/Heart Disease

Health Issues: Stroke, Hypertension

Goals:

1. Increase awareness about the signs and symptoms of stroke.
2. Identify individuals at high risk for developing stroke.
3. Provide information and strategies on reducing the risk for developing stroke.
4. Refer high-risk participants for follow-up care.

Goal Status: In FY19, more than 400 community members learned about the risk factors, signs, and symptoms of stroke in informational sessions at community events in cities and towns in the Winchester Hospital service area with the highest incidence of cardiovascular disease and/or hypertension, including Medford, Stoneham, Wilmington, and Woburn. In addition, approximately 400 community members from these targeted cities and towns participated in one of seven free blood pressure screening clinics. Of those screened, the following data were reported:

- 70% were over the age of 65.
- 20% had elevated blood pressure levels.
- 25% had borderline-high levels.

•All participants were referred to their primary care physician for follow-up and received information and consultations on how to lower their blood pressure

Community Partners: American Stroke Association, American Diabetes Association, American Heart Association

Winchester Housing Authority Farmers Market

Description: According to research from the American Diabetes Association, increasing daily intake of fruits and vegetables may help reduce the risk of chronic disease and improve overall health in older adults. Findings from Winchester Hospital's FY16 CHNA indicated that lack of access to healthy foods is a major health issue for segments of the population, specifically low-income individuals and older adults. Interviewees and community forum participants reported that significant numbers of people struggled to buy fresh produce and other nutritional foods, and referred to food insecurity and food scarcity as a major concern. In addition, according to the 2018 Massachusetts Healthy Aging Report, only 28% of adults age 60 or older living in Winchester report getting the recommended five servings of fruits and vegetables per day. Lack of access and information, as well as financial insecurity, play a role in these low figures.

To address this need, Winchester Hospital partnered with New Entry Sustainable Farming Project, an organization that grows organic produce locally for Middlesex County, to provide free produce for 20 consecutive weeks to residents living in Winchester Housing. To reduce transportation barriers, farmers markets were held at both Winchester Housing locations. Each week, more than six varieties of fresh produce were provided for free, along with a newsletter that included nutrition information and healthy recipes featuring that week's produce.

Target Population:

- Regions Served: Winchester
- Gender: All
- Age Group: All, Elderly
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Additional Target Population Status: NA

Program Type: Community-Wide Intervention

Descriptors: Community Education

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Chronic Disease

Health Issues: Access to Healthy Food; Nutrition; Income and Poverty

Goal: To help residents of the Winchester Housing Authority increase their daily intake of fruits and vegetables by reducing barriers to accessing the produce, and providing information about the benefits of a healthy diet.

Goal Status: The 20-week farmers market at Winchester Housing produced the following outcomes:

- More than 40,000 pounds of fresh produce, including more than six varieties of fruits and vegetables, were delivered to the two Winchester Housing locations, free for all residents and their families.
- A weekly newsletter featuring nutritional information and recipes for the fruits and vegetables was created and distributed with the produce.
- More than 35% of the residents participated in the program.
- The average age of the participants was 76 years.
- 74% of the participants were women.
- Per a post-program survey, program participants achieved the following results:
  - 72% improved their overall diet.
  - 80% increased their daily intake of fruits and vegetables.
  - 52% ate better-quality produce.

Community Partners: Winchester Housing Authority, New Entry Sustainable Farming Program

Winchester Hospital Meals on Wheels Program

Description: For more than three decades, Winchester Hospital has been preparing and delivering freshly cooked, nutritious meals at a discounted rate to Winchester residents of all ages who are unable to shop for or prepare food. Kitchen staff at Winchester Hospital prepares and pack the meals under the direction of staff dietitians, and the meals are delivered by Winchester Hospital volunteers. The meals are tailored to the dietary needs and preferences of the recipient, who can choose to receive meals up to two times per day, five days a week. Although providing healthy meals is the core of the program, the program also helps isolated residents remain safely in their homes by providing a daily check-in and social engagement with a trained and compassionate volunteer. The cost of the meals is subsidized through generous donations from local organizations and members of the community, and financial aid is available for those who need it.

Target Population:

- Regions Served: Winchester
- Gender: All
- Age Group: Adults, Elderly
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Additional Target Population Status: NA

DoN Health Priorities: NA

EOHHS Focus Issues: Chronic Disease

Program Type: Community-Clinical Linkages

Descriptors: Prevention

Health Issues: Nutrition, Access to Healthy Food

Goal: To help isolated or homebound community members, or any who are unable to shop for and/or prepare a meal due to illness or injury, remain independent in their homes by delivering low-cost, healthy meals. The secondary goal is to reduce isolation and provide an opportunity for social engagement for residents living alone.

Goal Status: Winchester Hospital's kitchen staff, under the direction of the hospital's team of registered dietitians, prepared and packed 4,500 meals to meet the dietary needs of each participant. The meals were delivered by hospital volunteers to homebound residents.

Community Partners: Winchester Council on Aging

Food Insecurity Relief Initiative

Description: Hunger is a health issue widely affecting people in the state of Massachusetts. Nearly one in every 10 households in Massachusetts lacks the resources to afford enough food for all household members to lead active, healthy lives. According to a recent study by Children's Health Watch and the Greater Boston Food Bank, food insecurity and hunger contribute to a multitude of chronic diseases such as diabetes, obesity, and pulmonary and heart disease. In addition, hunger has a negative impact on education, mental health, productivity, and the economy, costing the state of Massachusetts approximately $2.4 billion per year. In response, Winchester Hospital provided funding to support to the Council of Social Concern and Winchester Got Lunch Program to increase access to healthy food for adults, children, and families living in the Hospital's service area.

Target Population:

- Regions Served: Middlesex County
- Gender: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: NA

Program Type: Community Clinical Linkages

Descriptors: Prevention

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Chronic Disease

Health Issues: Access to Healthy Food; Chronic Disease; Nutrition

Goal: To support local organizations and food banks in reducing hunger and food insecurity, resulting in improved health for food-insecure residents.

Goal Status: In FY19, Winchester Hospital helped reduce hunger and food insecurity for approximately 7,000 children, teens, and adults through the following initiatives:

- Food Drives: Hospital staff donated more than 100 hours organizing monthly food drives for the Woburn Council of Social Concern and Winchester Got Lunch. More than $10,000 of food was collected, reaching more than 650 people in need.
- Financial Support: Winchester Hospital donated $5,000 to the food bank at the Council of Social Concern in Woburn to supplement food provided to more than 6,000 children, teens, and adults experiencing food insecurity in Woburn and Winchester.
- Leadership and Community Involvement: Winchester Hospital staff donated more than 25 hours of their time in FY19 to supporting and providing direction to community coalitions by occupying a seat on the board of directors for the Woburn Council of Social Concern and participating in events that raise funds to provide services to community members in need.

Community Partners: Council of Social Concern, Woburn, Winchester Got Lunch

Intergenerational Garden to Table Program

Description: In response to needs identified in Winchester Hospital's 2016 CHNA, the Youth Risk Behavior Survey, and a Boys & Girls Club survey, the Boys & Girls Club of Stoneham & Wakefield launched the Intergenerational Garden to Table program in FY18. The goal of the program is to partner children from the club with older adults to build the garden, prepare the soil, harvest a variety of fruits and vegetables, and maintain the garden. Once the fruits and vegetables have grown, participants learn how to incorporate them into easy everyday meals, and they enjoy a meal together using the foods they have grown. In addition, the fruits and vegetables are incorporated into the club's regular food program.

Target Population:

- Regions Served: Stoneham, Wakefield
- Gender: All
- Age Group: Children, Youth, Elderly
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Additional Target Population Status: NA

Program Type: Community-Wide Intervention

Descriptors: Community Education

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Chronic Disease

Health Issues: Nutrition, Access to Healthy Food

Goals:

- Create intergenerational programming around the gardens so senior citizens can assist and mentor at-risk youth.
- Increase access to fresh, healthy food for youth and their families.
- Increase daily intake of fruits and vegetables.
- Raise awareness of the importance of healthy eating.
- Improve mental health and decrease depression and social isolation.

Goal Status: In FY19, more than 225 children and 30 older adults participated in the program by attending sessions at least once per week. According to a study conducted after the program, participants experienced the following outcomes:

- 80% increased their access to fresh, healthy foods.
- 72% increased their daily intake of fruits and vegetables.
- 75% increased their awareness of the importance of healthy eating.
- 97% expressed interest in volunteering for future youth projects.
- 42% of the older adults experienced improved mental health.
- 32% of the children experienced improved mental health.
- 27% of the older adults experienced reduced feelings of social isolation.

Community Partners: Stoneham Council on Aging, Wakefield Kiwanis Club, Stoneham Rotary Club

Cancer

According to the Massachusetts Department of Public Health, cancer is the state's leading cause of death, having caused more than 23% of all deaths in 2014. Findings from Winchester Hospital's CHNA show the following.

- 7 of 9 cities and towns experienced higher cancer incidence rates than the state and county:
  Wilmington, Tewksbury, North Reading, Woburn, Reading, Stoneham, and Wakefield
- 4 cities and towns experienced higher cancer death rates than the state and county:
  Tewksbury, Woburn, Wilmington, and Reading
- Cancer types with the highest incidence rates (highest to lowest):
  Colon cancer, lung cancer, and breast cancer
- Cancer types with the highest death rates (highest to lowest):
  Lung, prostate, colon, and breast cancer

Recognizing that cancer prevention and treatment is one of the highest-priority health needs in our community, Winchester Hospital is dedicated to creating and delivering a comprehensive array of free community programs focused on prevention, early detection, and support through all stages of treatment.

Oncology Nurse Navigator

Description: The Oncology Nurse Navigator, an RN with oncology-specific clinical knowledge, offers individualized support to patients and their caregivers to help them make informed care decisions and overcome barriers to optimal care. The Navigator contributes to the hospital's mission by providing cancer patients holistic care that includes communication and coordination with the patient's family and/or caregivers and a multidisciplinary team of physicians, clinicians, and social workers. The Navigator works in collaboration with the disease-specific clinical team to develop clinical pathways for appropriate care and acts as the clinical contact person for all patient-related concerns. The Navigator reviews all medical information prior to patient visits, ensures that physicians receive the information, and discusses it with the disease-specific physician prior to patient visits. In addition, the Navigator maintains contact with referring physicians to keep them up to date on the patient's care plan.

Target Population:

- Regions Served: Massachusetts
- Gender: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: NA
Program Type: Access/Coverage Supports
Descriptors: Cancer
DoN Health Priorities: NA
EOHHS Focus Issues: Chronic Disease

Health Issues: Cancer, Access to Care, Care Coordination

Goals: To guide patients through the complexities of the disease, direct them to health care services for timely treatment and survivorship, and identify and address barriers to timely and appropriate treatment. In addition, the Nurse Navigator connects patients with resources, health care, and support services in their community and assists them in the transition from active treatment to survivorship.

Goal Status: In FY19, the Oncology Nurse Navigator dedicated 2,080 hours providing assistance to over 1,000 patients.

Community Partners: American Cancer Society

Breast Cancer Education and Outreach

Description: According to the FY16 CHNA, three of the nine towns in Winchester Hospital's service area (Reading, North Reading, and Wilmington) had breast cancer incidence and death rates higher than the state and county rates. In addition, the percentage of women 40 and up who had had a mammography screening in the preceding two years was slightly lower in Winchester Hospital's service area (84%) than in the state as a whole (85%). In response, clinical staff from Winchester Hospital's Breast Care Center provided free education and outreach sessions about the risk factors associated with breast cancer and the importance of early detection through screening mammography. In recognition of National Cancer Survivors Day, Winchester Hospital hosted a free celebration to bring together patients living with and in remission from cancer. During the celebration, Winchester Hospital physicians and clinicians paid tribute to their patients' compassionate support for one another in fighting the disease.

Target Population:

- Regions Served: Middlesex County
- Gender: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Additional Target Population Status: NA

Program Type: Community-Wide Intervention

Descriptors: Prevention

DoN Health Priorities: NA

EOHHS Focus Issues: Chronic Disease/Cancer

Health Issues: Breast Cancer

Goal: To promote lifestyle behaviors that can help reduce the risk of developing breast cancer and to raise awareness about the importance of early detection.

Goal Status: In FY19, more than 600 community members participated in free education sessions targeted toward women in Winchester Hospital's service area.

Community Partners: American Cancer Society

Breast Cancer Risk Assessment

Description: According to Winchester Hospital's FY16 CHNA, seven of the nine towns in the hospital's service area experienced higher incidence rates of cancer than those of the state, with the highest rates occurring in Wilmington (588). The rates specifically for breast cancer were also higher than those of the state (134) and county (143) in three of these towns — Reading (179), Wilmington (169), and North Reading (155) — and the breast cancer death rates in Reading (34) and Wilmington (30) were significantly higher than the state (20) and county (19.4) rates. In addition, according to the Community Health Survey conducted as part of the CHNA, rates of mammography screening for women age 40 and up were lower than reported in the past. Recognizing that breast cancer risk varies and some women need screening beyond the standard recommendations, Winchester Hospital implemented a confidential survey to help residents assess their lifetime risk of breast cancer. Assessment, evaluation, and follow-up are all provided at no cost to participants. Results are shared with the participant's physicians, who can help her determine whether she might benefit from screening beyond regular checkups and mammograms. In addition, genetic counselors provide information and answer questions about genetic testing.

Target Population:

- Regions Served: Massachusetts
- Gender: Women
- Age Group: Adults
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Program Type: Direct Clinical Services

Descriptors: Prevention

DoN Health Priorities: NA

EOHHS Focus Issues: Chronic Disease

Health Issues: Cancer, Breast Cancer

Goal: To identify persons who may be at higher lifetime risk of developing breast cancer and to provide screening follow-up to their physicians.

Goal Status: In FY19, Winchester Hospital conducted 8,528 free screenings, identifying the following:

- 256 patients with a high-risk mutation
- 850 patients with a high lifetime risk of breast cancer
- 768 patients with a moderate lifetime risk of breast cancer

Follow-up consultations were provided after each screening, and results were shared with the participant's physicians so they could discuss the recommended follow-up evaluation and care.

Community Partners: American Cancer Society

Fighting Fatigue Program for Cancer Patients

Description: Numerous studies show that exercise can reduce the chance of reoccurrence of cancer and help survivors reduce disability. At the Reno Center for Cancer Care at Winchester Hospital, more than 500 patients were assessed using the National Comprehensive Cancer Network Distress Thermometer, in which patients are asked to rate their distress over practical, family, emotional, physical, and spiritual problems. Findings from the study indicated fatigue was overwhelmingly the No. 1 concern. As a result, physical therapists from Winchester Hospital developed and launched the Fighting Fatigue Program. Facilitated by a physical therapist and a fitness specialist, the program supports patients before, during, and after cancer treatment. The program includes an initial screening followed by 12 weeks of fitness sessions tailored to each participant's ability. The sessions incorporate relaxation techniques such as breathing and meditation exercises. Without this program, most patients would not be able to exercise independently due to impairment from their illness or side effects from treatment.

Target Population:

- Regions Served: Middlesex County
- Gender: All
- Age Group: Adults
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Additional Target Population Status: NA

Program Type: Direct Clinical Services

Descriptors: Cancer

DoN Health Priorities:

EOHHS Focus Issues: Chronic Disease

Health Issues: Cancer, Care Coordination

Goal: To enable cancer patients to gain confidence in self-care independence, establish an exercise program to combat the effects of cancer treatment, and maintain or regain a healthy sense of well-being.

Goal Status: In FY19, 25 participants completed the program, with the following reported results:

- 100% increased their confidence in their ability to perform daily activities.
- 100% increased their energy levels.
- 100% achieved the ability to exercise independently at home.
- 100% reduced their fatigue and stress using breathing techniques.
- 90% found meditation helpful in reducing fatigue and/or stress.
- 90% improved their flexibility.
- 67% improved their sleep.

Subjective Data Results:

- 24% average decrease in Visual Analogue Scale (VAS) fatigue score
- 50% average decrease in VAS distress score
- 27% decrease in pain
- 19% improvement in balance reported on the ABC Confidence Scale

Objective Data: Average scores of 25 participants:

- 22% improvement in distance covered on a Six-Minute Walk test
- 29% improvement in completion time of an Up and Go test
- 25% improvement in completion time of a Sit to Stand test

Community Partners: American Cancer Society

Integrative Therapy for Cancer Patients

Description: Staff members from Winchester Hospital's Center for Healthy Living offer free integrative therapies and classes to help cancer patients reduce stress and anxiety, relieve symptoms and side effects from treatment, and increase their general sense of health and well-being. The therapies include massage, acupuncture, hypnotherapy, and yoga and are conducted during infusion treatments or individual appointments.

Target Population:

- Regions Served: Middlesex County
- Gender: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Program Type: Direct Clinical Services

Descriptors: NA

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Chronic Disease

Health Issues: Cancer

Goal: To help cancer patients reduce stress and anxiety, relieve symptoms and side effects from treatment, and increase their general sense of health and well-being.

Goal Status: In FY19, Winchester Hospital provided 2,308 free integrative therapy sessions to more than 1,400 patients undergoing cancer treatment. The therapies, which included massage therapy, acupuncture, and hypnotherapy, were conducted during infusion treatments or through individual appointments upon request. In addition, seven yoga classes were offered to cancer patients in treatment or recovery, reaching approximately 60 participants. According to a survey administered to participants after receiving one of the therapies, the following reported their treatment to be effective at reducing stress and relieving side effects of their cancer treatment:

- 100% of massage participants
- 100% of hypnotherapy participants
- 83% of acupuncture participants

Community Partners: American Cancer Society

Dr. Richard Heidbreder Comfort Fund

Description: Due to generous donations made in memory of Dr. Richard Heidbreder, former Medical Director of Radiation Oncology, Winchester Hospital is able to provide comfort and assistance to patients fighting cancer. The funds help offset daily living expenses (transportation, food, etc.) and the cost of integrative therapies provided by staff from Winchester Hospital's Center for Healthy Living.

Target Population:

- Regions Served: Massachusetts
- Gender: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: NA
Program Type: Community-Clinical Linkages
Descriptors: Cancer, Social Determinants of Health
DoN Health Priorities: NA
EOHHS Focus Issues: Chronic Disease
Health Issues: Cancer, Income and Poverty
Goal: To help alleviate the burden and hardship of the cancer journey by providing support and financial assistance with living expenses beyond the standard of care.
Goal Status: Winchester Hospital provided assistance to 60 patients being treated for cancer in FY19.
Community Partners: American Cancer Society

A Caring Place Wig Donation Program

Description: Battling cancer can be a huge physical and emotional burden. While undergoing treatment, many patients experience hair loss, which can have a huge impact on their self-image and self-esteem. Through generous donations from the Winton Club, a fundraising arm of Winchester Hospital, the professional staff at A Caring Place (located at the Winchester Hospital Center for Cancer Care) provides beautiful and natural-looking wigs free of charge to women experiencing hair loss due to cancer treatment. The professionally trained staff provides a consultation that includes a proper fitting along with thorough instructions on how to style and care for the wig.

Target Population:

- Regions Served: Middlesex County
- Gender: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Additional Target Population Status: NA
Program Type: Community-Clinical Linkages
Descriptors: NA
DoN Health Priorities: Social Environment
EOHHS Focus Issues: Chronic Disease
Health Issues: Cancer, Breast Cancer
Goal: To provide emotional support for and improve the self-image of women coping with hair loss from cancer treatment by providing wigs at no cost to patients with financial difficulties.
Goal Status: In FY19, Winchester Hospital provided wigs free of charge to more than 40 women. In addition, staff and volunteers dedicated more than 350 hours to providing consultations and wig fittings.
Community Partners: American Cancer Society

Skin Cancer Awareness and Prevention Community Outreach Campaign

Description: According to the American Cancer Society, skin cancer is the most common type of cancer in the U.S. More skin cancer cases are diagnosed in the U.S. each year than all other cancers combined, and the number of cases has been on the rise over the past few decades. Education and awareness can help prevent skin cancer from occurring and promote early detection; if detected early, skin cancer can often be treated effectively. Recognizing this, Winchester Hospital launched a skin cancer prevention campaign to raise awareness of the risk factors associated with skin cancer, provide easy-to-remember sun protection strategies, and promote the importance of sun safety and early detection. In order to maximize the impact, Winchester Hospital participated in several large community events in May to August 2019. At each event, we reinforced sun safety messaging using fun and interactive games and displays. In addition, all participants received sun safety tool kits, which included educational information from the American Cancer Society, sunscreen, lip balm, and UV protective sunglasses. As part of this outreach campaign, Winchester Hospital partnered with the Boys & Girls Club to provide the program on-site at the Hall Memorial Pool in Stoneham for children ages 5-15.

Target Population:

- Regions Served: Middlesex County
- Gender: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Program Type: Community-Wide Initiative
Descriptors: Prevention
DoN Health Priorities: NA
EOHHS Focus Issues: Chronic Disease/Cancer
Health Issues: Skin Cancer

Goal: To raise awareness of the risk factors associated with skin cancer, provide easy-to-remember sun protection strategies, and promote the importance of sun safety and early detection.

Goal Status: More than 4,000 people of all ages participated in 10 community events in Winchester, Woburn, Stoneham, Reading, and Wilmington.

Community Partners: American Cancer Society

Elder Health

Home Blood Draw Program

Description: The Winchester Hospital Home Blood Draw Program was developed to enhance access to phlebotomy services for homebound patients who have difficulty getting to a laboratory or drawing station. Homebound patients are defined as people with a condition due to surgery, illness, or injury that precludes them from accessing medical care outside their home.

Target Population:

- Regions Served: Middlesex County
- Gender: All
- Age Group: Adult, Elderly
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Additional Target Population Status: Disability Status
Program Type: Access/Coverage Supports
DoN Health Priorities: NA
Descriptors: Prevention
EOHHS Focus Issues: Chronic Disease
Health Issues: Access to Health Care, Chronic Disease

Goal: To increase access to phlebotomy services for homebound patients who have difficulty getting to a laboratory/drawing station due to illness or injury.

Goal Status: In FY19, Winchester Hospital Lab Services provided 9,969 free in-home blood draws. In addition to appreciating the convenience of the home blood draw, patients have reported reduced feelings of isolation because the visit with the phlebotomist provides them with a social opportunity.

Community Partners: NA

"Aging on Your Own Terms" Senior Outreach Initiative

Description: The senior population is the fastest-growing demographic group in the United States. Currently there are more than 33 million Americans over the age of 65, and that number is expected to double by the year 2030. In addition, the health needs of this population are complex. With this in mind, Winchester Hospital launched the "Aging on Your Own Terms" Senior Outreach Initiative in September 2001. This series of programs educates active aging adults on how to meet their health needs, and provides events and activities to enhance their social well-being and quality of life. Winchester Hospital works with senior centers and elder care agencies to offer a variety of programs and services at no cost to area seniors. Events are held at locations throughout the community that are accessible via public transportation. The educational programs align with the health needs identified through the FY16 CHNA and feedback from participants and community partners. A

distinguishing component of the program is the integration of social programming to address isolation, depression, and social well-being.

Target Population:

- Regions Served: Middlesex County
- Gender: All
- Age Group: Elderly
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Additional Target Population Status: NA
Program Type: Community-Wide Intervention
Descriptors: Community Education, Prevention
DoN Health Priorities: Social Environment
EOHHS Focus Issues: Chronic Disease, Social Env.
Health Issues: Senior Health Challenges, Mental Health
Goal: To provide a broad array of programs designed to improve health, enhance social and emotional well-being, and address various social determinants of health.
Goal Status: Winchester Hospital partnered with local senior centers to provide five social events and three educational programs reaching approximately 1,500 seniors in the hospital's service area:

- Eating Healthy to Age Well, Medford – 120 attendees
- Highs & Lows of Blood Pressure, Winchester – 130 attendees
- Allergies & Aging, Reading – 125 attendees
- Social Events, Woburn (2), Medford (2), and North Reading – 1,300 attendees

Per a survey completed by 265 seniors in FY18, participants experienced the following:

- 87% identified helpful community resources to increase access to health services.
- 86% made new friends.
- 83% reduced or learned to better manage stress.
- 82% increased daily intake of healthier foods.
- 71% spent less time at home and more time socializing.
- 66% reported an increased purpose in life.

Community Partners: Local Council on Aging offices, Mystic Valley Elder Services

Chair Yoga for Seniors

Description: Recognizing elder health as one of the leading priorities identified in the FY16 CHNA, Winchester Hospital collaborated with the Stoneham Council on Aging to hold free chair yoga classes for older adults in Stoneham and nearby cities and towns. The practice of yoga increases mental focus, enhances flexibility, decreases stress, and improves brain function and respiration. Offering a yoga class in which you can participate from the comfort of a chair helps reduce barriers to exercise for people with physical limitations, mobility issues, or disabilities, and allows them to achieve the benefits of yoga in a comfortable and safe way.

Target Population:

- Regions Served: Stoneham, Reading, Wakefield
- Gender: All
- Age Group: Elders
- Race/Ethnicity: All
- Language: English
- Environment Served: Suburban

Additional Target Population Status: Disability Status
Program Type: Community-Wide Intervention
Descriptors: Prevention, Community Education, Health Professional/Staff Training
DoN Health Priorities: Social Environment
EOHHS Focus Issues: Additional Health Needs
Health Issues: Senior Health Challenges
Goals:

- Reduce attendees' pain and improve mobility.
- Improve their emotional well-being.
- Increase their level of fitness.

Goal Status: 39 classes were held in FY19, reaching 54 participants. Per a survey completed by all 54 participants, more than 85% experienced the following changes as a result of participating in the classes:

•

Increased strength/improved fitness and balance.

- Felt more relaxed/reduced stress.
- Improved social life.
- Reduced feelings of isolation.
- Increased connections with neighbors or made new friends.
- Improved overall sense of happiness and well-being.

Community Partners: Stoneham COA

Mount Vernon House Resident Health Program

Description: Winchester Hospital clinicians provided acupuncture and massage therapy at no cost to residents at the Mount Vernon House and to Winchester residents over the age of 68. Many of the residents who received treatment reported relief of chronic pain for a period of time and either improved or maintained their health.

Target Population:

- Regions Served:
- Gender: All
- Age Group: Elderly
- Race/Ethnicity: All
- Language: English
- Environment Served: All

Program Type: Community-Clinical Linkages
Descriptors: Prevention, Community Education
DoN Health Priorities: Built Environment
EOHHS Focus Issues: Chronic Disease
Health Issues: Chronic Disease, Senior Health Challenges/Care Coordination

Goal: To provide temporary pain relief for elder adults with chronic health issues in order to improve or maintain health..

Goal Status: In FY19, Winchester Hospital provided 199 treatments to residents at the Mount Vernon House and an additional 1,216 treatments to Winchester residents. Health issues treated included back weakness, leg stiffness, edema in lower legs, leg numbness, shoulder pain, sinus headaches, hip and knee problems, arthritis of the low back, neck pain, sciatica, carpal tunnel, and balance trouble. Most patients either improve or maintain their health status. Most use the program to get help with neck or back pain. Some just go for the massage.

As per a survey completed by participants:

- 57% decreased their pain
- 36% improved their mood
- 29% improved their flexibility
- 21% decreased their level of stress
- 21% improved their balance

Community Partners: Mount Vernon House

Mount Vernon Grant Lifeline Program

Description: According to the CDC, falls are the leading cause of injuries and accidental death in adults over the age of 65. Estimates say that each year, one in three seniors fall. Nearly half of older adults who fall cannot get up on their own, resulting in extended periods of lying on the floor and leading to serious medical complications, including pressure ulcers, hyperthermia, dehydration, and more. To help keep older adults safe at home and ensure they get immediate medical attention if needed, Winchester Hospital offers the Lifeline Personal Emergency Response System. It helps seniors live independently by providing early intervention and security in knowing that help is just a button push away 24 hours a day. There is a monthly fee for the service, and many seniors do not qualify to receive financial benefits through insurance. Through a grant from the Mount Vernon House, Winchester Hospital provides the monthly service to seniors who need financial assistance.

Target Population:

- Regions Served: Winchester
- Gender: All
- Age Group: Elderly
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Program Type: Access/Coverage Supports
Descriptors: Prevention
DoN Health Priorities: Built Environment
EOHHS Focus Issues: Chronic Disease
Health Issues: Access to Health Care

Goal: To provide Lifeline service to economically insecure older adults unable to receive financial assistance.

Goal Status: 12 seniors received a full year of Lifeline service free in FY19. Per a survey conducted in FY19, the seniors experienced the following outcomes:

- 97% felt safer in their home.
- 46% used the service for a medical emergency.
- 97% received needed help by pushing the button.

Community Partners: Mount Vernon House

Safe Home Initiative

Description: Recognizing elder health as one of the leading priorities identified in the FY16 CHNA, Winchester Hospital awarded a mini-grant to the Woburn Council on Aging to support a Safe Home Initiative, a collaboration between the Council on Aging, the Woburn police and fire departments, New England Rehab, Minuteman Senior Services, and the Woburn Board of Health. The overall goal of the program was to improve home safety and reduce the number of falls by increasing awareness about common home safety hazards. The program targeted older adults in Woburn and nearby cities

and towns, and included a full array of workshops, classes, and learning opportunities designed to reach as many seniors as possible:

- Home Safety Classes/Workshops
- Home Safety Resource Fair
- Lobby Learning
- Video Learning Series
- Home Safety Self-Assessments
- Balance Screenings
- Fitness/Stretching Classes
- Buried in Treasures/Hoarding Support Group

Target Population:

- Regions: Woburn, Winchester, Wilmington
- Gender: All
- Age Group: Elderly
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Additional Target Population Status: NA

Program Type: Community-Wide Intervention

Descriptors: Community Education, Prevention

DoN Health Priorities: Senior Health Challenges

EOHHS Focus Issues: Additional Needs

Health Issues: Home Injuries

Goals: To increase the level of safety in the home by teaching participants how to:

1. Implement lifesaving fire prevention tips, tools, and strategies.
2. Identify and eliminate fall risks in the home.
3. Improve their balance and overall fitness to reduce the risk of falling.

Goal Status: More than 500 seniors participated in at least one component of the program:

- Resource Fair – 161 participants
- File for Life Education Session/Completion – 63 participants
- Organization/De-Cluttering Sessions – 37 participants
- Fire Safety – 63 participants
- Transportation – 24 participants
- Safe Home Education Session – 128 participants
- Right-Sizing/Moving – 69 participants

In a survey completed by 166 participants, the following home safety changes were reported:

- 17% decreased clutter in their home.
- 13% removed rugs to reduce their risk of falls.
- 14% organized and/or cleared walkways of obstructions.
- 7% added and/or improved lighting in their home.

Community Partners: Woburn Fire Department, Woburn Police Department

Wellness & Prevention

Outpatient Lactation Program

Description: According to the American Academy of Pediatrics, there is a critical connection between breastfeeding and a baby's immune system. A mother passes antibodies to her baby through breast milk, which gives the baby a head start in fighting off infections, resulting in fewer illnesses and lower risk of asthma, allergies, obesity, and sudden infant death syndrome. Breastfeeding mothers also receive numerous health benefits, including lower risk of breast and ovarian cancer, diabetes, and heart disease. Recognizing this connection between breastfeeding and health of the mother and baby, Winchester Hospital launched the Outpatient Lactation Program in 1989. The program offers education and encouragement to new moms before the birth of their baby, during their hospital stay, and after their return home. The program, led by a Certified Lactation Specialist, provides prenatal breastfeeding classes along with individual counseling to teach new mothers tools and techniques for successful breastfeeding. In addition, the Lactation Specialist helps coordinate care and educates new mothers about community resources, including Winchester Hospital's Nursing Mothers Support Group, where they can connect with other new moms, share resources, and discuss their questions and experiences. New moms can also receive follow-up visits with the Lactation Specialist, who provides weight checks and support and education throughout the first few months of the baby's life.

Target Population:

- Regions Served: Massachusetts
- Gender: Women
- Age Group: Adults
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: NA

Program Type: Direct Clinical Services

Descriptors: Community Education

DoN Health Priorities: Social Environment
EOHHS Focus Issues: Chronic Disease
Health Issues: Maternal Child Health, Chronic Disease

Goal: To help mothers meet the breastfeeding goal they set during their initial consultation with the Lactation Specialist and successfully breastfeed for at least six months, as recommended by the American Academy of Pediatrics.

Goal Status: In FY19, 608 mothers participated in the program.

- 92% of the new mothers surveyed after the program reported meeting the breastfeeding goal they set during their initial consultation with the Lactation Specialist.
- 86.5% reported successfully breastfeeding for six months or more.

Community Partners: NA

Cuddler Program

Description: Cuddling is an important part of a baby's development. This is especially true for newborns in the Special Care Nursery and ones who are experiencing neonatal abstinence syndrome. Families find comfort during this difficult and emotional time knowing their babies are being held and cared for by our exceptional neonatal nurses and dedicated volunteers. These "Cuddlers" rock, hold, and soothe babies to provide them with comfort, warmth, and human connection.

Target Population:

- Regions Served: Middlesex County
- Gender: All
- Age Group: Infants
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Program Type: Direct Clinical Services
Descriptors: Prevention
DoN Health Priorities: NA
EOHHS Focus Issues: Additional Needs
Health Issues: Maternal Child Health

Goal: To support babies' growth and development during the critical early stages of life by providing them with comfort and a feeling of security through personal interaction and calming human touch.

Goal Status: Trained volunteers spent more than 460 hours cuddling babies in FY19.

Community Partner: NA

Winchester Hospital Safe Sleep Initiative

Description: According to a study by the American Academy of Pediatrics, approximately 3,500 infants die annually in the U.S. from sleep-related causes, including sudden unexpected infant death, ill-defined deaths, and accidental suffocation and strangulation. In 2014, there were 29 instances of sudden unexpected infant death in Massachusetts, according to the DPH Registry of Vital Records and Statistics. In addition, the FY16 CHNA revealed that two of the nine towns in Winchester Hospital's service area (Wilmington and Woburn) had infant mortality rates higher than the state and county rates, and one town's (Tewksbury's) rate was higher than just the county's. Recognizing the need to provide critically important educational information about safe infant sleep practices, Winchester Hospital, in collaboration with the Middlesex District Attorney's Office, developed and launched its Safe Sleep Initiative. The program provides extensive patient education and two free tools proven to help increase safety:

1. **Baby Box:** Baby boxes have been credited with helping Finland achieve one of the world's lowest rates of infant mortality. Our boxes come with a firm mattress and snug sheet, in line with American Academy of Pediatrics recommendations. The baby box can be used as a portable crib or as the baby's main bed for the first four months of life. Before receiving a box, parents must complete an online course at "Baby Box University," developed by Winchester Hospital health care experts to reduce infant mortality and improve maternal and child health. Videos at Baby Box University discuss safe sleep practices, the impact and causes of shaken baby syndrome, and general newborn care. Winchester Hospital also provides education about safe sleep, which includes always placing a baby on his/her back in a secure setting — whether that's a crib, a bassinet, or the baby box — with no bumpers, blankets, or stuffed toys.
2. **Sleep Sack:** All mothers who deliver a baby at Winchester Hospital receive a sleep sack. The sleep sack is a wearable blanket that replaces loose blankets, which can cover a baby's face and interfere with breathing. The sleep sack also helps reduce the risk of the baby overheating.

Target Population:

- Regions Served: Massachusetts
- Gender: All
- Age Group: Adults
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: NA
Program Type: Direct Clinical Services
Descriptors: Prevention
DoN Health Priorities: Built Environment
EOHHS Focus Issues: Additional Needs

Health Issues: Maternal/Child Health, Parenting Skills, Child Care
Goal: To provide families with education and resources to ensure a safe start to babies' lives and reduce the risk of sudden, unexplained infant death.
Goal Status: In FY19:
- Sleep sacks were provided to 2,340 moms.
- 400 mothers completed Baby Box University online training in order to receive a baby box.

Community Partners: Middlesex District Attorney's Office, local police and fire departments

Read to Me Program

Description: The joy of reading is one of the greatest gifts a parent can share with a child. The Read to Me Program was established in 1997 by the Friends of Winchester Hospital. Since then, Winchester Hospital has emphasized the importance of reading to children by giving tens of thousands of storybooks to new parents. The program, based on research by reading specialist Jim Trelease, promotes the concept that listening comprehension comes before reading comprehension, so it is very important to start reading to children from birth so they hear language in an organized way. Studies have shown that children who are read to early on become better readers and thus better students, who typically feel better about themselves. This information is presented in childbirth classes and followed up with the presentation of a new book to the parent of each infant born at Winchester Hospital.
Target Population:
- Regions Served: Massachusetts
- Gender: All
- Age Group: Adults
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Program Type: Community-Wide Intervention
Descriptors: Prevention
DoN Health Priorities: NA
EOHHS Focus Issues: NA
Health Issues: Maternal/Child Health, Parenting Skills, Child Care
Goal: To educate parents about the impact that reading to a newborn has on the child's long-term reading comprehension.
Goal Status: In FY19, we conducted 32 educational sessions reaching approximately 400 expecting parents, and distributed 2,480 books to expecting parents.
Community Partners: Friends of Winchester Hospital

Center for Healthy Living Health Education Programs

Description: The Center for Healthy Living at Winchester Hospital helps community members take charge of their health and well-being by offering more than 30 programs and services each year, including CPR and first aid training, childbirth education classes, safe babysitting courses, and integrative therapies including massage, acupuncture, and hypnotherapy. In addition, the center offers a variety of specialized yoga and fitness classes led by highly trained educators, targeting people of all ages and fitness levels and those with physical limitations or mobility issues. The classes include Traditional and Ageless Yoga, Building Bones, and Flex and Stretch.
Target Population:
- Regions Served: Massachusetts
- Gender: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: NA
Program Type: Community-Wide Intervention
Descriptors: Community Education, Prevention
DoN Health Priorities: Social Environment
EOHHS Focus Issues: Chronic Disease
Health Issues: Chronic Disease, Physical Activity
Goal: To help people prevent disease and injury, improve health, and enhance quality of life.
Goal Status: In FY19, more than 500 community members participated in at least one class or educational program.
Community Partners: NA

Winchester Town Day Health Fair

Description: In FY19, Winchester Hospital provided a health fair at Winchester Town Day, offering community members of all ages the opportunity to participate in health screenings, demonstrations, and educational exhibits. The health topics and information presented were selected in response to the priority health needs identified in Winchester Hospital's CHNA, and included blood pressure, diabetes, lung cancer, skin cancer, falls prevention, and nutrition counseling. In addition, the Boston Bruins BFit Team provided a children's fitness challenge designed to encourage physical activity and healthy living.
Target Population:

- Regions Served: Middlesex County
- Gender: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Additional Target Population Status: NA
Program Type: Community-Wide Intervention
Descriptors: Health Screening, Prevention, Community Education
DoN Health Priorities: NA
EOHHS Focus Issues: Chronic Disease
Health Issues: Chronic Disease, Stroke, Hypertension, Nutrition
Goal: To increase awareness about prevention, detection, and management of chronic diseases including diabetes, hypertension, and cancer.
Goal Status: In FY19, 25 Winchester Hospital staff members donated their time to provide screenings and exhibits. More than 50% of the nearly 500 Town Day attendees participated in at least one preventive health screening for blood pressure, diabetes, or lung cancer. In addition, more than 100 children participated in the BFit fitness challenge and received information on how to increase their level of physical activity.
Community Partners: American Cancer Society, Winchester Board of Health, Winchester Fire Department, American Diabetes Association, Children's HealthWatch, American Heart Association, Wilmington Shriners Club.

Tick Testing Program

Description: According to the CDC, the number of people infected by tick-borne diseases has nearly tripled from 2004 to 2017 in the United States (cdc.gov/ticks/data-summary/index.html). In Massachusetts in 2017 alone over 8000 people tested positive for Lyme disease. But most cases are not reported and it is estimated that 87,000 people a year in MA are getting Lyme disease. Winchester is not immune from ticks and the diseases they carry. The trails, fields, leaf litter and woods surrounding the properties in the Winchester area are ideal habitats for ticks. Prevention is the best defense. As a result, Winchester Hospital provided support to the Winchester Health Department to implement a Tick Testing Program to enable residents of Winchester and surrounding towns to receive tick testing for a discounted fee. Results from tick testing may encourage those bit seek medical help sooner, thereby preventing serious health complications from occurring. In addition, the testing helps health professionals better understand where the highest incidence is occurring, so they can increase awareness efforts about the signs, symptoms, and risk factors.
Target Population:
- Regions Served: Winchester, Woburn, Stoneham
- Gender: All
- Age Group: Adults, Youth, Teenagers
- Race/Ethnicity: All
- Language: English
- Environment Served: Suburban

Additional Target Population Status: NA
Program Type: Community-Wide Intervention
Descriptor Tags: Community Education, Prevention
DoN Health Priorities: NA
EOHHS Focus Issues: Chronic Disease
Health Issues: Infectious Disease, Lyme Disease
Goals: The goals of the program are to:
1. Educate: Educate healthcare providers and community members on the potential benefits of tick testing and direct them to high quality tick education tools.
2. Test: Enable residents of Winchester and surrounding towns to receive tick testing for a nominal fee through tickreport.com.
3. Track: Contribute to public health data on tick borne disease leading to improved tick bite prevention strategies.

Goals Status: Since the launch of the program in June, 2019:
- Educational materials were provided to 3 affiliated pediatrician offices and 5 primary care offices.
- The Tick Report phone app was promoted through social media and marketing materials distributed throughout Winchester. The materials included information about ticks and tick-borne diseases and provided a free service of identifying ticks to determine if they are a potential risk to an individual.
- The financial support provided by Winchester Hospital funded 32 subsidized tick tests. Of the 32 tests, 11 were redeemed, and four of the 11 (36%) tested positive for Lyme disease.

Healthy State: Web-Based Health News

Description: More people are turning to web-based resources for health information. By providing expert health information, personal stories, and connections to resources, Healthy State educates and influences people to change unhealthy behaviors and encourages interventions that can improve health. Healthy State is a health news website that highlights the expertise of our practitioners across Beth Israel Lahey Health. We collaborate with practitioners (doctors, advanced practitioners, staff, etc.) to communicate information relevant to our audience, ranging from health and wellness information to patient and colleague stories to details about community programs. The site, https://www.myhealthystate.org, offers free, easy-to-read articles on health issues that are most pressing to the community, including:

- Cancer awareness; prevention and detection of breast, skin, colon, cervical, prostate, and lung cancers
- Sports and exercise safety
- Healthy eating
- High blood pressure and heart health
- Seasonal wellness education including how to differentiate between the cold and flu and how to avoid heat-related illness
- Emerging health concerns including vaping/e-cigarette use, substance use, mental health, and suicide

Target Population:
- Regions Served: All
- Gender: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: NA
Program Type: Community-Wide Intervention
Descriptors: Prevention, Community Education
DoN Health Priorities: NA
EOHHS Focus Issues: Chronic Disease, Mental Health, Substance Use, Additional Needs
Health Issues: Chronic Disease, Mental Health, Substance Use Disorder, Cancer, Nutrition
Goal: To influence personal health choices and inform people about ways to enhance health or avoid specific health risks by:
- Increasing knowledge and awareness of health issues.
- Influencing behaviors and attitudes toward health issues.
- Dispelling misconceptions about health.

Goal Status:
- In FY19, there were 106,720 page views.
- More than 6,098 views were by returning users.
- The time spent on the site was 38 seconds, with 1.26 pages viewed per session.

Patrick Gill Memorial Trauma Symposium

Description: The Patrick Gill Memorial Trauma Symposium was founded in 2016 by Stephen Wood, Nurse Practitioner and Associate Director for EMS in Winchester Hospital's Emergency Department. The symposium was created in memory of Patrick Gill, a Winchester High School student who was tragically killed in a car crash in 2014 at the age of 17. The symposium, targeted toward first responders including police, fire, and emergency medical technicians, includes a variety of educational sessions and hands-on training presented by experts in austere and extreme medicine.

Target Population:
- Regions Served: Middlesex County
- Gender: All
- Age Group: Adults
- Race/Ethnicity: All
- Language: English
- Environment Served: Suburban

Additional Target Population Status: NA
Program Type: Community- Clinical Linkages
Descriptors: Prevention, Community Education, Health Professional/Staff Training
DoN Health Priorities: Education **EOHHS Focus Issues:** Substance Use Disorders, Mental Health
Health Issues: Substance Use Disorder, Mental Health, Public Safety
Goal: To provide first responders with tools and lifesaving techniques that can be administered in a pre-hospital setting.
Goal Status: More than 200 first responders attended the symposium to learn about lifesaving techniques that can be administered in a pre-hospital setting.
Community Partners: Patrick Gill Foundation, EnKa Society, Saltmarsh Insurance Agency, Medical Reserve Corps, Fallon Ambulance Service, Winchester Co-operative Bank, Winchester Fire and Police departments

"Good News for Bad Joints" – Women's Health Forum

Description: Winchester Hospital provided a free educational forum called Good News for Bad Joints for women of all ages. Presented by two orthopedic surgeons from Winchester Hospital, the program provided information on how participants can keep their joints healthy, improve or maintain their balance, reduce the risk of falling, and prevent or reduce joint pain. In addition, information was provided on the latest options in joint surgery, including minimally invasive procedures which reduce recovery time and diminishes a person's level of pain resulting in a decreased need for medication.

Target Population:
- Regions Served: Middlesex County
- Gender: Women
- Age Group: Adults
- Race/Ethnicity: All

- Language: English
- Environment Served: Suburban

Additional Target Population Status: NA
Program Type: Community-Wide Intervention
Descriptors: Community Education, Prevention
DoN Health Priorities: NA
EOHHS Focus Issues: Chronic Disease
Health Issues: Chronic Pain
Goal: To educate women about the latest joint replacement procedures.
Goal Status: Winchester Hospital physicians and staff dedicated more than 100 hours to providing the program. More than 100 women in Winchester Hospital's service area attended.

Access to Care / Support

Patient Financial Counseling

Description: Winchester Hospital is committed to providing high-quality, affordable health care, and strives to promote health, expand access, and deliver the best care in the communities it serves. As part of that commitment Winchester Hospital dedicates resources to support and strengthen the capacity of its primary care offices throughout the community to help patients connect with and access timely, safe, quality patient care. In addition Winchester Hospital is committed to providing care for everyone, regardless of their ability to pay and dedicates representatives from Winchester Hospital's Patient Financial Services Department to assist people with limited financial resources by providing free counseling to help them find options to cover the cost of their care. The financial counselors meet with patients to explore options and assist them with applying for health coverage, public assistance, and/or the hospital's financial assistance program.
Target Population:
- Regions Served: Massachusetts
- Gender: All
- Age Group: Adults, Elderly
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Program Type: Access/Coverage Supports
Descriptors: Social Determinants of Health
DoN Health Priorities: NA
EOHHS Focus Issues: Additional Needs
Health Issues: Access to Health Care; Income and Poverty
Goal: To help individuals with limited financial resources find options to cover the cost of their care, and to assist them with the process of applying for health coverage, public assistance, and/or the hospital's financial assistance program.
Goal Status: In FY19, Patient Financial Services staff at Winchester Hospital dedicated 2,080 hours to providing free counseling for 20,000 patients who had Medicaid coverage, who presented as self-paying and completed an application with a Financial Navigator, or who qualified for upgraded MassHealth coverage. In addition, more than 240 community members received assistance completing applications for Medicaid.

- The ages of patients served were:
  - 0-17 years (36%)
  - 18-35 years (28%)
  - 36-53 years (21%)
  - 54-70 years (14%)
  - 71-107 years (1%)
- Their employment status at time of service was:
  - 2,050 employed full time or part time
  - 2,350 unemployed
  - 400 self-employed
  - 229 retired
  - 250 disabled
  - 750 full- or part-time students

Transportation Support

Description: Winchester Hospital collaborated with the Jenks Center in Winchester and Checker Cab of Woburn to provide free rides to and from medical and other appointments. Community members who have transportation issues due to financial difficulties, illness, or mobility issues are eligible for the service.
Target Population:
- Regions Served: Middlesex County
- Gender: All
- Age Group: Elderly, Adult
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban

Additional Target Population Status: Disability Status
Program Type: Access/Coverage Support
Descriptors: Social Determinants of Health
DoN Health Priorities: Built Environment
EOHHS Focus Issues: NA
Health Issues: Access to Transportation
Goal: Increase access to health services by providing rides to individuals with no means of transportation due to medical or financial issues.

Goal Status: In FY19, Winchester Hospital provided 92 indigent patients with no access to public transportation free rides via Checker Cab to and from Winchester Hospital locations for appointments. In addition, Winchester Hospital provided financial support for the Jenks Center in Winchester to purchase a new van to transport seniors to and from medical appointments and supermarkets.

Community Partners: Checker Cab, Jenks Senior Center

Serving Health Information Needs of Everyone (SHINE) Program

Description: Health insurance makes a difference in whether people receive medical care, where they get care, and ultimately how healthy they are. People without adequate insurance are much more likely to postpone preventive care, health screenings, and necessary treatment. The cost of putting off medical care, not filling prescriptions, and skipping routine exams can be severe, particularly when preventable or treatable diseases go undetected. The Winchester Hospital SHINE collaboration helps address health care costs Medicare beneficiaries struggle with by connecting people with health insurance that meets their health care needs, lifestyle, and budget. SHINE counselors help Medicare beneficiaries understand what insurance coverage they need based on medical history, current health, prescribed medications, and the costs they incur by not having supplemental insurance. A one-hour visit with a SHINE counselor who helps patients compare plans using a new Medicare plan-finder tool can save a patient thousands of dollars in out-of-pocket costs. Counselors also have access to Common Resources, a password-protected intranet containing proprietary information developed by the Executive Office of Elder Affairs, CMS, and the MA Department of Health and Human Services. SHINE counselors are part accountant, part software specialist, part researcher, part nurse, part pharmacist, part social worker, and part advocate, often seeing consumers yearly for a "health insurance checkup." SHINE counselors also screen Medicare beneficiaries for eligibility for MassHealth, the Medicare Savings Program, Prescription Advantage, Health Safety Net, and free care/discounted prescriptions, and they help connect people with fuel assistance, home care, and food. Data from each counseling session is stored in the Administration for Community Living STARS database, which is used to analyze national, state, and local trends and capture consumer demographics. In addition to face-to-face counseling, SHINE counselors conduct presentations to educate people new to Medicare and those enrolled in Medicare and a supplemental plan about their health care coverage choices. To help homebound individuals connect with SHINE counselors, information regarding Medicare and SHINE is distributed to anyone receiving Meals on Wheels and is publicized using local cable, social media, and print media.

Target Population:

- Regions Served: Massachusetts
- Gender: All
- Age Group: Elderly
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: Disability Status

Program Type: Access/Coverage Support

Descriptors: Community Education

DoN Health Priorities: NA

EOHHS Focus Issues: Additional Needs

Health Issues: Access to Health Care, Access to Transportation

Goal: To provide Medicare beneficiaries and their families with confidential and unbiased health insurance information to address inpatient, outpatient, and prescription drug benefit gaps in coverage. The counseling sessions help Medicare beneficiaries and their caregivers:

- Navigate the complex health insurance options.
- Understand the language of the plans and how the components work.
- Review their current coverage and compare the costs and benefits of available options.
- Enroll in assistance programs if needed.

Goal Status: In FY19, SHINE provided free confidential and unbiased counseling to 329 community members at two locations: the Jenks Center in Winchester (285 people) and the Winchester Hospital Center for Cancer Care (44 people), a 7% increase over FY18. Of the participants who received counseling:

- 93% were over the age of 65.
- 61% were female; 39% were male.
- 6% reported their race as non-white.
- 8% had income below 150% of the federal poverty level.

Community Partners: Winchester Council on Aging, Minuteman Senior Services

Metro Housing/Boston Co-Location Program

Description: Winchester Hospital provided financial support to Metro Housing Boston to provide the co-location program in Winchester, Woburn, and Medford, which as per the Fy16 CHNA have the greatest need for the service. The program provides free counseling services to individuals and families to help them increase housing stability and economic self-sufficiency and improve their overall quality of life. It also helps with housing searches, emergency assistance, rapid rehousing, benefits maximization, and community referrals.

Target Population:

- Regions Served: Medford, Winchester, Woburn
- Gender: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: NA

Program Type: Access/Coverage Supports

Descriptors: Prevention

DoN Health Priorities: Housing

EOHHS Focus Issues: Housing Stability/Homelessness

Health Issues: Affordable Housing, Income and Poverty

Goal: To offer homelessness and eviction prevention services and housing stabilization services to low- and moderate-income families in Winchester Hospital's service area.

Goal Status: In FY19, services were provided in Medford, Winchester, and Woburn. Of the 73 families who participated in a counseling session:

- 12% Black/African American, 52% White/Caucasian, and 27% Hispanic of any race. 36% did not disclose their race.
- 78% lived in Woburn, 19% in Medford, and 3% in Winchester.
- 50 families remained in their current residence.
- 6 families found new stable, affordable housing.
- All 73 families received referrals to community resources.

Community Partners: Council of Social Concern, Woburn, Winchester Board of Health, Medford Board of Health

Mission of Deeds

Description: Mission of Deeds (MOD) is a nonprofit organization dedicated to giving beds, furniture, and basic household items free of charge to low-income families and individuals, and to addressing the inequities they face as they struggle to pay their rent and electricity; feed and clothe their children; and maintain a comfortable, safe living environment. The overall goal is to help families and individuals move out of shelters and into permanent housing or remain in their homes and neighborhoods. Each family permanently housed brings us closer to ending homelessness. Although most furniture and household goods given to clients are donated to MOD, used mattresses, box springs, pillows, bunk-bed frames, and cribs are not accepted because of safety concerns. In addition, there is a shortage of new or gently used sheets, blankets, frying pans, saucepans, and toasters. Through financial support from Winchester Hospital, MOD has been able to purchase these items and help families in need establish a secure, comfortable living environment.

Target Population:

- Regions Served: Middlesex County
- Gender: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: Veterans, Domestic Violence History, Disability Status

Program Type: Community-Clinical Linkages

Descriptors: Social Determinants of Health

DoN Health Priorities: Housing, Built Environment

EOHHS Focus Issues: Additional Needs

Health Issues: Income and Poverty

Goal: To help economically disadvantaged families and individuals move out of shelters and into permanent housing or remain in their homes and neighborhoods, and to provide beds, furniture, and household goods needed to make their homes livable and stable.

Goal Status: In FY19, MOD provided assistance to 116 adults and 76 children from families with income below the federal poverty level. Participants were:

- 56% White or Caucasian
- 13% Black or African American
- 7% Hispanic or Latino/a
- 3% Asian
- 2% American Indian or Alaska Native
- 1% Brazilian
- 1% Haitian

Regional Center for Poison Control and Prevention

Description: Winchester Hospital makes an annual contribution to support the Regional Center for Poison Control and Prevention, a not-for-profit organization that provides assistance and expertise in the diagnosis, management, and prevention of poisonings involving the people of Massachusetts and Rhode Island. In addition to staffing the Poison Help Hotline 24 hours a day, seven days a week, the doctors, nurses, and pharmacists at the center collaborate with other professionals to extend the reach of their poison prevention message to the public.

Target Population:

- Regions Served: All
- Gender: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Program Type: Access/Coverage Support
Descriptors: Prevention
DoN Health Priorities: NA
EOHHS Focus Issues: Additional Needs
Health Issues: Public Safety

Goal: To provide assistance and expertise in the diagnosis, management, and prevention of poisonings.

Goal Status: The center manages over 50,000 phone calls annually. Exposure calls originate primarily from private residences, with other calls coming from health care facilities and medical professionals. The center maintains a standard of excellence in clinical research and health care professional development, continually improving the quality of medical care available throughout the health care system.

Interpreter Services

Description: An extensive body of research illustrates the health disparities and differences in health care access and utilization that exist for diverse individuals/cohorts and foreign-born populations. According to the Centers for Disease Control and Prevention (CDC), non-Hispanic blacks have higher rates of premature death, infant mortality, and preventable hospitalization than do non-Hispanic whites. Hispanics have the highest uninsured rates of any racial or ethnic group in the United States. Asians are at a higher risk for developing diabetes than are those of European ancestry, despite a lower average body mass index (BMI). These disparities show the disproportionate and often avoidable inequities that exist within communities and reinforce the importance of understanding the demographic makeup of a community to identify populations more likely to experience adverse health outcomes. The WH service area is quite diverse. While many municipalities are predominantly white, there are significant populations of Asian and Hispanic/Latino residents throughout the service area. Language barriers pose significant challenges to providing effective and high-quality health and social services. To address this need, and in recognition that language and cultural obstacles are major barriers to accessing health and social services and navigating the health system, WH offers an extensive Interpreter Services program that provides interpretation (translation) and assistance in over 60 different languages, including American Sign Language, and hearing augmentation devices for those who are hard of hearing. The Interpreter Services Department routinely also helps with facilitating access to care, helping patients understand their course of treatment, and adhering to discharge instructions and other medical regimens. WH also routinely translates materials such as legal consents for treatment, patient education forms, and discharges to continue to reduce barriers to care.

Target Population:

- Regions Served: All Massachusetts
- Gender: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Program Type: Access/Coverage Supports
Descriptors: Social Determinants of Health
DoN Health Priorities: Social Environment
EOHHS Focus Issues: Additional Needs
Health Issues: Language/Literacy, Access to Health Care

Goal: To overcome language barriers and increase access to care by providing free interpreter services via phone, video, or in person sessions for community members with limited English proficiency.

Goal Status: In FY19 Winchester Hospital interpreters assisted 1501 patients by providing free interpreter services sessions including 494 in person and 1007 remote video sessions. The top three languages requesting interpreter services were: Spanish (412), Portuguese (348), Chinese-Mandarin (102) languages.

Support Groups

Description: Support groups for patients dealing with a variety of diseases or conditions including cancer, diabetes, and Alzheimer's,

Target Population:

- Regions Served: Massachusetts
- Gender: All
- Age Group: Adult, Elderly
- Race/Ethnicity: All

- Language: English
- Environment Served: All

Program Type: Community-Wide Intervention
Descriptors: Support Group
DoN Health Priorities: NA
EOHHS Focus Issues: Chronic Disease
Health Issues: Chronic Disease
Goal: To provide emotional support, educational information, and community resources for patients during difficult times.
Goal Status: In FY19, Winchester Hospital conducted 13 different weekly groups reaching 2,547 participants.

Section V: Expenditures

CB Expenditures by Program Type	Amount	Amount Provided to Community Organizations
Direct Clinical Services	$3,214,891.04	
Community-Clinical Linkages	$234,092.91	$28,424.50
Total Population or Community Wide Interventions	$589,167.81	$66,560.50
Access/Coverage Supports	$1,867,700.01	$73,460.00
Infrastructure to Support CB Collaborations	$240,652.45	
Total Expenditures by Program Type	$6,146,504.22	**$168,445.00**
CB Expenditures by Health Need		
Chronic Disease	$2,411,801.52	$17,592.00
Mental Illness	$2,793,765.16	$70,450.00
Substance Use Disorders	$561,276.15	$8,410.50
Housing Stability/Homelessness	$82,590.50	$34,860.00
Additional Health Needs Identified by Community	$297,070.90	$37,132.50
Total by Health Need	$6,146,504.22	**$168,445.00**
Leveraged Resources	$256,594.00	
Total Community Benefits Programming	**$6,146,504.23**	
Net Charity Care Expenditures		
HSN Assessment	$1,869,944.21	
HSN Denied Claims	$1,973,184.98	
Total Net Charity Care	**$3,843,129.19**	
Total CB Expenditures	**$10,246,227.41**	
Additional Information		
Net Patient Services Revenue	$273,7150,00.00	
CB Expenditure as % of Net Patient Services Revenue	**3.74%**	
PILOT Payments	$78,224.06	

Section VI: Contact Information

For more information please contact Marylou Hardy, Community Benefits Regional Manager:
Marylou.hardy@bilh.org or (781) 744-3131
To view/print the Winchester Hospital 2019 Community Health Needs Assessment, previous community benefits reports, or our Community Resource Guide visit:
www.winchesterhospital.org/our-promise/supporting-our-community