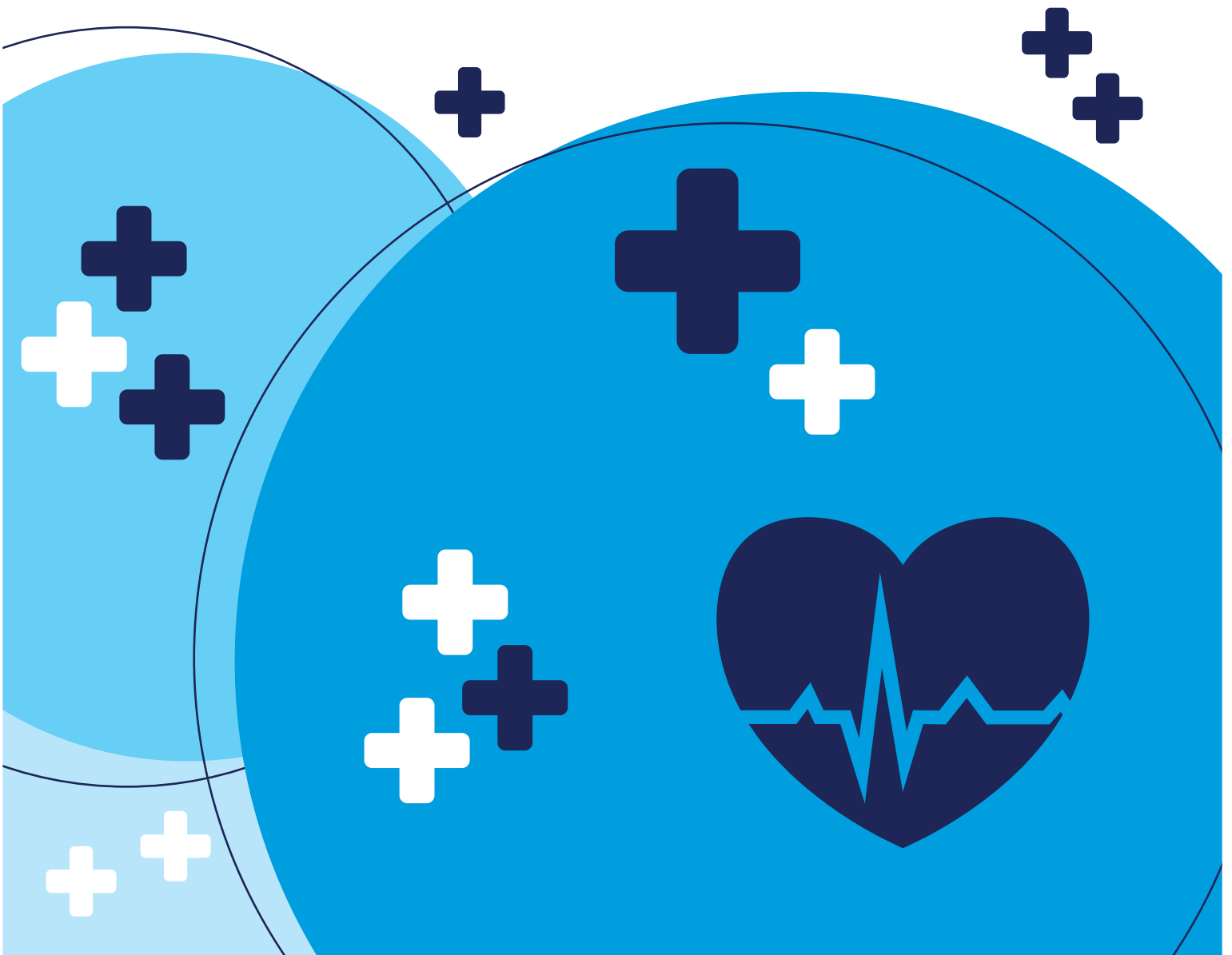


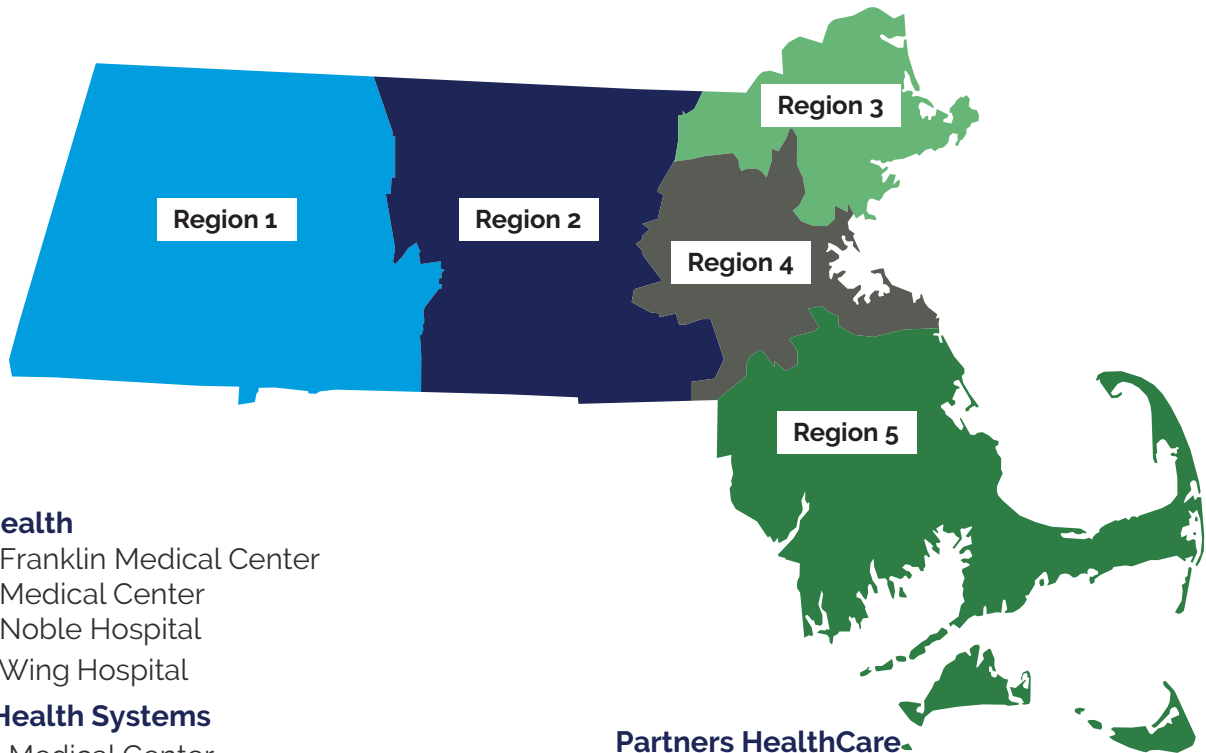


MASSACHUSETTS
Health & Hospital
ASSOCIATION

A Commitment to Community: Massachusetts Hospitals' Community Benefit Initiatives

+ 2020 Report





Baystate Health

- Baystate Franklin Medical Center
- Baystate Medical Center
- Baystate Noble Hospital
- Baystate Wing Hospital

Berkshire Health Systems

- Berkshire Medical Center
- Fairview Hospital

Beth Israel Lahey Health

- Anna Jaques Hospital
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- Beth Israel Deaconess Hospital – Plymouth
- Beth Israel Deaconess Medical Center
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- Lahey Hospital & Medical Center
- Mount Auburn Hospital
- New England Baptist Hospital
- Winchester Hospital

Boston Children’s Hospital

Boston Medical Center

Cambridge Health Alliance

Cape Cod Healthcare

- Cape Cod Hospital
- Falmouth Hospital

Dana-Farber Cancer Institute

Emerson Hospital

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Heywood Healthcare

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- Brigham and Women's Faulkner Hospital
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- Cooley Dickinson Health Care
- Martha's Vineyard Hospital
- Massachusetts Eye and Ear Infirmary
- Massachusetts General Hospital
- Nantucket Cottage Hospital
- Newton-Wellesley Hospital
- North Shore Medical Center

Shriners Hospitals for Children-Boston

Signature Healthcare Brockton Hospital

South Shore Hospital

Southcoast Hospitals Group

Sturdy Memorial Hospital

Tenet Healthcare

- MetroWest Medical Center
- Saint Vincent Hospital

Trinity Health of New England

- Mercy Medical Center

UMass Memorial Health Care

- UMass Memorial Health Alliance – Clinton Hospital
- UMass Memorial Marlborough Hospital
- UMass Memorial Medical Center

Wellforce

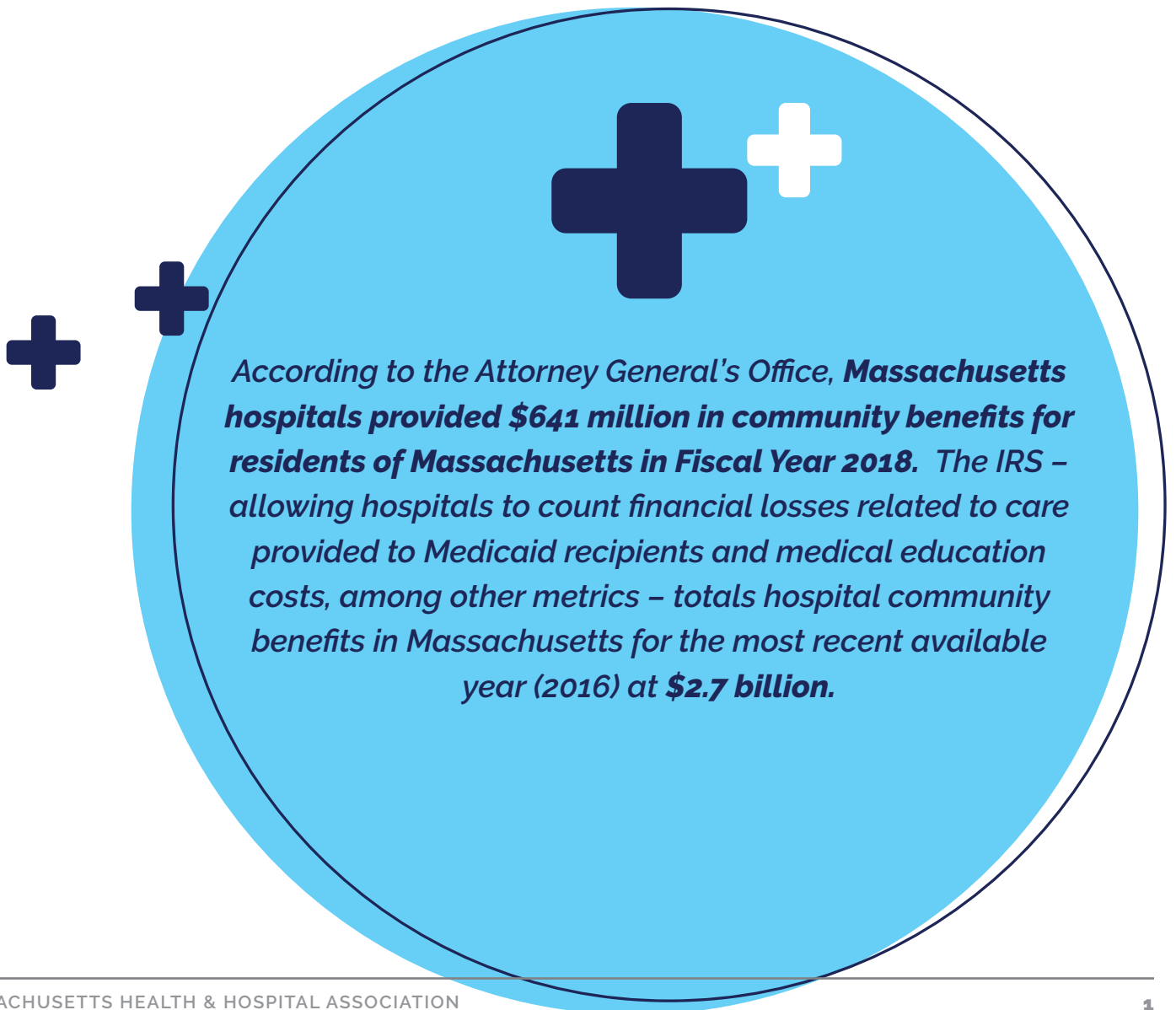
- Lowell General Hospital
- MelroseWakefield Health
- Tufts Medical Center

Care Beyond a Hospital's Walls

Each day Massachusetts hospitals provide high-quality, life-saving care to patients throughout the commonwealth. And every day, these same hospitals reach out to their communities, offering a wide-range of services that help build and support the cities and towns they serve, and individuals in all walks of life.

These hospital "community benefits programs" – provided at no cost to those being served – are not reimbursed by state or federal governments, by any health insurance company, or through any public subsidy. Yet hospitals willingly offer them, knowing that to create healthy communities they must intervene prior to illness through preventive care and offer wellness programs and support groups, among many other initiatives. This takes extensive work both inside and outside the walls of the hospital.

The Massachusetts Attorney General's Office (AGO) issues guidelines for hospitals to follow in providing services to the community. These guidelines build upon the federal Affordable Care Act community benefit requirements that non-profit hospitals must meet to qualify for IRS tax-exempt status. The IRS takes a wider view of what is included in community benefits as compared to the AGO.



The Community Benefits Process

In 2009, the IRS introduced a Schedule H worksheet that all 501(c)(3) tax-exempt hospitals are required to complete and submit with their annual tax Form 990. Schedule H captures community benefit spending, among other data. The Affordable Care Act passed in 2010 contained new federal community benefit requirements for hospitals, including the need for them to complete a **Community Health Needs Assessment (CHNA)** every three years.

The Massachusetts Attorney General's office sets forth voluntary principles that non-profit hospitals follow in creating their community benefits programs. The AGO's guidelines encourage hospitals to partner with their communities (and other hospitals in contiguous service areas) to offer programs that target unmet health needs within the communities they serve. While the guidelines are for non-profits, investor-owned hospitals in Massachusetts – such as MetroWest Medical Center and Saint Vincent Hospital (part of Tenet Healthcare) – also provide community benefits to their service areas. (Post-acute care hospitals, such as long-term acute care hospitals and inpatient rehabilitation facilities, also provide free community benefits to their communities but are not required to file annual reports to the state.)

The state's Executive Office of Health & Human Services and DPH in 2017 identified four major statewide needs that drive mortality, morbidity, and healthcare costs, and that therefore should be considered when a hospital is constructing its community benefits program.

The four statewide focus areas are:

Chronic Disease with a Focus on Cancer, Heart Disease and Diabetes

Housing Stability/ Homelessness

Mental Illness and Mental Health

Substance Use Disorders

In addition to focusing on the statewide priorities, the AGO encourages hospitals to consider the state's Determination of Need (DoN) program priorities. The DoN program requires hospitals to file an application with DPH for any substantial capital expenditures, substantial changes in service, or certain transfers of ownership or changes in site.

The DoN program's health priorities focus on six common social determinants of health:

1. Social Environment (a community's social conditions and cultural dynamics)
2. Built Environment (the physical parts of where people live, work, travel, and play, including transportation, buildings, streets, and open spaces)
3. Housing (development and maintenance of safe, quality, affordable living accommodations for all people)
4. Violence and Trauma (behavior likely to cause physical or psychological harm)
5. Employment (the availability of safe, stable, well-compensated work for all people)
6. Education (the years or level of overall schooling a person has)

Considering the statewide focus areas and DoN health priorities, non-profit Massachusetts hospitals conduct a Community Health Needs Assessment (CHNA) – a comprehensive review to identify unmet health needs of the community, including negative health effects of social and environmental conditions. Each hospital reaches out to their communities, and analyzes the feedback it receives from various groups, along with available public health data, and an inventory of existing programs.

Some hospitals may have the resources to conduct monitored focus groups, or to commission local colleges, universities, or social service groups to help complete the CHNA. For example, Lowell General Hospital (Circle Health) created its CHNA in partnership with the Greater Lowell Health Alliance that is comprised of healthcare providers, business leaders, educators, and civic and community leaders. The hospital in partnership with the Alliance commissioned the University of Massachusetts Lowell to conduct an assessment of community health needs.

Hospitals are encouraged to consider health needs broadly and to include in their CHNA data an analysis on social, behavioral, and environmental factors that affect the community, with particular attention to the six health priorities outlined in DPH's DoN program.

CHNAs are contained in a written report that is then authorized by the hospital's governing body, and submitted to the AGO's office where it is publicly posted. It is also posted on the hospital's website.

Once the CHNA is complete, hospitals develop and implement strategies to address the needs of the community ensuring that the goals of the Community Health Needs Assessment are achieved. These strategies are documented in a community health improvement plan (CHIP).

Community Benefits

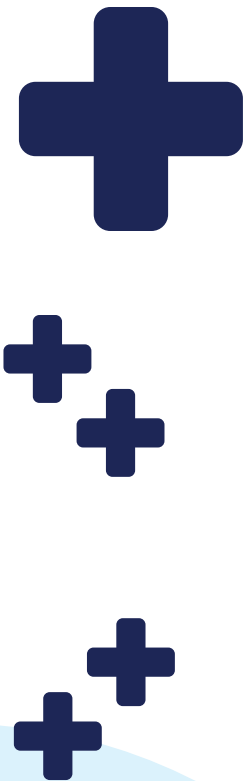
Special Focus: Housing

As seen in the brief hospital community benefit stories featured in this report, Massachusetts hospitals extend their reach into communities in a variety of ways – from helping individuals access healthy foods or battle substance use disorder, to providing health screenings to students and the elderly, and much more.

One area of focus across the state is on **the intersection between housing and health**. The development and maintenance of safe, quality, affordable living accommodations for all people is one of the six social determinants of health that the Massachusetts Department of Public Health has identified in its Determination of Need guidelines, and housing is one of the state's four community benefits focus areas on which the state encourages hospitals to focus.

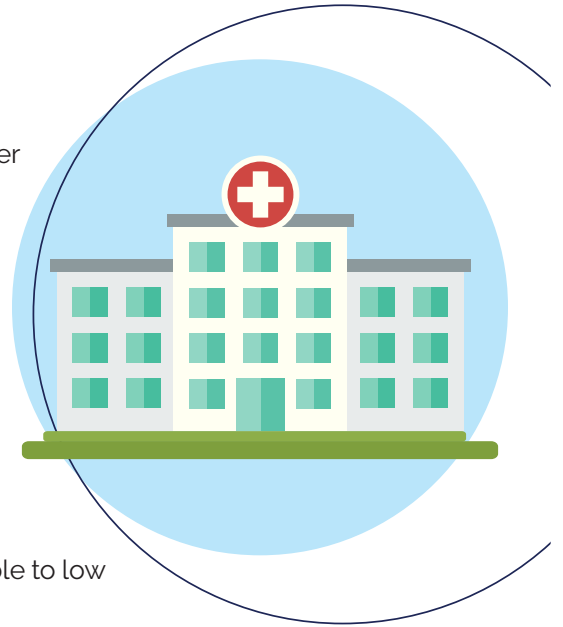
Overwhelming evidence shows that housing instability directly contributes to poor health outcomes.

- People who experience chronic homelessness face worse physical and mental health outcomes, increased mortality, and higher healthcare costs. People who are housed but who face housing instability (such as moving frequently, falling behind on rent, etc.) are more likely to experience poor health.
- Low-income families that have difficulty paying their rent, mortgage, or utility bills are less likely to have a usual source of medical care and more likely to postpone needed treatment. Renters who spend more than 50% of their income on rent and utilities are more likely to face difficulties purchasing food.
- And poor housing conditions – that is, water leaks, poor ventilation, dirty carpets, or pest infestation – have been associated with poor health outcomes, most notably those related to asthma. In-home exposure to lead irreversibly damages the brains and nervous systems of children.



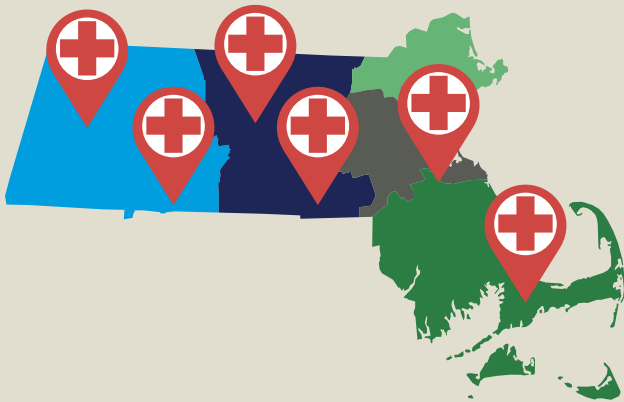
Massachusetts Hospitals Respond

In Massachusetts, hospitals, health centers, public health leaders, consumer advocates, and social service providers came together in 2019 to educate and advocate on the intersection of health and housing. Alliance for Community Integration, the Boston ACO Collaborative on Social Determinants of Health, the Massachusetts League of Community Health Centers, and the Massachusetts Health & Hospital Association (MHA) united to examine health sector opportunities to affect housing policy. MHA subsequently joined Health Resources in Action and the Massachusetts Public Health Association to create baseline principles to guide advocacy efforts.



Specifically, the group calls on state leaders to:

- increase resources to produce and preserve more housing that is affordable to low and extremely low income families and individuals;
- improve the quality of housing to ensure all residents live in safe and healthy homes;
- ensure protections for tenants and low-income households facing eviction and displacement;
- expand rental supports for low-income households; and
- increase low-barrier supportive housing with the services needed to help individuals and families with complex physical and behavioral health challenges.



Hospitals across Massachusetts continue to sign on to the campaign and participate in education programs that offer best practices for improving health through housing.

Nationally, hospitals are signing on to the Healthcare Anchor Network, which was launched in May 2017 to mobilize the healthcare sector towards improving community health by, among other actions, addressing housing.

In announcing its formation, the Healthcare Action Network stated:

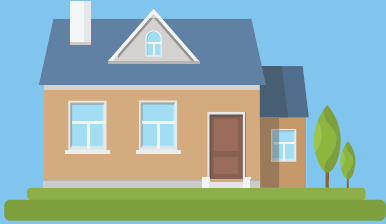
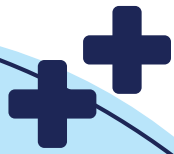
"As locally rooted institutions, we are committed to partnering to solve these critical community challenges to improve health and well-being. We can work with expert partners, such as community development corporations (CDCs) and community development financial institutions (CDFIs), which are key to the ecosystem needed to support affordable housing, but which are often under-resourced."

Worcester-based UMass Memorial Health Care is a founding member of the Healthcare Anchor Network as is Trinity Health, the parent company of Mercy Medical Center in Springfield. Today, 46 hospitals and health systems are Healthcare Anchor Network members, including Baystate Health, Boston Children's Hospital, Boston Medical Center, and Partners HealthCare.

The Innovative Stable Housing Initiative (ISHI)

The Innovative Stable Housing Initiative (ISHI) is a pilot project funded by Boston Medical Center, Boston Children's Hospital, and Brigham and Women's Hospital as part of the DPH's Determination of Need Community Health Initiative. The hospitals committed to investing \$3 million over three years to identify, assess, and fund strategic approaches to increase housing stability for vulnerable populations.

To achieve lasting impact, the grantmaking process seeks to address the housing crisis through multiple investment approaches, including participatory grantmaking with residents most often left out of decisions and most at risk for displacement. Throughout the pilot, ISHI has been informed by housing advocates, healthcare providers, and community residents through interviews, focus groups, feedback sessions, and an advisory committee. The three investment approaches include an Upstream Fund, a Flex Fund, and a Resident-led Fund that supports a democratized process where community members inform and make all decisions around funding allocations.



\$1.53 million

was devoted to flex funding to support swift access to resources for individuals and families to maintain or attain stable housing.

\$928,000

was for upstream funding to support policy and systems change efforts around stable housing.

\$100,000

goes to a resident-led fund that goes to investigating further the root causes of housing instability.



Examples of Massachusetts Hospital-Led Housing Initiatives

Signature Healthcare Brockton Hospital

Signature Healthcare Brockton Hospital continually evaluates and researches the healthcare needs of patients and collaborates with partners who can aid in the mission to identify and meet the healthcare needs of the community.

One of SHBH's collaborative efforts is "Housing 101," a workshop offered at Signature Healthcare's 110 Liberty St. location in Brockton. This workshop ensures participants receive all of the benefits they are eligible for and will help them apply for benefits, including SNAP (food stamps), cash assistance, and utility discounts. If the individual is currently experiencing a housing crisis and/or needs any landlord mediation, an advocate can connect the individual with resources in the community. This is a partnership between Signature Healthcare and the Massachusetts Coalition for the Homeless. In FY18, 50 Signature Healthcare patients took advantage of this service.

Lowell General Hospital

For many low-income residents of Lowell, homelessness and housing insecurity prove to be significant barriers to maintaining good health. Identified as a top social determinant of health by Greater Lowell's Community Health Needs Assessment in 2016 and again in 2019, the issue is driven by the high cost of living in Lowell. The Mill City is among the top five most expensive cities for housing as a percent of income in the state, which leaves many residents unable to afford necessities like clothing, food, transportation, and medical care.

In response to this community need, Lowell General Hospital invested \$100,000 in 2018 to enter into a partnership with a regional non-profit housing agency to help low-income patients stabilize their housing and improve their health outcomes. The two-year partnership between Lowell General Hospital and Community Teamwork, Inc. (CTI) embeds a housing search specialist in the Emergency Department at both Lowell General Hospital inpatient campuses for a total of 25 hours per week.

The goal of the housing specialist is to integrate housing supports into a patient's overall treatment plan. Working closely with the hospital's social workers, the CTI specialist meets with patients in real time to assist them with access to housing, social services, and other resources. The housing search specialist provides outreach to both patients and hospital staff to educate them on available housing resources, direct resources and referral services, and provide case management support when appropriate.

As a result, both patients and hospital staff now have an identified resource to directly support patients with social determinants of health concerns, which Lowell General Hospital believes will improve public health and reduce emergency department visits and readmissions, bringing down healthcare costs for everyone.



Massachusetts Hospitals' Commitment to the Commonwealth

\$271 Million

in Charity Care

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

\$112 Million

in Community Health Improvement Services & Community Benefit Operations

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

\$477 Million

in Research

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

\$534 Million

in Health Professions Education

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

\$236 Million

in Subsidized Health Services

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

\$33 Million

in Cash and In-Kind Contributions

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

\$16.7 Million

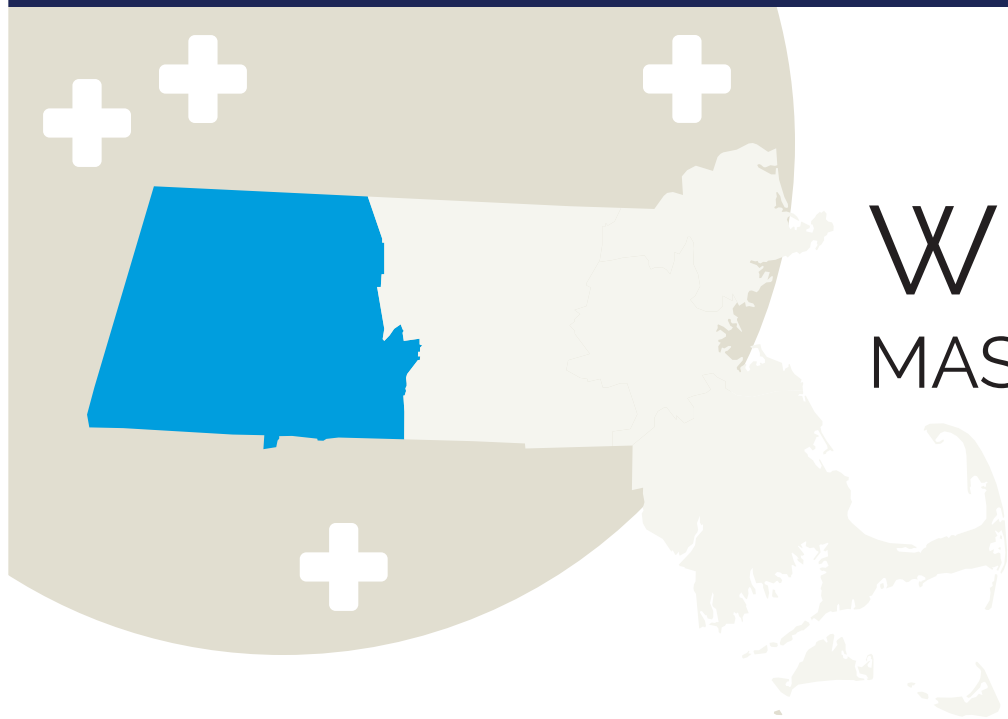
in Determination of Need (DoN) Funding

Healthcare facilities in Massachusetts making substantial changes to their campuses or services through DPH's DoN program must spend 5% of the total project amount on Community-Based Health Initiatives that address state-defined health priorities. A percentage of that 5% is placed in a statewide fund for public health grants to communities. This figure reflects projects from 2017 to those pending approval in 2020.

Data From: IRS Form 990, Schedule H, Non-Profit Massachusetts Hospitals
Mass. DPH Determination of Need Program



The brief stories on the following pages have been submitted by hospitals and represent just a fraction of the programs they provide and help fund in communities across the commonwealth.



WESTERN MASSACHUSETTS

Baystate Franklin Medical Center

Discharges by Community: Greenfield, Turners Falls, Shelburne Falls

Number of Beds: 107

Number of FTEs: 550*

The **Franklin County Perinatal Support Coalition** is a multi-sector and provider initiative that convenes monthly more than 30 community agencies, and is facilitated by nurse leaders from the Birthplace at the Baystate Franklin Medical Center. The goal of the Coalition is to improve maternal mental healthcare at the community level. Efforts include universal postpartum depression protocols for screening from first prenatal visit through second year postpartum, a weekly support group, and a community resource and referral guide. The Coalition serves as an amazing referral network "so that no mom suffers without immediate and knowledgeable help and support in Franklin County." The Coalition is also leading the way in integrating perinatal mental healthcare with trauma-informed and recovery programs to better support moms with substance use disorders.

In 2015, the Franklin County Perinatal Support Coalition in collaboration with the Birthplace at Baystate Franklin Medical Center and Baystate Pioneer Women's Health developed EMPOWER (Engaging Mothers for Positive Outcomes With Early Referrals) to address the needs of this vulnerable population that requires comprehensive, multifaceted, coordinated care by all providers and agencies involved.

Key accomplishments of the EMPOWER program include: training all providers in Perinatal Substance Use Disorder and Screening, Brief Intervention and Referral (SBIRT); implementing a comprehensive screening and referral program; providing care coordination from first visit through the postpartum period; developing a recovery coach program; and creating a pregnancy plan of safe care to help women build a team of support during their pregnancy.

Baystate Franklin Medical Center is an entity of Baystate Health.

**Discharge, Bed, and FTE data for all hospitals comes from the Center for Health Information and Analysis Hospital Profiles Databook and Hospital Cost Report Data Access Tool*

Baystate Medical Center

Discharges by Community: Springfield, Chicopee, West Springfield

Number of Beds: 781

Number of FTEs: 781

MIGHTY (Moving, Improving and Gaining Health Together at the Y) is community-based multi-disciplinary pediatric obesity treatment program established by Baystate Medical Center in 2004. It is now held at the YMCA of Greater Springfield, Scantic Valley YMCA, Greater Westfield YMCA, and Greenfield YMCA. The program includes 14 2-hour sessions that include physical activity, behavior modification, and nutritional classes with hands-on activities. It targets children and adolescents age 5-21 and lasts for one year. Sessions are augmented by individual exercise training, weekly phone calls, monthly group activities, cooking classes, free swimming lessons with the YMCA, behavioral health consults, and gardening experience. In addition participants and their families are given a free six-month membership to their local YMCA. Ongoing monthly maintenance groups are available to all previous program participants.

In FY 2018 the MIGHTY program had a very successful and busy year, enrolling and serving more than 200 obese children and their families, and continues to expand with several new programmatic options and increased staff for both exercise and nutrition. Almost 50% of participants decreased their body mass index during the program in 2018. MIGHTY was fortunate to receive a \$200,000 two-year grant from Kohl's Cares in 2017 to expand the program to Westfield and Greenfield. MIGHTY was awarded a second \$200,000 Kohl's Cares grant in 2019 to expand to the Scantic Valley YMCA in Wilbraham and to grow the program offerings at the Westfield, Greenfield, and Springfield YMCA's. The grants have allowed Baystate to provide increased education across the entire region regarding childhood obesity. More than 1,500 children have been involved in the program since its inception. The program is free of charge to the patients and their families.

Baystate Noble Hospital

Discharges by Community: Westfield, Southwick, West Springfield

Number of Beds: 97

Number of FTEs: 401

In 2019, Baystate Noble Hospital awarded a community benefit grant to **It Takes A Village**, a not-for-profit, based in Cummington, whose service area encompasses more than 77 towns throughout western Mass. Its mission is "to increase practical and emotional support and decrease social isolation, all while engaging the community to understand their responsibility in welcoming the newest members of their Village." It Takes A Village provides free home visit services for families during an infant's first 12 weeks of life, hosts support groups for new and expecting parents, and operates the Village Closet, a community resource that offers free baby items such as clothing, diapers, highchairs, bedding and more, for any family in need.

Baystate Noble's grant specifically supported ITAV's "Pop-Up Closet," an initiative to bring Village Closet inventory to at-risk populations who may not be able to travel to their site. The "Pop-Up Closet" not only provides children's clothing and gear, but also showcases other ITAV services available to local residents. Baystate Noble also made an in-kind donation of 7,776 diapers and 240 packs of wipes to the Village Closet.

Mollie Hartford, Co-Executive Director and Development Manager of ITAV, expressed the support of Baystate Noble's community benefit program, saying, "Working with Baystate Health has opened doors to It Takes a Village that we never thought possible before our first application. We have made so many connections to other Hampden County perinatal partners, and being invited to speak about our work at Baystate Noble and other Baystate hospitals has allowed us to bring our mission before bigger and broader audiences."

Baystate Noble Hospital is an entity of Baystate Health.

Baystate Wing Hospital

Discharges by Community: Palmer, Ware, Monson

Number of Beds: 74

Number of FTEs: 550

Baystate Wing Hospital has been a strong supporter of the **Quaboag Connector** – an innovative transportation initiative launched in January 2017 to address the serious lack of transportation to employment, education, healthcare, workforce training, shopping, and benefits services within and outside the Quaboag region of Western Mass.

Over the past three years, Baystate Wing Hospital and the Baystate Mary Lane Medical Staff have invested more than \$120,000 in community benefit grants to the Quaboag Valley Community Development Corporation (QVDC) to support the daily operations of the Quaboag Connector. The Connector has grown to more than 1,000 rides per month. Its aim is to help residents lead fuller and more self-sufficient lives in the Quaboag region. Education to Employment (E2E), a satellite facility to Holyoke Community College in Ware, continues to be a popular destination for Connector riders. Both the Connector and E2E benefit from one another and together bridge a gap of accessibility to education and mobility in the region.

In the fall of 2018 a group of Population-based Urban and Rural Community Health (PURCH) four-year medical students of University of Massachusetts Medical School (UMMS)–Baystate in Springfield, Massachusetts participated in a PURCH Clerkship with the Quaboag Connector in which they learned about transportation as a social determinant of health in the rural town of Ware. This unique learning experience was presented at the MassDOT Innovation Conference in 2019, and has opened the door to working with the Quaboag Connector and MassDOT to engage medical students in the development of evidence-based strategies and advocacy to improve rural transportation in Ware and eight nearby communities.

The Population Health Clerkship experience with the Quaboag Connector will evolve into a longitudinal educational opportunity for students who participate in the new interprofessional Health Equity Incubator

at UMMS–Baystate. Medical students will learn and participate in the process of exploring and implementing a model for rural health transportation that will be able to address the health needs of community residents in the towns served by the Quaboag Connector.

Baystate Wing Hospital is an entity of Baystate Health.

Berkshire Medical Center

Discharges by Community: Pittsfield, North Adams, Adams

Number of Beds: 214

Number of FTEs: 2590

Berkshire Medical Center, the leading hospital for inpatient care in Berkshire County, has long partnered with the Brien Center, a local nonprofit providing outpatient behavioral health and addiction services, to confront the dangerously high levels of substance use disorders in the region. In 2019, the two organizations teamed up to create **Keenan House North** in North Adams. This recovery home, which is slated to open in early 2020, will house 16 co-ed adults with complex addiction and co-occurring mental health issues who are in the early stages of recovery. Keenan House North will offer an intensive level of clinical care in a home-like outpatient setting, thereby bridging a critical gap between inpatient and outpatient mental health and addiction services in North County.

BMC and the Brien Center jointly identified this service gap and designed an approach to address it that will maximize the resources of each organization. BMC purchased and renovated a large Victorian home in the heart of North Adams for about \$400,000 and donated it to the Brien Center to serve as the site for Keenan House North. The Brien Center will manage the day-to-day administration of the house, providing 24-hour enhanced staffing and stabilization services, individual and group treatment, case management, and nursing and psychiatric care, all within the residence. The North Adams community has recognized the importance of this new recovery home and supports the efforts of BMC and the Brien Center to assist recovering residents in rebuilding family relationships, re-entering the workforce, or returning to school.

Cooley Dickinson Health Care

Discharges by Community: Amherst, Northampton, Easthampton

Number of Beds: 93

Number of FTEs: 992

Cooley Dickinson Health Care has supported several food systems projects through its community benefit program.

In 2018, a Cooley Dickinson Healthy Communities grant helped **Grow Food Northampton** – a non-profit that supports both sustainable local agriculture and affordable, accessible healthy food – bring fresh farm produce to low income housing communities in Northampton, Mass.

That grant helped underwrite a mobile market pilot program that now serves seven locations throughout Northampton. Grow Food Northampton, Cooley Dickinson, and other partners teamed up again in 2019 to continue the program, now called Neighborhood Markets. The program has served 125 people and distributed fresh produce valued at \$25,555.

Grow Food Northampton Director of Programs Michael Skillicorn says Neighborhood Markets are unique because they bring high-quality, fresh produce directly to where people live. "Every subsidized housing community in Northampton, will host, or be within walking distance, of a Neighborhood Market," he says. "This marks a significant achievement for the residents who helped create this program. The community – including Cooley Dickinson – stepped up to make their vision possible."

Edgardo Cancel, a Hampshire Heights resident and one of the people who helped bring the mobile market to his community, says it's all about access.

"There are a lot of folks here who are limited as far as transportation," Cancel says. "This program brings the farmers market here; it helps people get a taste of what's possible in terms of eating fresh and organic. It provides healthier options for everyone."

Cooley Dickinson Health Care is an affiliate of Massachusetts General Hospital.

Fairview Hospital

Discharges by Community: Great Barrington, Lee, Sheffield

Number of Beds: 28

Number of FTEs: 267

Citing increased need for free and reduced price lunches in its local elementary school and the lack of a free summer lunch program available, Fairview Hospital partnered with the Berkshire Hills Regional School District's **Summer Project Connect** for at-risk students to develop a summer backpack program, which sends food home for the students and their families during summer weekends. The program has broadened its support to include a range of private businesses as well as religious and social service partners that provide financial and volunteer support. This collaborative has expanded to provide food to needy families during school vacations as well. Recently, a local community foundation and philanthropist have added their support to fund a 20-hour position to coordinate current efforts, identify gaps and opportunities, and build a strong framework to build on Fairview's efforts to address food vulnerability for children and young families in the Southern Berkshires.

Holyoke Medical Center

Discharges by Community: Holyoke, Chicopee, South Hadley

Number of Beds: 107

Number of FTEs: 1101

Holyoke Medical Center (HMC) is a community hospital located in Western Massachusetts in one of the commonwealth's Gateway Cities known to have challenges with a large low-income population. Holyoke Medical Center's 2013, 2016, and 2019 Community Health Needs Assessment (CHNA) identified **increased transportation options as an overall community need** not only for Holyoke but for the region as a whole. There are many families that do not have a vehicle and rely on public transportation or walk to where they need to go.

In an effort to address transportation barriers and support the CHNA findings for its patient community, Holyoke Medical Center expanded transportation services. In addition to a limited door-to-door service as needed throughout Holyoke, Chicopee, and South Hadley, HMC has contracted with a local partner to provide two daily 16-passenger shuttles that travel between the hospital, low-income housing complexes, a local health center, and the senior center in Holyoke hourly from 8 a.m. to 4 p.m. Monday through Friday.

Patients are able to take the shuttle to their doctor's appointments, tests, therapy, or just visit a friend or relative in the hospital. For those unable to get to one of the shuttle stops, HMC's door-to-door service picks folks up right at their home for medical appointments. This service has expanded as the need has increased and ridership has more than doubled since the shuttle service began. The hospital's patient population has also increased 8-10% for the last four years. This year, Holyoke is attempting to track how increased transportation has affected "no show" rates within the hospital and doctor offices.

Mercy Medical Center

Discharges by Community: Springfield, Chicopee, West Springfield

Number of Beds: 395

Number of FTEs: 1601

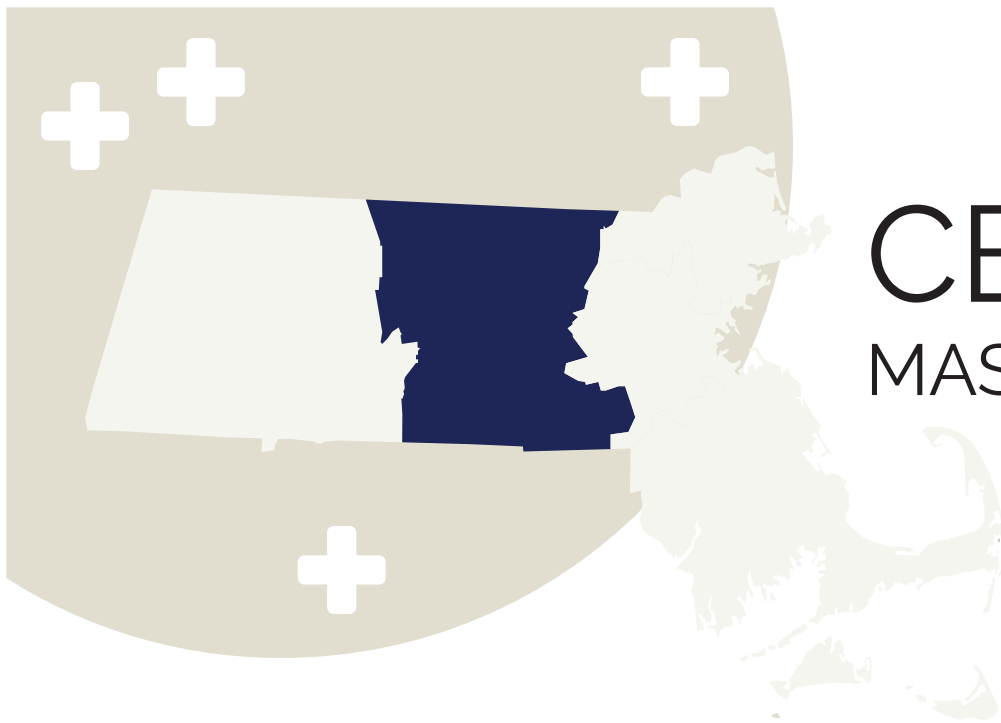
To address child food insecurity, the Springfield Food Policy Council (SFPC) worked with Springfield Public Schools (SPS) to find a solution to store, prepare and distribute locally grown food for school children. Their goals were to improve the logistics of preparing fresh food and to improve the meals' nutritional quality. SPS was able to purchase an empty warehouse with the hope of creating a **Culinary & Nutrition Center** (CNC), but they needed funding to equip it.

SFPC is a partner in Mercy Medical Center's Transforming Communities Initiative (TCI) grant, which is supported by Mercy's parent, Trinity Health. One of TCI's goals is to reduce childhood obesity by improving the policies, systems, and environments in which kids live, play, and learn. SFPC introduced SPS to the TCI team, and asked for assistance in closing the CNC funding gap.

Mercy, as an anchor institution, and Trinity Health were instrumental in assisting the CNC obtain additional financing by providing guidance in applying for community loans. With this help, the \$21 million CNC was completed this spring.

The CNC provides significant benefits to Springfield including: preparing 60,000+ fresh meals daily for 30,000+ students; hiring 40+ people in full-time, benefitted positions; providing district-wide cost savings by managing food storage and waste; providing internships to high school students; and increasing the use of produce harvested from local farms by nearly 70%.

The collaboration of Mercy, SFPC, and SPS has resulted in higher nutritional standards and commitments to serve more local produce in Springfield schools. These improvements are now written into the school district's Wellness and Procurement policies so they can be maintained even as school district leadership changes.



CENTRAL MASSACHUSETTS

Athol Hospital

Discharges by Community: Athol, Orange

Number of Beds: 21

Number of FTEs: 138

Athol Hospital is bridging access to behavioral health counseling for nearly 100 youth in three rural school districts through the use of technology. Tele-behavioral health is proving to be a game-changer, expanding access to badly needed and difficult to find clinical supports in a high-need region. This modality is proving to be a preference for youth who are exceptionally familiar with screen time.

Athol Hospital also opened the Heywood Health Systems second **school-based health center**, located at the Athol Community Elementary School, designed to provide acute care and behavioral health services to both the elementary students and middle school students co-located on the campus. School-based health services improve access to healthcare services and allow children to remain in the school setting, thereby eliminating barriers to care and improving the opportunity for academic and social success.

Harrington HealthCare System

Discharges by Community: Southbridge, Webster, Dudley

Number of Beds: 119

Number of FTEs: 330

Harrington HealthCare System serves more than 24 communities and over 175,000 residents, families, and individuals in South Central Massachusetts and Northeastern Connecticut. Keeping healthcare local and accessible has remained Harrington's core mission for more than 85 years. Many of its front-line employees, nurses and specialists act as community health educators for public wellness. In an initiative that supports emergency preparedness planning, Harrington has implemented a community-wide training called Stop the Bleed.

Originally spearheaded in 2012 following the tragic Sandy Hook school shooting, **Stop the Bleed** has since been adopted and expanded by the Department of Homeland Security. The program provides basic training for civilians and bystanders – simple steps on how to save a life before a professional arrives. Death from post-traumatic bleeding can occur in 3-5 minutes and can happen in many situations, including motor vehicle accidents, machinery and occupational hazards, natural disasters, and shootings.

Training is provided free of charge by Emergency Care Center nurses and includes both a lecture and hands-on skills practice that demonstrates proper

bleeding control techniques, including dressings and tourniquets. To date, the team has educated several dozen community members, including task forces and educators in elementary education. The program will continue to expand through FY20.

Heywood Hospital

Discharges by Community: Gardner, Athol, Winchendon

Number of Beds: 101

Number of FTEs: 733

Heywood Hospital is deeply committed to strengthening the safety net for youth and families, and continues to advance this commitment through a myriad of programs and services. One such program is the weekend **Back Pack food program**, which provides family-sized food items to more than 300 children weekly. This is one of many strategies underway to improve access to healthy foods in communities identified as "food deserts."

Another hallmark program is Heywood Hospital's school-based care coordination program, now operational in five school districts, to support the region's highest-risk youth and families by improving access to both school-based behavioral health services and community-based supports. Care Coordinators work closely with the youth and their families to make supported appropriate clinical community linkages. This model currently supports more than 200 children.

Heywood's newest initiative, Handle With Care, was launched to provide a systems approach in supporting children affected by trauma, in partnership with law enforcement, first responders, the school communities, and healthcare providers. Handle With Care is a national evidence-based model focusing on prevention, education, and tertiary services. It provides a coordinated response to support children in real-time who experience trauma, a prevalent concern in Northern Worcester County.

Milford Regional Medical Center

Discharges by Community: Milford, Franklin, Bellingham

Number of Beds: 160

Number of FTEs: 1294

With a desire to help students with disabilities living within its 20-town service area make a successful transition to productive adult life, Milford Regional Medical Center adopted **Project SEARCH**, a national transitional program to teach valuable life and job skills.

Designed for students with intellectual and developmental disabilities entering their last year of high school, Project SEARCH provides internship placement based on the student's experiences, strengths and skills, with the end goal being competitive employment within the community. All students need to be eligible for the Massachusetts Rehabilitation Commission or other Vocational Rehabilitation services to participate.

First launched at an Ohio hospital, the program has been replicated across the country, and Milford Regional Medical Center, in partnership with Milford Public Schools, was the first hospital in Massachusetts to adopt Project SEARCH.

In an internship-like setting, the program participants work with a teacher and an on-site job coach. Students rotate through three, 11-week internships in hospital departments, which have included sterile processing, environmental services, stock room, food services, pharmacy, and facilities. In the eight years since its implementation, Milford Regional has not only sustained the program, but has hired five former Project SEARCH participants.

"It is great to see the growth and development of the interns as they master job skills and become independent in the hospital setting," says Director of Volunteer Services Elaine Willey, business liaison for the program at Milford Regional. "They become part of our team."

Saint Vincent Hospital

Discharges by Community: Worcester, Auburn, Shrewsbury

Number of Beds: 303

Number of FTEs: 1876

For more than 125 years, Saint Vincent Hospital has provided high-quality healthcare to Worcester and surrounding communities. As it has grown, the hospital has remained a leader in the Central Massachusetts community by adopting new treatments and expanded services to truly be a place where families can receive all the care they need.

Saint Vincent Hospital believes patients should have access to the treatments they need without having to travel far from home. It is proud to have been the first hospital in central Massachusetts to offer robotically assisted surgical procedures and minimally invasive, computer-assisted joint replacements.

Its doctors, nurses and other healthcare professionals are devoted to making the patient experience as positive and welcoming as it can be.

Among the distinctions that the hospital has received is the designation as a Blue Distinction Center for cardiac services, bariatric surgery, and both knee and hip replacement. Saint Vincent Hospital has also received an "A" rating from the Leapfrog Group.

Some of its community partners include the American Heart Association, March of Dimes and the American Cancer Society.

UMass Memorial HealthAlliance-Clinton Hospital

Discharges by Community: Fitchburg, Leominster, Lunenburg

Number of Beds: 163

Number of FTEs: 1315

UMass Memorial HealthAlliance-Clinton Hospital formed an **Opioid Task Force** in response to the growing problem of opioid use disorder in the North Worcester County (Leominster, Fitchburg, Clinton, and surrounding towns). The task force aims to bring together healthcare providers, community leaders, patient advocates, and community stakeholders to tackle the problem of substance and prescription drug abuse in the area by reducing opioid addiction, preventing overdose deaths, and improving the well-being of the community.

In less than 20 years, there have been more than 700,000 overdose deaths in the United States, including more than 72,000 overdose deaths in 2017. While deaths have begun to decrease in Massachusetts, in the North Worcester County region, there has been an increase.

The task force developed preventative efforts that identified and treated opioid use disorders through clinical and research endeavors, and established priorities for initiatives that emphasize evidence-based care for patients with this issue. The hospital collaborated with community stakeholders in implementing a recovery coach program in its emergency departments, allowing patients with opioid use disorders to connect with a recovery coach.

In addition, HealthAlliance-Clinton Hospital partnered with AIDS Project Worcester to offer Narcan training on the Leominster and Clinton campuses each month, at no cost to patients, families, and friends. The training includes the distribution of two Narcan nasal spray doses to each participant. To date, more than 100 community members have been trained in this life-saving effort.

The hospital collects data on indicators of opioid use within the organization's patient population to help guide its strategy and is establishing a culture that removes the stigma associated with opioid addiction.

UMass Memorial Medical Center

Discharges by Community: Worcester, Shrewsbury, Fitchburg

Number of Beds: 730

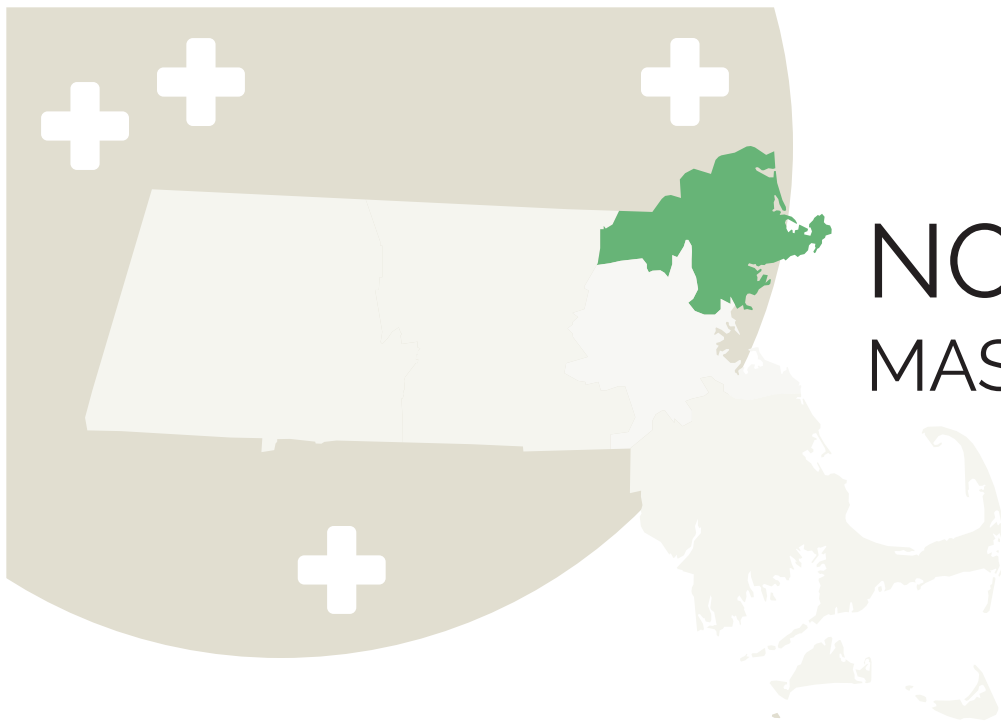
Number of FTEs: 7056

In 2018, Worcester ranked as 12th highest in the nation for estimated asthma prevalence and related emergency department (ED) visits and fatalities by the Asthma and Allergy Foundation of America (AAFA). According to AAFA's 2019 Asthma Capitals Report, Worcester's ranking has improved significantly, dropping to #30.

Between 2009-2011, rates of pediatric asthma-related ED visits in Worcester were double the state rate. In 2014, UMass Memorial Medical Center established and continues to co-chair a multisectoral **Pediatric Asthma Home Visiting Intervention/Task Force** to reduce school absenteeism, hospitalizations, and ED use among asthmatic children. Partners include two community health centers, Worcester Public Schools (WPS)/Head Start, the Worcester Healthy Homes Office, and Community Legal Aid (CLA). Community health workers address home triggers, provide education, and make referrals to CLA to resolve triggers requiring landlord action. A policy committee focuses on environmental triggers in WPS and a "Hospitalized-Patient" program operated by pediatric pulmonology at the Medical Center connects patients to the intervention.

Despite improvements in Worcester's national ranking, with 3,500 asthmatic children in WPS, chronic absenteeism remains a concern. The Medical Center's medication adherence program, AsthmaLink, helps to address this by enrolling 85-100 high-risk students annually and coordinating controller medications to be given by school nurses. The hospital's pediatric pulmonology team also provides training to WPS nurses.

A preliminary study of AsthmaLink conducted by Michelle Trivedi, MD, pediatric pulmonologist at the Medical Center, showed that the 86 children (ages 6-18) enrolled in the program between 2012-2015 exhibited significant pre/post-intervention decreases in ED visits and hospital admissions, asthma rescue medication refills, school absences, and oral steroid use.



NORTHEAST MASSACHUSETTS

Anna Jaques Hospital

Discharges by Community: Newburyport, Amesbury, Haverhill

Number of Beds: 140

Number of FTEs: 745

The Persist Program at Beth Israel Lahey Health's Anna Jaques Hospital supports women with Substance Use Disorder and/or Neonatal Abstinence Syndrome (NAS), a condition that affects about 14.5 cases per 1,000 births in Massachusetts. In FY2018, the Persist Program served 192 women either in recovery and seeking additional support, who have suffered from trauma or abuse, or who have been diagnosed with mental health disorders.

A dedicated Patient Care Navigator champions women throughout their pregnancy and into the first year of motherhood, working in collaboration with Women's Health Care and the Anna Jaques Birth Center & Neonatal Care Center. Since the beginning of the program, there has been a steady decline in the number of substance-exposed babies from a high of 91 in 2017, to 56 in 2018, down to 24 in 2019.

Patients set individualized treatment goals such as maintaining sobriety, securing mental health counseling, obtaining stable housing, discontinuing marijuana use, or following up with early intervention. Women are connected with local resources, recovery support services, or mental health providers to help achieve their goals. In FY18, 78% of patients met their treatment goals; in FY19, 83% met their goals.

The program also hosts a free weekly support group in Haverhill, offering a safe and judgement free space for women and their babies to share and gain support. The Persist Support Group often hosts featured speakers, showcasing local resources and useful topics, such as Community Action, Inc. on emergency services and housing, or the YWCA on healthy relationships.

Beverly and Addison Gilbert Hospitals

Discharges by Community: Beverly, Gloucester, Danvers

Number of Beds: 346

Number of FTEs: 2002

The devastating effects of the opioid crisis touch the lives of people across the state, with the youngest affected often being the children of parents with substance use disorder. Pregnant women with substance use disorder may be less likely to seek prenatal care and their newborns face many risks, including premature birth, substance exposure, and neonatal abstinence syndrome – withdrawal symptoms presenting shortly after birth.

Beverly and Addison Gilbert Hospitals, both part of Beth Israel Lahey Health, identified an urgent need for mental health and substance use treatment for pregnant and parenting women and newborns in Essex County, and in 2017 launched the **Compass/Moms Do Care Program**. Its primary goals are promoting recovery in pregnant and parenting women, improving perinatal care of the mother and baby, and enhancing

outcomes for the mother and her family. Through a multidisciplinary approach, a care team delivers trauma-informed, evidence-based maternal and neonatal care, while providing comprehensive support for substance exposed newborns and their families. This program has been partially funded by grants from the Health Policy Commission, the Massachusetts Department of Public Health, the Bureau of Substance Addiction Services, and the Women's Fund of Essex County.

Since the program began, the hospitals have seen a reduction in overall hospital stay and neonatal intensive care unit length of stay for substance exposed newborns. Results also show a decrease in neonatal abstinence treatment and referrals for early intervention. Mothers have demonstrated strong engagement in the program at six and 12 months postpartum, a low relapse rate, and a high rate of retaining primary custody of their newborns.

Lawrence General Hospital

Discharges by Community: Lawrence, Methuen, Haverhill

Number of Beds: 227

Number of FTEs: 1456

Lawrence Massachusetts has been called “food desert”—a place where there is a shortage of stores that sell a full complement of nutritious food. For people without ready transportation, that means frequent trips to the Bodega in the neighborhood, where, too often, there has not been the tradition or infrastructure needed to offer healthy fresh foods, produce, dairy, and lean meats.

Obesity, diabetes, heart and vascular disease are prevalent in the community and diet change is a key strategy for reducing these chronic diseases. Lawrence General is partnering with local community resources, the Mayor's Health Task Force, Groundwork Lawrence, and others to find ways to increase the availability of fresh and healthy food.

For several years, the hospital has been funding “**Healthy on the Block**”—a project to educate bodega owners about the importance of offering healthy options, to help them with merchandising, and in some cases to pay to install the refrigeration units that enabled them to store and sell fresh food. The hospital also sponsors the Groundwork Lawrence Farmers' Market, both summer and winter. This summer Lawrence General began also sponsoring the Costello Urban Farm in Lawrence – a community garden project that assigns garden plots to residents who want to grow their own food and which also grows produce for the farmer's market and local soup kitchens. The Costello Farm is located in the heart of the city and is also tended by local students under the guidance of an experienced farmer, learning about sustainable food sources, farming, and nutrition.

The benefits of the availability of fresh and healthy food are clear, though the health results of better diet may take some years to materialize. In the meantime, Lawrence General is proud to be participating in the education of its community, helping promote better nutrition by “cultivating the desert.”

Lowell General Hospital

Discharges by Community: Lowell, Dracut, Tewksbury

Number of Beds: 355

Number of FTEs: 2636

Nutrition and access to fresh, healthy foods are consistently identified as being an unmet community need in Greater Lowell. In response to this need, Lowell General Hospital is investing community benefit funds with Mill City Grows, an organization dedicated to food access and food justice in Lowell.

The goal of this effort is to provide cardiac patients direct access to heart-healthy foods and to improve their health outcomes through a pair of projects -- **Veggie Rx and the Our Food is Medicine Farm Share** program.

Through Veggie Rx, cardiac physicians write “prescriptions” for fruits and vegetables that patients can take to a mobile market located right on hospital property. Mill City Grows sets up a weekly Heart Healthy Market where referred patients can select healthy foods at no cost, ask questions, learn how to store items, and learn recipes.

Our Food is Medicine Farm Share is a pilot program that aims to better understand the impact of these healthy foods on cardiac health. The project provides access to a farm share through Mill City Grows to 20 patients who have suffered a major cardiac event like a heart attack. A similar group will serve as a control group and not be offered the Farm Share. UMass Lowell researchers will follow the patients to measure the effect of heart-healthy foods on recovery and outcomes.

Lowell General provided \$16,000 in the first year of this partnership, and has committed an additional \$22,000 to support an expansion of the program to work with up to 30 patients, and to begin laying the groundwork for a program that will target diabetes patients.

MelroseWakefield Healthcare

Discharges by Community: Malden, Medford, Melrose

Number of Beds: 162

Number of FTEs: 1409

Addressing food insecurity affects overall health. Access to free healthy foods allows older adults to better manage chronic diseases and younger adults/children to focus limited resources on other basic needs. Research demonstrates that focusing on necessities such as food, shelter and clothing combined with improved access to preventive services, leads to healthier communities and reduced costs. In 2016, the **Greater Boston Food Bank** (GBFB) and Children's HealthWatch found that hunger cost the state \$2.4 billion in healthcare dollars.

For six years, MelroseWakefield Healthcare (MWHC) has partnered with the GBFB to offer a mobile food market that provides nutritious foods to families in need, serving more than 500 families each month. In addition to nutritious food, participants receive valuable health information, services and screening, including flu shots, and referrals to financial counseling. Free transportation is provided. Extensive collaboration with community partners ensures the success of the market. More than eight new markets were created using this model.

To address the policy concerns around food access, MWHC is an active member of the GBFB and other local food security task forces, aiming to increase food accessibility and improve community health. In addition, MWHC is a committed member of the Tri-City Hunger Network that has fought for more than a decade to bring

organizations together to address hunger in Everett, Malden, and Medford. Together MelroseWakefield Healthcare is working to decrease the number of people who are forced to choose between food, medicine, and medical care. "Food is medicine!"

North Shore Medical Center

Discharges by Community: Lynn, Salem, Peabody

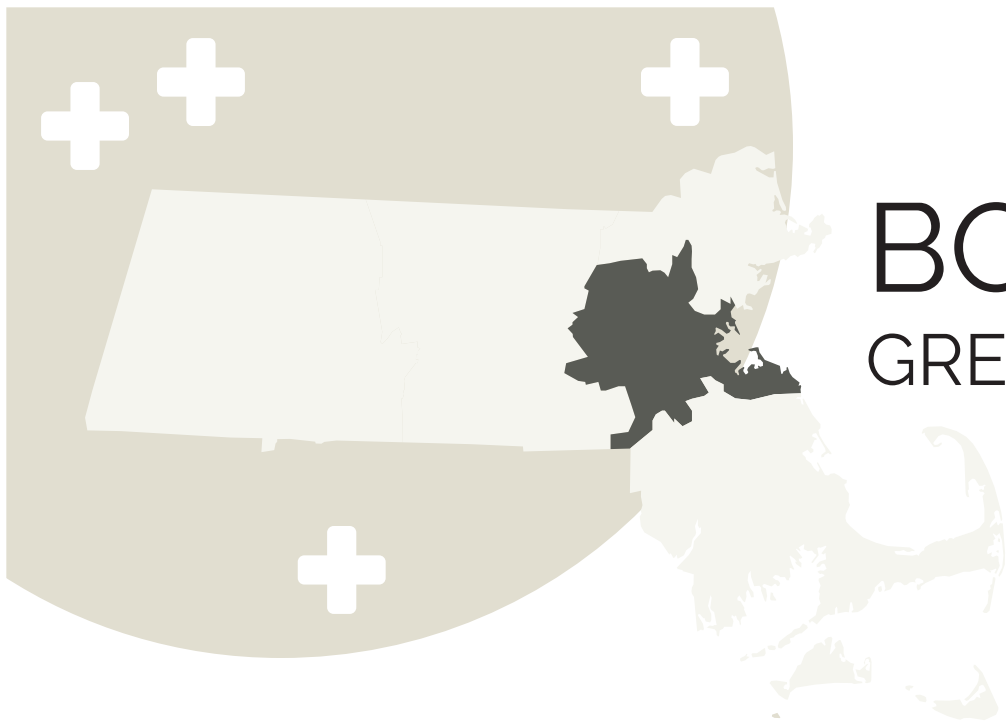
Number of Beds: 403

Number of FTEs: 2335

Through an innovative \$2.8 million initiative funded by North Shore Medical Center (NSMC), the **Lynn Community Health Center/Bridgewell Recuperative Care Center** was created to provide short-term residential care to homeless patients who have an acute medical condition, yet do not require hospital-level care. The 14-bed facility is a collaborative community effort managed by residential housing provider Bridgewell in partnership with Lynn Community Health Center, NSMC, Partners HealthCare, My Brother's Table, the Massachusetts Coalition for the Homeless, and the Lynn Health Task Force. The facility provides a place for transient individuals to prepare for procedures or recover from illness or surgery and sets them on a more stable trajectory toward prevention and treatment adherence. In turn, the center helps reduce ED visits, hospital admissions and length of stay, complications, and poor outcomes.

Since the facility opened in March 2018, almost 150 homeless patients have been admitted. Individuals are identified by the Lynn Community Health Center Medical Outreach Program, NSMC, and other providers. Bridgewell facilitates placement into temporary or permanent housing as appropriate. The Medical Outreach Program also helps to integrate patients into long-term primary care—with the hope that appropriate care becomes sustainable.

"This is an incredible story of collaboration among community partners with a shared focus on the complex health challenges facing our most vulnerable patients," says Lynn Community Health Center's Gargi Cooper, NP, who oversees medical care at the Recuperative Care Center. "Our hope is to set a better trajectory and improve outcomes for homeless members of our community."



BOSTON & GREATER BOSTON

Beth Israel Deaconess Hospital – Milton

Discharges by Community: Quincy, Milton, Randolph

Number of Beds: 72

Number of FTEs: 604

A Youth Risk Behavior Survey undertaken by the Milton Public Schools in 2017 highlighted the number of students struggling with anxiety, depression, underage drinking, and substance misuse. In addition, a town-wide parent survey revealed the desire for more skills related to the social and emotional development of their children.

Beth Israel Deaconess Hospital-Milton (BID-Milton), a Beth Israel Lahey Health hospital, partnered with the Milton Public Schools by providing community benefits funding to implement parent, staff, and student education related to substance misuse as well as social and emotional learning.

The Promoting Awareness and Resources for the Emotional Nurturing of Teens (PARENT) Speaker Series allowed parents to hear from child development and behavioral health experts. The series provided parents with the skills and education needed to build emotional resilience in their children.

A BID-Milton community benefits grant was also put towards a new health curriculum targeting all fifth grade students. Botvin Life Skills is a best-practice program designed to help kids think about and develop a variety of general life and drug resistance skills.

In the first year of the PARENT Speaker Series, eight programs were conducted and attended by 1,100 parents and 4,000 students.

- In the initial launch of the Botvin Life Skills curriculum, 87% of students said they learned new information regarding vaping health concerns and marketing techniques;
- 100% of students reported learning new skills (self-esteem, decision-making model, assertiveness) to combat peer pressure and refuse substance use; and
- 72% of students reported learning a new coping skill to help manage stress.

Beth Israel Deaconess Hospital – Needham

Discharges by Community: Needham, Dedham, Needham Heights

Number of Beds: 41

Number of FTEs: 507

Transportation is a barrier to accessing healthcare. Research shows that lack of transportation leads to rescheduled or missed appointments, delayed care, and missed or delayed medication use. These consequences may lead to poorer management of chronic illness and thus poorer health outcomes. To assist patients with getting to medical appointments, a key step in managing chronic disease, Beth Israel Deaconess Hospital-Needham (BID-Needham)

supports a **medical appointment transportation program** through Needham Community Council. The Council originally relied on a volunteer driver program to fulfill demand, but the schedules and number of drivers did not always meet residents' transportation needs. With funding from BID-Needham, a Beth Israel Lahey Health hospital, a supplemental program was started using the ride-share service, Lyft.

The program is managed by a concierge dispatch service operated by two Needham Community Council staff members. Individuals requesting rides call Needham Community Council and are scheduled with a volunteer driver, if available, or a Lyft ride. The dispatcher relays logistics, such as car model and color, driver name, pick-up location, and estimated time of arrival, to the rider. When a Lyft is used, the dispatcher can track the ride and update the rider via phone as needed.

In 2017, the first year of BID-Needham's supplementary program, more than 200 Lyft rides were provided to residents who could not have been accommodated by volunteer drivers. In the second year the number of Lyft rides more than doubled to 420.

A notable finding of riders who were surveyed through the program was that more than 60% would have cancelled their medical appointment if the Lyft rides weren't available. This program is becoming a state-wide model for transportation and was highlighted in the Governor's Transportation Work Group Recommendations.

Beth Israel Deaconess Medical Center

Discharges by Community: Boston, Quincy, Brookline

Number of Beds: 715

Number of FTEs: 8703

The effects of trauma and violence on the physical and mental health of individuals, families and communities are both deeply personal and a public health concern.

Beth Israel Deaconess Medical Center, part of Beth Israel Lahey Health, has operated the **Center for Violence Prevention and Recovery (CVPR)** for 45 years. The CVPR provides confidential and free services and programs for survivors that address the pervasive impacts of violence and promote healing and resilience. The Center supports 700 individuals each year, helping them heal from violence, explore safety options, and gain access to resources.

Initially established as the Rape Crisis Intervention Program in 1974, the CVPR addresses the needs of survivors of sexual assault, domestic violence, community violence, homicide, terrorism, and trafficking. Services are available to people of any culture, age, sexual orientation, gender identify, and religion.

The CVPR's expert clinicians not only help reduce the barriers to mental and physical healthcare that survivors often need, they train healthcare providers to identify and respond to people who are experiencing or have previously experienced violence.

In 2010, the CVPR launched Homicide Support Services and expanded its partnership with the Louis D. Brown Peace Institute to better support families and communities affected by gun violence. The Center was available to the community after 9/11 and the Boston Marathon bombing, and continues to engage in innovative collaborations between healthcare providers and community organizations to provide a strong network of support for all survivors.

Boston Children's Hospital

Discharges by Community: Dorchester, Boston

Number of Beds: 415

Number of FTEs: 7440

Boston Children's Hospital is implementing a comprehensive behavioral health strategy to improve quality and access to family and youth-centered services. This ongoing strategy includes a long-term relationship with Boston Public Schools through the Boston Children's Hospital **Neighborhood Partnerships Program (BCHNP)**, which provides social, emotional, and behavioral health services and supports to students and educators in 16 schools. BCHNP also provides professional development, consultation, and capacity building services to educators, administrators, and school communities. In the 2018-2019 school year, BCHNP provided services with 1,300 students, 1,438 hours of consultation to schools, and facilitated 53 workshops with 1,044 caregivers and Boston Public School staff.

In addition, the hospital recently increased efforts by working with 15 new partners—supporting and building on existing programs and within the systems serving families most affected by inequities. The new projects

aim to increase access to culturally responsive child and youth mental health assessment and treatment, expand and diversify the child and adolescent community mental health workforce, and advance knowledge and disseminate information to reduce stigma.

To make a positive impact early in a child's life, the hospital is also strengthening and expanding the infant and early childhood mental health workforce in Massachusetts. With Boston Children's support, the Massachusetts Society for the Prevention of Cruelty to Children and Mass Association for Infant Mental Health will develop an infrastructure to strengthen and professionalize the field, including implementing a formal process for training and recognizing the skills of diverse professionals working with infants and young children across the state.

Boston Medical Center

Discharges by Community: Boston, Dorchester

Number of Beds: 483

Number of FTEs: 5781

StreetCred, founded and incubated at Boston Medical Center, is a free financial resource available in safety-net hospitals and clinics to help vulnerable families prepare their taxes and access wealth-building services. By addressing poverty in this way, StreetCred endeavors to ameliorate the social determinants of health that negatively affect a child's life trajectory.

StreetCred was established in recognition of the profound negative effects poverty has on child development, education, and future health and economic outcomes. Families receive referrals to the program from their pediatricians – professionals who they trust with their child's well-being. Strategically located in the pediatric clinic, StreetCred increases families' access to evidence-based, anti-poverty interventions, such as the Earned Income Tax Credit and Child Tax Credit, and builds their assets with free tax preparation, financial coaching, and wealth building resources like incentivized savings accounts. To improve children's life trajectories, it is critical to intervene early. For this reason, StreetCred operates in doctors' offices – the only community location systematically interacting with almost all children aged 0 to 5.

Since 2016, StreetCred has returned more than \$5.3

million to 2,700 families. StreetCred continues to seek new ways to innovate strategies to help financially insecure families. In 2019, StreetCred launched the Medical Tax Collaborative, a technical support hub to grow its impact and build the movement nationally. To date, there are 38 unique healthcare organizations participating and 23 states and District of Columbia represented. Currently, StreetCred has a total of seven sites in four states.

Brigham and Women's Hospital

Discharges by Community: Boston, Brookline, Quincy

Number of Beds: 834

Number of FTEs: 12,914

Brigham and Women's Hospital's (BWH) **Center for Community Health and Health Equity (CCHHE)** serves young people in Boston by increasing education and employment opportunities and creating a pathway to health and science careers. These efforts focus on strengthening opportunities for those underrepresented in science and healthcare, particularly for people of color. For more than 20 years, CCHHE has offered a continuum of educational, career development, and employment programming that annually engages more than 500 young people from Boston neighborhoods across eight programs that span from kindergarten to college.

The Student Success Jobs Program (SSJP) is one component of BWH's educational and career continuum, where 100 Boston public high school students work in different hospital departments supervised by BWH employee mentors. Students are also offered academic, social, and mental health support to foster holistic growth. In 2019, 100% of SSJP graduates went on to attend college. Further, 75% of SSJP alumni majored in health or science in college. Success is not only measured by education and employment outcomes, but the connections made over one's lifetime. The CCHHE bridges the local community and the hospital, fostering connections that encourage growth, exploration, and resilience.

Efrain Toledano, principal of the Maurice J. Tobin School in Mission Hill, says, "The partnership between our school and the Brigham is a model of how public school and community partners can work together to have a positive impact on student achievement and the

development of communities. Over the last four years the achievement gap between our students and the students in the rest of the state has been reduced by eight percentage points."

Brigham and Women's Faulkner Hospital

Discharges by Community: West Roxbury, Roslindale, Hyde Park

Number of Beds: 171

Number of FTEs: 1181

Five years ago, Brigham and Women's Faulkner Hospital partnered with the **Fresh Truck**, a mobile grocery store that brings healthy, affordable food to Boston neighborhoods. Through this unique partnership, BWFH provided fresh produce to food insecure families at the JP Manning Elementary School. "We have observed that when students are hungry, learning is secondary," says Tracy Sylven, director of Community Health and Wellness at BWFH.

Since then, the program has grown and evolved. BWFH helped to identify and establish two new Fresh Truck market stops—the Hyde Park YMCA and the Washington Beech Apartments in Roslindale. And now families from the Manning School and other neighborhood schools, the YMCA afterschool program, low-income housing residents, and patients in community physician practices who have been identified as food insecure receive a \$25 stipend each week to shop on the Fresh Truck. This way, families can shop for the items they need most. When they shop, they can learn about healthy eating from a registered dietitian who is there to provide nutrition and dietary advice, and sample recipes.

These stipends are also available to patients with diabetes in neighborhoods through Brigham and Women's Faulkner Community Physicians in Hyde Park and West Roxbury. Dr. Ronald Warner from Brigham and Women's Community Physicians at Hyde Park says the program offers huge benefits. "It has been helpful in providing patients the means to healthier food. It gives physicians a tool to impact a patient's health in a very meaningful way," he says.

Cambridge Health Alliance

Discharges by Community: Somerville, Cambridge, Everett

Number of Beds: 229

Number of FTEs: 3514

Cambridge Health Alliance (CHA) has partnered with **The Greater Boston Food Bank** (GBFB), Tufts Health Plan, and Good Measures to provide a free monthly produce market in the parking lot of the CHA Revere Health Center. GBFB identified the city of Revere for a produce market based on the high levels of food insecurity and the limited number of food pantries in the area. CHA's Revere Health Center was identified as the site for food distribution to demonstrate the relationship between food and health. Food distributions at health centers are an optimal way to reach low-income patients in a welcoming non-stigmatizing atmosphere. CHA patient screening for social determinants of health (SDOH) has identified food insecurity as the most prevalent SDOH need.

More than 1,000 households have visited the monthly produce market since CHA began operation in March 2018. Volunteers are recruited from the community and include many staff from CHA. CHA staff are responsible for recruiting volunteers and coordinating efforts with partners. Although the produce market is open to all community members, half of the participants are CHA patients who are pleased to be greeted at the market by the familiar faces of the CHA clinic staff. The monthly market also includes a health fair with recipes and samples, information about sugar in beverages, and community resources. With funding from the Mass Attorney General's Office, CHA will be studying the effects of produce market attendance and nutrition coaching on financial well-being, diet, health outcomes, and healthcare costs.

Dana-Farber Cancer Institute

Discharges by Community: N/A

Number of Beds: 30

Number of FTEs: 4626

The Blum Family Resource Center Van has been upholding Dana-Farber Cancer Institute's commitment to serving Boston's underserved communities since 2004. A major focus of these efforts has been Dana-Farber's **Sun Safety/Skin Cancer Prevention Program**, which aims to reduce the incidence of skin cancer in Massachusetts. Dana-Farber staff and trained interns bring lifesaving skin cancer screening and sun safety education to underserved populations at Boston area beaches, workplaces, schools, and neighborhoods. During the spring and the busy summer months, the Sun Safety Program and the Blum Van travel to beaches across the greater Boston area, including Revere Beach and Carson Beach, to communicate with beachgoers, lifeguards, and outside workers about sun safety. Throughout the year, The Blum Van also travels to numerous community events and workplaces to educate those who are at the greatest risk of developing skin cancer. For example, the Blum Van visits the annual Boston Fire Department's Health Fair, where staff provide support to local firefighters who are at elevated risk for skin and other cancers due to their profession. The Blum Van also participates at health fairs in underserved areas, including Unity Day at Madison Park in Roxbury, the South End Community Health Center, and the YMCA in Roxbury among others. These events are life changing for some; last year more than 1,400 people were served, 750 were screened by a dermatologist, 220 were referred for a follow-up, and more than 110 received a recommendation for biopsy.

Emerson Hospital

Discharges by Community: Acton, Concord, Maynard

Number of Beds: 199

Number of FTEs: 1318

Twenty years ago, Emerson Hospital collaborated with local schools throughout the hospital's 25-town service area to create the Youth Risk Behavior Survey (YRBS). Emerson brings together administrative leaders and health and wellness professionals from each school to examine emerging issues of local youth and ways to more deeply understand their lifestyles and behavior. Since 2000, the survey has been offered to all public school students in the participating schools, making it very comprehensive and resulting in more accurate data. The primary outcomes of the YRBS are educational programs based on the data to significantly reduce risky behaviors and result in a healthier student population.

In 2018, the most recent year of the every-other-year survey, nine public school districts participated and surveyed more than 11,000 students in grades 6 and 8 and grades 9 through 12. Based on the results, schools have already focused on the key issues of increased anxiety, lack of connection with trusted adults, and increased use of electronic cigarettes (vaping). Littleton School District and Ayer-Shirley Regional School District have used advisories to **reduce anxiety and improve relationships between students and teachers**. These advisories are small group conversations with students and teachers about a specific topic. Many schools have focused on increasing education from physicians and industry experts about the dangers of vaping. Bringing awareness to the marketing techniques large tobacco companies use has helped students, teachers, and parents understand how they are being targeted to engage in risky behavior. These efforts will continue throughout the year to help improve the support and health of youth.

The next YRBS will be administered in the spring of 2020. The focus of this survey will be to evaluate how strategies have affected behavior, including vaping education, and to learn about other emerging issues among youth, including the use of social media at increasingly early ages. Since Emerson began the YRBS, many programs throughout the school districts have been implemented and results indicate a healthier student population.

Franciscan Children's

Discharges by Community: N/A

Number of Beds: 112

Number of FTEs: 549

For the last fourteen years, Franciscan Children's – one of the largest providers of pediatric mental health services – has been operating the **Children's Wellness Initiative** (CWI). CWI is an innovative program that provides mental health counseling and psychiatry services on-site in nine Boston public schools. Through its creative model, CWI increases access to outpatient mental health services while decreasing stigma.

In the 2018-19 school year alone, the CWI program worked with around 500 students. According to Kristan Bagley Jones, LICSW and the Director of the CWI program, "The fact that these services are available in school removes barriers for parents and more easily integrates therapy into their child's life ... Since we're at the school full-time, our team is seen as part of the fabric of the schools. Like the school nurse, or the reading teacher, we're the feelings teachers."

As part of the CWI model, counselors, educators, and principals are kept abreast of students' progress throughout the year. Students are also seen over the summer – at home and at local camps – to ensure that the services are provided continuously throughout the year.

One of CWI's participating schools is Sarah Greenwood Elementary. One Sarah Greenwood kindergarten teacher says that her job "would be so much more difficult" without the CWI program, adding, "We have a huge amount of social and emotional need at the school, and I don't feel I could do the same job without them."

Lahey Hospital & Medical Center

Discharges by Community: Burlington, Woburn, Billerica

Number of Beds: 345

Number of FTEs: 3885

Proper nutrition is essential to good health, particularly for seniors and individuals with chronic diseases. Yet lack of access to food and food insecurity are serious concerns for many senior citizens in the region. Convenient access to fresh produce and the affordability of quality produce can both present challenges to the senior population. Data show that only one in five adults in Middlesex County eat the recommended five servings of fresh fruits and vegetables per day.

To address this need, Lahey Hospital & Medical Center, part of Beth Israel Lahey Health, has established a successful partnership with **World PEAS**, an organization that grows local organic produce for Middlesex County. The organizations host a series of farmers markets for a total of 20 weeks at the Burlington, Arlington, and Billerica Councils on Aging – targeting communities where the need for fresh, healthy foods is most acute.

The markets have become extremely successful in making fresh fruits and vegetables more accessible and affordable for seniors in the community. Each week from June through October, between 50 and 70 individuals were served at each site, with every participant taking home an average of six varieties of local produce all free of charge. Over the course of the program, more than 30,000 pounds of produce was distributed to seniors in the community. Eighty-six percent of respondents indicated that the program helped them eat more fruits and vegetables, and nearly 80% said they ate higher-quality produce because of this program. Participants also cited that the farmers markets provided an important opportunity to socialize with other community members.

Mass. Eye and Ear

Discharges by Community: N/A

Number of Beds: 41

Number of FTEs: 1167

Mass. Eye and Ear is a specialty hospital dedicated to excellence in the care of disorders that affect the eye, ear, nose, throat, and adjacent regions of the head and neck. Since its founding in 1824, Mass. Eye and Ear has been committed to providing access to care to members of the community in need. This outreach is targeted to the aging population and at-risk youth in the inner-city. The hospital's team of clinicians and volunteers bring their services directly into the community for a **wide-range of screenings for vision, hearing, head and neck cancer, and skin cancer** and offer public forums and educational opportunities. In addition to improving access to care, Mass. Eye and Ear is invested in job readiness for visually impaired adults through the Project Search internship program. The partnership with the Mass. Commission for the Blind and the Polus Center for Social and Economic Development provides an opportunity for the interns to develop transferrable job skills. Last year the program successfully graduated eight participants with nearly all of them securing full-time employment. As an organization, Mass. Eye and Ear was recognized in 2018 as "Employer of the Year" by the Massachusetts Commission for the Blind for this program.

Massachusetts General Hospital

Discharges by Community: Boston, Revere, Chelsea

Number of Beds: 1059

Number of FTEs: 12176

Through its community coalitions in Charlestown, Chelsea, East Boston, and Revere, Massachusetts General Hospital brings together grassroots organizations, local government, the faith-based community, businesses, schools, police, as well as youth and adult residents to develop creative solutions to the most vexing health issues.

The MGH **Center for Community Health Improvement** helps mobilize funding and provides leadership support, staffing, program evaluation, and communications assistance for MGH's four coalitions. These coalitions work first to prevent such things as substance use, obesity, and trauma. Then, as more significant issues arise, they employ early intervention and harm reduction strategies.

MGH's coalitions collaborate with more than 200 local partners to:

- Build the leadership and social skills of youth by bringing together passionate young people eager to make a difference in their communities. Youth activities may include sponsoring drug take-back events, advocating for higher quality school food, organizing community clean-ups and sporting events.
- Prevent youth substance use and reduce harm and stigma. Through a pledge drive sponsored by the Revere CARES Coalition, nearly a thousand parents committed to talking with their kids about the dangers of vaping. All four coalitions organized substance-free events and overdose vigils during Recovery Month.
- Increase community resilience through organizational trainings. This year, more than 200 people learned about the impact of community trauma at a training sponsored by the Healthy Chelsea Coalition.

Building a culture of health means mobilizing everyone in the community around a shared vision. Mass General is committed to supporting its coalitions and working with community partners to improve the overall health of everyone in its neighborhoods.

MetroWest Medical Center

Discharges by Community: Framingham, Natick, Ashland

Number of Beds: 340

Number of FTEs: 160

At MetroWest Medical Center, the goal is to provide high-quality, compassionate care close to where patients live and work. Whether it's diagnostic imaging or advanced cancer treatments, the hospital's compassionate staff can treat patients from head to toe — at all stages of life.

MetroWest Medical Center's efforts to support the community go beyond offering high-quality, affordable healthcare. It also gives back to the community in a number of ways, including **sponsorships, donations, community health fairs**, and more.

The hospital's recent community outreach efforts include:

- Senior outreach at community health fairs,

which included health screenings and health educational materials.

- Women's educational programs, including heart disease, breast cancer outreach programs, and osteoporosis screenings.
- MetroWest Medical Center partnered with local community agencies and Councils on Aging to provide monthly screenings and speakers at their facilities.
- It offers cultural diversity programs, including health screenings and education; comprehensive interpreter services program with 20 video interpreting units and on-site interpreters for Spanish-and Portuguese-speaking patients, and financial counseling to explain free care benefits and assist with filling out application forms.
- Screenings and lectures emphasizing wellness and preventative medicine to help people participate more actively in their own healthcare.
- A number of ongoing specialized programs focused on disease management including cancer, obesity and heart disease.

Mount Auburn Hospital

Discharges by Community: Cambridge, Watertown, Arlington

Number of Beds: 243

Number of FTEs: 1715

Realizing that local health departments have unique perspectives on the needs of the community members they serve, Mount Auburn Hospital, part of Beth Israel Lahey Health, has instituted an annual non-competitive grant program for the cities and towns in its service area. In addition to grant funding, Mount Auburn Hospital offers training and technical assistance with program implementation.

Grants support the departments' efforts to address one or more of the top health concerns identified in the hospital's most recent Community Health Needs Assessment. These include mental health, substance use, chronic/complex conditions, and healthy aging. Consideration is also given for projects related to social determinants of health and healthcare access. Each city or town reflects on its own needs and considers programs which will have a positive impact on the health of its community members.

The City of Cambridge has used the grant funding to increase its capacity to provide **Mental Health First Aid** training to city employees. In Waltham, the health department has started a Narcan training and distribution program for its residents. Arlington has previously used the funding to create a community tick-borne disease awareness and prevention program and is now developing a homeless support and prevention program to disseminate information on how to access food, housing, and healthcare.

New England Baptist Hospital

Discharges by Community: Cambridge, Arlington, Dedham

Number of Beds: 98

Number of FTEs: 928

Chronic disease and social isolation are significant issues for the older adult population living in the Boston neighborhoods of Mission Hill and Roxbury. Lack of physical fitness and poor nutrition are among the leading risk factors associated with obesity and chronic health issues. Adequate nutrition helps prevent disease and is essential for good health, while overall fitness and the extent to which people are physically active reduce the risk for many chronic conditions and are linked to better emotional health.

New England Baptist Hospital (NEBH), part of Beth Israel Lahey Health, is committed to improving the health status and well-being of all residents living throughout its community benefits service area. NEBH focuses the majority of its community benefits resources on improving the health status of low income and underserved populations living in Mission Hill and Roxbury. NEBH has partnered with the Boston Celtics to offer the Sr. Celtics program that provides fitness classes and health education for older adults. This program helps with elder isolation, obesity prevention, nutrition, and increases physical activity.

Older adult members of the Mission Hill community participate in group workouts led by NEBH rehabilitation therapy staff and Celtics players and dancers. These multi-lingual events educate participants on the benefits of **physical exercise, healthy eating, and fall safety/prevention**. Participants enjoy a healthy meal, hear from NEBH nurses and nutrition staff, and are provided with equipment to take home to encourage physical activity following the events. Over the past six years, the program has grown from 38 participants per class to more than 125 older adults in attendance.

Newton-Wellesley Hospital

Discharges by Community: Newton, Waltham, Wellesley

Number of Beds: 273

Number of FTEs: 3500

Launched in 2015, **The Resilience Project** is an innovative school- and community-based initiative that promotes the mental health and wellbeing of adolescents. It provides support to students, parents, educators, and counselors through collaboration with school personnel, customized prevention, and education programs and improved access to treatment.

Over the years, the initiative has continued to grow — from an initial focus on high school students to now including middle school students, an especially underserved population statewide. For the seven public high schools and, now, 11 middle schools in its service area, Newton-Wellesley offers:

- a child psychiatrist and psychologist/social worker who meet with each school to assess and address needs, resulting in educational activities and access to psychiatry services;
- a student support team, including a child psychiatrist and social worker;
- in-service professional development for guidance counselors, educators, nurses, staff;
- parent and teen groups offering education and skills development;
- an annual summit featuring speakers for those engaged in supporting mental health for youth; and
- community education as requested by school-based groups such as PTAs.

Schools are on the front lines of managing children's mental health challenges as well as helping youth build coping skills and healthy habits. Newton-Wellesley is pleased to be there, standing shoulder to shoulder with parents and educators, as it empowers today's youth to become tomorrow's resilient adults.

The Resilience Project is part of Newton-Wellesley Hospital's Collaborative for Healthy Families and Communities, which provides an array of programs and services to address unmet health and wellness needs across the region.

Shriners Hospitals for Children — Boston

Discharges by Community: N/A

Number of Beds: 30

Number of FTEs: 13

Shriners Hospitals for Children — Boston is the only exclusively pediatric American Burn Association (ABA) verified burn center in New England. Its staff provides expert specialty pediatric care to children regardless of a family's ability to pay. Shriners scope of services also includes plastic, reconstructive, and laser surgery, treatment of rare and complex skin disorders, and cleft lip and palate care. Patients who come to Boston Shriners Hospital, particularly those with burn injuries, receive ongoing treatment, often over a period of years, due to the nature of their wounds.

"Our team of experts in pediatric burn care are there for patients and their families in a moment of crisis or medical uncertainty, offering hope and healing," stated Hospital Administrator Eileen Skinner.

Shriners Hospitals for Children — Boston is a leading research and professional education facility, where studies are conducted on therapies and advanced treatments that will improve patient outcomes. Recent studies have explored the factors impacting a patient's tolerance for donor skin and researching the effectiveness of skin replacements.

Another important component of the hospital's mission is community education and outreach. Boston Shriners Hospital's medical experts and healthcare professionals travel throughout Massachusetts **meeting with first responders, healthcare providers and families**, teaching them how to recognize the degree of severity when a burn injury is present and what to do in those first moments after a child is burned. Understanding how to stabilize a child who has been badly burned is essential to improving that patient's long-term outcome. Its experts are in community health centers, medical facilities, and educational institutions throughout the

Greater Boston area serving as a resource for both families and healthcare providers.

Signature Healthcare Brockton Hospital

Discharges by Community: Brockton, Bridgewater, East Bridgewater

Number of Beds: 216

Number of FTEs: 1562

Local health statistics identified Nutrition and Diabetes as a major health issues in the Signature Healthcare community. As part of its Community Health Needs assessment, the hospital also discovered individuals living in the community considered exercising unsafe and expensive, had trouble affording healthy food, and faced challenges with preparing meals properly. Consequently, the hospital's community benefits focused it's initiatives to help combat concerns regarding diabetes and nutrition by offering tools to individuals in need. The target population was community-wide and the priorities included educational tools, exercise classes, and screenings.

In January 2015, Signature Healthcare began working with the local **Blessings in a Backpack** program after a meeting with school committee members and staff of the Kennedy School in Brockton. "Blessings in a Backpack" has a high number of students on the free and reduced breakfast and lunch program and wanted to ensure these same students had healthy food for weekends as well. Signature Healthcare worked with Sodexo, its food services provider to put together meals for the 60 students at the Kennedy School. Each weekend, these children are provided nutritious food such as soups, fresh fruit, and healthy grains to take home. Signature Healthcare is now in its fifth year of working with this program and will continue to help expand to other children in its community.

South Shore Health

Discharges by Community: Quincy, Braintree, Hingham

Number of Beds: 434

Number of FTEs: 3685

When South Shore Health completed its comprehensive Community Health Needs Assessments (CHNAs) in 2016 and 2019, both revealed a strong Brazilian population living and working in its service area. Many members of this community have little or no insurance, little or no preventative care, and seek medical care in emergent situations only.

Armed with this information, representatives from South Shore's community benefits division reached out to a Brazilian congregation in Weymouth with a membership of 80 families. Three goals were established: to initiate and develop a strong and trusting relationship; explore if, and where, families seek healthcare; and develop a trusting environment for people to receive care.

South Shore Health and the Brazilian congregation are now entering the third successful year of working together with a goal of increasing the scope of support to further meet the community's healthcare needs. Manet Community Health Center now offers a Portuguese-speaking navigator to guide people through the maze of healthcare. Jewish Vocational Services' English to Speakers of other Languages classes have been held in the basement of the church; 13 people have participated in the first year alone.

Based on the Weymouth model, South Shore Health is now working with Quincy Asian Resources Authority to extend the program to yet another community which faces barriers to care.

In February 2020 South Shore Health will debut **Night in Action: Empowering Communication for a Diverse Community**. The goal is to connect skills, in a fun and safe environment, and to measure the impact that partners can have in breaking down barriers to care in underserved populations.

Tufts Medical Center

Discharges by Community: Boston, Lowell, Quincy

Number of Beds: 285

Number of FTEs: 4234

Tufts Medical Center's 2016 Community Health Needs Assessment found that tobacco use is a major concern in Boston's Chinatown, contributing to the leading causes of death in the community (heart disease and lung cancer) as well as high rates of child asthma.

In response, Tufts Medical Center provides funding and technical assistance to seven community-based organizations in Chinatown to **prevent and reduce tobacco and nicotine use**. Its partners engage Chinatown residents of all ages – from elementary school students to seniors – in order to change community attitudes toward tobacco and nicotine.

Josiah Quincy Elementary School students learn about the harmful effects that cigarettes and nicotine have on a person's body, and they practice asking tobacco users not to smoke around them. Boston Chinatown Neighborhood Center helps parents learn about the latest vaping products and techniques of talking to their teenage children about them. Young people from Boston Asian Youth Essential Service develop public health messaging to reach a large audience with tobacco and nicotine education, and Sampan Newspaper publishes bilingual educational content in every issue they release. Together, they have engaged more than 6,000 community members directly in learning opportunities, and more than 70,000 regularly read the Sampan Newspaper.

Two partners – the Asian American Civic Association (in collaboration with Rose Kennedy Greenway Conservancy) and the Greater Boston Chinese Golden Age Center – provide culturally and linguistically appropriate cessation support to 120 community members, a quarter of whom have successfully quit using tobacco and nicotine products.

Winchester Hospital

Discharges by Community: Woburn, Stoneham, Wilmington

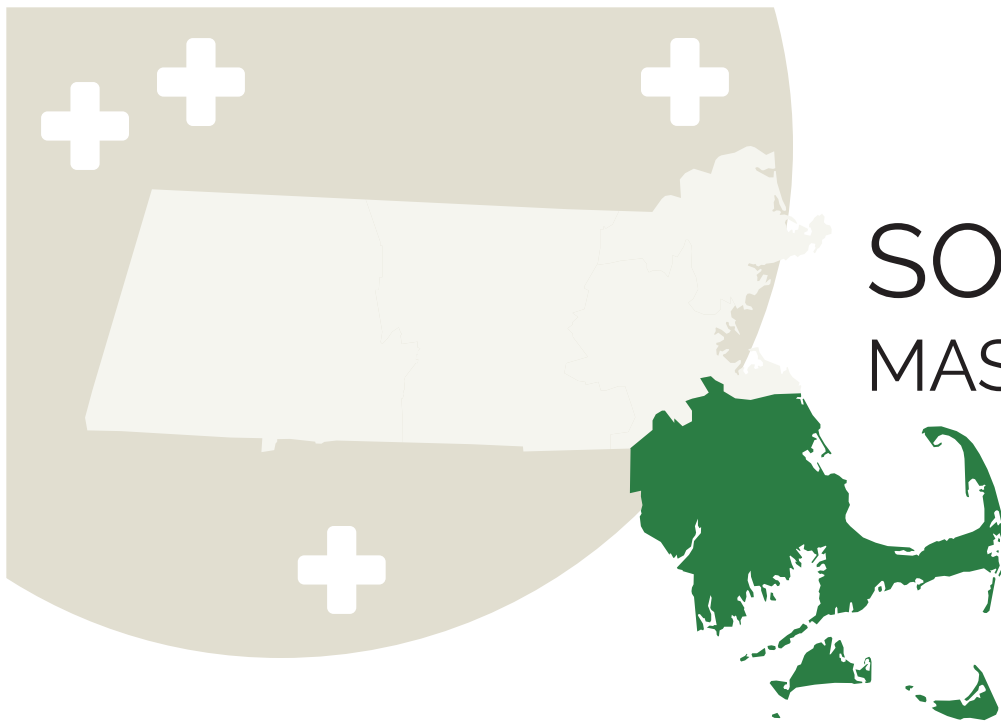
Number of Beds: 202

Number of FTEs: 1486

Asthma is the leading chronic disease in children, affecting approximately 10% of the population under the age of 18. In fact, it is the number one reason for missed school days.

To address this need, the Center for Healthy Living at Beth Israel Lahey Health's Winchester Hospital developed and launched the **Community and Hospital Asthma Management Program** (CHAMP), a model of care incorporating 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, teachers, and anyone else who may be in a position to advise the child and the child's parents about his/her asthma management.

CHAMP is making an impact. In FY18, 36 new children were enrolled in the program, bringing the total to 127 participants. Of the 127 enrolled, only six experienced emergency department visits and only two reported hospital admissions. A pediatric asthma nurse specialist made 133 home visits and six visits to physician offices to facilitate care coordination. Forty-eight asthma educational sessions were held in schools, child care facilities and camps. In all, 2,121 contacts were made with families of the children enrolled in the program to support, update and educate, and 461 asthma plans were filed with physicians, parents and schools.



SOUTHEAST MASSACHUSETTS

Beth Israel Deaconess Hospital – Plymouth

Discharges by Community: Plymouth, Carver,
Kingston

Number of Beds: 183

Number of FTEs: 1364

Knowing that the onset of substance use disorders can occur during adolescence, Beth Israel Deaconess Hospital-Plymouth (BID-Plymouth) and Plymouth Public Schools are collaborating by taking a proactive approach to address the risk with a targeted program called **Preventure**.

Preventure is an evidence-based prevention and education program that uses personality testing to identify, understand and prevent youth from engaging in destructive behaviors, and to strengthen mental well-being and skill development. The program has been shown to be effective in delaying the onset of adolescent substance use as well as reducing the frequency of drug use, binge drinking, and other alcohol-related problems.

In addition to funding the program at Plymouth Public Schools, BID-Plymouth, which is part of Beth Israel Lahey Health, provides a part-time hospital social worker, trained in Preventure program, to educate school counselors and staff about the program.

In FY18, 486 eighth-grade students were screened, with 250 identified as potential program participants, and of those, 40 students enrolled. In FY19 the participation rate doubled, with 80 students going through the program.

Cape Cod Healthcare

Discharges by Community: Hyannis, South Yarmouth,
Centerville

Number of Beds: 269

Number of FTEs: 2049

As the largest employer and healthcare provider, Cape Cod Healthcare (CCHC) could be considered a safety net for the coastal community comprised of 214,703 year-round residents in a market that is predominantly government-payer. In addition to serving year-round residents, Cape Cod Healthcare supports nearly seven million visitors and residents in a given summer season. This commitment to the community was recently reinforced through an ambitious Community Health Needs Assessment campaign aimed at gaining a deeper understanding of the complex needs of local residents. Through stakeholder discussions and an online survey, CCHC reached nearly 2,100 individuals. The findings provided a roadmap for ways to engage health, human service, civic, community and economic partners; resulting in new, non-traditional coalitions.

The **Fish for Families** program has proven to be quite the catch. Funded by the CCHC Community Benefits Program, this strategic collaboration between the Cape Cod Commercial Fisherman's Alliance and the Family Pantry of Cape Cod helps to address nutritional, economic and health-related needs for residents. The "Fish for Families" program pays fishermen to provide fresh, local fish to the six food pantries. Today, more than 150,000 portions of fresh fish have been delivered on Cape Cod through these pantries to our community

members for free. The partnership supports the needs of fishermen during their offseason, while increasing access to nutritious food on the Cape.

Looking ahead, the Fish for Families program will target the aging population on Cape Cod by working with healthcare providers to incorporate access to nutritious food, specifically fish, into Alzheimer's and dementia prevention plans.

Martha's Vineyard Hospital

Discharges by Community: Vineyard Haven, Edgartown, Oak Bluffs

Number of Beds: 31

Number of FTEs: 373

Martha's Vineyard Hospital is committed to using its community benefit program to increase access to and knowledge about physical and behavioral health services. One way it meets this need is by introducing the community at its annual health fair to a wide variety of the health resources available locally. MVH opens its doors to a free, family-friendly event where more than 65 local health resources are provided space to share information about their programs and services. MVH specialty departments participate by offering free screenings of blood pressure, skin cancer, and zero balance offered by our physical therapy department. This health fair addresses the need for access to health programs for disadvantaged and uninsured members of our community. This event also promotes overall health and wellness to the community that is geographically isolated from the mainland and its resources.

As the only hospital on the island of Martha's Vineyard, MVH uses its community benefit program to educate the community on public health issues. Since 2018, MVH has partnered with the local newspaper for a monthly column that focuses on local health concerns. These articles, called **The Health Beat**, have covered a range of topics from the importance of vaccination to raising awareness about tick-borne illness. The articles not only focus on physical health but the importance of mental health. One Health Beat explored the

practice of mindfulness and meditation, and another on behavioral health and resources available for those seeking treatment.

Other community benefit priorities for MVH have included providing free clinical space to the visiting Veteran's Affairs medical team so they may see island patients on-island, hosting events to promote those who are uninsured to sign-up for health insurance during the open enrollment period, and a sharps disposal program which creates a safe way for the community to dispose of needles and syringes, among other important health-related initiatives.

Nantucket Cottage Hospital

Discharges by Community: Nantucket, Siasconset

Number of Beds: 14

Number of FTEs: 200

Nantucket Cottage Hospital partnered with the Council on Aging to sponsor the first **Island Health Fair + Elder Expo** in October 2019. This free health and wellness event for island residents of all ages brought together more than 40 different organizations and was attended by more than 200 people. Attendees were able to take advantage of free health screenings, flu shots, blood pressure checks, lectures, cooking demonstrations, and more. This collaborative event also helped to introduce the community to Nantucket's new hospital facility. Several NCH physicians appeared as keynote speakers, and lecture topics included living with Alzheimer's disease, coping with change, aging, the impacts of sleep on health, and sexual health. Over the course of three hours, NCH clinicians provided 130 influenza vaccinations to attendees, and a number of hospital departments were represented at the information booths.

The Island Health Fair + Elder Expo was a collaboration with the Council on Aging, which combined what had previously been two separate events – the hospital's annual Health Fair and the Council's Elder Expo – in order to better serve the community.

Southcoast Health

Discharges by Community: New Bedford, Fall River, Fairhaven

Number of Beds: 536

Number of FTEs: 4506

Southcoast Health is committed to its mission of providing comprehensive healthcare that extends beyond direct patient care. It understands that the environment in which we live, work, play, and age is one of the greatest indicators of an individual's health and overall wellness. Southcoast's community benefits team collaborates with more than 100 community partners to understand, prioritize, and develop Southcoast Cares programming to address the health disparities impacting the region. These programs focus on reducing high rates of chronic disease, and increasing access to high-quality healthcare, safe and affordable housing, transportation, healthy and affordable food, education, and employment opportunities.

In 2015, the system established the Southcoast Health **Community Impact Opportunity** program. This annual, competitive program supports local organizations and their innovative projects that focus on addressing the unmet health and social needs of the South Coast.

In the last four years, Southcoast has awarded 111 community impact grants to non-for-profit organizations across the region. Recently funded initiatives range from a program providing health screenings to the homeless to supporting case management for those struggling with an opioid use disorder. Some projects encourage wellness through promoting healthy eating and opportunities for physical activity. Others help residents build healthy families through positive youth development and provide socialization for elders experiencing memory issues and their caregivers.

This Southcoast Cares program represents an important piece of Southcoast's overall community benefits program, which has contributed close to \$200 million to the South Coast region over the past decade.

Sturdy Memorial Hospital

Discharges by Community: Attleboro, North Attleboro, Norton

Number of Beds: 132

Number of FTEs: 1582

In addition to providing the broadest range of diagnostic, inpatient, outpatient, and emergency services appropriate for a community hospital, Sturdy Memorial Hospital is dedicated to working with both public and private health organizations as well as civic and business organizations to meet the healthcare needs in the communities it serves.

One example of the hospital's community commitment is the 20-plus-year **partnership between Sturdy and the Emergency Medical Services (EMS) community**, for which Sturdy emergency physicians provide:

- Online medical control for the towns of Attleboro, North Attleboro, Rehoboth, Seekonk, Plainville, and Norton – at no charge to the respective town;
- Quality assurance for each of the towns by reviewing all their charts;
- Monthly education in the form of grand rounds, as well as rounds for each of the departments individually;
- Medical oversight for each of the departments; and
- Education and quality assurance for approximately 80-100 paramedics at an annual cost of \$53,000.

In addition, the hospital provides an EMS communication system (Twiage) at a cost of \$20,000 annually to allow improved communication between the towns and the hospital, as well as the purchase of a \$30,000 Omni-cell which is used by paramedics to obtain certain medications and supplies for the ambulances.

Sturdy also serves as a training-site for local colleges, providing clinical rotation in the Emergency Department in order for students to complete their training. The hospital also supports the Bristol North EMS and assists with providing funding and speakers for their conference held annually in January, at a cost of \$4,500.

Sturdy is dedicated to providing the educational and financial resources needed for this benefit to its community.



A Commitment to Community:
Massachusetts Hospitals' Community Benefit Initiatives

WWW.MHALINK.ORG

500 District Ave
Burlington, MA 01803
(781) 262-6000
info@mhalink.org

