NEWTON-WELLESLEY HOSPITAL

Newton-Wellesley Hospital
Community Health Implementation Plan (CHIP)
November 2018

Priority 1: Mental Health
Objective: Increase access and use of mental health services, alleviate the fragmentation of services, and address issues of stigma associated with mental health care.

Strategies	**a. Youth Mental Health** • Under the school-based Resilience Project, conduct site visits to all area high schools that include a psychiatrist and social worker clinical team. Expand The Resilience Project to private schools and middle schools. • Provide professional development for school faculty and staff. Conduct educational sessions for student and parents in various community venues. Expand support outlets for parents and teens as well as community knowledge of mental health through workshops and group sessions. • Address the prevalence of mental health concerns among young adults in the college setting. Convene NWH Health In Higher Education Forums quarterly to bring together hospital and college leadership to collaborate and create processes and work proactively to address campus and hospital concerns. • Collaborate with Waltham Partnership For Youth to address the high percentage of Waltham students reporting self-harm, suicide ideation, and suicide attempts. Promote employment, education, and community involvement with support of the Youth Interpreters Program. **b. Elder Mental Health** • Collaborate with community partners, i.e., Healthy Connections (Waltham), Newton Senior Services, and Jewish Community Housing for the Elderly, to create and conduct programs that address issues of social isolation and frailty. Programs to include Tai Chi, mindfulness, Matter of Balance, and Senior Suppers. • Provide a resource for vulnerable patients to receive custodial care (housekeeping, laundry, grocery shopping, and prescription pick up) upon discharge from the hospital for a safe transition to home. Review data for program effectiveness. • Create an Elder Care Council that focuses on the needs of elders in the NWH community. Participation to include clinical experts, community experts, and interested patients and family members. • Focus on needs of the caregiver in the arena of elder mental health.

	○ Create support programs for caregivers. ▪ Conduct a Caregiver Self-care program in collaboration with community Council on Aging. ▪ Pilot Caregiver mobile app in Waltham. ▪ Offer Savvy Caregiver Training (The Healthy Living Center of Excellence) to NWH community caregivers. **c. Maternal Mental Health** • Implement a clinical tool to identify concerns related to maternal mental health. • Establish social work staffing and launch communication resources to support maternal mental health. **d. Immigrant Mental Health** • Implement cultural considerations when addressing mental health among immigrant populations, in Waltham, in particular.

Priority 2: Substance Use
Objective: Increase access and treatment of substance use disorders, work with providers on the care of substance use patients, educate and collaborate with the community on substance use disorder prevention and treatment.

Strategies	**a.** Expand access to and the resource of the Substance Use Service. Expand participation in support programs through SUS social work and recovery coach. **b.** Educate clinicians on how to best care for patients with substance use disorders and implement safe pain management. **c.** Address the issue of stigma associated with substance use through collaborating with community partners on resource nights (MetroBoston Project Outreach) and other outreach efforts (Newton Health and Human Services - Newton PATH). **d.** Provide education and advocacy in collaboration with the District Attorney's Office through the Charles River Opioid Task Force. **e.** Provide prevention mechanisms to address substance use. • MedSafe receptacle at NWH. • Supplement care for emergency treatment of overdoses through the distribution of Narcan and training to first responders and community partners. **f.** Grow outreach efforts to address the growing concern in NWH communities around Juuling/Vaping and electronic cigarette use. Create education materials and open forums to expose community health implications.

	g. Address the prevalence of substance use among college age students. Convene NWH Health In Higher Education Forums quarterly to bring together hospital and college leadership to collaborate and create processes that proactively address campus and hospital concerns. **h.** Work with Massachusetts Health and Hospital Association in the development and promotion of a Community Referral Resources database for use in continuing care for SUD patients.

Priority 3: Access To Care
Objective: Address challenges residents face throughout the NWH service area in accessing and navigating health care needs and services.

Strategies	**a.** Provide immunizations and primary care to school aged children to facilitate timely entry into school. Expand service to other NWH communities. **b.** Investigate operationalizing Palliative Care services in outpatient settings. **c.** Convene Departments of Public Health on a quarterly basis to communicate challenges, share best practices, review services, and strategize solutions on access and care in the hospital and the community. **d.** Provide provider access to Medicaid and non-insured patients through the Carefinder service **e.** Expand hospital use of Circulation/Lyft Non-Emergent transport service to enable patients to come to and leave the hospital with greater ease. **f.** Convene NWH Health In Higher Education Forums quarterly to bring together hospital and college leadership to strategize on access to care of college age patients/students. **g.** Explore/expand development of "off hours" clinics in areas where patients do not have daytime flexibility for medical visits/treatments.

Priority 4: Social Determinants of Health (SDOH): (Built Environment, Social Environment, Housing, Violence and Trauma, Education, Employment)
Objective: To develop programmatic solutions to address SDOH factors in the overall health of NWH communities

Strategies	**a. Built Environment** • Promote enhanced food access and healthy eating. o Wellness Collaboration with Healthy Waltham to facilitate access to healthy food (mobile food pantry), creating a culture of wellness and healthy living among all populations (across cultures) and age groups (seniors and youth), and policy development o Support the Summer Eats program in Waltham.

	b. Social Environment • Support Waltham Partnership for Youth Transportation study and determine opportunities for actionable outcomes. In collaboration with WPY, and other community partners, determine ways the study findings can be transferred to other populations and services. **c. Housing** • Explore opportunities to engage with housing facilities for educational programming and clinical services. • Provide health programming and support to homeless shelters. • Address the hospital's adequacy in delivering culturally competent care to vulnerable patient populations. **d. Violence and Trauma** • Continue to enhance and expand the NWH domestic and sexual violence program. • Continue the program's work in the areas of counseling, consultation, advocacy, education, and partnerships. • Oversight and participation in the National SANE Telenursing Center at NWH. • Continue expansion of efforts to infuse trauma informed care among healthcare providers. • Address concerns of abuse in vulnerable populations – elders, LGBTQ, immigrant. • Expand services to include a bi-lingual social worker in the Waltham community to address issues of violence. • Convene NWH Health In Higher Education Forums quarterly to bring together hospital and college leadership to address the prevalence of sexual violence within the college age population. • Create a hospital council focused on domestic and sexual violence. **e. Employment and Education** • Participate in Waltham Partnership For Youth and Newton Health and Human Services Internship programs. Expand participation to additional high school students. • Provide healthcare career exposure to student and adult populations through fairs, internships, and career-focused opportunities. • Explore the potential for the creation of a NWH Workforce Development Council. • Provide work-skill based opportunities for individuals (student and adult) through the NWH vocational volunteer program.

Priority 5: Chronic Disease Management and Prevention
Objective: Provide programs, education and preventive care to address prevalent on-going health concerns in NWH communities.

Strategies	a. Conduct community- based outreach with screenings, clinics, and educational forums. b. Provide programs related to mobility function and fear of falling among seniors. c. Provide home care services to vulnerable populations to promote home safety and safe care through partnerships with Neighbors Who Care (Waltham) and Newton At Home (Newton). d. Cardiovascular: Offer support programming to patients and caregivers to address issues associated with cardiac care. e. Cancer Care: provide greater awareness of cancer through education and screening options to at-risk populations with high incidences of cancer. Focus on populations and/or cancers of high risk Waltham.

Priority 6: <u>Other Community Needs Identified</u>
Objective: Collaborate with community partners to react to and improve identified health concerns.

Strategies	**a.** Be an active participant in community Emergency Preparedness through leadership for convening exercises, creating emergency plans and being a resource for partners. **b.** Develop partnerships and collaborations to address community health needs. **c.** Explore effective ways to train and educate providers in health equity when providing care to vulnerable populations.