

## FY16 Community Benefit Report Newton-Wellesley Hospital

### Organization Information

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#### Organization Address and Contact Information

**Organization Name:** Newton-Wellesley Hospital  
**Address (1):** 2014 Washington Street  
**Address (2):** Not Specified  
**City, State, Zip:** Newton, Massachusetts 02462  
**Web Site:** [www.nwh.org](http://www.nwh.org)  
**Contact Name:** Lauren Lele  
**Contact Title:** Director  
**Contact Department:** Community Benefits  
**Telephone Num:** 617-243-6330  
**Fax Num:** 617-243-5363  
**E-Mail Address:** [llele@partners.org](mailto:llele@partners.org)

#### Organization Type and Additional Attributes

**Organization Type:** Hospital  
**For-Profit Status:** Not-For-Profit  
**Health System:** Partners HealthCare  
**Community Health Network Area (CHNA):** West Suburban Health Network (Newton/Waltham)(CHNA 18)  
**Regional Center for Healthy Communities (RCHC):** 4  
**Regions Served:** Natick, Needham, Newton, Waltham, Wellesley, Weston

## CB Mission

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### Community Benefits Mission Statement

- To increase access to care in an equitable and efficient fashion to all.
- To identify and address specific health care needs which are unique to the hospital’s community.
- To improve the health of the community and reduce health care costs through programs of preventative medicine and health promotion.

### Target Populations

Name of Target Population	Basis for Selection
Child & Adolescent Health	CDC Risk Behavior Surveys
Elderly	Emergency Department data sources
People affected by domestic, family, or sexual violence	National, state, and local statistics
Community residents in Waltham	Community Needs Assessment data

### Publication of Target Populations

Marketing Collateral, Annual Report, Website

### Hospital/HMO Web Page Publicizing Target Pop.

<https://www.nwh.org/about-us/community-health-assessment>

### Key Accomplishments of Reporting Year

- Among community dwelling elders, fall-related injuries are the most common type of injury. In FY16, 80 elders participated in the Matter of Balance program, bringing the total number of participants since the program inception in 1997 to 1,599.
- In FY16, the Domestic Violence/Sexual Assault Program at NWH provided free, voluntary, and confidential services to over 200 survivors of domestic, family, or sexual violence.
- In FY16, occupational health services were provided through Kadre Health Solutions for City of Newton employees.
- In FY16, the Pediatric Primary Care Clinic provided care at 651 visits. At NWH Waltham Family Medicine and the NWH Pedi Clinic, 27 children were provided immunizations while they were in the application phase for Mass Health in order to ensure on-time access to school entry.
- In FY16, the medical transportation program in conjunction with Springwell (AAA) assisted seniors in access to medical care (287 round trips).
- In FY16, in collaboration with Newton At Home 8 patients received assistance with activities of daily living following discharge from the hospital.

- In FY16, provided CPR/First Aid certification classes to 60 childcare workers. Provided free CPR/1<sup>st</sup> Aid training classes for 20 Domestic Violence workers.
- In FY16, held 15 flu community health clinics.
- In FY16, held a mental health summit with 100 attendees (principals, school nurses, social work, guidance staff and therapeutic staff) from the six school districts in our PSA.
- In FY16, NWH distributed 283 doses of Narcan to community agencies/partners. NWH dispensed 37 naloxone kits to patients in the NWH Emergency Department with diagnosis of opioid overdose.
- In FY16, NWH created the Waltham Wellness Collaborative in partnership with Healthy Waltham and the Waltham Partnership for Youth.

### Plans for Next Reporting Year

In addition to the ongoing programs sponsored or in partnership with other organizations, the hospital will continue to focus on key findings highlighted in the assessment (2015): transportation as an important need, Waltham as a unique community in the service area and requiring focus, behavioral health being viewed as a critical and growing issue with need for more resources and collective action to improve health status, and findings that a collaborative effort by the hospital within and across its communities should be emphasized. Also in 2017, the hospital will begin planning for the next community health needs assessment (to be completed in 2018).

Specific priority categories were established and will continue to be of focus to NWH. These include:

- The community of Waltham
- Mental Health
- Access to Care/Transportation
- Substance Use
- Elder Care

The monitoring of a variety of strategies within each of these priority initiatives are in collaboration with the community benefits committee, the hospital's executive management team, and trustees.

## Community Benefits Process

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### *Community Benefits Hospital Committee*

The Committee consists of Board Members, senior leadership, and Directors. Additionally, the Committee is comprised of representatives from the Departments of Public Health, school system leadership, senior focused agencies, agency involvement from healthy living, low income and mental health community organizations. In addition, community advisory committee was established to facilitate the community health needs assessment process in conjunction with the Board’s Community Benefits Committee.

### *Community Benefits Team Meetings*

The Committee meets approximately 3-4 times per year.

### *Community Partners*

American Cancer Society  
 Boston Athletic Association  
 Boston Area Rape Crisis Center  
 Community Day Center  
 Healthy Waltham  
 Middlesex Human Services Agency  
 Newton At Home  
 Newton-Needham Chamber of Commerce  
 Newton, Needham, Natick, Waltham, Wellesley & Weston Councils on Aging  
 Newton, Needham, Natick, Waltham, Wellesley & Weston Health Departments  
 Newton, Needham, Natick, Waltham, Wellesley & Weston School Departments  
 Newton & Waltham Boys and Girls Clubs  
 Newton Rotary Club REACH  
 Springwell Area Agency on Aging  
 The Second Step, Inc.  
 Waltham Chamber of Commerce  
 Waltham Homeless Assistance Coalition  
 Waltham Rotary Club  
 Waltham YMCA  
 Weston Health Council  
 West Suburban Health Network (CHNA 18)

## Community Health Needs Assessment

### *Date Last Assessment Completed and Current Status*

NWH's CHNA was completed and approved by the Board in January of 2015.

In 2017, planning to take place for upcoming CHNA (to be completed 2018).

### *Consultants/Other Organizations*

Health Research in Action was consulted and retained for the purpose of conducting the community health needs assessment. The assessment was completed and approved by the Board in January 2015.

### *Data Sources*

Hospital, Consumer Group, MassCHIP, Public Health Personnel, Surveys, Other -Consumer and providers focus groups; structured interviews.

## Community Benefits Programs

### Fall-Related Injuries among Community Dwelling Elders: A Matter of Balance

<b>Program Type</b>	Direct Services, Outreach to Underserved, Prevention
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations
<b>Brief Description or Objective</b>	Among community dwelling elders, fall-related injuries are the most common type of injury. The intervention, A Matter of Balance, mitigates the negative effects of fear of falling has among elders. The program focuses on coping skills, fall risk reduction and decreasing activity restrictions. The purpose of the program is to reverse or prevent loss of function and disablement commonly associated with fear of falling among older persons. In FY16, 80 elders participated in the Matter of Balance program, bringing the total number of participants since the program inception in 1997 to 1,599.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Needham, Newton, Waltham, Wellesley, Weston</li> <li>• <b>Health Indicator:</b> Injury and Violence, Other: Safety - Home, Physical Activity</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> Adult-Elder</li> <li>• <b>Ethnic Group:</b> Asian, Hispanic/Latino, White</li> <li>• <b>Language:</b> Chinese , English , Russian , Spanish</li> </ul>

#### Goal Description

Reverse or prevent loss of function and disablement commonly associated with fear of falling among older persons.

Provide a group experience to reduce maladaptive ideas and beliefs about falls. Set realistic goals for increasing activity. Change their environment to reduce fall risk. Promote exercise to increase strength & balance.

#### Goal Status

In FY16, the program served 80 participants for a total of 1,599 since inception in 1997.

In FY16, participants (five programs offered through senior centers, Newton, Needham, Watertown and Waltham) showed signs of fall efficacy (degree of confidence in performing common daily activities).

### Partners

#### Partner Name, Description

Community Senior Centers

New England Research Institute (NERI)

Maine Health’s Partnership for Healthy Aging

#### Partner Web Address

<http://www.neriscience.com/>

**Contact Information** Kathy Beans Program Coordinator, Newton-Wellesley Hospital Wellness Center, 2014 Washington St., Newton, 617-243-6649, kbeans@partners.org

**The Domestic Violence/Sexual Assault Program at Newton-Wellesley Hospital (DV/SA Program)**

<b>Program Type</b>	Community Education, Direct Services, Health Screening, Mentorship/Career Training/Internship, Outreach to Underserved, Support Group
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations
<b>Brief Description or Objective</b>	The DV/SA Program provides free, voluntary, and confidential services to patients and employees who are experiencing domestic violence, family violence and sexual assault. In FY16, over 200 survivors were served through support groups, counseling and safety planning, and several hundred consults to providers.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Needham, Newton, Waltham, Wellesley, Weston</li> <li>• <b>Health Indicator:</b> Injury and Violence, Mental Health, Other: Domestic Violence, Other: Rape, Other: Safety - Home</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> Adult-Elder, All, All Children</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul>

**Goal Description**

Provides free, voluntary, and confidential services to patients and employees who are experiencing domestic violence, family violence and sexual assault.

Continue to increase safety, health and well-being of patients and employees by providing comprehensive services to those experiencing domestic and sexual violence.

Increase access to services for patients and employees by increasing education and consultation services to health care providers and staff.

Increase access to services for patients and employees by increasing education

**Goal Status**

In FY16, the program served over 200 survivors.

In FY16, the program provided 1000+ hours of safety planning, counseling & advocacy to survivors. In addition, thousands of hours of additional time were devoted to community education, training, policy development, & collaboration with community organizations.

Continued participation in implementation of the DOJ-funded National SANE Tele-nursing Center, started in FY14. The hospital provides space for the Center & technical expertise and education to thousands of NWH health care providers.

In FY16, the program provided consultation to several hundred health care providers and affiliated

and consultation services to health care providers and staff.

Increase access to services for patients and employees by increasing education and consultation services to health care providers and staff.

Created a collaborative response to growing DV/SA issue, i.e. elder abuse, trauma.

Participate in local and state-wide initiatives.

Increase access to services for patients and employees by increasing education and consultation services to health care providers and staff.

Increase access to services for patients and employees by increasing education and consultation services to health care providers and staff.

Support shelter infrastructure.

professionals. Provided training on topics such as elder trauma, addictions, and body-based healing modalities.

In addition, the program provided education, technical expertise & overall support to the following organizations: SANE, Boston Medical Center, Mass General Hospital, Brigham & Women’s, BIDMC, and many other organizations.

In FY16, began a multiyear partnership with REACH, Springwell Elder Protective Services, the Waltham PD, & the Middlesex Co DA’s Office to respond to the issue of abuse later in life.

Collaborating with surrounding community-based DV/SA partners to grow “trauma-informed policing”.

In FY 16, involved in tech safety initiatives to both protect and empower individual survivors of abuse and grow capacity in DV/SA orgs across the commonwealth to better utilize technology as a tool for survivor safety and well-being.

In FY16, program staff increased efforts for “billing safety” for survivors of violence, expanding beyond billing safety concerns at Partners Healthcare to contribute to state-wide efforts to ensure safe billing for victims of violence seeking healthcare.

In FY16, program staff provided consultation for EOPS on the implementation of the most recent iteration of the Violence Against Women Act and the provisions therein seeking to ensure that all SANE exams are free.

In FY16, the program provided substantial donations and other in-kind expertise to support the shelter infrastructure and DV/SA agencies in the community.

## Partners

### Partner Name, Description

REACH Beyond Domestic Violence

The Second Step

Boston Area Rape Crisis Center

GLBT Domestic Violence Coalition

Middlesex Co DA’s Office

Jane Doe, Inc.

### Partner Web Address

<http://www.reachma.org/>

<http://www.thesecondstep.org/>

<http://www.barcc.org/>

<http://www.thenetworklared.org/glbtdvcwebappl.pdf>

<http://www.middlesexda.com/>

<http://www.janedoe.org/>



<b>Contact Information</b>	Erin C. Miller Domestic Violence/Sexual Assault Coordinator Newton-Wellesley Hospital, emiller11@partners.org
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**Occupational Medicine Services to City of Newton Employees.**

<b>Program Type</b>	Direct Services, Health Screening, Prevention
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<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations
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<b>Brief Description or Objective</b>	Occupational health services through Kadre Health Solutions provides a wide range of services including an injury management, follow-up care, employment activities, drug testing, and employee fitness screenings for “first responders” and other municipal employees.
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<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Newton, Waltham</li> <li>• <b>Health Indicator:</b> Access to Health Care, Injury and Violence, Mental Health, Other: Alcohol and Substance Abuse, Other: Stress Management, Overweight and Obesity, Substance Abuse</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> Adult</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul>
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**Goal Description**

Provide Occupational Medicine services to City of Newton employees.

Provide related hospital services as necessary to City of Newton employees as related to the above.

Identify at risk employees through pre-employment physicals and drug screening.

**Goal Status**

Services provided through Kadra until April 2016 (until it’s closure). Alternative support offered after that time.

During FY16, City of Newton employees received lab and/or radiology services at NWH.

In FY16, managers have reported early return to employment for employees voluntarily seeking occupational health services.

**Partners**

**Partner Name, Description**

City of Newton

Waltham Urgent Care Center

**Partner Web Address**

<http://www.ci.newton.ma.us/>

<http://www.nwh.org/clinical-centers/waltham-urgent-care-center/>

**Contact Information**

Beth Taylor, Vice President  
 Vice President of Human Resources  
 NWH 2014 Washington St., Newton, 02462  
 617-243-6768  
 etaylor@partners.org

**Provision of primary care to children and adolescents who are uninsured or present other challenges interfering with accessing primary care.**

<b>Program Type</b>	School/Health Center Partnership
<b>Statewide Priority</b>	Address Unmet Health Needs of the Uninsured, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
<b>Brief Description or Objective</b>	The Pediatric Primary Care Clinic (PPCC) and NWH Waltham Family Medicine provide medical care to children and adolescents who do not have access to a private physician. Additionally, a wide range of specialty clinics associated with Massachusetts General Hospital for Children are available to Clinic patients.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Natick, Needham, Newton, Waltham, Weston</li> <li>• <b>Health Indicator:</b> Access to Health Care, Immunization, Other: Asthma/Allergies, Other: Uninsured/Underinsured</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> All Children</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul>

**Goal Description**

Provide primary care to children and adolescents who are uninsured or present other challenges interfering with accessing primary care.

Provide primary care to children and adolescents.

Accept agency referrals for children/adolescents without primary care.

Provide primary and specialty care to uninsured children and/or those with medical/social conditions beyond ability of private office.

Consult to schools and agencies and coordinate services for disadvantaged youth.

Participation by clinicians on various local and state-wide agencies as experts on pediatric health.

**Goal Status**

In FY16, provided care to 27 pediatric uninsured patients while they were in the application phase for Mass Health so as not to delay school entry.

In FY16, there were 651 visits to the pediatric clinic.

In FY16, there was an increase in number of youth served compared to last year.

The clinic has reached out to Waltham for provision of primary pediatric care to children not followed routinely by a pediatrician.

In FY16, there was anecdotal evidence of fewer missed school absences due to primary and preventive care.

In FY16, there were numerous school consultations and participation on agency boards, e.g. Newton Boys & Girls Club, local Boards of Public Health and Mass Medical Society – School Health Committee.

**Contact Information** Joel Bass, MD Chair, Department of Pediatrics Newton-Wellesley Hospital  
617-243-6565, jboss@partners.org

**Springwell/NWH Inter-City Medical Transportation**

<b>Program Type</b>	Outreach to Underserved
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations
<b>Brief Description or Objective</b>	To assist with access issues, NWH provides medical transportation through Springwell, the area agency on aging. Residents of surrounding communities are provided transportation with 48-hour notice to the provider. NWH also supports various community agencies with additional transportation support to facilitate client access to needed healthcare.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Boston-Allston, Waltham, Watertown</li> <li>• <b>Health Indicator:</b> Access to Health Care</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> Adult-Elder</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul>

Goal Description	Goal Status
Provide transportation to seniors who are otherwise unable to obtain health care services due to transportation obstacles	In FY16, 287 round-trip rides to NWH were provided by Springwell.
Seniors from Waltham, Watertown and Newton utilized the service the most.	The majority of the Springwell transportation, 219 rides (76%), was Waltham residents. Seniors from Watertown accounted for 13.3% of the trips while 3.4% were from Newton.
Transportation was provided with round trip service to physician and hospital services.	
Provide access to transportation for vulnerable patient populations to address their healthcare needs.	In FY16, established mechanisms for clients of homeless shelters, low income housing or senior agencies to have on-going access to needed healthcare services.
Make appointments for seniors who need either primary or specialty care.	In FY16, the hospital's Care Finder program facilitated scheduling appointments for patients in need of a physician or hospital service.

**Partners**

Partner Name, Description	Partner Web Address
Springwell (AAA)	<a href="http://www.springwell.com">www.springwell.com</a>
Middlesex Human Service Agency	<a href="http://www.mhsainc.org">www.mhsainc.org</a>
Community Day Center	<a href="http://communitydaycenter.org/">http://communitydaycenter.org/</a>

**Contact Information** Lauren Lele, Director, Community Benefits, Newton-Wellesley Hospital, 2014 Washington St., Newton, MA 02462 617-243-6330, llele@partners.org

**Health education, promotion and disease prevention education**

<b>Program Type</b>	Community Education, Grant/Donation/Foundation/Scholarship, Health Professional/Staff Training
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations
<b>Brief Description or Objective</b>	In FY16, in response to health education needs identified in the community health needs assessment, a series of educational programs were developed for certification needs in CPR/First Aid for childcare workers, and tobacco cessation. Additional education and health promotion education on various topics were conducted.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Natick Needham, Newton, Waltham, Wellesley, Weston</li> <li>• <b>Health Indicator:</b> Mental Health, Other: Child Care, Other: Education/Learning Issues, Other: Elder Care, Other: First Aid/ACLS/CPR, Other: Smoking/Tobacco, Other: Stress Management, Tobacco Use</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> Adult</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> English</li> </ul>

**Goal Description**

Offer wellness classes designed to address tobacco use.

Provide classes for childcare workers seeking CPR/First Aid certification. As well as provide free CPR/1st Aid classes for Workers in Domestic Violence Programs.

Conduct community flu clinics.

Support local initiatives that promote health and wellness.

Promote education through health education.

Provide health awareness and disease prevention programs

**Goal Status**

In FY16, the hospital’s wellness center offered, at no cost, attendees classes on tobacco cessation (8 attendees) led by an experienced clinician.

In FY16, 60 childcare workers became certified. 20 Domestic Violence workers were trained.

In FY16, held 15 flu clinics in the NWH service areas.

In FY16, NWH had representatives at 8 health community events speaking on wellness and programs at NWH.

In FY16, 20 NWH clinical experts spoke at various community agencies/schools events.

In FY16, NWH conducted 5 specialty clinics/screenings in the community.

**Contact Information** Lauren Lele, Director, Community Benefits, Newton-Wellesley Hospital, 2014 Washington St., Newton, MA 02462 617-243-6330 , llele@partners.org

**Newton At Home**

<b>Program Type</b>	Outreach to Underserved, Prevention
<b>Statewide Priority</b>	Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity, Supporting Healthcare Reform
<b>Brief Description or Objective</b>	Newton At Home and Newton-Wellesley Hospital partnered during FY16 in the provision of post-discharge services to frail elderly at risk for re-hospitalization. The project enables seniors to remain safely and independently in their own home by providing a broad array of programs and services, e.g. shopping, medication delivery, transportation to medical providers, friendly volunteer visitors and so on.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Newton</li> <li>• <b>Health Indicator:</b> Access to Health Care, Mental Health, Other: Education/Learning Issues, Other: Elder Care, Other: Homebound, Other: Safety, Other: Safety - Home</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> Adult-Elder</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> Not Specified</li> </ul>

**Goal Description**

Appropriate candidates will be identified and enrolled in the program.

The program will make every effort to prevent re-hospitalization as a result of non-acute health or social issues.

Provide practical services, e.g. medical transportation, pick up of medications, grocery shopping, handyman services, and friendly visits.

**Goal Status**

In FY16, 8 patients discharged from the acute setting were enrolled in the program.

In FY16, no patients were readmitted during their 30-day membership.

In FY16, these patients received 151 services provided by NAH volunteers during their 30 day memberships. 45% of the patients chose to enroll in annual Newton at Home memberships.

**Partners**

Partner Name, Description	Partner Web Address
Newton At Home	<a href="http://www.newtonathome.org">www.newtonathome.org</a>

**Contact Information** Maureen Grannan, Executive Director, 617-795-2560, director@newtonathome.org

**Child and Adolescent Mental Health Services at Newton-Wellesley Hospital**

<b>Program Type</b>	Community Education, Community Health Needs Assessment, Prevention, School/Health Center Partnership
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations
<b>Brief Description or Objective</b>	The National Institute of Mental Health reports that 1 in 5 children or adolescents experience a mental health problem before the age of 18, yet only 1 in 5 of these children or adolescents receives the treatment they need. The hospital is focused on addressing the mental health needs of the families in our community through collaboration with area high schools with emphasis on managing mental health problems and prevention initiatives.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Natick, Needham, Newton, Waltham, Wellesley, Weston</li> <li>• <b>Health Indicator:</b> Mental Health</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> Child-Teen</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> English</li> </ul>

<b>Goal Description</b>	<b>Goal Status</b>
Provide opportunity for collaboration with high schools on the issue of mental health.	Held an annual mental health summit with attendees from the six school districts in NWH’s PSA. The 100 attendees included Principals, school nursing, social work, therapeutic staff, and guidance staff.
Create school-specific mental health programming.	Met with 6 high schools on multiple occasions to develop a school-specific program to address mental health. Provided a dedicated team of clinicians for on-going consultation and support. Launched the official The Resilience Project program at NWH.
Expand access to mental health services.	Increased access for referrals to Child and Adolescent Psychiatry clinic with the addition of a psychiatrist and a social worker.
Support local initiatives focusing on mental health.	NWH clinical staff was represented on numerous local committees, and task forces that focus on mental health in adolescents.
Provide education and awareness to community on the topic of mental health.	In FY16, had representation from the Department of Child and Family Psychiatry at various speaking events.

**Partners**

<b>Partner Name, Description</b>	<b>Partner Web Address</b>
Community high school's Administration/leadership	

**Contact Information** Susan Swick, MD, Chief, Child & Adolescent Psychiatry, 2014 Washington St., Newton, 617-219-1232, sswick@partners.org

**Substance Use and Narcan Distribution**

<b>Program Type</b>	Community Education, Direct Services, Prevention, School/Health Center Partnership
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations
<b>Brief Description or Objective</b>	Access and use of Narcan is an effective option of treating drug overdose. The use of this resource in the community is a need for various agencies. NWH is able to provide Narcan and training to our community partners to support their efforts of dealing with the opioid crisis. Naloxone kits are also made available to those who present at the hospital with an opioid overdose. Both initiatives are efforts to impact the overwhelming health concern around substance use.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Natick, Needham, Newton, Waltham, Wellesley, Weston</li> <li>• <b>Health Indicator:</b> Other: Alcohol and Substance Abuse, Substance Abuse</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> All</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> English</li> </ul>

**Goal Description**

To support local community partners with using Narcan and providing Narcan training, when necessary.

Provide preventive substance use resources to ED patients and families.

Provide educational programming to local schools.

Collaborate with various local and state-wide agencies to address the opioid crisis.

**Goal Status**

In FY16, NWH provided 283 doses of Narcan to local community partners – police and fire, public health, schools and shelters.

In FY 16, NWH dispensed 37 naloxone kits to patients in the Emergency Department with diagnosis of opioid overdose.

Financially supported the use of the AlcoholEdu curriculum for parents and students in the Needham High School.

In FY16, there were numerous clinicians who have on-going participation on agency and municipality task forces focused on substance use.

**Partners**

**Partner Name, Description**

**Partner Web Address**

Health depts., schools, police & fire depts,  
homeless shelters

Needham High School

[www.nhs.needham.k12.ma.uu](http://www.nhs.needham.k12.ma.uu)

NWH Pharmacy Dept

**Contact Information** Lauren Lele, Director, Community Benefits, Newton-Wellesley Hospital, 2014 Washington St., Newton, MA 02462 617-243-6330 , llele@partners.org

### Waltham Wellness Collaborative with Healthy Waltham

<b>Program Type</b>	Community Education, Direct Services, Prevention
<b>Statewide Priority</b>	Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations
<b>Brief Description or Objective</b>	In the NWH service area of Waltham, the obesity rate is higher than all other communities NWH serves. In addition, Waltham youth have higher obesity percentage rates than youth statewide. NWH has created a partnership with Healthy Waltham to address this issue in populations throughout the city.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Waltham</li> <li>• <b>Health Indicator:</b> Nutrition, Overweight and Obesity, Physical Activity</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> All</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> English</li> </ul>

**Goal Description**

Create platforms for the promotion of healthy living.

Provide educational programming on healthy lifestyle.

Partner with other organizations in Waltham to expand the messaging.

**Goal Status**

Supported the Fit in Five Wellness Challenge open to all Waltham residents to focus on eating right and exercising more for five weeks in the spring. Provided weekly blog posts by NWH clinicians on specific topics. Provided additional resources for the Challenge.

Conducted in-school programming around healthy eating and promoting healthy choices for youth in Waltham.

Expanded the Collaborative to partner with Waltham Partnership for Youth and specifically the Waltham Youth and Community Coalition.



Involvement in Waltham community wellness educational initiatives.

Supported Healthy Waltham to participate in the School Health Advisory Committee. The specific focus of the Committee was on the development of a new school wellness policy.

**Partners**

**Partner Name, Description**

**Partner Web Address**

Healthy Waltham

[www.healthy-waltham.org](http://www.healthy-waltham.org)

Waltham Partnership for Youth

[www.walthampartnershipforyouth.org](http://www.walthampartnershipforyouth.org)

**Contact Information**

Lauren Lele, Director, Community Benefits, Newton-Wellesley Hospital, 2014 Washington St., Newton, MA 02462 617-243-6330 , [llele@partners.org](mailto:llele@partners.org)

**Newton-Wellesley Hospital Certified Application Counselors**

<b>Program Type</b>	Direct Services
<b>Statewide Priority</b>	Address Unmet Health Needs of the Uninsured, Supporting Healthcare Reform
<b>Brief Description or Objective</b>	Newton-Wellesley Hospital Certified Application Counselors (CACs) provide information about the full range of insurance programs offered by EOHHS and the Health Connector. Our CACs help individuals complete an application or renewal; work with the individual to provide required documentation; submit applications and renewals for the Insurance Programs; interact with EOHHS and the Health Connector on the status of such applications and renewals; and help facilitate enrollment of applicants or beneficiaries in Insurance Programs. In FY16, NWH CACs contributed to the estimated 75 patient financial counselors that served patients who needed assistance with their coverage.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Needham, Newton, Waltham Wellesley, Weston</li> <li>• <b>Health Indicator:</b> Access to Health Care</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> All</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul>

<b>Goal Description</b>	<b>Goal Status</b>
Provide information about the full range of insurance programs offered by EOHHS and the Health Connector.	In FY16, NWH CACs contributed to the estimated 75 patient financial counselors that served patients who needed assistance with their coverage.

**Partners**

Partner Name, Description	Partner Web Address
Massachusetts Health Connector	<a href="https://betterhealthconnector.com/">https://betterhealthconnector.com/</a>
Mass Health	<a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>
Health Care for All	<a href="https://www.hcfama.org/">https://www.hcfama.org/</a>
Massachusetts Hospital Association	<a href="https://www.mhalink.org/">https://www.mhalink.org/</a>
Massachusetts League of Community Health Centers	<a href="http://www.massleague.org/">http://www.massleague.org/</a>

**Contact Information**

Kim Simonian, Director for Public Payer Patient Access, Community Health, Partners Healthcare, ksimonian@partners.org

**Expenditures**

*Community Benefits Programs*

Expenditures	Amount
Direct Expenses	\$1,357,215
Associated Expenses	Not Specified
Determination of Need Expenditures	Not Specified
Employee Volunteerism	Not Specified
Other Leveraged Resources	\$161,506

*Net Charity Care*

Expenditures	Amount
HSN Assessment	\$7,157,955
HSN Denied Claims	\$18,355
Free/Discount Care	\$426,330
Total Net Charity Care	\$7,602,640

Corporate Sponsorships \$164,192

**Total Expenditures** \$9,285,553

**Total Revenue for 2016** \$420,025,000

**Total Patient Care-related expenses for 2016** \$394,115,700

**Approved Program Budget for 2017** \$9,285,553  
 (\*Excluding expenditures that cannot be projected at the time of the report.)