Open Letter to
Members of the Winchester Hospital Community
Residents of the Winchester Hospital Service Area

I'm pleased to share with you Winchester Hospital's Community Health Needs Assessment. We have undertaken this assessment in order to better understand the health needs of the communities we serve. In this way, we are able to inform and guide our selection of and commitment to programs and services that address those needs for residents of our service area.

In conducting our needs assessment, we have sought to be both thorough and rigorous. The methodology that we have followed, and will continue on an ongoing basis, includes

- Researching the changing demographics of selected cities and towns that comprise the hospital's service area
- Studying preliminary demographic findings, especially with regard to defined statewide health priorities, which include supporting health care reform, chronic disease management in disadvantaged populations, reducing health disparities and promoting the wellness of vulnerable populations
- Identifying potential population groups, risk factors and causes of ill health that may be the target of program and service initiatives
- Pursuing primary data sources to validate and refine preliminary findings
- Communicating and collaborating with community leaders and other agencies to identify opportunities for partnership in meeting health needs and improving health status

We have completed the initial data gathering and analysis work and identified our Community Benefit initiatives for FY2014 based on this community health needs assessment. But this is an ongoing effort. Our own assessment and programming efforts will continue throughout the coming years. We will continue to refine our programmatic recommendations annually based on changing needs and program outcomes. This is a living document and we welcome your perspective and insights to enable us to continually improve our program initiatives and work toward the greater health of our communities.

Sincerely,

Kevin F. Smith
President and Chief Executive Officer

<u>Hospital Overview</u>
Winchester Hospital is a not-for-profit institution that owns and operates a 229 bed general acute care hospital located in Winchester, Massachusetts. Licensed beds include

- Medical/Surgical beds   147
- Intensive Care Unit beds   10
- Obstetric beds   20
- Pediatric beds   12
- Normal newborn bassinets   24
- Special Care Nursery bassinets   16

The hospital also operates outpatient sites in Medford, North Andover, Billerica, Reading, Stoneham, Winchester and Woburn. Outpatient services include, but are not limited to, Ambulatory Surgery Center, Center for Cancer Care, Breast Care Center, Walk In/Urgent Care Center, Home Care Services, Sleep Center, Chiropractic Center, Wound Care and Hyperbaric Therapy, Physical Therapy, Cardiopulmonary Rehabilitation, Weight Management, Nutrition Services, Endoscopy Services, Diabetes Services, Pain Management, Bone Densitometry, Integrative Therapies, Imaging Services and Laboratory Services,

<u>Community Definition and Demographics</u>
The hospital derives over 75% of its inpatient discharges from 12 cities and towns that make up its Primary Service Area (PSA). These communities are: Billerica, Burlington, Malden, Medford, North Reading, Reading, Stoneham, Tewksbury, Wakefield, Wilmington, Winchester and Woburn.

For the purpose of the community health needs assessment, research has focused on the subset of those communities that are most dependent on Winchester Hospital. Specifically, those communities are
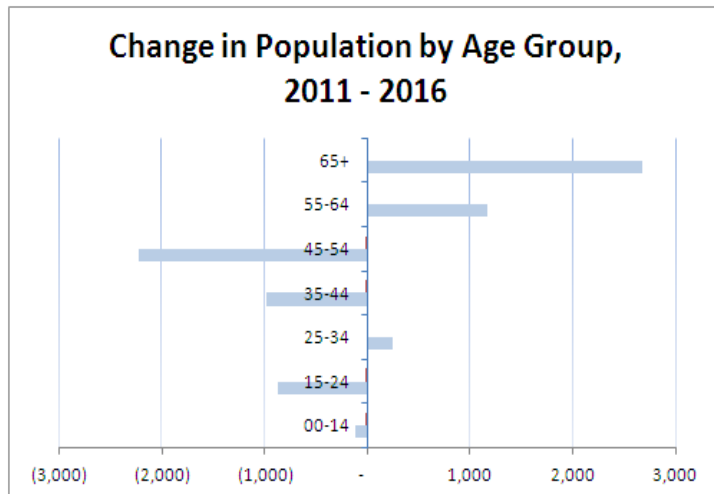
- Woburn
- Winchester
- Wilmington
- Stoneham
- Reading
- North Reading

In aggregate, these six communities represent a population base of over 144,000 persons.

Based on demographic data, the population in the six target communities is projected to decline slightly in the period 2011 – 2016. Almost the entire population decline is focused on younger age groups (zero – 24 years) and middle age groups (35 – 54 years), while population growth is concentrated in the older age groups (65+). In 2011, the predominant age cohort is the 35 – 54 groups followed by the zero – 24 groups, but by 2016, the largest age cohort shifts to the 55+ age groups.

Change in Population by Age, 2011 - 2016

Age Group	2011 Num	2011 PerCt	2016 Num	2016 PerCt	Chg 2011 - 2016 Num	Chg 2011 - 2016 PerCt
00-14	27,755	19.2%	27,642	19.2%	(113)	-0.4%
15-24	14,971	10.4%	14,098	9.8%	(873)	-5.8%
25-34	15,659	10.9%	15,904	11.0%	245	1.6%
35-44	20,787	14.4%	19,805	13.7%	(982)	-4.7%
45-54	24,382	16.9%	22,163	15.4%	(2,219)	-9.1%
55-64	18,437	12.8%	19,603	13.6%	1,166	6.3%
65+	22,237	15.4%	24,908	17.3%	2,671	12.0%
Total	144,228	100.0%	144,123	100.0%	(105)	-0.1%

Change in Population by Age Group, 2011 - 2016

note: aggregate population for towns of North Reading, Reading, Stoneham, Wilmington, Winchester and Woburn
source: Ivantage projections based on 2010 census

Additionally, the demographic data shows a shift in the racial distribution of the population. The population of the six target communities is predominantly White, and likely to remain so in the near future. However, by 2016 the White population is projected to decline and the Asian and Hispanic populations are slated to increase.

The Asian population is projected to increase by 918 or 11.6%. The Hispanic population is projected to increase by 798 or 20.3%. The presence and growth of the Asian and Hispanic populations should be considered in the health needs of the community.

Change in Population by Race, 2011 - 2016

	2011 Num	2011 PerCt	2016 Num	2016 PerCt	Chg 2011 -2016 Num	Chg 2011 -2016 PerCt
Amer Indian	118	0.1%	117	0.1%	(1)	-0.8%
Asian	7,947	5.5%	8,865	6.2%	918	11.6%
Black	2,564	1.8%	2,846	2.0%	282	11.0%
Hispanic	3,928	2.7%	4,726	3.3%	798	20.3%
Other	2,445	1.7%	2,683	1.9%	238	9.7%
White	127,226	88.2%	124,886	86.7%	(2,340)	-1.8%
Total Population	144,228	100.0%	144,123	100.0%	(105)	-0.1%

note: aggregate population for towns of North Reading, Reading, Stoneham, Wilmington, Winchester and Woburn
source: Ivantage projections based on 2010 census

The growth in the Asian and Hispanic populations occurs in all of the six towns.

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Population Change by Town for Asian and Hispanic Cohorts, 2011 - 2016

	Asian				Hispanic			
	2011	2016	Change 2011 - 2016	PerCent 2011 - 2016	2011	2016	Change 2011 - 2016	PerCent 2011 - 2016
Woburn	3,039	3,327	288	9.5%	1,838	2,196	358	19.5%
Reading	966	1,071	105	10.9%	364	429	65	17.9%
Stoneham	799	906	107	13.4%	680	829	149	21.9%
Wilmington	806	913	107	13.3%	398	483	85	21.4%
Winchester	1,931	2,175	244	12.6%	408	492	84	20.6%
No Reading	406	473	67	16.5%	240	297	57	23.8%
Total	7,947	8,865	918	11.6%	3,928	4,726	798	20.3%

source: Ivantage projections based on 2010 census

Unemployment data further indicates that 94% - 95% of the available labor force is employed, while 5% - 6% of the labor force is unemployed. It should be noted that the labor statistics are only available on a county level. On average, the labor statistics are positive, however, the figures may mask, and thus understate, the volume of those who are struggling economically.

Unadjusted Labor Force and Unemployment Statistics: Middlesex County

Employment

2011	780,236
2012 (through June)	788,083

Labor Force

2011	828,752
2012 (through June)	830,508

Unemployment

2011	48,516
2012 (through June)	42,425

Unemployment Rate

2011	5.8
2012 (through June)	5.0

source: US Dept of Labor, Bureau of Labor Statistics

Note: 2012 data is average of 6 months

Town specific data indicates that there are households struggling with poverty and/or low income in the towns served by Winchester Hospital. Specifically, the communities of Woburn, Stoneham and Reading have over 10% of their population with household incomes under $25,000.

Town Specific Household, Income and Poverty Data, 2011

Town	Number Households	Avg Household Size	Median Household Income	2011 Household Income $ 0 - $14,999		2011 Household Income $15,000 - $24,999		2011 Household Income < $25,000	
				Num	PerCent	Num	PerCent	Num	PerCent
Woburn	16,636	2.45	$ 70,178	1,383	8.3%	1,198	7.2%	2,581	15.5%
Stoneham	9,386	2.39	$ 71,942	671	7.1%	717	7.6%	1,388	14.8%
Reading	8,879	2.69	$ 101,761	456	5.1%	527	5.9%	983	11.1%
Wilmington	7,195	2.96	$ 89,152	330	4.6%	325	4.5%	655	9.1%
Winchester	7,429	2.80	$ 116,822	327	4.4%	276	3.7%	603	8.1%
North Reading	5,497	2.73	$ 96,150	201	3.7%	248	4.5%	449	8.2%

source: ESRI Business Information Solutions

1 person	$ 11,722
1 person < 65	$ 11,945
2 persons	$ 14,960
2 persons < 65	$ 15,452
3 persons	$ 18,287

source: US Census, Weighted Average Poverty Thresholds for 2012

Health Needs Methodology
The approach taken to data collection included researching available secondary source data, including MassCHIP town reports, MassCHIP Community Health Network Area reports and the Behavioral Risk Surveillance Survey (BRSS) along with Health and Risk Behaviors of Massachusetts Youth. In addition to secondary data sources, staff from the Center for Healthy Living held face-to-face interviews with the Public Health Nurses and/or Health Agents from each of the six towns. Summarized findings were also shared with the members of the hospital's Community Benefits Advisory Board. At each step in the process, there was the opportunity for questions, additions, corrections and modifications.

MassCHIP Data
The following is a selection of MassCHIP data from town specific Health Status Indicators Report and key findings. The data indicates that the towns served by the hospital are generally healthier than the State-wide experience. However, there remain opportunities to improve the health of the population. Based on general categories, the findings are as follows:

PERINATAL AND CHILD HEALTH INDICATORS	State-MA	Woburn	Stoneham	Reading	Wilmington	Winchester	No Reading
Births to women 15-44	77,646	537	229	256	255	235	137
Fertility Rate per 1,000 women 15-44	57.2	71.4	57.4	61.3	60.0	66.5	52.3
White Non-Hispanic	52,427	368	195	228	225	202	127
Fertility Rate per 1,000 women 15-44	50.8	58.5	53.9	58.4	56.5	65.0	51.1
Black Non-Hispanic	6,421	29	10	na	na	na	-
Fertility Rate per 1,000 women 15-44	66.3	151.1	213.1	na	na	na	0.0
Hispanic	10,826	32	5.0%	na	6	na	na
Fertility Rate per 1,000 women 15-44	79.5	97.5	41.7	na	91.8	na	na
Asian	5744	95	15	19	17	25	8
Fertility Rate per 1,000 women 15-44	64.7	135.2	74.2	99.1	97.1	76.6	101.3
Infant deaths	380	1	0	2	0	0	0
Infant Mortality Rate per 1,000 live births	4.9	1.9	0.0	na	0.0	0.0	0.0
Low birthweight (<2500 grams)	6,147	38	15	22	13	10	12
Percent	7.9%	7.1%	6.6%	8.6%	5.1%	4.2%	8.6%
Births to adolescent mothers	4,993	13	na	na	6	na	na
Percent	6.4%	2.4%	na	na	2.3%	na	na
Mothers not receiving prenatal care 1st trimester	13,877	77	23	27	35	15	21
Percent	18.0%	14.4%	10.0%	10.5%	13.7%	6.3%	15.1%
Mothers with adequate prenatal care	63,604	453	213	231	234	219	126
Percent	82.8%	84.7%	93.4%	89.5%	91.4%	92.4%	90.7%
INFECTIOUS DISEASE INDICATORS	State-MA	Woburn	Stoneham	Reading	Wilmington	Winchester	No Reading
Pertussis	1,204	22	8	6	na	8	na
Crude Rate/100,000 persons	18.7	59.3	37.1	25.9	na	37.8	na
CHRONIC DISEASE INDICATORS	State-MA	Woburn	Stoneham	Reading	Wilmington	Winchester	No Reading
Total deaths (all causes)	52,690	316	258	159	145	156	101
Crude Rate/100,000 persons	699.7	707.3	720.1	552.3	717.3	434.6	870.9
Total cancer deaths	12,961	77	61	42	39	32	26
Crude Rate/100,000 persons	178.9	174.2	181.9	148.4	195.6	108.1	213.8
Lung cancer deaths	3,604	30	21	16	16	16	10
Crude Rate/100,000 persons	50.8	67.9	67	59.7	80.2	55.9	79.7
Breast cancer deaths	837	5	3	4	3	2	2
Crude Rate/100,000 persons	20.1	20.9	16.3	22.0	27.4	16.6	20.8
Cardiovascular disease deaths	16,641	109	89	52	38	54	32
Crude Rate/100,000 persons	214.4	241.0	246.1	178.2	185.6	135.1	266.3
SUBSTANCE ABUSE INDICATORS	State-MA	Woburn	Stoneham	Reading	Wilmington	Winchester	No Reading
Alcohol and other drug related hospital discharges	23,369	141	76.0%	49.0%	52	58.0%	37.0%
Crude Rate/100,000 persons	362.0	380.3	352.0	211.6	242.6	274.4	265.6
HOSPITAL DISCHARGES FOR PRIMARY CARE MANAGEABLE CONDITIONS	State-MA	Woburn	Stoneham	Winchester	Stoneham	Reading	No Reading
Asthma	9,473	62	26	26	23	26	16
Age adjusted rate per 100,000 persons	146.9	165.9	115.4	113.4	93.3	100.2	114.5
Bacterial pneumonia	23,316	166	88	78	121	74	49
Age adjusted rate per 100,000 persons	329.6	391.9	429.9	250.2	368.6	277.3	403.8

source: MassCHIP Town Specific Health Indicator Reports

Perinatal and Child Health Indicators: The women of childbirth age (15 – 44) in the six communities have an overall higher fertility rate than the State. The higher fertility rate is evident across all racial groups even though several of the towns have such a small non-white population that the rate cannot be calculated. Although the fertility rate is high, there is almost no infant mortality. The data does point to low birth weight that is at or above the State rate in Woburn, Reading and North Reading.

Infectious Disease Indicators: All available indicators are well below the State average with the exception of Pertussis. Towns with a higher rate of Pertussis, compared to the State average, include Woburn, Winchester, Stoneham and Reading. Based on interview findings there is likelihood this may be a matter of choice rather than unmet health needs.

Chronic Disease Indicators: The data shows a higher than State rate of deaths from all chronic diseases in Woburn, Wilmington, Stoneham and North Reading. Chronic disease deaths from cancer, especially lung cancer and breast cancer, and cardiovascular disease are higher than the State rate in most of the six towns.

Substance Abuse Indicators: The six towns have lower than State rate of admissions to DPH funded treatment programs. However, there is evidence of alcohol and other drug related hospital discharges, at or above the State rate, from Woburn and Stoneham.

Hospital Discharges for Primary Care Manageable Conditions: The rate of hospital discharges for asthma (in Woburn) and bacterial pneumonia (in Woburn, Stoneham, Wilmington and North Reading) exceeds the State rate. This points to opportunities to avoid potentially unnecessary hospitalizations.

Behavioral Factor Surveillance Survey (BRFSS)
The town specific BRFSS data shows that several of the six towns have a higher percentage of unfavorable responses, compared to the State average, for risk factors associated with cardiovascular disease. This is consistent with the findings in the MassCHIP data.   Available cardiovascular health risk factors include

- Asthma
- Current depression
- Diabetes
- Fruit/vegetable consumption – healthy diet
- Hypertension
- Heart disease
- Lack of physical activity
- Obesity and overweight
- Smoking
- Stroke

The data indicates that adults in the towns of Woburn and Stoneham report a higher percentage of hypertension, lack of physical activity and stroke coupled with lower consumption of fruits and vegetables than the State average. Adults in Winchester, Stoneham and North Reading report a higher percentage of heart disease while residents in Woburn and Wilmington report a higher percentage of overweight and smoking.   And residents in Winchester report a higher percentage of stroke.   Overall, the BRFSS findings are consistent with the MassCHIP evidence of chronic disease indicators for cardiovascular disease mortality.

Behavioral Risk Factor Surveillance Survey - Small Area Analysis

Community(**SEE NOTE BELOW)	Asthma (%)	Current Depression (%)	Diabetes (%)	F/V Consumption (%)	HTN (%)	Heart Dx (%)	Lack PA (%)	Obesity (%)	OW (%)	Smoking (%)	Stroke (%)
Massachusetts	10.33	7.43	7.51	27.43	25.82	5.85	47.78	22.97	58.85	15.87	2.01
Winchester	8.97	5.32	5.49	32.57	23.13	6.03	44.18	15.25	52.94	9.82	2.16
Woburn	10.1	7.28	6.48	24.46	28.65	5.81	51.56	21.16	61.04	17.51	2.08
Wilmington	9.74	5.57	5.5	28.52	24.49	5.48	45.29	20.18	62.1	17.45	1.8
Stoneham	9.41	6.04	7.03	26.98	26.83	6.64	50.17	19.46	56.51	13.8	2.19
Reading	8.91	5.6	5.61	30.21	25.17	5.65	44.02	18.76	53.62	10.25	1.89
North Reading	8.9	Unable to report	5.88	28.53	23.24	5.89	45.2	22.39	55.13	13.82	1.76

Indicator	Definition
Asthma	Three years average prevalence of asthma among adults in MA (CY2008 - 2010)
Current Depression	Three years average prevalence of symptoms of depression in past two weeks by PHQ-8 among adults in MA (CY2006, 2008, 2010)
Diabetes	Three years average prevalence of diabetes among adults in MA (CY2008-2010)
F/V Consumption	Three years average prevalence of consumption of 5 or more fruits and vegetables per day among adults in MA (CY2005, 2007, 2009)
HTN	Three years average prevalence of hypertension among adults in MA (CY2005, 2007, 2009)
Heart Dx	Three years average prevalence of coronary heart disease among adults in MA (CY2008-2010)
Lack PA	Five years average prevalence of lack of regular physical activity among adults in MA (CY 2001, 2003, 2005, 2007, 2009)
Obesity	Three years average prevalence of obesity among adults in MA (CY2008-2010)
OW	Three years average prevalence of overweight (including obese) among adults in MA (CY2009 -2011)
Smoking	Five years average prevalence of current smoker among adults in MA (CY2006 - 2010)
Stroke	Three years average prevalence of ever diagnosed with Stroke among adults (35+) in MA (CY2009-2011)

source: MA Department of Public Heatlh, Division of Prevention and Wellness

**The yellow-highlighted Small Area Estimate (SAE) prevalence for the community meets one but not both DPH REPORTING RULES. (The estimates have adequate sample size, however, the precision of 95% Confidence Interval (CI) is larger than the allowable requirements). The SAE may be reported at the discretion of the program but the following language must accompany the report:

"In order to provide data for more Massachusetts communities, we include town level estimates that may be based on relatively few respondents or have standard errors that are larger than average. The confidence interval for this community is wider than the normal limits set by MDPH. Therefore, the estimate for this town should be interpreted with caution."

Health and Risk Behaviors of Massachusetts Youth

This 2011 report integrates findings from the Massachusetts Youth Risk Behavior Survey and the Massachusetts Youth Health Survey and covers both middle and high school age young people. The key findings state that,

- Several adolescent risk behaviors have shown significant improvement and these include substance use, nutrition, violence and personal safety
- Many important risk areas remain unchanged since 2003 and these include condom use, getting someone/becoming pregnant, reports of physical activity, suicidal thoughts and behaviors, mental health indicators and obesity
- Risk factors that have worsened include having been taught about HIV/AIDS
- New areas of concern, based on new survey questions, have emerged including cyber-bullying (as either victim or initiator)

In addition, a Community Health Assessment Report (2011) for the Northwest Suburban Health Alliance, which includes Woburn, Wilmington and Winchester, shows that

- Woburn and Wilmington had among the highest percentage of students participating in the School Meal Programs – free lunch and reduced lunch
- Woburn and Wilmington had the highest number of infants and children participating in the WIC program

Interview Findings

Staff from the Center for Healthy Living (CHL) interviewed health agents, members of the Board of Health and/or school nurses from each of the six towns. The questions raised at each meeting were as follows:

Key Informant Interview Questions

1. What do you see as the primary strengths of the healthcare system within (name of the town)?
2. What do you see as the primary weaknesses of the healthcare system within (name of town)?
3. What gaps in services exist or what barriers keep people from using services already available?
4. Overall, which population groups would you say are in greatest need of increased community attention? For each population group named:
   a. What are the major needs of this group?
   b. What evidence do you see of their needs?
   c. What are the barriers to services for this group?
   d. What services are currently provided and what services need expansion or improvement in the way they are delivered?
5. What are major health issues you see in your community, especially among low income/underserved people?
6. Have we covered everything you think is important? Are there other people you think we should talk to?

The interview findings are summarized below based on the priorities identified.

1. **Elderly:** issues of low income, lack of self care, hoarding, lack of resources, psychological issues (isolation and mental well-being) following hospital discharge, housing, chronic illness (hypertension and diabetes)
2. **Substance Abuse:** related to youth and families in reference to stress, bullying, and behavioral issues, oxycontin and heroin use, hepatitis C from needle sharing, parties where prescription and non-prescription drugs are shared, adult drug addiction following injury/surgery
3. **Communicable Diseases/Immunization:** flu vaccine for elderly (no longer offered for free), refugee/immigrant population with children not immunized to enter school, TB in immigrant population, shingles vaccine, Pertussis vaccine
4. **Childhood Obesity/Adult Obesity:** latch-key children not getting physical activity, parents unable to transport children to after school programs, increase in children needing blood sugar testing in the schools, obesity contributing to chronic diseases
5. **Cancer:** rates increasing
6. **Refugee/Immigrant/Homeless health issues:** homelessness – multiple families co-habilitating in a single home or families at hotels/motels

Approach to Prioritizing Health Care Needs

Prioritization of findings was based on the intersection of health care issues, population demographics and Winchester Hospital available resources. Because the elderly are, and will continue to be, the largest population cohort, it was deemed important to focus on the needs of that group. Additionally, the child/youth population, despite modest declines in the coming years, will also continue to represent a significant population group. As a result, the listing below represents the most significant health needs of the six towns and the community benefit initiatives developed and implemented to address those needs.

<u>Prioritized Health Needs and Community Benefit Focus for Winchester Hospital:</u>
The key findings were as follows:

Population Cohort: Adult Population
Target Group/Issue: Elderly
Data Findings:
- Fastest growing, and soon to be largest, population cohort in the service area
- Predominantly female and likely to be living alone
- Chronic disease management key to self sufficiency and ability to age at home
    - Cardiac health
    - Pulmonary health
    - Cancer – primarily lung and breast

Interview Findings:
- Significant issues of self care – physical and mental limitations/neglect
- Face issues due to lack of resources – home repair, trash pickup, hoarding
- Insufficient awareness of available resources

WH Initiatives Addressing Community Needs:
Outpatient Heart Failure program, Control Yourself (hypertension program), Pneumonia Readmission Prevention program, COPD Readmission Prevention, Anti-coagulation Clinic, Home Lab Blood Draws, Diabetes Education/Management, Cancer Screenings, Senior Outreach Initiative, Lifeline program, A Matter of Balance, Meals on Wheels, STAR Cancer Rehabilitation program, Post-Cardiac Rehab program, Support Groups (Alzheimer's Caregivers, Prostate patients, Diabetes patients)

Issues Not Addressed:
Winchester Hospital does not have the expertise or resources to address some issues identified through interviews, i.e., home repair, trash pickup, hoarding and general physical and mental limitations/neglect.

Population Cohort: Youth Population
Target Group/Issue: Childhood and Adolescent Nutrition/Obesity
Data Findings:
- Second largest age cohort in the service area
- State data shows a decline in the percent of students who eat the recommended servings of fruit and vegetables or drink the recommended quantity of milk
- White students and female students are least compliant

Interview Findings:
- Increasing number of students needing blood sugar testing in schools

- Increase in the percent of student who are overweight or at risk of being overweight
- Issues are multifaceted, i.e., a function of knowledge (of good nutrition) as well as geographic and financial access to fitness activities and healthy food

WH Initiatives Addressing Community Needs:
In collaboration with the Council of Social Concern and its Food Pantry, provided Healthy Recipes for Low Income Families, food drives for local food pantries

Issues Not Addressed:
Winchester Hospital is not a primary social service provider, but does seek to partner with key community agencies, i.e., Woburn Council of Social Concerns and local school systems to support knowledge of and access to healthy nutrition

Population Cohort: Adult Population
Target Group/Issue: Immigrant Groups
Data Findings:
- Fastest growing ethnic group in the service area is the Asian population
- State data shows that the largest segments of the Asian population are Chinese, Asian Indian, Vietnamese and Cambodian
- Chinese, Asian Indian and Vietnamese populations are predominantly 18 – 64 years of age
    - The Chinese community has a large elderly populations while the Asian Indian and Vietnamese communities have large children/youth populations
    - The Cambodian population is almost evenly divided between children/youth versus adults, but the elderly cohort is small

Interview Findings:
- School age children present with inadequate immunizations when needing to enter schools
- Evidence of homelessness and/or multiple families cohabitating
- Same range of health issues for adults and the elderly, but complicated by barriers of language and financial access

WH Initiatives Addressing Community Needs:
Collaboration with Winchester Multicultural Network to identify community education program needs, Osteoporosis screening (focused on Asian population due to disease prevalence)

Issues Not Addressed:
Winchester Hospital does not have the expertise to help address homelessness. The hospital plans to outreach existing programs to make them available and culturally sensitive to the needs of the immigrant populations, within the limits of available resources.

Population Cohort: Youth and Young Adult Population
Target Group/Issue: Respiratory Illness and Substance Abuse

Data Findings:
- Significant age cohort in the service area (remains substantial even though projected to decline)
- 13.5% of the 10 – 14 age group and 7.9% of the 15 – 19 age group are Medicaid recipients
- The most prevalent causes of hospitalization are respiratory system diseases and asthma

Interview Findings:
- Substance abuse is an issue in terms of stress, bullying and behavioral issues
- Access to prescription and non-prescription drugs trigger "whatever medication you can find" parties
- Oxycontin and heroin are problematic in selected communities
- Public health staff are seeing an increasing rate of hepatitis C from needle sharing and lack of condom use

WH Initiatives Addressing Community Needs:
School nurse education and support, CHAMP – Pediatric Asthma program, ER nurses/student nurses presentations to high school students on topics of bullying, hand washing, alcohol prevention

Issues Not Addressed: Winchester Hospital has an emergency and inpatient psychiatric consult service (in affiliation with McLean's Hospital) which seeks to complement substance abuse programs. The hospital is engaged in affiliation discussions with other providers that offer behavioral services and it is anticipated that increased outpatient resources will be available in the future.

Process Participants
The Community Health Needs Assessment has been presented to the Planning and Marketing Committee of the hospital's Board of Directors. In addition, on an annual basis, that body has authorized implementation of community benefit initiatives. The current members of the Planning and Marketing Committee and their affiliations are listed below.

Planning and Marketing Committee of the Board of Directors of Winchester Hospital
Community members:
- Paul Andrews, Chairman, Woburn resident
- Sara Delano, Winchester resident
- John Doherty, Wilmington resident
- Dr. Jim Ficociello, Wilmington resident
- Janice Houghton, Stoneham resident
- Marsha Lamson, Winchester resident
- Joseph Tarby, Woburn resident
- Kevin F. Smith, President & Chief Executive Officer, Winchester Hospital

The hospital also has a Community Benefits Advisory Group which meets twice a year to provide input into the planning and development of community based programs as well as to review and assess annual initiatives. The members of the Advisory Board

represent both public and private community based agencies concerned with the health and well-being of local residents. The current members of the Advisory Board are listed below.

Community Benefits Advisory Board
Community Members:
Betty Britt, School Nurse,
         Winchester School System
Denise Danizio, Lead Nurse
         Woburn School System
Bea Erickson RN, Board Member,
         Friends of Winchester Hospital
Jane Fiore RN
         Retired Reading Public Health Director
Jan Hanson
         Community Health Network Area (CHNA) 15 Coordinator
Gloria Legvold
         Winchester Multicultural Network
Mary Price
         Community Representative
Dean Solomon, Executive Director
         Woburn Council of Social Concern
Sue Swansburg
         North Reading Public Health Nurse
Sandy Thompson
         Winchester Multicultural Network

Hospital Staff:
Marylou Hardy, Senior Marketing & Business Development Specialist
         Marketing, Sales & Business Development
Larry Pickering, Assistant Director
         Free Home Lab Draw, Winchester Hospital Laboratory Services
Miriam Pollack, Senior Planner
         Planning & Business Development
Susan Powers, Associate Director
         Center for Healthy Living, Winchester Hospital
Mary Sweeney, Vice President, Planning & Business Development & Communications
         Winchester Hospital
Pamela Venti, Health Education Coordinator
         Center for Healthy Living, Winchester Hospital