

FY16 Community Benefit Report

Organization Information

Heywood Hospital

Organization Address and Contact Information

Organization Name: Heywood Hospital
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City, State, Zip: Gardner, MA 01440
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Organization Type and Additional Attributes

Organization Type: Hospital
For-Profit Status: Not-For-Profit
Health System: Heywood Healthcare
Community Health Network Area (CHNA): CHNA 9
Regional Center for Healthy Communities (RCHC): 2
Regions Served: Ashburnham, Gardner, Hubbardston, Templeton, Westminster, Winchendon

CB Mission

Community Benefits Mission Statement: Heywood Hospital is dedicated to the community benefit goals of improving the health status of our community, addressing the special health needs of the underserved, and collaboration with others to enhance quality and contain the growth of community healthcare costs.

Target Populations:

Name of Target Population	Basis for Selection
Committed to addressing health disparities that exist in our region and improving access to care for populations adversely affected by social determinants of health especially populations living in poverty, ethnic and linguistic minorities, disadvantaged youth, veterans, and elders and their caregivers. Priority Health Issues identified are Mental Health and Substance Abuse; Suicide Prevention; Chronic Disease and related risk factors; Nutrition Issues including Obesity and food insecurity.	2015 Community Health Needs Assessment quantitative and qualitative data

Publication of Target Populations: Marketing Collateral, Website

Hospital/HMO Web Page Publicizing Target pop.: www.heywood.org

Key Accomplishments of Reporting Year:

- Provided nutrition education to 142 individuals through cooking classes and interactive presentations promoting wellness and managing chronic disease with good nutrition.
- Robust partnership with the Gardner and Ashburnham-Westminster schools offering nutrition education and physical activities to over 151 elementary students and provided food assistance to 220 low- income and at-risk youth through a weekend backpack food program.
- Provided health information about heart disease and diabetes to over 125 individuals by participating in community health fairs and events reaching vulnerable populations.
- Offered wellness instruction and self-care techniques to 705 individuals to manage symptoms associated with having cancer, chronic conditions, and mental health and/or substance use.
- Lead several multi-sector coalitions and actively participated on community boards and committees to collaboratively address community health needs and gaps in services.
- Provided health and financial insurance information and enrollment assistance to 5,026 individuals reducing financial barriers to accessing healthcare.
- Offered free psychosocial support to 58 community members looking for information and referrals on issues related to housing, food, transportation, behavioral and substance abuse.
- Assisted and paid for legal services for 25 patients who did not have the means to pay.
- Assisted 122 patients with transportation and as a result were able to follow up with their healthcare and prevented missed appointments.
- Provided 1171 hours of mentorship to 315 students pursuing careers in healthcare.
- Distributed \$127,000 grants to 25 local organizations that provide programs in line with the hospital's community benefit areas of focus and reach the targeted population.

Plans for Next Reporting Year: In 2017, Heywood Hospital's remains committed to addressing health disparities and health needs of our region, as identified by the 2015 Community Health Needs Assessment. Our community benefit programming focuses on improving access to care for populations adversely affected by socio-economic conditions and abuse and maltreatment, especially low-income individuals and families, school children, elderly, minority, veterans, disabled and vulnerable populations. Priority Health Issues identified are Mental Health and Substance Abuse; Suicide Prevention; Tobacco Use; Chronic Disease; Obesity and Food Insecurity; and Primary Care/ Wellness. We will also initiate planning for a community health needs assessment to be completed by April 2018.

Community Benefits Process

Community Benefits Leadership/Team: Heywood Hospital's community benefit leadership team is a 13 member Community Investment Committee (CIC), comprised of internal hospital leaders, community members, CHNA 9, and external stakeholders representing the minority community, schools, and local businesses. Meetings are staffed by the VP of External Affairs. The Community Health Needs Assessment and related Community Benefit Plan goals and activities are shared with the Board of Trustees for approval.

Community Benefits Team Meetings: Formal Meetings of the CIC are held quarterly. Periodic meetings are held between the Community Benefits Manager and the program leads. Updates are provided at the Hospital's senior leadership meetings with feedback incorporated for program expansion and improvement. Members of the management team actively participate in various community agency boards, coalitions, and committees, which assists in identify community needs and facilitates new ideas and community collaborations to address the issues.

Community Partners: Heywood's approach to Community Benefits is to actively participate on and collaborate with cross-sector coalitions, healthcare and behavioral health providers, community, and faith-based organizations and businesses to develop and implement our plan, goals, and strategies. Partners include: CHNA9; Montachusett Public Health Network; Gardner Area Interagency Team (GAIT); Suicide Prevention Task Force; Regional Behavioral Health Collaborative; Minority Health Coalition; Health Disparities Collaborative; Community Health Connections FQHC; GVNA Healthcare; Community Health Link; LUK, Inc; AED Foundation; SHINE Initiative; Gardner Community Action Team (GCAT); and Montachusett Opioid Prevention Coalition (MOPC); Gardner Religious Council; Unitarian Church; Gardner CAC; HOPE House; Peoples Place Tobacco Cessation Group; Gardner, Ashburnham, Winchendon and Westminster Public School Districts; Montachusett Vocational Technical High School; The Winchendon School; Mount Wachusett Community College; Fitchburg State University; Framingham State University; University of New Hampshire; Bates College; Gardner Rotary Club; Hannaford Supermarkets; Gardner News.

Community Health Needs Assessment: The target needs and populations for Heywood Hospital's 2016 Community Benefit initiatives were identified through a 2015 Community Health Assessment conducted in partnership by the CHNA 9, the Joint Coalition on Health and the Minority Coalition of North Central Massachusetts. Additionally, the Heywood Healthcare Board of Trustees was integral in the development and support of identified initiatives.

Date Last Assessment Completed and Current Status: During 2015 an updated Community Health Assessment of North Central MA (CHA) was conducted, including the greater Gardner area served by Heywood Hospital. The assessment report was released in 2015 and Hospital staff and community partners presented the findings at various venues to community members, stakeholders, and partners. Hospital staff, community partners, and the community benefit's leadership team analyzed the data and identified priority areas and developed a board approved implementation strategy to address the needs. The Assessment and Implementation Plan are posted on the hospital's website at www.heywoodhospital.org. The CHNA 9, Athol Hospital, Heywood Hospital, and Health Alliance Hospital have developed a Community Health Improvement Plan (CHIP) in response to the CHA. Four areas were prioritized based on CHA data. The priority areas include: 1) Healthy Eating and Active Living based on high rates of diabetes, heart disease, and obesity; 2) Individuals and Families in Healthy and Safe Relationships based on high rates of domestic violence and child abuse/ neglect; 3) Behavioral Health and Substance Abuse based on high rates of smoking, alcohol, and opioid abuse and on ongoing shortage of beds/services for behavioral health; 4) Transportation and Access based on qualitative data showing transportation as a major barrier to accessing health care, jobs, social services, and healthy food. The CHIP aligns with the hospital efforts and with other work being done in the region, leverages

cross-sector resources and expertise in the community, and maximizes the impact on improving population health. The targeted population and priority areas of Heywood Hospital’s 2016-2018 Community Benefit plan fits within this larger community context.

Consultants/Other Organizations: Health Assessment partners include Heywood Healthcare (Athol and Heywood Hospitals), Health Alliance Hospital, Community Health Connections FQHC, The Joint Coalition on Health, and the Montachusett Public Health Network. The Center for Health IMPACT (formerly known as the Central Mass. AHEC) was subcontracted with for the quantitative and qualitative data analysis and to prepare the report.

Data Sources:

Quantitative Data sources included: MassCHIP; CDC Behavioral Risk Factor Surveillance System (BRFSS); U.S. Census Data and American Community Survey; MA Dept of Education; MA Dept of Workforce Development; MA Dept of Corrections; Tufts Foundation “ Healthy Aging Report; Athol Community Assessment; MPH 2014 Community Assessment; North Quabbin Community Assessment.

Qualitative data included focus groups and/or interviews with the diverse communities and populations of North Central Ma, they included: Study Partners, Westwinds Clubhouse; North Quabbin Community Coalition; Veterans Homestead Inc; 15 West Teen Coffeehouse; Clinton Hospital; Montachusett Opportunity Council; New Hope Baptist Church; Hope Center; Fitchburg Senior Center; Goodrich Academy Alternative High School; and Regional Behavioral Health Collaborative.

Community Benefits Programs

Priority Area: Nutrition Services

Program Type: Community Education

Statewide Priority: Promoting Wellness of vulnerable populations, Chronic Disease management in disadvantaged populations

Brief Description or Objective: Nutrition educations focuses on helping individuals understand the role of good nutrition in the prevention and management of chronic conditions. Families and individuals participate in community educational events including cooking classes, supermarket shopping tours, presentations and information designed to give participants the tools to make healthy nutrition choices.

Target Population: Regions Served- Greater Heywood Service Area

Health Indicator- Nutrition, Diabetes, Cardiac Disease

Sex- All **Age Group-** All **Ethnic Group-** All **Language-** All

Goal Description	Goal Status Need updates
<p>Cooking Classes: An interactive and fun way to translate complex nutrition information into everyday low cost, practical and healthy meals. Each nutrition and cooking class features a nutrition lecture by a registered dietitian and live cooking demonstration offered in a community-based group setting. The program reaches vulnerable groups including low-income children and families and elderly.</p>	<p>Three interactive cooking classes were held for the community at the Heywood Hospital cafeteria with total 66 participating.</p> <p>At each of the cooking classes, participants learned healthful cooking techniques and expressed ways they would incorporate into their home preparation.</p>
<p>Presentations- Provided by a Registered Dietitian</p>	<p>- Nutrition education was offered 12 times for</p>

these presentations are offered to adults with chronic conditions. Focuses on the role good nutrition and weight loss can have on the management and slowing the progression of the disease.	cardiac rehab patients managing heart disease. 61 participants gained knowledge on how to maintain and low fat and low sodium diet following a cardiac event. - Nutrition presentation was provided at the Gardner Senior Center for the Taking Pounds Off Sensibly group. 15 seniors gained knowledge on incorporating fiber into the diet to aid with weight loss.
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Contact Information:

Name- Denise Foresman

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Priority Area: Nutrition Services

Program Type: School Partnership

Statewide Priority: Promoting Wellness of Vulnerable Populations, Reducing Health Disparities

Brief Description or Objective: In conjunction with area schools, programs are designed to help enrich student’s wellness curriculum and foster good health in and out of school time. Programs incorporate physical activity and nutrition education as well as supplementing low-income, at-risk students with food on the weekend.

Target Population: Regions Served- Gardner, Ashburnham

Health Indicator- Nutrition, Overweight and Obesity, Food insecurity

Sex- All

Age Group- school aged children

Ethnic Group- All

Language- All

Goal Description	Goal Status
“Off Our Rockers”: An after-school fitness instruction and healthy snack provided at Gardner Elementary for children in grades K-2. The objective is to reduce the incidence of childhood obesity, increase fitness levels. Managed by Registered Dietitian and a Registered Nurse.	Three 6 week session were provided with 130 students participating. Through this program, students gained exposure to new fruits and vegetables and became more comfortable and improved their exercise ability.
“Girls on the Run”: A program for middle school girls that creates a positive, structured space for middle school girls to learn about themselves, as they move through adolescence and beyond. The curriculum addresses the whole girl—body, brain, heart, spirit and social connection.	30 girl scouts meeting at the Westminster Middle School participated in a 3-week Girls on the Run wellness sessions. The girls were able to gain knowledge and explore issues such as healthy body image, healthy snacks, exercise, and fitness.
Project LEAP: Nutrition and physical activity program for early elementary aged students. Curriculum engages parent volunteers and exposes students and families to nutritious foods and healthy eating habits so that students can	- 75 Kindergarten and 76 first-grade students at Ashburnham Briggs Elementary School participated in 73 fun and interactive activities that included taste testing healthy foods, learning about food groups and engaging in physical

reach learning potential.	movement. - 30 first graders participated in a 5 week after school fitness and nutrition program building off of the in-school Project Leap lessons. -Pre and post assessment done with Project Leap participants showed an increase in student knowledge on how to create a healthy dinner increased from 11% to 87% and that behavior change of bringing in a healthy snack improved from 38%- 67%.
Weekend Backpack Program: A backpack of kid-friendly and healthy food items is given out on Friday for the weekend when kids are likely to be most hungry. The food is discreetly and conveniently distributed at the school.	220 low income third and fourth-grade students that attend the Gardner Public Schools benefited from the Backpack program. 8,800 food bags were distributed over the school year. In addition to helping children with having enough food on the weekend and not coming to school hungry on Monday, the school administration expressed it building a connection between the families and the school.

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Priority Area: Chronic Disease

Program Type: Outreach to underserved and community education
Statewide Priority: Promoting wellness of vulnerable populations
Brief Description or Objective: Participation at community events and health fairs hosted by partner organizations such as schools, senior centers where targeted populations are served. Different hospital departments offer education on a variety of health and wellness topics.

Target Population: Regions Served- Greater Heywood Service Area
Health Indicator- Chronic conditions
Sex- All **Age Group-** All **Ethnic Group-** All **Language-** All

Goal Description	Goal Status
<p>Cardiac and Nutrition Department provided educational information on diabetes and cardiovascular disease.</p>	<p>125 participants at the following events increased knowledge about the risk factors, prevention and treatment of Diabetes and Cardiovascular Disease: -Diabetes Fair (over 75 participants) community event held at the Mount Wachusett Community College. Participants received information asked questions from pharmacists, podiatrists, and nutritionists related to diabetes self-care. -Health Fair- (50 participants) held at the Gardner Senior center. Participants received information on protein needs of older adults.</p>

Contact Information:

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Title- Nutrition Services Manager

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Priority Area: Chronic Disease

Program Type: Direct Service

Statewide Priority: Promoting wellness of vulnerable populations

Brief Description or Objective: Self-care techniques provided for individuals suffering from cancer, chronic conditions, and mental health and substance abuse disorders.

Target Population: Regions Served- Greater Heywood Service Area

Health Indicator- Chronic conditions

Sex- All

Age Group- adults and elders

Ethnic Group- All

Language- All

Goal Description	Goal Status
<p>American Cancer Society Feel Good Look Good Program- 2-hour hands-on workshop for female cancer patients to help them combat the appearance-related side effects of Cancer Treatment.</p>	<p>The program offered three times with a total of 9 individuals participating. Females gained practical knowledge on skin care, nail care, and accessories for hair loss. But the greatest benefit is the support developed with other individuals in the group who they can feel safe with and who understand what they are going through.</p>
<p>Tomando Control de su Salud (Spanish Chronic Disease Self-Management Program) is an evidence based community workshop given two and a half hours, once a week, for six weeks for Spanish-speaking people with different chronic health problems</p>	<p>15 participants attended Tomando and increased confidence in their ability to manage their chronic condition. Participants increased knowledge on the following health topics and self-management techniques: 1) healthy eating, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) managing depression, 4) appropriate use of medications, 5) communicating effectively with family, friends, and health professionals, 6) relaxation techniques, 7) appropriate use of the health care system, 8)</p>

	how to evaluate new treatments, and 9) better breathing.
Diabetes Support Group – Individuals with Diabetes support one another in managing their disease. The group chooses a topic of discussion and the R.D. provides education and information on the topic for the group to discuss.	The diabetes support group was held at the Heywood Wakefield Common’s apartments. 8 individuals participated monthly and gained information and supported each other on diabetes-related issues such as healthy eating, exercise, and managing stress.
Wellness groups - Interactive group education on ways to manage addiction for individuals with co-occurring behavioral health and substance use disorders. Provides and introduction to and application of principles for creating a balanced and healthy lifestyle.	Wellness groups were provided twice weekly at the Partial Hospitalization Program reaching 589 participants. Through interactive sessions, the participants were able to practice and demonstrate self-management and calming techniques to manage addiction. Topics included: good nutrition via taste testing and virtual shopping tours; starting an exercise program; and stress reduction via yoga and guided breathing.
MENders - Men’s support group promoting healthy living and offering coping skills for managing symptoms associated with mental illness and substance use.	92 men and 220 total visits participated in the MENders support program. Through this support group, men became connected to resources; gained confidence in themselves and learned coping skills to better manage their behavioral health and/or addiction issues.

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Name- Denise Foresman

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Priority Area: Behavioral Health and Social Determinants of Health

Program Type: Community Participation/ Community Building Initiative

Statewide Priority: Promoting Wellness of Vulnerable Populations; Supporting health care reform

Brief Description or Objective: Heywood Hospital leads several coalitions that include bringing together multi-sector partners in the planning and implementation of strategies to reduce identified health needs and gaps in services. Additionally, hospital staff actively participates in and take leadership roles on a number of organization boards and committees.

Target Population: Regions Served- Greater Heywood Service Area

Health Indicator- Behavioral Health and Social Determinants of Health

Sex- All

Age Group- All

Ethnic Group- All

Language- All

Goal Description	Goal Status
GAIT (Gardner Area Interagency Team) Administered by Heywood, this well-established	Monthly meetings consistently had 40 members attend. The meetings provided opportunities for

<p>coalition has been working together for over 35 years to improve access to health and social services for the communities' most compromised populations. GAIT consists of over 50 members representing school departments, elected officials, health and human service providers, mental health providers, home care services and businesses.</p>	<p>networking, information on community services, and collaboration on addressing community health needs. Annual activities include a Community Resource Service Fair with over 200 people attending and a Legislative breakfast.</p>
<p>The Montachusett Suicide Prevention Task Force – Spearheaded by HH, this multi-sector Task Force serves the City of Gardner and the surrounding 22 towns. In its fourth year, its mission is to prevent suicide by providing education and resources to help those who struggle with depression, survivors of suicide and those who have lost loved ones to suicide.</p>	<p>Approx 40 members participated monthly for resource sharing and educational events. Offered QPR training for community groups, organized Ride of your Life and supported MENders support group.</p>
<p>Regional Behavioral Health Collaborative Developed in partnership with Heywood Healthcare and HealthAlliance Hospital, Leominster, membership consists of emergency department directors and staff, clinical emergency service and behavioral health providers, school personnel (nursing, guidance, and administration), community health workers, as well as hospital administration. The goal is to facilitate improved and protocol development.</p>	<p>Approx 30 members participated monthly for information sharing and to develop a system-wide response to the region's behavioral health needs. The RBHC is coordinating the implementation of HelpPro, a shared, on-line resource directory used by clinicians, physicians and consumers to assist with resource identification from mental health and addiction services to transportation.</p>
<p>Community Board and organization participation.</p>	<p>Heywood staff actively participated in the following coalitions/boards: Boys and Girls Club; Gardner Community Action Team; GAAMHA; House of Peace and Education; Gardner Rotary; Gardner Chamber of Commerce GVNA Healthcare; Community Health Connections FQHC; Fitchburg Housing Authority; Clark YMCA; Growing Places; North Central Mass Minority Coalition; Greater Gardner Religious Council; Women's Circle of Giving; United Way; Mount Wachusett Community College; Winchendon Health Foundation.</p>

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Name- Dawn Casavant
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Priority Area: Social Determinants of Health

Program Type: Direct Services

Statewide Priority: Supporting Health Care Reform

Brief Description or Objective: Provide psychosocial supports for individuals and families to address needs and overcome barriers. Direct support includes health coverage enrollments; transportation; legal services; and information and referral.

Target Population: Regions Served- Greater Heywood Service Area

Health Indicator- Social Determinants of Health

Sex- All

Age Group- All

Ethnic Group- All

Language- All

Goal Description	Goal Status
Provide uninsured or underinsured patients with information and enrollment assistance with health care.	3,708 individuals received counseling on health insurance coverage and financial assistance to overcome barriers to accessing needed health care. 601 health insurance applications were completed and 717 referrals made to other services.
Assist vulnerable individuals with information and referrals to community programs that could address their needs.	Assisted 58 individuals, which either phoned in or walked in, with psychosocial services. Many of the individuals served were elder caretakers, homeless individuals or veterans. Provided information and referrals on issues related to housing, food, transportation, behavioral health and substance abuse.
Assist low-income families with free legal services.	Assisted 25 patients with completing the paperwork and paying the attorney fees. Type of legal services includes guardianship, healthcare proxy, power of attorney advanced directives and civil commitments.
Arrange for transportation for individuals who do not have transportation and it would be a financial burden to go to their medical appointments.	122 patients assisted with transportation and as a result were able to follow up with their healthcare and prevented missed appointments.

Contact Information:

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Name- Barbara Nealon

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Priority Area: Social Determinants- Career Development

Program Type: Mentorship/Career Training/Internship

Statewide Priority: Promoting Wellness of Vulnerable Populations/ Reducing Health Disparity/ Supporting Health Care Reform

Brief Description or Objective: Heywood Hospital provides opportunities for high school and college students to gain experiences in various departments across the hospital. Students are exposed to different aspects of healthcare which serves two different purposes: to help educate young adults on current health issues and to allow participants to explore different career options, which further supports Heywood Hospitals efforts to improve local socio-economic factors and to increase the availability of trained health care workforce.

Target Population:

Regions Served- Greater Heywood Service Area

Health Indicator- Social Determinants of Health- Education, Employment, Income

Sex- All

Age Group- Teens and Young Adults

Ethnic Group- All

Language- All

Goal Description	Goal Status
<p>Rehabilitation Services serves as a clinical education site for high school and college students to gain experience in an array of acute inpatient and outpatient physical and occupational therapy services.</p>	<p>1 FSU college student completed a 240-hour internship required for graduation with a BS in Exercise Science.</p> <p>8 high school students observed cardiac rehab staff for a total of 126 hours.</p>
<p>Nursing Department serves as a clinical site for nursing students enrolled at Monty Tech Vocational High School, Mount Wachusett Community College, and Fitchburg State University. Nursing students rotate through Inpatient, Emergency Room, Geri-psych Unit, and Mental Health Unit.</p>	<p>Approx. 300 students rotated through. Staff spent 150 hours working with these students over the course of the year.</p> <p>The experiences students gain through this clinical rotation fulfills a requirement to graduate nursing school.</p>
<p>Nutrition Department provides internship and work-study opportunities for Dietetic students attending Framingham State University. The dietetic internship provides a 17-week rotation for students to observe counseling skills and nutrition care planning for a variety of health conditions.</p>	<p>2 FSU student RD interns worked alongside nutrition preceptor for 455 hours each to complete their clinical rotation. These students gained knowledge on conducting patient nutrition assessments, care planning, and nutrition education. Participated in chart multidisciplinary team meetings and chart documentation cosigned by R.D. The clinical internship fulfilled student’s requirements to be eligible to take the RD exam.</p> <p>Additionally, 3 students completed a 20-hour nutrition practicum observing RD at inpatient and outpatient clinics conduct diet history and counseling.</p>
<p>Philanthropy Department hosts summer work study for Bates Students to explore and gain knowledge of hospital administration and</p>	<p>Staff precepted one student for 140 hours. Projects completed included a review of community health assessment data and assisting</p>

population health management.	with identifying priority areas specific to each community and the region; educating patients on the patient portal; and assisting with community events.
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Contact Information:

Name- Dayna Girouard

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Priority Area:

Program Type: Grant/Donation/Foundation Scholarship

Statewide Priority: Chronic Disease Management in Disadvantaged Populations; Reducing Health Disparities; Promoting Wellness of Vulnerable Populations

Brief Description or Objective: Grants provided to local organizations to fund programs that are in line with the hospital’s community benefit areas of focus and targeted population. 25 grants totaling \$127,000 supported projects that addressed mental health and substance abuse, diabetes prevention, nutrition, access to care, youth development, and social determinants.

Target Population:

Regions Served- Greater Heywood Service Area

Health Indicator- Nutrition; Chronic Disease; Mental health and substance abuse; and healthcare access

Sex- all

Age Group- all

Ethnic Group- all

Language-all

Goal Description	Goal Status
AED Foundation to expand the operation of Alyssa’s Place, a peer recovery center offering support and services to people struggling with substance use and those who have been affected by the substance use of a loved one.	Alysa’s Place Peer Recovery and Resource Center operated in Gardner 3 days per week for a minimum of 12 hours each week. The center is a safe place for support and connection to resources. Trained facilitators to implement a “Making Change” support group targeted at young substance users ages 14-21.
Athol YMCA to support the Substance Abuse Prevention, Education, and Awareness Project (YSAPP).	YSAPP engaged over 2,500 youth in substance abuse prevention, education and awareness through the activities and events.
GAAMHA to support the design, acquisition, and installation of a state of the art camera and video recording system. The goal of this technology is to create a training tool for program staff to provide more effective services to our individuals and to safeguard the health and security of the individuals who attend our programs.	The video technology installed allowing the Positive Behavioral Supports team to evaluate the effectiveness of proposed behavioral interventions, and to give new staff visual examples of both predictive behaviors and positive and successful responses to behavioral challenges displayed by our individuals.
Gardner Public Schools support summer professional development focused on positive behavioral interventions and supports	Staff from Waterford Street, Elm Street, and Gardner Middle Schools participated in the Positive Behavioral Interventions and Supports (PBIS) training. Increased teacher understanding of

	tiered behavioral supports and aided in developing a school culture that promotes positive supports and interventions for students.
House of Peace and Education, Inc. (HOPE) to support the Café Friday Fun. A program for young teens to ensure they are busy with productive fun and engaging activities and not getting into trouble with their parents or law enforcement.	15 youth participated in a “Fun Friday” events. The youth were engaged in planning the events promoting team building, problem-solving and positive social interactions with adult authority figures.
National Alliance for Mental Illness to support Individuals with a mental illness who seek support in their recovery and want to learn more about mental illness and ways to remain healthy.	Established support services in Gardner that are attended by individuals with a mental illness who live in Gardner and surrounding communities. Services established include a NAMI Connection Recovery Support Group; a NAMI Peer-to-Peer Recovery Education Program; and offered a NAMI Peer-to-Peer Mentor training in Gardner.
North Quabbin Community Coalition to support activities of the Substance Abuse Prevention Task Force.	Conducted 6 Call to Action Forums for community engagement and education; maintained a comprehensive resource directory and distributed parent resource packets; raised awareness of substance abuse prevention at the River Rat festivities; supported Take Back Initiatives; and maintained a strong collaborative coalition dedicated to impacting substance abuse in and around North Quabbin.
North Quabbin Citizen’s Advocacy to support an aggressive outreach campaign in order to increase the numbers served and services provided. Targeted at reaching individuals with disorders that are developmental, mental illness, age-related, or trauma related.	Engaged more young people by working closely with schools and having youth assisting with the outreach. Increase visibility with CBO’s by providing presentations and with the community at large through presentations to several local groups, newsletter, and social media.
North Quabbin Mediation Services to expand mediation services for divorce and child custody, and other such cases involving children. To create a pilot program for the provision of mediation services with families involved with the Department of Children and Families (DCF).	A pilot mediation program with DCF implemented. Mediation services helped to mitigate risks to children’s physical and mental health, their education and social wellbeing.
The Minority Coalition to support a survey of residents at Olde English Village (OEV), a residential complex of 200 units, 96 of which are Section 8 designated to learn about their most pressing health and social concerns; 2) Create Leadership Council in the Gardner area comprised of key stakeholders who will work together and respond to the results of the survey.	Survey results were collected from 97 households and analyzed by the minority coalition and the multicultural task force of the hospital. A health Fair was conducted at OEV providing information and resources related to issues identified from the survey.
The Peoples Place to fund outreach efforts and training materials in order to increase capacity to support more individuals suffering from addiction	Outreach efforts successfully increased participation in Quitters Win program at both locations. The program at Athol Hospital increased

community.	new enrollees by 31% and total visits increased 19%. The program offered at Peoples Place in Gardner increased new enrollees by 15% and the number of total visits by 39%.
CHNA 9 to disburse mini-grants to community-based agencies that will support the hospital's community benefit priority areas.	13 mini-grants totaling \$23,000 were provided to agencies serving the region. Priority areas addressed through these grants were behavioral and substance use, youth development, social determinants, healthy homes, healthy living, and self-management. The programs had a focus on health equity targeting disadvantaged groups such as low-income children and families, developmentally disabled, and Latinos.

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