

Community Health Assessment of North Central and North Quabbin Regions of Massachusetts

Heywood and Athol Hospitals

Community Health Priority Areas &
Improvement Strategy



Health Status Priority Areas

- **Maternal and Child Health**

- Higher teen birth rates across study area
- Lower rates of adequate prenatal care
- Nearly double the rate of women that smoked during pregnancy

- **Behavioral Health (MH/SUD/Suicide)**

- Athol, Gardner, Orange and Winchendon have the highest rates of mental health hospitalizations in the region and are higher than the state
- Among the 5 largest cities in the study area, Gardner had the highest alcohol/substance related hospitalization rate at 453.61.

Health Status Priority Areas

- **Behavioral Health (MH/SUD/Suicide)**

- In the study area, Gardner is the only city that had a higher opioid-related hospitalization rate than the State.

- (Massachusetts 343.25 vs. Gardner 525.52)

- Athol has the highest opioid-related mortality for the largest 5 cities in the study area at 19.41 per 100,000 vs. 9.32 for the region.

- Drastic increase in the percent of individuals admitted to a treatment program who identified heroin as their primary substance use from 2010-2014.

- In 2014 there were 22 suicides in the study area. The highest number occurred in Gardner and Athol

Health Status Priority Areas

•Diabetes

–Within Massachusetts, 8% of the BRFSS respondents in the 2008-2011 time period reported that they had or currently have diabetes, up from 6.5% in the prior survey. In the study area, this percentage was even higher at 9.3%, up from 5.8% in the prior survey.

•Cancer: Breast / Lung

–The Cancer Mortality rate in the study area (169.3 per 100,000) is slightly higher than the State (165.65 per 100,000)

–Among the five largest cities/towns, Gardner had the highest overall rate at 203.37 per 100,000.

Child Maltreatment

–Athol (#2), Gardner (#9) were among the 10 cities with the highest maltreatment reporting rates in the Commonwealth.

Community Health Assessment Strategy & Implementation Plan

Priority Areas and Goals

Mental Health & Substance Use

Suicide Prevention

Access

Chronic Disease

Primary Care/Wellness

Social Determinants

Mental Health & Substance Use

Goal: To develop community-wide behavioral health strategies and systems that improve mental health and substance abuse infrastructure in the region.

Objectives:

- Develop a community-wide network for behavioral health services.
- Develop a standard of operating procedures and protocols for use with all community partners.
- Support the integration of behavioral health in the HMG primary care settings.
- Implement an enhanced behavioral health care coordination model within the Emergency Department and In-patient settings.
- To develop the Petersham Property to create a system to provide adult and adolescent behavioral health and substance abuse services.

Target: July 2015 – June 2017

Suicide Prevention

Goal: To reduce the incidence and prevalence of suicide in the region.

Objectives:

To facilitate programming to address:

- Suicide Prevention Education within community-settings
- To engage state and local leadership and consumers in suicide prevention strategies
- To provide support groups and targeted outreach and education to populations identified with “high risk” for suicide; working-aged men, elders, and adolescents.

Target: On-going

Access to Healthcare

Goal: To introduce innovative strategies to improve access to health services.

Objectives:

- To engage community health workers and case managers to assist patients to address barriers for high risk populations.
- To improve the availability of community transportation for patients in need of non-emergency medical care.
- To develop and implement new vendor relationships for telemedicine technology services.
- To expand the provision of community-based wellness and prevention services and programs (e.g. school-based, home, workplace)

Target: July 2015 – June 2017

Chronic Disease

Goal: To develop population health management programs and support changes to policy and environmental conditions that support healthy settings, where our patients, live, work and play.

Objectives:

- To develop a chronic disease patient registry (CHF, Diabetes, Pneumonia)
- To expand the use of the chronic care model to support patients to better manage chronic disease. (provide self-management support, improved delivery system design, decision support, and clinical information systems)
- To implement Diabetes Prevention Programming in the community-setting.
- Partner with municipalities to encourage active living through policy

Primary Care & Wellness

Goal: To strengthen primary care service delivery to support improved patient health outcomes, patient satisfaction and the reduction of health care costs.

Objectives:

- To complete a gap analysis and engage a HMG primary care practice to become a National Committee on Quality Assurance (NCQA) Primary Care Medical Home Level 2 or Level 3 certified practice.
- To develop enhanced physician recruitment and retention programs.
- To explore opportunities for new practice start ups.
- To evaluate the feasibility of, and develop a plan, for the creation of an Urgent Care Center.

Primary Care & Wellness

- To improve information sharing among clinical providers.
- To continue community education programming to include community-based Nutrition and Physical activity programs and Tobacco control initiatives.
- To continue to pursue opportunities to integrate health services in school-based settings

Target: July 2015 – June 2017

Social Determinants

Goal: To work in partnership with community organizations and coalitions to address the social determinants on health.

Objectives:

- To provide annual fiscal support to community organizations to address social determinants on health through a grant process facilitated by the Heywood Healthcare Charitable Foundation.
- To provide a forum for non-profit community organizations to discuss and develop strategies to address social determinants through the facilitation of the Gardner Area Interagency Team (GAIT).
- To provide leadership to Multi-Cultural Task Force and Health Disparities collaborative and Regional Behavioral Health Collaborative to address social determinants experienced by minority populations.

Target: On-going

Other Priority Conditions

Goal: To evaluate current services and best practices to address the following additional conditions:

- Breast Cancer
- Lung Cancer
- Teen Pregnancy
- Child Maltreatment