Massachusetts Department of Public Health Determination of Need Community Health Initiative CHNA / CHIP Self Assessment

Version: 8-1-17

This self-assessment form is to understand the Community Engagement process that has led/ will lead to the identification of priorities for community health planning processes. It is being used to demonstrate to DPH that an existing community health planning process adequately meets DPH standards for community engagement specific to Determination of Need, Community Health Initiative purposes.

This form will provide the basic elements that the Department will use to determine if additional community engagement activities will be required. When submitting this form to DPH, please also submit your IRS Form 990 and Schedule H CHNA/CHIP and/or current CHNA/ CHIP that was submitted to the Massachusetts Attorney General's Office. Additionally, the Applicant is responsible for ensuring that the Department receives Stakeholder-Assessments from the stakeholders involved in the CHNA / CHIP process.

All questions in the form, unless otherwise stated, must be completed.

Approximate DoN Application Date: 04/30/2018 DoN Application Type: DoN-Required Equipment

What CHI Tier is the project? (●) Tier 1 ( ) Tier 2 ( ) Tier 3

1. DoN Applicant Information

Applicant Name: Winchester Hospital/Shields MRI, LLC

Mailing Address: 700 Congress Street, Suite 204

City: Quincy State: Massachusetts Zip Code: 02169

2. Community Engagement Contact Person

Contact Person: Marylou Hardy Title: Community Relations Regional Manager

Mailing Address: 41 Mall Road

City: Burlington State: Massachusetts Zip Code: 01805

Phone: (781) 744 - 3131 Ext: E-mail: marylou.hardy@lahey.org

3. About the Community Engagement Process

Please indicate what community engagement process (e.g. the name of the CHNA/CHIP) the following form relates to. This will be use as a point of reference for the following questions and does not need to be a fully completed CHNA or implemented CHIP.
(please limit the name to the following field length as this will be used throughout this form):

2016 WH CHNA/CHIP

4. Associated Community Health Needs Assessments

In addition to the above engagement process, please list Community Health Needs Assessments and/or Community Health Improvement Planning Processes, if any that the Applicant been involved with in the past 5 years (i.e. CHNA/CHIP processes not led by the Applicant bur where the Applicant was involved?

(Please see page 22 of the Community-Based Health Initiative Guidelines for reference http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf)

Add/ Del Rows	Lead Organization Name / CHNA/CHIP Name	Years of Collaboration	Name of Lead Organizer	Phone Number	Email Address of Lead Organizer
+ -					

5. CHNA Analysis Coverage

Within the 2016 WH CHNA/CHIP , please describe how the following DPH Focus Issues were analyzed DoN Health Priorities and Focus Issues (please provide summary information including types of data used and references to where in the submitted CHNA/CHIP documents these issues are discussed):

5.1 Built Environment

Winchester Hospital contracted with John Snow to assist with the 2016 community health needs assessment. The 2016 WH CHNA/CHIP was conducted in three phases. Phase I involved a comprehensive review of existing quantitative data along with qualitative interviews with key stakeholders to characterize community need. The primary source of secondary, epidemiological data was the Massachusetts Community Health Information Profile (MassCHIP) data system along with the following sources:

- U.S. Census Bureau, American Community Survey 5-Year Estimates (2009-2013)
- Behavioral Risk Factor Surveillance System (BRFSS) (2012-2013 aggregate)
- CHIA Inpatient Discharges
- Massachusetts Health Data Consortium (MHDC) ED Visits
- MA Hospital IP Discharges (2008-2012)
- MA Cancer Registry (2007-2011)
- MA Communicable Disease Program (2011-2013)
- MA Hospital ED Discharges (2008-2012)
- Massachusetts Vital Records (2008-2012)
- Massachusetts Bureau of Substance Abuse Services (BSAS) (2013)

Phase II involved a more targeted assessment of need and broader community engagement activities that included additional interviews and community listening sessions with health care, social services and public health service providers, as well as forums that included community residents at large. Another major component of Phase II was a comprehensive community health survey (WH Community Health Survey), which collected information directly from community residents through a random household mail survey. The 2015 WH Community Health Survey will be referenced below to highlight self-reported health concerns/health priorities.

Phase III involved a series of strategic planning and reporting activities that engaged a broad range of internal and external stakeholders. This phase also included a range of presentations, whereby WH communicated the results of the CHNA and outlined the core elements of its current and revised CHIP.
(The information can be found under the approach and methods on pages 17-19)

Below are findings from the CHNA as it relates to the built environment:

Issues related to food insecurity, food scarcity, hunger, and the prevalence and impact of obesity are at the heart of the public health discourse in urban and rural communities across the United States. Hunger is a health issue widely affecting people in the state of Massachusetts. Nearly 1 in every 10 households in Massachusetts lacks the resources to afford enough food for all household members to lead active, healthy lives. According to a recent study conducted by Children's HealthWatch and the Greater Boston Food Bank, food insecurity and hunger contribute to a multitude of chronic diseases such as diabetes, obesity, and pulmonary and heart disease. In addition, hunger has a negative impact on education, mental health, productivity and the economy, costing the state of Massachusetts approximately $2.4 billion per year.

According to the Winchester Hospital Community Health Needs Assessment, approximately 1 in 5 adults (18+) (19%) ate the recommended five servings of fruits and vegetables per day, and roughly the same proportion (20%) reported getting no physical activity in the preceding 30 days. According to data collected through the WH Community Health Survey, adults in WH's service area fare much better than the adults Commonwealth-wide with respect to eating the recommended number of servings of fruits and vegetables, but a considerably larger percentage of respondents reported not getting any physical activity other than that related to their job.

Many interviewees and participants in the community forums identified lack of access to healthy foods as a major health issue for segments of the population in this region. Specifically, low-income individuals and families, as well as low-income, frail and/or isolated older adults, were identified as at risk with respect to food access. Interviewees and community forum participants reported that significant numbers of people struggled to buy fresh produce and other nutritional foods, and referred to food insecurity and food scarcity as major contributors to obesity and chronic disease.

Transportation was also consistently mentioned as a barrier to senior well-being, as many elders no longer drive and find themselves with fewer transportation option in the suburban setting.

(Pages 31 and 32 of CHNA)

5.2 Education

With respect to education and employment, all the cities and towns in Winchester Hospital's service area had a higher percentage of residents with a high school diploma or GED equivalency as well as lower unemployment rates than the Commonwealth overall.

In 2014 in the Commonwealth overall, 89.4% of adults 25 or older had a high school diploma or GED equivalency; six of the eight cities/towns in WH's primary service area had percentages at or above 95%

(Page 24 of CHNA)

5.3 Employment

Unemployment rates were lower in Middlesex County (3.3%) compared to the Commonwealth overall (4.2%) as of April 2016.
(Page 24 of CHNA)

5.4 Housing

Nearly all residents in Middlesex County live in safe housing, and homelessness was not identified as a major concern in WH's service area. However, homelessness does exist, and there are pockets of residents who struggle with their housing costs.

Qualitative interviews suggested the high home values and cost of living in many of these areas made it difficult for many residents to make ends meet. Older adults living on fixed incomes were identified as particularly at risk. In 2014, more than 40% of those living in rental units in the cities/towns of North Reading, Stoneham and Winchester paid 33% or more of their income on housing.

(Page 25 of CHNA)

5.5 Social Environment

Relative to the Commonwealth overall, most of the communities in Winchester Hospital's s service area are affluent and fare well with respect to the leading health indicators. However, segments of the population struggle to access needed health services and experience disparities in health outcomes. One of the dominant themes from the assessment's key informant interviews and community forums was the impact that the underlying social determinants of health have on the service area, particularly on low-income, racially/ethnically diverse and older adult cohorts. Social determinants such as poverty, lack of employment opportunities, limited transportation, limited health literacy, linguistic barriers, lack of social support.

Low Income: The towns in the Winchester Hospital service area with the highest proportion of low-income individuals are Medford and Woburn. Nearly a tenth of Medford's population was living in poverty, and 21.8% were living in low-income households earning less than 200% of the federal poverty level. In Woburn, 6.2% were living in poverty, and 19.6% were living in low-income households. In the Commonwealth, 8.1% of the population is living in poverty, and 24.8% is living in low-income households.

Gender: With respect to gender, the service area's distribution overall mirrors that in the Commonwealth, with distributions by gender ranging 50% to 54% female and 46% to 50% male.

Race: Overall, the service area has a relatively homogeneous, non-Hispanic white population, although pockets of diversity do exist in selected communities, particularly in Medford, Winchester and Woburn.

Foreign Born: In Middlesex County, 19.3% of the population is reported as being foreign born compared to 15% for the Commonwealth. Medford had a rate of foreign born at 20.9%, Woburn was 15.1% and Winchester 14.5%.

According to information gathered from our interviews and community forums, foreign-born and racial/ethnic minority populations (e.g., Hispanics, Black/African Americans, Asian-Indians) represent some of the most at-risk populations in the service area. A number of these interviewees or meeting participants cited the fact that often those most at risk are the older parents of those living in the region, who come to the area to live with or to visit their adult children.

Older Adults: Older adults are much more likely to develop chronic illnesses and related disabilities such as heart disease, hypertension and diabetes as well as congestive heart failure, depression, anxiety, Alzheimer's, Parkinson's disease and dementia. The CDC and the Healthy People 2020 Initiative estimate that, by 2030, 37 million people nationwide (60% of the older adult population 65+) will manage more than one chronic medical condition. Many experience hospitalizations, nursing home admissions and low-quality care. They may also lose their ability to live independently at home. Chronic conditions are the leading cause of death among older adults.
According to qualitative information gathered through interviews and community forums, elder health is one of the highest priorities for the WH service area. Chronic disease, depression, isolation and fragmentation of services were identified as some of the leading issues facing the area's senior population. Demographically, two of the eight cities/towns in WH's primary service area (Winchester and Stoneham) had a higher percentage of older adults (65+) compared to the Commonwealth overall.

When considering elder health, it is important to understand that rates of chronic physical disease by age are much higher for elders 65 + compared to rates for the adult population overall. The older people are, the more likely they are to have one or more chronic conditions. Older adults commonly have two to three or more chronic health conditions.

While social determinants of health affect all populations, community and organizational experts expressed concern that seniors may feel these effects more acutely. Many older adults live on fixed incomes with limited funds for medical expenses, leaving them less able to afford the high costs associated with negative health outcomes. Transportation was also consistently mentioned as a major barrier to senior well-being, as many elders no longer drive and find themselves with fewer transportation options in WH's suburban setting. Caregiver support was consistently brought up as a serious issue in community interviews, as many elders rely on family members or aides to manage their care. Stakeholders reported that, between navigating the health system, organizing appointments and medications, and making major medical decisions on behalf of their loved one, caregiver stress and burnout was one of the greatest threats to senior well-being.

(Source: Pages 21-26, Population Characteristics, Determinants of Health and Health Equity)

5.6 Violence and Trauma

Crime and violence are major issues in some communities, and these issues can have intense and far-reaching impacts on health status. In their extreme, these impacts can include death, injury and economic loss, but they also include emotional trauma, anxiety, isolation, lack of trust and an absence of community cohesion. Overall, according to quantitative data from the Massachusetts Department of Public Health and anecdotal information from key informants and community forum participants, crime and violence were not leading health concerns in WH's service area. Crime rates were relatively low compared to the Commonwealth overall, and no one in our interviews or community forums mentioned that crime was a major health concern. Data on domestic violence was limited, but there was information on child abuse. In this case, only two towns, Medford and Woburn, had rates of child abuse or maltreatment/neglect that were higher than county levels. A number of informants noted elder abuse/neglect as a key concern, but there was no quantitative data to support this.

In regards to trauma, first responders indicated there was a need for hemorrhage control/Stop the Bleed education.

(Pages 24 and 25 of CHNA)

5.7 The following specific focus issues

a. Substance Use Disorder

Tobacco Use: Tobacco use is the single most preventable cause of death and disease in the United States.
Massachusetts and Middlesex County had lower rates of tobacco use than many geographies throughout the United States, but given that tobacco use is still the leading cause of illness and disease in the United States, it is important that work be done to lower these rates further. According to the 2015 WH Community Health Survey, 6% of adult respondents (18+) reported as current cigarette smokers, compared to 22.3% of low-income respondents. Commonwealth-wide, 16.6% of adults reported as current cigarette smokers.

Alcohol- or Other Substance Abuse-Related ED Visits: Wakefield (1,063) and Woburn (922) had rates of alcohol- or other substance abuse-related emergency department visits per 100,000 population that were significantly higher than the rates for Middlesex County (714) and the Commonwealth overall (859).

Alcohol Abuse: Risky behaviors related to alcohol are strongly correlated with chronic medical and mental health issues. According to the 2015 WH Community Health Survey, 10.5% of adult respondents reported as heavy drinkers, defined as more than 60 drinks a month for men and 30 drinks a month for women, compared to only 8% of adults in the

Commonwealth overall. Similarly, 27.2% of respondents reported "binge drinking" — more than five alcoholic drinks at any one sitting for men and more than four drinks for women — compared to only 19.4% for Commonwealth residents overall. This finding was confirmed by key informant interviews and participants in the community forums, as a major theme from the qualitative information was the impact and burden of substance use, particularly alcohol and opioids, on the service area's population. A majority of the key informants who were part of this assessment cited alcohol abuse as a major health concern for all segments of the population.

Opioid Overdoses: Middlesex County experienced more than a 200% increase in opioid overdose deaths between 2001 and 2014. Specifically, in 2001, 76 deaths were reported due to opioid abuse in Middlesex County. By 2013 this number had risen to 147, and between 2013 and 2014 the figure rose to 257 deaths.

Opioid-Related ED Visits: Startlingly, every city/town other than Winchester had higher rates of opioid-related emergency department visits per 100,000 population than the Commonwealth (260) or Middlesex County (227), with Wakefield posting the highest rate at 518 visits per 100,000, followed by Stoneham (398), Wilmington (384), Tewksbury (372), North Reading (369), Medford (355), Reading (333) and Woburn (332).

Opioid-Related Hospitalizations. Medford (340) and Stoneham (367) each had rates of opioid-related hospitalizations per 100,000 population that were significantly higher than the rates for Middlesex County (208) and the Commonwealth overall (316). Tewksbury (294) Wilmington (292), Wakefield (272) and North Reading (289) all have rates higher than the Middlesex county average

Opioid related Mortality rates: Medford (13.94), Stoneham (12.7), Wilmington (10.57), Woburn (11.88), Wakefield (12.6)and Tewksbury (11.52) all have higher mortality rates than the state average of 9.4 per 100,000 and Middlesex county of 7.2 per 100,000

(Page 32 of CHNA and pages 40-42, Behavioral Health)

b. Mental Illness and Mental Health

With respect to substance use, according to 2008-2012 data from the MDPH, several cities/towns had statistically higher rates of hospital inpatient and emergency department utilization per 100,000 population for both mental health- and substance use-related conditions.

Poor Mental Health. According to the 2015 WH Community Health Survey, approximately 7% of adult respondents (18+) reported as being in poor mental or emotional health more than 15 days per month, compared to approximately 10% for low-income individuals. Commonwealth-wide, 11.2% of adults reported as being consistently in poor mental or emotional health.

Mental Health-Related Hospitalizations. Only Medford (4,030) had higher hospitalization rates for all mental health-related disorders per 100,000 population than the Commonwealth overall (3,840) and Middlesex County (3,266).

Mental Health-Related ED Visits. With respect to mental health-related emergency department visits, only Medford (5,480) and Wakefield (5,273) had rates per 100,000 population that were higher than the rates for Middlesex County (4,074) and the Commonwealth overall (4,990).

There was an overwhelming sentiment across all community forums that mental health and substance use issues were two of the major health issues facing the community. The clear sentiment was that these issues impacted all segments of the population from children and youth to young and middle-aged adults to elders.

Interviewees and meeting participants discussed the stresses that youth face related to family, school and their social lives with peers. These stresses often lead to depression, low self-esteem and isolation, as well as substance use, risky sexual behaviors and, in extreme cases, suicide.

With respect to adults and older adults, the issues are similar in many ways. Stakeholders and forum participants cited

depression, anxiety and stress, often coupled with isolation, particularly in older adults. In older adults, mental health issues are often exacerbated by lack of family/caregiver support, lack of mobility and physical health conditions. These issues have a major impact on a small but very-high-need group of individuals and families. Community forum participants and interviewees cited substantial gaps in behavioral health services and family/child support services, particularly for low-income individuals and families. Stakeholders advocated strongly for expansion of mental health services, particularly care/case management services, as well as other supportive services that this population needed to manage their conditions and improve their health status and overall well-being.

(Page 42, Behavioral Health)

c. Housing Stability / Homelessness

Overall, the WH service area is relatively affluent compared to the Commonwealth and had a significantly higher median income, a lower percentage of low-income individuals (those earning less than 200% of the federal poverty level) and higher rates of education. However, pockets of people live in poverty or are in low-income brackets in all the cities and towns that are part of the WH service area. There are also individuals who have historically been in middle- or high-income brackets who are temporarily unemployed as well as disabled, or older adults who are on fixed incomes, who struggle due to high housing and other living expenses. Often these individuals and their families struggle to pay for essential household items or are forced to make hard choices about what they live with and without.

In WH's service area, Medford and Woburn had the highest proportion of their populations living in poverty — 9.8% and 6.2%, respectively, compared to 11.4% for the Commonwealth and 8.1% for Middlesex County.

In 2014, more than 40% of those living in rental units in the cities/towns of North Reading, Stoneham and Winchester were considered "house poor" and paid 33% or more of their income on housing.

(Page 25 of CHNA)

d. Chronic Disease with a focus on Cancer, Heart Disease, and Diabetes

Many of the cities and towns in WH's service area have chronic disease prevalence, hospitalization and mortality rates that are higher than the rates for the Commonwealth overall. Chronic health conditions such as asthma, cardiovascular disease, cerebrovascular disease (stroke), chronic lower respiratory disease (most notably COPD), diabetes, heart failure and hypertension are the most common chronic conditions.

Even in towns where these rates are not higher than Commonwealth averages, qualitative interviews and forums indicated that these diseases were of utmost concern to community members, local health officials and service providers. These interviewees and forum participants also discussed the disparities that exist for at-risk subpopulations such as members of low-income households, racially or ethnically diverse populations, and older adults, all of whom are more likely to have one or more of these conditions.

Data from the WH Community Health Survey confirms that these chronic physical health conditions are a substantial issue. However, it is important to note that the prevalence rates for the overall respondent population are generally not higher for the leading conditions than the rates for the Commonwealth overall, according to comparison data from the Massachusetts Department of Public Health, Behavioral Risk Factor Survey System collected in 2012-2013

Diabetes: Among WH Community Health Survey respondents, 4.6% reported that they had ever been told they had diabetes, compared to 8.5% of adults 18+ in the Commonwealth overall. Among low-income respondents, 12.1% reported that they had been told they had diabetes.

Hypertension: Twenty-five percent of respondents from the WH Community Health Survey reported ever being told they had hypertension compared to 29% for the Commonwealth overall. Among low-income respondents, 32% reported they had been told they had hypertension.

Asthma: Sixteen percent of WH Community Health Survey respondents reported being told they had asthma, compared to 17% for the Commonwealth overall. The percentage for low-income respondents in this case was actually lower at 13%; however, low-income respondents were considerably more likely to be seen in the hospital emergency department for urgent care. For the entire survey sample, 11% of asthmatics had had an emergency department visit compared to 19% of low-income respondents.

All Cancer: Four of the eight towns in WH's primary service area (Reading, Tewksbury, Wilmington and Woburn) reported

higher cancer incidence rates (all cancer types) than those for the Commonwealth (509 per 100,000 population) and Middlesex County (510). The highest rate per 100,000 population was in Wilmington (588), followed by Tewksbury (578), Woburn (562) and Reading (561).

Cancer. Of all respondents to WH's Community Health Survey, 11.8% reported that they had ever been told they had cancer, compared to 11.1% for residents of the Commonwealth; 17% of low-income respondents had ever been told they had cancer.

Most Common Cancer: Prostate cancer was the most common cancer among men and breast cancer among women, followed by lung cancer in men and women.

Mammography Screening: According to the WH Community Health Survey, the percentage of women 40+ who had a mammography screening in the preceding two years was slightly lower in WH's service area (84%) than in the Commonwealth overall (85%).

According to qualitative information gathered through interviews and community forums, elder health is one of the highest priorities for the WH service area. Chronic disease, depression, isolation and fragmentation of services were identified as some of the leading issues facing the area's senior population. Demographically, two of the eight cities/towns in WH's primary service area (Winchester and Stoneham) had a higher percentage of older adults (65+) compared to the Commonwealth overall.

When considering elder health, it is important to understand that rates of chronic physical disease by age are much higher for elders 65+ compared to rates for the adult population overall. The older people are, the more likely they are to have one or more chronic conditions.

(Pages 37-39 of CHNA, Chronic Disease)

6. Community Definition

Specify the community(ies) identified in the Applicant's 2016 WH CHNA/CHIP

Add/Del Rows	Municipality	If engagement occurs in specific neighborhoods, please list those specific neighborhoods:
+ -	North Reading	
+ -	Reading	
+ -	Stoneham	
+ -	Tewksbury	
+ -	Wilmington	
+ -	Winchester	
+ -	Woburn	
+ -	Medford	
+ -	Wakefield	

7. Local Health Departments

Please identify the local health departments that were included in your 2016 WH CHNA/CHIP . Indicate which of these local health departments were engaged in this 2016 WH CHNA/CHIP . For example, this could mean participation on an advisory committee, included in key informant interviewing, etc. (*Please see page 24 in the Communit further description of this requirement* http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf.)

Add/ Del Rows	Municipality	Name of Local Health Dept	Name of Primary Contact	*Email address*	Describe how the health department was involved
+ -	Stoneham	Stoneham Health Department	Margaret Drummey, RN		Community report on findings, community session to discuss findings and develop CHIP
+ -	Winchester	Winchester Health Department	Jennifer Murphy, RN		Key informant interview, community report on findings, community session to discuss findings and develop CHIP
+ -	Wilmington	Wilmington Board of Health	Shelly Newhouse, RN		Key informant interview, community report on findings
+ -	Reading	Reading Board of Health	Alyse Warren, RN		Meeting to discuss CHNA findings
+ -	Woburn	Woburn Board of health	John Fralik Karen DaCampo		Community report on findings, community session to discuss findings and develop CHIP
+ -	Medford	Medford Board of Health	Karen Rose		Key informant interview, community report on findings
+ -	North Reading	North Reading Health Department	Martin Fair		Key informant interview, community report on findings

8. CHNA / CHIP Advisory Committee

Please list the community partners involved in the CHNA/CHIP Advisory Committee that guided the 2016 WH CHNA/CHIP . (please see the required list of sectorial representation in the *Community Engagement Standards for Community Health Planning Guidelines* http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf) Please note that these individuals are those who should complete the *Stakeholder Engagement Assessment* form. It is the responsibility of the Applicant to ensure that DPH receives the completed *Stakeholder Engagement Assessment* form:

Add/Del Rows	Sector Type	Organization Name	Name of Primary Contact	Title in Organization	Email Address	Phone Number
	Municipal Staff	City of Woburn Police Department	Robert Ferrullo	Chief of Police		
	Education	Foundation Educational Excellence	Caren Collolly	Executive Director		
	Housing					
	Social Services	Mystic Valley Elder Services	Jackie Bird	Director		

Add/Del Rows	Sector Type	Organization Name	Name of Primary Contact	Title in Organization	Email Address	Phone Number
	Planning + Transportation					
	Private Sector/ Business	Salter Healthcare	Richard Slater	CEO		
	Community Health Center					
	Community Based Organizations	Community Health Network Area (CHNA 15)	Randi Epstein	Coordinator		
+ -	Social Services	Coalition for a Safer Community	Dot Butler	Director		
+ -	Additional municipal staff (such as elected officials, planning, etc.)	North Reading Police Department	Michael Murphy	Chief of Police		
+ -	Local Public Health Departments/Boards of Health	Winchester Health Department	Jennifer Murphy	Health Director		
+ -	Additional municipal staff (such as elected officials, planning, etc.)	Winchester Fire Department	John Nash	Fire Chief		
+ -	Local Public Health Departments/Boards of Health	Wilmington Board of Health	Shelly Newhouse	Director of Public Health		
+ -	Social Services	Council of Social Concern	Dean Solomon	Executive Director		
+ -	Additional municipal staff (such as elected officials, planning, etc.)	Woburn Council on Aging	Joanne Collins	Executive Director		
+ -	Private Sector	Stoneham Chamber of Commerce	Megan Day	Executive Director		
+ -	Additional municipal staff (such as elected officials, planning, etc.)	Town of Winchester	Richard Howard	Town Manager		
+ -	Social Services	Medford Council on Aging	Pamela kelly	Director of Elder Affairs		
+ -	Social Services	Stoneham Council on Aging	Maureen Canova	COA Director		
+ -	Social Services	Wilmington Council on Aging	Teri marciello	Director of Elderly services		
+ -	Social Services	Winchester Council on Aging	Philip Beltz	COA Director		
+ -	Social Services	Minuteman Senior Services	Kelly-Magee-Wright	Executive Director		
+ -						
+ -						
+ -						

8a. Community Health Initiative

For Tier 2 and Tier 3 CHI Projects, is the the Applicant's CHNA / CHIP Advisory Board the same body that will serve as the CHI advisory committee as outlined in the Table 1 of the Determination of Need Community-Based Health Initiative Guideline (http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-chi-planning.pdf)?

○ Yes ○ No

9. Engaging the Community At Large

Thinking about the extent to which the community has been or currently is involved in the 2016 WH CHNA/CHIP ,
please choose one response for each engagement activity below. Please also check the box to the left to indicate whether that step is complete or not. (For definitions of each step, please see pages 12-14 in the *Community Engagement Standards for Community Health Planning Guidelines* http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf).

	Inform	Consult	Involve	Collaborate	Delegate	Community - Driven / -Led
☒ Assess Needs and Resources	○	◉	○	○	○	○
Please describe the engagement process employed during the "Assess Needs and Resources" phase.	The CHNA/CHIP assessed the needs and resources of the community engagement activities that included additional interviews and community through engagement activities such as listening sessions with health care, social services and public health service providers, as well as forums that included community residents at large. Another major component was a comprehensive community health survey (WH Community Health Survey), which collected information directly from community residents through a random household mail survey.					
☒ Focus on What's Important	○	◉	○	○	○	○
Please describe the engagement process employed during the "Focus on What's Important" phase.	A series of community and provider forums were conducted to gather community input. During the community forums, the findings from the assessment were shared and questions were discussed that solicited input on community need, perceptions and attitudes, including: (1) Does the data reflect what you see as the major needs and health issues in your community? Are the identified gaps the right ones? What segments of the population are most at risk? What are the underlying social determinants of health status? (2) What strategies would be most effective for improving health status and outcomes in these areas?					
☒ Choose Effective Policies and Programs	○	◉	○	○	○	○
Please describe the engagement process employed during the "Choose Effective Policies and Programs" phase.	The goal of the final phase of the assessment was to review the results, identify priorities, review existing community benefits activities and determine a range of proven, feasible, evidence-based interventions that hospitals and other key providers believed would address the identified community health priorities. These activities involved WH's and Lahey Health's clinical and administrative leadership, the WH Board of Directors, community service providers, local public health officials, and other community leaders.					
☒ Act on What's Important	○	◉	○	○	○	○
Please describe the engagement process employed during the "Act on What's Important" phase.	Once all of the assessment's findings were compiled, hospital and community stakeholders participated in a strategic planning process that integrated data findings from Phases I and II of the project, including information gathered from the interviews, community forums and the WH Community Health Survey. Participants engaged in a discussion of (1) the assessment's findings, (2) current community benefits program activities and (3) emerging strategic ideas that could be applied to refine their community benefits strategic response. From this meeting, community health priorities were identified, as were target populations and core strategies to achieve health improvements.					
☒ Evaluate Actions	○	◉	○	○	○	○

	Inform	Consult	Involve	Collaborate	Delegate	Community - Driven / -Led
Please describe the engagement process employed during the "Evaluate Actions" phase.	WH's CHNA approach and process provided ample opportunity to vet the quantitative and qualitative data compiled during the assessment. WH has framed the community health needs in four priority areas, which together encompass the broad range of health issues and social determinants of health facing residents living in WH's service area. These three areas are (1) Wellness, Prevention and Chronic Disease Management; (2) Elder Health; and (3) Behavioral Health (mental health and substance use). WH has been strategic in identifying its priority areas in order to maximize the impact of its community benefits program and its work to improve the overall health and wellness of residents in its service area. The community health priorities identified above have guided WH's community health improvement planning process. The priorities are designed to promote community-based wellness and disease prevention, and ensure ongoing self-management of chronic diseases and behavioral health disorders. Winchester Hospital meets twice each year with its Community Benefits Advisory Committee and uses this group to solicit ongoing feedback on community benefits activities. This group helps to guide the strategic direction of program and ensures that efforts are aligned with community health needs.					

10. Representativeness

Approximately, how many community agencies are currently involved in 2016 WH CHNA/CHIP within the engagement of the community at large?

25 Agencies

Approximately, how many people were engaged in the process (please include team members from all relevant agencies and independent community members from the community at large)?

400 Individuals

Please describe the diversity of the people who have been engaged in the process both within the CHNA/CHIP Advisory Committee and the community at large. Explicitly describe how the process included diverse representation from different groups/individuals with varied gender, sexual orientation, race/ethnicity, disability status, international status and age. Please see page 10 and Appendix A of *the Community Engagement Standards for Community Health Planning Guideline* (http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf) for further explanation of this.

Winchester Hospital used various methods to reach community residents and community stakeholders. As mentioned above, the service area has a relatively homogeneous, non-Hispanic white population. To obtain information from residents a comprehensive community health survey (WH Community Health Survey), collected information directly from community residents through a random household mail survey. Approximately 400 people completed this survey with close to 10% reporting as non-White and/or Hispanic ethnicity and 13% as non-English speaking.

Key informant interviews were conducted with 28 stakeholders. Interviewees included staff at each participating hospital, primary care providers, behavioral health and mental health providers, community-based service organizations, community leaders, and local health officials. Many of the individuals that participated in the key informant interviews represent organizations that directly address key social determinants of health issues facing our population.

Please describe the type of representation that was/is employed in the community engagement process and the rationale for that type of representation. For more information on types of representation and representativeness, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines* (http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf). Please include descriptions of both the Advisory Board and the Community at large.

To your best estimate, of the people engaged in 2016 WH CHNA/CHIP approximately how many: Please indicate the number of individuals.

Number of people who reside in rural area	0
Number of people who reside in urban area	100
Number of people who reside in suburban area	300

11. Resource and Power Sharing

For more information on Power Sharing, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines* (http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf).

By community partners, we mean agencies, organizations, tribal community, health departments, or other entities representing communities.

By Applicant partners, we mean the hospital / health care system applying for the approval of a DoN project

	Community Partners	Applicant Partners	Both	Don't Know	Not Applicable
Which partner hires personnel to support the community engagement activities?	○	○	○	○	◉
Who decides the strategic direction of the engagement process?	○	○	○	○	◉

Who decides how the financial resources to facilitate the engagement process are shared?	○	○	○	○	◉
Who decides which health outcomes will be measured to inform the process?	○	○	○	○	◉

12. Transparency

Please describe the efforts being made to ensure that the engagement process is transparent. For more information on transparency, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines*.

The community health needs assessment was shared in over 10 public forums where community members had a the opportunity to participate in the process, review data, provide input and discuss and prioritize health needs.

13. Formal Agreements

Does / did the 2016 WH CHNA/CHIP have written formal agreements such as a Memorandum of Agreement/ Understanding (MOU) or Agency Resolution?

◉ Yes, there are written formal agreements ○ No, there are no written formal agreements

Did decision making through the engagement process involve a verbal agreement between partners?

○ Yes, there are verbal agreements ◉ No, there are no verbal agreements

14. Formal Agreement Specifics

Thinking about your MOU or other formal agreement(s), does it include any provisions or language about:

	Yes	No	Don't Know	Doesn't Apply
Distribution of funds	○	◉	○	○
Written Objectives	◉	○	○	○
Clear Expectations for Partners' Roles	◉	○	○	○
Clear Decision Making Process (e.g. Consensus vs. Voting	○	◉	○	○
Conflict resolution	○	◉	○	○
Conflict of Interest Paperwork	○	◉	○	○

15. Document Ready for Filing

When the document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form.
To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit
Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the"E-mail submission to DPH" button.

This document is ready to file: ☒

Date/time Stamp: 04/30/2018 4:08 pm

E-mail submission to DPH

E-mail submission to Stakeholders and CHI Advisory Board

When providing the Stakeholder Assessment Forms to the community advisory board members(individuals identified in Section 8 of this form), please include the following information in your correspondence with them. This will aid in their ability to complete the form:

A) Community Engagement Process: 2016 WH CHNA/CHIP

B) Applicant: Winchester Hospital/Shields MRI, LLC

C) A link to the DoN CHI Stakeholder Assessment