

## Lahey Clinic Medical Center - FY2017

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### Community Benefits Mission Statement

Lahey Hospital & Medical Center (LHMC) is committed to benefiting the communities we serve by collaborating with community partners to identify health needs, improve the health status of community residents, address health disparities and educate community members about prevention and self-care.

As a nonprofit health system, Lahey Health acts as a steward of the communities we serve. Our growing network of primary care physicians, specialists, and behavioral and senior care services is collaborating to make a difference in the health of our region, one person at a time.

### Target Populations

Name of Target Population	Basis for Selection
Low Income Individuals and Families	Community Health Needs Assessment
Older Adults	Community Health Needs Assessment
Youth and Adolescents	Community Health Needs Assessment
Other Vulnerable Populations	Community Health Needs Assessment

### Publication of Target Populations

Annual Report, Website, Other- Community Health Needs Assessment

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

<http://www.lahey.org/CommunityHealthAssessment/>

### Key Accomplishments of Reporting Year

LHMC strengthened its relationship with key partners this year, allowing us to improve the health of those in need. Highlights include the following:

LHMC partnered with Mill City Grows to provide 33 hands-on family nutrition and cooking classes for over 43 diverse, low-income families in the Lowell region.

LHMC continued our successful partnership with Minuteman Senior Services to provide a Serving Health Information Needs of Everyone (SHINE) counselor at the Burlington, Arlington and Winchester Councils on Aging, who provided insurance counseling to 631 people, increasing access to care.

LHMC successfully continued our Senior Farmers Market partnership with World PEAS

CSA to enable 50 seniors in Burlington and 70 seniors in Arlington to receive free fresh fruits and vegetables once a week for 20 weeks.

LHMC partnered with the North Suburban YMCA and the Burlington and Arlington Council on Aging to offer a free low-impact aerobics class for 24 seniors once a week year-round.

LHMC allocated \$50,000 in mini-grant funding to local community health, social service and municipal partners to address health disparities identified in the LHMC Community Health Needs Assessment.

LHMC partnered with the Burlington Recreation Department to provide 24 sunscreen dispensers that were installed in the parks and sports fields in Burlington. Residents were also provided with skin safety information as a component of the program.

LHMC provided 31 Stop the Bleed trainings to first responders, community members and health care workers in the Burlington region. In all, almost 400 people were trained in hemorrhage-control techniques.

LHMC provided over 100 hours of clinic time at our free weekly blood pressure clinics at the Burlington Mall.

LHMC partnered with the Peabody Health Department, Peabody Fire Department and other community agencies to provide funding for a community-based opioid outreach program.

LHMC partnered with the Middlesex League on implementation and collection of data on the Youth Risk Behavior Survey. Seven school districts in Middlesex County, in partnership with Lahey Health, concurrently conducted their survey and gathered data on the greatest area of need among students. Lahey Health also created a publicly available regional report of the information as an enhancement to the 2016 Community Health Needs Assessment (CHNA).

#### **Plans for Next Reporting Year**

FY18, Lahey Hospital & Medical Center will continue to work with community partners and hospital leaders to address the needs identified in the 2016 CHNA while taking into consideration the Statewide Priority Needs identified by the Executive Office of Health and Human Services:

Priority Community Health Needs Identified in the 2016 CHNA:

Behavioral Health/Substance Abuse  
Elder Health — Social Isolation, Depression, Care Management  
Wellness, Prevention and Chronic Disease Management

Statewide Priority Needs:

Address Unmet Health Needs of the Uninsured  
Chronic Disease Management in Disadvantaged Populations  
Promoting Wellness of Vulnerable Populations  
Reducing Health Disparities  
Supporting Health Care Reform

## **Community Benefits Process**

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### **Select Community Benefits Process**

#### **Community Benefits Leadership/Team**

Andy Villanueva, Chief Quality Officer, Lahey Hospital & Medical Center  
Peter Kilcommons, Corporate Controller, Lahey Health  
Linda McGoldrick, Lahey Hospital & Medical Center Board of Trustees  
Kelly Magee Wright, Minuteman Senior Services  
Randi Epstein, Community Health Network Area 15  
Bruce MacDonald, Executive Director, Metro North YMCA  
Christine Healey, Director of Community Relations, Lahey Health  
Michelle Snyder, Community Relations Regional Manager, Lahey Health

#### **Community Benefits Team Meetings**

October 23, 2016

June 6th, 2017

Community Benefit Committee Members also participate in a grant review process and received email updates throughout the year.

#### **Community Partners**

Peabody Council on Aging  
Community Health Network Area 15  
Burlington Council on Aging  
Community Health Network Area 13/14  
Arlington Council on Aging  
Saheli  
Billerica Council on Aging

American Cancer Society  
Woburn Council on Aging  
Middlesex District Attorney's Office  
Minuteman Senior Services  
Lexington Police Department  
Burlington Youth and Family Services  
North Shore Mall  
Middlesex League  
Billerica Police Department  
Elder Services of the Merrimack Valley  
Mental Health Association of Greater Lowell  
Mill City Grows  
North Suburban YMCA  
Greater Lowell Chamber of Commerce  
Burbank YMCA  
Lowell Public School District  
World PEAS CSA  
Burlington Public School District  
Peabody Fire Department  
Burlington Food Pantry  
Burlington High School  
Woburn Food Pantry  
Lowell Police Department  
Lowell Transitional Living Center  
Wilmington High School  
Peabody Veterans Memorial High School  
Peabody Health Department  
Burlington Police Department  
Reach Beyond Domestic Violence

## **Community Health Needs Assessment**

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

2016

### **Consultants/Other Organizations**

Jon Snow, Inc.

### **Data Sources**

Community Focus Groups, Hospital, Interviews, MassCHIP, Public Health Personnel, Surveys, CHNA

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## **Select Community Benefits Programs**

### **Lowell Farm to Table Family Cooking Series**

#### **Brief Description or Objective**

In FY17, LHMC continued our successful partnership with Mill City Grows to implement the Farm to Table program, which provides hands-on family nutrition and cooking education for diverse, low-income families in Lowell, Massachusetts, with the goal of getting them to eat more plant-based meals made from scratch. There were 5 workshops offered that were a series of 5 classes, so the same families attended all 5 workshops over the course of 5 weeks and learned 5 different meals and cooking techniques. Ten 1-time classes were offered intermittently over the course of the year as an "add-on," and those who attended a 1-time class were not obligated to attend another workshop. Those 1-time classes focused on a specific meal or skill. For example, a class about preserving the summer's harvest targeted people who had an abundance

example, a class about preserving the summer's harvest targeted people who had an abundance of tomatoes ripening in August that they didn't want to waste. Another class about soups, stews and sauces taught participants how to make a nutritious meal with seasonal fall and winter vegetables along with pantry staples. At the end of each class, all families shared the meal they prepared. After each class, every family received instructions, groceries and a cooking tool to take home so they could make the meal again. This program was offered in direct response to an identified need in the community to increase access for low-income families to information on nutrition. According to Lowell General Hospital's CHNA, the top health problems identified in focus groups and interviews and supported by public health data included mental health, substance abuse, diabetes, obesity, respiratory diseases (e.g., asthma and chronic obstructive pulmonary disease), cardiovascular disease, and hepatitis B in the Cambodian community. Lack of physical fitness and poor nutrition are the leading factors associated with obesity and chronic diseases such as heart disease, hypertension, diabetes, cancer and depression. Good nutrition helps prevent disease and is essential for the healthy growth and development of children and adolescents. According to the Centers for Disease Control and Prevention (CDC), children and adolescents who are obese are more likely to be obese as adults and are therefore more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, several types of cancer and osteoarthritis. One study showed that children who became obese as early as age 2 were more likely to be obese as adults. Obese youth are also more likely to have risk factors for cardiovascular disease such as high cholesterol or high blood pressure. In a population-based sample of 5-to-17-year-olds, 70 percent of obese youth had at least 1 risk factor for cardiovascular disease.

**Program Type**

Community Education,Prevention

**Target Population**

- **Regions Served:** Lowell
- **Health Indicator:** Other: Nutrition, Overweight and Obesity
- **Sex:** All
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All

**Goals**

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

<b>Goal Description</b>	<b>Goal Status</b>
<p>The goal of the Farm to Table program is to increase the number of low-income families that have access to information and food needed to cook affordable, healthy meals at home, thus improving their diets and overall health. LHMC and Mill City Grows aim to get more than 50 percent of families taking the class to agree to make the meal again when they get home.</p>	<p>This marked Mill City Grow's first full year of the Farm to Table program. Over the course of the year, 43 families (116 people) attended 33 workshops, over 1,000 pounds of produce were distributed, and 86 percent of participants completed the workshop series and made at least 1 new meal at home. Following the conclusion of these classes:</p> <ul style="list-style-type: none"> <li>• 100% reported they were comfortable making a meal of primarily vegetables</li> <li>• 100% said they would recommend the class to someone else</li> <li>• 74% reported eating meals as a family 4 or more times per week</li> <li>• 47% reported they make meals from scratch 4 or more times per week</li> </ul> <p>When asked what they found most valuable about the class:</p> <ul style="list-style-type: none"> <li>• 66% said learning to cook healthier meals</li> <li>• 50% said</li> </ul>

learning where to find and purchase local food

## Partners

Partner Name, Description	Partner Web Address
Lowell Community Health Center	<a href="https://www.lchealth.org/">https://www.lchealth.org/</a>
Mill City Grows	<a href="http://www.millcitygrows.org/">http://www.millcitygrows.org/</a>
UTEC Inc.	<a href="https://www.utec-lowell.org/">https://www.utec-lowell.org/</a>
International Institute of New England	<a href="https://iine.org/">https://iine.org/</a>
Mill No. 5	<a href="http://millno5.com/">http://millno5.com/</a>
Gaining Ground	<a href="http://gainingground.org/">http://gainingground.org/</a>
Whole Foods	<a href="http://www.wholefoodsmarket.com/">http://www.wholefoodsmarket.com/</a>
Lowell Public Schools	<a href="https://www.lowell.k12.ma.us/">https://www.lowell.k12.ma.us/</a>

**Contact Information** Michelle Snyder, Regional Community Relations Manager, Lahey Health, 41 Mall Rd, Burlington, MA 01805, P: 781-744-7907, [Michelle.Snyder@Lahey.org](mailto:Michelle.Snyder@Lahey.org)

**Detailed Description** Not Specified

## Hemorrhage-Control Trainings

**Brief Description or Objective** As a Level II Trauma Center, LHMC is committed to trauma prevention and educating our service area on preventable causes of death. According to the World Health Organization, uncontrolled post-traumatic bleeding is the leading cause of potentially preventable death among trauma patients and an important issue for us to address in our primary service area and beyond. To that end, LHMC joined the Department of Homeland Security's Stop the Bleed program and started to educate local law enforcement and first responders on how to apply tourniquets. Instructors provide hands-on teaching to non-health care workers on the various ways to control bleeding, whether using only their hands or a full trauma first-aid kit. The Stop the Bleed program began after the mass casualty event at Sandy Hook Elementary School, when the Joint Committee to Create a National Policy to Enhance Survivability from Mass Casualty Shooting Events was convened by the American College of Surgeons. The group reviewed the Sandy Hook autopsies and realized that a large majority died from hemorrhaging that could have been prevented. They came up with recommendations based on the premise that massive bleeding from any cause, but particularly from an active shooter or explosive event where a response is delayed, can result in death within 5 to 10 minutes. Similar to how the general public learns and performs CPR, the public must learn proper bleeding-control techniques, including how to use their hands, dressings and tourniquets.

**Program Type** Community Education, Health Professional/Staff Training, Prevention

**Target Population**

- **Regions Served:** County-Middlesex
- **Health Indicator:** Injury and Violence, Other: Public Safety
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

## Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
To teach hemorrhage-control techniques to immediate responders in a mass casualty or active shooter event.	In FY17, we held 31 training sessions and certified 384 individuals.

## Partners

**Partner****Name, Partner Web Address****Description**

Burlington <http://www.burlington.org/departments/fire/index.php>  
 Fire  
 Department

Burlington <http://www.burlington.org/departments/police/index.php>  
 Police  
 Department

Billerica <https://police.billericaps.com/>  
 Police  
 Department

Billerica <http://fire.billericaps.com/>  
 Fire  
 Department

Lexington <https://www.lexingtonma.gov/fire-department>  
 Fire  
 Department

Lexington <https://www.lexingtonma.gov/police>  
 Police  
 Department

**Contact Information** Michelle Snyder, Regional Manager Community Relations, Lahey Health, 41 Mall Rd, Burlington, MA 01805, P: 781-744-7907, [Michelle.Snyder@Lahey.org](mailto:Michelle.Snyder@Lahey.org)

**Detailed Description** Not Specified

**Fall and Injury Prevention Classes**

**Brief Description or Objective** According to the American Orthopaedic Association, fragility fractures have become nearly epidemic in the United States among older adults, with over 2 million fractures occurring each year — more than the total of heart attacks, strokes and breast cancer combined. Moreover, at least 44 million Americans are affected by osteoporosis or low bone density. Due to an aging population, the number of Americans with osteoporosis or low bone density is expected to increase significantly. Nearly half of all women and more than a quarter of all men will suffer fragility fractures in their lifetime. In order to combat this growing crisis, LHMC is committed to injury prevention through our Bone Health & Osteoporosis Program and our fall prevention classes. In FY17, LHMC hosted 3 sessions as part of our Bone Health Lecture Series and 5 eight-week sessions of the evidence-based program A Matter of Balance: Managing Concerns About Falls.

**Program Type** Prevention

**Target Population**

- **Regions Served:** County-Middlesex
- **Health Indicator:** Other: Elder Care, Other: Nutrition, Other: Osteoporosis/Menopause, Other: Safety - Home, Physical Activity
- **Sex:** All
- **Age Group:** Adult-Elder
- **Ethnic Group:** All
- **Language:** All

**Goals**  
**Statewide Priority:** Promoting Wellness of Vulnerable Populations

<b>Goal Description</b>	<b>Goal Status</b>
Help older adults view falls and the fear of falling as controllable; set realistic goals for increasing activity; change their environment to reduce fall risk factors; and promote	The Project Enhance online data system was used to determine the effectiveness of the Matter of Balance program. This report summary reflects patients who either were

exercise to increase strength, endurance and balance.

entered into the database system or completed the MOB program during FY17. A total of 86 participants enrolled in the program (some had started the program during FY16), with 76 completing 5 or more sessions. Improvement and positive impact were noted in the following key areas: • Participants could find a way to get up from a fall. • Participants could find a way to reduce falls. • Participants could protect themselves from a fall. • Participants felt they could improve their physical strength. • Participants could become steadier on their feet. • Participants felt their concerns about falling did not interfere with normal social activities. • Participants reported an increased activity level.

Provide education on ways to foster and sustain bone health for the community and patients who may have had a fracture or are at risk for one.

3 sessions of the Bone Health Lecture Series served 9 patients in FY17.

**Partners**

**Partner**

**Name, Description**      **Partner Web Address**

Elder Services of the Merrimack Valley      <https://www.esmv.org/>

Burlington Council on Aging      [http://www.burlington.org/residents/council\\_on\\_aging/index.php](http://www.burlington.org/residents/council_on_aging/index.php)

**Contact Information**

Michelle Snyder Regional Community Relations Manager Office of Business Development Lahey Health 41 Mall Rd. Burlington, MA 01805 P: 781-744-7907, [Michelle.Snyder@Lahey.org](mailto:Michelle.Snyder@Lahey.org)

**Detailed Description**

Not Specified

**Livestrong at the YMCA**

**Brief Description or Objective**

Over the past several decades, the number of cancer survivors has dramatically increased — from 3 million (1.5% of the U.S. population) in 1971 to 9.8 million in 2001 to 14.5 million (4.6%) in 2014. Projections indicate that the number of cancer survivors will reach at least 19 million by 2024. According to data from the CDC, nearly 8,000 people suffer from cancer in Middlesex County, which includes the North Suburban YMCA’s service area. To address this issue, LHMC partnered with the North Suburban YMCA to provide 2 sessions of the LIVESTRONG program for cancer survivors. LIVESTRONG is a small-group, evidence-based class that helps cancer survivors, or those in the midst of cancer treatment, believe in and achieve a healthier tomorrow and envision life after cancer. Classes are tailored for all cancer survivors, regardless of stage of diagnosis or treatment, and adapted for all fitness levels. Two

survivors, regardless of stage of diagnosis or treatment, and adapted for all fitness levels. Two trained and certified instructors run each session for 12 weeks, with 8 to 10 participants meeting twice a week. Staff members are trained on the unique physical and emotional needs of cancer survivors, curriculum and best practices. They work with each participant to create an individualized exercise program from pre-program assessment results, and then teach and demonstrate exercise technique and safety considerations. This individualized attention helps participants meet their goals and overcome their specific barriers.

**Program Type**

Community Education, Direct Services

**Target Population**

- **Regions Served:** County-Middlesex
- **Health Indicator:** Other: Cancer, Physical Activity
- **Sex:** All
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All

**Goals**

**Statewide Priority:** Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations

**Goal Description**

Create communities among cancer survivors, and guide them through safe physical activity, helping them build supportive relationships leading to an improved quality of life.

**Goal Status**

In FY17 27 people participated in the program (15 in the spring and 12 in the fall). Of those, 20 completed the 12-week program. The other 7 participants could not complete the program largely because of various surgeries, chemotherapy and overall weakness from their treatment. LIVESTRONG at the YMCA has an established research-based evaluation plan that uses pre- and post-assessment tests. The detailed assessments evaluate arm function, range of motion and lymph node prognosis; shoulder flexion, extension and abduction; and posture. Body composition is also measured, which includes height, weight, BMI, and waist and hip girth. Program participants are asked to rate overall quality of life, ability to perform daily tasks, mobility, eating habits, fitness level, perceived body image, current energy levels and overall happiness. Pre-assessment and post-assessment data are collected to show participants' progress over the 12 weeks in the areas of cardiovascular endurance, strength, flexibility and mobility. The results were as follows: • 100% of participants increased their cardiovascular endurance • 85% of participants increased their strength • 75% of participants

increased their flexibility •  
82% of participants increased  
their mobility

## Partners

### Partner Name, Description

### Partner Web Address

North Suburban YMCA <http://ymcaboston.org/northsuburban>

### Contact Information

Michelle Snyder Regional Community Relations Manager Office of Business Development  
Lahey Health 41 Mall Rd. Burlington, MA 01805 P: 781-744-7907,  
[Michelle.Snyder@Lahey.org](mailto:Michelle.Snyder@Lahey.org)

### Detailed Description

Not Specified

## YMCA Pink Program

### Brief Description or Objective

In response to the priorities identified in our 2016 CHNA, LHMC partnered with the Burbank YMCA to conduct 3 courses of the Pink Breast Cancer Survivorship Program. The Pink Program for breast cancer survivors is locally developed and specifically designed to help breast cancer survivors boost energy, increase strength and restore ease of movement while performing daily tasks. Classes are tailored for the different types of breast cancer surgeries and adapted for all fitness levels. The instructors are trained in cancer survivorship, post-rehabilitation exercise and supportive cancer care. During Pink, survivors and their families receive a membership at the YMCA for the duration of the program. The CDC estimates that nearly 8,000 people suffer from cancer in Middlesex County, which includes the Reading YMCA's service area. The LHMC CHNA revealed that hospitalization rates for breast cancer in women were statistically higher than the Commonwealth's across nearly all the primary service area's cities and towns. However, only Reading had an incidence rate (179) per 100,000 population that was statistically higher than the Commonwealth's. Beyond the physical and emotional effects of cancer, many cancer patients and survivors face severe debt and other financial hardships. Some lose their life savings, others lose their jobs and many are forced to file for bankruptcy. In an article published May 15, 2013, in the journal Health Affairs, researchers at the Fred Hutchinson Cancer Research Center in Seattle reported that people with cancer were more than 2.5 times more likely to declare bankruptcy than people without cancer, with the likelihood even greater among younger patients. Because of these financial burdens, the Y provides access to its cancer programs free of charge to all participants. In addition to addressing the physical and emotional needs of this population, the Pink Program provides social/emotional support that cancer survivors find very valuable. Because cancer can change their lives so drastically, participants welcome meeting others who know what they are going through, and value working with instructors who genuinely care about the progress they make.

### Program Type

Community Education, Direct Services

### Target Population

- **Regions Served:** County-Middlesex
- **Health Indicator:** Other: Cancer - Breast, Physical Activity
- **Sex:** All
- **Age Group:** All Adults
- **Ethnic Group:** All
- **Language:** All

## Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

### Goal Description

Increase mobility and opportunities for exercise for breast cancer survivors.

### Goal Status

As part of its pre- and post-assessment, the Pink Program uses the PROMIS-29 Quality of Life Assessment as well as a physical assessment that includes range of motion, flexibility and balance.

Participants experienced significant increases in physical activity, overall quality of life and fitness performance as well as decreases in cancer-related fatigue. After 12 weeks, the 127 participants who went through the Pink Program experienced the following:  
 Physical Assessments: • Walk assessment improved by 19% • Strength assessment improved by 23% • Balance assessment improved by 23% Emotional Assessments (PROMIS-29):  
 Most participants experienced their largest improvements in the following categories: • Physical Function (ability to do chores, run errands, walk and climb stairs) • Satisfaction with Social Role (ability to work, personal and household responsibilities, and daily routines) • Fatigue (feeling tired, run down, or unable to start tasks)

**Partners**

<b>Partner Name, Description</b>	<b>Partner Web Address</b>
Burbank YMCA	<a href="http://ymcaboston.org/burbank">http://ymcaboston.org/burbank</a>
<b>Contact Information</b>	Michelle Snyder Regional Community Relations Manager Office of Business Development Lahey Health 41 Mall Rd. Burlington, MA 01805 P: 781-744-7907, <a href="mailto:Michelle.Snyder@Lahey.org">Michelle.Snyder@Lahey.org</a>
<b>Detailed Description</b>	Not Specified

**Skin Cancer Awareness and Prevention Outreach**

**Brief Description or Objective** According to the American Cancer Society, skin cancer is the most common type of cancer in the United States. More skin cancers are diagnosed in the U.S. each year than all other cancers combined, and the number of skin cancer cases has continued to rise over the past few decades. Skin cancer is killing 1 American every hour, or 10,000 every year. Melanoma, the deadliest form of skin cancer, is the leading cause of death in women ages 25–30 and the second most commonly diagnosed type of cancer in women ages 15–29.3. According to a report by the Burlington Public Health Department, in the town of Burlington, the standardized incidence rates (SIR) for melanoma observed for 2008–2012 was 79.1 for males (95% confidence interval, 44.2–130.5) and 108.9 for females (95% confidence interval, 65.9–159.2). A SIR of more than 100, such as the Burlington female SIR of 108.9, indicates that the incidence reported is higher than what was expected in the town based on the statewide average. In the LHMC service area, 7 of the 15 towns that are part of LHMC’s primary service area reported statistically higher incidence rates of cancer (all cancer types) than the Commonwealth. The highest cancer incidence rate per 100,000 population was in Wilmington (588), followed by Burlington (579), Tewksbury (578), Billerica (575), Peabody (575), Woburn (562), and Reading (561). These rates compare to 509 for the Commonwealth and 531 for Essex County. o Of all respondents to the 2015 LHMC Community Health Survey, 11.6% reported that they had been told they have cancer, compared with 11.1% for residents of the Commonwealth; 17% of low-income respondents had been told they have cancer. Education and awareness can help prevent skin cancer, and if detected early, skin cancer can often be treated effectively. For that reason,

LHMC started a skin cancer awareness and prevention program in partnership with the Burlington Recreation Department and the Town of Burlington, which involved providing 24 sunscreen dispensers and 14 cases of sunscreen to the Burlington Recreation Department for the parks/sports fields in Burlington, as well as a sunscreen dispenser for the Stoneham Boys & Girls Club. LHMC also funded the educational flyer from Impact Melanoma that was distributed with the sunscreen.

**Program Type** Community Education

**Target Population**

- **Regions Served:** Burlington
- **Health Indicator:** Other: Cancer - Skin
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

**Goals**

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

<b>Goal Description</b>	<b>Goal Status</b>
Provide skin cancer education and prevention.	Education, information and free sunscreen were provided to thousands of residents of Burlington who use the sports fields and parks.

**Partners**

<b>Partner Name, Description</b>	<b>Partner Web Address</b>
Burlington Recreation Department	<a href="http://www.burlington.org/community_development/recreation/">http://www.burlington.org/community_development/recreation/</a>
Impact Melanoma	<a href="https://www.impactmelanoma.org/">https://www.impactmelanoma.org/</a>

**Contact Information** Michelle Snyder, Regional Manager Community Relations, Lahey Health, 41 Mall Rd, Burlington, MA P: 781-744-7907, [Michelle.Snyder@Lahey.org](mailto:Michelle.Snyder@Lahey.org)

**Detailed Description** Not Specified

**Middlesex County Schools Youth Risk Behavior Survey**

**Brief Description or Objective** In direct response to an identified need from the schools in Middlesex County, in 2017 LHMC supported the development of a Middlesex League Youth Risk Behavior Survey (YRBS) and the development of district-level reports for each participating school district as well as a regional report for the entire Middlesex League. This data will be used to continue collaboration with the school districts in Middlesex County to help address disparities and needs as revealed by the survey. The Youth Risk Behavior Surveillance System (YRBSS), established in 1990, was developed largely to monitor certain risky health behaviors and other priority areas among school-age youths and young adults. In particular, it monitors behaviors related to the following areas: (1) unintentional injuries and violence; (2) mental health; (3) alcohol and other drugs; (4) tobacco; (5) sexual behaviors related to unintended pregnancy and sexually transmitted infections (STIs), including HIV infection; and (6) nutrition and physical activity. Through the YRBS, the YRBSS can determine the prevalence of health behaviors; assess whether health behaviors increase, decrease or stay the same over time; examine the co-occurrence of health behaviors; provide comparison data for geographies and subpopulations; and monitor progress toward achieving Healthy People objectives and program indicators. Nearly every state in the nation administers the YRBS through a cooperative agreement with the Division of Adolescent and School Health at the Centers for Disease Control and Prevention (CDC). As part of this agreement, the Massachusetts Department of Public Health draws data from a representative sample of cities and towns in the Commonwealth and

develops a report of the risks facing the Commonwealth's youth. This effort is extremely valuable, but individual cities and towns are not required to conduct their own assessments, and the Commonwealth's YRBS is not designed to provide information on the variation that exists across the Commonwealth.

**Program Type** Community Health Needs Assessment

- Target Population**
- **Regions Served:** Arlington, Burlington, Melrose, Stoneham, Wakefield, Winchester, Woburn
  - **Health Indicator:** Mental Health, Other: Nutrition, Responsible Sexual Behavior, Substance Abuse, Tobacco Use
  - **Sex:** All
  - **Age Group:** Adult-Young
  - **Ethnic Group:** All
  - **Language:** All

**Goals**  
**Statewide Priority:** Promoting Wellness of Vulnerable Populations

<b>Goal Description</b>	<b>Goal Status</b>
<p>Increase timely access to data, and increase collaboration among Middlesex school districts to address key priority health issues for youth. Collaborate with the Middlesex League to identify students' most pressing health needs.</p>	<p>Superintendents from the 12 school districts of the Middlesex League participated in introductory calls with John Snow Inc. (JSI) to determine their participation in the collaborative survey effort for 2017. Five districts (Belmont, Lexington, Reading, Watertown and Wilmington) already had plans to administer the survey but affirmed their commitment to be involved in the Middlesex League YRBS in upcoming years. Thus, for this reporting period, JSI worked with 7 school districts (Arlington, Burlington, Melrose, Stoneham, Wakefield, Winchester and Woburn) to administer the survey, collect and analyze data, and write reports of the findings. The Middlesex League region data includes the data of only these 7 school districts. Over the next year, the school districts in the Middlesex League will work collaboratively to develop plans to ensure broader participation in the 2019 YRBS process.</p>

**Partners**

<b>Partner Name, Description</b>	<b>Partner Web Address</b>
Middlesex League	N/A
Jon Snow, Inc.	<a href="http://www.jsi.com/JSIInternet/">http://www.jsi.com/JSIInternet/</a>

**Contact Information** Michelle Snyder, Regional Community Relations Manager, Lahey Health, 41 Mall Rd,

**Detailed Description**

Not Specified

**Student Health Center at Peabody Veterans Memorial High School**

**Brief Description or Objective**

In FY17, LHMC, through the JB Thomas/Lahey Fund, supported the Peabody Veterans Memorial Student Health Center (SHC) with funding for services not currently covered by insurance. The mission of the SHC is to provide high-quality comprehensive health care to students in order to support optimal health and academic outcomes. The mission of the SHC aligns closely with the priorities identified by LHMC in its most recent CHNA. For example, the SHC improves access to behavioral health and substance abuse services by offering these services on-site, and integrates those services into primary medical care. The SHC also identifies students with chronic conditions and helps them improve self-management of these conditions. In addition, the SHC, through its partnership with Haven From Hunger, helps promote wellness through health education and healthy eating. The SHC provides an integrated model of care in its approach. Services offered include management of chronic illnesses such as asthma and diabetes; urgent care visits; immunizations; routine and sports physicals; health education; and confidential services including reproductive health care and behavioral health services. As evidenced by the center's staffing structure, behavioral health care is a significant focus, with individual therapy and group counseling services provided for issues such as depression, anxiety, stress management and substance use. All students using the clinic are screened for behavioral health needs through use of the CRAFFT Screening Tool for Adolescent Substance Abuse. Services are provided on-site at PVMHS during the school day; SHC staff also provides behavioral health services on-site 1 day per week to students based at the Peabody Learning Academy, whose student body is at higher risk for behavioral health issues. In addition, a youth health advisory council convened by the office coordinator works to promote a healthy school climate at PVMHS and advocates with state and local legislators regarding youth health issues. Continuity of care is provided by reduced on-site staffing during school breaks as well as through connection with the Peabody Family Health Center operated by North Shore Community Health Inc. The SHC is staffed with 1 FTE nurse practitioner, 1 FTE office coordinator, 1 FTE licensed mental health counselor and 1 FTE licensed clinical social worker, all of whom are employees of North Shore Community Health.

**Program Type**

Grant/Donation/Foundation/Scholarship

**Target Population**

- **Regions Served:** Peabody
- **Health Indicator:** Access to Health Care, Mental Health, Other: Alcohol and Substance Abuse, Substance Abuse
- **Sex:** All
- **Age Group:** Adult-Young
- **Ethnic Group:** All
- **Language:** All

**Goals**

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

**Goal Description**

Provide support and funding for services at the Peabody Veterans Memorial High School Student Health Center that meet a critical, identified community need and that are not currently covered by insurance.

**Goal Status**

The Peabody Veterans Memorial High School Student Health Center currently is able to serve the needs of Peabody youth who otherwise would not be able to receive necessary services. During the 2016-2017 school year, the center had 2,660 total visits for the following services: • Medical visits, 1,037 • Behavioral health visits, 1,524 • Summer visits at PVMHS, 99

## Partners

Partner Name, Description	Partner Web Address
Peabody Veterans Memorial High School	<a href="https://peabody.k12.ma.us/schools/pvmhs/">https://peabody.k12.ma.us/schools/pvmhs/</a>
Peabody Health Department	<a href="http://www.peabody-ma.gov/health.html">http://www.peabody-ma.gov/health.html</a>

**Contact Information** Michelle Snyder, Regional Community Relations Manager, Lahey Health, 41 Mall Rd, Burlington, MA 01805, P: 781-744-7907, [Michelle.Snyder@Lahey.org](mailto:Michelle.Snyder@Lahey.org)

**Detailed Description** Not Specified

## Lahey Health Community Conversations on Cancer

**Brief Description or Objective** In response to the needs identified in the CHNA, Lahey Health provided a free community education forum called Conversations on Cancer, to educate community members on the prevention, early detection and treatment of cancer, and increase awareness about support and survivorship programs for those diagnosed with cancer. The forum addressed colon, breast, lung, gynecological, prostate and skin cancers. The program included educational sessions facilitated by physician leaders from the Lahey Health Cancer Institute, followed by a panel discussion. In addition, attendees had the opportunity to visit an exhibit hall where they could participate in various cancer screenings, hands-on demonstrations, and consultations with physicians and clinicians. The screenings/exhibits included lung cancer pre-screenings, skin cancer screenings, colon cancer prevention and screening education, breast cancer risk assessment consultations, and a gynecological cancer detection exhibit with hands-on demonstrations of the da Vinci robot.

**Program Type** Community Education, Health Screening

**Target Population**

- **Regions Served:** County-Essex, County-Middlesex
- **Health Indicator:** Other: Cancer
- **Sex:** All
- **Age Group:** All Adults
- **Ethnic Group:** All
- **Language:** All

## Goals

**Statewide Priority:** Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
To educate community members about prevention, detection, treatment, management and support of cancer.	• 137 people from throughout Lahey Health's service area attended the event • The attendees included 69% women, 31% male • Of the 137 attendees, 34% reported having a friend or family member with cancer, 24% attended for general interest, 15% reported being survivors and 6% reported being currently in treatment • 27 people participated in the skin cancer screening, and 4 were referred for follow-up • 6 people participated in the lung cancer screening; and were referred for a low-dose computed tomography scan. • 30,000 people accessed

educational information  
through social media  
education and outreach  
leading up to the event

## Partners

Partner Name, Description	Partner Web Address
American Cancer Society	<a href="https://www.cancer.org/">https://www.cancer.org/</a>
<b>Contact Information</b>	Michelle Snyder, Regional Community Relations Manager, Lahey Health, 41 Mall Rd, Burlington, MA 01805, P: 781-744-7907, <a href="mailto:Michelle.Snyder@Lahey.org">Michelle.Snyder@Lahey.org</a>
<b>Detailed Description</b>	Not Specified

## Lowell Transitional Living Center Medical Respite Beds

**Brief Description or Objective** As identified in the 2016 Greater Lowell CHNA, low socioeconomic status and poverty were identified by all focus groups and key informants as barriers to obtaining care. Community-level groups acknowledged that often residents are forced to choose between health care and other expenses due to low income and high cost of care. To address the health needs of this key population, in FY17, LHMC partnered with the Lowell Transitional Living Center (LTLC) to provide a medical respite program at the LTLC. Medical respite provides short-term post-acute medical care for homeless persons who are too ill or frail to recover while living on the streets but are not ill enough to be hospitalized, and helps coordinate post-hospital care. It is a way to provide low-cost, high-quality recuperative services.

**Program Type** Grant/Donation/Foundation/Scholarship

**Target Population**

- **Regions Served:** Lowell
- **Health Indicator:** Access to Health Care
- **Sex:** All
- **Age Group:** All Adults
- **Ethnic Group:** All
- **Language:** All

## Goals

**Statewide Priority:** Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Open a 5-bed respite program in the LTLC's homeless shelter.	This program has reached approximately 130 people. LTLC has continued its partnership with Greater Lawrence Family Health Center's Healthcare for the Homeless program and coordinated care to address mental health along with physical health issues, given how they exacerbate each other, especially in a shelter environment. The program hired a health and wellness coordinator who began work on Jan. 2. She is tasked with managing the 5-bed medical respite program that will continue to accept individuals who have both physical and mental health needs. The coordinator has begun researching various short

instruments for immediate screening of health issues, which will be soon deployed as part of the program's initial intake process. She also is working with the case management teams of individuals who have mental and physical health needs, with the goal of improving these individuals' care management by identifying and meeting their specific needs. The program will be fully operational in 2018. In 2017 it provided respite for 2 people each day in pull-out reclining chairs, who received special attention from the case management staff and visiting nurses. In the evening these clients were moved to beds in the dorm rooms, with overnight staff tasked with providing wellness checks, administering medication and responding to special needs such as dressing and getting into bed. Individuals stayed on average between 2 and 4 weeks, during which they received a daily nursing visit for a wellness check, treatment, education and assistance with medication, and worked with a case manager as their health improved to address the issues causing their homelessness and to help them find housing. The program has round-the-clock staffing; bathroom, shower and laundry facilities; a full kitchen; daily AA meetings; and a variety of other programs and services.

**Partners**

<b>Partner Name, Description</b>	<b>Partner Web Address</b>
Lowell Transitional Living Center	<a href="http://w.ltlc.org/">http://w.ltlc.org/</a>
Greater Lawrence Family Health Center's Healthcare for the Homeless Program	<a href="https://glfhc.org/">https://glfhc.org/</a>

**Contact Information** Michelle Snyder, Regional Community Relations Manager, Lahey Health, 41 Mall Rd, Burlington, MA 01805, P: 781-744-7907, [Michelle.Snyder@Lahey.org](mailto:Michelle.Snyder@Lahey.org)

**Detailed Description** Not Specified

**Patient Financial Counselors**

**Brief Description or Objective**

The extent to which a person has health insurance that covers or offsets the cost of medical services coupled with access to a full continuum of high-quality, timely, accessible health care services have been shown to be critical to overall health and well-being. Access to a usual source of primary care is particularly important because it greatly impacts one’s ability to receive preventive, routine and urgent care, as well as chronic disease management services. Despite the overall success of the Commonwealth’s health reform efforts, information captured for this assessment shows that while the vast majority of the area’s residents have access to care, significant segments of the population, particularly low-income and racial/ethnic minority populations, face significant barriers to care. These groups struggle to access services due to lack of insurance, cost, transportation, cultural/linguistic barriers and a shortage of providers willing to serve Medicaid-insured or uninsured patients. To address these gaps, LHMC employs MassHealth-certified application counselors who can screen patients and assist them in applying for state aid. It also estimates for patients their financial responsibility (copay, deductible, coinsurance, self-pay). The financial counselors spend about 75 percent of their time with patients related to financial assistance and estimates and helping patients understand their insurance benefits.

**Program Type**

Health Coverage Subsidies or Enrollment

**Target Population**

- **Regions Served:** County-Essex, County-Middlesex
- **Health Indicator:** Access to Health Care
- **Sex:** All
- **Age Group:** All Adults
- **Ethnic Group:** All
- **Language:** All

**Goals**

**Statewide Priority:** Reducing Health Disparity

**Goal Description**

Meet with patients who are uninsured to assess their eligibility for and align them with state financial assistance and Lahey charity programs.

**Goal Status**

This program serves 20-30 patients per day or about 7,500 patients per year.

**Partners**

**Partner Name, Description**

Not Specified

**Partner Web Address**

**Contact Information**

Michelle Snyder, Regional Community Relations Manager, Lahey Health, 41 Mall Rd, Burlington, MA 01805, P: 781-744-7907, Michelle.Snyder@Lahey.org

**Detailed Description**

Not Specified

**Serving Health Information Needs of Everyone (SHINE) Program**

**Brief Description or Objective**

In FY17 LHMC again partnered with Minuteman Senior Services to provide SHINE counselors for the Arlington, Burlington and Winchester Councils on Aging to assist Medicare beneficiaries with navigating their insurance options and finding financial assistance programs. This is a continuation of the very successful partnership that began in 2015, when the program served 631 people in the community and 38 people on-site at the LHMC campus. Seniors (65+ years old) across all socioeconomic strata are inherently more likely to face significant barriers to care. This was a significant theme from the interviews and was also strongly conveyed by the quantitative data findings. LHMC’s community benefits service area also has a number of towns that defy the typical trend and have high proportions of established, relatively intransient populations of older adults. LHMC’s partnership with Minuteman Senior Services addresses this health care access need directly. Every week a trained SHINE liaison is available at the Arlington, Burlington and Winchester Councils on Aging to help Medicare beneficiaries and their caregivers navigate their health insurance options. A SHINE counselor also is available once a week at LHMC. The counselors can review current coverage, compare costs

and benefits of available options, and assist those with limited resources enroll in helpful programs. The SHINE program is open to everyone and not limited to LHMC patients.

**Program Type** Health Coverage Subsidies or Enrollment

**Target Population**

- **Regions Served:** County-Middlesex
- **Health Indicator:** Access to Health Care
- **Sex:** All
- **Age Group:** Adult, Adult-Elder
- **Ethnic Group:** All
- **Language:** All

**Goals**

**Statewide Priority:** Address Unmet Health Needs of the Uninsured

<b>Goal Description</b>	<b>Goal Status</b>
To provide Medicare enrollees and their families unbiased information to enable them to better access their medical and prescription drug insurance benefits.	The program provided one-on-one assistance to 669 people, many of whom had more than 1 interaction with the counselor.

**Partners**

<b>Partner Name, Description</b>	<b>Partner Web Address</b>
Minuteman Senior Services	<a href="https://www.minutemansenior.org/">https://www.minutemansenior.org/</a>

**Contact Information** Michelle Snyder, Regional Manager Community Relations, Lahey Health, 41 Mall Rd, Burlington, MA 01805, P: 781-744-7907, [Michelle.Snyder@Lahey.org](mailto:Michelle.Snyder@Lahey.org)

**Detailed Description** Not Specified

**Low-Impact Aqua Aerobics Program**

**Brief Description or Objective** As reported in the LHMC 2016 CHNA, lack of physical fitness and poor nutrition are the leading factors associated with obesity and chronic diseases such as heart disease, hypertension, diabetes and cancer, as well as depression and poor emotional health. According to Massachusetts BRFSS data for 2012-2013, 1 in 4 adults reported getting no physical activity in the 30 days preceding the survey. To address this need, LHMC again partnered with the North Suburban YMCA and Arlington and Burlington Councils on Aging to offer a free weekly low-impact aqua aerobics class to 24 seniors in both communities. The seniors meet at the Y and participate in a low-impact water exercise program designed to help improve joint flexibility and decrease pain or stiffness. The program has been going for the past 2 years and has drawn a consistent base of seniors who participate. According to the CDC, water-based exercise can benefit older adults by improving their quality of life and decreasing disability. Water-based exercise also improves or maintains the bone health of post-menopausal women, helps with the mobility of affected joints, decreases pain from osteoarthritis and helps people suffering from some chronic diseases.

**Program Type** Direct Services

**Target Population**

- **Regions Served:** Arlington, Burlington
- **Health Indicator:** Physical Activity
- **Sex:** All
- **Age Group:** Adult-Elder
- **Ethnic Group:** All
- **Language:** All

**Goals**

**Statewide Priority:** Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations

<b>Goal Description</b>	<b>Goal Status</b>
To provide an exercise	Participants took a survey after

alternative to seniors with mobility and joint issues.

the class and self-reported that the classes helped increase their mobility, especially for those who have arthritis or have had an injury; decrease their fear of falls; increase balance; and decrease social isolation by providing a regular activity that gets them out of the house.

## Partners

### Partner

**Name, Partner Web Address**

### Description

Arlington Council on Aging <https://www.arlingtonma.gov/services/senior-services>

Burlington Council on Aging [http://www.burlington.org/residents/council\\_on\\_aging/](http://www.burlington.org/residents/council_on_aging/)

North Suburban YMCA <http://ymcaboston.org/northsuburban>

### Contact Information

Michelle Snyder, Regional Community Relations Manager, Lahey Health, 41 Mall Rd, Burlington, MA 01805, P: 781-744-7907, [Michelle.Snyder@Lahey.org](mailto:Michelle.Snyder@Lahey.org)

### Detailed Description

Not Specified

## Food Access and Nutrition Support for Seniors

### Brief Description or Objective

Good nutrition helps prevent disease and is essential for healthy growth and development of children and adolescents. Overall fitness and the extent to which people are physically active reduce the risk for many chronic diseases, are linked to good emotional health and help prevent disease. According to Massachusetts BRFSS data from 2012-2013, only 1 in 5 adults in Middlesex County ate the recommended 5 servings of fruits and vegetables per day. Moreover, according to a recent survey conducted by the Massachusetts Healthy Aging Collaborative, in Arlington only 32 percent and in Burlington 38 percent of seniors are getting the recommended 5 servings of fruits and vegetables per day. To address this need, LHMC partnered with World PEAS Community Supported Agriculture (CSA), an organization that grows organic produce locally for Middlesex County and ran farmers markets for a total of 20 weeks. The program served 50 seniors per week from June through October, and, on average, participants took home 6 varieties of fresh, local produce each week.

### Program Type

Community Education, Direct Services

### Target Population

- **Regions Served:** Arlington, Burlington
- **Health Indicator:** Other: Nutrition
- **Sex:** All
- **Age Group:** Adult-Elder
- **Ethnic Group:** All
- **Language:** All

### Goals

**Statewide Priority:** Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations

### Goal Description

To increase the consumption of fresh, locally grown fruits and vegetables by senior citizens in the Burlington and

### Goal Status

The 2017 survey results demonstrated that many participants in the World PEAS Food Hub Subsidized Farmers

Arlington areas by eliminating cost as a barrier to access.

Market program earned less than \$30,000 per year. The average age of participants was 76 and the majority were women. Results also showed that many participants struggle with food insecurity and food access. At Burlington Council on Aging, 50 percent of respondents said that buying more produce would be hard on their budget, while 54 percent of respondents at Arlington agreed. About 24 percent of respondents at Burlington COA agreed that it is difficult to purchase fresh fruits and vegetables where they normally shop, and about 16 percent reported frequently or sometimes using an emergency food program in the past 12 months.

To decrease social isolation for seniors and provide increased opportunities for seniors to be connected with community services.

While the results and data suggest that increased consumption of fresh fruits and vegetables has a positive impact on the physical health of the participants in this program, there is another unexpected yet incredibly important benefit. A survey administered in 2017 revealed that more than half (58%) of market users leave the house fewer than 5 times a week, making this market incredibly important for them socially. About 78 percent of market users reported that the market introduced them to new programs at the COA; 68 percent of market users reported that they were able to make a new connection or renew an existing one due to the market. Staff at the senior centers in Arlington and Burlington have repeatedly reported that the farmers market-style distribution of the fruits and vegetables cultivates a community space that greatly benefits the seniors who participate. Staff have reported that seniors arrive early to the distribution to visit with friends, discuss recipes and swap vegetables, talk about what they've been

cooking at home, and even invite others to share the meals they have made. Staff at partner organizations have said that participants truly value the time and space created by the distribution. They have noted decreases in social isolation among participants as the farmers market has given them a reason to come into the senior center, engage with their peers and often stay for other activities. Social isolation is a major concern for the elderly, especially those who live alone like the majority of participants in this program. Thus, this program is combating a very real mental health risk.

**Partners**

**Partner**

**Name, Partner Web Address  
Description**

Arlington Council on Aging <https://www.arlingtonma.gov/departments/health-human-services/council-on-aging>

Burlington Council on Aging [http://www.burlington.org/residents/council\\_on\\_aging/](http://www.burlington.org/residents/council_on_aging/)

New Entry Sustainable Farming Project <https://nesfp.org/>

**Contact Information**

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**Detailed Description**

Not Specified

**Senior Exercise Classes**

**Brief Description or Objective**

In FY17, LHMC continued its successful biweekly exercise class at the Burlington Council on Aging. Every Monday and Wednesday morning for 52 weeks per year, a physical therapist leads an exercise class for seniors designed to build muscle strength to help prevent falls and increase physical fitness. This program has served the Council on Aging for many years and is an integral and important part of its exercise programs. According to CDC data, 1 in 3 seniors falls each year, but fewer than half talk to their health care provider about it. Among seniors, falls are the leading cause of both fatal and nonfatal injuries. In 2012, 2.4 million nonfatal falls among seniors were treated in emergency departments, and more than 722,000 of these patients were hospitalized. That same year, the direct medical costs of falls, adjusted for inflation, were \$30 billion. The CDC states that seniors can stay independent and reduce their chances of falling by exercising regularly. Moreover, the exercises should focus on increasing leg strength and improving balance, and they should become more challenging over time. Over the past 2 decades, obesity rates in the United States have doubled for adults. This trend has spanned all segments of the population, regardless of age, sex, race, ethnicity, education, income or geographic region. Some segments have certainly struggled more than others, but no segment has been unaffected. According to data from the Massachusetts DEFS for 2012-2013, nearly

has been unaffected. According to data from the Massachusetts BRFSS for 2012-2015, nearly 60 percent of adults in Middlesex County are considered overweight or obese, and 1 in 4 adults reported getting no physical activity in the 30 days preceding the survey. Rates for specific demographic, socioeconomic and geographic population segments living in LHMC's community benefits service area are likely dramatically higher, based on Commonwealth data by race/ethnicity and age. Overall fitness and physical activity reduce the risk for many chronic diseases, are linked to good emotional health and help prevent disease. Cardiovascular disease (CVD), cancer and cerebrovascular disease (stroke) are the 3 leading causes of death in the United States, Massachusetts and all the cities/towns in LHMC's community benefit service area. In addition, diabetes is ranked in the top 10 causes across all 3 of these geographic areas. According to the LHMC CHNA, Burlington residents have higher age-adjusted rates (per 100,000 population) of CVD mortality than residents both in Middlesex County and throughout the Commonwealth.

**Program Type**

Direct Services

**Target Population**

- **Regions Served:** Burlington
- **Health Indicator:** Physical Activity
- **Sex:** All
- **Age Group:** Adult-Elder
- **Ethnic Group:** All
- **Language:** All

**Goals**

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

**Goal Description**

Provide an exercise class including light cardio, strengthening and stretching for members of the Burlington Senior Center in order to improve the health of the community.

**Goal Status**

10-20 participants per class. In FY17 a survey was administered to 24 attendees of the regular exercise class. Survey findings were as follows: • 58% reported they only leave their house 1-2 times per day • 30% self-report having a chronic illness or chronic pain • 71% also report that their physical and mental health has improved as a result of the class

**Partners**

**Partner**

**Name, Partner Web Address**

**Description**

Burlington Council on Aging [http://www.burlington.org/residents/council\\_on\\_aging/](http://www.burlington.org/residents/council_on_aging/)

**Contact Information**

Michelle Snyder, Regional Community Relations Manager, Lahey Health, 41 Mall Rd, Burlington, MA 01805, P: 781-744-7907, [Michelle.Snyder@Lahey.org](mailto:Michelle.Snyder@Lahey.org)

**Detailed Description**

Not Specified

**Stanford Chronic Disease Self-Management Classes**

**Brief Description or Objective**

In the LHMC primary service area, certain towns had consistently higher rates of chronic disease hospitalizations or mortality than 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 arose as the most common afflictions. Towns in the service area all reported higher than Commonwealth or county averages on 2 or more of these chronic disease indicators. Even in towns where the hospitalization or death rate for these chronic conditions was not higher than

Commonwealth or county averages, qualitative interviews and forums indicated that these diseases were of utmost concern to local health officials. At-risk sub-populations such as low-income or elderly were more likely to be afflicted with one or more of these conditions and to require hospitalization as a result. In order to address this disparity, in FY17, LHMC conducted 6 Stanford Chronic Disease Self-Management courses at the Woburn and Billerica Councils on Aging. The courses focused on self-management of arthritis, diabetes and chronic pain and occurred once a week for 6 weeks. The Chronic Disease Self-Management Program (CDSMP) developed by Stanford University is proven to help older adults better manage their chronic conditions, improve their quality of life and lower the cost of health care. CDSMP workshops are designed to help people gain self-confidence in their ability to control their symptoms and learn how their health problems affect their lives. Small-group, highly interactive workshops are 6 weeks long, meeting once a week for 2.5 hours, and are facilitated by a pair of leaders, one or both of whom are non-health professionals with chronic diseases themselves. Workshop topics include how to deal with frustration, fatigue, pain and isolation; ways to maintain and improve flexibility, strength and endurance; managing medications; how to communicate more effectively with family, friends and health professionals; and healthy eating.

**Program Type**

Community Education

**Target Population**

- **Regions Served:** Billerica, Woburn
- **Health Indicator:** Other: Arthritis, Other: Chronic Pain , Other: Diabetes
- **Sex:** All
- **Age Group:** Adult-Elder
- **Ethnic Group:** All
- **Language:** All

**Goals**

**Statewide Priority:** Chronic Disease Management in Disadvantage Populations

**Goal Description**

Provide free chronic disease self-management education courses to seniors in the LHMC service area.

**Goal Status**

The courses served a total of 103 seniors.

**Partners**

**Partner**

**Name, Description**      **Partner Web Address**

Billerica Council on Aging      <https://www.town.billerica.ma.us/136/Council-on-Aging>

Woburn Council on Aging      <https://www.wobumma.gov/government/council-on-aging/>

Elder Services of the Merrimack Valley      <https://www.esmv.org/>

**Contact Information**

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**Detailed Description**

Not Specified

**Lahey Hospital & Medical Center Intergenerational Program**

**Brief Description or Objective**

According to qualitative information gathered through interviews and community forums and presented in the 2015 LHMC Community Benefit report, elder health is one of the highest priorities for the LHMC primary 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, 10 out of 15 towns in the primary service area have higher percentages of residents 65 or older than Commonwealth or county averages, with the highest percentages of seniors in Burlington, Lexington, Peabody and Winchester. In FY17 LHMC hosted an intergenerational program for seniors in Woburn and Burlington. Seniors were matched with a youth partner and over the course of 3 sessions, participants learned about healthy eating while simultaneously gaining a better understanding of another generation. For seniors, this program helps reduce social isolation by providing opportunities for them to interact both with each other and with the youth participants.

**Program Type** Community Education

- Target Population**
- **Regions Served:** Billerica, Woburn
  - **Health Indicator:** Other: Nutrition
  - **Sex:** All
  - **Age Group:** Adult-Elder, Adult-Young
  - **Ethnic Group:** All
  - **Language:** All

**Goals**

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

<b>Goal Description</b>	<b>Goal Status</b>
Increase understanding and knowledge between generations	In a survey administered to all 67 people who attended the workshops: • 100% reported that they better understood another generation
Increase knowledge of nutrition and healthy eating	In a survey administered to all 67 people who attended the workshops: • 92% reported a better understanding of how to read a nutrition label • 96% reported they could understand the difference between whole foods and processed foods • 91% reported that they felt better equipped to make their own healthy snacks

**Partners**

<b>Partner Name, Description</b>	<b>Partner Web Address</b>
Billerica Council on Aging	<a href="http://www.town.billerica.ma.us/136/Council-on-Aging">http://www.town.billerica.ma.us/136/Council-on-Aging</a>
North Suburban YMCA	<a href="http://ymcaboston.org/northsuburban">http://ymcaboston.org/northsuburban</a>
Billerica Recreation Department	<a href="http://recreation.town.billerica.ma.us/wbwc/webtrac.wsc/wbsplash.html?wbp=1">http://recreation.town.billerica.ma.us/wbwc/webtrac.wsc/wbsplash.html?wbp=1</a>
Woburn Council on Aging	<a href="https://www.woburnma.gov/government/council-on-aging/">https://www.woburnma.gov/government/council-on-aging/</a>

**Contact Information** Michelle Snyder, Regional Community Relations Manager, Lahey Health, 41 Mall Rd, Burlington, MA 01805 P: 781.744.7907, [Michelle.Snyder@Lahey.org](mailto:Michelle.Snyder@Lahey.org)

**Detailed Description** Not Specified

## Healthy Eating Workshop

### Brief Description or Objective

Lack of physical fitness and poor nutrition are the leading factors associated with obesity and chronic diseases such as heart disease, hypertension, diabetes, cancer and depression. Good nutrition helps prevent disease. Overall fitness and physical activity reduce the risk for many chronic diseases and are linked to good emotional health. As noted, according to Massachusetts BRFSS data, only 1 in 5 adults in Middlesex and Essex counties ate the recommended 5 servings of fruits and vegetables per day, and 1 in 4 adults reported getting no physical activity in the 30 days preceding the survey. In addition to the county and national data illustrating the impact of these conditions on the region, nearly all the interviewees and participants in focus groups and community forums cited these issues as among the leading health concerns in LHMC's community benefit service area. To address this need, LHMC conducted 3 Healthy Eating Workshops at the Billerica and Woburn Councils on Aging. This hands-on program is designed for seniors who want to be better educated about and adopt a healthier, more nutritious lifestyle. Workshop participants met once a week for 5 weeks. The last session allowed them to put into practice what they learned in the workshop.

### Program Type

Community Education

### Target Population

- **Regions Served:** Billerica, Woburn
- **Health Indicator:** Other: Nutrition
- **Sex:** All
- **Age Group:** Adult-Elder
- **Ethnic Group:** All
- **Language:** All

### Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

#### Goal Description

Inform and educate participants about the MyPyramid food guide, and help them develop a personal nutrition lifestyle that meets their needs.

#### Goal Status

The program served 41 seniors in Billerica and Woburn. In a survey to participants:

- 83% reported that since attending the workshop, they made better choices about what they ate
- Before attending the workshop, only 35% of participants read the nutrition labels on food containers
- After participating, 92% reported that they had a better understanding of food nutrition labels

### Partners

#### Partner

Name, Description	Partner Web Address
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Billerica Council on Aging	<a href="http://www.town.billerica.ma.us/">http://www.town.billerica.ma.us/</a>
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Woburn Council on Aging	<a href="https://www.wobumma.gov/government/council-on-aging/">https://www.wobumma.gov/government/council-on-aging/</a>
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#### Contact Information

Michelle Snyder, Regional Manager Community Relations, Lahey Health, 41 Mall Rd, Burlington, MA 01805 P: 781-744-7907, [Michelle.Snyder@Lahey.org](mailto:Michelle.Snyder@Lahey.org)

#### Detailed Description

Not Specified

**Brief Description or Objective**

Mental illness and substance use have a profound impact on the health of people living throughout the United States. CDC data suggest that approximately 1 in 4 adults in the United States has a mental health disorder, and an estimated 22 million Americans struggle with drug or alcohol problems. Depression, anxiety and alcohol abuse are directly associated with chronic disease, and a high proportion of those living with these issues also have a chronic medical condition. The impact of mental health and substance use on the residents of LHMC's service area and in Essex County overall is particularly profound, as demonstrated by ample quantitative and qualitative information. Essex County experienced more than a 200 percent increase in opioid overdose deaths between 2001 and 2014. Specifically, in 2001, 58 deaths due to opioid abuse were reported in Essex County. By 2013 this number had risen to 116, and between 2013 and 2014 the figure rose startlingly to 190 deaths. According to the 2016 Beverly Hospital Community Benefit Report, Peabody had a rate (479) of opioid-related emergency department (ED) discharges per 100,000 population that was significantly higher than the Commonwealth rate (260). There was overwhelming agreement across all the community forums that mental health and substance use are 2 major health issues facing the community. The clear sentiment was that these issues impact all segments of the population, from children and youth to young and middle-aged adults to seniors. To address this need in FY17, LHMC partnered with the City of Peabody to implement an overdose outreach program. A trained firefighter and trained recovery coach visit the homes of individuals who have overdosed, ideally within 1 week of the event, to offer resources, information and support to promote follow-up substance use treatment.

**Program Type**

Grant/Donation/Foundation/Scholarship

**Target Population**

- **Regions Served:** Peabody
- **Health Indicator:** Other: Alcohol and Substance Abuse
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

**Goals**

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

**Goal Description**

Provide an outreach team to visit the home of a patient treated in the emergency room for overdose, to facilitate the patient's entry into a treatment program.

**Goal Status**

In FY17, the outreach program accomplished the following: • Attempted 170 home visits • During 26 visits, the team had direct contact with the patient and provided resources and support • During 53 visits, the team had contact with the patient's family/household members and provided them with information and resources • When unable to connect with families in person, the team left the information outside of the home

**Partners**

**Partner Name, Description**

**Partner Web Address**

Peabody Fire Department <http://www.peabodyfire.org/>

Peabody Health Department <http://www.peabody-ma.gov/health.html>

Healthy Peabody <http://www.healthypeabodycollaborative.org/>

Collaborative

Peabody Police Department <http://peabodypd.org/>

Atlantic Ambulance <http://cataldoambulance.com/>

Healthy Streets <https://www.facebook.com/Healthy-Streets-Outreach-Program-Lynn-MA-325163574256340/>

**Contact Information** Michelle Snyder, Regional Community Relations Manager, Lahey Health, 41 Mall Rd, Burlington, MA 01805, P: 781-744-7907, [Michelle.Snyder@Lahey.org](mailto:Michelle.Snyder@Lahey.org)

**Detailed Description** Not Specified

### LHMC Domestic Violence Initiative

**Brief Description or Objective** The 2010 National Intimate Partner and Sexual Violence Survey data for Massachusetts residents mirrored the national data: Nearly 1 in 2 women and 1 in 4 men in Massachusetts have ever experienced sexual violence victimization other than rape. Nearly 1 in 3 women and 1 in 5 men in Massachusetts have experienced rape, physical violence and/or stalking by an intimate partner in their lives. More than 1 in 7 women have been raped. The problem isn't new. LHMC has long collaborated with local police and community organizations to provide crisis intervention and links to services for victims of domestic violence, and they are committed to alleviating the public health and social problems associated with relationship violence in all forms, including spousal violence and elder abuse. Formed in 1992, LHMC's Domestic Violence Initiative (DVI) is a group that includes physicians and nonclinical staff from departments such as gynecology, general internal medicine, social work and the ED. Community members include law enforcement representatives and local emergency resource groups.

**Program Type** Community Participation/Capacity Building Initiative

**Target Population**

- **Regions Served:** County-Middlesex
- **Health Indicator:** Other: Domestic Violence
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

### Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

<b>Goal Description</b>	<b>Goal Status</b>
Heighten awareness of domestic violence, provide crisis intervention and links to services, strengthen community partnerships, and train clinical staff to recognize and respond to the needs of victims.	In FY17 LHMC hosted 4 quarterly meetings of community organizations that serve victims of domestic violence, to share information and resources. LHMC also partnered with various organizations to host an information table at the hospital to provide information to patients and staff about domestic violence resources and raise awareness about the issue.

### Partners

<b>Partner Name,</b>	<b>Partner Web Address</b>
<b>Description</b>	

Saheli <http://saheliboston.org/>

Burlington Police Department <http://www.burlington.org/departments/police/index.php>

Police  
Department

REACH <https://reachma.org/>

Beyond  
Domestic  
Violence

Burlington Council on Aging [http://www.burlington.org/residents/council\\_on\\_aging/index.php](http://www.burlington.org/residents/council_on_aging/index.php)

Council on  
Aging

Burlington Youth & Family Services [http://www.burlington.org/residents/community\\_life\\_center/index.php](http://www.burlington.org/residents/community_life_center/index.php)

Youth &  
Family  
Services

**Contact Information** Michelle Snyder, Regional Community Relations Manager, Lahey Health, 41 Mall Rd, Burlington, MA 01805, P: 781-744-7907, Michelle.Snyder@Lahey.org

**Detailed Description** Not Specified

### Community Opioid Outreach Program Recovery Coach Initiative

**Brief Description or Objective** As identified in the 2016 Greater Lowell CHNA, the majority of both provider/professional focus groups and community focus groups identified substance abuse and addiction issues, including alcohol addiction, as top health issues for Lowell and Greater Lowell residents. Two provider/professional groups expressed concern about the number of babies born with opioid addiction issues. One professional/provider group acknowledged that Lowell is a “hot spot” for opioid issues, but it is also a growing problem in surrounding cities and towns. First responders cited an increase in drug-related mental health issues among residents. Community groups expressed concern at the lack of services/care for those in their communities who are addicted to drugs or alcohol. To address this community health need, in FY17 LHMC partnered with Lowell House Inc. (LHI), the Lowell Police Department (LPD), Lowell Fire Department (LFD) and the Mental Health Association of Greater Lowell on their Community Opioid Outreach Program (COOP). COOP provides ongoing case management, follow-up and support to individuals who have recently overdosed on opiates in the city of Lowell. Implementation of the program began in the spring of 2016. The COOP outreach team consists of an LPD officer, an LFD firefighter, and an LHI case manager who aim to follow up with opioid overdose victims within 24-48 hours of the overdose. Upon meeting with overdose victims, the team encourages them to seek treatment, educates them on treatment options and connects them with services when appropriate. A clinician from the Mental Health Association of Greater Lowell (MHA) works with the children of individuals who have recently overdosed. COOP is designed to assist those at highest risk for death by overdose in the city of Lowell by making contact with them and engaging them in a conversation about their recovery from addiction.

**Program Type** Grant/Donation/Foundation/Scholarship, Outreach to Underserved

**Target Population**

- **Regions Served:** Lowell
- **Health Indicator:** Other: Alcohol and Substance Abuse, Substance Abuse
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

### Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
(1) Provide an effective intervention after an individual has overdosed on opioids. (2) Provide recovery	From October 2016 through November 2017, the grant-funded year, the COOP team made contact with 257 people

coaching to individuals in Lowell who have overdosed—50 percent of victims contacted will enter a treatment program for their addiction. (3) Increase the capacity of the COOP team and public/private health agencies to address the opioid crisis.

who had overdosed on opioids; 161 people received at least 1 follow-up visit with the recovery coach. Some examples of positive outcomes include the following: • Educating people about their addiction • Providing Narcan and education about overdose prevention and disease prevention • Helping victims access the various levels of treatment, including detox, medication-assisted treatment, residential and outpatient treatment • Addressing case management needs including medical, psychiatric, financial and housing needs. On the community level, successes included building positive relationships with agencies and providers in the Lowell community to foster better, more coordinated care for these individuals, and building trust and rapport with the homeless population in Lowell. The clinician from MHA received referrals for 31 children, ages 9 months to 16 years. The clinician was able to follow up with 19 of those youths, who ranged in age from 3 to 14 years. The clinician also received referrals for 11 individuals who had recently overdosed and was able to follow up with 10 of them. These services are completely voluntary, and it is up to the individuals and the guardians of the children to accept access to these services.

**Partners**

<b>Partner Name, Description</b>	<b>Partner Web Address</b>
Lowell Fire Department	<a href="https://www.lowellma.gov/246/Fire">https://www.lowellma.gov/246/Fire</a>
Lowell Police Department	<a href="https://www.lowellma.gov/221/Police-Department">https://www.lowellma.gov/221/Police-Department</a>
Lowell Health Department	<a href="https://www.lowellma.gov/275/Health">https://www.lowellma.gov/275/Health</a>
Mental Health Association of Greater Lowell	<a href="http://mhalowell.org/">http://mhalowell.org/</a>
Trinity Ambulance	<a href="https://trinityems.com/">https://trinityems.com/</a>

**Contact Information** Michelle Snyder, Regional Community Relations Manager, Lahey Health, 41 Mall Rd, Burlington, MA 01805, P: 781-744-7907, Michelle.Snyder@Lahey.org

**Detailed Description** Not Specified

### Support Groups

**Brief Description or Objective** In FY17, LHMC hosted 16 different monthly support groups at LHMC, Burlington; Lahey Medical Center, Peabody; and Lahey Outpatient Center, Lexington. These support groups are directly responsive to a number of identified community health needs in the LHMC service area and serve a diverse population of individuals. Based on the findings of the most recent CHNA, LHMC will continue to offer a variety of support groups to help educate, support and assist individuals and families who are going through difficult times. Support groups can help inform, console and lift the spirit, which are all part of the healing process. Support groups include those for patients and families dealing with numerous types of cancer, including of the head and neck, breast, reproductive system, lung, urological system, and blood; stem-cell transplant; multiple sclerosis; stroke; COPD; kidney transplant; amyotrophic lateral sclerosis (ALS); cardiac disease; liver disease; and diabetes. Another group, Look Good Feel Better, seeks to improve the self-esteem of people undergoing cancer treatments by providing group self-help beauty sessions. Other groups are exclusively for caregivers. All support group programs are free and open to the community. The topics for these support groups directly relate to identified needs in the LHMC service area. Cancer is the second-leading cause of death in both the United States and the Commonwealth and across all of LHMC's community benefit service area. Chronic disease such as cardiovascular disease (heart disease), cancer and cerebrovascular disease (stroke) are the 3 leading causes of death in the United States, Massachusetts and all the cities/towns in LHMC's community benefit service area.

**Program Type** Support Group

**Target Population**

- **Regions Served:** County-Essex, County-Middlesex
- **Health Indicator:** Other: Cancer, Other: Cardiac Disease, Other: Chronic Pain , Other: Stroke
- **Sex:** All
- **Age Group:** Adult, Adult-Elder, All Adults
- **Ethnic Group:** All
- **Language:** All

### Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Provide support groups to help to address health needs identified in the Community Health Needs Assessment.	Provide 16 support groups on a variety of topics.

### Partners

Partner Name, Description	Partner Web Address
Not Specified	

**Contact Information** Michelle Snyder, Regional Community Relations Manager, Lahey Health, 41 Mall Rd, Burlington, MA 01805, P: 781-744-7907, Michelle.Snyder@Lahey.org

**Detailed Description** Not Specified

### Community Outreach Overview

**Brief Description or Objective** In addition to its well-established community benefits program, LHMC has a diverse and far-reaching community outreach program that provides support to local communities in a variety of ways, including through food and clothing drives, employee volunteerism, health fairs, sponsorships, leadership on local nonprofit and community boards, and development of a state-approved model for medication and sharps disposal. In FY17, LHMC offered the following community benefits programs: • Hosted a free trauma prevention conference focused on youth

health and injury prevention • Hosted the Women’s Health Lecture Series focused on education for the community on important and timely health topics, derived from the LHMC CHNA • Hosted an education series for residents of Arlington public housing on topics related to diabetes prevention, healthy eating and exercise • LHMC clinicians provided medical staff coverage for 4 high schools during football games • Hosted a community safety event for residents of Beacon Village in partnership with the Burlington Police Department to raise awareness about available resources in the community • Held a weekly blood pressure clinic at Burlington Mall • Held a community education event at Northshore Mall on various men’s health topics • Provided a bimonthly lecture series for patients and community members on healthy eating and cooking techniques. Participants were invited to demo the recipes along with the instructor and take home healthy cooking tips. • In collaboration with Community Health Network Area (CHNA 15), LHMC funding provided over 30 grants ranging from \$300-\$75,000 for organizations within the service area to address identified health issues in their community. Three community workshops focusing on addiction, cultural proficiency and reducing substance use were offered in FY17.

**Program Type** Community Education,Direct Services,Grant/Donation/Foundation/Scholarship,Health Screening,Outreach to Underserved,Prevention

- Target Population**
- **Regions Served:** County-Essex, County-Middlesex
  - **Health Indicator:** All
  - **Sex:** All
  - **Age Group:** All
  - **Ethnic Group:** All
  - **Language:** All

**Goals**  
**Statewide Priority:** Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations

**Goal Description** Not Specified  
**Goal Status**

**Partners**

**Partner Name, Description** Not Specified  
**Partner Web Address**

**Contact Information** Michelle Snyder, Regional Community Relations Manager, Lahey Health, 41 Mall Rd, Burlington, MA 01805, P: 781-744-7907, Michelle.Snyder@Lahey.org

**Detailed Description** Not Specified

**Expenditures**

<b>Program Type</b>	<b>Estimated Total Expenditures for FY2017</b>	<b>Approved Program Budget for 2017</b>
<a href="#">Community Benefits Programs</a>	<a href="#">Direct Expenses</a> \$1,016,896 <a href="#">Associated Expenses</a> \$2,400 <a href="#">Determination of Need Expenditures</a> \$965,354 <a href="#">Employee Volunteerism</a> \$1,415 <a href="#">Other Leveraged Resources</a> \$34,330	\$00 *Excluding expenditures that cannot be projected at the time of the report.
<a href="#">Net Charity Care</a>	<a href="#">HSN Assessment</a> \$6,973,895 <a href="#">HSN Denied Claims</a> \$174,945 <a href="#">Free/Discount Care</a> \$1,890,970	

	<u>Total Net Charity Care</u>	\$9,039,810	
<u>Corporate Sponsorships</u>		\$146,840	
	<b>Total Expenditures</b>	\$11,207,045	
<b>Total Patient Care-Related Expenses for FY2017</b>			\$876,538,488
<b>Comments:</b> None			

**Optional Information**

Expenditures	Amount	
<u>Community Service Programs</u>	<u>Direct Expenses</u>	Not Specified
	<u>Associated Expenses</u>	Not Specified
	<u>Determination of Need Expenditures</u>	Not Specified
	<u>Employee Volunteerism</u>	Not Specified
	<u>Other Leveraged Resources</u>	Not Specified
	<b>Total Community Service Programs</b>	Not Specified
<b>Bad Debt:</b>	Not Specified	Not Specified
<b>IRS 990:</b>	Not Specified	