

The Prevention and Wellness Trust Fund (PWTF) of Massachusetts is a first-in-the-nation effort to improve health outcomes by combining public health and health care strategies.

Established by the state legislature through Chapter 224 of the Acts of 2012, PWTF received \$60 million over four years, through funding from an assessment of health insurers and large hospital systems. The Lynn Partnership, coordinated by the City of Lynn, received \$6 million and is one of nine partnerships across the Commonwealth.

## LYNN SNAPSHOT:



### PEDIATRIC ASTHMA:

**15.6%** of children were told they have asthma vs. 13.7% statewide (BRFSS).



### HYPERTENSION:

**31.6%** of adults have been told they have hypertension vs. 28.8% statewide (BRFSS).



### FALLS IN OLDER ADULTS:

**15.3%** of residents over age 65 have experienced a fall with an injury in the last 12 months vs. 10.1% statewide (BRFSS).



### TOBACCO:

**20.7%** smoke regularly vs. 15.9% statewide (BRFSS).

Preventable health conditions continue to climb. Furthermore, health care inequities based on race, income, and geography are a persistent challenge. Lynn is home to some of Massachusetts' most diverse, vulnerable, and high-risk individuals and families.



## THE PARTNERSHIPS

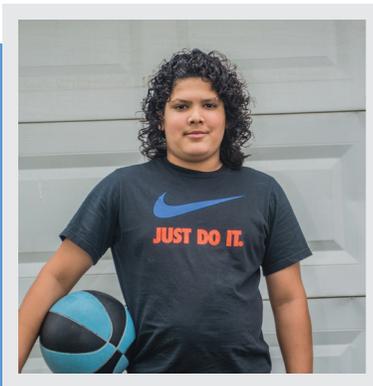
PWTF supports a partnership effort in which the coordinating partner (City of Lynn) is responsible for building, monitoring, and maintaining a robust infrastructure of working relationships with all clinical and community partners, that focuses on referral management, training, data collection and evaluation, and quality improvement.

### CLINICS



### COMMUNITY ORGANIZATIONS





## “I HAVE LEARNED SO MANY NEW THINGS ABOUT ASTHMA.”

CHRISTIAN ENCARNACION | AGE 11 | LYNN MA  
in response to his coordinated care from PWTF.

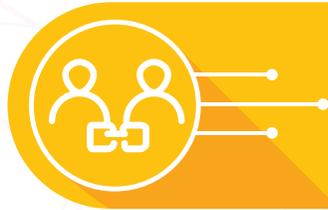
### A COORDINATED APPROACH

The PWTF model implements evidence-based prevention approaches at a systemic level, which complements existing health care services. PWTF focuses on extending care into the community through clinical-community linkages.



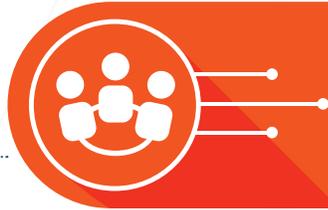
#### CLINICAL:

Identify high risk patients and refer them to prevention-based programming outside of the clinical setting.



#### LINKAGE:

Bridge services through warm hand-offs and electronic systems; build strong partnerships among clinical and community leaders.



#### COMMUNITY:

Evidence-based interventions at community-based and social service organizations, i.e., Chronic Disease Self-Management, Asthma Home Visiting, Tai Chi, etc.

### THE LOCAL IMPACT

# 1,130+

## REFERRALS

FROM CLINICAL SITES  
TO COMMUNITY  
ORGANIZATIONS.



SMOKE FREE HOUSING POLICY  
IMPLEMENTED AT ALL LYNN  
HOUSING PROPERTIES.



ASTHMA NURSE  
CHAMPIONS  
TRAINED AT ALL  
27 LYNN PUBLIC  
SCHOOLS.



ALL CLINICAL STAFF  
TRAINED IN **CDC'S SENIOR  
FALLS SCREENING.**



APPROXIMATELY **300 LCHC  
HYPERTENSIVE PATIENTS**  
REGULARLY SELF-MONITOR  
THEIR BLOOD PRESSURE AT  
THE SENIOR CENTER