

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 Berkshire Partnership for Health, coordinated by Berkshire Medical Center, received \$4.4 million as one of nine partnerships across the Commonwealth.

THE NEED

Preventable and chronic health conditions continue to climb.

Furthermore, health care inequities based on race, income, and geography are a persistent challenge. Berkshire County is home to some of Massachusetts' most vulnerable, high-risk individuals and families.

Prior to PWTF, no coordinated approach existed to address common health challenges and inequities affecting the community.

PWTF leverages a network of health care providers, community-based organizations, residents, leaders, and existing initiatives to bring a comprehensive approach to the prevention and management of hypertension, falls in older adults, tobacco use, and diabetes.

CLINICAL PARTNERS

- Berkshire Medical Center
- Dalton Medical Associates
- Fairview Hospital
- Hillcrest Family Health
- Lenox Family Health
- Suburban Internal Medicine

COMMUNITY PARTNERS

- Berkshire County Boards of Health Association
- Berkshire Family YMCA
- Berkshire Public Health Alliance
- Berkshire Regional Planning Commission
- Berkshire South Regional Community Center
- Community Health Programs
- Northern Berkshire Community Coalition
- Tri-Town Health Department
- Volunteers in Medicine
- Elder Services

BERKSHIRE COUNTY SNAPSHOT

131,219 residents;
Health Equity: 1 in 6 families lives below the Federal Poverty Level¹

Hypertension: 32.7% of adults have been told they have hypertension vs. 28.8% statewide.²

Falls in Older Adults: 13.2% of residents over age 65 have experienced a fall with an injury in the last 12 months vs. 10.1% statewide.²

Tobacco Use: 18.3% smoke regularly vs. 15.9% statewide.²



Barbara Meczywor of Adams took advantage of Berkshire Partnership for Health to improve her balance, and then successfully completed the high blood pressure and smoking cessation programs.

A COORDINATED APPROACH

The PWTF model implements evidence-based prevention approaches at a systemic level, which complements existing health care services and ongoing health care transformation efforts. PWTF focuses on extending care into the community through **clinical-community linkages**, while developing stronger evidence of effective prevention programming.



CLINICAL

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



LINKAGE

Bridge services through warm hand-offs by Community Health Workers (CHWs) and electronic systems; build strong partnerships among clinical and community leaders.



COMMUNITY

Evidence-based interventions at community-based and social service organizations, i.e., Matter of Balance, Get Cuffed Program, etc.

THE PARTNERSHIPS

PWTF supports a partnership that shares leadership among clinical, municipal, and community organizations.

The coordinating partner (Berkshire Medical Center) is responsible for building, monitoring, and maintaining a robust infrastructure of working relationships that focuses on referral management, training, data collection and evaluation, barrier identification and quality improvement.

THE LOCAL IMPACT

Since implementing the program, the Berkshire Partnership for Health **made over 858 referrals** from clinical sites to community organizations. PWTF is proving to be an essential component in the mission to improve health outcomes and combat health inequities in our communities.

Massachusetts
Department of
Public Health



Learn more at www.mass.gov/pwtf

1. US Census, American FactFinder. 2010 data. Prepared by MDPH.

2. Behavioral Risk Factor Surveillance System, CDC and Massachusetts Dept. of Public Health. 2011-2014 data. Prepared by MDPH. Grantee SAE covers three years to stabilize the small sample numbers.