

Beth Israel Lahey Health   
Beverly Hospital

Beth Israel Lahey Health   
Addison Gilbert Hospital

# FY23-FY25 Implementation Strategy



# Implementation Strategy

## About the 2022 Hospital and Community Health Needs Assessment Process

Northeast Hospital Corporation (NHC), part of Beth Israel Lahey Health (BILH) consists of multiple entities organized to service the needs of those in its communities. NHC, referred to as BH/AGH throughout this report, operates, under a single license, two acute care campuses – Beverly Hospital in Beverly, Massachusetts and Addison Gilbert Hospital in Gloucester, Massachusetts; an acute psychiatric inpatient satellite, BayRidge Hospital in Lynn, Massachusetts; and an outpatient facility, Lahey Outpatient Center – Danvers, in Danvers, Massachusetts.

Beverly Hospital (BH) is a full-service, 223-bed community hospital providing leading-edge, patient-centered care to North Shore and Cape Ann residents. The hospital provides a full range of state-of-the-art care and services including primary care, cardiovascular care, surgery, orthopedics, emergency care, maternity, and pediatrics, as well as many other specialties.

Addison Gilbert Hospital (AGH) is a full-service, 79-bed medical/surgical acute care facility. The hospital, founded in 1889, provides state-of-the-art inpatient and outpatient care to residents of the Cape Ann community in specialties such as pain management, wound care, cancer care, primary and pediatric care, cardiology, geriatric services, and emergency medicine.

BayRidge Hospital provides accessible, high-quality substance abuse and mental health treatment. This psychiatric hospital offers a continuum of chemical dependency and psychiatric services on an inpatient, partial hospitalization, and outpatient basis. Coordination of care between Beverly Hospital's psychiatric service, the Leland Unit, and BayRidge Hospital assures the provision of a range of acute inpatient services to individuals suffering from psychiatric disabilities.

The 2022 Community Health Needs Assessment (CHNA) and planning work for this 2022 report was conducted between September 2021 and September 2022. It would be difficult to overstate BH/AGH's commitment to community engagement and a comprehensive, data-driven, collaborative, and transparent assessment and planning process. BH/AGH's Community Benefits staff and Community Benefits Advisory Committee (CBAC) dedicated hours to ensuring a sound, objective, and inclusive process. This approach involved extensive data collection activities, substantial efforts to engage BH/AGH's partners and community residents, and a thoughtful prioritization,

planning, and reporting process. Special care was taken to include the voices of community residents who have been historically underserved, such as those who are unstably housed or homeless, individuals who speak a language other than English, those who are in substance use recovery, and those who experience barriers and disparities due to their race, ethnicity, gender identity, age, disability status, or other personal characteristics.

BH/AGH collected a wide range of quantitative data to characterize the communities served across the hospitals Community Benefits Service Area (CBSA). BH/AGH also gathered data to help identify leading health-related issues, barriers to accessing care, and service gaps. Whenever possible, data was collected for specific geographic, demographic, or socioeconomic segments of the population to identify disparities and clarify the needs for specific communities. The data was tested for statistical significance whenever possible and compared against data at the regional, Commonwealth and national level to support analysis and the prioritization process. The assessment also included data compiled at the local level from school districts, police/fire departments, and other sources. Authentic community engagement is critical to assessing community needs, identifying the leading community health priorities, prioritizing cohorts most at-risk and crafting a collaborative, evidence-informed Implementation Strategy (IS). Between October 2021 and February 2022, BH/AGH conducted 18 one-on-one interviews with key collaborators in the community, facilitated three focus groups with segments of the population facing the greatest health-related disparities, administered a community health survey involving more than 1,300 residents, and organized two community listening sessions. In total, the assessment process collected information from more than 1,400 community residents, clinical and social service providers, and other key community partners.

## Prioritization and Implementation Strategy Process

Federal and Commonwealth community benefits guidelines require a nonprofit hospital to rely on their analysis of their CHNA data to determine the community health issues and priority cohorts on which it chooses to focus its IS. By analyzing assessment data, hospitals can identify the health issues that are particularly problematic and rank these issues in order of priority. This data can also be used to identify the segments of the community that face health-related disparities or are disproportionately impacted by



systemic racism or other forms of discrimination. Accordingly, using an interactive, anonymous polling software, BH/AGH's CBAC and community residents, through the community listening sessions, formally prioritized the community health issues and cohorts that they believed should be the focus of BH/AGH's IS. This prioritization process helps to ensure that BH/AGH maximizes the impact of its community benefits resources and its efforts to improve health status, address disparities in health outcomes, and promote health equity.

The process of identifying BH/AGH's community health issues and prioritized cohorts is also informed by a review and careful reflection on the Commonwealth's priorities set by the Massachusetts Department of Public Health's Determination of Need process and the Massachusetts Attorney General's Office.

BH/AGH's IS is designed to address the underlying social determinants of health and barriers to accessing care, as well as promote health equity. The content addresses the leading community health priorities, including activities geared toward health education and wellness (primary prevention), identification, screening, referral (secondary prevention) and disease management and treatment (tertiary prevention).

The following goals and strategies were developed so that they:

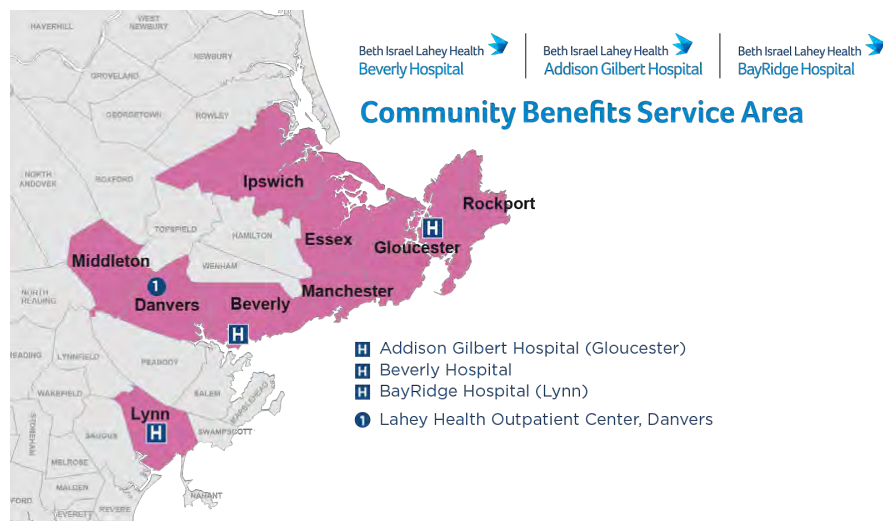
- Address the prioritized community health needs and/or populations in BH/AGH's Community Benefits Service Area (CBSA).
- Provide approaches across the up-, mid-, and downstream spectrum.
- Are sustainable through hospital or other funding.
- Leverage or enhance community partnerships.
- Have potential for impact.

- Contribute to the systemic, fair and just treatment of all people.
- Could be scaled to other BILH hospitals.
- Are flexible to respond to emerging community needs.

Recognizing that community benefits planning is ongoing and will change with continued community input, BH/AGH's IS will evolve. Circumstances may change with new opportunities, requests from the community, community and public health emergencies and other issues that may arise, which may require a change in the IS or the strategies documented within it. BH/AGH is committed to assessing information and updating the plan as needed.

## Community Benefits Service Area

BH/AGH's CBSA includes the nine municipalities of Beverly, Danvers, Essex, Gloucester, Ipswich, Lynn, Manchester-by-the-Sea, Middleton, and Rockport in the northeast portion of Massachusetts. These cities and towns are diverse with respect to demographics (e.g., age, race, and ethnicity), socioeconomics (e.g., income, education, and employment), and geography (e.g., urban, suburban, and semi-rural). There is also diversity with respect to community needs. There are segments of the BH/AGH's CBSA population that are extremely healthy and have limited unmet health needs, and other segments that face significant disparities in access, underlying social determinants, and health outcomes. BH/AGH is committed to promoting health, enhancing access, and delivering the best care to all who live and/or work in its CBSA, regardless of race, ethnicity, language spoken, national origin, religion, gender identity, sexual orientation, disability status, immigration status, or age. BH/AGH is equally committed to serving all patients, regardless of their health, socioeconomic status, insurance status, and/or their ability to pay for services.



BH/AGH's CHNA focused on identifying the leading community health needs and priority cohorts living and/or working within the CBSA. In recognition of the health disparities that exist for some residents, BH/AGH focuses the bulk of its community benefits resources on improving the health status of those who face health disparities, experience poverty, or who are marginalized due to their race, ethnicity, immigrant status, disability status, or other personal characteristics. By prioritizing population cohorts, BH/AGH is able to promote health and well-being, address health disparities, and maximize the impact of its community benefits resources.

## Prioritized Community Health Needs and Cohorts

BH/AGH is committed to promoting health, enhancing access and delivering the best care for those in its CBSA. Over the next three years, the hospitals will work with its community partners to develop and/or continue programming geared to improving overall well-being and creating a healthy future for all individuals, families and communities. In recognition of the health disparities that exist for certain segments of the population, investments and resources will focus on improving the health status of the following priority cohorts within the community health priority areas.

### BH/AGH Priority Cohorts



Youth



Low-Resourced Populations



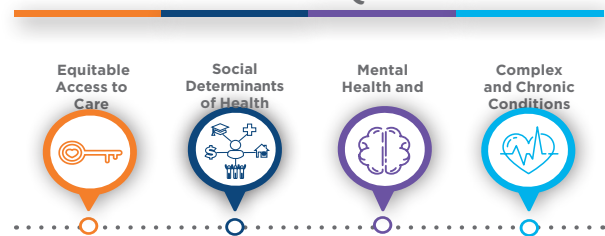
Older Adults



Racially, Ethnically and Linguistically Diverse Populations

## BH/AGH Community Health Priority Areas

### HEALTH EQUITY



### Community Health Needs Not Prioritized by BH/AGH

It is important to note that there are community health needs that were identified by BH/AGH's CHNA that were not prioritized for investment or included in BH/AGH's IS. Specifically, supporting education across the lifespan and strengthening the built environment (i.e., improving roads/sidewalks and enhancing access to safe recreational spaces/activities) and affordable childcare, were identified as community needs but were not included in BH/AGH's IS. While these issues are important, BH/AGH's CBAC and senior leadership team decided that these issues were outside of the organization's sphere of influence and investments in others areas were both more feasible and likely to have greater impact. As a result, BH/AGH recognized that other public and private organizations in its CBSA and the Commonwealth were better positioned to focus on these issues. BH/AGH remains open and willing to work with community residents, other hospitals, and other public and private partners to address these issues, particularly as part of a broad, strong collaborative.

### Community Health Needs Addressed in BH/AGH's IS

The issues that were identified in BH/AGH's CHNA and are addressed in some way in the IS are housing, food insecurity, transportation, economic insecurity, workforce capacity, system navigation, digital divide/access to technology resources, diversifying the workforce, cost and insurance barriers to access, care giver support, youth mental health, stress/anxiety/depression, isolation, mental health stigma, racism/discrimination, supportive services for immigrants, ageism, diversifying leadership, homophobia/transphobia, linguistic access to community resources/services, treatment programs that address mental health and substance use disorders, and transitional housing.

# Implementation Strategy Details

## Priority: Equitable Access to Care

Individuals identified a number of barriers to accessing and navigating the health care system. Many of these barriers are at the system level, and stem from the way in which the system does or does not function. System-level issues include providers not accepting new patients, long wait lists, and an inherently complicated health care system that is difficult for many to navigate.

There were also individual level barriers to access and navigation. Individuals may be uninsured or underinsured, which may lead them to forgo or delay care. Individuals may also experience language or cultural barriers - research shows that these barriers contribute to health disparities, mistrust between providers and patients, ineffective communication, and issues of patient safety.

**Resources/Financial Investment:** BH/AGH expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by BH/AGH and/or its partners to improve the health of those living in its CBSA. Additionally, BH/AGH works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, BH/AGH supports residents in its CBSA by providing “charity” care to individuals who are low-resourced and unable to pay for care and services. Moving forward, BH/AGH will continue to commit resources through the same array of direct, in-kind, leveraged, or “charity” care expenditures to carry out its community benefits mission.

**Goal:** Provide equitable and comprehensive access to high-quality health care services including primary care and specialty care, as well as urgent and emerging care, particularly for those who face cultural, linguistic, and economic barriers.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Promote access to health care, health insurance, patient financial counselors, needed medications and other essentials for patients who are uninsured or underinsured.	<ul style="list-style-type: none"> <li>• Low-resourced populations</li> <li>• Youth</li> <li>• Older adults</li> </ul>	<ul style="list-style-type: none"> <li>• Financial Counseling</li> <li>• Serving the Health Insurance Needs of Everyone (SHINE) Program</li> <li>• Primary Care Support</li> <li>• School-Based Health Center</li> <li>• Provide community grants to address need</li> </ul>	<ul style="list-style-type: none"> <li>• # people assisted</li> <li>• # people referred for services</li> <li>• # of patients and their demographics</li> </ul>	<ul style="list-style-type: none"> <li>• BH/AGH Financial Services</li> <li>• BILH Primary Care</li> <li>• Greater Lynn Senior Services</li> <li>• Gloucester Health Dept.</li> <li>• MIM/Seniors on the Go</li> <li>• Gloucester High School</li> </ul>	<ul style="list-style-type: none"> <li>• Social Determinants of Health</li> <li>• Chronic/Complex Conditions</li> <li>• Mental Health</li> </ul>

**Goal:** Provide equitable and comprehensive access to high-quality health care services including primary care and specialty care, as well as urgent and emerging care, particularly for those who face cultural, linguistic, and economic barriers.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Support and/or provide initiatives that provide job readiness and career development opportunities to obtain employment or employment with higher wages.	Racially, ethnically, and linguistically diverse populations	<ul style="list-style-type: none"> <li>• Accelerating Access to Higher Education career and academic advising</li> <li>• Hospital-sponsored community college courses</li> <li>• Hospital-sponsored English Speakers of Other Languages (ESOL) classes</li> <li>• Diverse talent promotion and acquisition</li> <li>• Career Pipeline Programs</li> <li>• Provide community grants to address need</li> </ul>	<ul style="list-style-type: none"> <li>• # of participants and their demographics</li> <li>• # of employees who participated</li> <li>• # of staff hired or promoted</li> </ul>	<ul style="list-style-type: none"> <li>• Wellspring House</li> <li>• Endicott College</li> <li>• North Shore Community College</li> <li>• Community Colleges</li> <li>• BILH Workforce Development</li> </ul>	Social Determinants of Health
Promote equitable care, health equity, health literacy, and cultural humility for patients, especially those who face cultural and linguistic barriers.	Racially, ethnically, and linguistically diverse populations	<ul style="list-style-type: none"> <li>• Interpreter Services</li> <li>• BH/AGH Diversity, Equity and Inclusion (DEI) Committee</li> </ul>	<ul style="list-style-type: none"> <li>• # of patients assisted</li> <li>• # of languages provided</li> <li>• # of DEI trainings</li> </ul>	BH/AGH Interpreters	Not Applicable
Increase access to health services and screenings for homebound individuals by reducing barriers to care such as transportation, illness, etc.	<ul style="list-style-type: none"> <li>• Older adults</li> <li>• Individuals with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Home Blood Draw Program</li> <li>• Transportation support</li> <li>• Provide community grants to address needs</li> </ul>	<ul style="list-style-type: none"> <li>• # of patients assisted</li> <li>• # of rides provided</li> </ul>	<ul style="list-style-type: none"> <li>• BH/AGH Lab Services</li> <li>• BH/AGH Drivers</li> </ul>	Chronic/ Complex Conditions

## Priority: Social Determinants of Health

The social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These conditions influence and define quality of life for many segments of the population in the CBSA. Research shows that sustained success in community health improvement and addressing health disparities relies on addressing the social determinants of health that lead to poor health outcomes and drive health inequities. The assessment gathered a range of information related to housing, food insecurity, economic insecurity, education and other important social factors.

There is limited quantitative data in the area of social determinants of health. Despite this, information gathered through interviews, focus groups, listening sessions, and the BH/AGH Community Health Survey reinforced that these issues have the greatest impact on health status and access

to care in the region - especially issues related to housing, food insecurity/nutrition, transportation, and economic instability.

**Resources/Financial Investment:** BH/AGH expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by BH/AGH and/or its partners to improve the health of those living in its CBSA. Additionally, BH/AGH works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, BH/AGH supports residents in its CBSA by providing “charity” care to individuals who are low-resourced and unable to pay for care and services. Moving forward, BH/AGH will continue to commit resources through the same array of direct, in-kind, leveraged, or “charity” care expenditures to carry out its community benefits mission.

<b>Goal:</b> Enhance the built, social, and economic environments where people live, work, play and learn in order to improve health and quality-of-life.					
STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Organize/support impactful programs that stabilize or increase access to safe, affordable housing.	Low-resourced populations	<ul style="list-style-type: none"> <li>• Welcome Home Program</li> <li>• Provide community grants to address need</li> </ul>	<ul style="list-style-type: none"> <li>• # of participants and their demographics</li> <li>• # of families prevented from homelessness</li> </ul>	<ul style="list-style-type: none"> <li>• Action, Inc.</li> <li>• Harborlights</li> </ul>	Not Applicable
Alleviate food insecurity and promote active living by advocating for system changes, increasing opportunities for physical activity, and providing healthy, low-cost food resources to communities.	<ul style="list-style-type: none"> <li>• Youth</li> <li>• Older adults</li> <li>• Low-resourced populations</li> <li>• Racially, ethnically, and linguistically diverse populations</li> </ul>	<ul style="list-style-type: none"> <li>• Senior Mobile Markets</li> <li>• Medically Tailored Groceries program</li> <li>• Council on Aging Exercise Classes</li> <li>• Provide community grants to address need</li> </ul>	<ul style="list-style-type: none"> <li>• Pounds of food distributed</li> <li>• # of individuals provided food and their demographics</li> <li>• Decreased food insecurity</li> <li>• # of individuals participating in physical activity and their demographics</li> </ul>	<ul style="list-style-type: none"> <li>• Beverly Bootstraps</li> <li>• The Open Door</li> <li>• North Shore YMCA</li> <li>• Local Councils on Aging</li> </ul>	Chronic/Complex Conditions

**Goal:** Enhance the built, social, and economic environments where people live, work, play, and learn in order to improve health and quality of life.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
<p>Advocate for policy, systems, programs, and environmental changes that address the social determinants of health.</p>	<ul style="list-style-type: none"> <li>• Youth</li> <li>• Older adults</li> <li>• Low-resourced populations</li> <li>• Racially, ethnically, and linguistically diverse populations</li> </ul>	<ul style="list-style-type: none"> <li>• Work with BILH Diversity, Equity, and Inclusion Council to expand contracts with diverse suppliers and vendors</li> <li>• Support relevant policies when proposed</li> </ul>	<ul style="list-style-type: none"> <li>• Supplier diversity spend</li> <li>• # policies reviewed</li> <li>• # of policies supported</li> </ul>	<ul style="list-style-type: none"> <li>• BILH Government Relations</li> <li>• BILH Diversity, Equity, and Inclusion Council</li> </ul>	<p>Equitable Access to Care</p>



## Priority: Mental Health and Substance Use

Anxiety, chronic stress, depression, and social isolation are leading community health concerns. There were specific concerns about the impact of mental health issues on youth and young adults, and social isolation among older adults. These difficulties were exacerbated by COVID-19.

In addition to the overall burden and prevalence of mental health issues, residents identified a need for more providers and treatment options, especially inpatient and outpatient treatment, child psychiatrists, peer support groups, and mental health services. Those who participated in the assessment also reflected on the stigma, shame, and isolation that those with mental health challenges face that limit their ability to access care and cope with their illness.

Substance use continued to have a major impact on the CBSA; the opioid epidemic continued to be an area of focus and concern, and there was recognition of the links and impacts on other community health priorities, including mental health, housing, and homelessness. Individuals engaged in the assessment identified stigma as a barrier to treatment and reported a need for programs that address

common co-occurring issues (e.g., mental health issues, homelessness). Those participating in interviews, focus groups, and listening sessions also reflected on the need for transitional housing and other recovery support services.

State Priority Area: Mental Health/Substance Use Disorder

**Resources/Financial Investment:** BH/AGH expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by BH/AGH and/or its partners to improve the health of those living in its CBSA. Additionally, BH/AGH works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, BH/AGH supports residents in its CBSA by providing “charity” care to individuals who are low-resourced and unable to pay for care and services. Moving forward, BH/AGH will continue to commit resources through the same array of direct, in-kind, leveraged, or “charity” care expenditures to carry out its community benefits mission.

**Goal:** Promote social and emotional wellness by fostering resilient communities and building equitable, accessible, and supportive systems of care to address mental health and substance use.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Provide access to high-quality and culturally and linguistically appropriate mental health and substance use services through screening, monitoring, counseling, navigation, and treatment.	<ul style="list-style-type: none"> <li>• Older adults</li> <li>• Low-resourced populations</li> <li>• Youth</li> <li>• Racially, ethnically, and linguistically Diverse Populations</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborative Care Model</li> <li>• Centralized Bed Management.</li> <li>• Community Clinics/ Counseling</li> </ul>	<ul style="list-style-type: none"> <li>• # of patients served</li> <li>• # of therapy sessions</li> <li>• # of integrated BH consultations</li> <li>• # of practices</li> </ul>	<ul style="list-style-type: none"> <li>• BILH Behavioral Health Services (BILHBS)</li> <li>• BH/AGH Emergency Department</li> </ul>	Not Applicable
Build the capacity of community members to understand the importance of mental health, and reduce negative stereotypes, bias, and stigma around mental illness and substance use.	<ul style="list-style-type: none"> <li>• Adults</li> <li>• Low-resourced populations</li> <li>• Youth</li> <li>• Racially, ethnically, and linguistically diverse populations</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health First Aid</li> <li>• Provide community grants to address need</li> </ul>	<ul style="list-style-type: none"> <li>• # of community members trained/educated</li> <li>• Increased skills</li> <li>• Increased confidence in ability to use skills</li> <li>• Decreased isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Senior Care Inc.</li> </ul>	Not Applicable

**Goal:** Promote social and emotional wellness by fostering resilient communities and building equitable, accessible, and supportive systems of care to address mental health and substance use.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Implement/support evidence-based programs that promote healthy development, support children and families, and increase their resilience.	<ul style="list-style-type: none"> <li>• Adults</li> <li>• Youth</li> <li>• Low-resourced populations</li> <li>• Racially, ethnically, and linguistically diverse populations</li> </ul>	<ul style="list-style-type: none"> <li>• Nurturing Parents Program</li> <li>• Moms Do Care program</li> <li>• Connecting Young Moms</li> <li>• Provide community grants to address need</li> </ul>	<ul style="list-style-type: none"> <li>• # of participants and their demographics</li> <li>• Grant specific metrics</li> </ul>	<ul style="list-style-type: none"> <li>• Pathways for Children</li> <li>• BH/AGH High-Risk Intervention Team (HRIT)</li> </ul>	Not Applicable
Improve systems for management and control of substance use disorder through education, reducing access to substances, and multidisciplinary efforts.	<ul style="list-style-type: none"> <li>• Youth</li> <li>• Adults</li> </ul>	<ul style="list-style-type: none"> <li>• Teach to Reach Recovery Coaches</li> <li>• Ryan Recovery House</li> <li>• BILH Behavioral Services (BILHBS) Detox/Opiate Treatment Services</li> <li>• Medication Boxes</li> <li>• NeedyMeds program</li> </ul>	<ul style="list-style-type: none"> <li>• # of patients and their demographics</li> <li>• Pounds of medication and sharps collected</li> </ul>	<ul style="list-style-type: none"> <li>• Gloucester Police Dept.</li> <li>• BILH Behavioral Services (BILHBS)</li> <li>• NeedyMeds</li> <li>• BH/AGH Emergency Dept.</li> </ul>	Not Applicable
Participate in multi-sector community coalitions to convene collaborators to identify and advocate for policy, systems, and environmental changes to increase resiliency, promote mental health, reduce substance use, and prevent opioid overdoses and deaths.	Youth	<ul style="list-style-type: none"> <li>• DanversCares</li> <li>• Be Healthy Beverly</li> <li>• Ipswich Aware</li> </ul>	<ul style="list-style-type: none"> <li>• Sectors represented</li> <li>• Amount of resources obtained</li> <li>• # of new partnerships developed</li> <li>• Skill building/education shared</li> <li>• # new policies/protocols implemented</li> </ul>	<ul style="list-style-type: none"> <li>• BILHBS</li> <li>• DanversCares</li> <li>• Be Healthy Beverly</li> <li>• Ipswich Aware</li> <li>• BILH Government Relations</li> </ul>	Social Determinants of Health

## Priority: Chronic and Complex Conditions

Chronic conditions such as cancer, diabetes, chronic lower respiratory disease, stroke, and cardiovascular disease contribute to 56% of all mortality in Massachusetts and over 53% of all health care expenditures (\$30.9 billion a year). Perhaps most significantly, chronic diseases are largely preventable despite their high prevalence and dramatic impact on individuals and society.

**Resources/Financial Investment:** BH/AGH expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct

and in-kind investments in programs or services operated by BH/AGH and/or its partners to improve the health of those living in its CBSA. Additionally, BH/AGH works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, BH/AGH supports residents in its CBSA by providing “charity” care to individuals who are low-resourced and unable to pay for care and services. Moving forward, BH/AGH will continue to commit resources through the same array of direct, in-kind, leveraged, or “charity” care expenditures to carry out its community benefits mission.

**Goal:** Improve health outcomes and reduce disparities for individuals at-risk for or living with chronic and/or complex conditions and caregivers by enhancing access to screening, referral services, coordinated health and support services, medications, and other resources.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Provide preventative health information, services, and support for those at risk for complex and/or chronic conditions and support evidence-based chronic disease treatment and self-management programs.	<ul style="list-style-type: none"> <li>Youth</li> <li>Adults</li> </ul>	<ul style="list-style-type: none"> <li>Enhance fitness</li> <li>Breast Cancer Risk Assessment</li> <li>Health Screenings</li> <li>High-Risk Intervention Team (HRIT)</li> <li>Oncology Nurse Navigator</li> <li>Provide community grants to address need</li> </ul>	<ul style="list-style-type: none"> <li># of patients served and their demographics</li> <li>Reduced time between finding and treatment</li> </ul>	<ul style="list-style-type: none"> <li>Gloucester High School</li> <li>Beverly Bootstraps</li> <li>The Open Door</li> <li>Backyard Growers</li> <li>North Shore YMCA</li> <li>Local Councils on Aging</li> <li>BH/AGH Breast Health Center</li> <li>BH/AGH High-Risk Intervention Team (HRIT)</li> <li>BH/AGH Cancer Team</li> </ul>	<ul style="list-style-type: none"> <li>Social Determinants of Health</li> <li>Mental Health</li> </ul>

## General Regulatory Information

<b>Contact Person:</b>	Marylou Hardy
<b>Date of written plan:</b>	June 30, 2022
<b>Date written plan was adopted by authorized governing body:</b>	September 8, 2022
<b>Date written plan was required to be adopted</b>	February 15, 2023
<b>Authorized governing body that adopted the written plan:</b>	Northeast Hospital Corporation Board of Trustees
<b>Was the written plan adopted by the authorized governing body on or before the 15th day of the fifth month after the end of the taxable year the CHNA was completed?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date facility's prior written plan was adopted by organization's governing body:</b>	September 5, 2019
<b>Name and EIN of hospital organization operating hospital facility:</b>	Northeast Hospital Corporation (NHC) 04-2121317
<b>Address of hospital organization:</b>	85 Herrick Street Beverly, MA 01915