

Community Benefits Report

Fiscal Year 2019

Beth Israel Lahey Health 
Anna Jaques Hospital

Table of Contents

SECTION I:	MISSION STATEMENT Target Populations and Basis for Selection Key Accomplishments Plans for Next Reporting Year
SECTION II:	COMMUNITY BENEFITS PROCESS Community Benefits Leadership/Team Community Benefits Advisory Committee Meetings Community Partners
SECTION III:	COMMUNITY HEALTH NEEDS ASSESSMENT Date of Last Assessment Completed and Current Status Summary of Findings
SECTION IV:	COMMUNITY BENEFITS PROGRAMS Brief Descriptions, Goal Descriptions and Goal Status Chronic Disease Support for Vulnerable Communities (Social Determinants of Health) Substance Use
SECTION V:	EXPENDITURES
SECTION VI:	CONTACT INFORMATION
SECTION VII:	SELF-ASSESSMENT FORM

Section I: MISSION STATEMENT

Summary and Mission

Anna Jaques Hospital (AJH) is a member of Beth Israel Lahey Health (BILH). BILH was established with an appreciation for the importance of caring for patients and communities in new and better ways. BILH brings together an exceptional array of clinical organizations spanning the full continuum of health care delivery – academic and teaching hospitals, community hospitals, ambulatory and urgent care centers, behavioral health programs, and home care – in a shared mission to expand access to great care and advance the science and practice of medicine through groundbreaking research and education.

At the heart of BILH is the belief that everyone deserves high-quality, affordable health care and this belief is what drives us to work with community partners across the region to promote health, expand access, and deliver the best care in the communities BILH serves. BILH's Community Benefits staff is committed to working collaboratively with BILH's communities to address the leading health issues and create a healthy future for individuals, families, and communities.

AJH, part of BILH, is a not-for-profit community hospital that has proudly served the Merrimack Valley and North Shore since 1884. AJH's mission is to provide the highest quality medical care and improve the health of our community in alliance with our medical staff.

Under the guidance of its Community Benefits Advisory Committee (CBAC), AJH collaborated with community partners to strive to create a healthy future for its community – both inside and out of the hospital.

The following annual report provides specific details on how AJH is honoring its commitment to serving its community and includes information on AJH's Community Benefits Service Area (CBSA), community health priorities, target populations, and community partners, as well as detailed descriptions of its community benefits programs and their impacts.

More broadly, AJH's Community Benefits mission is fulfilled by:

- **Involving AJH staff**, including its leadership, and community partners in the community health assessment process as well as in the development, implementation, and oversight of the Implementation Strategy (IS);
- **Engaging and learning from residents** from throughout the AJH service area in all aspects of the community benefits process, including assessment, planning, implementation, and evaluation. In this regard, special attention is given to engaging diverse perspectives from those who are not patients of AJH and those who are often left out of these assessment, planning, and program implementation processes;
- **Assessing unmet community need** by collecting primary and secondary data (both quantitative and qualitative) to identify unmet health-related needs and to characterize those in the community who are most vulnerable and face disparities in access and outcomes;
- **Implementing community health programs and services** in AJH's CBSA that is geared towards improving current and future health status of individuals, families, and communities by removing barriers to care, addressing social determinants of health, strengthening the healthcare system, and working to decrease the burden of the leading health issues;
- **Promoting health equity** by addressing social and institutional inequities, racism, and bigotry, as well as ensuring that all patients are welcomed and received with respect and culturally responsiveness; and

- **Facilitating collaboration and partnership** within and across sectors (e.g., public health, health care, social service, business, academic, and community health) to advocate for, support, and implement effective health policies, community programs, and services.

Name of Target Population

AJH is committed to improving the health status and well-being of those living throughout its entire CBSA which includes:

- Haverhill (63,639)
- Newburyport (18,060)
- Amesbury (17,218)
- Salisbury (9,400)
- Georgetown (8,688)
- Newbury (7,079)
- Merrimac (6,913)
- Groveland (6,697)
- West Newbury (4,545)
- Rowley (1,416)

Per the Commonwealth's updated community benefits guidelines, AJH's IS will focus on populations that are most at-risk. The Community Health Needs Assessment (CHNA), showed that although all geographic, demographic, and socio-economic segments of the population face challenges that can hinder the ability to access care or maintain good health, the populations listed below were identified as facing the greatest health disparities and being the most at-risk.

- Youth and Adolescents
- Older Adults
- Individuals with Chronic/Complex Conditions

Basis for Selection

Community health needs assessments; public health data available from government (MDPH, Boston Public Health Commission, federal agencies) and private resources; AJH's areas of expertise.

Target populations for AJH's Community Benefits initiatives are identified through a community input and planning process, collaborative efforts and a CHNA that is conducted every three years.

Key Accomplishments of Reporting Year

While AJH's most recent CHNA was completed during FY 2019, unless otherwise noted, the accomplishments highlighted in this report are based upon priorities identified and programs contained in AJH's FY 2017-2019 IS:

- Continued to support women with Substance Use Disorder and infants with Neonatal Abstinence Syndrome in collaboration with Women's Health Care and the Anna Jaques Birth Center & Neonatal Care Center
- Strived to create regional connections and supports for individuals, families and organizations to support positive youth development
- Continued to support community residents coping with a diagnosis of cancer or breast cancer
- Supported access to healthy affordable food
- Continued supporting free workouts for all ages/abilities

Plans for Next Reporting Year

In FY 2019, AJH conducted a comprehensive and inclusive CHNA that included qualitative and quantitative data collection, community engagement activities, and an inclusive prioritization process. These activities were in full compliance with the Commonwealth's updated Community Benefits Guidelines for FY 2019. In response to the FY19 CHNA, AJH will focus its FY20-22 IS on the following priority areas that address the broad range of health and social issues facing residents who have the greatest health disparities:

- 1) **Substance Use:** A key finding was the continued impact that substance use has on the community including the use of e-cigarettes/vaping and alcohol by youth and the opioid epidemic, which continues to impact individuals, families, and communities including youth and pregnant women.
- 2) **Cancer:** The CHNA findings revealed a need to address the many risk factors associated with chronic and complex health conditions, with a focus on cancer.
- 3) **Support for Vulnerable Communities:** In the last decade, evidence has made it increasingly clear that the utilization of medical services is not the primary determinant of community health. Rather, the social conditions in which people are born, grow, live, work, and age play a key role in determining health outcomes and health disparities. According to data compiled by The Greater Boston Food Bank and Feeding America, there are approximately 6,000 people who are food insecure – people who are worrying about running out of food or actually going without - living in northeastern Essex County.

These priorities aligned with the statewide health priorities identified by the Executive Office of Health and Human Services (EOHHS) in 2017 (i.e., Chronic Disease, Housing Stability/Homelessness, Mental Illness and Mental Health, and Substance Use Disorders). AJH's priorities are also aligned with the priorities identified by the Massachusetts Department of Public Health (DPH) to guide the Community-based Health Initiative (CHI) investments funded by the Determination of Need (DON) process, which underscore the importance of investing in the social determinants of health (i.e., built environment, social environment, housing, violence, education, and employment).

The FY 19 CHNA provided new guidance and invaluable insight on quantitative trends and community perceptions that are being used to inform and refine AJH's efforts. In completing the FY2019 CHNA and FY2020-FY2022 IS, AJH, along with its other health, public health, social service, and community partners, is committed to improving the health status and well-being of all residents living throughout its CBSA. As discussed above, based on the assessment's quantitative and qualitative findings, including discussions with a broad range of community participants, there was an agreement that AJH's FY 2020-2022 IS should prioritize certain demographic, socio-economic and geographic population segments that have complex needs, face barriers to care and service gaps, as well as other adverse social determinants of health. These factors put these segments at greater risk, limit their access to needed services, and can often lead to disparities in health outcomes.

AJH partners with dozens of community-based organizations and service providers to execute its IS, including public agencies, social service providers, community health organizations, academic organizations, and businesses.

Self-Assessment Form:

Working with its Community Benefits Leadership team and its Community Benefits Advisory Committee (CBAC), the AJH Community Benefits team completed a self-assessment form (attached at end of document). Additionally, the AJH Community Benefits team shared and solicited the Community Representative Feedback Form to many CBAC and community stakeholders who participated in AJH's CHNA.

Section II: Community Benefits Process

Community Benefits Leadership/Team and Community Benefits Advisory Committee:

The membership of AJH's CBAC aspires to be representative of the constituencies and priority populations of AJH's programmatic endeavors including those from diverse racial and ethnic backgrounds, age, gender, sexual orientation and gender identity, as well as those from corporate and non-profit community organizations. Senior management is actively engaged in the development and implementation of the Community Benefits plan, ensuring that hospital policies and resources are allocated to support planned activities.

It is not only the board and senior leadership that are held accountable in fulfilling AJH's Community Benefits mission. Consistent with AJH's core values is the recognition that the most successful community benefits programs are those that are implemented organization-wide and integrated into the very fabric of AJH's culture, policies and procedures. It is not a stand-alone effort that is the responsibility of one staff or department but rather an orientation and value manifested throughout AJH's structure, reflected in how it provides care at the AJH and in affiliated practices in urban neighborhoods and rural areas.

AJH is a member of BILH. While AJH oversees local Community Benefits programming and community engagement efforts, Community Benefits is under the purview of the BILH Chief Strategy Officer. This structure ensures that Community Benefits efforts, prioritization, planning and strategy align and/or are integrated with local and system strategic and regulatory priorities.

The AJH Community Benefits program is spearheaded by the Community Benefits Manager. The Community Benefits Manager has direct access and is accountable to AJH's President and the BILH Vice President of Community Benefits and Community Relations, the latter of whom reports directly to the BILH Chief Strategy Officer. It is the responsibility of these senior managers to ensure that Community Benefits is addressed by the entire organization and the needs of the underserved populations are considered every day in discussions on resource allocation, policies, and program development.

This is the structure and methodology employed to ensure that Community Benefits is not the purview of one office alone and to maximize the extent to which efforts across the organization are fulfilling the mission and goals of community benefits.

Anna Jaques Community Benefits Advisory Committee (CBAC)

- Andrea (Andi) Egmont, Newburyport Youth Services, City of Newburyport, The BEACON Coalition
- Deb Green, Ovarian Cancer Awareness of Greater Newburyport
- Ilene Harnch-Grady, YWCA of Newburyport
- Tina Los, Project Coordinator, Essex County Asset Builder Network
- Pam Palombo, RN Newburyport Public Health Nurse, City of Newburyport
- Officer Dani Sinclair, Newburyport Police
- Deb Smith, The Pettengill House
- Shari Wilkinson, The Newburyport Farmers Market

Senior Management provides ongoing feedback and expertise in support of community benefits programming with oversight and leadership from:

- Mark Goldstein, President
- Kevin Kilday, Vice President, Chief Financial Officer
- Gail B. Fayre, MD, Vice President, Chief Medical Officer
- Richard Maki, Vice President, Chief Nursing Officer
- Gary Lee, Vice President of Clinical Services

- Shelley DeSimone, Vice President, Human Resources
- Danielle Perry, Vice President, Marketing and Business Development
- Mary Williamson, Executive Director, Anna Jaques Community Health Foundation

Community Benefits Committee Meetings

AJH CBAC met three times during FY2019, with sub-group and individual meetings on-going throughout the year.

Community Partners

As a long-standing community hospital that is part of a larger health system, as well as the largest employer in its community, AJH recognizes – and prides itself – on the role it plays in the overall health and strength of the communities it serves. Together with community partners, AJH is able to do so much more.

AJH's CHNA and the associated IS were completed in close collaboration with AJH's staff, its health and social service partners, and the community at-large. AJH's Community Benefits program exemplifies the spirit of collaboration that is such a vital part of AJH's mission.

AJH currently supports dozens of educational, outreach, community health improvement, and health system strengthening initiatives. In so doing, AJH collaborates with many of the leading healthcare, public health, and social service organizations across the Merrimack Valley and North Shore.

These health centers are ideal community benefits partners as they are rooted in their communities and, as federally qualified health centers, are mandated to serve low income, underserved populations.

The following is a comprehensive listing of the community partners with which AJH joins in assessing community need as well as planning, implementing, and overseeing its community benefits IS. The level of engagement of a select group of community partners can be found in the Self-Assessment (Section VII).

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| <ul style="list-style-type: none"> • Amesbury Chamber of Commerce • Amesbury Council on Aging • The Arc of Greater Haverhill-Newburyport • The BEACON Coalition • Coastal Trails Coalition • Elder Services of the Merrimack Valley/Home Health VNA • Emmaus, Inc. • Essex County Asset Builder Network • Greater Haverhill Chamber of Commerce • Haverhill Farmers' Market • Newburyport Chamber of Commerce • Greater Newburyport Ovarian Cancer Awareness - Ovarian Cancer for the Cure • Health Partnership of the Lower Merrimack Valley and Seacoast Region • Institution for Savings • Jeanne Geiger Crisis Center • Link House • Merrimack Senior Center & Council on Aging • Merrimack Valley Hospice - Home Health Foundation • Miss Pink Organization | <ul style="list-style-type: none"> • Newburyport Council on Aging • Newburyport Farmers' Market • Newburyport Lions Club • Newburyport Public Schools • Newburyport Rotary Club • Newburyport Yankee Homecoming • Newburyport Youth Services • Newburyport Rotary Club • Newburyport Council on Aging • Newburyport Society for the Relief of Aged Women • Northern Essex Community College • Nourishing the Northshore • Opportunity Works • Our Neighbors' Table • The Pettengill House • Salisbury Parks & Recreation Department • Salisbury Senior Center & Council on Aging • Tough Warrior Princesses • Triton Education Foundation • YWCA of Newburyport • YWCA of Greater Haverhill/Lawrence |
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Section III: Community Health Needs Assessment

Date Last Assessment Completed and Current Status

The FY 2019 CHNA along with the associated FY 2020 - 2022 IS was developed over a ten-month period from October 2018 to August 2019. These community health assessment, planning, and implementation efforts fulfill the Commonwealth of Massachusetts Attorney General's Office and Federal Internal Revenue Service's (IRS) requirements. More specifically, these activities fulfill AJH's need to conduct a community health needs assessment, engage the community, identify priority health issues, inventory community assets, assess impact, and develop an IS. These activities are driven primarily by AJH's dedication to its mission, its covenant to the underserved, and its commitment to community health improvement.

As mentioned above, AJH's most recent CHNA was completed during FY 2019 but its FY 2019 community benefits programming was informed by the FY 2016 CHNA and aligns with AJH's FY 2017 – FY 2019 IS. The following is a summary description of the FY 2019 CHNA approach, methods, and key findings.

Approach and Methods

The FY 2019 CHNA was conducted in three phases, which allowed AJH to:

- 1) Compile an extensive amount of quantitative and qualitative data,
- 2) Engage and involve key stakeholders, AJH clinical and administrative staff, and the community at-large,
- 3) Develop a report and detailed strategic plan, and
- 4) Comply with all Commonwealth Attorney General and Federal IRS community benefits requirements. Data sources included a broad array of publicly available secondary data, key informant interviews, and four community forums.

AJH's Community Benefits program is predicated on the notion of partnership and dialogue with its many communities. AJH's understanding of these communities' needs is derived from discussions with and observations by healthcare and health-related workers in the neighborhoods as well as more formal assessments through available public health data, focus groups, surveys, etc. This data was then augmented by demographic and health status information gleaned from a variety of sources including The Massachusetts DPH, The Boston Public Health Commission, federal resources such as the Institute of Medicine, and Centers for Disease Control and Prevention, and review of literature relevant to a particular community's needs.

Primary data for the CHNA is derived from shared resources and available data from community partnerships and organizations. Members of the CBAC collaborated with the Community Benefits Manager, through meetings and conversations between 2018 - 2019, to connect AJH with useful resources and reports, both from members' own organizations as well as publicly reported data, that reflects the significant health needs facing communities served by AJH.

The members of the CBAC represent the interests of AJH's most vulnerable populations, including low-income, minority, homeless, and other underserved or high-risk populations. Additionally, Pam Palombo, a member of the CBAC, serves as Newburyport Public Health Nurse, and provided insight and suggestions to the CBAC regarding the health needs of that community.

Demographic data was collected using publicly available data from the U.S. Census Bureau, health indicators from the MA Department of Health, and the Center for Disease Control and Prevention (CDC). Health indicator data such

as mortality, incidence, prevalence, and hospitalization rates were provided by the Massachusetts DPH, and by using other state, regional and national information sources on cancer incidence and opioid use trends.

After a comprehensive review of all the quantitative and qualitative information collected in the Anna Jaques Hospital CHNA, the key health-related findings identified were:

- In January 2019, the CBAC determined that after three years of focusing on obesity, cancer and substance use as its significant health priorities, that the data and available resources consulted reflected positive changes for obesity but that cancer and substance use should remain the program’s core focus.
- The CBAC voted that, in order to address the most pressing health needs in our community and incorporate state-wide goals/social determinants of health in the most impactful and realistic way, to prioritize cancer and substance use (noting connection with mental health) as the most significant health needs facing its community for FY19-FY21.

While obesity is not a primary focus, the World Cancer Research Fund estimates that about 20% of all cancers diagnosed in the US are related to body fatness, physical inactivity, excess alcohol consumption, and/or poor nutrition. Thus, access to healthy foods as well as opportunities for exercise will help us address factors impacting both cancer and substance use.

Summary of Key Health-Related Findings from FY 2019 CHNA

After a comprehensive review of all the quantitative and qualitative information collected in the AJH CHNA, the key health-related findings identified were:

- In January 2019, the CBAC determined that after three years of focusing on obesity, cancer and substance use as its significant health priorities, that the data and available resources consulted reflected positive changes for obesity but that cancer and substance use should remain the program’s core focus.
- The CBAC voted that, in order to address the most pressing health needs in our community and incorporate state-wide goals/social determinants of health in the most impactful and realistic way, to prioritize chronic health, and specifically, cancer, as well as substance use (noting connection with mental health) as the most significant health needs facing its community for FY19-FY21.
- While obesity is not a primary focus, the World Cancer Research Fund estimates that about 20% of all cancers diagnosed in the US are related to body fatness, physical inactivity, excess alcohol consumption, and/or poor nutrition. Thus, access to healthy foods as well as opportunities for exercise will help us address factors impacting both cancer and substance use.

Specifically:

Chronic/Complex Conditions and their Risk Factors:

- Across nearly all categories reported – including incidence of diabetes, heart disease, high blood pressure, high cholesterol, asthma, disability and arthritis – the Greater Haverhill CHNA 12 is comparable or better than the state average. Only adult asthma shows a slightly higher incidence rate than the state average.
- In Massachusetts, deaths due to all cancers are slightly higher than the state average. Lung cancer deaths are higher than the state average overall, and significantly higher in Merrimac, Salisbury, Haverhill and Amesbury.

Mental Health and Substance Use

- Behavioral Health issues (i.e., substance use and mental health) are having a negative effect on individuals, families and communities in every geographic region and every population segment in AJH’s CBSA.

- Depression, anxiety, suicide, opioid and prescription drug dependency, and alcohol and marijuana use, particularly in youth, are major health issues and are having a tremendous impact on the population as well as a burden on the service system. The fact that physical and behavioral health are so intertwined compounds the impact of these issues. Of particular concern are the increasing rates of opioid abuse in the Commonwealth.
- Some youth risk behaviors and health-related factors have worsened significantly since 2013: indicators including: mental health, teen dating violence, motor vehicle safety, nutrition, physical activity and sexuality education

Social Determinants of Health:

- Social Determinants of Health (e.g., economic stability, education, and community/social context) Continue to Have a Tremendous Impact on Many Segments of the Population
- Food Insecurity: there are approximately 6,000 people who are food insecure living in northeastern Essex County. More than 2,500 of those people live in Amesbury and Newburyport combined, but there are children, adults and seniors struggling with hunger in every one of AJH's CBSA.
- Homelessness: Despite the Greater Newburyport areas reputation for affluence, homelessness is a reality for many living in Newburyport, Newbury, Rowley, Salisbury and Amesbury. In 2016, homelessness was on the raise within all five communities.

Access to Care:

- Key barriers to obtaining healthcare include transportation, access to available resources, affordability, insurance coverages, inadequate services, lack of healthcare providers, and language barriers. Transportation was the largest concern throughout all communities in the Greater Haverhill area.
- According to survey respondents, inadequacies in the following services have been identified: school health personnel, mental health providers and services, providers who accept MassHealth, treatment and recovery services, inability to receive timely appointment, availability of providers on evenings and weekends, lack of cultural and linguistically appropriate services, and access to primary care.

Section IV: Community Benefits Programs

Chronic Disease

Amesbury Chamber of Commerce's "Fitness by the Falls" Sponsored by AJH

Brief Description/Objective: AJH sponsored free workouts through the Amesbury Chamber of Commerce every Sunday through the summer – free and open to all ages and levels of fitness. In its second year, the program continues to grow in attendance and participation with local fitness studios with workouts ranging from yoga, to boot camps, to weight training.

Target Population:

- Regions Served: Amesbury
- Sex: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: Not Applicable

Program Type: Total Population or Community-Wide Interventions

Additional Program Descriptors: Prevention

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes

Health Issues: Physical Activity; Diabetes; Cardiac Disease; Mental Health; Overweight and Obesity

Goal 1: Offer a variety of workout classes to encourage people of all ages and fitness levels to try different workouts

Goal Status 1: A total of 8 free workouts were hosted by six different local businesses during summer 2019

Goal 2: Donate SPF to encourage sun safety when working out outside

Goal Status 2: Donated 250 packets of sunscreen during the summer program

Type of Goals: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

Amesbury Chamber of Commerce

Amesbury Senior Health Fair/Live Well Amesbury Festival

Brief Description/Objective: AJH sponsored the annual Amesbury Senior Health Fair, also called “Live Well Amesbury Festival,” which provides direct services such as flu shots, blood pressure checks, other health information and overall health and wellness education for seniors in the greater Amesbury area.

AJH sponsors and supports the efforts of the Amesbury Senior Center/Council of Aging with programs dedicated to advocating for older adults and strive to meet the needs - health, economic, social and cultural – and encourage independence and improve the quality of life.

Target Population:

- Regions Served: Amesbury
- Sex: All
- Age Group: Adult, Elder
- Race/Ethnicity: All
- Language: English
- Environment Served: All

Additional Target Population Status: Not Applicable

Program Type: Access/Coverage Support

Additional Program Descriptors: Health Screening, Prevention, Community Education

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes

Health Issues: Senior Health Challenges/Care Coordination, Access to Health Care, Cultural Competency, Hypertension

Goal 1: Support ongoing programs of the Amesbury Senior Health Center/Council on Aging by providing direct health care services and health education at the annual health fair

Goals Status 1: 450 areas seniors and their families attended the annual Amesbury Senior Health Fair

Goal 2: Provide health and wellness materials at the event

Goal Status 2: AJH donated 500 reusable totes with mammogram reminder cards and ED Safety Tip brochures

Type of Goals: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

Amesbury Council on Aging

www.amesburyma.gov/senior-community-center

Cancer Support Groups at Anna Jaques Hospital

Brief Description/Objective: For years, AJH has hosted two different free monthly supports groups open to anyone in the community coping with a cancer diagnosis and for those with a breast cancer diagnosis. Both the Surviving & Thriving Cancer Support Group and Breast Cancer Support Group are facilitated by clinical professionals to provide a forum for people to gather to meet and discuss their situation with others who have faced similar issues.

These groups welcome people to gather to discuss their situation with others who have faced similar issues. They share experiences, triumphs, challenges, and friendship.

Target Population:

- Regions Served: Newburyport, Amesbury, Haverhill
- Sex: Females
- Age Group: Adults, Elderly
- Race/Ethnicity: All
- Language: English
- Environment Served: All

Additional Target Population Status: Not Applicable

Program Type: Total Population or Community-Wide Interventions

Additional Program Descriptors: Support Group

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes

Health Issues: Breast Cancer; Mental Health

Goals 1: Offer support services for individuals and families facing a cancer diagnosis

Goals Status 1: Hosted free monthly support groups year round for individuals and families facing a cancer diagnosis

Goal 2: Host ongoing programs to support survivorship in partnership with local organizations

Goal Status 2: Collaborated with area resources like the North of Boston Cancer Resource for featured speakers and programs like journaling for breast cancer survivors

Type of Goals: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

North of Boston Cancer Resource

<https://www.nbcancerresource.org/>

Coastal Trails Coalition

Brief Description/Objective: The Coastal Trails Network is a 30-mile, public system of multi-use off-road bicycle and pedestrian trails and bike lanes linking the unique coastal features, town centers, neighborhoods and transportation hubs in the communities of Amesbury, Newbury, Newburyport and Salisbury. With over 20 miles completed the trail network offers residents and visitors a healthy, alternative means of exercising, shopping, commuting or simply enjoying the region's abundant natural, historic and cultural resources.

Anna Jaques supports the efforts of the Coastal Trails Coalition and the positive asset and opportunity for healthy activity it provides to our communities.

Target Population:

- Regions Served: Amesbury; Newburyport, Newbury, Salisbury
- Sex: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: Not Applicable

Program Type: Total Population or Community-Wide Interventions

Additional Program Descriptors: Not Applicable

DoN Health Priorities: Built Environment

EOHHS Focus Issues: Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes

Health Issues: Physical Activity; Overweight and Obesity

Goal 1: Support community asset that promotes a healthier community

Goals Status 1: Sponsored event to support Coastal Trails Coalition which enables 30-mile, public system of multi-use off-road bicycle and pedestrian trails and bike lanes free for all residents and visitors

Type of Goal: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

Coastal Trails Coalition

<https://coastaltrails.org/>

Greater Haverhill Chamber of Commerce's Workouts on the Boardwalk

Brief Description/Objective: Anna Jaques was the sole sponsor for the first year of the Haverhill Chamber's Workouts by the Boardwalk which offered free weekly workouts in downtown Haverhill hosted by local fitness studios for all ages and fitness abilities. The goal was to provide an on-going healthy option and support opportunities for people to try new healthy activities.

Target Population:

- Regions Served: Haverhill
- Sex: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: Urban, Suburban

Additional Target Population Status: Not Applicable

Program Type: Total Population or Community-Wide Interventions

Additional Program Descriptors: Prevention

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes

Health Issues: Physical Activity; Diabetes; Cardiac Disease; Mental Health; Obesity

Goal 1: Promote fitness for all ages and fitness levels

Goal Status 1: Promoted fitness program over social media, reaching approximately 6.5K individuals

Goal 2: Offer a variety of workout classes to encourage people to try different workouts

Goal Status 2: There were 8 free classes that averaged 15-25 people per class. Audience was mostly women 34-44 years' old

Goal 3: Give out SPF to encourage sun safety when working out outside

Goal Status 3: Donated 250 packets of SPF through the Haverhill Chamber

Type of Goals: Operational Goal

Time Frame Year: 2

Time Frame Duration: 3

Community Partners:

Greater Haverhill Chamber of Commerce

<https://haverhillchamber.com/>

Greater Haverhill Chamber of Commerce's Healthy Living Expo

Brief Description/Objective: Anna Jaques sponsored and hosted a table at the 5th Annual Greater Haverhill Chamber of Commerce Healthy Living Expo to provide opportunities for the local wellness community to grow, promote and engage with other businesses and the local neighborhoods. AJH gave out free pedometers to encourage physical activity, as well as other healthy living information.

Target Population:

- Regions Served: Haverhill
- Sex: All
- Age Group: All
- Race/Ethnicity: All
- Language: English
- Environment Served: Urban, Suburban

Additional Target Population Status: Not Applicable

Program Type: Total Population or Community-Wide Interventions

Additional Program Descriptors: Prevention

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes

Health Issues: Physical Activity

Goal 1: Support healthy programming in Haverhill by distributing educational materials and healthy giveaways

Goal Status 1: Handed out 400+ pedometers to support physical activity and 300 reusable totes. Distributed mammogram reminder cards and handouts on breast care, tips and prevention.

Type of Goals: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

Greater Haverhill Chamber of Commerce

<https://haverhillchamber.com/>

Greater Newburyport Chamber of Commerce's Corporate Challenge

Brief Description/Objective: Two teams from Anna Jaques participated in the Greater Newburyport Chamber of Commerce's Corporate Challenge, a corporate challenge amongst local businesses. This was a fun and healthy way to have employees engage together and support local activities while encouraging employee/workplace wellness initiatives.

Target Population:

- Regions Served: Newburyport
- Sex: All
- Age Group: Adults
- Race/Ethnicity: All
- Language: English
- Environment Served: All

Additional Target Population Status: Not Applicable

Program Type: Total Population or Community-Wide Interventions

Additional Program Descriptors: Not Applicable

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes

Health Issues: Physical Activity

Goal 1: Support initiatives that promote workplace wellness and physical activity

Goals Status 1: Successful effort by local businesses to engage during the event and promote ideas and resources to incorporate into day-to-day

Type of Goal: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

Greater Newburyport Chamber of Commerce

<https://www.newburyportchamber.org/>

Greater Newburyport Ovarian Cancer Awareness (GNOCA) 5K

Brief Description/Objective: Anna Jaques and Women's Health Care sponsored the Greater Newburyport Ovarian Cancer Awareness (GNOCA) group's GNOCA 5k Run/Walk in Honor of Jackie Poor during Ovarian Cancer Awareness Month. Women's Health Care and the Anna Jaques Cancer Center hosted a team of employees walked to support the event promoting awareness, honoring people impacted by cancer, and survivorship.

Target Population:

- Regions Served: Newburyport
- Sex: Female
- Age Group: Adults
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: Not Applicable

Program Type: Total Population or Community-Wide Interventions

Additional Program Descriptors: Not Applicable

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes

Health Issues: Ovarian Cancer; Physical Activity

Goal 1: Support the mission of GNOCA by participating in the walk with a team from Anna Jaques

Goals Status 1: Supported efforts of GNOCA throughout the month of September/awareness month with a team from Women's Health Care and the Anna Jaques Cancer Center participating in the walk and attending other GNOCA events.

Type of Goal: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

Greater Newburyport Ovarian Cancer Awareness (GNOCA)

<https://www.ocawareness.org/events/jackie-poor-memorial-walk/>

Haverhill Farmers' Market

Brief Description/Objective: Obesity and overweight rates among youth in Haverhill were above or the same as those seen at the state level. Haverhill had the highest level of overweight or obese youth at 40.2%. In addition, community feedback noted that barriers to healthy foods and lack of education on how to prepare healthy foods. AJH sponsors the Haverhill Farmers' Market which is dedicated to promoting healthy eating, and supporting local business, sustainability, and community spirit by providing fresh, local produce, baked and prepared foods as well as hand-crafted goods. Hosted in downtown Haverhill and easily accessible by public transportation.

AJH also attends the market to provide health information, especially focused on prevention. For example, during Breast Cancer Awareness Month, a survivor and AJH representative handed out mammogram reminder cards and information about cancer prevention. Another initiative included an AJH Patient Navigator attending to share information about the Persist program for mothers in recovery for substance use during pregnancy.

Target Population:

- Regions Served: Haverhill
- Sex: All
- Age Group: All
- Race/Ethnicity: All
- Language: English
- Environment Served: All

Additional Target Population Status: Not Applicable

Program Type: Total Population or Community-Wide Interventions

Additional Program Descriptors: Prevention

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes

Health Issues: Access to Healthy Food; Nutrition; Overweight and Obesity; Breast Cancer; Substance Use; Reproductive and Maternal Health

Goal 1: Sponsor weekly Market to support access to healthy food options, especially fruits and vegetables

Goal Status 1: There were 19 Markets hosted during the Spring-Fall which serve an average of 700 customers and families each week. A total of 30 vendors making it one of the largest farmers markets in the region/state. Located downtown Haverhill, walkable and accessible via public transportation.

Goal 2: Support EBT/Snap options in Haverhill

Goal Status 2: The Market accepted EBT/Snap to make healthy eating more accessible to all

Goal 3: AJH to attend to provide health information

Goal Status 3: AJH attended markets and provided information focused on prevention

Type of Goal: Operational Goal

Time Frame Year: 1

Time Frame Duration: 3

Community Partners:

Haverhill Farmers' Market (a.k.a Team Haverhill)

<http://teamhaverhill.org/projects/community/haverhill-farmers-market/>

Jamaco 5K River Run

Brief Description/Objective: Anna Jaques proudly sponsors the annual Jamaco River Run- a charity event that raises much-needed money for youth sports with all proceeds directly to youth sports organizations in Merrimac, MA.

Target Population:

- Regions Served: Merrimac
- Sex: All
- Age Group: Children, Teenagers
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban; Rural

Additional Target Population Status: Not Applicable

Program Type: Total Population or Community-Wide Interventions

Additional Program Descriptors: Not Applicable

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes

Health Issues: Physical Activity; Overweight and Obesity

Goal 1: Promote healthy activity and fitness by supporting youth sports in the community

Goals Status 1: 212 people participated in the race which supported youth sports in Merrimac, MA through financial support of local programs.

Type of Goal: Operational Goal

Time Frame Year: 2

Time Frame Duration: 3

Community Partners:

Jamaco River Run

<https://jamacoriverrun.com/>

Mammogram Reminders

Brief Description/Objective: AJH regularly promotes awareness on the importance of breast cancer screenings, and puts an extra spotlight during Breast Cancer Awareness Month through community-wide programs and collaborations. For example, AJH distributed 25,000 coffee sleeves to local shops and bakeries in Newburyport, Salisbury, Amesbury, West Newbury, Groveland, Haverhill, and Merrimac in October with a reminder to schedule annual mammograms.

Target Population:

- Regions Served: Newburyport, Salisbury, Amesbury, West Newbury, Groveland, Haverhill, and Merrimac
- Sex: Female
- Age Group: Adults
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: Not Applicable

Program Type: Total Population or Community-Wide Intervention

Additional Program Descriptors: Prevention

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes

Health Issues: Breast Cancer

Goal 1: Collaborate with local businesses to put a spotlight of prevention during Breast Cancer Awareness Month and raise awareness for women to schedule annual mammogram

Goal Status 1: Distributed 25,000 mammogram reminders across seven town/communities

Goal 2: Increase annual mammogram screenings

Goal Status 2: Mammogram screenings increase from 14,336 in FY18 to 14,435 in FY19

Type of Goal: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

Not Applicable

Miss Pink Organization

Brief Description/Objective: The Miss Pink Organization supports breast cancer survivors and their families who have been diagnosed with, and are undergoing treatment through programs that promote emotional, physical and financial assistance so patients can focus on healing and time with family.

Anna Jaques supported the annual fundraiser, Miss Pink Pageant, to support these important efforts to promote survivorship and overall wellness of women impacted by breast cancer.

Target Population:

- Regions Served: Newburyport, Haverhill, Amesbury
- Sex: Female
- Age Group: Adult
- Race/Ethnicity: All
- Language: English
- Environment Served: All

Additional Target Population Status: Not Applicable

Program Type: Total Population or Community-Wide Intervention

Additional Program Descriptors: Not Applicable

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes

Health Issues: Mental Health, Breast Cancer

Goal 1: Support survivorship resources and programs in the North Shore/Merrimack Valley

Goals Status 1: Sponsored the Miss Pink Gala with members of the Anna Jaques Cancer Center in attendance to support former patients and women impacted by breast cancer

Type of Goal: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

Miss Pink Organization

www.misspink.org/about-the-miss-pink-organization

Newburyport Farmers' Market

Brief Description/Objective: AJH is one of two presenting sponsors of the Newburyport Farmer's Market. The annual sponsorship ensures that the community has access to healthy, affordable food choices - especially fruits and vegetables. Eating healthy can help reduce people's risk for heart disease, high blood pressure, diabetes, osteoporosis, and several types of cancer, as well as help them maintain a healthy body weight. Between winter and summer markets, 40+ markets are held year round to 800-1,200 attendees. On average, there are 30-35 vendors offering fresh, local produce, meats, cheese and other locally made goods. AJH supported efforts and spread the word of EBT and Snap vouchers accepted at the Market for lower-income families.

Target Population:

- Regions Served: Newburyport
- Sex: All
- Age Group: All
- Race/Ethnicity: All
- Language: English
- Environment Served: All

Additional Target Population Status: Not Applicable

Program Type: Total Population or Community-Wide Interventions

Additional Program Descriptors: Not Applicable

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes

Health Issues: Access to Healthy Food; Nutrition; Overweight and Obesity; Cardiac Disease; Hypertension; Diabetes; Osteoporosis

Goal 1: Sponsor weekly healthy offering to Newburyport community almost year-round

Goal Status 1: AJH supported the Newburyport Market which hosted more than 40 markets offered year round to 800-1,200 attendees.

Goal 2: Support access to healthy food options, especially fruits and vegetables

Goal Status 2: On average, there are 30-35 vendors offering fresh, local produce, meats, cheese and other locally made goods.

Goal 3: AJH to attend to provide health information

Goal Status 3: AJH also hosts tables to offer healthy living information, for example, Cardiac Rehab Manager attends each year during American Heart Month to provide heart health information and healthy giveaways and offer free blood pressure checks.

Goal 4: Support EBT/Snap options in Newburyport

Goal Status 4: The Newburyport Market accepted EBT/Snap to make healthy eating more accessible to all. AJH supported efforts and spread the word of EBT and Snap vouchers accepted at the Market for lower-income families.

Type of Goal: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

The Newburyport Farmers' Market

www.thenewburyportfarmersmarket.org/

Oncology Patient Navigator

Brief Description: The Oncology Patient Navigator at the Gerrish Breast Care Center is an RN with extensive oncology-specific clinical knowledge. They offer individualized support and assistance to patients and their caregivers to help them make informed decisions about their care and to overcome barriers to optimal care. The Navigator contributes to the Hospital's mission by providing cancer patients with coordinated care through a holistic and collaborative approach that includes communication and coordination with the patient's family and/or caregivers, along with the multidisciplinary team consisting of physicians, nurse practitioners, oncology nurses and social workers. The Navigator works in collaboration with the clinical team to develop clinical pathways for appropriate care and acts as the contact clinical person in resolving all patient related concerns. The Navigator ensures all medical information has been received by physicians, reviews all medical information prior to patient visit, and discusses any concerns with the provider prior to patient visit. In addition, the Navigator maintains contact with referring and other collaborating physicians, to keep them up to date on the patient's care plan.

Target Population:

- Regions Served: Newburyport, Haverhill, Amesbury
- Sex: Female
- Age Group: Adults, Elderly
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: Not Applicable

Program Type: Community-Clinical Linkages

Additional Program Descriptors: Not Applicable

DoN Health Priorities: Not Applicable

EOHHS Focus Issues: Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes

Health Issues: Breast Cancer

Goal 1: The goal is to guide patients through the complexities of the disease, direct them to health care services for timely treatment and into survivorship and to actively identify and help to address barriers to care that might prevent them from receiving timely and appropriate treatment. In addition, the Nurse Navigator connects patients with resources, health care and support services in their communities and assist them in the transition from active treatment to survivorship.

Goals Status 1: In FY19 the Oncology Patient Navigator provided assistance to 85 individual patients and their families or caregivers.

Type of Goal: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

American Cancer Society; YWCA Encore Program; North of Boston Cancer Resource

Yankee Homecoming Waterfront Workouts Sponsored by Anna Jaques

Brief Description/Objective: Anna Jaques partnered with Newburyport Yankee Homecoming Organization to create a week-long offering of free workouts during Newburyport's busiest summer weekend. The Waterfront Workout Series hosts 2 or more free workouts each day for all ages and fitness abilities. AJH also provided healthy giveaways, including sunscreen.

Target Population:

- Regions Served: Newburyport
- Sex: All
- Age Group: Adult
- Race/Ethnicity: All
- Language: All
- Environment Served: Suburban; Urban

Additional Target Population Status: Not Applicable

Program Type: Total Population or Community-Wide Interventions

Additional Program Descriptors: Prevention

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes

Health Issues: Hypertension; Overweight and Obesity; Diabetes; Cardiac Disease; Physical Activity; Skin Cancer

Goals 1: Support opportunities for people to try new healthy workouts and habits

Goal Status 1: 300+ participants over 7 days of free workouts

Goal 2: Partner with local businesses/community to put the focus on fitness and healthy activities

Goal Status 2: Collaborated with 12 local studios to host workouts. Sponsored 16 classes/hours

Type of Goals: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

Newburyport Yankee Homecoming

<https://yankeehomecoming.com/>

YMCA of Haverhill “Healthy Kids Day”

Brief Description/Objective: Haverhill Medical Offices of AJH sponsored YMCA Haverhill's Healthy Kids Day and donated jump ropes to 200+ kids and families to promote healthy activity. Supporting YMCA Haverhill supports the connection of families and individuals to the powerful programs and services provided by the Y, regardless of ability to pay.

The event The Haverhill YMCA is focused on combatting childhood obesity – the Y sees kids each day who have less and less physical activity time and know this will have a serious negative effect on our community. The YMCA serves hundreds of youth and teens through programming, childcare, and our drop in youth and teen center.

Target Population:

- Regions Served: Haverhill
- Sex: All
- Age Group: Children, Teenagers
- Race/Ethnicity: All
- Language: English, Spanish
- Environment Served: Urban

Additional Target Population Status: Not Applicable

Program Type: Total Population or Community-Wide Interventions

Additional Program Descriptors: Prevention

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes

Health Issues: Physical Activity; Overweight and Obesity; Childcare; Diabetes

Goal 1: Support positive youth programming in Greater Haverhill to address childhood obesity/diabetes rates in Haverhill

Goal Status 1: Sponsored successful event and fundraiser to support individuals and families to be connected with important programs from education and prevention to housing and nutrition

Goal 2: Provide healthy giveaways

Goal Status 2: Donated 250 jump ropes for the event

Type of Goals: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

YMCA Haverhill

www.northshoremca.org/locations/haverhill-ymca

YWCA of Greater Newburyport – Tri for the Y

Brief Description/Objective: AJH sponsors the annual event in support of the YWCA Greater Newburyport which is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all. The YWCA aids the community through support of events like the “Tri for the Y” to provide vital services to those in need including: affordable housing; Encore program for survivorship; childcare; youth development and more.

The Tri is a unique event offering an opportunity for the avid triathlons athletes along with those new to triathlons, including an indoor swim and cycle followed by walk/run on the scenic Newburyport Rail Trail. This year, we recognized several return participants, encore teams and individual participants along with many new faces both young and old.

Target Population:

- Regions Served: Newburyport
- Sex: All
- Age Group: All
- Race/Ethnicity: All
- Language: English
- Environment Served: All

Additional Target Population Status: Not Applicable

Program Type: Total Population or Community-Wide Interventions

Additional Program Descriptors: Not Applicable

DoN Health Priorities: Not Applicable

EOHHS Focus Issues: Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes

Health Issues: Physical Activity

Goal 1 :Sponsor events geared towards “every body” and all abilities

Goals Status 1: Supported successful annual “Tri for the Y” event

Type of Goal: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

YWCA Greater Newburyport

Social Determinants of Health (SDOH): Supporting Vulnerable Communities

Emmaus Cycle for Shelter

Brief Description/Objective: Anna Jaques sponsored Emmaus' annual Cycle for Shelter Fundraiser that directly supports effective solutions for fighting homelessness in the Greater Haverhill area. Emmaus provides housing and services to more than 300 adults and children in Haverhill on any given night and provides them refuge. Emmaus serves over 2,000 men, women and children. Their 16 programs provide shelter, meals, housing, and targeted support services designed to help people who are homeless or at risk of becoming homeless.

Target Population:

- Regions Served: Haverhill
- Sex: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: Urban

Additional Target Population Status: Not Applicable

Program Type: Total Population or Community-Wide Interventions

Additional Program Descriptors: Prevention

DoN Health Priorities: Housing

EOHHS Focus Issues: Housing Stability/Homelessness

Health Issues: Homelessness; Affordable Housing; Income & Poverty; Access to Healthy Food

Goal 1: Support vital programs and offerings of Emmaus to provide effective solutions for fighting homelessness

Goals Status 1: Sponsorship provided shelter, meals and support services for a family for one week at the Emmaus Family House

Type of Goal: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

Emmaus

<https://emmausinc.org/>

Interpreter Services

Brief Description/Objective: An extensive body of research illustrates the health disparities and differences in health care access and utilization that exist for diverse individuals/cohorts and foreign-born populations. According to the Centers for Disease Control and Prevention, non-Hispanic blacks have higher rates of premature death, infant mortality, and preventable hospitalization than do non-Hispanic whites. Hispanics have the highest uninsured rates of any racial or ethnic group in the United States. Asians are at a higher risk for developing diabetes than are those of European ancestry, despite a lower average body mass index. These disparities show the disproportionate and often avoidable inequities that exist within communities and reinforce the importance of understanding the demographic makeup of a community to identify populations more likely to experience adverse health outcomes.

Language barriers pose significant challenges to providing effective and high-quality health and social services. To address this need, and in recognition that language and cultural barriers are major barriers to accessing health and social services and navigating the health system, AJH offers interpreter/translation services for non-English speaking and deaf patients at no cost.

Target Population:

- Regions Served: Newburyport, Haverhill, Amesbury
- Sex: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: Not Applicable

Program Type: Access/Coverage Supports

Additional Program Descriptors: Not Applicable

DoN Health Priorities: Not Applicable

EOHHS Focus Issues: Not Applicable

Health Issues: Access to Healthcare; Hearing; Language

Goals 1: Provide a free interpreter/translation service to all patients at no cost

Goals Status 1: While Spanish, Continental Portuguese, and ASL are the most commonly utilized services, AJH service offers hundreds of language translations as needed.

Type of Goal: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners: Not Applicable

Jeanne Geiger Crisis Center Walk Against Domestic Violence

Brief description/Objective: AJH sponsored the annual walk, one of the largest of the organizations, with proceeds to enable Jeanne Geiger Crisis Center to continue to provide an extensive array of programs and services to 15 local communities including: 24-hour emergency hotline, crisis counseling for adults and children, art therapy, court advocacy, emergency and transitional housing and homicide reduction.

Target Population:

- Regions Served: Amesbury, Andover, Boxford, Georgetown, Groveland, Haverhill, Ipswich, Lawrence, Merrimac, Methuen, Newbury, Newburyport, North Andover, Rowley, Salisbury, West Newbury
- Sex: Female
- Age Group: Adults
- Race/Ethnicity: All
- Language: All
- Environment Served: Urban; Suburban

Additional Target Population Status: Domestic Violence History

Program Type: Total Population or Community-Wide Interventions

Additional Program Descriptors: Not Applicable

DoN Health Priorities: Violence

EOHHS Focus Issues: Housing Stability/Homelessness; Mental Illness and Mental Health; Substance Use Disorders

Health Issues: Domestic Violence; Education/learning; Mental Health; Violence and Trauma; Homelessness; Affordable Housing

Goal 1: Support Jeanne Geiger's mission to empower individuals and engage communities to end domestic violence

Goal Status 1: AJH Team walked in the annual event to help spread awareness of the offerings and support all that Jeanne Geiger Crisis Center provides our community

Goal 2: Sponsor annual fundraiser with funds directed to vital local resources

Goal Status 2: Sponsor event that supports vital resources for women and families

Type of Goals: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

Jeanne Geiger Crisis Center

<https://jeannegeigercrisiscenter.org/>

Opportunity Works

Brief Description/Objective: Anna Jaques sponsored the Opportunity Works' (OW) annual Lend-A-Hand fundraiser which directly supports programs and services for adults to support adults with disabilities lead an independent lifestyle. OW is committed to empowering and changing the lives of people with developmental diseases and expanded their location in Newburyport and added another facility in Haverhill to support Merrimack Valley. OW works to empower people with disabilities to experience the freedom to live, work and enjoy a valued role in society.

Target Population:

- Regions Served: Haverhill, Amesbury, Newburyport
- Sex: All
- Age Group: Adults
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: Disability Status

Program Type: Total Population or Community-Wide Interventions

Additional Program Descriptors: Not Applicable

DoN Health Priorities: Employment

EOHHS Focus Issues: Mental Illness and Mental Health

Health Issues: Mental Health; Education/Learning Issues

Goals 1: Support efforts that enable young adults with disabilities to live a full and healthy life and employ adults with disabilities

Goals Status 1: Sponsored annual “Lend a Hand” fundraiser with funds to support programs to support adults with disabilities

Type of Goal: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

Opportunity Works

Our Neighbor's Table

Brief Description/Objective: Anna Jaques sponsored and served meals at an Our Neighbor's Table (ONT) weekly "Wednesday Dinner" which welcomed 150+ single parents with their children, elders living on a fixed income, and single men and women whose low paying jobs make it hard to cover expenses.

Hunger is a reality for one out of every 16 people in the Lower Merrimack Valley. ONT provides fresh, wholesome food at five grocery market sites in Amesbury, Merrimac and Newburyport; delivers customized groceries to homes in collaboration with the Councils on Aging in Amesbury and Merrimac; and provides a weekly hot meal, emergency assistance and information/referral services to families and individual across the region.

Support of ONT contributes to providing guests with more than 90,000 meals each month.

Target Population:

- Regions Served: Amesbury, Merrimac, Newburyport
- Sex: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: Urban; Suburban

Additional Target Population Status: Not Applicable

Program Type: Total Population or Community-Wide Interventions

Additional Program Descriptors: Prevention

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes

Health Issues: Access to Healthy Food; Nutrition; Income and Poverty; Senior Health Challenges/Care Coordination

Goal 1: Supported ONT which serves 90,000 meals each month

Goal Status 1: Served 150+ families during a "Weekly Wednesday" dinner (one time)

Goal 2: Support food access programs in Lower Merrimack Valley

Goal Status 2: AJH and ONT collaborate on on-going basis to better identify food insecurity in our communities

Type of Goals: Operational Goal

Time Frame Year: 1

Time Frame Duration: 3

Community Partners:

Our Neighbors Table

www.ourneighborstable.org/

Patient Financial Counseling

Brief Description/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, AJH employs two full-time financial counselors who are CAC-certified and who can screen patients and assist them in applying for state aid. They also provide estimates for patient's financial responsibility (copay, deductible, coinsurance, self-pay). The financial counselors spend their time with patients related to financial assistance and estimates and helping patients understand their insurance benefits.

Target Population:

- Regions Served: Newburyport, Haverhill, Amesbury
- Sex: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: Not Applicable

Program Type: Access/Coverage Supports

Additional Program Descriptors: Not Applicable

DoN Health Priorities: Not Applicable

EOHHS Focus Issues: Not Applicable

Health Issues: Uninsured/Underinsured

Goals 1: Meet with patients who are uninsured to assess their eligibility for and align them with state financial assistance and hospital-based financial assistance programs.

Goals Status 1: Financial Counseling did a total of 573 applications.

- Percentages per age group of applications done.
 - 0 - 17 years (1%)
 - 18 - 35 years (27%)
 - 36 - 53 years (29%)
 - 54 - 71 years (38%)
 - 71 - 107 years (5%)

Type of Goal: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

Not Applicable

Transportation Support through AJH Emergency Fund

Brief Description/Objective: In an effort to support vulnerable communities and limit barriers so patients receive the care they need, AJH Case Management Department has an emergency fund to provide transportation reimbursement to patients who have limited resources and social supports. This program is offered to any patient who meets the criteria of need decided by a Social Worker. The Social Worker advocates for the patient to ensure the appropriate financial support. They also work to refer patients to Financial Coordinators made to assist patients with applications for Medicaid or disability; they work with primary care physicians or free clinics to ensure medical follow up; and extend referrals to other needs.

Target Population:

- Regions Served: Newburyport, Haverhill, Amesbury
- Sex: All
- Age Group: All
- Race/Ethnicity: All
- Language: All
- Environment Served: All

Additional Target Population Status: Not Applicable

Program Type: Access/Coverage Supports

Additional Program Descriptors: Not Applicable

DoN Health Priorities: Not Applicable

EOHHS Focus Issues: Not Applicable

Health Issues: Transportation; Uninsured/Underinsured

Goals 1: Meet with patients who are uninsured or have limited resources to provide transportation support or reimbursement

Goals Status 1: AJH distributed \$2,451 of emergency funds to patients in FY19

Type of Goal: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners: Not Applicable

Substance Use Disorder & Behavioral Health

Collaborative Care Model

Brief Description/Object: The National Alliance on Mental Illness (NAMI) reports that one-in-four individuals experiences a mental illness each year, underscoring a critical need for mental healthcare access across all patient populations. In the 2019 AJH CHNA, mental health – including depression, anxiety, stress, serious mental illness, and other conditions – was overwhelmingly identified as one of the leading health issues for residents of the service area.

In an effort to meet this need Lahey Health Primary Care adopted the Collaborative Care Model (CoCM). The model will be expanded to additional communities throughout the Beth Israel Lahey Health service area. Collaborative Care is a nationally recognized primary care led program that specializes in providing behavioral health services in the primary care setting. The services are provided by a licensed behavioral health clinician and include counseling sessions, phone consultations with a psychiatrist, and coordination for follow up care. The behavioral health clinician works closely with the primary care provider in an integrative team approach to treat a variety of medical and mental health conditions.

Target Population:

- Regions Served: Amesbury
- Sex: All
- Age Group: All
- Race/Ethnicity: All
- Language: English
- Environment Served: All

Additional Target Population Status: Not Applicable

Program Type: Direct Clinical Services

Additional Program Descriptors: Prevention, Health Screening

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Mental Illness and Mental Health

Health Issues: Substance Use Disorder, Mental Health, Access to Health Care

Goals 1: The primary care provider and the behavioral health clinician will develop a treatment plan that is specific to the patient’s personal goals. A consulting psychiatrist may advise the primary care provider on medications that may be helpful.

Goals Status 1: 5,491 individuals were screened in the primary care setting for behavioral health needs across Beth Israel Lahey Health. Specifically, AJH had 1 primary care practice reach 195 patients.

Type of Goal: Operational Goal

Time Frame Year: 1

Time Frame Duration: 3

Community Partners:

Not Applicable

Essex County Asset Builder Network (ECAB) Parent Workshop Series

Brief Description/Objective: AJH works with the Essex County Asset Builder (ECAB) Network to create regional connections and supports for individuals, families and organizations from Amesbury, Georgetown, Newbury, Rowley, Salisbury and Newburyport, in using a positive youth development approach to help youth thrive.

Anna Jaques partnered with the ECAB and Amesbury Public Schools (Amesbury “PACT”) to sponsor a Parent Workshop Series. The topics ranged from identifying what behaviors are developmentally appropriate and better understanding your child’s emotions, to direct communication strategies, how to set appropriate boundaries and expectations and how to handle difficult family situations such as a young person experiencing stress, depression and anxiety, experimenting with substances such as alcohol or marijuana, or participating in risky behaviors such as bullying or unprotected sex.

Having positive adult role models and positive family communication are key factors in youth making healthy choices. Based on ECAB’s YRBS data in our region 84% of students in grades 6-12 say that they have family support but only 39% of those youth also responded that they feel they have positive family communication.

Target Population:

- Regions Served: Amesbury, Georgetown, Newbury, Rowley, Salisbury and Newburyport
- Sex: All
- Age Group: Adults
- Race/Ethnicity: All
- Language: English
- Environment Served: All

Additional Target Population Status: Not Applicable

Program Type: Total Population or Community-Wide Interventions

Additional Program Descriptors: Community Education

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Substance Use Disorders; Mental Illness and Mental Health

Health Issues: Substance Use; Mental Health; Stress Management; Alcohol Use; Responsible Sexual Behavior; Depression; Parenting Skills

Goals 1: Work with ECAB and Amesbury Public Schools to market a parent workshop series to parents (specifically parents of middle schoolers), caregivers or adults who want to learn how to better support young people and who want to improve communication skills through a proactive and evidence-based curriculum.

Goals Status 1: Thirty-two people signed up for one or more of the sessions with attendance varying from 14, 10, 9 and 10 participants respectively across the workshops. The program utilized psychological framework and covered: screening; intervention; referral to treatment.

Type of Goal: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

Essex County Asset Builder Network

<https://ecabnetwork.org/about-us/>

Link House, Inc. “Links of Hope”

Brief Description/Objective: Link House, Inc. provides residential programs in Salisbury, Newburyport, and Amesbury for men and women who struggle with drug and alcohol addictions. Anna Jaques sponsored the “Links of Hope” annual fundraiser which is essential to raising awareness and funds about the impactful work of the Link House, Inc. This organization is committed to providing individuals with substance use disorders with life-changing supports to empower them to live sober, healthy, hopeful and productive lives. Link House serves more than 5,000 men and women with our gender-specific substance use recovery programs.

Target Population:

- Regions Served: Newburyport; Salisbury; Amesbury
- Sex: All
- Age Group: Adults
- Race/Ethnicity: All
- Language: English
- Environment Served: All

Additional Target Population Status: Not Applicable

Program Type: Total Population or Community-Wide Interventions

Additional Program Descriptors: Prevention

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Substance Use Disorders; Housing Stability/Homelessness; Mental Illness and Mental Health

Health Issues: Substance Use; Affordable Housing; Homelessness; Mental Health; Alcohol Use; Opioid Use

Goal 1: Support local programs for men and women working towards a sober lifestyle

Goals Status 1: Sponsored annual fundraiser that raised \$130,000+ that will directly support Link House programs. Continue to support ongoing relationship with Link House and AJH to support this population of patients.

Type of Goal: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

Link House, Inc.

<https://linkhouseinc.org/>

The Pettengill House

Brief Description/Objective: AJH sponsored The Pettengill House's Annual Fundraiser that raises funds for children and families; specifically, for families who struggled with substance use. The Pettengill House provides an array of basic needs, intense case management, support services and interventions to 3,089 individuals, children, and families – 567 of whom were deemed homeless. In addition, their food pantry and meals program provided 154,130 meals while emergency assistance exceeded \$87,500.

In addition, Anna Jaques donated turkeys to clients of The Pettengill House during Thanksgiving and this year assisted 150 homes including 322 clients.

Target Population:

- Regions Served: Amesbury, Groveland, Merrimac, Newbury, Newburyport, Rowley, Salisbury, West Newbury
- Sex: All
- Age Group: All
- Race/Ethnicity: All
- Language: English
- Environment Served: All

Additional Target Population Status: Not Applicable

Program Type: Access/Coverage Supports

Additional Program Descriptors: Not Applicable

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Substance Use Disorders; Housing Stability/Homelessness;

Health Issues: Substance Use; Affordable Housing; Access to Healthy Food; Homelessness

Goal 1: Support the The Pettengill House's to help individuals, children, and families in need.

Goals Status 1: Sponsored The Pettengill House Annual Fundraiser and donated turkeys to clients of The Pettengill House during Thanksgiving.

Type of Goal: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

The Pettengill House

<http://www.pettengillhouse.org/home.aspx>

Persist Program at Anna Jaques Hospital

Brief Description/Objective: The Persist Program at AJH supports women with Substance Use Disorder and/or Neonatal Abstinence Syndrome (NAS), a condition that impacts about 14.5 cases per 1,000 births in Massachusetts. The Persist Program serves women in recovery and seeking additional support, who have suffered from trauma or abuse, or who have been diagnosed with mental health disorders. A dedicated Patient Care Navigator champions women throughout their pregnancy and into the first year of motherhood, working in collaboration with Women's Health Care and the Anna Jaques Birth Center & Neonatal Care Center.

The program also offered a free weekly support group in Haverhill, offering a safe and judgement free space for women and their babies to share and gain support. The Persist Support Group often hosts featured speakers, showcasing local resources and useful topics, such as: Community Action, Inc., on emergency services and housing, or the YWCA on healthy relationships.

Target Population:

- Regions Served: Haverhill, Newburyport, Amesbury
- Sex: Female
- Age Group: Adult; Teenagers; Infants
- Race/Ethnicity: All
- Language: English
- Environment Served: All

Additional Target Population Status: Not Applicable

Program Type: Direct Clinical Services

Additional Program Descriptors: Prevention, Support Group

DoN Health Priorities: Social Environment

EOHHS Focus Issues: Substance Use Disorder; Mental Illness and Mental Health

Health Issues: Substance Use Disorder; Reproductive and Maternal Health; Mental Health, Violence and Trauma, Affordable Housing, Homelessness

Goal 1: Patients will set individualized treatment goals such as maintaining sobriety, securing mental health counseling, obtaining stable housing, discontinuing marijuana use, or following up with Early Intervention. Women will be connected with local resources, recovery support services, or mental health providers to help achieve their goals.

Goals Status 1: Served 192 women either in recovery and seeking additional support, who have suffered from trauma or abuse, or who have been diagnosed with mental health disorders. There has been a steady decline in the number of substance-exposed babies from a high of 91 in 2017, to 56 in 2018, down to 24 in 2019. In FY18, 78% of patients met their treatment goals, in FY19, 83% met their goals.

Type of Goal: Operational Goal

Time Frame Year: 3

Time Frame Duration: 3

Community Partners:

Women, Infants and Children (WIC)

Community Action, Inc.

YWCA of Greater Haverhill/Lawrence

Section V: Expenditures

CB Expenditures by Program Type	Amount	Subtotal Provided to Outside Organizations (Grants/Other Funding)
Direct Clinical Services Community-Clinical Linkages	\$12,891	n/a
Total Population or Community-Wide Interventions	\$47,539	\$40,039
Access/Coverage Supports	\$105,419	\$2,000
Infrastructure to Support CB Collaborations Across Institutions	\$15,813.00	n/a

CB Expenditures by Health Need	Amount
Chronic Disease with a focus on Cancer, Heart Disease, and Diabetes	\$39,289
Mental Health/Mental Illness	\$750
Housing/Homelessness	\$2,500
Substance Use	\$19,891
Additional Health Needs Identified by the Community	\$119,232

Other Leveraged Resources

Net Charity Care

Expenditures	Amount
HSN Assessment	\$854,411.00
HSN Denied Claims	n/a
Free/Discount Care	\$1,992,411.00
Total Net Charity Care	\$2,846,822.00

Total CB Expenditures	\$2,860,430
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Additional Information	Amount
Total Revenue:	\$135,987,033.00
Net Patient Service Revenue:	\$131,262,509.00
CB Expenditure as Percentage of Net Patient Services Revenue:	2.18%
Approved CB Program Budget for FY2020: (*Excluding expenditures that cannot be projected at the time of the report)	\$53,000.00
Bad Debt:	\$1,600,106.00
Bad Debt Certification:	n/a
Optional Supplement:	n/a
Comments:	n/a

Section VI: Contact Information

Kelley Sullivan

Manager

Marketing & Community Relations; Community Benefits

25 Highland Avenue, Newburyport MA

Email: ksullivan@ajh.org

Phone: 978-463-1475

Section VII: Self-Assessment Form

See attached document.



Office of the Massachusetts Attorney General

Hospital Self-Assessment Form - Year 1

Note: This form is to be completed in the Fiscal Year in which the hospital completed its triennial Community Health Needs Assessment

I. Community Benefits Process:

1. Community Benefits in the Context of the Organization's Overall Mission:

- Are Community Benefits planning and investments part of your hospital's strategic plan? Yes No
 - If yes, please provide a description of how Community Benefits planning fits into your hospital's strategic plan. If no, please explain why not.
Anna Jaques Hospital is a member of Beth Israel Lahey Health (BILH). While Anna Jaques Hospital oversees local Community Benefits programming and community engagement efforts, Community Benefits is under the purview of the BILH Chief Strategy Officer. This structure ensures that Community Benefits efforts, prioritization, planning and strategy align and/or are integrated with local hospital and system strategic and regulatory priorities.

2. Community Benefits Advisory Committee (CBAC):

- Members (and titles):
Andrea Egmont, City of Newburyport, Newburyport Youth Services/The BEACON Coalition, Director **Deb Green**, Ovarian Cancer Awareness of Greater Newburyport **Ilene Harnch-Grady**, YWCA of Newburyport, Encore Program Leader **Tina Los**, Essex County Asset Builder Network, Project Coordinator **Pam Palombo, RN**, City of Newburyport, Newburyport Public Health Nurse & Nourishing the Northshore **Officer Dani Sinclair**, Newburyport Police, Inspector **Deb Smith**, The Pettengill House, Executive Director **Shari Wilkinson**, The Newburyport Farmers Market, Market Coordinator.
- Leadership:
AJH CB Manager: Kelley Sullivan – AJH Senior Management Team supporting CB efforts: Dr. Gail Fayre, Chief Medical Officer; Mark Goldstein, President; Kevin Kilday, Chief Financial Officer; Danielle Perry, Vice President of Marketing & Business Development; Mary Williamson, Executive Director, Anna Jaques Community Health Foundation.
- Frequency of meetings:
Anna Jaques Hospital CBAC met three times during FY2019, with sub-group and individual meetings on-going throughout the year.

3. Involvement of Hospital's Leadership in Community Benefits:

Place a checkmark next to each leadership group if it is involved in the specified aspect of your Community Benefits process:

	<i>Review Community Health Needs Assessment</i>	<i>Review Implementation Strategy</i>	<i>Review Community Benefits Report</i>
Senior leadership	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hospital board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Staff-level managers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Community Representatives on CBAC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

For any check above, please list the titles of those involved and describe their specific role:

At BILH, our belief that everyone deserves high-quality, affordable health care is at the heart of who we are and what drives our work with our community partners. The organizations that are now part of BILH have always been deeply committed to serving their communities. Working collaboratively with our community partners, our CBAC and the Community Benefits team, such commitment is shared by staff at all levels within Anna Jaques Hospital:

Senior Leadership Team:

Dr. Gail Fayre, Chief Medical Officer – represents AJH on board of Our Neighbor’s Table who shared data included in the CHNA; reviews all reports

Mark Goldstein, President – reviews and approves all materials

Kevin Kilday, Chief Financial Officer – coordinates expenditure reporting with Finance team

Danielle Perry, Vice President of Marketing & Business Development – oversees Community Benefits program including oversight of CHNA, Implementation Strategy, CB priorities and reports.

Mary Williamson, Executive Director, Anna Jaques Community Health Foundation – collaborates with community stakeholders and maintains tracking and measures for programs impacted by community support and funding

Anna Jaques Hospital Board of Trustees: conducts a yearly review and approval of CB programs and Implementation Strategy and triennial CHNA report. Members include: David LaFlamme, Chair of the Board; Grace Connolly, Vice Chair of Board; Ginny Eramo, Secretary of Board; Wayne Capolupo; Jeff Kirpas; Bernhard Heersink, MD; Chris Bouton; Michael Costello; Frank Cousins; George Ellison; Salmon Ghiasuddin, MD; Matt Khatib; Byron Matthews; Matt Pieniazek; DeWayne Pursley, MD; Peter Seymour, MD; Wilbur Shenk; David Swierzewski, MD; Meg Wiley

Staff-level Managers:

Kelley Sullivan, Community Benefits Manager/Marketing & Community Relations: published CHNA in collaboration with community stakeholders, managed prioritization process, drafted Implementation Strategy.

The following Directors assisted and/or collaborated on Community Benefits programs, data collection, and feedback in the areas of:

Alison Sekelsky, Director of Maternal Child Health – maternal/child health, substance use prevention efforts for pregnant and parenting women

Moe Lord, Director, Psychiatric Services – mental health and substance use

Peter Tura, Director, Emergency Services – mental health and substance use

Laura Rossi, Director of Oncology Services – cancer

CBAC: AJH CBAC guided community engagement process and selected/recommended priorities

4. Hospital Approach to Assessing and Addressing Social Determinants of Health

- How does the hospital approach assessing community needs relating to social determinants of health? (150-word limit)
Anna Jaques Hospital (AJH) undertook a robust, collaborative and transparent assessment and planning process. The approach involved extensive quantitative (age, race, ethnicity, language, sexual orientation/gender identity, income, violence/crime, food access, housing, transportation, etc.) and qualitative (focus groups, community forums, community surveys) data collection and substantial efforts to engage community residents, with special emphasis on hidden population segments often left out of assessments. Additionally, CHNAs oversaw the assessment, vetted findings and prioritized leading health issues and the communities and cohorts most in need. AJH's Implementation Strategy reflects the hospital and the CBAC's prioritization of supporting community organizations and participation and support of coalitions and programs tasked with topics such as environmental health, early intervention, substance use, and access to food.
- How does the hospital incorporate health equity in its approach to Community Benefits? (150-word limit)
Anna Jaques Hospital (AJH) and BILH are committed to health equity, the attainment of the highest level of health for all people, requires focused and ongoing societal efforts to address avoidable inequalities, socioeconomic barriers to care, and both historical and contemporary injustices. Throughout AJH's assessment process, AJH worked to understand the needs of populations that are often disadvantaged, face disparities in health-related outcomes, and are deemed most vulnerable. AJH's Implementation Strategy that developed as a result of these processes focuses on reaching the geographic, demographic and socioeconomic segments of populations most at risk, as well as those with physical and behavioral health needs in the hospital's community benefits service area.
- How does the hospital approach allocating resources to Total Population or Community-Wide Interventions? (150-word limit)
The Anna Jaques Hospital (AJH) Implementation Strategy includes a diverse range of programs and resources to addresses the prioritized needs within AJH's community benefits service area. The majority of community benefits initiatives are focused on cohorts and sub-populations due to identified disparities or needs. AJH strategies include [insert examples of your CWI or TP programs some examples include -- programs that support critical partnerships with community health centers, healthy eating (food access), CVPR, etc.]. Additionally, AJH collaborates with many community partners to own, catalyze and/or support total population and community-wide interventions including YMCA, YWCA, local senior centers, and city officials throughout the communities served.

II. Community Engagement:

1. Organizations Engaged in CHNA and/or Implementation Strategy

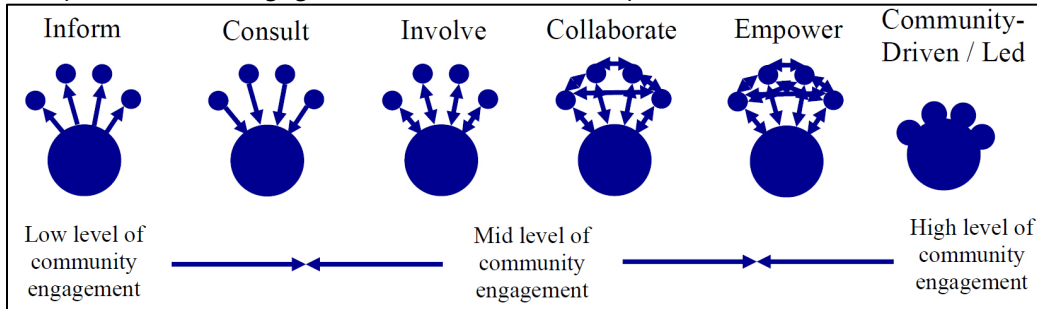
Use the table below to list the key partners with whom the hospital collaborated in assessing community health needs and/or implementing its plan to address those needs and provide a brief description of collaborative activities with each partner. Note that the hospital is not obligated to list every group involved in its Community Benefits process, but rather should focus on groups that have been significantly involved. Please feel free to add rows as needed.

Organization	Name and Title of Key Contact	Organization Focus Area	Brief Description of Engagement (including any decision-making power given to organization)
Newburyport Youth Services / The BEACON Coalition	Andrea Egmont Director of Youth and Recreation Services	Local Health Department	Shared Youth Risk Behavior Survey data and key findings for Newburyport students Provided examples and anecdotal evidence seen in the Newburyport school system
Essex County Asset Builder Network (ECAB)	Tina Los, Regional Project Coordinator	Schools	Shared data from the 2017 Youth Asset Report which provide regional data The report included key findings from student interviews and focus groups
Lower Merrimack Valley & Seacoast Health Partnership	<p>Steering Committee:</p> <p>Renee McGuire, YWCA Northeastern MA</p> <p>Katherine (Katie) Vozeolas BSN RN NCSN Director of Mission and Community Partnerships Holy Family Hospital - Methuen and Haverhill</p> <p>Shanyn A Toulouse, MEd, BSN, RN, NCSN Northeast Regional School Nurse Consultant Haverhill Public Schools</p>	Local health community organizations (CHNAs)	<p>The Health Partnership conducted the 2015 Community Health Needs Assessment which was the foundation of the 2019 CHNA.</p> <p>The Steering committee, which includes representatives from Holy Family Hospital and Anna Jaques Hospital, collaborated and have plans to co-host regional forums</p>

	Christine Soundara Borchers Initiative Director Mt. Washington Alliance at Community Action, Inc		
City of Newburyport, Public Health Department	Pam Palombo, RN, Newburyport Public Health Nurse	Local Health Department	Reviewed and approved CHNA and Implementation Plan. Also served as a liaison with support of Nourishing the Northshore initiative.

2. Level of Engagement Across CHNA and Implementation Strategy

Please use the spectrum below from the Massachusetts Department of Public Health¹ to assess the hospital’s level of engagement with the community.



For a full description of the community engagement spectrum, see page 11 of the Attorney General’s Community Benefits Guidelines for Non-Profit Hospitals.

A. Community Health Needs Assessment

Please assess the hospital’s level of engagement in developing its CHNA and the effectiveness of its community engagement process.

Category	Level of Engagement	Did Engagement Meet Hospital’s Goals?	Goal(s) for Engagement in Upcoming Year(s)
Overall engagement in assessing community health needs	Collaborate	The goal was met.	Not Applicable
Collecting data	Empower	In certain communities and with specific cohorts, AJH was able to have community members/residents and organizations field the survey. This was not consistent across communities.	Not Applicable
Defining the community to be served	Consult	AJH worked with Senior Leadership and the CBAC to review the CBSA. CBAC members and community partners identified hard-to-reach cohorts and those facing disparities.	Not Applicable
Establishing priorities	Collaborate	The CBAC working with the CB staff and the AJH Senior Leadership priorities health needs and recommended health priorities and priority cohorts.	Consult

¹ “Community Engagement Standards for Community Health Planning Guideline,” Massachusetts Department of Public Health, available at: <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>.

- For categories where community engagement did not meet the hospital's goal(s), please provide specific examples of planned improvement for next year:

Anna Jaques Hospital remains committed to community engagement. During FY19, AJH undertook its triennial community health needs assessment and prioritization process. Guided by Anna Jaques Hospital's Community Benefits Advisory Committee and conducted in collaboration with community partners, this initiative employed a comprehensive community engagement process. In FY20, AJH will continue to work with its CBAC and community partners to engage the community including reporting updates related to Community Benefit activity at local public meetings. Additionally, Anna Jaques Hospital will engage with our community by: 1. Improving on-going and two-way communication with community representatives via e-newsletter 2. Identifying new partners to address social determinants of health 3. Expanding involvement in Haverhill, MA.

B. Implementation Strategy:

Please assess the hospital’s level of engagement in developing and implementing its plan to address the significant needs documented in its CHNA and the effectiveness of its community engagement process.

Category	Level of Engagement	Did Engagement Meet Hospital’s Goals?	Goal(s) for Engagement in Upcoming Year(s)
Overall engagement in developing and implementing filer’s plan to address significant needs documented in CHNA	Involve	Community forums, community meetings and the CBAC worked with the CBLT to identify priorities and sub priorities.	Involve
Determining allocation of hospital Community Benefits resources/selecting Community Benefits programs	Inform	AJH will work to better inform and consult with its CBAC on the proportion of CB resources allocated to different priorities	Consult
Implementing Community Benefits programs	Consult	2019 was the last year of AJH’s FY 2017-2019 Implementation Strategy (IS). AJH will be collaborating with the community on new and existing programs for its FY 20-22 IS.	Collaborate
Evaluating progress in executing Implementation Strategy	Consult	2019 was the last year of AJH’s FY 2017-2019 Implementation Strategy (IS). BILH Community Benefits will be hiring a Director of Evaluation which will work with all hospitals to build staff and community evaluation capabilities. AJH will be collaborating with the community on evaluation of CB programming and the execution of the FY 20-22 IS.	Collaborate

Updating Implementation Strategy annually	Inform	2019 was the last year of AJH's FY 2017-2019 Implementation Strategy (IS). AJH will work with its CBAC, its community partners and the BILH Evaluator to review its IS and update, as appropriate at the end of FY 20.	Consult
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- For categories where community engagement did not meet the hospital's goal(s), please provide specific examples of planned improvement for next year:

Anna Jaques Hospital (AJH) has a comprehensive implementation strategy to respond to identified community health priorities. [insert name of hospital] engaged with CBLT and the community to identify and select priorities for the new (FY 20-22) Implementation Strategy. While the Implementation Strategy (IS) was shared with the CBAC, the CBLT, and adopted by the Board of Directors and widely distributed, delays in obtaining secondary data and the significant commitment to the comprehensive community engagement for the CHNA and the prioritization process, lead to less community engagement on the drafting of the implementation strategy. Going forward, AJH will review the workplan and timeline of our triennial CHNA to allow more time for engagement and vetting of the IS.

During the FY 20 annual meeting, AJH will make the IS available to participants, highlight new programs, priorities and activities, explain sunsetted programs and seek input from the community.

3. Opportunity for Public Feedback

Did the hospital hold a meeting open to the public (either independently or in conjunction with its CBAC or a community partner) at least once in the last year to solicit community feedback on its Community Benefits programs? If so, please provide the date and location of the event. If not, please explain why not.

The AJH CB Manager attended public meetings and continued on-going participation on local coalitions held within the CBSA to share highlights of the CHNA and CB efforts and to welcome feedback including: Essex County Asset Builder Network Steering Committee, YWCA Greater Newburyport Coalition Meetings, quarterly BEACON Coalition meetings. AJH also included content to raise awareness, share information, and highlight efforts included hospital newsletter and e-newsletter.

4. Best Practices/Lessons Learned

The AGO seeks to continually improve the quality of community engagement.

- What community engagement practices are you most proud of? (150-word limit)
Anna Jaques Hospital is most proud of our committed CBAC, the long-standing relationships we have with many community-based organizations, our public health department, and social service agencies. We are most proud of the collaboration with these and other organizations that allowed us to engage with hard-to-reach cohorts. Close collaboration with CBAC leaders enable AJH to create on-going support and programs to reach people where they are – for example, hosting a panel on substance use and prevention at a local restaurant in the early hours before typical restaurant openings to reach the population of professionals often impacted by substance use in patrons and others.
- What lessons have you learned from your community engagement experience? (150-word limit)
Working collaboratively with other hospitals, community-based organizations, public health, AJH enhances the level and quality of our community engagement efforts. A lesson learned through community engagement experiences is the power of partnerships, rather than working in silos, to best reach and serve the community. For example, the City of Newburyport, Newburyport Public Schools, and Anna Jaques Hospital all came together to put the spotlight on a month of substance use prevention. This was both a powerful display of community support, and also reached more families and individuals to benefit from the offerings.

III. Regional Collaboration:

1. Is the hospital part of a larger community health improvement planning process?
 Yes No
 - If so, briefly describe it. If not, why?
Anna Jaques Hospital was involved with the Lower Merrimack Valley & Seacoast Health Partnership (formerly CHNA 12).
2. If the hospital collaborates with any other filer(s) in conducting its CHNA, Implementation Strategy, or other component of its Community Benefits process (e.g., as part of a regional collaboration), please provide information about the collaboration below.
 - Collaboration:
Anna Jaques Hospital is involved with the Lower Merrimack Valley & Seacoast Health Partnership (CHNA 12). The CB Manager participated on the Steering Committee for the Health Partnership and also collaborated with their counterpart at Holy Family Hospital in 2018 to represent the two hospitals that care for this service area.
 - Institutions involved:
Lower Merrimack Valley & Seacoast Health Partnership (CHNA 12)
 - Brief description of goals of the collaboration:
Through its collaboration with health and human service providers, community based

organizations, faith-based groups, coalitions, residents, businesses, community leaders, and municipal governments, the HP seeks to improve the health outcomes in the communities we serve and increase communication among service providers, consumers, and residents. The Health Partnership includes the following cities and town: Amesbury, Boxford, Georgetown, Groveland, Haverhill, Merrimac, Newbury Newburyport, Rowley, Salisbury, and West Newbury.

- Key communities engaged through collaboration:
Amesbury, Boxford, Georgetown, Groveland, Haverhill, Merrimack, Newbury, Newburyport, Rowley, Salisbury, and West Newbury, MA.
- If you did not participate in a collaboration, please explain why not:
n/a