Beth Israel Lahey Health
Anna Jaques Hospital

FY23-FY25 Implementation Strategy

Implementation Strategy

About the 2022 Hospital and Community Health Needs Assessment Process

Anna Jaques Hospital (AJH) is a not-for-profit community hospital serving the Merrimack Valley and North Shore areas of Massachusetts and Southern New Hampshire. AJH is a 119-bed hospital with 1,200 employees and more than 200 physicians on staff. The hospital is recognized for providing high-quality care at a lower cost and a superior patient experience. AJH's main campus is located in Newburyport, with a licensed outpatient services facility in Haverhill and a health center in Amesbury.

AJH discharges more than 10,000 patients, delivers more than 700 babies, serves more an 27,000 adults and children in the emergency department (Level III Trauma Center), and performs more than 4,700 surgeries annually. The hospital was named a "150 Top Places to Work in Healthcare" by Becker's Hospital Review in 2016, 2017, 2018; only one of four Massachusetts hospitals and the only community hospital. The hospital delivers excellent care with compassion, dignity and respect.

The Community Health Needs Assessment (CHNA) and planning work for this 2022 report was conducted between September 2021 and September 2022. It would be difficult to overstate AJH's commitment to community engagement and a comprehensive, data-driven, collaborative, and transparent assessment and planning process. AJH's Community Benefits staff and Community Benefits Advisory Committee (CBAC) dedicated hours to ensuring a sound, objective, and inclusive process. This approach involved extensive data collection activities, substantial efforts to engage AJH's partners and community residents, and a thoughtful prioritization, planning, and reporting process. Special care was taken to include the voices of community residents who have been historically underserved, such as those who are unstably housed or homeless, individuals who speak a language other than English, those who are in substance use recovery, and those who experience barriers and disparities due to their race, ethnicity, gender identity, age, disability status, or other personal characteristics.

AJH collected a wide range of quantitative data to characterize the communities served across the hospital's Community Benefits Service Area (CBSA). AJH also gathered data to help identify leading health-related issues, barriers to accessing care, and service gaps. Whenever possible, data were collected for specific geographic, demographic, or socioeconomic segments of the population to identify disparities and clarify the needs for specific communities. The data was tested for statistical significance whenever possible and compared against data at the regional, Commonwealth and national level to support analysis and the prioritization process. The assessment also included data compiled at the local level from school districts, police/fire departments, and other sources. Authentic community engagement is critical to assessing community needs, identifying the leading community health priorities, prioritizing cohorts most at-risk and crafting a collaborative, evidence-informed Implementation Strategy (IS. Between October 2021 and February 2022 AJH conducted 18 one-on-one interviews with key collaborators in the community, facilitated three focus groups with segments of the population facing the greatest health-related disparities, administered a community health survey involving more than 750 residents, and organized two community listening sessions. In total, the assessment process collected information from more than 800 community residents, clinical and social service providers, and other key community partners.

Prioritization and Implementation Strategy Process

Federal and Commonwealth community benefits guidelines require a nonprofit hospital to rely on their analysis of their CHNA data to determine the community health issues and priority cohorts on which it chooses to focus its IS. By analyzing assessment data, hospitals can identify the health issues that are particularly problematic and rank these issues in order of priority. This data can also be used to identify the segments of the community that face health-related disparities or are disproportionately impacted by systemic racism or other forms of discrimination. Accordingly, using an interactive, anonymous polling software, AJH's CBAC and community residents, through the community listening sessions, formally prioritized the community health issues and cohorts that they believed should be the focus of AJH's IS. This prioritization process helps to ensure that AJH maximizes the impact of its community benefits resources and its efforts to improve health status, address disparities in health outcomes, and promote health equity.

The process of identifying AJH's community health issues and prioritized cohorts is also informed by a review and careful reflection on the Commonwealth's priotrities set by

the Massachusetts Department of Public Health's Determination of Need process and the Massachusetts Attorney General's Office.

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

The following goals and strategies are developed so that they:

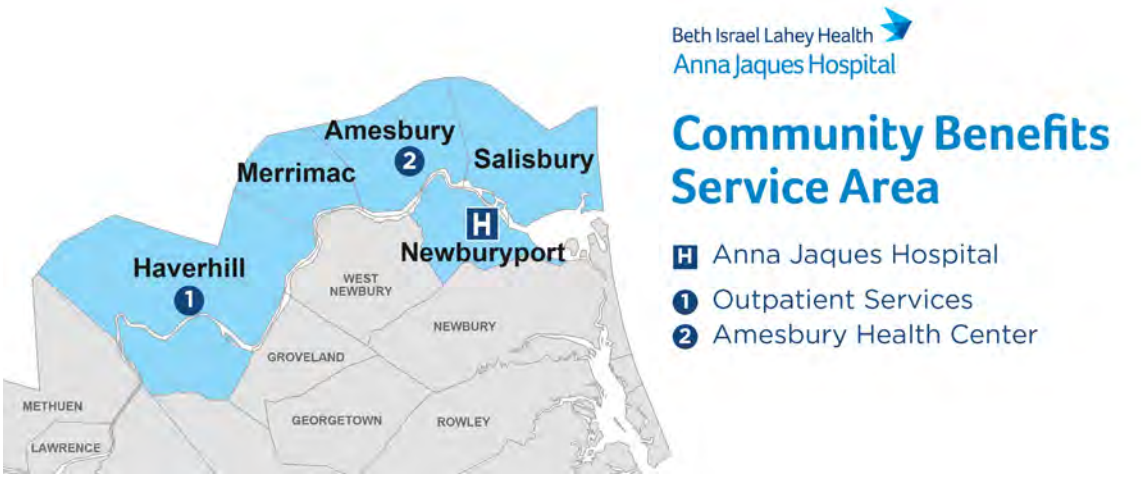
- Address the prioritized community health needs and/or populations in the hospital's CBSA.
- Provide approaches across the up-, mid-, and downstream spectrum.
- Are sustainable through hospital or other funding.
- Leverage or enhance community partnerships.
- Have potential for impact.
- Contribute to the systemic, fair, and just treatment of all people.
- Could be scaled to other BILH hospitals.
- Are flexible to respond to emerging community needs.

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

Community Benefits Service Area

AJH's CBSA includes the five towns of Amesbury, Haverhill, Merrimac, Newburyport, and Salisbury in the northeast portion of Massachusetts. Collectively, these cities and towns are diverse with respect to demographics (e.g., age, race, and ethnicity), socioeconomics (e.g., income, education, and employment) and geography (e.g., urban, suburban, and semi-rural). There is also diversity with respect to community needs. There are segments of AJH's CBSA population that are extremely healthy and have limited unmet health needs and other segments that face significant disparities in access, underlying social determinants, and health outcomes. AJH is committed to promoting health, enhancing access, and delivering the best care to all who live and/or work in its CBSA, regardless of race, ethnicity, language spoken, national origin, religion, gender identity, sexual orientation, disability status, immigration status, or age. AJH is equally committed to serving all patients, regardless of their health, socioeconomic status, insurance status, and/or their ability to pay for services.

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



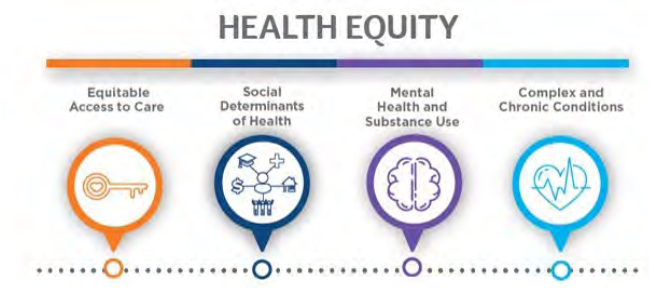
Prioritized Community Health Needs and Cohorts

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

AJH Priority Cohorts

- Youth
- Low-Resourced Populations
- Older Adults
- Racially, Ethnically and Linguistically Diverse Populations
- Individuals with Disabilities

AJH Community Health Priority Areas



Community Health Needs Not Prioritized by AJH

It is important to note that there are community health needs that were identified by AJH's assessment that were not prioritized for investment or included in AJH's IS. Specifically, supporting education across the lifespan, strengthening the built environment (i.e., improving roads/sidewalks and enhancing access to safe recreational spaces/activities), and digital divide/access to tech resources, were identified as community needs but were not included in AJH's IS. While these issues are important, AJH's CBAC and senior leadership team decided that these issues were outside of the organization's sphere of influence and investments in others areas1 were both more feasible and likely to have greater impact. As a result, AJH recognized that other public and private organizations in its CBSA and the Commonwealth were better positioned to focus on these issues. AJH remains open and willing to work with community residents, other hospitals, and other public and private partners to address these issues, particularly as part of a broad, strong collaborative.

Community Health Needs Addressed in AJH's IS

The issues that were identified in the AJH CHNA and are addressed in some way in the hospital IS are housing issues, food Insecurity, transportation, economic insecurity, build capacity of workforce, navigation of healthcare system, linguistic access/barriers, cost and insurance barriers, care giver support, school based services, youth mental health, stress, anxiety, depression, isolation, mental health stigma, racism/discrimination, diversifying leadership, outreach/education/prevention, services to support long-term recovery, alcohol, marijuana, and opioid use, information sharing and cross sector collaboration.

Implementation Strategy Details

Priority: Equitable Access to Care

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

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

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

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Promote access to health insurance, patient financial counselors, and needed medications for patients who are uninsured or underinsured.	• Older adults • Low-resourced populations	• Patient Financial Services • Transportation Services	• # of patients served • # of applications • Total amount of funds provided per year	AJH Financial Services	Not Applicable
Promote equitable care and support for those who face cultural and linguistic barriers.	• Older adults • Low-resourced populations • Racially, ethnically, and linguistically diverse populations	• Interpreter Services • Formation and integration of hospital Diversity, Equity, and Inclusion (DEI) Council • Diverse talent promotion and acquisition	• # of patients assisted • # of languages provided • # of DEI trainings • # of staff hired and promoted	BILH Workforce Development	Not Applicable
Support partnerships with regional transportation providers and community partners to enhance access to affordable and safe transportation to healthcare services.	• Older adults • Low-resourced populations	Provide an opportunity for grant funding	# of residents served	To be Identified	Not Applicable

Priority: Social Determinants of Health

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

There is limited quantitative data in the area of social determinants of health. Despite this, information gathered through interviews, focus groups, listening sessions, and the AJH Community Health Survey reinforced that these issues have the greatest impact on health status and access to care in the region - especially issues related to housing, food insecurity/nutrition, transportation, and economic instability.

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

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Provide community health grants to support impactful programs that address issues associated with the social determinants of health.	• Youth • Older adults • Low-resourced populations • Racially, ethnically, and linguistically diverse populations	Jeanne Geiger Crisis Center: Community-Based Survivor Services	• # of adult survivors of domestic violence who received advocacy services • # of adult and child survivors of domestic violence who received therapeutic services • # of adult survivors of domestic violence who received legal services	Jeanne Geiger Crisis Center	Domestic Violence
Support programs and initiatives that stabilize or create access to affordable housing.	• Youth • Older adults • Low-resourced populations • Racially, ethnically, and linguistically diverse populations	• YWCA Newburyport: Roof Over Head Program • Emmaus, Inc. • Mitch's Place Emergency Shelter	• # of households supported • # of people assisted and their demographics	• YWCA Newburyport • Emmaus, Inc.	• Mental Health and Substance Use • Chronic Disease

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Support education, systems, programs, and environmental changes to increase healthy eating and access to affordable, healthy foods.	• Youth • Older adults • Low-resourced populations	• Our Neighbors' Table: Weekly Wednesday Meal Program • Nourishing the North Shore: VEGOUT Mobile Market • TBD Grant opportunities	• # of meals provided • # of adults served • # of children served • # of pounds of produce provided • # of food access agencies supported • # of grocery bags of local produce given to families for Thanksgiving	• Our Neighbors' Table • Nourishing the North Shore	Not Applicable
Participate in multi-sector community coalitions to identify and advocate for policy, systems, and environmental changes that reduce and prevent food insecurity and/or housing challenges.	• Youth • Older adults • Low-resourced populations	Our Neighbors' Table: Food Task Force	• Sectors represented • Amount of resources obtained • # of new partnerships developed • Skill building/education shared • # new policies/protocols implemented	Our Neighbors' Table	Not Applicable

Priority: Mental Health and Substance Use

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

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

Substance use continued to have a major impact on the CBSA; the opioid epidemic continued to be an area of focus and concern, and there was recognition of the links and impacts on other community health priorities, including mental health and economic insecurity. Interviewees, focus group, and listening session participants also reported that alcohol use is normalized, and use is prevalent among both adults and youth.

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

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Enhance relationships and partnerships with schools, youth-serving organizations, and other community partners to increase resiliency, coping, and prevention skills.	Youth	• Girls Inc. Healthy Living Program • Essex County Asset Builder Network	• # of students served • # of activities focused on physical activity, body image, nutrition, stress management and self-care • # of programs offered to students; parents; community	• Girls Inc. of the Seacoast Area • Essex County Asset Builder Network • Amesbury Partnership of Amesbury Community and Teens (PACT)	Not Applicable

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Provide access to high-quality and culturally and linguistically appropriate mental health and substance use services through screening, monitoring, counseling, navigation and treatment.	• Older adults • Low-resourced populations • Youth	• BILH Collaborative Care Model • Outpatient Clinic, Outreach Services Haverhill • Adult Day Treatment Services-Haverhill • Emergency Department (ED) Recovery Coach • Patient Care Navigator	• # of patients served • # of sessions • # of hours	• BILH Primary Care • BILH Behavioral Health Services • Anna Jaques Hospital, Emergency Department • Anna Jaques Hospital, Women's Health Care	Equitable Access to Care
Support a model that spans the continuum of care from inpatient to outpatient and community initiatives that identify and address mental health needs and substance use disorders.	• Youth • Older Adults • Low-resourced populations	• The Pettengill House: Substance Addiction/ Mental Health Initiative • Essex County Outreach – Community Education Offerings • Family Services of the Merrimack Valley: Samaritans Program • Link House – Outpatient Services	• # of individuals screened for substance misuse/ mental health needs • # of individuals assisted in connecting with SUD/MH care and treatment • # of community events provided awareness materials • # of professionals trained or provided resources in substance use disorder, mental health • # of people served • # of crisis line calls/ hours • # of hours of QPR "Gatekeeper" training • # of support groups • # of people connected to outpatient treatment services • # of individual, family support groups	• The Pettengill House • Essex County Outreach • Family Services of the Merrimack Valley • Link House, Inc.	Not Applicable

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Participate in multi-sector community coalitions to identify and advocate for policy, systems, and environmental changes to increase resiliency, promote mental health, reduce substance use, and prevent opioid overdoses and deaths.	• Youth • Older adults • Low-resourced populations	• Amesbury Partnership of Amesbury Community & Teens (PACT) – AJH healthcare rep. for Drug Free Communities Grant • BEACON Coalition Task Force • Participate/ collaborate with BESST Task Force (Mental Health / Substance Use DisorderTask Force)	• Sectors represented • Amount of resources obtained • # of new partnerships developed • Skill-building/ education shared	• Amesbury PACT • Newburyport Youth Services • Essex County Asset Builder Network • BESST Task Force: AJH, Link House; Pettengill House; Lahey Behavioral Health; Cataldo/ Atlantic Ambulance; Essex County Outreach; Area Police Departments; Councils on Aging; Jeanne Geiger Crisis Center	Not Applicable

Priority: Chronic and Complex Conditions

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

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

Goals:

- Address the prevalence and impact, risk/protective factors, and access issues associated with cancer.
- Improve health outcomes and reduce disparities for individuals at-risk for or living with chronic and/or complex conditions and caregivers by enhancing access to screening, referral services, coordinated health and support services, medications, and other resources.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Provide preventive health information, services, and support for those at risk for complex and/or chronic conditions and support evidence-based chronic disease treatment and self-management programs.	• Older adults • Low-resourced populations	• Breast Care Navigator at the Gerrish Breast Care Center • Social Worker, AJH Cancer Center • Dietitian, AJH Cancer Center	• # of patients served and their demographics • Reduced time between finding and treatment	Anna Jaques Hospital Cancer Center; Gerrish Breast Care Center	Equitable Access to Care
Support community-based programs/ initiatives that increase access to healthy foods and/or physical activity to support cancer survivorship.	• Youth • Older adults • Low-resourced populations	• YMCA Haverhill: Corner Stone Program • YWCA Newburyport: Encore Program • North of Boston Cancer Resource: Speaker Series	• # of memberships provided • # of patients impacted by cancer served and their demographics • # of families served • # of support groups hosted • # of attendees	• YMCA Haverhill • YWCA Newburyport • North of Boston Cancer Resource	Not Applicable
Participate in multi-sector community coalitions to identify and advocate for policy, systems, and environmental changes that reduce and prevent or provide needed supports related to cancer.	Older adults	North of Boston Cancer Resource Board of Directors	• Sectors represented • Amount of resources obtained • # of new partnerships developed • Skill-building/ education shared	North of Boston Cancer Resource	Not Applicable

General Regulatory Information

Contact Person:	Kelley Sullivan, Community Benefits/Community Relations Manager
Date of written plan:	June 30, 2022
Date written plan was adopted by authorized governing body:	September 1, 2022
Date written plan was required to be adopted	February 15, 2023
Authorized governing body that adopted the written plan:	Anna Jaques Hospital Board of Trustees
Was the written plan adopted by the authorized governing body on or before the 15th day of the fifth month after the end of the taxable year the CHNA was completed?	☑ Yes ☐ No
Date facility's prior written plan was adopted by organization's governing body:	September 26, 2019
Name and EIN of hospital organization operating hospital facility:	Anna Jaques Hospital 04-2104338
Address of hospital organization:	25 Highland Avenue Newburyport, MA 01950