2019

Norwood Hospital Community Benefits

STRATEGIC IMPLEMENTATION PLAN

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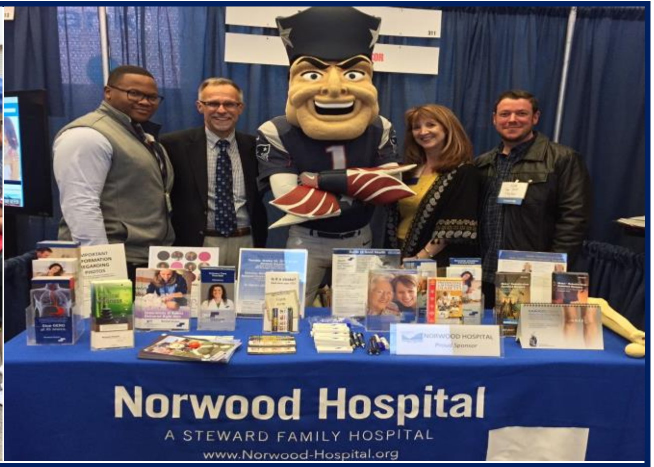
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Mission Statement

Steward Health Care is committed to providing the highest quality care with compassion and respect.

We dedicate ourselves to:

- *Delivering affordable health care to all in the communities we serve*
- *Being responsible partners in the communities we serve*
- *Serving as advocates for the poor and underserved in the communities we serve*

Values

Compassion:

Providing care with empathy in such a way that the person experiences acceptance, concern, hopefulness and sensitivity

Accountability:

Accepting responsibility for continuous performance improvement, embracing change and seeking new opportunities to serve

Respect:

Honoring the dignity of each person

Excellence:

Exceeding expectations through teamwork and innovation

Stewardship:

Managing our financial and human resources responsibly in caring for those entrusted to us.

About Us

Norwood Hospital (Norwood) is a member of Steward Health Care, the largest private, for-profit physician-led health care network in the United States. Headquartered in Dallas, Texas, Steward operates 36 hospitals in the U.S. and the country of Malta that regularly receive top awards for quality and safety. The company employs approximately 40,000 health care professionals and is recognized as one of the world's leading accountable care organizations. The Steward Health Care Network includes thousands of physicians who help to provide more than 12 million patient encounters per year. Steward Medical Group, the company's employed physician group, provides more than 4 million patient encounters per year. The Steward Hospital Group operates hospitals in Malta and states across the U.S. including Arizona, Arkansas, Florida, Louisiana, Massachusetts, Ohio, Pennsylvania, Texas, and Utah.

Norwood Hospital, founded in 1919, is a full-service, 215-bed acute care community hospital located in Norwood, Massachusetts with a focus on delivering world-class health care with the latest state-of-the-art advances in medical technology and treatment options. Norwood's highly-skilled staff provide the highest quality care and compassion to all members of the community. The hospital's major clinical services include advanced surgical services, obstetrics, cardiology, neurology, orthopedics, gastroenterology, behavioral health, cancer care, and pediatrics.

Norwood maintains a Community Benefits Department that focuses on integrating care across the spectrum of hospital, primary, and community-based care for members in our community as well as serving as advocates to the poor and underserved in our region. A Community Benefits Advisory Committee comprised of hospital leadership, representatives of local health and human service organizations, city health departments, youth community centers, senior centers, schools, and the fire department guides the planning and execution of the community health initiatives. This report details the health conditions and social factors affecting the people living in the communities surrounding Norwood Hospital, as well as the key issues the hospital should address to support the health and well-being of the residents of the 20 communities primarily served by Norwood Hospital, which include Canton, Dedham, Dover, Foxboro, Franklin, Mansfield, Medway, Medfield, Millis, Norfolk, North Attleboro, Norton, Norwood, Plainville, Sharon, Stoughton, Walpole, Westwood and Wrentham.

To learn about community health programs, follow the **Norwood Hospital Facebook** page at **https://www.facebook.com/NorwoodHosp.** Further information is available at **http://steward.org/Norwood-Hospital**.

Community Benefits Mission Statement

Norwood Hospital, part of Steward Health Care, is committed to serving the physical and spiritual needs of our community by delivering the highest quality care with compassion and respect. To accomplish this, we collaborate with community partners to improve the health status of community residents by:

- Addressing the root causes of health disparities;
- Educating community members on prevention and self-care, particularly for chronic diseases such as cancer, heart disease, obesity, diabetes, substance abuse disorder and mental illness; and
- Addressing social determinants of health.

Community Benefits Statement of Purpose

The Norwood Hospital community benefits purpose is to:

- Improve the overall health status of people in our service area. Norwood Hospital is committed to serving the entire community, including the uninsured, underinsured, poor, and disadvantaged;
- Provide accessible, high-quality health care services to all within its culturally diverse community, regardless of their ability to pay;
- Norwood Hospital is dedicated to collaborating with our staff, providers, and community representatives to deliver meaningful programs that address statewide health priorities and local health issues;
- Contribute to the well-being of our community by providing excellence in our health care outreach efforts including, but not limited to, reducing barriers to accessing health care, preventive health education, screenings, wellness programs and community-building; and
- Regularly evaluate our community benefits program.

The 2018 Norwood Hospital Community Health Needs Assessment (CHNA) was developed in full compliance of the Commonwealth of Massachusetts Office of Attorney General-*The Attorney General's Community Benefits Guidelines for Non-Profit Hospitals* released in February 2018. Norwood Hospital engaged various community partners to ensure that varying perspectives on health and social topics were taken into account in order to complete this CHNA.

The report is a comprehensive analysis of health indicators for the Norwood Hospital service area. This service area is comprised of 20 communities in Norfolk and Bristol Counties including Attleboro, Canton, Dedham, Dover, Foxboro, Franklin, Mansfield, Medway, Medfield, Millis, Norfolk, North Attleboro, Norton, Norwood, Plainville, Sharon, Stoughton, Walpole, Westwood and Wrentham. The data represented in the report is based on the hospital's 11 town primary service area which includes, Canton, Dedham, Foxboro, Franklin, Mansfield, Norfolk, Norwood, Sharon, Walpole, Westwood, and Wrentham. Data was gathered from publicly available sources as well as from the community through a focus group and surveying the community. A review of published literature was conducted to identify key health indicators for those living in the Norwood Hospital primary service area, counties and/or state. The information contained within the 2018 Community Health Needs Assessment (CHNA) may be used to target high priority needs within the community and be used to help develop targeted population health improvement strategies.

The goal has been to engage and learn from community members, particularly those most at-risk for experiencing health disparities, and develop recommendations for Community Benefits programming that bring about improved health outcomes in high priority populations. For the purpose of the CHNA high priority populations may be defined as, members of the community that have been historically marginalized due to racism, poverty and have had limited access to health care services. As noted in the Attorney General's Community Benefits Guidelines for Non-Profit Hospitals, released February 2018, "It is well understood that racism – in all of its forms – and institutional bias impact health outcomes, both through their influence on the social determinants of health and also as an independent factor affecting health. The health equity framework illustrates how racism has an independent influence on all the social determinants of health and that racism in and of itself has a harmful impact on health". Through the development and implementation of evidence-based best practices in Community Benefits programming, Norwood Hospital seeks to respond to the guidance offered by the Office of the Attorney General and the health equity framework. We accomplish this by: addressing root causes of health disparities; educating community members on prevention and self-care particularly for chronic diseases such as cancer, heart disease, diabetes, obesity, as well as mental illness, substance use disorder, and addressing social determinants of health.

Social determinants of health include social, behavioral and environmental influences. These influences have become increasingly prevalent factors in addressing population health. Literature recommends cooperation between health care and social service agencies in order to better address social determinants of health and increase the efficacy

of health promotion and chronic disease prevention programs. In particular, services related to housing, nutritional assistance, education, public safety, and income supports are ideal areas for cross sector collaboration with health services in the community.

A key takeaway from the CHNA is that collaboration on health promotion and chronic disease prevention among health and social services organizations, is critical to the success of community health improvement strategies. From addressing social and economic factors that impact one's ability to manage chronic disease, to partnering with community-based substance abuse prevention coalitions to identify evidence-based strategies to curtail the growing rise in opioid addiction, to implementing community benefits programs that enrich and strength the social fabric of our communities, together we must do more to support the families that call this community home. The results and recommendations in the CHNA provide a basis for strategic actions for Norwood Hospital and its community partners.

The following is a list of actions taken to gather the community data from primary and secondary sources for the Community Health Needs Assessment:

- **Health Indicators and Demographics / Data Analysis** -- Demographic data was collected using publicly available databases maintained by the *U.S. Census Bureau*, the MA *Department of Early and Secondary Education* with some cross-referencing of *Center for Disease Control and Prevention* (CDC) databases.

- **Key Informant Survey --** An online survey was designed and distributed by Norwood Hospital to approximately 350 community stakeholders. These stakeholders included, but were not limited to, health and human services agency directors, school administrators, nurses, psychologists, law enforcement, fire departments, CHNA 7 and CHNA 20 members, church leaders, community health advisory committees, hospital frontline leadership staff, veteran organizations, senior centers, and food pantry directors. The survey was also made available to the community via the Norwood Hospital Facebook page.

- **Focus Group --** A focus group was conducted by the Norwood Hospital team in September 2018. The focus group was conducted to improve local engagement and gather additional information on community attitudes towards health and wellness. All participants either worked or resided within the hospital's service area.

- **Literature Review --** A literature review was conducted in order to gather information from recent governmental, public policy, and academic works. The relevant information was summarized and synthesized into a comprehensive literature review addressing the priority areas for community benefits.

Findings

Racial and socioeconomic disparities exist in incidence and mortality rates for several categories of diseases. These disparities remain constant even as total incidence and mortality fluctuate. Cancer remains the leading cause of mortality in both Norfolk and Bristol counties, as well as in Massachusetts as a whole. Black, non-Hispanic males had the highest incidence and mortality rates for cancer in Massachusetts when compared to all other racial/ethnic groups. Black, non-Hispanic females also had disproportionately high mortality rates for cancer when compared to other demographic groups.

Chronic Disease

When looking at chronic disease, four service area communities had a higher percentage of all mortality due to chronic disease than the state average. Of these communities, Westwood had the highest percentage of all mortality due to chronic disease at (57.04%). It is worth noting that diabetes mortality data was unavailable for Westwood at the time of data collection, the percentage of all mortality due to chronic disease would likely rise even higher with the addition of this data.

Obesity

Obesity remains a prevalent issue for both children and adults in Massachusetts. Overweight/obesity disproportionately affects underserved populations that do not have the same opportunities to prevent obesity as other populations. This includes access to healthy foods, access to safe activity spaces, and other factors. These disparities in opportunity are apparent when observing obesity rates in different racial/ethnic groups. In Massachusetts Black non-Hispanic and Hispanic populations experience obesity rates of (35.6%) and (28.9%) compared to (22.7%) for White non-Hispanics. In 2015, (60%) of the Massachusetts population was classified as overweight or obese.

Mental Health

Given their early age of onset and poor recognition and treatment rates, mental health conditions are arguably among the most chronic of illnesses. For the purposes of this report, the prevalence of mental health and substance abuse disorders in the region is determined by the hospitalization count related to mental health and substance abuse disorders. In data collected through the Key Informant Survey and focus group, respondents indicated that substance abuse treatment/education and mental/behavioral health services were of very high concern to health care professionals and community members in the Norwood Hospital service area.

Community Partnerships

Norwood Hospital recognizes the effectiveness of the collective impact that comes from strategic

partnerships, both medical and social, working together toward a common goal of improving health outcomes among all, but particularly for underserved populations. Norwood Hospital continuously strives to engage the community through collaborations with our community partners and our region. Together, we must work to improve the health and wellbeing of those at greatest risk for health inequities.

Recommendations

Norwood Hospital is well positioned to partner with community-based organizations and coalitions to address the following key strategic priorities to improve health outcomes and wellness in the region:

1. **Chronic Diseases**
    a. Cancer
    b. Heart Disease
    c. Diabetes
    d. Obesity
2. **Mental Health**
3. **Substance Use Disorders**
4. **Housing Stability**
    a. Homelessness

Our data show that race, ethnicity, and socio-economic factors are indicators of health outcomes within the region. This should be taken into consideration when implementing Norwood Hospital's community benefits programs. Norwood Hospital will focus its efforts toward individuals and families in underserved communities who are at the greatest risk of experiencing health inequities due to socio-economic and/or sociodemographic status, lack of access to health and social services, and lack of chronic disease self-management support.

In recognition of the need for further investments in the social determinants of health, as noted in *The Attorney General's Community Benefits Guidelines for Non-Profit Hospitals*[1], released February 2018, GSMC will also consider these six priorities in Community Benefits planning:

- **Built Environment**
    - The built environment encompasses the physical parts of where we live, work, travel, and play, including transportation, buildings, streets, and open spaces.

- **Social Environment**
    - The social environment consists of a community's social conditions and cultural dynamics.

- **Housing**
    - Housing includes the development and maintenance of safe, quality, affordable living accommodations for all people.

- **Violence**

- Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, with the behavior likely to cause physical or psychological harm.

- **Education**
  - Education refers to a person's educational attainment – the years or level of overall schooling a person has.
- **Employment**
  - Employment refers to the availability of safe, stable, quality, well-compensated work for all people.

Population of Focus

Race, gender identity, age, disability status, etc. influence the social environment that individuals experience. The social environment impacts many mental and physical health outcomes, including mental health, violence, risk behaviors (tobacco and drug use), physical health and well-being, and disease morbidity and mortality. Individuals are influenced by the social environment on three levels: interpersonal, community, and society (MDPH, 2017).

Across all three levels, systems of oppression such as structural racism and gender bias lead to social isolation, social exclusion, poor mental health, increased risk of violence, increased rates of poverty, higher hospitalizations, longer recovery times, and higher mortality rates for many conditions. Social isolation, social exclusion, racism, discrimination, and poverty disproportionately affect low-income communities and communities of color and all negatively impact many aspects of health. Communities of color are more likely to have lower levels of resources and connectedness with other neighborhoods and higher levels of racial segregation. They also face more challenges when engaging in group action in neighborhoods to shift these conditions (Hobson-Prater & Leech, 2012).

Racial and ethnic inequities were found in indicators of health care access, particularly for Latino adults. Higher percentages of Latino adults compared with White adults reported both the inability to see a doctor in the past 12 months because of cost and the lack of a doctor or health care provider. Inequities in these indicators tend to disproportionately affect adults with less than a high school diploma or household income less than $25,000, as well as adults who are non-homeowners or foreign-born residents who lived in the U.S. for 10 or fewer years. To reduce the inequities associated with being uninsured or barriers to health care access, multi-sector interventions that target subpopulations at higher risk, should address social determinants, (e.g. by improving employment opportunities and wage conditions among vulnerable sub-populations, and sources of structural racism that affect health care provider-patient interactions (BPHC, 2017).

The cities and towns in the Norwood Hospital service area tend to be less racially diverse than the state as a whole. With minimal exceptions, cities/towns in the Norwood service area have higher than average median household incomes, lower percentages of all

groups living below poverty level, lower rates of substance abuse, and higher percentages of individuals with a secondary or advanced degree. Rates of mental health related hospitalizations were similar to those seen at the state level, except in Wrentham and Westwood where rates were significantly higher than those seen in other service area cities/towns. The Norwood community may have a smaller percentage of elevated risk individuals from these groups, but Community Benefits programs from Norwood Hospital will continue to target these elevated-risk groups and adjust benefits offerings based on the unique needs of the service area cities/towns.

Implementation Strategy Plan

Ever so mindful of changing needs, the hospital will continue its work with community partners, leaders, and its Community Benefits Advisory Committee to ensure that programming addresses some of the most pressing community health issues. In this Community Benefits Strategic Implementation Plan, Norwood Hospital will identify the target populations it will support, specific programs or activities that attend to the needs identified in the 2018 PHIR, as well as our short and long-term goals for each program or activity. Norwood Hospital will identify opportunities for innovative community-clinical linkages as well as policy/environmental and/or community-wide strategies that will create self-sustaining community supported programs.

Norwood Hospital will align its community benefits priorities and goals with guidance provided by the Massachusetts Attorney General's Office and the Department of Public Health such as those identified *The Massachusetts Attorney General's Community Benefits Guidelines for Non-Profit Hospitals* (released February 2018). We recognize that our success in addressing community health issues present in the Norwood Hospital service area will come from coordinated regional strategies with public health and population health management agencies. To prioritize the needs of our community, Norwood Hospital will consider the health care problems of medically underserved and disadvantaged populations and will aim to reduce racial and ethnic disparities in health status.

Priority 1 - Chronic Diseases: Cancer /Heart Disease / Obesity / Diabetes

The prevention and management of chronic diseases is a priority of the Massachusetts Department of Public Health (MDPH). A variety of modifiable and non-modifiable risk factors are associated with chronic disease; nutrition, physical activity, and tobacco use/exposure are three key modifiable risk factors that directly impact cancer, diabetes, and cardiovascular disease rates (MDPH, 2017). These chronic conditions, in turn, contributed to (56%) of all mortality and over (53%) of all health care expenditures ($30.9 billion a year) in Massachusetts (MDPH, 2017). Numerous studies have shown that although nutrition, physical activity, and tobacco use/exposure are modifiable, societal and environmental conditions may limit or restrict access to the resources and opportunities needed to modify these risk factors. Healthy people cannot exist in unhealthy environments.

By their very definition, chronic diseases are managed rather than cured. Preventive measures are key to reducing the health and economic impacts associated with chronic disease. To prevent chronic disease, people need opportunities to live a healthy lifestyle which includes, among other things, participating inadequate physical activity, eating a balanced diet, managing stress and limiting exposure to chronic stressors, refraining from tobacco use, and limiting alcohol consumption (Adler & Newman, 2002).

In 2015, about (50.30%) of all mortality in Massachusetts was due to cancer, heart disease, chronic lower respiratory disease, and diabetes, (50.20%) of all mortality in the Norwood Hospital service area was attributable to the same causes. Foxboro, Walpole, Westwood, and Mansfield each exceeded this percentage. Of the cities/towns within the Norwood Hospital service area, Canton, Norwood, and Wrentham each had a lower percentage of mortality due to these causes (even after the state average for mortality due to diabetes is added to Wrentham).

As noted in our 2018 Community Health Needs Assessment, cancer is the leading cause of mortality in Massachusetts. Rates of cancer mortality were higher than the state level in five of 11 Norwood Hospital service area communities, overall the hospital service area exhibits a slightly lower percentage of total mortality due to cancer at (21.72%) versus (22.1%) at the state level. Service area communities with cancer mortality rates above the state level include Foxboro, Franklin, Norfolk, Sharon, and Walpole. Sharon had the highest percentage of mortality due to cancer at (26%).

Target Population: Those at an elevated risk of or diagnosed with chronic diseases such as cancer, heart disease, obesity, and diabetes; adult men and women; seniors; low-income families

Geographic Location: Attleboro, Canton, Dedham, Dover, Foxboro, Franklin, Mansfield, Medfield, Medway, Millis, Norfolk, North Attleboro, Norton, Norwood, Plainville, Sharon, Walpole, Westwood, Wrentham

Health Indicators: Cancer, Heart Disease, Obesity, Diabetes

Gender: All

Age Group: All

Ethnic Group: All

Language: English, Spanish

Statewide Priority: Chronic Disease Management in Disadvantaged Populations, Reducing Health Disparity; Access to Health Care; Promoting Wellness in Vulnerable Populations

Partners: American Cancer Society, American Diabetes Association, American Heart Association, Hockomock Area YMCA, Norwood Farmers Market, Mass. Farmers Association, HESSCO, Steward Health Care Network/Steward Health Choice: Norfolk County RSVP; American Medical Association (AMA), Centers for Medicare and Medicaid Services (CMS)

Short-Term Goals:

- Continue the partnership with American Cancer Society and offer cancer support groups/workshops, *Celebration of Life* for cancer survivors/families with an increase of reach of these programs by 10% annually.

- Increase collaborative efforts with community organizations to better disseminate information related to treatment, educational programs, and available resources for those affected by cancer, heart disease, and diabetes in the community by 5% annually.

- Continue to offer smoking cessation support groups and consider expanding cessation support groups to include vaping. Increase participation by 10% by partnering with community-based organizations.

- Continue to offer annual free cancer screenings and track number of participants, with the goal of increasing participation by 10% especially in Foxboro, Sharon, and Walpole. Focus on attracting individuals from high-risk populations and provide cancer prevention education to these populations.

- Support the partnership with Norwood Hospital oncology and primary care teams to increase referrals to qualified patients by 10% to the Hockomock Area YMCA's LIVESTRONG at the YMCA program which produces data/measurable results with social and emotional impacts as well.

- Promote the consumption of healthy diets including fruits and vegetables with participation in Chef's Tables at local Farmers Markets and by implementing the Steward Farmers Market Voucher Program to diabetes and cardiac rehabilitation participants. Increase participation by 10% within target population .

- Continue the partnership with American Diabetes Association to offer resources and free diabetes support program and senior supper program with goal to improve reach by 10% and target high risk/underserved populations in Foxboro, Walpole and Westwood.

- Increase free blood pressure screenings offered to individuals by 15% in underserved communities and in those with a disproportionately high incidence

and mortality due to cardiovascular disease. Promote better blood pressure management using the ***Simple 7*** tools and other resource made available through the American Heart Association.

- Continue to partner with the Hockomock Area YMCA's Healthy Kids Day promoting healthy plate/diets and physical activities for children, adults, and families with an increase of attendance by 75. Also provide access to Steward Health Care Network/Steward Health Choice and MassHealth Insurance Plans to underserved/underinsured populations.

- Increase participation by 10% in community, school and faith-based heart health, exercise/activity promoting-events, and stroke awareness campaigns with tracking participants from high-priority population.

- Engage veterans and seniors at Senior Centers/Council on Aging, HESSCO, and Norfolk County RSVP to provide chronic disease management education in the community especially in Dedham and Norwood with a 10%.

- Continue the partnership with *Schools to Careers* to assist 7 high schools with the student healthcare program to further their education and career training in the health care environment.

Long-Term Goals:

- Continue to partner with the Hockomock Area YMCA Diabetes Prevention Program and work with the YMCA to reduce the cost of the program.

- Provide information and resources with organizations that provide transportation services to improve the accessibility of cancer treatment at local hospitals.

- Create a partnership with the Norwood Housing Authority and local food pantries to supply educational health resources for underserved populations.

- Continue to partner with community organizations to offer free nutrition and wellness education resources programs through the Nutrition and Wellness Clinic/Staff at Norwood Hospital with increase of reach by 10%.

Priority 2 - Mental Health

Mental health intersects with many areas of public health, including addiction, cancer, cardiovascular disease, and HIIV/AIDS. Increasing awareness and building capacity in service systems are important in helping identify and treat co-occurring disorders (MDPH, 2017). Mental health was a top three health concern among focus group participants and was the number one health concern of survey respondents (67.57%). Survey respondents also indicated that those with a mental illness were the number one underserved population, this was supported by focus group findings.

Mental health impacts the overall health of individuals of all ages. Interventions addressing social and emotional risk factors can greatly improve outcomes for children and adolescents. The impact of depression and other mental disorders on overall health in older adults can be severe. Current research has found that depression is associated with worse health outcomes in people with conditions like heart disease, diabetes, and stroke. Undiagnosed, untreated, or undertreated co-occurring disorders can lead to a higher likelihood of experiencing negative outcomes, such as homelessness, incarceration, medical illnesses, suicide, or even early death (SAMHSA, 2016).

Target Population: Individuals with or at an increased risk for behavioral health issues; residents in underserved areas; individuals at-risk for substance abuse; adults and adolescents

Geographic Location: Attleboro, Canton, Dedham, Dover, Foxboro, Franklin, Mansfield, Medfield, Medway, Millis, Norfolk, North Attleboro, Norton, Norwood, Plainville, Sharon, Walpole, Westwood, Wrentham

Health Indicators: Mental Health

Gender: All

Age Group: All

Ethnic Group: All

Language: English, Spanish

Statewide Priority: Mental Health; Access to Health Care; Promoting Wellness in Vulnerable Populations; Reducing Health Disparity

Partners: Alzheimer's Association, Domestic Violence Ended (DOVE), National Alliance of Mental Illness (NAMI), Norwood and Walpole Board of Health (Interface/Minds Matter); Norwood Adult Day Health Center; Council on Aging/Senior Centers; Riverside Community Care; Norwood Police Department

Short-Term Goals:

- Develop partnerships with organizations such as the National Alliance on Mental Illness (NAMI) to develop community-based strategies that create a conversation on the prevalence of Mental Illness and reducing the stigma surrounding mental illness. Continue to offer NAMI support groups with increasing participation by 5%.

- Host a mental health awareness event at Norwood Hospital and promote behavioral health resources on social media.

- Continue to offer free “Family Connections” support group with access to the mental health programs and work to increase participation by 10%.

- Continue partnership with the Norwood and Walpole Boards of Health (*Minds Matter*), and/or coalitions to help connect community members to mental health services; develop plans for self-sustaining behavioral health treatment, resources, and support for individuals and families; and engage with 10% more individuals and families regarding mental health resources and support.

- Support victims of violence and their families though increasing partnership and outreach with DOVE/domestic violence support group and Norwood Police Department by 10%.

- Continue to partner with Riverside Community Care to provide services and resources to all individuals and families presented to the hospital with behavioral health issues.

- Partner with the Alzheimer’s Association initiatives and help develop a dementia-friendly toolkit pilot program to better help youth/high school students to be more engaged with the senior/ dementia population.

- Distribute a community resource directory for mental health and substance abuse services within the hospital and at 5 community events.

Long-Term Goals:

- Engage with 2 community-based service providers to learn of and/or promote services that may be available to community members in need of mental health service.

- Implement strategic partnerships with a community organization that provides services to community members, particularly those belonging to high priority populations.

- Pursue a collaboration with health and human service organizations to develop a comprehensive care plan that would be accessible to providers at all points of care.

Priority 3 - Substance Use Disorders

From 2013 to 2017, Dedham and Norwood had the highest count of admissions to DPH-funded substance and alcohol abuse programs with 1,777 and 1,601 admissions respectively. While Dedham and Norwood had the highest counts, there was a downward trend in annual admissions in these towns and within the entire Norwood Hospital Service area. In 2013, there were 1,906 total admissions to DPH Programs in the Norwood Hospital service area. This number has decreased each year and in 2017 there were 1,550 admissions to these programs in the Norwood Hospital service area.

Substance use was the second greatest health concern of survey participants (66.22%) responding to a survey conducted by Norwood Hospital, second only to mental illness (67.57%). Focus group participants in the focus group hosted by Norwood Hospital also noted substance use as a top concern. Participants also expressed that those with an existing or previous substance use disorder are underserved in the Norwood community. According to the focus group, there have been improvements on substance abuse issues by working with schools and law enforcement agencies, although they believed that further cooperation among the hospital and local police could lead to further improvements.

Target Population: Individuals with or at increased risk for Substance use disorder; residents in underserved and high-risk communities; adults and teenagers

Geographic Location: Attleboro, Canton, Dedham, Dover, Foxboro, Franklin, Mansfield, Medfield, Medway, Millis, Norfolk, North Attleboro, Norton, Norwood, Plainville, Sharon, Walpole, Westwood, Wrentham

Health Indicators: Substance Use Disorder

Gender: All

Age Group: All

Ethnic Group: All

Language: English, Spanish

Statewide Priority: Substance Use Disorder**;** Mental Health; Access to Health Care; Promoting Wellness in Vulnerable Populations; Reducing Health Disparity; Homelessness/Housing

Partners: Domestic Violence Ended (DOVE), National Alliance of Mental Illness (NAMI), Impact Norwood Coalition; Norwood and Walpole Board of Health (Interface/Minds Matter); SAFE Coalitions; Riverside Community Care; Canton Alliance Against Substance Abuse (CAASA); Canton Police Department

Short-Term Goals:

- Promote substance use awareness, prevention, and access to treatment especially in underserved and high-risk populations in Canton, Dedham and Norwood. Engage with 20 individuals belonging to at-risk or underserved populations regarding substance use.

- Continue to partner with Canton Against Substance Abuse (CAASA) and the Canton Police Department to provide free mental health/substance abuse resources and services. Work to prevent barriers to treatment for this underserved population. Partner with CAASA provide 3 free mental health or substance abuse screenings and/or resources.

- Support Attleboro, Foxboro, Mansfield, Norwood, Walpole community-based substance abuse prevention programs and SAFE Coalitions to increase resources distribution by 10%.

- Continue to partner with Impact Norwood Prevention Coalition to promote a drug-free and healthy community through education, awareness, prevention, and action. Increase participation in Norwood Prevention Coalition events/programs by 5%.

Long-Term Goals:

- Engage community-based service providers to learn of and promote services that may be available to community members in need of services and promote best practices in substance abuse disorder treatment. Engage with 5 service providers to promote available services.

- Continue collaborations and expand access to support groups for patients and caregivers, promoting awareness of support groups and/or resources available by 20% in community.

Priority 4 – Housing Stability / Homelessness

Homeless individuals are at a heightened risk of developing chronic and acute health conditions. The homeless are also at a heightened risk of developing a mental illness, substance use disorder, and in some cases co-occurring substance and mental health disorders.

The focus group emphasized issues related to homelessness in the community. Focus group participants stated that the homeless population was underserved in the Norwood community as there are no homeless shelters in Norwood. According to the focus group, there is a rise in the number of individuals “showing up at family member’s doorsteps looking for a place to live”.

Norwood Hospital will seek out partnerships with local and national organizations to promote housing stability and establish protocols for emergency shelters in the case of an emergency. The hospital will also work to develop health education initiatives targeting low income and homeless individuals and families.

Underserved Populations/Social Determinants of Health

Race, gender identity, age, disability status, etc. influence the social environment that individuals experience. The social environment impacts many mental and physical health outcomes, including mental health, violence, risk behaviors (tobacco and drug use), physical health and well-being, and disease morbidity and mortality. Individuals are influenced by the social environment on three levels: interpersonal, community, and society (MDPH, 2017). Across all three levels, systems of oppression such as structural racism and gender bias lead to social isolation, social exclusion, poor mental health, increased risk of violence, increased rates of poverty, higher hospitalizations, longer recovery times, and higher mortality rates for many conditions. (Hobson-Prater & Leech, 2012).

Certain underserved communities are not highly represented in the Norwood Hospital service area. Communities in the service area tend to be more homogenous than the state as a whole. Service area communities also tended to have a smaller uninsured population than the state average, with the exception of Norwood (3.5% uninsured compared to 3.2% uninsured at the state level). Focus group and survey participants stated that they believed those with a mental illness and the homeless were the most underserved communities in the hospital service area.

In order to better assist underserved populations, Norwood Hospital should target initiatives towards these populations. Despite the smaller proportions of underserved communities in the service area, these groups should not be forgotten. Norwood Hospital can broadly support underserved communities by supporting health care reform, working to remove barriers to treatment, and promoting public health insurance options to the uninsured. These actions will reduce barriers to treatment experienced by underserved populations.

Target Population: Individuals at increased risk of homelessness/housing instability; residents in underserved and high-risk communities; adults, families

Geographic Location: Attleboro, Canton, Dedham, Dover, Foxboro, Franklin, Mansfield, Medfield, Medway, Millis, Norfolk, North Attleboro, Norton, Norwood, Plainville, Sharon, Walpole, Westwood, Wrentham

Health Indicators: Housing Stability/Homelessness

Gender: All

Age Group: All

Ethnic Group: All

Language: English, Spanish

Statewide Priority: Substance Use Disorder**;** Mental Health; Access to Health Care; Promoting Wellness in Vulnerable Populations; Reducing Health Disparity; Homelessness/Housing

Partners: Impact Norwood Coalition; Norwood and Walpole Board of Health (Interface/Minds Matter); SAFE Coalitions; Riverside Community Care; Canton Alliance Against Substance Abuse (CAASA); Domestic Violence Ended (DOVE), Meals on Wheels, Norwood Housing Authority; HESSCO; Riverside Community Care and Club House, Steward Health Care Network/Steward Community Connection, Walpole Furniture Bank

Short-Term Goals:

- Norwood Hospital will reach out to crisis intervention groups and community coalitions to explore programs and initiatives to engage in and support to help bring awareness and options to the homeless population in the communities we serve. (These will include but not limited to Meals on Wheels, Food Pantry, Riverside Community Care and Club House, Walpole Furniture Bank, Town of Norwood Board of Health.)

- Continue to partner with Town of Norwood and Board of Health committees to facilitate healthcare access to homeless and aging members of the community. (These will include but not limited to Senior Suppers, Minds Matter, Interface Hotline, etc.)

- Norwood Hospital will participate in CCIT and NSSPN meetings to constructively work with community leaders on finding effective options for where homeless patients may go upon discharge from the hospital.

- Provide resources such as furniture items and housing goods to members of the target population in partnership with Norwood and Walpole housing programs, with the goal of reaching 20 families/households.

- Partner with Steward Health Care Network and Steward Community Connection to help better serve patients and community members. Use these partnerships to make 25 referrals to free or reduced cost local services, programs, and resources such as food pantries, financial assistance, housing, support groups and more.

- Continue to offer English as a Second Other Language (ESOL) wellness fairs with organization partners such as Blue Hills Regional Technical School Adult Basic Education Program, engaging 30 community members with health educational, housing resources, and health care insurance information.

Long-Term Goals:

- Create educational programs on healthy lifestyle habits tailored to low-income individuals and families at free Farmers Market's events.

- Pursue partnerships with the Norwood Housing Authority, DOVE, local shelters and other community-based organizations to promote Housing First programs.

- Aid 100 community members yearly seeking to apply for public health insurance coverage provided through MassHealth.

COMMUNITY BENEFITS ADVISORY COMMITTEE

We use our expertise and resources, and leverage the expertise of our community partners, to target the particular needs of underserved and at-risk populations.

- Charles Doody, Fire Chief, Canton Fire Department
- Caitlin Gibbs, Senior Director of Health Innovation, Hockomock Area YMCA
- Joan Jacobs, Norwood Hospital Director, Chairwoman, Norwood Board of Health
- Margaret Lutz, Norwood Hospital Representative, Community Benefits
- Kerri McCarthy, Executive Director, Norwood Senior Center
- Mary Jean McDermott, Executive Director, HESSCO Elder Services
- Sigalle Reiss, MPH, RS, Superintendent/Director of Public Health, Norwood
- Lisa Tarabelli, Norwood Hospital Representative, Marketing and PR Director
- Katharine Touafek, Director, Schools to Careers Partnership
- George Usevich, Committee Chairman, Norwood Hospital Director

The Community Benefits Advisory Committee will meet quarterly in 2019 on the following dates: February 5th, May 7th, August 6th, and November 5th.

REFERENCES

Adler, N. E., & Newman, K. (2002). Socioeconomic Disparities In Health: Pathways And Policies. *Health Affairs*, 21. doi:https://doi.org/10.1377/hlthaff.21.2.60

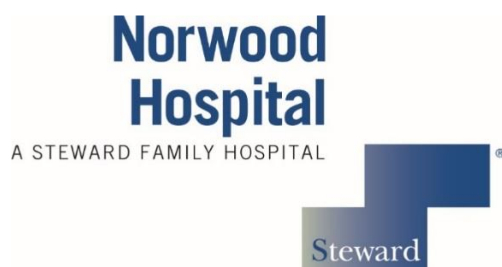
BPHC. (2017). *Health of Boston 2016-2017.* Boston: Boston Public Health Commission. Retrieved from http://www.bphc.org/healthdata/health-of-boston-report/Documents/_HOB_16-17_FINAL_SINGLE%20PAGES.pdf

Hobson-Prater, T., & Leech, T. G. (2012). The Significance of Race for Neighborhood Social Cohesion: Perceived Difficulty of Collective Action in Majority Black Neighborhoods. *The Journal of Sociology and Social Welfare, 39*(1). Retrieved from https://scholarworks.wmich.edu/jssw/vol39/iss1/6

HRSA. (2016). *Medically Underserved Areas and Populations (MUA/Ps)*. Retrieved from Health Resources & Services Administration: https://bhw.hrsa.gov/shortage-designation/muap

MDPH. (2017). *2017 Massachusetts State Health Assessment.* Boston. Retrieved November 9, 2018, from www.mass.gov/dph/2017statehealthassessment

SAMHSA. (2016). *Co-occurring Disorders*. Retrieved from Substance ABuse and Mental HEalth Services Administration: https://www.samhsa.gov/disorders/co-occurring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