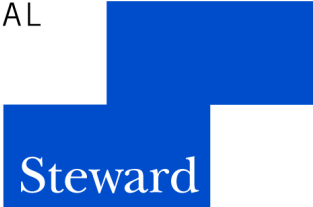


# Good Samaritan Medical Center

A STEWARD FAMILY HOSPITAL



## Community Benefits

IMPLEMENTATION STRATEGY - 2019

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The graphic features the word "Steward" in a large, blue, serif font on a dark blue rectangular background. To the right, the words "Mission Statement" are written in a large, blue, sans-serif font. Below this, a bold black text block states: "Steward Health Care is committed to providing the highest quality care with compassion and respect."

**Steward**

# 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

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### 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

Good Samaritan Medical Center (GSMC), founded in 1968, is an acute-care, 267-bed hospital providing comprehensive inpatient, outpatient, and Level III Trauma emergency services to Brockton and 22 neighboring communities.

Good Samaritan Medical Center is part of Steward Health Care System. Steward Health Care is the largest private, tax-paying physician-led health care network in the United States. Headquartered in Dallas, Texas, Steward operates 37 hospitals in the United States.

Good Samaritan Medical Center offers Centers of Excellence care in orthopedics, oncology, and cardiology, specialized care in surgery, family-centered obstetrics with Level II nursery, substance abuse treatment, and advanced diagnostic imaging.

GSMC is committed to providing the highest quality care with compassion and respect to all members of our community. We strive to do so by delivering affordable health care to all in the communities we serve, by being responsible partners to our neighbors, and by serving as advocates for the poor and underserved in our region. GSMC maintains a Community Health Department, which works closely with a Community Benefits Advisory Committee comprised of hospital leadership, representatives of local health and human service organizations, community groups, and other agencies. This committee guides the planning and implementation of our community health initiatives.

Further information is available at [www.goodsamaritanmedical.org](http://www.goodsamaritanmedical.org).

## Community Benefits Mission Statement

Good Samaritan Medical Center is committed to collaborating with community partners to improve the health status of community residents. 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, obesity, diabetes and substance use disorder.
- Addressing social determinants of health.

## Community Benefits Statement of Purpose

Good Samaritan Medical Center, in compliance with The Massachusetts Attorney General's Guidelines, is committed to our community and government. As such we put forth our community benefits purpose for the 2019 calendar year as described below. Our community benefits purpose is to:

- Improve the overall health status of people in our service area,
- Provide accessible, high-quality care and services to all those in our community, regardless of their ability to pay,
- Collaborate with staff, providers and community representatives to deliver meaningful programs that address statewide health priorities and local health issues,
- Identify and prioritize unmet needs and select those that can most effectively be addressed with available resources,
- Contribute to the well-being of our community through outreach efforts including, but not limited to, reducing barriers to accessing health care, preventive health education, screening, wellness programs, and community-building,
- Regularly evaluate our community benefits program.

# Community Health Needs Assessment Findings

## *Chronic Disease*

According to the Massachusetts Department of Public Health (MDPH), the prevention and treatment of chronic disease is a public health priority. Nutrition, physical activity, tobacco use, and exposure are three key risk factors that directly impact cancer, diabetes, chronic lower respiratory disease, and cardiovascular disease rates. These chronic conditions, in turn, contribute to (56%) of all mortality in Massachusetts and over (53%) of all health care expenditures (\$30.9 billion a year (MDPH, 2014).

Various studies have shown that, although the three leading risk factors are modifiable, the environments in which people live, learn, work, and play do not offer equal access or opportunity to make this possible. The health implications of toxic environments are evident in the fact that Black and Hispanic residents of Massachusetts are consistently and disproportionately impacted by the high prevalence of all chronic diseases, as well as the related deaths and high acute care service utilization (MDPH, 2017).

Across the GSMC primary service area, chronic diseases account for a large portion of all mortality in the region. In Holbrook, West Bridgewater and East Bridgewater chronic diseases account for nearly 60% of all deaths. Heart disease and cancer were the leading causes of death among chronic diseases.

Five communities in the GSMC primary service area had a higher percentage of heart disease mortality than the state at about (21%). West Bridgewater had the highest percentage of heart disease mortality at (39.4%). Avon and East Bridgewater had the second and third highest percentage of deaths due to heart disease within the service area at (31.4%) and (25.7%). It is worth noting that heart disease was the leading cause of death in most towns within the GSMC service area

The GSMC service area experiences a slightly lower percentage of total mortality due to cancer than the state as a whole (21.5%). However, cancer was the second leading cause of premature mortality in the GSMC service area. Cancer mortality was greatest in Easton and Holbrook at (24.7%) and (24.6%) respectively. West Bridgewater recorded the least amount of cancer deaths as a percentage of all mortality at (15.5%).

Diabetes contributes significantly less to total mortality than heart disease and cancer. That said, diabetes does both, directly and indirectly, effect mortality and is a risk factor for other chronic diseases. Holbrook had the highest diabetes mortality in the GSMC service area at (4.8%). Brockton at (2.9%) and Easton at (2.8%) also recorded a higher percentage of mortality caused by diabetes above the state average of (2.4%).

## *Mental Health*

Data from 2015 revealed inequities across categories of age, sex, and race/ethnicity for mental health hospitalizations. The rate of mental health hospitalizations was higher for those ages 30-65 years compared with those 65 and older, males compared with females, and White residents compared with Asian, Black, and Latino residents. Mental health intersects with many areas of public health, including addiction, cancer, cardiovascular disease, and HIV/AIDS, therefore requiring common services and resource mobilization effort. Integrated treatment is critical for treating people with co-occurring disorders and can ultimately achieve better health outcomes and reduce costs (MDPH, 2017).

To reduce the inequities of mental health conditions in Boston, interventions targeting subpopulations at higher risk of mental illness are needed. It is also necessary to educate the public about the availability of mental health services and to decrease the stigma of seeking such services. Work also needs to be done to stop discrimination, which impacts the mental health of the person facing discrimination. Additionally, as the World Health Organization (WHO) suggests, in order to reduce the inequities in the occurrence of mental disorders, the conditions of everyday life, which are the social determinants of health, must improve (BPHC, 2017).

Both Key Informant Survey respondents and focus group participants perceived mental and behavioral health to be a major concern within the GSMC service area. In all three focus groups, mental health was mentioned as a top three health concern. Community members in Brockton ranked mental health the most concerning community issue, highlighting the need for more social support and a concerted effort to remove the stigma associated with seeking help for mental health disorders. When presented with the questions “What do you perceive as the major health concerns of your consumers?” Survey respondents perceived “Behavioral Health” to be of concern. Behavioral health is a term that is often used interchangeably with mental health to include risky behaviors such as drug use, among other behaviors that may be harmful to individuals.

### *Substance Abuse Disorder*

In 2015, there were 1,637 opioid-related deaths in Massachusetts. The rates of substance misuse deaths, unintentional drug overdose hospital patient encounters, and unique-person treatment admissions were higher for men than women. Individual-level risk factors such as socioeconomic status, family history, incarceration, and stressful life events are associated with drug use. Increasingly, evidence suggests that the social determinants of health may contribute to one’s decision to initiate drug use and shape other substance use behaviors. Additionally, addiction is a chronic neurological disorder and needs to be treated as other chronic conditions (BPHC, 2017).

Based on the available data, Brockton appears to have had the highest number of admissions to DPH-funded substance and alcohol abuse programs from 2013 to 2017. Stoughton, Randolph, and Abington had the next highest admission numbers to DPH funded programs respectively. Admission to such programs appears to have declined from 2013 to 2017.

Among Key Informant Survey respondents, substance abuse was perceived as the most concerning health issue for consumers and in the community in which health professionals provide services. Focus group participants in Brockton spoke at length in regard to the need for more substance abuse programs as well as substance abuse prevention programs for youth in schools and community-based programming. One of the recommendations made by participants was to have a mobile clinic to provide services in the community for those who lack access to care or are uninsured and therefore do not seek health care services.

## *Housing Stability*

Safe and stable housing provides personal security, reduces stress and exposure to disease, and provides a foundation for meeting basic hygienic, nutritional, and healthcare needs. Average income gains over the past decade have failed to keep pace with rising housing costs, pushing thousands of residents into unstable housing situations. Without consistent access to health care, homeless individuals are less likely to participate in preventive care and are much more likely to utilize the emergency department for non-emergencies. Such patterns of use are not only a burden on the healthcare system but detrimental to personal health as well (BPHC, 2017).

Housing Solutions for Southeastern Massachusetts has noted that this region and Massachusetts in general, has suffered from a chronic undersupply of affordable housing for low- and moderate-income people. In most of the GSMC service area, the poverty level has surpassed the state level. It is crucial to address this problem as there is a strong correlation between poverty level and homelessness.

## *Targeting Underserved Populations*

Our data points out that race, ethnicity, and socio-economic factors are indicators of health outcomes within the region. To take this into consideration and enhance the efficacy of GSMC programs, GSMC will focus its efforts toward individuals and families who are at greatest risk for 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. Providing care coordination services and facilitating access to social services are essential components of a population health improvement strategy, as indicated by participants in the focus groups conducted in the GSMC service area, and in responses gathered through the Key Informant Surveys. Increasing awareness and building capacity in service systems are important in helping identify and treat co-occurring disorders. Treatment planning should be client-centered, addressing clients' goals and using agreed upon treatment strategies (MDPH, 2017).



## Populations of Focus

Our race, gender identity, age, disability status, etc. influence the social environment that we experience. Our 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. We 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 T, 2012).

Race distribution within the GSMC primary service area is distinctly different in Brockton and Randolph, Brockton reported that an estimated (44.1%) of the population identified as being Black/African American. Randolph reported (39.5%) of its population as being Black/African American. Both Brockton and Randolph reported greater than (50%) of the public-school population as being Black/African American. Randolph and Avon also recorded a higher estimated percentage of its population identifying as Asian, Randolph with (11.7%) and Avon with (7%) compared to (6.1%) at the state level. Brockton, Randolph, Holbrook, and Avon each reported a median household income below the state level. The lowest median household income was observed in Brockton at \$49,956. Following a similar trend, Brockton reported that (15%) of families were living below poverty level from 2012-2016; this was nearly double the state percentage. Brockton also reported the highest percentage of individuals below poverty level and the highest percentage of households participating in SNAP.

## Implementation Strategy

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, Good Samaritan Medical Center will identify the target populations it will support, specific programs or activities that attend to the needs identified in the 2018 CHNA, as well as our short and long-term goals for each program or activity. GSMC 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.

GSMC 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 in 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 GSMC service area will come from coordinated regional strategies with public health and population health management agencies. To prioritize the needs of our community, GSMC 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 Disease

Prevention and treatment of chronic disease is a public health concern. Risk factors such as nutrition, the lack of physical activity, and tobacco use, and exposure directly impact cancer, diabetes, chronic lower respiratory disease, and cardiovascular disease rates. These chronic conditions together contribute to 56% of all mortality in Massachusetts and over 53% of all health care expenses (\$30.9 billion a year). Although the three leading risk factors are modifiable, the inequality of financial resources and the history of policies rooted in structural racism have resulted in environments that restrict access to healthy foods, safe spaces for physical activity, walkable communities, quality education, housing, employment, and health care services (MDPH, 2014).

Several socioeconomic factors contribute to the prevalence of cancer and/or late-stage cancer diagnoses. Obesity, tobacco use, and tobacco exposure are leading risk factors for many cancers, including colorectal and breast cancer. Additionally, lack of access to healthy foods, limited physical activity, and lack of access to smoking cessation services are also risk factors. Gaps in health care coverage represent a barrier to covering the costs of diagnostic testing. For example, individuals with high deductibles, low premiums, or high co-pays must pay for diagnostic tests to confirm a cancer diagnosis, contributing to delays in diagnosis (MDPH, 2017).

Cancer was the second leading cause of premature mortality in the GSMC service area. The total cancer mortality was greatest in Easton and Holbrook at (24.7%) and (24.6%) respectively. Abington (22%) and Stoughton (23.6%) also recorded a higher percentage of mortality due to cancer than the state at (22.1%).

In total, in 2015, five communities in the GSMC primary service area had a higher percentage of heart disease mortality than the GSMC service area as a whole at (22.0%); itself modestly above the state at about (21%). West Bridgewater had the highest percentage of heart disease mortality at (39.4%). Avon and East Bridgewater respectively had the second and third highest percentage of deaths due to heart disease within the service area in 2015 at (31.4%) and (25.7%) correspondingly. It is worth noting that heart disease was the leading cause of death in most towns within the GSMC service area.

In 2015, when considering diabetes mortality as a percentage of all deaths in communities for which data was available, it is noted that Holbrook had the highest diabetes mortality at (4.8%). Across the state, that same figure was (2.4%). Brockton at (2.9%) and Easton at (2.8%) also recorded a higher percentage of mortality caused by diabetes above the state figure, as noted above. When averaging the percentage of diabetes mortality for the GSMC service area, where data was available, and the figure of (2.6%) emerges as slightly higher than the Massachusetts total at (2.4%).

**Target Population:** Low-income status, Immigrants, Minorities, and Veterans

**Geographic location:** Greater Brockton, Southeastern MA

**Health Indicators:** Cancer, Heart Disease, Diabetes, Obesity

**Gender:** All

**Age Group:** All

**Ethnic Group:** African American/Black, Caribbean, Hispanic, Caucasian, Asian

**Language:** English, Cape Verdean Creole, Haitian Creole, Spanish, Portuguese

**Statewide Priority:** Chronic disease management in disadvantaged populations, reducing health disparity

**Partners:** American Cancer Society, American Diabetes Association, American Heart Association, Boys & Girls Club of Brockton (BGCB), Alpha Kappa Alpha Sorority Inc., Old Colony YMCA, Brockton Neighborhood Health Center (BNHC), Brockton NAACP, Brockton Housing Authority, AdmeTech Foundation, Brockton Farmers Market and The Charity Guild.

## Short Term Goals:

### Healthy Communities:

- Continue to support availability of fresh fruits and vegetables through sponsorship of Downtown Brockton Farmers Market. GSMC provides nutrition education, health screenings and translation services for Market Attendees. GSMC provides Farmer Market Voucher Program in partnership with the Brockton Neighborhood Health Center (BNHC). Vouchers are distributed by BNHC to their patients and can be used at any Farmers Market in the area. GSMC Vouchers are also distributed at the Farmers Market to those using EBT Cards.

Good Samaritan Medical Center offers numerous health education and screening programs that address the most pressing chronic diseases impacting the population in our service area.

### Cancer:

- Continue partnership with Brockton Neighborhood Health Center to provide Mammography screenings (including transportation) for Health Center Patients at GSMC Women's Imaging Center with a goal of providing 100 breast cancer screenings.
- Continue outreach and education efforts for prostate cancer awareness in partnership with Brockton Area NAACP and Admetech Foundation with goal of participating in and sponsoring two community education events that target high risk population.
- Continue hosting *Treat Yourself Well* mammography screening events with goal of screening 150 for breast cancer.
- Continue to offer free outpatient Smoking Cessation program. Increase promotion and enrollment of this program with quarterly community awareness campaigns.
- Hosting annual Skin Cancer Screening with goal of 30 participants
- Providing ongoing support for Cancer patients through the availability of a dedicated Cancer Care Social Worker who works closely with patients and their families to provide health related support and additional resources. The Social Worker works with American Cancer Society and other community resources to address barriers to care or other unmet needs that a cancer diagnosis may bring.

### Heart Health:

- Offering Heart Health Education and Blood Pressure Screening at community events including the annual GSMC/ Alpha Kappa Alpha Sorority Heart Health event at Westgate Mall. Goal: To provide blood pressure screening for 200 individuals at over 20 events.
- Heart/Cancer: Continue to offer free outpatient Smoking Cessation program. Increase promotion and enrollment of this program with quarterly community awareness campaigns. Continue to offer smoking cessation information to all inpatients that are screening positive for tobacco use. Expand promotion of Free Smoking Cessation into Primary Care physician offices.

- In partnership with The Charity Guild, engage a minimum of 200 senior residents of Brockton Housing Authority facilities through the Senior Supper program by providing monthly heart healthy meals along with chronic disease and health management education.

**Diabetes:**

- Sponsor a diabetes awareness program in partnership with The Boys and Girls Club of Brockton and Brockton Knocks Down Diabetes (BKDD). This program engages youth in healthy eating and active lifestyle workshop as part of GSMC ongoing participation with the BKDD Coalition.
- Offering Nutrition Education Programs and Resources at Community events throughout the year.

**Long Term Goals:**

- Continue to expand screenings, health education outreach and awareness programs to address the most pressing chronic diseases and risk factors impacting the communities in the region.

## Priority 2: Mental Health

Impaired mental health is common in the United States general population. In 2015, nearly one in five adults suffered from a diagnosable mental illness such as depression or anxiety, and about 1 in 7 will have a major depressive episode in their lifetime. In 2015, (12%) of children ages, 12-17 reported having a major depressive episode, higher than the percentages from 2004-2014. Between 1999 and 2014, the overall suicide rate in the U.S. rose by (24%) to 13.0 per 100,000 population. In 2015, the overall suicide rate was (13.3). In 2014, suicide was the tenth leading cause of death in the U.S. and more than (90%) of patients who died because of suicide also had mental illness (BPHC, 2017).

Mental health intersects with many areas of public health, including addiction, cancer, cardiovascular disease, and HIV/AIDS, therefore requiring common services and resource mobilization effort. Integrated treatment is critical for treating people with co-occurring disorders, and can ultimately achieve better health outcomes and reduce costs. Increasing awareness and building capacity in service systems are important in helping identify and treat co-occurring disorders. Treatment planning should be client-centered, addressing clients' goals and using treatment strategies that are acceptable to them (MDPH, 2017).

In all three focus groups conducted with community members in Brockton, Randolph, and East Bridgewater, mental health was mentioned in the top three health concerns in the community. Community members in Brockton ranked mental health the most concerning community issue, highlighting the need for more social support and a concerted effort to remove the stigma associated with seeking help for mental health disorders.

**Target Population:** Individuals with or at an increased risk for behavioral health issues; residents in underserved areas; individuals at-risk for substance use disorder (SUD); adults and adolescents

**Geographic location:** Greater Brockton Area

**Health Indicators:** Mental Health, Substance Use Disorder, Self-injury, and Violence

**Gender:** All

**Age Group:** All

**Ethnic Group:** All

**Language:** English, Cape Verdean Creole, Haitian Creole, Spanish, Portuguese

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

**Partners:** Boys and Girls Club of Brockton, Family and Community Resources, Alzheimer's Association, Cape Verdean Women United (CVWU), BAMSI, Family and Community Resources, Old Colony YMCA.

### Short Term Goals:

- Continue to provide integrated Behavioral Health Navigator program in Emergency Department. Navigators see every behavioral health patient and will continue to work with patients and their families to coordinate care and referrals that best meets the needs of each patient.
- Continue to provide behavioral health care in a dedicated inpatient psychiatric unit for adults over age 55. The dedicated unit is committed to principles of compassionate care and adopts most progressive practices in caring for psychiatric patients. Providers work with community providers and families to place patients in appropriate care setting at discharge.
- Continue partnership with Boys and Girls Club of Brockton in a multi-tiered program focused on age appropriate and gender specific educational programs to mentor leadership, maintain good health, develop healthy behavior in relationships and avoid risky behavior and substance abuse.
- Partner with the Family and Community Resources to support victims of violence and their families through funding of the Brockton Area High Risk Initiative (BAHRI) programs and outreach. BAHRI supports individual and families struggling with complex issue that impact their safety and wellbeing.
- Partner with Cape Verdean Women United (CVWU) to support workshops and programs for violence/trauma prevention and conflict resolution for families and youth in the community.
- GSMC case managers and social work team work with clinical staff to identify care for survivors of domestic violence, making referrals to community agencies and support services.
- GSMC provides Continuing Medical Education (CME) programs that educate staff and clinical providers to identify, care for and refer patients to community resources.

### Long Term Goals:

- Engage with community-based service providers to promote specialty mental health services that may be available to community members in need of mental health services.

## Priority 3: Substance Use Disorder

Misuse of alcohol or other drugs over time can lead to physical and/or psychological dependence on these substances, despite negative consequences. Substance misuse alters judgment, perception, attention, and physical control, which can lead to repeated failure to fulfill responsibilities and can increase social and interpersonal problems. There is a substantially increased risk of morbidity and death associated with alcohol and drug misuse. The effects of substance misuse are cumulative, significantly contributing to costly social, physical, mental, and public health challenges. Examples of these include domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide, suicide, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), and other sexually transmitted infections. Substance misuse can also impact one's social determinants of health, such as employment, income, social network, and housing (BPHC, 2017).

Based on the available data, Brockton appears to have had the highest rate of admissions to DPH-funded substance and alcohol abuse programs from 2013 to 2017. Stoughton, Randolph, and Abington consecutively had the following highest admission rates to DPH funded programs. There appears to have been a sharp decline in admission to such programs from 2013 to 2014. Admission to such programs appears to have continued to decline from 2014 to 2017.

Focus group participants in Brockton spoke at length in regard to the need for more substance abuse programs as well as substance abuse prevention programs for youth in schools and community-based programming.

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

**Geographic location:** Greater Brockton Area

**Health Indicators:** Substance Use Disorder, Mental Health, Violence

**Gender:** All

**Age Group:** All

**Ethnic Group:** All

**Language:** English, Cape Verdean Creole, Haitian Creole, Spanish, Portuguese

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

**Partners:** Plymouth County Outreach- PCO Hope, Teen Challenge Brockton, ARCH (Addiction Recovery Coaches in Hospitals), Stoughton OASIS, High Point Treatment Center and Learn to Cope.



### **Short Term Goals:**

- Continue to provide screening, assessment and referrals through integrated Behavioral Health Navigator program in Emergency Department. Navigators see all Substance Abuse Disorder (SUD) patients and will continue to work with patients and families to coordinate referrals to both inpatient and outpatient care. Navigators work closely with the ARCH (Addiction Recovery Coaches in Hospitals) program to facilitate referrals to community based facilities.
- Continue to provide dedicated inpatient and outpatient substance abuse treatment at GSMC's NORCAP Lodge in Foxboro, Massachusetts. NORCAP Lodge provides inpatient substance abuse treatment and intensive outpatient treatment.
- Continue partnerships and participation in Plymouth County Outreach - PCO Hope, and Regional Opioid Abuse Prevention Task Force programs.
- Continue to provide qualified and clinically trained SUD navigators to participate in numerous Community Outreach and drop-in screening programs throughout the region.
- Host numerous recovery and support groups with free, accessible meeting space.
- Supporting Teen Challenge, New England a Brockton based addiction treatment center that offers long term recovery and vocational programs regardless of financial means.

### **Long Term Goals:**

- Explore additional partnerships with other community organizations in the region.

## Priority 4: Housing Stability

Housing Solutions for Southeastern Massachusetts has noted that this region, and Massachusetts in general, has suffered from a chronic undersupply of affordable housing for low- and moderate-income people (Housing Solutions of Southeastern Massachusetts, 2018).

Poverty contributes heavily to homelessness. According to the U.S. Census Bureau's 2015 American Community Survey report (released in October 2016), the overall poverty rate in Massachusetts was just under 11.5% in 2015. This includes an estimated 752,071 people in Massachusetts living in households that fell below the poverty threshold. This estimate includes 202,513 children under the age of 18 and 92,468 elders age 65 and older. 355,730 people were living in households with incomes under 50% of the federal poverty guidelines (MCH, 2018).

In most of the GSMC service area, the poverty level has surpassed the state level. It is crucial to address this problem as there is a strong correlation between poverty level and homelessness.

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

**Geographic location:** Greater Brockton Area

**Health Indicators:** Housing Stability/Homelessness

**Gender:** All

**Age Group:** All

**Ethnic Group:** All

**Language:** English, Cape Verdean Creole, Haitian Creole, Portuguese, Spanish

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

**Partners:** Brockton Area Multi Services Inc., (BAMSI), Father Bill's and Mainspring (FBMS), and United Way of Greater Plymouth County.

### Short Term Goals:

- Continue to partner with and support to organizations such as Father Bill's Mainspring (FBMS) to prevent homelessness and address housing stability.
- Continue support and funding for BAMSI Helpline. Brockton Area Multi Services Inc., (BAMSI) Helplines is a service that serves members of the community who need support for essential services such as housing/shelter, rental and utility assistance.
- Continue to provide support for the United Way of Greater Plymouth County Brockton area initiatives.

### Long Term Goals:

- Explore additional program partners to address housing stability.

## Priority 5: Social Determinants of Health

Social determinants of health, including social, behavioral, and environmental influences have become increasingly prevalent factors in assessing population health. Experts recommend linking health care and social service agencies in addressing social determinants of health to increase the efficacy of health promotion and chronic disease prevention programs. In particular, services related to housing, nutritional assistance, education, public safety, and income support are areas for cross-sector collaboration with local health services. Maintaining and strengthening community engagement on health promotion, chronic disease prevention, substance abuse prevention, and mental illness services among other critical areas for collaboration is key to the success of population health improvement strategies. Priorities include promoting access to affordable health care and ensuring that those most at-risk have access to basic needs for better health outcomes, like stable affordable housing, low-cost nutritional food choices, and a healthy environment.

**Target Population:** Low-Income Status, Immigrants, Elderly, Minorities

**Regions Served:** Greater Brockton, Southeastern MA

**Health Indicator:** Access to Health Care, Uninsured/Underinsured

**Gender:** All

**Age Group:** All

**Ethnic Group:** All

**Language:** English, Cape Verdean Creole, Haitian Creole, Portuguese, Spanish

**Statewide Priority:** Promoting Wellness in Vulnerable Populations

**Partners:** The Charity Guild, BAMSI Helpline, United Way of Greater Plymouth County, Faith based organizations, Neighborhood Associations and Mom's Clubs.

### Short Term Goals:

- Continue to partner with The Charity Guild to provide Seniors Suppers to Brockton Housing Authority Residents. The program provides a healthy meal, opportunity to gather and socialize, and health education programs to Brockton seniors.
- Providing guest speakers, physicians, and health education, and screenings at numerous community events.
- Continue to provide medical interpretation and translated materials to all patients. Sponsor translators at numerous community programs, seminars, health screenings and events.
- Provide financial assistance to organizations that offer social services and emergency assistance including support for organizations addressing food insecurity.
- Continue active membership and engagement with Community Health Network Areas (CHNAs) to address social determinants of health at community-wide, regional and state levels.
- Serve as a resource offering meeting space for support groups on health and wellness topics.

### Long Term Goals:

- Explore and engage with additional community partners to ensure the needs of the most vulnerable are met.

## Priority 6: Workforce Development

While being employed is important for economic stability, employment affects health through more than economic drivers alone. Physical workspace, employer policies, and employee benefits all directly impact an individual's health. The physical workplace can influence health through workplace hazards and unsafe working conditions, which lead to injuries, illness, stress, and death. Long work hours and jobs with poor stability can negatively impact health by increasing stress, contributing to poor eating habits, leading to repetitive injuries, and limiting sleep and leisure time. Job benefits such as health insurance, sick and personal leave, child and elder services and wellness programs can impact the ability of both the worker and their family to achieve good health (MDPH, 2017). Unemployment is also associated with poor health, including increased stress, hypertension, heart disease, stroke, arthritis, substance use, and depression; and the unemployed population experiences higher mortality rates than the employed (Robert Wood Johnson Foundation, 2013) (Henkel, 2011).

GSMC is committed to developing the skills of the workforce in our community, local schools, as well as our employees. GSMC staff work with students in preceptorship and mentoring projects, which may offer continuing nursing education (CNE) and continuing education units (CEUs) contact hours. GSMC will also maintain clinical affiliation agreements with nursing and paramedic schools. Additionally, through our accredited continuing medical education (CME) program, GSMC will provide CME courses that offer contact hour credit in subject matter related to health priorities identified in the 2018 CHNA. Courses will be open to community providers as appropriate. Moreover, GSMC will collaborate with industry partners to provide education on managing population health. It is imperative that we ensure an adequate and capable workforce that can provide the services needed to meet the demand brought on by policy changes in the health industry.

**Target Population:** General Population

**Regions Served:** Other-Southeastern MA

**Health Indicator:** All

**Gender:** All

**Age Group:** All

**Ethnic Group:** All

**Language:** English

**Statewide Priority:** Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

**Partners:** Local Community Colleges, Universities and, Colleges

### Short Term Goals:

- Maintain GSMC clinical affiliations with a minimum of 23 schools of nursing and 5 paramedic schools.
- Offer a CME program at the hospital, providing CMEs to those that qualify including community participants.
- Ensure CME course offerings include priority areas identified in the 2018 CHNA.
- Offer a nursing education program.

- Continue Professional Education programs for area EMS and paramedics.
- Provide a clinical environment for student orientations and preceptorships.
- Maintain scholarship program that supports and encourages careers in health care and human services.

**Long Term Goals:**

- Explore additional opportunities to partner with area high schools in order to promote health careers.

## COMMUNITY BENEFITS ADVISORY COMMITTEE

Marisela Marrero, MD, President, GSMC

Lynn Cornelius, Director Marketing, Public Relations, and Community Health, GSMC

Luda Vincente, Patient Advocate, GSMC

Jessica Benoit, Housing Stabilization Manager, Father Bill's Mainspring, Brockton

Tina Cardoso, RN, Cape Verdean Women United

Kerry Fajardo, RN, Director of Social Services, GSMC

Lee Farrow, Director Center for Non-profit Management, Stonehill College

Faith Frazier, Helpline Director, Brockton Area Multi-Services Inc. (BAMSI)

Linda Gabruk, Chief Operating Officer, Brockton Neighborhood Health Center

Nancy Gustafson, Vice Chairperson, The Charity Guild

Joanne Hoops, Family and Community Resources

Amy Kopchell, Manager Interpreter Services, GSMC

Monica Lombardo, Vice President of Advancement, Boys & Girls Club of Metro South

Debbie Mayer, Director Mission Services, St. Joseph's Manor

Jacqueline Miller, Development Officer, Campaign for Catholic Schools

Laura Raymond, RN, Patient Care Director, Emergency Dept., GSMC

Leah Serafin, Healthy Living Community Outreach Director, Old Colony YMCA

Lenell Silva, Coordinator for Students in Transition, Bridgewater State University

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