2025-2027 Community Health Needs Assessment Implementation Strategy

South Shore Health

Implementation Strategy 2025-2027

Community Health Needs Assessment

South Shore Health conducted its tri-annual Community Health Needs Assessment (CHNA) in the spring and summer of 2024. The assessment process was guided by South Shore Health's Community Benefit Advisory Committee (CBAC) and CHNA Steering Committee, and engaged key members of the community and the hospital. South Shore Health, with facilitation from JSI Consulting, conducted data analysis for 33 cities and towns comprising the primary and secondary services areas of the hospital, conducted 21 key informant interviews, hosted eight focus groups and received 623 responses to the community health survey. This qualitative and quantitative data revealed the most pressing health needs in the community. The following are the key findings from this comprehensive assessment:

1. **Mental Health** emerged as one of the most pressing concerns across all community input sources. High levels of stress, anxiety, depression, and other behavioral health conditions were reported, particularly among youth, older adults, and economically disadvantaged populations. Access to mental health services remains limited, with long wait times and a shortage of providers exacerbating the issue.
2. **Substance use**, particularly opioid use, continues to be a major public health concern in the region. The assessment found rising rates of substance use disorders and substance-related deaths, with fentanyl use and alcohol misuse being particular areas of concern. Co-occurring mental health and substance use disorders further complicate treatment options for affected individuals.
3. **Chronic diseases**, such as hypertension, diabetes, and cardiovascular disease, continue to affect large portions of the population. Rates of obesity and related cardiac conditions remain concerning, with lifestyle factors and limited access to preventive care being significant contributors.
4. **Access to Care**: Many residents face barriers to accessing primary care, specialty care, and mental health services. Issues such as transportation, high healthcare costs, and insurance limitations further restrict access, particularly for low-income and immigrant populations. Ensuring timely and equitable access to care is a key priority for improving overall community health.
5. **Social Determinants of Health and Health Equity:** The CHNA emphasizes the role of social determinants of health—such as housing, transportation, food insecurity, and economic stability—in shaping health outcomes. Vulnerable populations, including seniors, non-English speakers, and low-income residents, experience significant health inequities driven by these factors. Health equity is a cross-cutting issue across all priority areas, with efforts to address disparities being a central component of SSH's future plans.

Health Priorities and Populations of Focus

In August 2024, South Shore Health conducted several in-depth meetings to review key assessment findings and to allow for discussions to prioritize health needs on which to focus for the next three years. The South Shore Health Community Benefits Advisory Committee reviewed key themes and findings from the qualitative and quantitative analysis phases of the assessment, and discussed and prioritized health needs and populations. The CBAC used the following criteria to assess priorities and considered the following questions during the prioritization process:

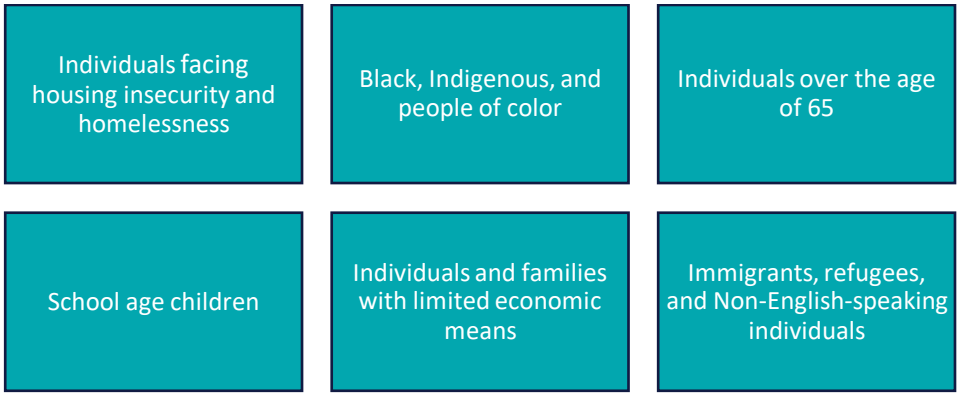
- *Relevance:* What is the magnitude of this issue? How important is this to the community? Is there a focus on equity and accessibility?
- *Appropriateness and alignment:* Does this align with organization values? Does this align with strategic objectives? What are the political and social factors influencing this?

- *Impact:* Will this be effective? Can we measure this to prove we are positively addressing this health need? How many community members does this affect?
- *Feasibility*: What resources (financial, technical, staff etc.) are required? Can we leverage or enhance current initiatives?

A Community Health Needs Assessment Listening Session was also held in August and community members also reviewed key findings, provided feedback, and prioritized health needs. Together, the health needs prioritized by the CBAC and Community Listening Session were:

The Community Benefit Advisory Committee also recognized the importance of addressing social determinants of health and health equity to improve health outcomes. The following social determinants of health were priorities for inclusion in this implementation strategy: poverty and economic instability, housing, employment and workforce, education and health literacy, and food insecurity. Social determinants of health and health equity are foundational components across all four priority health areas and will be included in the objective and strategies within each priority health need.

This implementation strategy will also address the following vulnerable populations:



Implementation Strategy Development

In September 2024, South Shore Health's Community Benefits Advisory Committee began mapping out the Community Health Implementation Strategy for 2025-2027. The CBAC reviewed existing programs and initiatives implemented in the previous implementation strategy, evaluated outcomes when possible, and discussed ways to enhance them. The CBAC also discussed new initiatives to be considered in this implementation strategy. Recognizing the importance of dedicating enough time to evaluate each priority health need, the CBAC decided that further working sessions were needed. Additional sessions were held in October and November and additional subject matter experts and colleagues were included to provide input on specific health needs.

After several implementation strategy development sessions, key themes emerged across each health need. The CBAC and key clinical and administrative leaders and colleagues at South Shore Health developed these themes into a strategic framework. This framework will address the community's priority heath needs by focusing on five key objectives:

1) Reduce barriers to social determinants of health
2) Enhance community outreach and education
3) Expand workforce development initiatives
4) Strengthen existing and explore new community partnerships
5) Promote health equity

Goals, Objectives, and Strategies by Priority Health Area

The following chart details the goals, key objectives, and strategies within that South Shore Heath will employ for the next three years to address the priority community health areas. South Shore Health's Community Benefit team will track measures for each strategy, including (but not limited to) process measures such as number of events and programs held, number of individuals reached, number (and dollar amount) of financial sponsorships, number of meetings attended, number of grants provided, and number of referrals/services provided. Whenever possible, the Community Benefits team will also track outcomes measures through methods like pre and post surveys, follow up surveys with individuals reached and any related hospital data impacted by community health programs. As the CBAC reviews and refines the implementation strategy each year, the metrics and measures may evolve. For more detailed information on the measures outlined for each strategy, please contact communitybenefits@southshorehealth.org

1) Objective: Reduce barriers to social determinants of health

Mental Health	Substance Use	Chronic Complex Conditions	Access to care
Goal: Raise awareness and improve access to mental health services in South Shore Health's community.	*Goal: Reduce substance use in South Shore Health's community.*	*Goal: Improve management of chronic conditions and their risk factors in South Shore Health's Community, and improve navigation of health care services.*	*Goal: Enhance equitable access to care in South Shore Health's community.*
Strategies			
Support the use of the Health Related Social Needs (HRSN) screening tools and provide linkages to SSH Community Resource Directory	Support the use of the Health Related Social Needs (HRSN) screening tools and provide linkages to SSH Community Resource Directory	Support the use of the Health Related Social Needs (HRSN) screening tools and provide linkages to SSH Community Resource Directory	Support the use of the Health Related Social Needs (HRSN) screening tools and provide linkages to SSH Community Resource Directory
Explore ways to improve transportation options within and around the South Shore Health System	Explore ways to improve transportation options within and around the South Shore Health System	Explore ways to improve transportation options within and around the South Shore Health System	Explore ways to improve transportation options within and around the South Shore Health System
Support post discharge transportation options including SSH's behavioral health transportation program and Modivcare Connect	Support post discharge transportation options including SSH's behavioral health transportation program and Modivcare Connect	Support post discharge transportation options including transportation program and Modivcare Connect	Support post discharge transportation options including SSH's behavioral health transportation program and Modivcare Connect
Support programs that provide housing resources and homeless prevention for individuals with and at risk of mental health conditions	Support programs that provide housing resources and homelessness prevention for individuals with, or in recovery from, substance use disorders	Support community partners that increase access to food and provide nutrition related resources to improve health	Leverage community-based programs, (e.g. Hospital at Home, MIH, VNA) to provide community education and inform increase access to care

Mental Health	Substance Use	Chronic Complex Conditions	Access to care
Support community partners that increase access to food and nutrition related resources	Support community partners that increase access to food and nutrition related resources	Continue to support internal and community based programs that provide information about and access to health insurance; explore ways to prevent losing health insurance due to administrative tasks.	Provide educational materials to community partners addressing access to care
Continue to support internal and community-based programs that provide information about and access to health insurance; explore ways to prevent losing health insurance due to administrative tasks.	Continue to support internal and community based programs that provide information about and access to health insurance; explore ways to prevent losing health insurance due to administrative tasks.		Continue to support internal and community based programs that provide information about and access to health insurance; explore ways to prevent losing health insurance due to administrative tasks.

2) Objective: Enhance community outreach and education

Mental Health	**Substance Use**	**Chronic Complex Conditions**	**Access to care**
Goal: Raise awareness and improve access to mental health services in South Shore Health's community.	*Goal: Reduce substance use in South Shore Health's community.*	*Goal: Improve management of chronic conditions and their risk factors in South Shore Health's Community, and improve navigation of health care services.*	*Goal: Enhance equitable access to care in South Shore Health's community.*
Strategies			
Reduce stigma associated with mental health conditions by providing education and community outreach	Reduce stigma associated with substance use disorders by providing education and community outreach	Participate in health fairs in community-based settings; provide screenings and referrals where appropriate	Provide education programs that help community members navigate health care options
Raise awareness of evolving treatment models by providing community education and outreach	Distribute Narcan through community outreach efforts to promote harm reduction techniques and reduce opioid deaths	Provide education on risk and protective factors associated with chronic/complex conditions through presentations, demonstrations, and community trainings	Raise awareness of evolving health care options by providing community education and outreach
Outreach to community health providers to enhance understanding of ways to improve access to care	Strengthen community education on alcohol use disorders	Provide education on chronic disease self-management programs where appropriate	Incorporate theme of health literacy into all programs
		Offer community support groups for chronic conditions	

3) Explore community workforce development initiatives

Mental Health	Substance Use	Chronic Complex Conditions	Access to care
Goal: Raise awareness and improve access to mental health services in South Shore Health's community.	*Goal: Reduce substance use in South Shore Health's community.*	*Goal: Improve management of chronic conditions and their risk factors in South Shore Health's Community, and improve navigation of health care services.*	*Goal: Enhance equitable access to care in South Shore Health's community.*
Strategies			
Provide opportunities to the community that both strengthen pipeline and promote health literacy; ultimately improving access to mental health service	Explore ways to promote community health workers in support of substance use disorders as a career path	Provide opportunities to the community that both strengthen pipeline and promote health literacy; ultimately improving access to and navigation of health care services	Foster workforce development program that focus on community trainings in new populations or geographical areas.
		Highlight careers in cardiac rehab, PT and OT rehab services, cancer care, respiratory therapy, nutrition	Explore grant funding for middle school career development programs for underserved communities
			Develop multipronged community events that educate the community on workforce opportunities while improving health literacy and system navigation
			Explore partnerships that could provide GED classes to the community, with a focus on health literacy and workforce skills

4) Strengthen existing and explore new community partnerships

Mental Health	Substance Use	Chronic Complex Conditions	Access to care
Goal: Raise awareness and improve access to mental health services in South Shore Health's community.	*Goal: Reduce substance use in South Shore Health's community.*	*Goal: Improve management of chronic conditions and their risk factors in South Shore Health's Community, and improve navigation of health care services.*	*Goal: Enhance equitable access to care in South Shore Health's community.*
Strategies			
Participate in local coalitions and taskforces focused on improving access to mental health services and that foster collaboration, knowledge sharing and coordination	Participate in local coalitions and taskforces focused on substance use prevention and education and that foster collaboration, knowledge sharing and coordination	Support partners that promote health improvement activities (physical exercise, nutrition, screenings, etc.)	Participate in local coalitions and taskforces that promote ways to enhance health literacy and health system navigation
	Support community partners that provide peer recovery services to the community		Share results of CHNA with local Community Health Alliances and other community partners, to work together in aligned manner
			Support partners and programs that provide education and or access to health insurance
			Explore multipronged approach to program development with community partners, as applicable

5) Promote health equity

Mental Health	Substance Use	Chronic Complex Conditions	Access to care
Goal: Raise awareness and improve access to mental health services in South Shore Health's community.	*Goal: Reduce substance use in South Shore Health's community.*	*Goal: Improve management of chronic conditions and their risk factors in South Shore Health's Community, and improve navigation of health care services.*	*Goal: Enhance equitable access to care in South Shore Health's community.*
Strategies			
Support translation of health related and community based materials and ensure they are accurate and accessible	Support translation of health related and community based materials and ensure they are accurate and accessible	Support efforts to identity disparities in health care and promote efforts to address the disparities, including community outreach and educational elements	Explore partnerships that could provide ESOL classes to the community, with a focus on health literacy and workforce skills
Support disability screening initiatives that offer resources as needed	Support disability screening initiatives that offer resources as needed	Support translation of health related and community based materials and ensure they are accurate and accessible	Support translation of health related and community based materials and ensure they are accurate and accessible
		Support disability screening initiatives that offer resources as needed	Support disability screening initiatives that offer resources as needed

Current and Potential Community Partners

South Shore Health is fortunate to have built robust relationships with the CBAC and many community partners in our primary and secondary services areas. South Shore Health will continue to work with existing community partners such as social service providers, multiservice organizations, elder services organizations, Councils on Aging, schools, regional YMCAs, health care providers, community health alliances, local collaborations on specific target areas (substance use, homelessness prevention etc.), transportation providers, and community groups. South Shore Health is also open to developing new partnerships, realizing that new efforts and partners may emerge as our strategies are implemented.

Resources Committed to Community Health Improvement

South Shore Health is dedicated to leveraging the findings of this CHNA to guide its implementation efforts, aiming to improve access to care, reduce disparities, and enhance overall well-being throughout the region. To do so and achieve the specific objectives outlined in this strategy, South Shore Health will commit direct community health program investments and in-kind resources of staff time and materials. South Shore may also leverage grants from public and private sources, on behalf of its own programs or services, and on behalf of its community partners.

Conclusion

South Shore Health's Community Benefit team and Advisory Committee will implement the strategies outlined in this document during FY 2025-2027. This implementation strategy will be evaluated, at minimum, on an annual basis, to ensure that South Shore Health is making meaningful progress in addressing the needs outlined in the FY 2024 Community Health Needs Assessment and this implementation strategy. South Shore Health is committed to improving the health in the community, with a specific emphasis on the needs and populations outlined in this document.