

FY23-FY25 Implementation Strategy



Implementation Strategy

About the 2022 Hospital and Community Health Needs Assessment Process

Mount Auburn Hospital (MAH) is a 217-bed acute-care, Harvard-affiliated community teaching hospital. MAH was founded in 1886, and for over 100 years has been dedicated to maintaining the highest standards of excellence in care for its patients, while also educating the caregivers of tomorrow and participating in critically important research. MAH offers comprehensive inpatient and outpatient medical, surgical, obstetrical, and psychiatric services as well as specialized care in bariatrics, cardiology, cardiac surgery, orthopedics, neurology, vascular surgery, and oncology. In addition, MAH also offers a network of satellite primary care practices in several surrounding communities, as well as a range of community-based programs: MAH Radiology at Arlington; MAH MRI Center, MAH Rehabilitation Services, Outpatient Physical, and Occupational Therapy, MAH Mobile PET Unit, MAH Employee Assistance Program and Occupational Health and Rehabilitation Services in Cambridge; and MAH Imaging and Specimen Collection in Waltham. Medical education and clinical research play an important part in the hospital's mission and are considered necessary to maintain high-quality care for its patients. MAH's dual mission is to provide excellent and compassionate health care and to teach students of medicine and the health professions.

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

MAH collected a wide range of quantitative data to characterize the communities served across the hospital's Community Benefits Service Area (CBSA). MAH also gathered data to help identify leading health-related issues, barriers to accessing care, and service gaps. Whenever possible, data were collected for specific geographic, demographic, or socioeconomic segments of the population to identify disparities and clarify the needs of specific communities. The data were tested for statistical significance whenever possible and compared against data at the regional, Commonwealth, and national levels to support analysis and the prioritization process. The assessment also included data compiled at the local level from school districts, police/fire departments, and other sources. Authentic community engagement is critical to assessing community needs, identifying the leading community health priorities, prioritizing cohorts most at-risk, and crafting a collaborative, evidence-informed IS. Between October 2021 and February 2022, MAH conducted 18 one-on-one interviews with key collaborators in the community, facilitated three focus groups with segments of the population facing the greatest health-related disparities, administered a community health survey involving more than 250 residents, and organized two community listening sessions. In total, the assessment process collected information from more than 300 community residents, clinical and social service providers, and other key community partners.

Prioritization and Implementation Strategy Process

Federal and Commonwealth community benefits guidelines require a nonprofit hospital to rely on their analysis of their CHNA data to determine the community health issues and priority cohorts on which it chooses to focus its IS. By analyzing assessment data, hospitals can identify the health issues that are particularly problematic and rank these issues in order of priority. Accordingly, using an interactive, anonymous polling software, MAH's CBAC and community residents, through the community listening sessions, formally prioritized the community health issues and cohorts that they believed should be the focus of MAH's IS. This prioritization process helps to ensure that MAH maximizes the impact of its community benefits resources and its efforts to improve

health status, address disparities in health outcomes, and promote health equity.

The process of identifying the hospital's community health issues and prioritized cohorts is also informed by a review and careful reflection on the Commonwealth's priorities set by the Massachusetts Department of Public Health's Determination of Need process and the Massachusetts Attorney General's Office.

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

The following goals and strategies were developed so that they:

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

Recognizing that community benefits planning is ongoing and will change with continued community input, MAH's IS will evolve. Circumstances may change with new opportunities, requests from the community, community and public health emergencies, and other issues that may arise, which may require a change in the IS or the strategies

documented within it. MAH is committed to assessing information and updating the plan as needed.

Community Benefits Service Area

MAH's CBSA includes the six municipalities of Arlington, Belmont, Cambridge, Somerville, Watertown, and Waltham to the west of the City of Boston. Collectively, these cities and towns are diverse with respect to demographics (e.g., age, race, and ethnicity), socioeconomics (e.g., income, education and employment), and geography (e.g., urban and suburban). There is also diversity with respect to community needs. There are segments of MAH's CBSA population that are healthy and have limited unmet health needs, and other segments that face significant disparities in access, underlying social determinants, and health outcomes. MAH is committed to promoting health, enhancing access, and delivering the best care to all who live and/or work in its CBSA, regardless of race, ethnicity, language spoken, national origin, religion, gender identity, sexual orientation, disability status, immigration status, or age. MAH is equally committed to serving all patients, regardless of their health, socioeconomic status, insurance status, and/or their ability to pay for services.

MAH's CHNA focused on identifying the leading community health needs and priority cohorts living and/or working within its CBSA. In recognition of the health disparities that exist for some residents, the hospital focuses the bulk of its community benefits resources on improving the health status of those who face health disparities, experience poverty, or have been historically underserved. By prioritizing these cohorts, MAH is able to promote health and well-being, address health disparities and maximize the impact of its community benefits resources.



Beth Israel Lahey Health
Mount Auburn Hospital

Community Benefits Service Area

H Mount Auburn Hospital

- 1 Mount Auburn Hospital Radiology at Arlington
- 2 Mount Auburn Hospital MRI Center
- 3 Mount Auburn Hospital Rehabilitation Services; Outpatient Physical & Occupational Therapy
- 4 Mount Auburn Hospital Mobile PET Unit
- 5 Mount Auburn Hospital Employee Assistance Program, Occupational Health & Rehabilitation Services
- 6 Mount Auburn Hospital Imaging and Specimen Collection

Prioritized Community Health Needs and Cohorts

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

MAH Priority Cohorts



Youth



Low-Resourced Populations



Older Adults



Racially, Ethnically and Linguistically Diverse Populations



LGBTQIA+

MAH Community Health Priority Areas

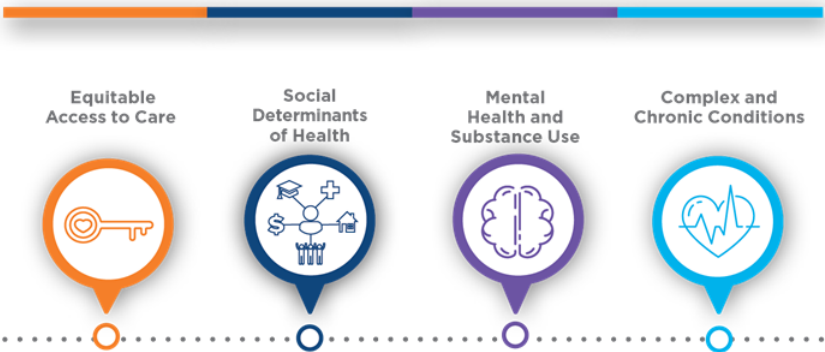
Community Health Needs Not Prioritized by MAH

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

Community Health Needs Addressed in MAH's IS

The issues that were identified in the MAH CHNA and are addressed in some way in the hospital's IS are housing issues, food insecurity, transportation, economic insecurity, build capacity of workforce, navigation of healthcare system, linguistic access barriers, cost and insurance barriers, youth mental health, stress, anxiety, depression, isolation, specialists for older adults, mental health stigma, culturally appropriate/competent health and community services, outreach/engagement for specific populations (e.g. non English speakers), resource inventory, and cross sector collaboration/partnerships/ information sharing/ referrals.

HEALTH EQUITY



Implementation Strategy Details

Priority: Equitable Access to Care

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

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

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

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
<p>Provide and promote career support services and career mobility programs to hospital employees.</p> <p>Collaborate with local community partners to strengthen the local workforce</p>	<ul style="list-style-type: none"> • Youth • Older adults • Racially, ethnically, and linguistically diverse populations • Low-resourced populations • LGBTQIA+ 	<ul style="list-style-type: none"> • Career and academic advising • Hospital-sponsored community college courses • Hospital-sponsored English Speakers of Other Languages (ESOL) classes • Workforce development partnerships 	<ul style="list-style-type: none"> • # of employees who participated • # and progress of partnerships and opportunities for employment 	<p>BILH Workforce Development Somerville Center for Adult Learning Experiences (SCALE) Cambridge Learning Center (CLC) Waltham Partnership for Youth Cole Resource Center First Source Jobs Program Groundwork Somerville</p>	<p>Social Determinants of Health</p>

Promote access to healthcare, health insurance, patient financial counselors, and needed medications for patients who are uninsured or underinsured.	<ul style="list-style-type: none">• Youth• Older adults• Racially, ethnically and linguistically diverse• Low-resourced populations• LGBTQIA+	Financial counselors	<ul style="list-style-type: none">• # of patients assisted• # financial counselors supported at Charles River Community Health	Charles River Community Health	Social Determinants of Health
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Goal: Provide equitable and comprehensive access to high-quality health care services including primary care and specialty care, as well as urgent and emerging care, particularly for those who face cultural, linguistic, and economic barriers.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Support partnerships with regional transportation providers and community partners to enhance access to affordable and safe transportation.	<ul style="list-style-type: none"> • Youth • Older adults • Racially, ethnically, and linguistically diverse populations • Low-resourced populations • LGBTQIA+ 	<ul style="list-style-type: none"> • Transportation Program • Cambridge Transportation Advisory Committee • Alewife Transportation Management Association 	<ul style="list-style-type: none"> • # rides provided • Sectors represented • Amount of resources obtained • Skill building/ education shared • # new policies/ protocols implemented 	<ul style="list-style-type: none"> • Somerville, Cambridge, Medford Transportation Services (SCM) • MBTA • Local cab companies • Alewife Transportation Management Association • City of Cambridge Transportation Task Force 	Not Applicable
Promote equitable care, health equity, health literacy for patients, especially those who face cultural and linguistic barriers.	<ul style="list-style-type: none"> • Racially, ethnically, and linguistically diverse populations • Low-resourced populations • LGBTQIA+ 	<ul style="list-style-type: none"> • Interpreter Services • Health Literacy and Education Program • Community Health Grant Program – provide an opportunity for grant funding to community organizations and municipalities 	<ul style="list-style-type: none"> • # organizations supported through funding and or technical support • # of patients assisted • # of languages provided • # educational programs • # participants • Evaluation data from program 	<ul style="list-style-type: none"> • LGBTQ+ Alliance of Belmont • Rainbow Commission of Arlington • Arlington Youth Counseling Center • Wayside Youth and Family Services • Y2Y SCALE • Cambridge Community Learning Center • Waltham Family School • Charles River Community Health 	Not Applicable

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Promote health equity for new moms.	<ul style="list-style-type: none"> • Racially, ethnically, and linguistically diverse populations • Low-resourced populations 	<ul style="list-style-type: none"> • Pre/post-natal bilingual outreach worker program. • Doula Program 	<ul style="list-style-type: none"> • # community outreach visits to pre/postnatal patients • # car seats distributed to new moms who otherwise do not have a safe way to transport their newborn • # doula births, evaluation of doula birthing experience 	<ul style="list-style-type: none"> • Charles River Community Health (CRCH) 	Not Applicable
Support cities/towns to promote resilience, emergency care, and emergency preparedness.	<ul style="list-style-type: none"> • Youth • Older adults • Racially, ethnically, and linguistically diverse populations • Low-resourced populations • LGBTQIA+ 	<ul style="list-style-type: none"> • Emergency Medical Services (EMS) training • Serve as EMS Medical Directors for Cambridge, Arlington and Belmont Medical Dispatchers, MIT EMS, and Harvard University EMS • Serve on state and regional EMS advisory boards to lend medical oversight to the region 	<ul style="list-style-type: none"> • # trainings provided • # of participants 	<ul style="list-style-type: none"> • Local health departments • PRO EMS • MIT EMS • Local Police and Fire Departments • Local school systems 	Not Applicable

Priority: Social Determinants of Health

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

There is limited quantitative data in the area of social determinants of health. Despite this, information gathered through interviews, focus groups, listening sessions, and the BID Needham Community Health Survey reinforced that these issues have the greatest impact on health status

and access to care in the region - especially issues related to housing, food insecurity/nutrition, transportation, and economic instability.

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

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Provide community health grants to support impactful programs that address issues associated with the social determinants of health.	<ul style="list-style-type: none"> • Older adults • Youth • Linguistically, ethnically, racially diverse • Low-resourced populations • LGBTQIA+ 	Community Health Grant Program - Grant funding program for community organizations and municipalities	<ul style="list-style-type: none"> • # Community Health grants awarded • Evaluation data of grant programs funded 	To be identified	Not Applicable
Participate in multi-sector community coalitions to convene stakeholders to identify and advocate for policy, systems, and environmental changes to address the social determinants of health.	<ul style="list-style-type: none"> • Youth • Older adults • Racially, ethnically, and linguistically diverse populations • Low-resourced populations • LGBTQIA+ 	Join and support multi-sector community coalitions which convene stakeholders to identify and advocate for policy, systems, and environmental changes to address the social determinants of health	<ul style="list-style-type: none"> • Sectors represented • Amount of resources obtained • # of new partnerships developed • Skill-building/education shared • # new policies/protocols implemented 	<ul style="list-style-type: none"> • Somerville Stakeholders Coalition • Cambridge Council on Aging • Waltham Interagency Network • Waltham Connections • Elder Services Providers Network • Watertown Cares Network • W2B2 Youth Wellness Collaborative 	Not Applicable

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Support education, systems, programs, and environmental changes to increase healthy eating and access to affordable, healthy foods.	<ul style="list-style-type: none"> • Youth • Older adults • Racially, ethnically, and linguistically diverse populations • Low-resourced populations • LGBTQIA+ 	<ul style="list-style-type: none"> • Community Food Distribution Program • Food Access Program 	<ul style="list-style-type: none"> • Pounds of food distributed • # of Individuals provided food and their demographics • # organizations supported through funding and or technical support 	<ul style="list-style-type: none"> • Arlington Eats • Healthy Waltham • Somerville Homeless Coalition • Local food pantries • Waltham Fields Community Farm 	Not Applicable
Screen, assess, and connect patients with health-related social needs.	<ul style="list-style-type: none"> • Youth • Older adults • Racially, ethnically, and linguistically diverse populations • Low-resourced populations • LGBTQIA+ 	Social Determinants of Health Screening program	<ul style="list-style-type: none"> • # families/ residents identified as being food insecure and/or housing insecure • # families/ residents receiving referrals to community resources 	<ul style="list-style-type: none"> • Local SNAP Match programs • Metro Housing Boston • Local community based organizations and social service agencies 	Not Applicable
Support programs that stabilize or create access to affordable housing.	<ul style="list-style-type: none"> • Youth • Older adults • Racially, ethnically, and linguistically diverse populations • Low-resourced populations • LGBTQIA+ 	Metro Housing Boston (MHB) program	<ul style="list-style-type: none"> • # patients referred to MHB case manager • # of families prevented from homelessness 	Metro Housing Boston	Not Applicable

Priority: Mental Health and Substance Use

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

In addition to the overall burden and prevalence of mental health issues, residents identified a need for more providers and treatment options, especially inpatient and outpatient treatment, child psychiatrists, peer support groups, and mental health services. Interviewees, focus group, and community listening session participants reflected on the stigma, shame, and isolation that those with mental health challenges face that limit their ability to access care and cope with their illness.

Substance use continued to have a major impact on the CBSA; the opioid epidemic continued to be an area of focus and concern, and there was recognition of the links and impacts on other community health priorities. Interviewees

reported a need for programs that address common co-occurring issues, including mental health issues and homelessness. Interviewees also reflected on the need for transitional housing and other recovery support services.

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

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Address the unique mental health needs of historically underserved youth.	<ul style="list-style-type: none"> Youth LGBTQIA+ Racially, ethnically, and linguistically diverse populations 	Community Health Grant Program - Provide an opportunity for grant funding for community organizations and municipalities	Evaluation data of grant programs	<ul style="list-style-type: none"> LGBTQ+ Alliance of Belmont Rainbow Commission of Arlington Arlington Youth Counseling Center Wayside Youth and Family Services 	Not Applicable

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Provide access to high-quality and culturally and linguistically appropriate mental health and substance use services through screening, monitoring, counseling, navigation, and treatment.	<ul style="list-style-type: none"> • Youth • Older adults • Racially, ethnically, and linguistically diverse populations • Low-resourced populations • LGBTQIA+ 	<ul style="list-style-type: none"> • Emergency Department social work navigator to support START (Substance Treatment and Referral Team) • Provide support groups • Mindfulness Based Stress Reduction Class to community • BILH Collaborative Care model 	<ul style="list-style-type: none"> • # patients screened by social worker • # support groups offered, • # participants, evaluation data of support groups • # MBSR Sessions, # participants, evaluation data of program • # of patients referred through the Collaborative Care model 	BILH Behavioral Health	Equitable Access to Care
Promote collaboration, share knowledge, and coordinate activities internally at MAH and externally with community partners.	<ul style="list-style-type: none"> • Youth • Older adults • Racially, ethnically, and linguistically diverse populations • Low-resourced populations • LGBTQIA+ 	<ul style="list-style-type: none"> • Social Work Community Support • Support and partner with community organizations to foster access to mental health care and services 	<ul style="list-style-type: none"> • # of resources shared • Sectors represented • # of new partnerships developed • Increased communication among partners 	<ul style="list-style-type: none"> • Cambridge Police Department (CPD) stakeholders • CPD Homelessness Task Force • Watertown Cares Network • Metro Housing Boston • Access Health, MA • CHNA 17 	Not Applicable
Advocate for and support policies and systems that improve behavioral health services.	<ul style="list-style-type: none"> • Youth • Older adults • Racially, ethnically, and linguistically diverse populations • Low-resourced populations • LGBTQIA+ 	Support relevant policies when proposed	# of policies and/or support system initiatives supported	BILH Government Relations	Not Applicable

Priority: Chronic and Complex Conditions

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

Resources/Financial Investment: MAH expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and

in-kind investments in programs or services operated by MAH and/or its partners to improve the health of those living in its CBSA. Additionally, MAH works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, MAH supports residents in its CBSA by providing “charity” care to individuals who are low-resourced who are unable to pay for care and services. Moving forward, MAH will continue to commit resources through the same array of direct, in-kind, leveraged, or “charity” care expenditures to carry out its community benefits mission.

Goal: Improve health outcomes and reduce disparities for individuals at-risk for or living with chronic and/or complex conditions and caregivers by enhancing access to screening, referral services, coordinated health and support services, medications, and other resources.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Ensure older adults have access to coordinated healthcare, supportive services and resources that support overall health and the ability to age in place.	Older adults	<ul style="list-style-type: none"> • Healthy Aging Program • Blood pressure screenings • Lifeline Services 	<ul style="list-style-type: none"> • # educational programs • # of participants • Evaluation data of program • # of blood pressure clinics provided in the community • # People served • # of community members receiving Lifeline at reduced cost or below rate 	<ul style="list-style-type: none"> • Area Councils on Aging (COAs) • Springwell • Somerville Cambridge Elder Services • Lifeline Services • Local community based services • Local Health Departments 	Equitable Access to Care
Provide preventive health information, services, and support for those at risk for complex and/or chronic conditions and support evidence-based chronic disease treatment and self-management programs.	<ul style="list-style-type: none"> • Older adults • Racially, ethnically, and linguistically diverse populations • Low-resourced populations • LGBTQIA+ 	<ul style="list-style-type: none"> • Free Cancer Screening Program • Survivorship Day Event • Stroke Nurse Navigator Program • Breast Cancer Support Group • Caregiver's Support Group 	<ul style="list-style-type: none"> • # free cancer screenings provided • Time between cancer finding and treatment • # people who participated • # of education materials distributed 	<ul style="list-style-type: none"> • CRCH • Community-based organizations • COAs • Elder service providers • Joslin Diabetes Center • Waltham Family School • SCALE • Cambridge Learning Center • Cambridge and Somerville Programs for Addiction Recovery (CASPAR) • American Cancer Society 	Not Applicable

General Regulatory Information

Contact Person:	Mary DeCoursey, Director of Community Benefits
Date of written plan:	June 30, 2022
Date written plan was adopted by authorized governing body:	September 13, 2022
Date written plan was required to be adopted:	February 15, 2023
Date of amended written plan:	June 1, 2025
Date amended written plan was adopted by authorized governing body:	June 10, 2025
Authorized governing body that adopted the written plan:	Mount Auburn Hospital Board of Trustees
Was the written plan adopted by the authorized governing body on or before the 15th day of the fifth month after the end of the taxable year the CHNA was completed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date facility's prior written plan was adopted by organization's governing body:	September 14, 2021
Name and EIN of hospital organization operating hospital facility:	Mount Auburn Hospital 327-702-528
Address of hospital organization:	330 Mount Auburn Street, Cambridge, MA 02138