

FY26-FY28 Implementation Strategy



Implementation Strategy

About the 2025 Hospital and Community Health Needs Assessment Process

Mount Auburn Hospital (MAH) is a Harvard Medical School-affiliated teaching hospital located in Cambridge, Massachusetts. Mount Auburn has 217 licensed inpatient beds with more than 2,100 employees and over 650 clinicians on active medical staff. With comprehensive services and expertise in obstetrics and gynecology and cardiovascular and digestive care, Mount Auburn provides advanced care in a community setting.

The Community Health Needs Assessment (CHNA) and planning work for this 2025 report was conducted between June 2024 and September 2025. 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 MAH'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 with limited resources, individuals who speak a language other than English, 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 for specific communities. The data was tested for statistical significance whenever possible and compared against data at the regional, Commonwealth, and national level to support analysis and the prioritization process. The assessment also included data compiled at the local level from school districts, police/fire departments, and other sources. Authentic community engagement is critical to assessing community needs, identifying the leading community health priorities, prioritizing cohorts most at-risk, and crafting a collaborative, evidence-informed Implementation Strategy (IS).

Between June 2024 and February 2025, MAH conducted 15 one-on-one interviews with key collaborators in the community, facilitated five focus groups with segments of the population facing the greatest health-related disparities, administered a community health survey involving more than 700 residents, and organized a community listening session. In total, the assessment process collected information from more than 800 community residents, clinical and social service providers, and other key community partners.

Prioritization and Implementation Strategy Process

Federal and Commonwealth community benefits guidelines require a nonprofit hospital to rely on their analysis of their CHNA data to determine the community health issues and priority cohorts on which it chooses to focus its IS. By analyzing assessment data, hospitals can identify the health issues that are particularly problematic and rank these issues in order of priority. This data can also be used to identify the segments of the community that face health-related disparities. 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 MAH'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 is designed to address the underlying social determinants of health and barriers to accessing care, as well as promote health equity. The content addresses the leading community health priorities, including activities geared toward health education and wellness (primary prevention), identification, screening, referral (secondary prevention) and disease management and treatment (tertiary prevention).

The following goals and strategies are developed so that they:

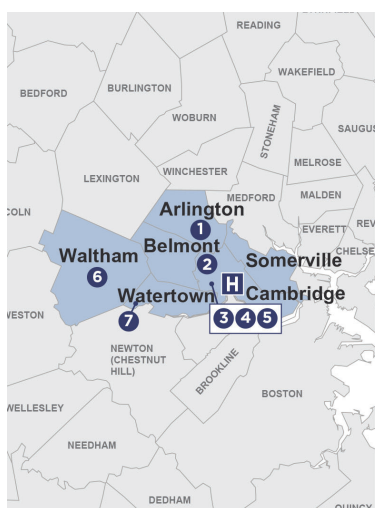
- Address the prioritized community health needs and/or populations in the hospital's CBSA
- Provide approaches across the up-, mid-, and downstream spectrum
- Are sustainable through hospital or other funding
- Leverage or enhance community partnerships
- Have potential for impact
- Contribute to the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

Recognizing that community benefits planning is ongoing and will change with continued community input, 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, Waltham, and Watertown to the west of the City of Boston. These cities and towns are diverse with respect to demographics (e.g., age, race, and ethnicity), socioeconomic (e.g., income, education, and employment), and geography (e.g., urban, 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 populations living and/or working within its CBSA. In recognition of the health disparities that exist for some residents, the hospital focuses the bulk of its community benefits resources on improving the health status of those who face health disparities, experience poverty, or who are marginalized due to their race, ethnicity, immigration status, disability status, or other personal characteristics. By prioritizing these cohorts, 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
- 7 Mount Auburn Hospital Radiology at Watertown

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 priority cohorts within the community health priority areas.

MAH Priority Cohorts



Youth



Low-Resourced Populations



Older Adults



Racially, Ethnically and Linguistically Diverse Populations



LGBTQIA+

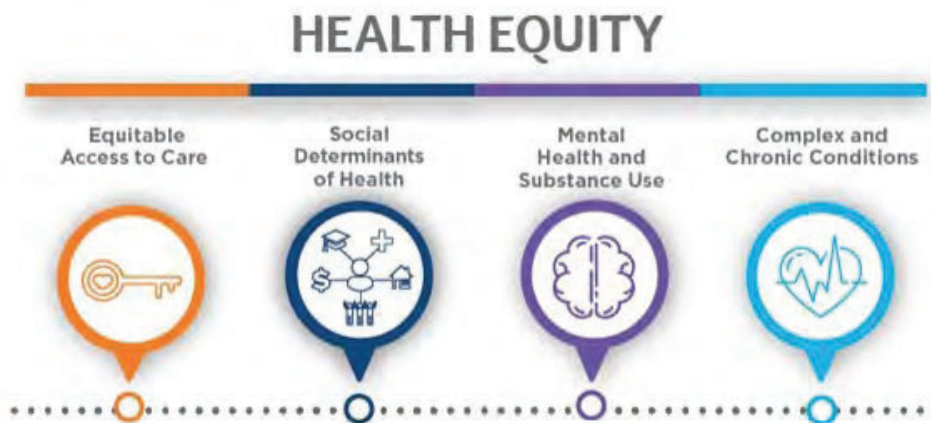
Community Health Needs Not Prioritized by MAH

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, supporting law enforcement's involvement in behavioral health initiatives and strengthening the built environment (i.e., improving roads/sidewalks) were identified as community needs but were not included in MAH's IS. While these issues are important, MAH's CBAC and senior leadership team decided that these issues were outside of the organization's sphere of influence and investments in others areas were both more feasible and likely to have greater impact. 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 IS are housing issues, food Insecurity, transportation, economic insecurity, language/cultural barriers to care, long wait times for care, navigating a complex health care system, cost and insurance barriers, youth mental health, recovery support for individuals with substance use disorder, trauma, behavioral health care navigation, social isolation among older adults, behavioral health education and prevention, conditions associated with aging, health eating/active living, and community-based chronic disease education and screening.

MAH Community Health Priority Areas



Implementation Strategy Details

Priority: Equitable Access to Care

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

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

Resources/Financial Investment: 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 free or discounted care to individuals who are low-resourced and unable to pay for care and services. Moving forward, MAH will continue to commit resources through the same array of direct, in-kind, or leveraged 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	SAMPLE METRICS	IDENTIFIED PARTNERS
Expand and enhance access to health care services by strengthening existing service capacity and connecting patients to health insurance, essential medications, and financial counseling.	<ul style="list-style-type: none"> • Low-resourced populations • Racially, ethnically, and linguistically diverse populations 	<ul style="list-style-type: none"> • Health insurance eligibility and enrollment assistance services • Financial counseling activities • Programs and activities to support culturally/linguistically competent care and interpreter services • Expanded primary care and medical specialty care services for Medicaid-covered, insured, and underinsured populations 	<ul style="list-style-type: none"> • # of people served • # of patients enrolled • # of referrals made • # of clinical practices supported 	<ul style="list-style-type: none"> • Community health centers • Hospital-based activities
Support cities/towns to promote resilience, emergency care, and emergency preparedness	<ul style="list-style-type: none"> • All priority populations 	<ul style="list-style-type: none"> • Emergency medical services, training, leadership, and community preparedness activities 	<ul style="list-style-type: none"> • # of people served • # of classes/trainings organized • # of towns serving as Medical Director 	<ul style="list-style-type: none"> • Private, non-profit, health-related agencies • First responders
Advocate for and support policies and systems that improve access to care	<ul style="list-style-type: none"> • All priority populations 	<ul style="list-style-type: none"> • Advocacy activities 	<ul style="list-style-type: none"> • # of policies supported 	<ul style="list-style-type: none"> • Hospital-based activities

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	SAMPLE METRICS	IDENTIFIED PARTNERS
Support community/regional programs and partnerships to enhance access to affordable and safe transportation.	<ul style="list-style-type: none"> • All priority populations 	<ul style="list-style-type: none"> • Public transit and mobility enhancement programs • Transportation and ride share assistance programs 	<ul style="list-style-type: none"> • # of people served • # of rides provided • # of community meetings attended 	<ul style="list-style-type: none"> • Private, non-profit, health-related agencies • Hospital-based activities

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.

Information gathered through interviews, focus groups, listening session, and the 2025 MAH Community Health Survey reinforced that these issues have considerable impacts 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 free or discounted care to individuals who are low-resourced and unable to pay for care and services. Moving forward, MAH will continue to commit resources through the same array of direct, in-kind, or leveraged 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	SAMPLE METRICS	IDENTIFIED PARTNERS
Support programs and activities that promote healthy eating and active living by expanding access to physical activity and affordable, nutritious food.	<ul style="list-style-type: none"> Low-resourced populations 	<ul style="list-style-type: none"> Food access, nutrition support, and educational programs and activities 	<ul style="list-style-type: none"> # of people served # of pantries/farmers markets # of classes organized 	<ul style="list-style-type: none"> Private, non-profit, and health-related agencies Community-based organizations
Support programs and activities that assist individuals and families experiencing unstable housing to address homelessness, reduce displacement, and increase home ownership.	<ul style="list-style-type: none"> Low-resourced populations 	<ul style="list-style-type: none"> Housing assistance, navigation, and resident support activities Community investment and affordable housing initiatives 	<ul style="list-style-type: none"> # of people/families served # of people who secured housing 	<ul style="list-style-type: none"> Housing support and community development agencies Community-based organizations

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	SAMPLE METRICS	IDENTIFIED PARTNERS
Provide and promote career support services and career mobility programs to hospital employees and employees of other community partner organizations	<ul style="list-style-type: none"> • All priority populations 	<ul style="list-style-type: none"> • Career advancement and mobility programs 	<ul style="list-style-type: none"> • # of employees served • # of people hired • # of classes/ programs organized 	<ul style="list-style-type: none"> • Cultural, linguistic, and community advocacy programs • Hospital-based activities
Advocate for and support policies and systems that address social determinants of health.	<ul style="list-style-type: none"> • All priority populations 	<ul style="list-style-type: none"> • Advocacy activities 	<ul style="list-style-type: none"> • # of policies supported 	<ul style="list-style-type: none"> • Hospital-based activities

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.

In addition to the overall burden and prevalence of mental health issues, residents identified a need for more providers and treatment options. Those who participated in the assessment also reflected on the difficulties individuals face when navigating the behavioral health system.

Substance use remained a major issue in the CBSA, with ongoing concern about opioids and alcohol. It was also recognized as closely connected to other community health challenges like mental health and economic insecurity.

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 free or discounted care to individuals who are low-resourced and unable to pay for care and services. Moving forward, MAH will continue to commit resources through the same array of direct, in-kind, or leveraged 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	SAMPLE METRICS	IDENTIFIED PARTNERS
Support mental health and substance use education, awareness, and stigma reduction initiatives.	<ul style="list-style-type: none"> All priority populations 	<ul style="list-style-type: none"> Health education, awareness, and wellness activities for all age groups Support groups (peer and professional-led) 	<ul style="list-style-type: none"> # of people served # of classes organized # of encounters 	<ul style="list-style-type: none"> Private, non-profit, health-related agencies Hospital-based activities
Support activities and programs that expand access, increase engagement, and promote collaboration across the health system so as to enhance high-quality, culturally and linguistically appropriate services.	<ul style="list-style-type: none"> All priority populations 	<ul style="list-style-type: none"> Primary care and behavioral health integration and collaborative care programs Outreach, support, and navigation programs and activities Substance use and mental health screening, monitoring, counseling, and referral programs Crisis intervention and early response programs and activities Health education, awareness, and wellness activities 	<ul style="list-style-type: none"> # of people served # of encounters # of referrals made # of classes/programs organized # of clinical practices supported 	<ul style="list-style-type: none"> Private, non-profit, health related agencies Hospital-based activities
Advocate for and support policies and programs that address mental health and substance use.	<ul style="list-style-type: none"> All priority populations 	<ul style="list-style-type: none"> Advocacy activities 	<ul style="list-style-type: none"> # of policies supported 	<ul style="list-style-type: none"> Hospital-based activities

Priority: Chronic and Complex Conditions

In the Commonwealth, chronic conditions like cancer, heart disease, chronic lower respiratory disease, and stroke account for four of the six leading causes of death statewide, and it is estimated that there are more than \$41 billion in annual costs associated with chronic disease. 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 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 free or discounted care to individuals who are low-resourced and unable to pay for care and services. Moving forward, MAH will continue to commit resources through the same array of direct, in-kind, or leveraged 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/o 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	SAMPLE METRICS	IDENTIFIED PARTNERS
Support education, prevention, and evidence-based chronic disease treatment and self-management support programs for individuals at risk for or living with complex and chronic conditions and/or their caregivers.	• All priority populations	<ul style="list-style-type: none"> • Fitness, nutrition, and healthy living programs and activities • Cancer education, wellness, navigation, and survivorship programs • Chronic disease management, treatment and self-care support programs 	<ul style="list-style-type: none"> • # of people served • # of classes organized 	• Private, non-profit, and health-related agencies
Promote maternal health equity by addressing the complex needs that arise during the prenatal and postnatal periods, supporting access to culturally responsive care, meeting social needs, and reducing disparities in maternal and infant outcomes.	• All priority populations	<ul style="list-style-type: none"> • Care navigation, case management, and referral programs • Support groups (peer and professional-led) 	<ul style="list-style-type: none"> • # of people served • # of classes/groups organized 	• Hospital-based activities
Advocate for and support policies and systems that address those with chronic and complex conditions.	• All priority populations	• Advocacy activities	• # of policies supported	• Hospital-based activities

General Regulatory Information

Contact Person:	Mary DeCoursey, Community Benefits Director
Date of written report:	June 30, 2025
Date written report was approved by authorized governing body:	September 9, 2025
Date of written plan:	June 30, 2025
Date written plan was adopted by authorized governing body:	September 9, 2025
Date written plan was required to be adopted	February 15, 2026
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date facility's prior written plan was adopted by organization's governing body:	September 13, 2022
Name and EIN of hospital organization operating hospital facility:	Mount Auburn Hospital: 04-2103606
Address of hospital organization:	330 Mt. Auburn Street Cambridge, MA 02138

