Current Status: Published **Data as of:** 7/3/2024 10:58:20 AM

Organization Information

Organization Address and Contact Information	
Organization Name:	Lawrence General Hospital
Address (1):	1 General Street PO Box 189
City, State, Zip:	Lawrence, Massachusetts 01842-0389
Web Site:	www.lawrencegeneral.org
Contact Name:	Christina Wolf
Contact Title:	Executive Director
Contact Department:	Population Health & Care Continuum
Telephone Num:	(978) 683-4000
Fax Num:	(978) 682-2698
E-Mail Address:	christina.wolf@lawrencegeneral.org
Contact Address (1): (If different from above)	1 General Street
City, State, Zip:	Lawrence, Massachusetts 01841

Organization Type and Additional Attributes	
Organization Type:	Hospital
For-Profit Status:	Not-For-Profit
Health System:	Not Specified
Community Health Network Area (CHNA):	Greater Lawrence Community Health Network(CHNA 11),
Regions Served:	Andover, County-Essex, Haverhill, Lawrence, Methuen, North Andover, Other-Merrimack Valley,

CB Mission

Community Benefits Mission Statement
Lawrence General Hospital is a private, not-for-profit hospital providing quality medical care and related services to the people of the Greater Lawrence community. Our physicians and caregivers offer treatment to all patients, regardless of their race, ethnicity, national origin, gender, religion, age, marital status, sexual orientation, gender identity, socioeconomic status, veteran status, disability, and other characteristics that make our patients and employees unique. Every member of our clinical team works to assure the level of care the Hospital provides, supporting community education and research to improve the health of the citizens of the Merrimack Valley. To the extent that they enable us to enhance our ability to deliver on our mission and expand our range of services, we work closely and collaboratively with other healthcare institutions.

Target Populations

Name of Target Population	Basis for Selection
Residents of primary service area	Primary obligation
Hispanic community	Underserved, low income, new immigrants

Publication of Target Populations
Not Specified

Hospital/HMO Web Page Publicizing Target Pop.
Not Specified

Key Accomplishments of Reporting Year
Implementation Strategy Accomplishments in 2023

The Lawrence General Hospital (LGH) Community Health Needs Assessment (CHNA) Steering Committee, the LGH Community Benefits Advisory Council (CBAC), and other community stakeholders engaged during the CHNA Process prioritized four areas to address in the 2023-2025 Implementation Strategy: Behavioral Health, Social Determinants of Health, Access to Care, and Chronic and Complex Conditions and their Risk Factors. Within each priority, LGH endeavors to also address elements of racism, discrimination and/or health equity. The report below outlines progress made in each priority category.

Behavioral Health
LGH aims to support access to behavioral health (BH) services by 1. Participating in multisector community efforts to promote collaboration between sectors and improve access to services for individuals with behavioral health needs, substance use disorder, recent opioid overdose, and/or homelessness, and 2. Expanding access to services and improving the quality of care for patients in crisis. Specific activities in 2023 included:
â€¢ Participated in weekly Lawrence HUB meetings with local providers, service agencies, and law enforcement, to coordinate outreach to and services for people with recent opioid overdose.
â€¢ Applied for multi-year Bureau of Substance Addiction Services (BSAS) funding to support an embedded Greater Lawrence Family Health Center (GLFHC) Addiction Medicine team at the hospital and expand the GLFHC Bridge Clinic.
â€¢ Huddled twice weekly with the Beth Israel Lahey Hospital (BILH) Community Behavioral Health Center (CBHC) team to ensure close care coordination for patients presenting to the LGH Emergency Center (EC) for BH crisis care.

â€¢ Hired and deployed an in-house BH Crisis team including Clinicians, Placement Coordinators, Technicians, and a Care Coordinator. To meet the needs of our patient population which is majority Hispanic and/or Spanish speaking, more than 50% of BH team members are Hispanic and/or bilingual (English/Spanish).
â€¢ Participated in the Boston Medical Center (BMC) Healing Community Study alongside other key stakeholders in Lawrence such as GLFHC and the Lawrence Methuen Community Coalition (LMCC). This study focused on decreasing opioid overdose deaths and increasing access to opioid use disorder treatment options in Lawrence, MA.
â€¢ Served on the BILH CBHC Community Advisory Board along with other key community stakeholders.
â€¢ Supported the City of Lawrence Mayorâ€™s Health Task Force (MHTF) staff with leftover DON funding, $318 of which was allocated to Mental Health/Substance Use Disorder initiatives (total DON funds utilized in 2023 by the MHTF was $159,475.42).
â€¢ Planned to continue participation in the LLEAPS nâ€™ Bounds project to embed BH clinicians within the Lawrence Police Department as first responders to 911 calls related to people in BH crisis, however the project did not move forward in 2023 as anticipated.
Collaborators: City of Lawrence, MHTF, BSAS, BMC, BILH CBHC, LMCC, GLFHC.

Social Determinants of Health (SDOH)
LGH aims to address SDOH by: 1. Participating in multisector community coalitions to promote collaboration, advocate for enhanced policies/system changes that address the SDOH (e.g., housing, food insecurity, economic insecurity), 2. Implement SDOH screening/assessment, and referral activities that Identify those who are being impacted by social factors and ensure those with unmet needs are linked to and engaged with community resources, and 3. Promote job training and employment opportunities for those experiencing economic insecurity or who lack meaningful opportunities for advancement. Specific activities in 2023 included:
â€¢ Supported the City of Lawrence MHTF Coordinator, Project Manager, Grant Writer, and Community Health Worker positions as well as initiatives and supplies with leftover DON funding (total $159,475.42). The MHTF team engages a broad coalition of social service agencies, community based organizations, and healthcare providers in monthly meetings and initiatives to address SDOH in the city of Lawrence.
â€¢ Served as a core partner in the Merrimack Valley Food Systems Resiliency Partnership, whose 2022 activities were funded by the Essex County Community Foundation (ECCF), resulting in a report entitled â€œMerrimack Valley Food Systems Resiliency Partnership: Essex County Community Foundation Grant Report December 2022â€ published in 2023. LGH has continued to serve as a core partner to drive action items included in that report, including the development of a public-facing food resource map/library.
â€¢ Leveraged the assistance of a Community Engagement Fellow from Merrimack College to provide logistical support (meeting schedule, agendas, minutes, and creation of a shared Google drive) for the Merrimack Valley Homelessness Coalition, a regional group that meets monthly to share resources and information related to unsheltered families and individuals.
â€¢ Continued to serve on the Lawrence Partnership Board, supporting its mission to develop and implement â€œinitiatives that support small businesses, foster leadership and grow the workforce,â€ promoting economic development in Lawrence, MA.
â€¢ Deployed Case Management Resource Specialists to ensure that patients in need of assistance with housing, transportation, food, utilities, are referred or connected to these resources prior to discharge from the hospital.
â€¢ As a participant in the stateâ€™s Health Quality and Equity Incentive Program (HQEIP), LGH identified an evidence based SDOH screening tool and modified it to fit the hospitalâ€™s patient population, developed new SDOH screening and response workflows, and embedded the screening in the hospitalâ€™s EMR. LGH expects to launch inpatient SDOH screenings with admitted patients in early 2024.
â€¢ Screened 1,740 CMA patients for SDOH needs at annual or new patient primary care visits, 351 (20%) of patients screened had one or more SDOH need and were offered Community Health Worker (CHW) support to connect to needed services in the community.
â€¢ Utilized Point32Health funding to contract with Unite Us to continue utilizing its closed-loop, SDOH referral platform through 2025. Originally funded by the My Care Family Medicaid ACO which ended in March 2023, the hospital had to enter a new 3-year contract with Unite Us in order to continue leveraging and building upon this valuable tool.
â€¢ Hosted 113 local youth as hospital volunteers and interns, providing valuable opportunities to gain experience in healthcare, and interact with both healthcare professionals and patients in various areas of the hospital. Additionally, the Information Systems department hosted Lawrence High School students as interns looking to gain IT experience.
â€¢ Provided $11,500 in funding to Top Notch Scholars to support student interns.
â€¢ Held three in-person job fairs at LGH, widely advertised across the region in both English and Spanish.
Collaborators: MHTF, Groundwork Lawrence (GWL), Merrimack Valley Homeless Coalition, Lawrence Partnership, Unite Us, Top Notch Scholars

Access to Care
Lawrence General Hospital aims to improve access to care by: 1. Providing proactive, specialized, linguistically/culturally appropriate eligibility assessment and financial/health insurance counseling services that help to ensure that individuals without health insurance and/or experiencing economic insecurity have access to health insurance, 2. Develop initiatives that support those with more complex or intense needs to navigate the system and coordinate their care (clinical and non-clinical services) across the system, and 3. Develop partnerships to enhance access and promote transportation equity with regional transportation providers and community partners. Specific activities in 2023 included:
â€¢ LGH Certified Application Counselors assisted an estimated 3,000 individuals and families to apply for and obtain health insurance.
â€¢ Community Health Worker (CHW) Community Medical Associates (CMA), the hospitalâ€™s primary care practice, became a Certified Application Counselor to independently provide insurance enrollment/re-enrollment assistance to patients as needed.
â€¢ Transitioned from My Care Family Medicaid Accountable Care Organization (ACO) to Mass General Brigham (MGB) ACO on April 1, 2023, with approximately 2,500 MassHealth members. Provided high-risk ACO members with access to Care Management, Community Partner, and Flexible Services (housing and nutrition) programs as needed.
â€¢ Entered Tufts Medicare Preferred contract with Steward Health and utilized CareMax Managed Services Organization (MSO) to deliver Care Management to enrolled, high-risk seniors and improve access to disease management and preventive care.
â€¢ Utilized Blue Cross Blue Shield of MA (BCBSMA) grant funding to hire a bilingual Patient Navigator who assists LIHPN practices to close breast cancer screening gaps, engages in community outreach and education activities in partnership with the YWCA, and outreaches women who have missed a mammogram appointment to ensure they have an opportunity to reschedule.
â€¢ Partnered with Dana Farber Cancer Institute (DCFI) and GLFHC in a project to provide navigation support for and improve Hispanic patient access to timely colorectal cancer screenings.
â€¢ Expended $7,258.45 of hospital funds to support Uber Health rides for patients, and $7,053.00 to support chair van transportation to patients as needed, in partnership with Crossways.
â€¢ Initiated Uber rides for women who lacked transportation to obtain a mammogram â€“ 15 rides provided in 2023.
â€¢ Worked with the Merrimack Valley Transit Authority (MEVA) to add 25 Marston Street in Lawrence to bus route #4. While this building houses critical outpatient services including primary and urgent care, laboratory, imaging, physical and occupational therapy, the free MEVA bus system did not stop there. Local residents seeking care at this location could only access through private transportation, taxis, Uber/Lyft, or by walking from the hospital bus stop.
â€¢ Provided free Uber Health rides for women who lacked transportation to breast cancer screening, serving a total of fifteen patients in 2023.
Collaborators: MGB ACO, Steward Health, CareMax, BCBSMA, YWCA, DCFI, GLFHC, Uber Health, Crossways, MEVA

Chronic and Complex Conditions and their Risk Factors
Lawrence General Hospital aims to address chronic and complex conditions and their risk factors by: 1. Developing and supporting initiatives that raise awareness and educate community residents about the importance of healthy eating and active living, including efforts that help people to change unhealthy behaviors, 2. Increasing capacity and expanding access to chronic disease screening, assessment, and referral initiatives in clinical and non-clinical settings (e.g., hypertension, diabetes, asthma, depression, etc.), and

3. Increase access to evidence-informed, linguistically/culturally appropriate, self-management support programming for those with chronic medical conditions. Specific activities in 2023 included:
â€¢ The City of Lawrence Mayorâ€™s Health Task Force (MHTF) continued to use DON funds provided by the hospital in 2014 to support three community health festivals in Lawrence: S.A.L.S.A. (Supporting Active Lifestyles for All) in June 2023 and 2 Ciclovia events (festivals celebrating bicycling and other non-motorized forms of transportation) in August 2023.
â€¢ Provided $8000 in funding to GWL to support year-round Farmerâ€™s Markets, community gardens, Spicket River Cleanup, 5K, Earth Day, and other efforts across the LGH CBSA.
â€¢ Utilized BCBSMA grant funding to build an Ambulatory Health Equity dashboard to help identify and address disparities in health metrics such as blood pressure and diabetes control, depression screening, cancer screenings, and annual PCP visits.
â€¢ Utilized Cummings Foundation and other private foundation funds to deliver thirteen free community blood pressure screenings in partnership with local community based organizations, churches, municipalities, senior centers, public libraries, and small businesses. This program served a total of 420 residents and distributed seventy-eight free blood pressure monitors in 2023.
â€¢ Hired a full-time, bilingual (Spanish/English) Registered Nurse to serve as the hospitalâ€™s first Community Engagement Program Manager and purchased a mobile health unit to serve as the hospitalâ€™s community engagement vehicle, dubbed â€œHealth on Wheels/Salud en Ruedas.â€
â€¢ Hosted twice-monthly Medical Grand Rounds for hospital and local independent providers on a broad range of topics including HIV, COVID-19, COPD (Chronic Obstructive Pulmonary Disease), Kidney disease, and Addiction Medicine.
â€¢ LGH Weight Management Clinic staff visited all GLFHC locations to provide education on services offered, and shared informational materials with other local primary care practices. Additionally, the clinic offered virtual education sessions to the public each month in English and Spanish.
â€¢ Provided post-discharge outreach and transitional care management to Medicare beneficiaries hospitalized at LGH with heart failure, COPD, or heart attack.
â€¢ Contracted with Wolterâ€™s Kluwerâ€™s Emmi Educate, recently ranked #1 by KLAS for delivering â€œtrusted, vetted clinical content to patients to partner in their careâ€, primarily in the form of low-barrier, evidence-based patient education videos available in multiple languages. Emmi Educate video content will be available to the patients and the public on the LGH website and at points of care in both English and Spanish, starting in early 2024.
Collaborators: MHTF, GWL, BCBSMA, Cummings Foundation, The Center, The Robb Center, City of Andover, City of Methuen, LGH Medical Staff Office, LGH Weight Management Clinic, Emmi Educate.

Plans for Next Reporting Year
Implementation Strategy Planned Activities in 2024

The Lawrence General Hospital (LGH) Community Health Needs Assessment (CHNA) Steering Committee, the LGH Community Benefits Advisory Council (CBAC), and other community stakeholders in engaged during the CHNA Process prioritized four areas to address in the 2023-2025 Implementation Strategy: Behavioral Health, Social Determinants of Health, Access to Care, and Chronic and Complex Conditions and their Risk Factors. Within each priority, LGH endeavors to also address elements of racism, discrimination and/or health equity. The report below outlines planned activities in each priority category for 2024.

Behavioral Health
LGH aims to support access to behavioral health (BH) services by one. Participating in multisector community efforts to promote collaboration between sectors and improve access to services for individuals with behavioral health needs, substance use disorder, recent opioid overdose, and/or homelessness, and two. Expanding access to services and improving the quality of care for patients in crisis. Specific activities in 2023 included:
â€¢ Continue to participate in weekly Lawrence HUB meetings with local providers, service agencies, and law enforcement, to coordinate outreach to and services for people with recent opioid overdose.
â€¢ Implement multi-year Bureau of Substance Abuse Services (BSAS) grant and continue to support an embedded Greater Lawrence Family Health Center (GLFHC) Addiction Medicine team at LGH and expand the GLFHC Bridge Clinic.
â€¢ Huddle twice weekly with the Beth Israel Lahey Hospital (BILH) Community Behavioral Health Center (CBHC) team, weekly with the GLFHC BH team, and monthly with the C3 ACO team and BH Community partners to ensure close care coordination for patients presenting to the LGH Emergency Center (EC) for BH crisis care.
â€¢ Participate in community opioid coalition, hosted by the Lawrence Methuen Community Coalition (LMCC) as a continuation of the work initiated with the Boston Medical Center Healing Communities Study in 2023, and attended by key community and provider stakeholders.
â€¢ Continue to serve on the BILH CBHC Community Advisory Board along with other key community stakeholders.
â€¢ Supported the City of Lawrence Mayorâ€™s Health Task Force (MHTF) staff with leftover DON funding, $318 of which was allocated to Mental Health/Substance Use Disorder initiatives (total DON funds utilized in 2023 by the MHTF was $159,475.42).
Collaborators: City of Lawrence, MHTF, BSAS, BILH CBHC, LMCC, GLFHC.

Social Determinants of Health (SDOH)
LGH aims to address SDOH by: 1. Participating in multisector community coalitions to promote collaboration, advocate for enhanced policies/system changes that address the SDOH (e.g., housing, food insecurity, economic insecurity), 2. Implement SDOH screening/assessment, and referral activities that Identify those who are being impacted by social factors and ensure those with unmet needs are linked to and engaged with community resources, and 3. Promote job training and employment opportunities for those experiencing economic insecurity or who lack meaningful opportunities for advancement. Specific activities in 2023 included:
â€¢ Continue to participate in MHTF meetings and initiatives to address SDOH in Lawrence.
â€¢ Continue to serve as a core partner in the Merrimack Valley Food Systems Resiliency Partnership, particularly in the development of a public-facing food resource map/library.
â€¢ Continue to support monthly the Merrimack Valley Homelessness Coalition meetings to ensure open communication and resource sharing between agencies, providers, and other interested parties.
â€¢ Continue to serve on the Lawrence Partnership Board, supporting its mission to develop and implement â€œinitiatives that support small businesses, foster leadership and grow the workforce,â€ promoting economic development in Lawrence, MA.
â€¢ Initiate SDOH screening and referrals for admitted patients at LGH.
â€¢ Continue to participate in the state HQEIP, initiating the collection of patient sexual orientation, gender identity, disabilities, and accommodation needs, and delivering Disability Competent Care model training to at least 25% of our patient-facing staff.
â€¢ Continue to screen CMA patients for SDOH needs at annual and new patient primary care visits, utilizing the Community Health Worker (CHW) role to ensure patients in need are connected to appropriate resources.
â€¢ Continue to utilize and build upon the local Unite Us SDOH referral network.
â€¢ Host > 100 local youth as hospital volunteers and interns, providing valuable opportunities to gain experience in healthcare.
â€¢ Partner with Lawrence Community Works (LCW) and GLFHC to deliver Medical Customer Service to community members who seek employment in healthcare and support current employee success and retention by making this training available to entry-level LGH staff in ambulatory departments (e.g., Physical Therapy, Primary Care, etc.).
Collaborators: MHTF, Groundwork Lawrence (GWL), Merrimack Valley Homeless Coalition, Lawrence Partnership, Unite Us, Top Notch Scholars

Access to Care
Lawrence General Hospital aims to improve access to care by: 1. Providing proactive, specialized, linguistically/culturally appropriate eligibility assessment and financial/health insurance counseling services that help to ensure that individuals without health insurance and/or experiencing economic insecurity have access to health insurance, 2. Develop initiatives that support those with more complex or intense needs to navigate the system and coordinate their care (clinical and non-clinical services) across the system, and 3. Develop partnerships to enhance access and promote transportation equity with regional transportation providers and community

partners. Specific activities in 2023 included:
â€¢ LGH Certified Application Counselors and primary care CHW will continue to provide free insurance application assistance to individuals and families without coverage.
â€¢ Continue to provide high-risk Medicaid ACO members with expanded access to Care Management, Community Partner support (BH and Long Term Supports and Services or LTSS), and Flexible Services (housing and nutrition) programs as needed.
â€¢ Continue to work with a Managed Services Organization (MSO) to deliver Care Management and expanded access to disease management and preventive care to high-risk Medicare beneficiaries enrolled in Tufts Medicare Preferred (TMP) and Medicare Shared Savings Plan (MSSP).
â€¢ Continue to utilize BCBSMA grant funding to support the YWCA in delivering free â€œcharlasâ€ targeting Hispanic women to educate them on the importance of and how to access breast cancer screening.
â€¢ Continue to support Patient Navigation services to drive improvements in preventive cancer screening access for communities served by LGH.
â€¢ Continue collaboration with Dana Farber Cancer Institute (DCFI) and GLFHC to improve cancer screening, with a focus in 2024 on lung cancer screening and care navigation support.
â€¢ Continue to allocate a portion of the Integrated Care budget to support Uber Health and chair van transportation for patients in need.
â€¢ Continue to collaborate with MEVA to ensure local healthcare providers and patients are aware of, and able to access, all free MEVA medical transportation options.
Collaborators: MGB ACO, YWCA, DCFI, GLFHC, Uber Health, Crossways, MEVA

Chronic and Complex Conditions and their Risk Factors
Lawrence General Hospital aims to address chronic and complex conditions and their risk factors by: 1. Developing and supporting initiatives that raise awareness and educate community residents about the importance of healthy eating and active living, including efforts that help people to change unhealthy behaviors, 2. Increasing capacity and expanding access to chronic disease screening, assessment, and referral initiatives in clinical and non-clinical settings (e.g., hypertension, diabetes, asthma, depression, etc.), and 3. Increase access to evidence-informed, linguistically/culturally appropriate, self-management support programming for those with chronic medical conditions. Specific activities in 2023 included:
â€¢ Complete a project with Health Research in Action (HRIA) to identify current barriers and facilitators to primary care for residents in our service area. Qualitative findings from this project will be paired with quantitative health equity data derived from the hospitalâ€™s primary care practice electronic medical record and used to improve service delivery and care access.
â€¢ Continue to utilize Cummings Foundation and other private foundation funds to deliver free community blood pressure screenings in partnership with local community based organizations, churches, municipalities, senior centers, public libraries, and small businesses. Our goal is to deliver at least twenty-four screenings annually and to identify ways to expand to other conditions such as high cholesterol and diabetes.
â€¢ Hire per-diem, bilingual (Spanish/English) Community Health Screeners to support the Community Engagement Program Manager in delivering free health screenings and education in the community.
â€¢ Continue to host twice-monthly Medical Grand Rounds for hospital and local independent providers on a broad range of topics.
â€¢ Collaborate with community stakeholders to explore local gaps in Tuberculosis and identify potential solutions.
â€¢ LGH Weight Management Clinic to continue educating local PCPs on services offered and continue to provide community-facing informational sessions.
â€¢ Continue to provide post-discharge outreach and transitional care management to Medicare beneficiaries hospitalized at LGH with heart failure, COPD, or heart attack.
â€¢ Address patient health literacy needs through implementation of Emmi Educate across the system.
Collaborators: MHTF, GWL, BCBSMA, Cummings Foundation, The Center, The Robb Center, City of Andover, City of Methuen, LGH Medical Staff Office, LGH Weight Management Clinic, Emmi Educate.

Community Benefits Process

Community Benefits Leadership/Team
Not Specified

Community Benefits Team Meetings
Not Specified

Community Partners
Not Specified

Community Health Needs Assessment

Date Last Assesment Completed and Current Status

8/31/2022

Consultants/Other Organizations

Not Specified

Data Sources

Community Focus Groups, Hospital, Interviews, Other, Public Health Personnel, Surveys, Secondary health and census data publicly available on state/federal websites.

CHNA Document - PDF format 2022 CHNA FINAL.PDF

Implementation Strategy (optional)

File Upload (optional) APPENDIX E 2023.2025 IMPLEMENTATION STRATEGY.PDF

Community Benefits Programs

Breast Cancer Education Partnership with YWCA	
Program Type	Not Specified
Statewide Priority	Not Specified

EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities (optional)	Education, Social Environment,
Target Population	• **Regions Served:** Lawrence, • **Health Indicator:** Cancer-Breast, Other-Cultural Competency, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Access to Transportation, Social Determinants of Health-Language/Literacy, • **Sex:** Female, • **Age Group:** Adults, • **Ethnic Group:** Hispanic/Latino, • **Language:** Spanish,

Goal Description	**Goal Status**
Suppor the YWCA in delivering up to 52 charlas annually to Hispanic women on breast cancer screenings.	Partially met

Partners

Partner Name, Description	**Partner Web Address**
YWCA	https://ywcanema.org/

Contact Information	Briana Correa, 978-683-4000
Detailed Description	Partnered with the YWCA to delivery free "charlas" or informal educational sessions on the importance of breast cancer screenings and connection to Patient Navigator support to obtain mammogram appointments.

Community Cardiac Screening and Education

Program Type	Not Specified
Statewide Priority	Not Specified
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities (optional)	Education,
Target Population	• **Regions Served:** Andover, Lawrence, Methuen, • **Health Indicator:** Chronic Disease-Hypertension, Chronic Disease-Stroke, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Education/Learning, Social Determinants of Health-Language/Literacy, Social Determinants of Health-Uninsured/Underinsured, • **Sex:** All, • **Age Group:** Adults, Elderly, • **Ethnic Group:** All, • **Language:** All,

Goal Description	**Goal Status**
Deliver at least 12 free community blood pressure screening events in the LGH service area.	Exceeded

Partners

Partner Name, Description	**Partner Web Address**
Groundwork Lawrence	groundworklawrence.org
Greater Lawrence Family Health Center	glfhc.org
Mayor's Health Task Force	https://mhtflawrence.org/
AMEDAL - Asociacion Ministerial Evangelica Del Area de Lawrence	https://www.facebook.com/AMEDAL.MV/about/?ref=page_internal
The Robb Center - senior center in Andover, MA	https://andoverma.gov/227/Elder-Services

Contact Information	Christina Wolf, 978-683-4000 x 2108
Detailed Description	LGH held 13 free blood pressure screening and education events with various partners in the community including Groundwork Lawrence, the Mayor's Health Task Force, the Robb Center, local beauty salons, libraries, churches and municipalities (Lawrence, Methuen, Andover), AMEDAL (a faith-based group of local pastors). Participants received free blood pressure screening, results were discussed in their primary language (Spanish or English) and educational materials on heart failure, stroke, and managing hypertension were shared (again, in Spanish and English). Patients were also offered free home blood pressure monitors and received nurse follow-up to ensure: 1. Ability to use BP monitor, 2. Connection to PCP, and 3. Connection to other needed resources such as health insurance or specialty care. This program served a total of 450 residents and distributed 78 free BP monitors.

Groundwork Lawrence Sponsorship and Partnership

Program Type	Not Specified
Statewide Priority	Not Specified
EOHHS Focus Issue(s) (optional)	N/A,
DoN Health Priorities (optional)	Built Environment, Social Environment,
Target Population	• **Regions Served:** Haverhill, Lawrence, Methuen, • **Health Indicator:** Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Environmental Quality, Social Determinants of Health-Nutrition, • **Sex:** All, • **Age Group:** All, • **Ethnic Group:** All, • **Language:** All,

Goal Description	Goal Status
Provide financial and other support to GWL programs and events.	Met

Partners

Partner Name, Description	Partner Web Address
Groundwork Lawrence	www.groundworklawrence.org

Contact Information	Lesly Melendez, Groundwork Lawrence, (978) 974-0770
Detailed Description	LGH annually sponsors Groundwork Lawrence, supporting Farmer's Markets and community gardens that provide local access to healthy produce, the Greenway 5K, Spicket River Cleanup, Earth Day celebration and other events.

Insurance Application and Enrollment Assistance

Program Type	Not Specified
Statewide Priority	Not Specified
EOHHS Focus Issue(s) (optional)	N/A,
DoN Health Priorities (optional)	Social Environment,
Target Population	• **Regions Served:** Andover, Haverhill, Lawrence, Methuen, North Andover, • **Health Indicator:** Social Determinants of Health-Uninsured/Underinsured, • **Sex:** All, • **Age Group:** Adults, All, Children, Elderly, Infants, Teenagers, • **Ethnic Group:** All, • **Language:** All,

Goal Description	Goal Status
Assist 3000 or more community members to enroll in health insurance.	Met

Partners

Partner Name, Description	Partner Web Address
Not Specified	Not Specified

Contact Information	Kristen Woods, 978-683-4000
Detailed Description	The LGH Financial Counseling team provides comprehensive insurance application assistance to any individual in need, not just to our patients, and helps people understand how to use their coverage. This service is available to any member of the public at no cost. The Financial Counseling team is bilingual (Spanish/English), serving many low-income residents and newly arrived immigrants. In 2023 this team served an estimated 3000 individuals.

Mayor's Health Task Force Support

Program Type	Not Specified
Statewide Priority	Not Specified
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness, Mental Illness and Mental Health, Substance Use Disorders,
DoN Health Priorities (optional)	Built Environment, Housing, Social Environment,
Target Population	• **Regions Served:** Lawrence, • **Health Indicator:** Chronic Disease-Diabetes, Health Behaviors/Mental Health-Mental Health, Health Behaviors/Mental Health-Physical Activity, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Access to Transportation, Social Determinants of Health-Affordable Housing, Social Determinants of Health-Homelessness, • **Sex:** All, • **Age Group:** All, • **Ethnic Group:** All, • **Language:** All,

Goal Description	Goal Status
Emergency Food Assistance to Low-Income Lawrence Residence	Met - distributed a total of $30,000 in supermarket gift cards to 300 low-income residents of Lawrence who were experiencing food insecurity.
Host a Heart Health Month Zumba activity with community residents	Met - 25 community members participated in this one-day event focused on heart health education
Health Literacy (HEAL) Program - offer a series of 7 workshops with community residents to provide education on Healthy Eating, Emergencies, Medicine, Doctor's Appointments, and Talking to the Doctor.	Met - 1 cohort of 12 participants completed the workshop series on July 31, 2023.
Host the Professional Speaker Series focused on topics related to Mental Health.	Met - 45 mental health professionals attended the series called "Addressing Behavioral/Mental Health Post COVID" delivered by an expert from Boston Children's Hospital.
Host a Healthy Heart Kids Event focused on yoga and mindfulness and other techniques to help middle-grade students improve mental and physical wellbeing.	Met - delivered at Esperanza Academy in May 2023.
S.A.L.S.A. Festival	Met - held on 6/3/2023 with numerous healthcare providers and social service organizations

	in attendance - total of 100 attendees
Celebrate "Play Day" with a week of events to highlight the benefits of sport, play and movement for children and communities.	Met - 10 groups participated in weeklong series of events.
Ciclovia - community event celebrating bicycles and non-motorized forms of transportation	Met - held on 8/20/2023
Host Food Day at the city's community center (The Center) to connect residents to food resources and services in the community.	Met - attended by a broad range of service providers, held in October 2023
Participation in the Merrimack Valley Homelessness Group	Met - MHTF Coordinator present at MV Homelessness Group meetings

Partners

Partner Name, Description	**Partner Web Address**
Mayor's Health Task Force	https://www.cityoflawrence.com/873/Mayor-Health-Task-Force

Contact Information	Elecia Miller
Detailed Description	The City of Lawrence Mayor's Health Task Force is a multi-sector coalition that promotes health equity for all through advocacy, education, capacity-building, and networking. LGH supports the MHTF with Determination of Need (DON) funding, and LGH leaders serve on the MHTF Advisory Council, a governing body that provides strategic oversight and support. Personnel funded in full or in part by LGH DON funding in 2023 included: MHTF Coordinator, Project Manager, Grant Writer, and Community Health Worker. Activities of the MHTF are listed below under "Program Goals".

Multisector Community Coalition Participation

Program Type	Not Specified
Statewide Priority	Not Specified
EOHHS Focus Issue(s) (optional)	Housing Stability/Homelessness, Substance Use Disorders,
DoN Health Priorities (optional)	Built Environment, Housing, Social Environment,
Target Population	• **Regions Served:** Andover, Haverhill, Lawrence, Methuen, North Andover, • **Health Indicator:** Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Affordable Housing, Social Determinants of Health-Homelessness, Social Determinants of Health-Nutrition, Substance Addiction-Substance Use, • **Sex:** All, • **Age Group:** All, • **Ethnic Group:** All, • **Language:** All,

Goal Description	**Goal Status**
Attendance at coalition meetings, active participation and support for coalitions as needed.	Met

Partners

Partner Name, Description	**Partner Web Address**
Merrimack Valley Food Systems Resiliency Partnership	https://www.groundworklawrence.org/FoodResiliency
Lawrence Methuen Community Coalition	https://www.groundworklawrence.org/FoodResiliency

Contact Information	Christina Wolf, 978-683-4000 x 2108
Detailed Description	LGH actively participated in the following community coalitions: Merrimack Valley Homelessness Coalition (LGH provided logistical support such as scheduling, minutes, agendas, facilitation, etc.), Merrimack Valley Food Systems Resiliency Partnership (regional coalition to address food insecurity and improve the food access system), weekly Lawrence HUB meetings (care coordination for individuals with SUD, BH, homelessness or other challenges), Lawrence Methuen Community Coalition (group of agencies and providers focused on preventing opioid overdose and connecting people with opioid use disorder to available treatments), and the city of Lawrence Mayor's Health Task Force.

Partnership with TopNotch Scholars

Program Type	Not Specified
Statewide Priority	Not Specified
EOHHS Focus Issue(s) (optional)	N/A,
DoN Health Priorities (optional)	Education,
Target Population	• **Regions Served:** Lawrence, Methuen, • **Health Indicator:** Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty, • **Sex:** All, • **Age Group:** Teenagers, • **Ethnic Group:** All, • **Language:** All,

Goal Description	**Goal Status**
Host 25 students and provide financial	Met

support to TopNotch Scholars

Partners	
Partner Name, Description	**Partner Web Address**
Top Notch Scholars	https://topnotchscholars.org/
Contact Information	Cara Longnecker, 978-683-4000
Detailed Description	Provided funding support and internship opportunities to 25 students with TopNotch Scholars.

Patient Navigation Support

Program Type	Not Specified
Statewide Priority	Not Specified
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities (optional)	Built Environment, Social Environment,
Target Population	• **Regions Served:** Haverhill, Lawrence, Methuen, • **Health Indicator:** Cancer-Breast, Cancer-Colorectal, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Education/Learning, Social Determinants of Health-Language/Literacy, • **Sex:** All, • **Age Group:** Adults, • **Ethnic Group:** Hispanic/Latino, • **Language:** Spanish,

Goal Description	Goal Status
Partner with DFCI and GLFHC to pilot a project to help patients obtain colorectal cancer screenings	Met
Provide additional support to women in need of breast cancer screening through Patient Navigation services: phone calls and appointment booking, Uber Health rides, and follow-up to reschedule no-shows.	Met
Embed a Community Health Worker at the hospital's primary care practice, Community Medical Associates, to assist patients in connecting with resources to meet social determinant of health needs.	Met - offered assistance to approximately 350 CMA patients who screened positive for one or more SDOH needs.

Partners	
Partner Name, Description	**Partner Web Address**
GLFHC	https://glfhc.org/
Dana Farber Cancer Institute	https://www.dana-farber.org/
Contact Information	Briana Correa, 978-683-4000
Detailed Description	LGH has deployed Patient Navigator and Community Health Worker roles to assist patients (at no cost) in navigating the health system to obtain needed care, and the social services system to obtain needed resources. Both Patient Navigator and Community Health Worker are bilingual (Spanish/English) and reflective of the majority Hispanic patient population served by LGH. In addition, LGH has partnered with both Dana Farber Cancer Institute and GLFHC to help Hispanic patients in particular obtain needed cancer screenings, focusing in 2023 on colorectal cancer screening. In 2023 LGH roles focused on helping Hispanic women obtain breast cancer screenings and services in the community to meet SDOH needs.

SDOH Referral Platform

Program Type	Not Specified
Statewide Priority	Not Specified
EOHHS Focus Issue(s) (optional)	Housing Stability/Homelessness,
DoN Health Priorities (optional)	Social Environment,
Target Population	• **Regions Served:** Andover, Haverhill, Lawrence, Methuen, North Andover, • **Health Indicator:** Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Access to Transportation, Social Determinants of Health-Affordable Housing, Social Determinants of Health-Domestic Violence, Social Determinants of Health-Education/Learning, Social Determinants of Health-Homelessness, Social Determinants of Health-Income and Poverty, Social Determinants of Health-Language/Literacy, Social Determinants of Health-Nutrition, Social Determinants of Health-Uninsured/Underinsured, • **Sex:** All, • **Age Group:** All, • **Ethnic Group:** All, • **Language:** All,

Goal Description	Goal Status
Maintain the Unite Us platform through 2025	In progress
Increase platform referrals by 10% annually	In Progress

Partners

Partner Name, Description	Partner Web Address
Unite Us	https://uniteus.com/

Contact Information	Christina Wolf, 978-683-4000 x 2108
Detailed Description	The hospital renewed its contract with Unite Us, a closed-loop SDOH referral platform, through 2025. The platform was originally purchased and built out by the My Care Family Medicaid ACO, which ended on March 31, 2023. This platform has engaged a number of local community partners to receive, vet, accept, and process referrals to their programs, and it is free for those community partners to use the platform to refer residents to additional services.

Transportation Support

Program Type	Not Specified
Statewide Priority	Not Specified
EOHHS Focus Issue(s) (optional)	N/A,
DoN Health Priorities (optional)	Built Environment,
Target Population	• **Regions Served:** Not Specified • **Health Indicator:** Not Specified • **Sex:** All, • **Age Group:** Adults, Elderly, • **Ethnic Group:** All, • **Language:** All,

Goal Description	Goal Status
Maintain Uber Health and Chair Van rides within budgeted amounts.	Met

Partners

Partner Name, Description	Partner Web Address
Uber Health	https://www.uberhealth.com/
Crossway Home Care	https://www.crosswayhomecare.com/

Contact Information	Cristina Tejada, 978-683-4000
Detailed Description	The hospital provides and pays for transportation, via Uber Health or Chair Van, for patients who cannot use public transportation and do not have a ride home following an inpatient or ED stay. At times, the hospital will support Uber Health rides to post-discharge appointments. In 2023 the hospital expended $7258.45 on Uber Health rides and $7053.00 for patients who lacked transportation.

Trauma Program Community Safety Education Programming

Program Type	Not Specified
Statewide Priority	Not Specified
EOHHS Focus Issue(s) (optional)	N/A,
DoN Health Priorities (optional)	Education, Social Environment,
Target Population	• **Regions Served:** Haverhill, Lawrence, Newburyport, North Andover, • **Health Indicator:** Injury-Auto/Passenger Injuries, Maternal/Child Health-Parenting Skills, • **Sex:** All, • **Age Group:** Children, Infants, • **Ethnic Group:** All, • **Language:** All,

Goal Description	Goal Status
Provide car seat safety education, installation assistance and car seats to families in need to increase motor vehicle safety for children in the communities we serve.	MEt
Deliver Stop the Bleed education to community members	Met
Deliver bicycle safety education and free helmets to children in the community.	Met

Partners

Partner Name, Description	Partner Web Address
Commonwealth Motors	https://www.shopuslast.com/
Lawrence Police Department	https://www.cityoflawrence.com/294/Police
North Andover Fire Department	https://www.northandoverma.gov/fire
Newburyport Public Schools	https://www.newburyport.k12.ma.us/
Whittier Tech, Haverhill, MA	https://whittiertech.org/
Northern Essex Community College	https://www.necc.mass.edu/
City of Lawrence Mayor's Health Task Force	https://www.cityoflawrence.com/873/Mayor-Health-Task-Force

Contact Information	Abigail Wertz, Trauma Nurse Coordinator, Lawrence General Hospital, 978-683-4000
Detailed Description	The LGH Trauma Program staff held 23 safety education events across our service area in 2023 including: 1. 12 Stop the Bleed classes with a total of 185 participants from the

	community, 2. 3 car seat checkpoint events with a total of 31 participants from the community in which LGH staff provided car safety education, checked car seat installation, and donated car seats to those in need., 3. Donated a total of 130 bicycle helmets to children over community events including the North Andover Bike Rodeo and Lawrence Ciclovia. Registered Nurses, Trauma Technicians, and Certified Nursing Assistants from LGH volunteered a total of 54.5 hours to bring car and bicycle safety, and first aid education to community members throughout the year.

Utilize Emmi Educate to Improve Health Literacy	
Program Type	Not Specified
Statewide Priority	Not Specified
EOHHS Focus Issue(s) (optional)	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities (optional)	Education, Social Environment,
Target Population	• **Regions Served:** Not Specified • **Health Indicator:** Chronic Disease-Cardiac Disease, Chronic Disease-Hypertension, Chronic Disease-Pulmonary Disease, Maternal/Child Health-Reproductive and Maternal Health, Other-Cultural Competency, Social Determinants of Health-Language/Literacy, • **Sex:** Not Specified • **Age Group:** All, • **Ethnic Group:** All, • **Language:** All,

Goal Description	**Goal Status**
Make low-barrier patient health education videos available to community members, patients and families via the LGH website, social media, text, email, at the bedside and via patient portal over 3 years.	Not met - in progress

Partners	
Partner Name, Description	**Partner Web Address**
Emmi Educate	https://www.wolterskluwer.com/en/solutions/uptodate/enterprise/patient-engagement/educate
Contact Information	Briana Correa, 978-683-4000
Detailed Description	Purchased 3-year contract with Emmi Educate, an evidence-based collection of health education videos in multiple languages, geared to provide patients and families with simple, straightforward education on a broad number of health topics. Implementation will occur over 3 years and the hospital will make videos available at no cost to the public via links on the hospital website, at the bedside during a hospital visit, via text or email so patients/families can view after discharge from the hospital, and via social media. Prior to this product the hospital could only deliver written and in-person education to patients/families. Emmi will help LGH standardize patient/family education and accommodate patients who are unable to read or are visually impaired and can only receive patient education via audio. Future plan includes access to these videos through the hospital's patient portal. Please note: the hospital was able to leverage grant funds to pre-pay for the entire 3-year contract.

Youth Volunteer Internship and Job Shadowing Opportunities	
Program Type	Not Specified
Statewide Priority	Not Specified
EOHHS Focus Issue(s) (optional)	N/A,
DoN Health Priorities (optional)	Education, Social Environment,
Target Population	• **Regions Served:** Andover, Haverhill, Lawrence, Methuen, North Andover, • **Health Indicator:** Social Determinants of Health-Education/Learning, • **Sex:** All, • **Age Group:** Teenagers, • **Ethnic Group:** All, • **Language:** All,

Goal Description	**Goal Status**
Host at least 100 student volunteer interns	Exceeded - hosted 113 local youth

Partners	
Partner Name, Description	**Partner Web Address**
Not Specified	Not Specified
Contact Information	Brenda Leblanc, 978-683-4000
Detailed Description	Hosted 113 local youth as hospital volunteers and interns, providing valuable opportunities to gain experience in healthcare, and interact with both healthcare professionals and patients in various areas of the hospital.

Expenditures

Community Benefits Programs

Expenditures	Amount
Direct Expenses	Not Specified

Associated Expenses	Not Specified
Determination of Need Expenditures	Not Specified
Employee Volunteerism	Not Specified
Other Leveraged Resources	$378,139.61

Net Charity Care

Expenditures	Amount
HSN Assessment	$908,000.00
HSN Denied Claims	$81,420.00
Free/Discount Care	$4,126,008.00
Total Net Charity Care	$5,115,428.00

Corporate Sponsorships	Not Specified
Total Expenditures	$6,213,000.97
Total Revenue for 2023	$0.00
Total Patient Care-related expenses for 2023	Not Specified
Approved Program Budget for 2024 (*Excluding expenditures that cannot be projected at the time of the report.)	Not Specified
Comments:	Funding for program staff and infrastructure, such as the Mayor's Health Task Force, indirectly supported programs focused on mental health and substance use disorder, but specific dollar amounts were not allocated to each program offering by the MHTF, thus the hospital cannot quantify the funds supporting those areas. Participation in community coalitions such as the Merrimack Valley Homelessness Coalition, also cannot be easily quantified, and instead were supported by in kind donations of staff time spent attending and supporting monthly meetings, and collaborating with Coalition members outside of meetings.

Optional Information

Community Service Programs

Expenditures	Amount
Direct Expenses	Not Specified
Associated Expenses	Not Specified
Determination of Need Expenditures	Not Specified
Employee Volunteerism	Not Specified
Other Leveraged Resources	Not Specified
Total Community Service Programs	Not Specified
Link to Hospital Formatted PDF Community Benefits Report:	Not Specified

Bad Debt:	$6,506,080.00 Certified
Optional Supplement:	In 2023 LGH continued to be a leader in DEI and Health Equity among the state's community hospitals, elevating these as a pillar within the hospital's strategic plan to increase both visibility and accountability for moving this work forward in the organization. The hospital hired a bilingual RN to serve as its first Community Engagement Program Manager and expand free blood pressure screening, distribution of blood pressure monitors, and add a follow-up component following community screenings to ensure participants have an opportunity to obtain health insurance and primary care - both of which are often cited as barriers to care access, especially in the city of Lawrence. Significant grant funding in 2023 allowed us to deepen health equity focused work in the primary care setting, create more robust data analytics around social determinants of health and rates of diabetes and hypertension control, continue to embed a Community Health Worker in the primary care setting, add a Patient Navigator to the team, and partner with the YWCA to focus on increasing access to breast cancer screening for Hispanic women. These grant funds also allowed the hospital to take a significant step towards addressing health literacy, a top need among patients screened for SDOH in 2023, by purchasing a 3-year contract with Emmi Educate to provide patients, families and the community with free access to low-barrier patient education video content in multiple languages. Finally, grant funding received in 2023 allowed us to maintain our engagement with the Unite Us closed loop SDOH referral platform, which is also available at no cost to our community partners. Overall the Community Engagement and Benefits team was able to have increased presence across our service area, interacting with more community residents since prior to the COVID-19 pandemic. With more community engagement came a desire to explore best practices for building and measuring community trust, something we will continue to focus on in 2024.

Current Status: Published **Data as of:** 7/3/2024 10:58:23 AM