



MASSACHUSETTS  
Health & Hospital  
ASSOCIATION

# Beyond the Pandemic: A Commitment to Community

Since the pandemic began in March 2020, the healthcare community has faced enormous challenges and continues to navigate a constant state of uncertainty.

**But also during that time, Massachusetts hospitals continued their outreach into their service areas – with many joining together in the form of regional collaboratives – to provide community benefits that included significant investments in health equity and the social determinants of health.**

The devastating financial and operational effects on hospitals due to the pandemic have been, and continue to be, unprecedented. Providers have lost billions in revenue and experienced new expenses associated with COVID-19, including expenses related to emergency preparedness, personal protective equipment, temporary staffing, capacity planning and implementation, supply chain disruptions and shortages, delayed/canceled elective procedures, COVID-19 therapeutics, testing, vaccine administration, and challenging clinical care delivery dynamics. The pandemic also underscored the effects of systemic oppression over generations that have contributed to stark health inequities for people of color and other disenfranchised communities.

While grappling with these issues over the past two years, hospitals provided life-saving care, led vaccination efforts throughout the state, while continuing day-to-day outreach outside of their facilities' walls and into their communities.



**According to the Massachusetts Attorney General's Office, in Fiscal Year 2020 (October 1, 2019, to September 30, 2020) 57 non-profit acute care hospitals in Massachusetts reported a total of \$786 million in community benefit expenditures.**

The IRS, allowing hospitals to count financial losses related to care provided to Medicaid recipients, along with medical education costs and other metrics, totals Massachusetts hospital community benefits at over **\$3.15 billion**.

Fifty-seven acute care Massachusetts hospitals filed community benefits reports with the Attorney General in FY20. [Those detailed reports are available here.](#) (Post-acute care hospitals, such as long-term acute care hospitals and inpatient rehabilitation facilities, also provide free community benefits to their communities but are not required to file annual reports to the state.)

**Of the \$786 million total in hospital community benefits, non-profit acute care hospitals provided \$746 million and 10 investor-owned hospitals in Massachusetts provided \$40 million. Of the \$786 million total, \$344 million went directly to patients in the form of free or discounted care.**

About half of the remaining community benefit program spending (\$218 million) went to the four statewide health priorities as determined by the Executive Office of Health & Human Services and the Department of Public Health:

- Chronic disease (\$119 million)
- Mental health (\$66 million)
- Substance use disorders (\$25 million)
- Housing stability and homelessness (\$8 million)

The remaining community benefits funding from hospitals went to programs each facility identified through a Community Health Needs Assessment (CHNA) created in collaboration with community groups within a hospital's service area. (See additional details on regional CHNAs on page 10.)

In Fiscal Year 2020, hospitals created many new programs to address the pandemic. The Attorney General's Office created a new "Coronavirus" program tag that allowed hospitals to identify COVID-specific community benefit programs.

Many of these new programs, as well as ongoing and innovative programs created under the state's four health priority areas, or through each hospital's Community Health Needs Assessment, focused on health equity and the social determinants of health. These efforts were extraordinarily important given that the COVID-19 pandemic not only disproportionately affected communities of color and other disenfranchised populations, but also underscored histories of oppression that have contributed to present-day health inequities.

[Click here to view what your community hospital did to improve the health of its communities.](#)

## List of MHA member acute care hospitals:

**Anna Jaques Hospital**  
**Athol Hospital**  
**Baystate Franklin Medical Center**  
**Baystate Medical Center**  
**Baystate Noble Hospital**  
**Baystate Wing Hospital**  
**Berkshire Medical Center**  
**Beth Israel Deaconess Hospital-Milton**  
**Beth Israel Deaconess Hospital-Needham**  
**Beth Israel Deaconess Hospital-Plymouth**  
**Beth Israel Deaconess Medical Center**  
**Beverly and Addison Gilbert Hospitals**  
**Boston Children's Hospital**  
**Boston Medical Center**  
**Brigham and Women's Hospital**  
**Brigham and Women's Faulkner Hospital**  
**Cambridge Health Alliance**  
**Cape Cod Hospital**  
**Cooley Dickinson Health**  
**Dana-Farber Cancer Institute**  
**Emerson Hospital**  
**Fairview Hospital**  
**Falmouth Hospital**  
**Franciscan Children's**  
**Heywood Hospital**  
**Holyoke Medical Center.**  
**Lahey Hospital and Medical Center**  
**Lawrence General Hospital**  
**Lowell General Hospital**  
**Martha's Vineyard Hospital**  
**Mass Eye and Ear**  
**Massachusetts General Hospital**  
**MelroseWakefield Healthcare**  
**Mercy Medical Center**  
**MetroWest Medical Center**  
**Milford Regional Medical Center**  
**Mount Auburn Hospital**  
**Nantucket Cottage Hospital**  
**New England Baptist Hospital**  
**Newton-Wellesley Hospital**  
**Saint Vincent Hospital**  
**Salem Hospital**  
**Shriners Hospitals for Children – Boston**  
**Shriners Hospitals for Children – Springfield**  
**Signature Healthcare Brockton Hospital**  
**South Shore Hospital**  
**Southcoast Health**  
**Sturdy Memorial Hospital**  
**Tufts Medical Center**  
**UMass Memorial Health - Harrington Hospital**  
**UMass Memorial HealthAlliance - Clinton Hospital**  
**UMass Memorial Health – Marlborough Hospital**  
**UMass Memorial Medical Center**  
**Winchester Hospital**

# Massachusetts Hospitals' Commitment to the Commonwealth

The Internal Revenue Service allows non-profit Massachusetts hospitals to report community benefits differently than the Attorney General's Office. The most recent IRS Form 990, Schedule H reporting – from 2018, well before the pandemic – shows that hospitals funded the following:



**\$563 Million**

in Health Professions Education

Educational programs that are available to physicians, medical students, interns, residents, nurses and nursing students, and other health professionals that are not available exclusively to the hospital's employees.



**\$519 Million**

in Research

Clinical and community health research, as well as studies on healthcare delivery that are shared outside the hospital.



**\$334 Million**

in Subsidized Health Services

Clinical service lines that would not be available in the community if the hospital stopped providing them. This includes things like air ambulance, neonatal intensive care, burn units, mobile units, and hospice and palliative care.



**\$343 Million**

in Charity Care

Free or discounted health services provided to people who cannot afford to pay and who meet the eligibility criteria of the hospital's financial assistance policy.



**\$105 Million**

in Community Health Improvement Services & Community Benefit Operations

Activities that improve community health based on an identified community need. They include support groups, self-help programs, health screenings, and health fairs, and also include the costs associated with staffing and coordinating the hospital's community benefit activities.



**\$47 Million**

in Cash and In-Kind Contributions

Funds and services donated to the community, including contributions to non-profit community organizations, grants, and meeting room space for non-profit organizations.

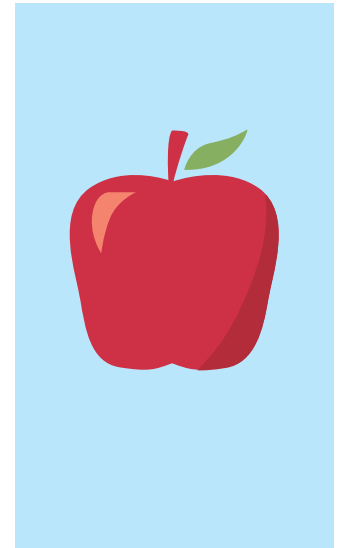
**Data From:** IRS Form 990, Schedule H, Non-Profit Massachusetts Hospitals Mass DPH Determination of Need Program

The following pages feature some community benefits program that address the four priority areas that that the state's Executive Office of Health & Human Services identified in 2017.

The hospitals featured on these pages represent just a few of the community-building programs occurring across Massachusetts. To view the programs that your hospital offers in these four areas – as well as community benefit programs that address other focus areas – please follow [this link to the Attorney General's Community Benefits website](#).

## Chronic Disease: Obesity Spotlight

Cancer, diabetes, and heart disease make up more than 50% of deaths in Massachusetts and many of the costliest drug classes are for these conditions. Obesity, however, underlies and exacerbates the health risks of these already severe diseases. According to the Massachusetts Department of Public Health, more than half of adults and 1 in 4 high school and middle school students statewide are overweight or obese. People of color experience disproportionately higher rates of obesity. In 2020, Black and Hispanic adults experienced the highest rates of obesity across the commonwealth. Expanding healthcare coverage to include obesity treatment can reduce these numbers and the coinciding complications, including COVID-19 hospitalizations. MHA and its membership are supportive of policy interventions that not only promote healthy environments and healthy behaviors but are working to strengthen the healthcare infrastructure to deliver accessible prevention services.



### **Boston Children's Hospital**

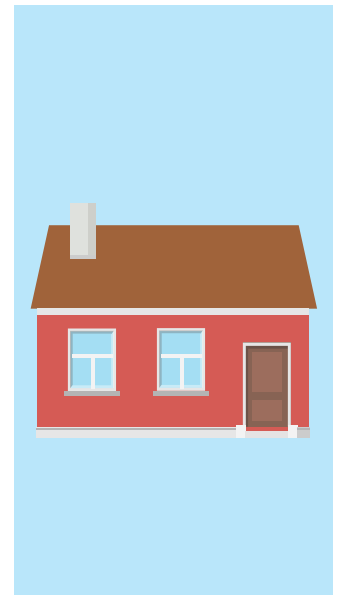
Healthy in the City uses a community-based approach to address childhood obesity. The program utilizes prevention and intervention strategies that support children and youth, who are overweight or at-risk for obesity, in making healthier choices and behavior changes. Boston Children's Hospital supports 11 Boston community health centers to provide over 1,000 children annually with case management services, as well as access to nutrition and physical activity programs. Participants make behavioral changes such as reducing consumption of sugar-sweetened beverages and increasing the amount of time being physically active. The majority of Healthy in the City participants identify as people of color (52% Latino, 29% Black, 12% Asian, 7% Other).

### **Baystate Medical Center**

MIGHTY (Moving, Improving and Gaining Health Together at the Y) is a community-based, multi-disciplinary, pediatric obesity treatment program that is held at multiple locations. MIGHTY includes 14 two-hour sessions of physical activity, nutrition, and behavior modification, over a one-year period. It targets children and adolescents aged 5-21. Sessions are augmented by individual exercise training, weekly phone calls, monthly group activities, cooking classes, free swimming lessons, behavioral health consults, and gardening experience. In addition, participants and their families are given a free six-month membership to their local YMCA.

# Housing Stability/Homelessness

Safe and stable housing provides personal security, reduces stress and exposure to disease, and provides a foundation for meeting basic hygienic, nutritional, and healthcare needs. Unhealthy and unsafe housing conditions typically plague communities in which residents have fewer financial resources. Healthy and diverse neighborhoods can improve mental health, community safety, school performance, and civic engagement. Lasting and positive health conditions will occur if strategies are employed to make housing more affordable, available, and stable for low-income persons and communities of color, and if programs are designed to create supportive living environments for homeless families and individuals. Providers continue to develop practices to align the housing needs of their patients with available community services. Key areas of continued need include increased availability of shelter beds, transitional housing—especially for patients with highly complex medical needs, mental health conditions, and substance use disorder (SUD)—rental assistance, and legal assistance to pre-empt unnecessary eviction.



## Salem Hospital

Through a \$2.8 million community benefits initiative, Salem Hospital funded the Lynn Community Health Center/Bridgewell Recuperative Care Center to provide short-term residential care to homeless patients who have an acute medical condition, yet do not require hospital-level care. The facility provides a place for transient individuals to prepare for procedures or recover from illness or surgery and sets them on a more stable trajectory toward prevention and treatment adherence. In turn, the center helps reduce ED visits, hospital admissions, length of stay, complications, and poor outcomes. The center's Medical Outreach Program also helps to integrate patients into long-term primary care, with the hope that appropriate care becomes sustainable.

## Southcoast Health System

Southcoast Health's Community Wellness Program (CWP) uses fully electric vehicles for mobile outreach to its communities. It's part of a group of initiatives in Southcoast CARES that support ongoing population health initiatives and expanded access to services, outreach, education, and connection to basic health and social resources for at-risk populations, including direct outreach to the homeless. In addition, Southcoast Health participates in coalitions aimed at homelessness prevention and intervention, such as the Homeless Service Providers Network. These collaborations have led to process changes, including coordinated workflow from the ED for connecting homeless patients with shelter during inclement weather, while also bringing services to those experiencing or at risk of homelessness, including Homeless Connect in the cities of Fall River and New Bedford. Southcoast has developed a standardized workflow within EPIC to capture residents' homeless status at the time of registration to assist in care management and discharge planning. This data is also used to better understand prevalence of disease and overall needs within the homeless population and is used to develop strategic plans in response.

# Mental Health And Substance Use Disorders

According to the World Health Organization, mental health is “a state of well-being in which an individual realizes [their] own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to [their] community.” Mental health is highly correlated to the occurrence and treatment for many chronic diseases as well as highly correlated with the risk factors that lead to chronic disease. Eliminating the stigma associated with behavioral health issues is paramount to creating a just society.



## UMass Memorial Medical Center

UMass Memorial Medical Center supported Healthy Options for Prevention and Education (HOPE) – a youth/adult partnership that addresses public health concerns affecting at-risk youth, including expanding access to community-based mental health services for low-income youth of color. Prior to the onset of the COVID-19 pandemic in March 2020, 84 unique individuals were served through one-on-one consultations and group activities. The pandemic caused nearly all counseling to be conducted virtually but counselors were still able to address the primary reasons that youth sought help, which included: anger management, fighting, peer conflicts, self-esteem, and family conflicts, including those from foster families.

**H.1061, An Act to strengthen access to behavioral healthcare**, MHA priority legislation, works to address systemic challenges related to workforce and reimbursement and coverage of services in the current behavioral health system, in addition to other care delivery and administrative measures to improve access to behavioral healthcare.

## Berkshire Medical Center

In FY 2020, Berkshire Medical Center continued its partnership with the Massachusetts Department of Public Health’s Suicide Prevention Program on a strategy for reducing suicide within Berkshire County and on identifying best practices that others could emulate to reduce the suicide rate across the commonwealth. BMC’s Youth Zero Suicide Team helps identify youth between the ages of 10 and 24, who are at risk for suicide, and provides evidence-based support for them. BMC also continued its partnership with the Massachusetts Health Policy Commission and six primary care practices to continue an integrated care model to improve patient outcomes and reduce costs for patients with complex medical and behavioral health needs. This is accomplished through virtual team treatment using telehealth, care management, and community support services. The telehealth component of this program was essential during FY 2020 due to the restrictions that resulted from the COVID-19 pandemic. Part of the focus of the program is on educating gatekeepers and improving screening for depression, substance use, and suicide risk in mental health settings, primary care settings, employee wellness programs, and the medical center’s inpatient population. In addition, the program has trained hundreds of local police, firefighters, first responders, visiting nurses, elder outreach workers, pastors, parole officers, and jail staff to better recognize people at risk for suicide.

# Substance Use Disorders

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), "substance use disorders [SUD] occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home." Due to the chronic nature of SUD, many individuals relapse and require continued treatment and services. Alcohol remains the "primary drug" of use for which most people in Massachusetts seek treatment.

Another component of SUD is opioid use disorder (OUD), which is a national epidemic. In 2020, the Massachusetts Department of Public Health reported 2,104 confirmed and estimated opioid deaths, and the 2021 figure is on track to be even higher. There were more than 100,000 opioid related deaths in 2021 across the U.S.



## Cape Cod Healthcare

Cape Cod Healthcare's Cape Cod and Falmouth hospitals have partnered with Gosnold, Inc. to provide peer-led recovery specialist services in the emergency departments at both hospitals. Recovery Specialists have the lived experience of addiction and recovery and engage patients to motivate them to accept treatment for substance use disorders through a transfer to an inpatient treatment program or direct referrals to outpatient treatment programs. Cape Cod Healthcare invests in prevention programs, including mentoring for at-risk youth; innovative Office Based Addiction Treatment programs; and support services to meet community members where they are, including maternity department tours for mothers experiencing substance use disorder.

## Beth Israel Deaconess Hospital – Plymouth

Substance Use Disorder affects the entire family, but treatment is often only available for the person in active addiction. The entire family needs support, resources, and treatment to get through and heal. BID Hospital Plymouth supports the efforts of Plymouth County Outreach (PCO) Hope to offer real-time support, information, linkage to treatment, and hope to anyone struggling with drug and alcohol addiction through Recovery Coaches and collaboration with local treatment providers.

PCO Hope also identifies high-risk areas, including sober homes and housing developments in conjunction with Plymouth County Outreach, for outreach education specific to harm reduction. BID Plymouth's Director of Social Work visits these sites with another representative from PCO Hope to discuss strategies and provide training on recognizing signs of overdose and administering Narcan.

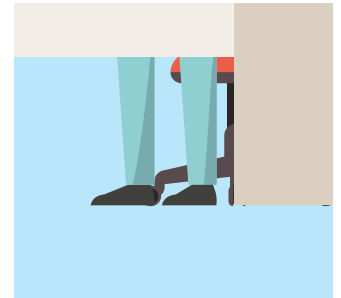
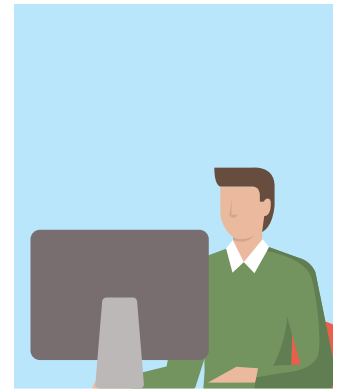
PCO Hope created two awareness campaigns around substance use and emotional wellbeing – a "60 Seconds of Hope" campaign and weekly cable TV messages. Prior to the pandemic, 74 community members were trained in harm reduction strategies. Narcan kits were made available free of charge to attendees and continue to be available to the community.



# Addressing The Digital Divide

The expanded use of telehealth services during the pandemic was a lifeline for many community members and continues to be a critical tool in increasing healthcare access. For example, one large Boston-area health system went from 5,000 annual telehealth visits pre-pandemic to 5,000 telehealth visits each day during the height of the COVID-19 surge. The significant benefits of telemedicine include lower no-show rates and wait-times, reductions in the burden of traveling to appointments (including the costs of tolls and parking), and increased access to specialists.

The pandemic also illuminated a digital divide in Massachusetts because many marginalized patients lacked consistent access to computers and the internet. Since 2015, MHA has convened *tMED* – the Massachusetts Telemedicine Coalition – made up of more than 45 healthcare provider organizations, patient advocates, technology organizations and telecommunication associations. Its goal is to support equitable access to telehealth across the commonwealth. An example of this is its work to bridge the digital divide for those disproportionately affected by COVID-19, as well as for elderly populations, non-native English speakers, communities of color, and low-income families – among other populations at risk of underutilization of telemedicine.



## Mount Auburn Hospital

Recognizing that the digital divide was particularly isolating for older adults during the pandemic, Mount Auburn Hospital, part of Beth Israel Lahey Health, supported the Technology Loan Library at the Arlington Council on Aging. The Technology Loan Library was established to provide technology access to older adults who would not be able to afford efforts to cross the digital divide. Mount Auburn Hospital's support allowed older adults of limited economic means to receive a Chromebook and a hot spot to connect to the internet. Program volunteers provide technical assistance to older adults as well as learning and technical support to use and connect to this technology. Residents of Mount Auburn Hospital's community benefits service area have since had the ability to access virtual programs, virtual resources, virtual medical appointments, and connect with family and friends utilizing the Technology Loan Library.

## Heywood Hospital

Heywood Hospital's school-based Tele-Behavioral Health program supported 100 students with 2009 tele-therapy sessions and provided families with 225 referrals to community resources. When COVID hit, this model was highly adaptable and shifted to a home-based program, allowing tele-behavioral health counseling sessions to continue with existing students and expand to help other students within the region.

The *tMED* coalition's priority legislation, **H.1101/S.678, An Act relative to telehealth and digital equity for patients**, would expand the use of telehealth in Massachusetts and makes further investments to ensure underserved communities receive access to safe and timely healthcare.

# Regional Collaborations: Joining Forces to Benefit Communities

While hospitals each conduct community benefit programs, much community outreach across the state is the result of partnerships not only with community groups but with cooperation among hospitals. This is especially true when hospitals come together to help form Community Health Needs Assessments (CHNAs) to address regional needs.

The CHNA is a comprehensive review to identify unmet health needs of the community, including negative health effects of social and environmental conditions. Each hospital reaches out to their communities, and analyzes the feedback it receives from various groups, along with available public health data, and an inventory of existing programs. Once the regional CHNA is complete, hospitals develop and implement strategies to address the needs of the community ensuring that the goals of the assessment are achieved. These strategies are documented in a community health improvement plan (CHIP).

The **Coalition of Western Massachusetts Hospitals/Insurer** is a partnership between **Baystate Medical Center, Baystate Franklin Medical Center, Baystate Noble Hospital, Baystate Wing Hospital, Berkshire Health Systems Cooley Dickinson Hospital, Mercy Medical Center** (a member of **Trinity Health – New England**), **Shriners Hospitals for Children – Springfield**, and **Health New England**, a local health insurer whose service areas covers the four counties of western Massachusetts. The Coalition formed in 2012 to bring hospitals within western Massachusetts together to share resources and work in partnership to conduct their triennial community health needs assessments and address regional needs. Integral to this needs assessment was the participation and support of community leaders and representatives who provided input through the CHNA Regional Advisory Council (RAC) – a collection of 20-plus groups representing patients and families, caregivers and residents of color, health equity groups, Councils of Aging, and behavioral health interests, among many other participants – as well as through stakeholder interviews, focus groups, a Community Conversation, and Community Chats.

## The Regional Advisory Council (RAC) for the 2022 Community Health Needs Assessment (CHNA) of Western Massachusetts adopted the following guiding principles:

Shared values of community-led change, anti-racism, cultural humility, and social justice;

We (individuals, institutions, and community) are all at different points in our respective anti-racism and cultural humility journeys;

A commitment to learn and grow with and from each other (individual, institutional, and community levels); and

Share decision-making with those most directly affected by health inequities.



The **Boston CHNA-CHIP Collaborative** is a group of Boston health centers, community-based organizations, hospitals, and community residents that unites, along with the Boston Public Health Commission, to achieve sustainable positive change in the health of the city by collaborating with communities, sharing knowledge, aligning resources, and addressing root causes of health inequities.

Its CHNA identified four major priority areas: Housing Affordability & Access, Economic Mobility, Mental Health & Behavioral Health, and Accessing Services. Based on that report, the CHIP (Community Health Improvement Plan) was developed. The plan provides a detailed roadmap for achieving racial and ethnic health equity with recommendations for action and partnership on each of these priorities.

The hospitals involved in the Boston CHNA-CHIP Collaborative are **Beth Israel Deaconess Medical Center, Boston Children's Hospital, Boston Medical Center, Brigham and Women's Hospital, Brigham and Women's Faulkner Hospital, Dana-Farber Cancer Institute, Massachusetts Eye and Ear, Massachusetts General Hospital, and Tufts Medical Center.**

"The central focus of this CHIP is Achieving Racial and Ethnic Health Equity. This focus is integrated into the strategies and action steps of the CHIP to ensure that implementation yields outcomes that address the root problems of institutional racism and structural inequities that drive the health disparities we see around race, ethnicity, and language in the City of Boston."

– 2020 Boston CHNA-CHIP Collaborative Community Health Improvement Plan

The **North Suffolk Public Health Collaborative (NSPHC)** focuses on the community health strengths and challenges that matter most to people in the focus communities of Chelsea, Revere, and Winthrop. The collaborative's CHNA process began in October 2021 and will be completed in September 2022. The hospitals joining forces on the comprehensive project are **Beth Israel Deaconess Medical Center, Cambridge Health Alliance, Massachusetts General Hospital, and MelroseWakefield HealthCare.** They are joined by East Boston Neighborhood Health Center and North Suffolk Mental Health Association, along with leadership from the municipalities and community groups such as Healthy Chelsea and Mystic Valley Elder Services.

"The North Suffolk Public Health Collaborative is a joint effort of Revere, Chelsea, and Winthrop to work together on public health challenges where joint effort can be more effective than individual work. We convene stakeholders in the three communities to select priority issues for cooperative focus, policy work, and impact."

– North Suffolk Public Health Collaborative "About Us"





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