Executive Office of Health and Human Services Hospital Quality and Equity Incentives Program	
Deliverable:	Acute Hospital Health Quality and Equity Strategic Plan
Performance Year:	*Performance Year 1*
Due Date:	*December 31, 2023*
Gated Payment (Y/N):	*Yes; PY1 Reconciliation Payment*
Submission via:	*OnBase*
File Naming Convention:	*HospitalAbbreviation_Strategic Plan_YYYYMMDD*

Context

One of MassHealth's key goals in this demonstration period is to improve quality of care and advance health equity, with a focus on initiatives addressing health-related social needs and health disparities demonstrated by variation in quality performance. MassHealth has implemented the Health Quality and Equity Incentive Program ("HQEIP") for Massachusetts acute hospitals participating in the MassHealth program (hereinafter, "Hospitals"). HQEIP aims to incentivize participating entities to achieve key goals by 1) attaining complete, beneficiary-reported demographic and health-related social needs data, 2) identifying disparities and intervening to reduce disparities in access and quality, and 3) strengthening organizational capacity for health equity through collaboration with health system and community partners.

The HQEIP requires, among other things, that Hospitals complete and submit to MassHealth this Health Quality and Equity Strategic Plan (hereinafter, the "Strategic Plan"), which connects to important components of the HQEIP. This Strategic Plan serves as an opportunity for Hospitals to create a plan that guides their implementation of health quality and equity activities over the next four years. To ensure an equitable and community-driven plan, Hospitals are encouraged to collaborate with their Health Quality and Equity Committee to develop their Strategic Plan.

The Performance Year (PY) 1 Reconciliation Payment is contingent upon completion and submission of the Strategic Plan.

Instructions and Reporting Template

Each Hospital will submit a Strategic Plan deliverable annually. While some overlap amongst entities in a Hospital system/health system is expected and acceptable, each Hospital should respond to the Strategic Plan prompts included in this Strategic Plan template (the "Template") at the individual Hospital level. Hospitals may cite relevant information from existing strategic plans or other relevant sources that directly pertains to prompts in this Template. Additionally, information submitted can be broader than activities within the HQEIP; however, the information should explicitly consider the MassHealth population.

This Strategic Plan is to be completed, in accordance with this Template by each Hospital, and submitted to MassHealth by December 31, 2023. **All completed Strategic Plans must be submitted via OnBase.**

Contents

Health Quality and Equity Strategic Plan Deliverable Template

Section 1. Hospital Submission Information

Names and titles of person(s) submitting the Strategic Plan on behalf of the Hospital. (Please add more names, titles, and email addresses as needed):

Name: Michael Bushell
Title: President
Email: Michael.bushell@steward.org
Name: Tracy (Teresa) Gerety-Ibbotson
Title: Administrative Director, Community Health Benefits & Health Equity Champion
Email: Teresa.Gerety-Ibbotson@steward.org

Section 2. Hospital Commitment to Equity

Respond to the following prompts related to the Hospital's commitment to equity:

i. Does the Hospital/Hospital health system currently have a public statement of commitment to equity?

☒ Yes. Please provide the public statement if it exists below:

☐ No

Public statement of commitment to equity: In January 2023, the hospital president and board chair made the commitment in the following:

Leadership Commitment to Health Equity and Elimination of Health Disparities

Vision: The leadership of Saint Anne's Hospital envisions a society where all individuals reach their highest potential for health and is committed to a strategy that will ensure health equity between all populations by addressing social and structural determinants of health.

Mission: Saint Anne's Hospital will identify, measure, monitor and mitigate important risk factors that impact health outcomes in order to promote health and eliminate disparities between populations. We will strengthen our efforts to eliminate health inequalities and sustain a culture that celebrates diversity, equity and inclusion.

Plan: Members of our organization will work with patients, their families, community partners, governmental organizations and all who will collaborate with us as we embed equity and social justice in everything that we do which impacts our employees and those we serve.

ii. Please describe the composition of the teams contributing to health equity at the organization and where they sit within the organization.

The local team leader was designated by the hospital president and leadership team. Health Equity is on the organization chart under the Senior Leader with responsibility for oversight. The Health Equity Council membership is composed of representation from clinical departments,

case management and social services, medical students/residents, quality and safety, interpreter services, food and nutrition services, pharmacy, non-clinical departments, community members and community agencies as needed.

The Health Equity Team reports to Quality and Safety. Quality and Safety Committee reports to various committees as required by the initiatives, including the Medical Executive Committee and the Patient Care Assessment Committee (Quality Committee of the Board), and the System Health Equity Assessment Executive Committee, inclusive of it's various sub-groups, such as teams addressing performance improvement plans (PIP), Disability Competent Care(DCC), Health Related Social Needs (HRSN)

iii. Do health equity initiatives at the Hospital or the Hospital's health system have one or more executive level leads and/or sponsors?

☒ Yes, please describe.

They are sponsored by both a hospital-level senior leader and the regional-level senior leader of Patient Quality & Safety The hospital has a Health Equity Council. In addition to the system Health Equity Executive Committee. See above.

☐ No, please describe.

iii. Does the Hospital or the Hospital's health system have a Health Quality and Equity Committee (HQEC)?

☒Yes

☐No, please describe below the Hospital's or Hospital's health system's plan to establish and maintain a HQEC in CY24:

Section 3. Health Quality and Equity Strategic Plan

A. Executive Summary

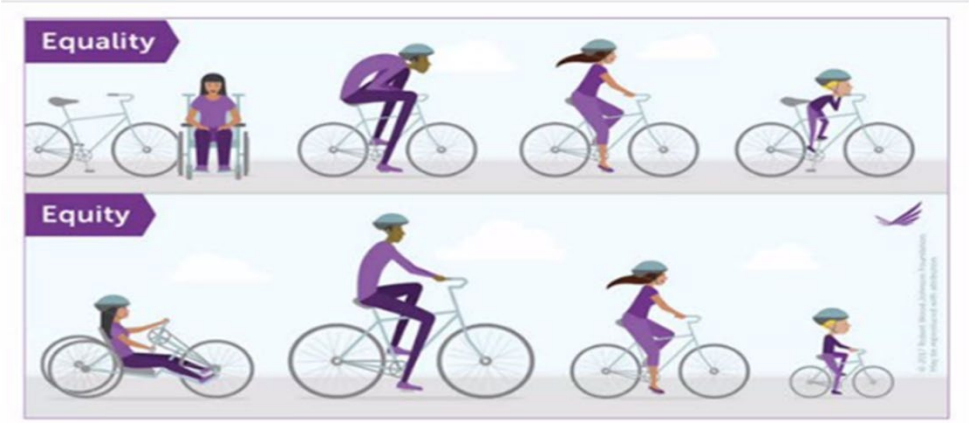
(Suggested Page Count: 1-3 pages)

Provide an Executive Summary of key sections of this Strategic Plan. Include the following information in the Executive Summary:

i. Hospital name: Saint Anne's Hospital

ii. How the Hospital defines health equity.

Saint Anne's Hospital defines equity as –fair treatment, equality of opportunity, and fairness in access to information and resources for all. Health equity exists when everyone has the opportunity to be as healthy as possible regardless of race, gender, geography, or socioeconomic status.



iii. What the Hospital hopes to achieve in the next four years related to health equity.

Over the next four years Saint Anne's Hospital in partnership with the Steward ACO is committed to improving performance in the following domains:

- Demographic data completion
- HRSN screening and referrals
- Stratified Reporting of Quality Data
- Equity Improvement Interventions
- Language Access
- Disability Access and Accommodation
- Achievement of External Standards for Health Equity
- Member Experience: Cultural Competency

We plan to engage our Leadership, Clinical Staff, Administrative Staff and Information Technology teams to enhance processes that capture patient data related to race, ethnicity, language, disability sexual orientation, gender identity, and health related social needs. This data once collected will assist in identifying any disparities that exist and direct our improvement efforts to decrease disparities in health outcomes, improve physical and socio-emotional/behavioral health of our patients.

The hospital through its community health needs assessment identifies and partners with community organizations to assist patients with housing, food, transportation, financial insecurities and other HRSN by developing programs and referring patients to existing and/or

planning programs to address barriers to healthcare. Additional focus groups composed of staff, patients, and caregivers have been created assure the voices of our community are being heard, and that our efforts are focused where needed.

Saint Anne's Hospital also has a Patient Family Advisory Council is included in hospital improvement activities related to health equity.

B. Introduction

i. The Hospital's vision and mission statements, as well as any relevant existing guiding strategies related to health equity.

Saint Anne's Hospital is committed to providing the highest quality care with compassion and respect to all members of our community. We strive to do so by delivering affordable health care to all in the communities we serve, by being responsible partners to our neighbors, and by serving as advocates for the poor and underserved in our region.

Health Equity Vision

Saint Anne's Hospital envisions a society where all individuals reach their highest potential for health and is committed to a strategy that will ensure health equity between all populations by addressing social and structural determinants of health.

Health Equity Mission:

Saint Anne's Hospital will identify, measure, monitor and mitigate important risk factors that impact health outcomes in order to promote health and eliminate disparities between populations. We will strengthen our efforts to eliminate health inequalities and sustain a culture that celebrates diversity, equity and inclusion.

Health Equity Plan:

Members of our organization will work with patients, their families, community partners, governmental organizations and all who will collaborate with us as we embed equity and social justice in everything that we do which impacts our employees and those we serve.

ii Our Strategic plan was developed in collaboration with the Steward ACO, Steward Corporate Executive and sub-committees, Health Equity Committee, Community Benefits Resources, Behavioral Health Leaders, clinical and non-clinical services, patient, and provider surveys, focus groups with care givers, completing the data yielded from disability competent care, health related social needs, and patient demographic and language assessments.

C. Needs Assessment and Analysis

(Suggested Page Count: 3-5 pages)

Describe how the Hospital has assessed the health equity needs of its served MassHealth population. Include the following information for the served MassHealth population:

i. Scope of services provided:

Founded by the Dominican Sisters of the Presentation in 1906, Saint Anne's Hospital in Fall River, Massachusetts, is a full-service, acute care Catholic hospital with 211 beds and satellite locations in Dartmouth, Attleboro, Swansea, New Bedford, and Stoughton, MA. A member of Steward Health Care, Saint Anne's provides nationally recognized patient- and family-centered inpatient care and outpatient clinical services to patients from surrounding Massachusetts and Rhode Island communities. Saint Anne's key services include the Center for Orthopedic Excellence; bariatric surgery; multiple robotic-assisted surgical capabilities, including orthopedic surgery, spine surgery, bariatric surgery, and general surgery; Saint Anne's Hospital Regional Cancer Center; two ambulatory surgery centers; the Center for Pain Management; and inpatient geriatric psychiatry services. In addition to earning the Leapfrog Group's "Straight A's" for patient safety since 2012, Saint Anne's has earned national recognitions for cancer care, spine surgery, bariatric surgery, stroke care, patient experience and safety.

Saint Anne's Hospital maintains a Community Health Benefits Department, which works closely with a Community Benefits Advisory Committee comprised of hospital leadership, representatives of local health and human service organizations, community groups, and other agencies. This committee guides the planning and implementation of our community health initiatives.

ii. Demographic characteristics, including but not limited to age, race, ethnicity, languages spoken, disability status, sexual orientation, gender identity.

Socioeconomic data are derived from several sources. The demographic profile relies heavily on data from the U.S. Census Bureau's American Community Survey five-year estimates.

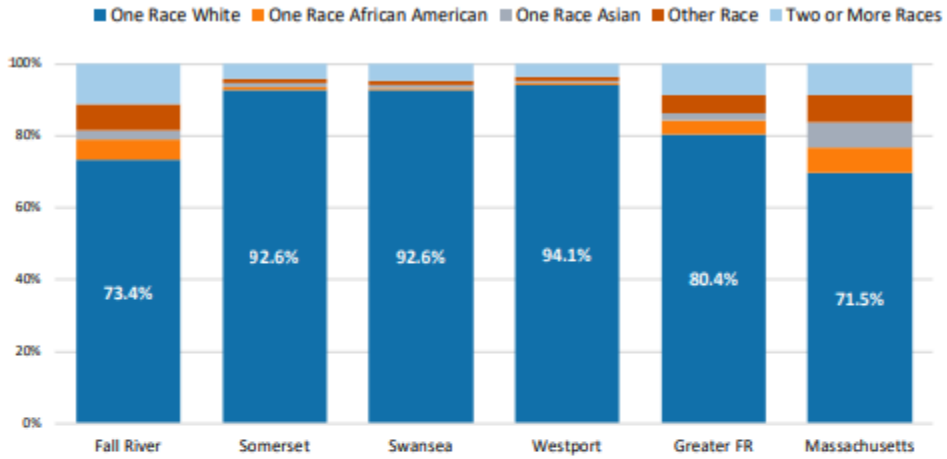
Our focus is on the four communities with the largest utilization of services at Saint Anne's Hospital: the city of Fall River and the towns of Somerset, Swansea, and Westport. These communities are in the Southeastern portion of Massachusetts and are collectively referred to in this report as Greater Fall River. The region is geographically and economically diverse. Numerous cultural attractions, museums, live music, a community college, and easy access to major cities enrich the region's quality of life. The coastal areas are occupied by working ports, beaches, historic districts, farmlands, and ethnic traditions, which all contribute to a distinct and culturally rich regional character.

Race and Ethnicity

People of color face significant disparities in access to and utilization of care. Greater Fall River has a less diverse population than the Commonwealth; 80.4% of the region's residents are White (one race), compared with 71.5% of residents statewide (see Figure 11). However, the White population of the region is not a monolith and contains ethnic and linguistic diversity,

particularly among residents of Portuguese descent. Importantly, persons who identify as Hispanic can be of any race and these individuals are accounted for in the various categories in Figure 11. That is, the Census Bureau's data collection and classification treat race and Hispanic origin as two separate and distinct concepts. However, the 2020 Census also allowed persons of Hispanic origin to self-report as Hispanic in a separate racial question (see Table 8)

Figure 11
Race, 2020



Source: U.S. Census 2020

Table 8
Hispanic Population, 2020

Community	# Hispanic	% Total Pop. Hispanic
Fall River	12,582	13.4%
Somerset	434	2.4%
Swansea	376	2.2%
Westport	334	2.0%
Greater FR	13,726	9.4%
Massachusetts	887,685	12.6%

Source: U.S. Census 2020

Notably, Fall River's student population is much more diverse than the population, which portends that the region will become more racially diverse. For example, only 50% of students in the Fall River Public Schools identify as White as compared to 73.4% of residents in the city (see Table 9).

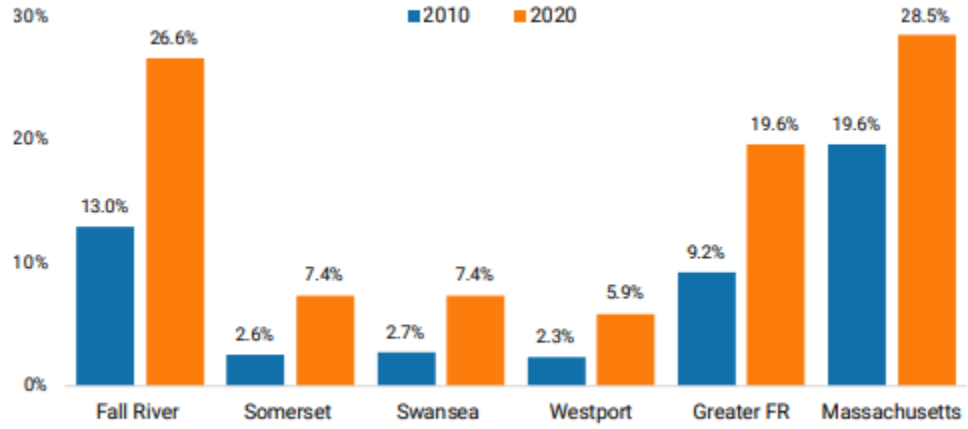
Table 9
Race/Ethnicity in Public Schools, 2020-2021

	Fall River	Somerset	Swansea	Westport	State
African American	9.0%	0.6%	0.9%	0.5%	9.2%
Asian	3.5%	1.7%	1.2%	0.4%	7.1%
Hispanic	29.7%	4.9%	2.5%	4.1%	21.6%
Native American	0.1%	0.2%	0.2%	0.1%	0.2%
White	48.8%	89.5%	93.6%	91.1%	57.9%
Hawaiian, Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.1%
Multi-Race, Non-Hispanic	8.9%	3.1%	1.6%	3.8%	3.9%

Source: Massachusetts Department of Elementary and Secondary Education (DESE), October 1, 2021 Enrollment Report. Data does not include charter schools.

Indeed, the racial makeup of Greater Fall River is changing, with the region's population increasingly comprised of groups who identify as other than White (one race). For example, the region's population who identify as other than White increased from 9.2% to 19.6% from 2014 to 2020 (+10.4%), compared to an increase of 8.9% statewide (see Figure 12). The percentage more than doubled in Fall River over this period and the fact that Fall River's school-aged population is even more diverse suggests that this trend will continue.

Figure 12
Change in Non-White Population, 2010–2020[18]

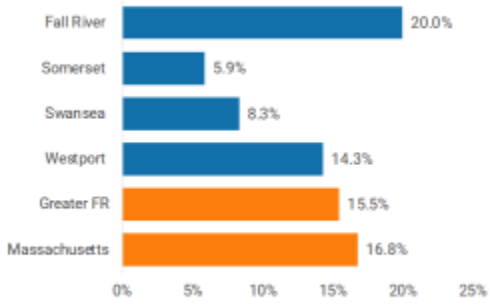


Source: U.S. Census Decennial 2010 & 2020

Greater Fall River has long been an attractive place to settle for immigrants, and as a Gateway City, Fall River has been a traditional destination for new arrivals to America since the late 18th century. One in five people in Fall River (20.0%) were born outside of the country, with Portuguese immigrants comprising most of the foreign-born residents (see Figure 13). Notably, the time of emigration is important to consider, since those who emigrated decades ago such as the Portuguese are more likely to have assimilated and/or have multiple generations who were born in America. As emigration from Europe to the U.S. has slowed, Latin American, South

American, and Asian immigrants make up increasing shares of the populations in the region. A changing immigrant population can create challenges for health service providers. Perhaps the largest obstacle is the language barrier, which was cited by many focus group members and key informants as a major health equity issue. As the foreign-born population in the region begins to shift away from Lusophone countries of origin, health care providers will need to employ staff who can both engage with new arrivals in their native languages and understand cultural barriers to care. Table 10 demonstrates the share of the population in each community with limited English proficiency and students who are English language learners. As major destinations for the region's newly arrived immigrants, Fall River has the highest share of residents reporting limited English proficiency.

Figure 13
Foreign-Born Share of the Population, 2019



Source: ACS 5-Year Estimates, Table B05012, 2015–2019

Table 10
Language Ability

Community	*% Limited English Proficient	^% English Language Learners in Public Schools
Fall River	14.5%	17.6%
Somerset	2.9%	1.2%
Swansea	3.7%	0.4%
Westport	2.1%	1.3%
Greater FR	10.2%	17.1%
Massachusetts	9.2%	10.5%

Source: *ACS 5-Year Estimates, Table S1601, 2015–2019; residents 5-years of age and older
^Massachusetts Department of Elementary and Secondary Education, 2020-2021 school year[19]

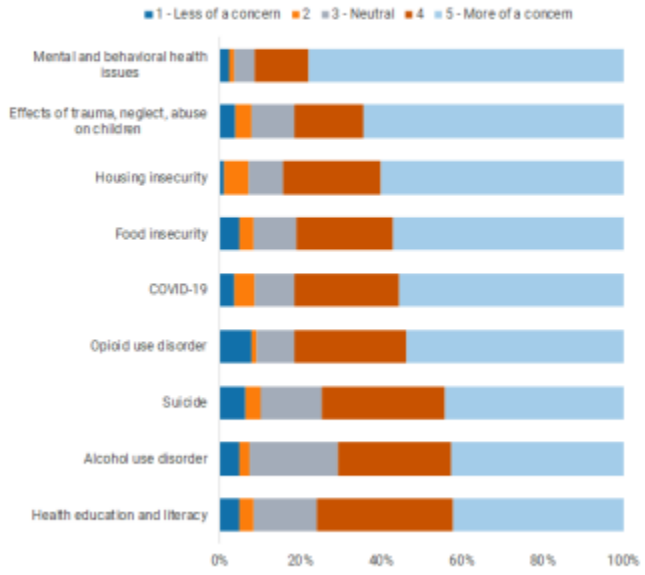
iii. Significant health needs

Significant Health Needs

Results of the key informant survey show that Behavioral Health (including mental health and substance use disorder), Housing, and Food Insecurity are among the top issues of concern (see Figure 19). This result is strongly supported by the health data, open-end survey comments, and interviews conducted with key informants; mental health, substance use disorder, and food

insecurity were mentioned in nearly every interview. In addition, stakeholders expressed concern that these issues are likely to worsen as we continue to address the economic and health fallout of the pandemic. In addition to the qualitative results, the available health data underscores that unhealthy behaviors among Greater Fall River residents have resulted in comparatively poor chronic disease outcomes in comparison to state and national averages. While poor health outcomes appear to affect residents of all racial, cultural, and economic backgrounds, the available data and conversations with key informants indicate that these issues are most acute among the poor, communities of color, and immigrants. Many key informants attribute poor health outcomes to perceived challenges of health access, and equity issues, particularly among our region's most vulnerable populations. Consequently, Wellness and Chronic Disease and Health Access were added as priority health issues based on the quantitative and qualitative analysis. The process described above resulted in five priority issues, which represent issues where Saint Anne's Hospital can make a significantly positive impact because the hospital is already addressing these issues and has existing partnerships and collaborations with local service providers (see Table 13).

Figure 19
Regarding the health and societal conditions among the people and groups you serve, please rank each of the following issues on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern



Source: Key Informant Survey

Priority Health Issues:

Our assessment revealed the following priority health issues:

Table 13
Priority Health Issues

Priority Issue	Sub-Categories
Behavioral Health	Mental Health, Substance Use Disorder, Youth Trauma
Housing and Homelessness	Affordability and Stability, Barriers to Shelter and Housing
Wellness and Chronic Disease	Unhealthy Behaviors, Health Outcomes, Prevention
Food Insecurity	Persons Food Insecure, SNAP Gap, Nutrition Literacy
Health Access and Equity	Underserved Populations, Obstacle to Care, Health Literacy, Cultural Competency

Behavioral Health

Stakeholders clearly articulated that mental health is the most pressing health issue in Greater Fall River, particularly as the effects of COVID-19 on mental health are becoming more evident Nearly all Key Informants identified the acute shortage of mental health professionals as a mental health priority, particularly the need for out-patient mental health workers. In addition, there is a critical scarcity of beds for mental health patients across the state, particularly for youth.

Eighty-seven opioid-related deaths in the region's communities were confirmed in 2020, which is more than double the number in 2013 and four more than in 2019. While much of the substance use disorder issue is focused on opioid abuse, alcohol use disorder remains a concern among stakeholders.

Hospitalized patients in Fall River with any behavioral health comorbidity were more than twice as likely to be readmitted than those without behavioral health comorbidity; and those with a co-occurring mental and substance use disorder were nearly three times as likely to be readmitted.

Housing and Homelessness

Housing challenges have been made worse by COVID-19, although the pandemic primarily exacerbated existing housing issues. While rents and home prices in Fall River are relatively affordable compared to the state as a whole, many Fall River households still struggle to find affordable housing, particularly since median incomes are only 54% of the statewide median. Rising rents and stagnating low wages results in many households making rent or mortgage payments above their means, which in turn leaves less household income available for health care and other basics necessary to maintain good health.

There were 325 homeless individuals in Fall River counted during the 2021 point-in-time count. Over thirty-eight percent of the homeless population were children under age 18 and about half were female. The interconnectedness between homelessness, mental health, and substance use

disorder is a top issue among key informants. More than 36% of homeless adults have a serious mental illness and 30.8% have a substance use disorder. Providers noted that these issues need to be tackled simultaneously for maximum impact.

Wellness and Chronic Disease

Smoking prevalence in Fall River remains stubbornly high; 24.7% of Fall River adults smoke versus 13.5% of adults statewide and 16.1% nationwide.

Self-reported obesity prevalence in Fall River is higher than the statewide and national averages (33.7%, 25.2%, and 32.4% respectively). Among Saint Anne's Hospital inpatient and observation admissions, 67.5% were obese in 2019. While these percentages declined to 57.6% in 2020 and 42.4% in 2021, the decrease is primarily due to the demographic mix of the patients seen during this period as a result of the pandemic; a preponderance of the patients admitted during the pandemic were elderly and generally frail, while younger patients for the most part did not come to the hospital in the usual numbers.

Food Insecurity

Respondents to the key informant survey rate food insecurity as the fourth most concerning issue in the region; 57% rate the issue as very concerning; 24% rate the issue as concerning. Bristol County has one of the highest percentages of food insecurity among the state's fourteen counties; an estimated 9.8%, or 54,720, residents were food insecure in 2019. That percentage is estimated to increase to 11.6% in 2021.

In Greater Fall River, 34,564 residents received Supplemental Nutrition Assistance Program (SNAP) benefits in August 2021, which is an increase of 16.5% (+4,906 recipients) from February 2020 (pre-pandemic). Despite the significant number of residents utilizing SNAP, it is estimated that over 650,000 Massachusetts residents are likely eligible for SNAP benefits but are not enrolled. The SNAP gap is estimated to be 34% in Greater Fall River, or 15,154 residents who are potentially eligible to receive SNAP benefits but are not enrolled.

Health Access and Equity

The primary obstacles to obtaining health services identified by survey respondents include the lack of awareness of local services, followed by the high cost of medication, unfamiliarity with how to navigate/access specialty care, and difficulty using/accessing technology. Even among those who have health insurance, stakeholders note that there are extreme differences in the value of that insurance in terms of coverage and cost. Also, stakeholders feel that navigating the health care system can be daunting for many.

iv. To the degree known at this time, observed differences in health and health care quality outcomes defined by race, ethnicity, language, disability status, sexual orientation, gender

identity (RELDSOGI) and health-related social needs (HRSN); including intersectionality between one or more of these factors.

As part of our 2021 CHNA we did assess health related social needs in focus groups and in community data review. At this time, we do not have quantified and analyzed health outcome data stratified by REDSOGI/HRSN specific to the patients we care for. A process to collect all aspects of this data through screening, electronic medical record documentation, and abstraction is in development and anticipated to be in place in 2024.

D. Member and Community Engagement

Please answer the following question if applicable.

i. How does the Hospital engage with its town/city, neighboring areas, and community members?

Saint Anne's Hospital maintains a Community Health Benefits Department, which works closely with a Community Benefits Advisory Committee comprised of hospital leadership, representatives of local health and human service organizations, community groups, and other agencies. This committee guides the planning and implementation of our community health initiatives.

Saint Anne's is committed to collaborating with community partners to improve the health status of community residents. We accomplish this by addressing root causes of health disparities; educating community members on prevention and self-care, particularly for chronic diseases such as cancer, heart disease, obesity, diabetes, substance use disorder; and addressing social determinants of health. This work is driven by the commitment to:

- Improve the overall health status of people in our service area.
- Provide accessible, high-quality care and service to all those in our community, regardless of their ability to pay.
- Collaborate with staff, providers, and community representatives to deliver meaningful programs that address statewide health priorities and local health issues.
- Identify and prioritize unmet needs and select those that can most effectively be addressed with available resources.
- Contribute to the well-being of our community through outreach efforts including but not limited to reducing barriers to accessing health care, preventative health education, screening, wellness programs, and community building.
- Regularly evaluate our community benefits program.

ii. How does the Hospital incorporate MassHealth member and community voices into its health equity strategic planning and implementation efforts?

Saint Anne's includes all patient and community input, including Mass Health members, into our strategic planning. This is completed through focus groups, surveys, feedback to our board and leaders and through daily interactions with our patient advocate office. Opportunities for improvement are implemented for all patients seeking services at our hospital.

E. Health Equity Strategic Goals

(Suggested Page Count: 3-5 pages)

Provide 3-5 preliminary health equity strategic goals[1] for the period of 2023-2027 for the MassHealth population served at the Hospital. Strategic goals should be directly informed by identified needs and inequities described in Section C and other organizational strategic goals related to health equity. In annual iterations of this Strategic Plan, Hospitals will report on progress towards these goals, and potentially have the opportunity to modify goals over time.

For each strategic goal, describe:

i. Strengths, weaknesses, opportunities, and threats to achieving the goal.
ii. Anticipated actions in the upcoming year to make progress towards the goal.
iii. Key performance indicators that will be used to track progress towards the goal.

Strategic Goal #1

1. Increase overall rate of follow-up appointments with a behavioral health provider within 7 days of discharge while also decreasing health disparities in the identified target population. When we examine behavioral health discharges by race, 26% of black patients have a follow up appointment within 7 days as compared to 36% of white patients.
    - Strengths-Given that we are already collecting information on health-related social needs, by providing specific education that underscores the importance of appropriately filling out the HRSN, we should be able to see a marked increase in the number of fully completed HRSN forms.
    - Weakness-Staffing constraints have affected the collection of data as bedside personnel need to focus on immediate clinical needs. This is part of the reason why it has been difficult to gather a comprehensive HRSN.

[1] Goals should be **S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime bound, **I**nclusive, and **E**quitable (SMARTIE). For additional information on SMARTIE goals, please visit The Management Center (https://www.managementcenter.org/resources/smart-to-smartie-embed-inclusion-equity-goals/)

- Opportunity-Highlighting the importance of obtaining a detailed HRSN is not only going to assist us in this specific goal but on other goals in which disparities are noted.
- KPI-90% HRSN completion and tracking of the highest volume social need (e.g., housing, food, transportation).

Strategic Goal #2

2. Ensure that all expectant mothers leave the hospital with an appointment for a designated obstetric provider practice that can guarantee adequate prenatal and postnatal care, with a particular focus on black mothers. Our overall objective is to decrease maternal morbidity and mortality. Data shows that from 2011-2020 the prevalence of severe maternal morbidity has doubled in the state of Massachusetts, and of all the races and ethnicities, black mothers have the highest rates of labor and delivery complications.
    - Strengths-We have experienced providers and neonatal ICUs within the Steward Healthcare System that offer reputable high-quality care. In addition to this, the ACO has had a longstanding Doula program that is culturally and linguistically congruent with the members we serve. Hence, we have a well-established program that will need to be expanded.
    - Weakness-Given the length of time between prenatal and postnatal care, it is difficult for patients to adhere to their care plan throughout this time. They are more likely to visit their providers during their acute labor period than the period before or after they give birth.
    - Opportunity-The success of the Doula program has been proven, and if we continue to promote and expand Doula services in the state, (including the support and training of new personnel) we will certainly see a positive impact in all maternity care.
    - KPI-Confirmation of obstetric appointment.

Strategic Goal #3

3. Reduce the incidence of heart disease as it is the second leading cause of death in Massachusetts. Moreover, in many of the Steward communities that are classified as areas of high deprivation indices, the incidence of heart disease exceeds the state average; such is the case in areas such as West Bridgewater, Bridgewater, and Whitman.
    - Strengths-We have an outstanding heart failure program that is part of a medical care management program. Aside from nurses and pharmacists, the team also encompasses nutritionists and motivational coaches. This proficient group understands how to address a myriad of complex factors that are known to influence cardiac illness.
    - Weakness-Because of the diverse populations we serve, recommending changes to their diet or lifestyle can be extremely challenging. Hence, culturally competent staff is pivotal for the success of the program.

- Opportunity-With the appropriate culturally competent staff, introducing subtle changes to the member's lifestyle can lead to positive results, which will not only affect heart disease but an array of other diseases as well (e.g., renal, vascular, and pulmonary disease).
- KPI-CHF readmissions (CHF as a primary diagnosis).

Appendix A: Other information

Please provide additional information the Hospital/Hospital health system would like to share with MassHealth regarding its Strategic Plan.