



**Mass General Brigham**  
Salem Hospital

2025

# Community Health Implementation Plan



# Introduction

The Salem Hospital Community Health Implementation Plan (CHIP) responds to priorities identified in the 2025 Salem Hospital Community Health Needs Assessment. The plan focuses on reducing premature mortality and increasing life expectancy in the communities we serve. It does this by addressing key health priorities and the social determinants of health that shape outcomes, including access to care, housing, mental and behavioral health, and healthy food. Through community partnerships, targeted interventions, and system-level strategies, our efforts prioritize communities facing the greatest health obstacles and support longer, healthier lives.

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# Strategic Policy, Advocacy & Community Engagement

**Overall Goal:** Improve health outcomes through coordinated clinical and community efforts.

## Objectives

- 1. Policy and Legislative Advocacy:** Advance health priorities and social risk factors by shaping governmental decisions and fostering cross-sector collaboration.
- 2. Community Engagement and Empowerment:** Strengthen community involvement in health advocacy and decision-making to ensure equitable access and representation.
- 3. Cross-Sector Collaboration:** Enhance impact by aligning healthcare, public health, and social services stakeholders around shared goals.

# Health Priorities



## Cardiometabolic Disease

**Overall Goal:** Improve health outcomes and address inequities in cardiometabolic disease.

### Objectives

1. Implement evidence-based strategies such as mobile clinics and embedded community care that provide an interdisciplinary approach to improve cardiometabolic health outcomes, addressing both health and social risk factors.
2. Achieve sustained blood pressure control in Mass General Brigham served communities.
3. Engage community members through outreach and health education.
4. Provide blood pressure screenings and education on hypertension management and prevention.
5. Strengthen connections between community members, primary care, and preventive services within the Mass General Brigham system.
6. Embed principles of equity improvement into ongoing hypertension quality improvement efforts in clinical and community settings.
7. Collect data and feedback to inform community health strategies and measure impact over time.

## Cancer - Colorectal

**Overall Goal:** Improve outcomes and reduce mortality from colorectal cancer through expanded access to prevention, screening, and coordinated care.

### Objectives

1. Implement evidence-based strategies such as mobile clinics and embedded community care provide an interdisciplinary approach to improve colon cancer screening and address related social risk factors.
2. Address barriers to colon cancer screening and prevention.

# Health Priorities



## Cancer - Colorectal (continued)

3. Educate community members about the risk of colon cancer and the opportunities for screening and treatment.
4. Deploy standardized bowel preps translated into top six languages across Mass General Brigham.

## Substance Use and Misuse Disorders

**Overall Goal:** Reduce overdose mortality rates, expand access to care and treatment, and close equity gaps to improve health and quality of life.

### Objectives

1. Expand access to high-quality, effective, and accessible SUD care, leading to measurable improvements in treatment initiation.
2. Enhance and align cross-sector and cross-community collaborations by forming relationships and partnerships.
3. Invest in substance use disorder initiatives with community health centers to improve access to care and clinical outcomes in underserved communities.

## Maternal Health

**Overall Goal:** Ensure better and more equitable maternal health outcomes by improving access, care quality, and social support services for pregnant and postpartum individuals.

### Objectives

1. Implement evidence-based strategies through an interdisciplinary approach to improve maternal health, addressing both health and social risk through the continuum of pregnancy, childbirth, postpartum, and early parenting.
2. Provide consistent and comprehensive health education, coaching, and social risk mitigation during pregnancy and postpartum period for patients at increased risk of adverse pregnancy-related outcomes.

# Health Priorities



## Maternal Health (continued)

3. Reduce disparities in nulliparous, term, singleton, vertex (NTSV) cesarean birth rates for high-risk patients.
4. Provide comprehensive and intensive postpartum clinical care and support for patients with high-risk conditions.

# Social Risk



## Housing

**Overall Goal:** Ensure that every resident has a home that provides security, comfort, and the foundation to thrive.

### Objectives

1. Strengthen pathways to and protection of homeownership to support housing stability, economic mobility, and prevent displacement.
2. Increase the number of people accessing existing programs and services that support housing stability and safety.
3. Enhance and align cross-sector collaborations by building relationships and integrating housing partners into health-care related programs.

## Economic Growth and Opportunities

**Overall Goal:** Ensure access to resources and opportunities to build generational wealth and succeed in their chosen path to economic stability and mobility.

### Objectives

1. Increase enrollment in and completion rates for workforce development programs that address employment shortages in key sectors.
2. Increase post-secondary education enrollment and access to networking supports that facilitate entry, navigation, and transitions from education to employment for young adults.
3. Increase the number of residents accessing programs and policies that support economic mobility, financial resilience, and community wealth building with a focus on neighborhoods with a lower life expectancy.
4. Increase access to programs and policies that support economic mobility, financial resilience, and community wealth building in neighborhoods facing the greatest barriers to long, healthy lives.

# Social Risk



## Access to Healthy Food/Food Security

**Overall Goal:** Ensure everyone has convenient, dignified access to enough affordable, and nutritious food and resources to achieve and support optimal health and well-being.

### Objectives

1. Protect and increase dignified access to nutrition assistance programs to reach more populations in need.
2. Increase the number of places and times people can obtain nutritious food.
3. Strengthen cross-sector community partnerships and join existing state-level coalitions to bolster a sustainable and nutritious food system.
4. Enhance the collection, use and coordination of food security data and metrics to inform equitable and community-driven solutions.
5. Enhance and align cross-sector collaborations by building relationships and integrating food and nutrition partners into health care programs.
6. Provide nutrition education, resources, and awareness at food access locations.
7. Build a foundation of food security through closing the Supplemental Nutrition Assistance Program (SNAP)/Women, Infants, and Children Nutrition Program (WIC) gap in eligible patients enrolled. Maximize uptake of federal SNAP/WIC benefits and close the SNAP/WIC gap (# of patients eligible vs # enrolled).
8. Use Food is Medicine interventions to close disparities in health outcomes in prioritized conditions.

## Access to Care and Services

**Overall Goal:** Everyone has access to welcoming, supportive, connected, and affordable health care when and where they need it.

### Objectives

1. Invest in community health centers to improve access to care and clinical outcomes in underserved communities.
2. Expand mobile and embedded healthcare delivery among at-risk populations.

# Social Risk



## Access to Care and Services (continued)

3. Increase supports that make it easier for residents to access and navigate healthcare.
4. Grow and diversify the healthcare workforce to reduce inequities to access to care.
5. Convene community-based organizations in distinct sectors to expand access to service and enhance navigation.
6. Reduce barriers to care related to language and transportation.

## Mental Health, Chronic Stress, and Isolation

**Overall Goal:** Everyone has access to welcoming, supportive, connected, affordable health and mental health care when and where they need it.

### **Objectives:**

1. Build an equitable, integrated network of community-led mental health resources, ensuring support is available to everyone who needs it.
2. Enhance and align cross-sector collaborations to promote mental wellness, reduce isolation, and expand access to care.
3. Invest in behavior health workforce initiatives with colleges, universities, and community-based organizations to improve access to care and clinical outcomes in underserved communities across the state.

# Emerging Needs



## Immigrant Health

**Overall Goal:** Optimize immigrants' ability to access healthcare and maintain physical and emotional wellbeing through care delivery, education, advocacy, and research.

### Objectives

1. Provide mental health services to help close the mental health gap within immigrant communities through low-barrier, community-based mental health programs.
2. Deliver education and technical assistance to healthcare providers and staff on best practices in caring for immigrant patients, with a focus on cultural responsiveness, trauma-informed care, and reducing language and access barriers.
3. Advance immigrant health through advocacy, research, and program evaluation to inform evidence-based care models and dissemination of best practices across MGB and beyond.

## Access to Health Insurance and Social Supports

**Overall Goal:** Improve awareness, enrollment, and utilization of health insurance and social service resources through coordinated financial counseling, education, and care management to reduce the negative health impacts associated with limited coverage.

### Objectives

1. Increase awareness, utilization, and coordination of enrollment & social services.
2. Reduce preventable use of urgent and emergency care through health improvement interventions.
3. Strengthen partnerships and advocacy to support coverage and social service access.

## Extreme Heat and Climate Vulnerability

**Overall Goal:** Investigate and develop approaches that support all individuals in maintaining health and safety during extreme weather and environmental challenges.

# Emerging Needs



## Extreme Heat and Climate Vulnerability (continued)

### **Objectives**

1. Provide patients with education and resources for managing extreme weather and environmental events.
2. Engage with organizations addressing climate change and environmental sustainability in vulnerable communities.
3. Educate staff on the health impacts of climate change and sustainability, assess patient needs, and connect them to appropriate supports.
4. Advance research, innovation, and system-wide sustainability efforts to reduce the health impacts of climate change.



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