Southcoast Health

Community Benefits Strategic Action Plan

Southcoast Health's Community Benefits Strategic Action Plan was first formulated in 1998 as the result of an extensive needs assessment and since is updated annually. Our current plan is based on the most recent community health needs assessment completed in 2016. Through the needs assessment process, we identified nine priorities for addressing the most pressing health needs of the community and target populations.

The activities of Community Benefits are completed in accordance with these priorities. These activities are: conducting ongoing community health needs assessments, awarding Community Benefits Impact Opportunity Grants to community organizations working on projects aligned with our priorities, coalition-building and collaborating with community partners.

Priorities:

1. **Reduction of the high rate of chronic disease** (including diabetes, asthma, cancer and other diseases) in our region.
2. **Reducing Health Disparities** including racial and ethnic disparities, income-based disparities, and education-based disparities. One other aspect of this is increasing access to health care for vulnerable populations through insurance enrollment and outreach.
3. The development of programs and services that support **the reduction of homelessness** in our region including strategies for increased collaboration among agencies serving homeless residents.
4. **Innovative approaches to population health**, i.e. improving health and wellness for defined populations such as specific demographic or geographic groups.
5. **Reduction in the incidence of youth risk behaviors** such as teen violence, high rates of teen pregnancy and substance abuse.
6. **Behavioral health issues that include substance abuse and mental health**, including improved coordination of behavioral health providers and systems.
7. **Development of healthy "System and Environment" change**, including healthy food options, increased access to free and low-cost opportunities for active living, such as public parks, bike trails etc., and reduction in the high rate of smoking in our communities.
8. **Maternal and Children's Health**, including fetal and infant health, abuse and neglect, hospitalizations, substance abuse, healthy weight, and mortality.
9. **Increasing Emergency Preparedness** in our cities and towns, including basic infrastructure equipment.

Target populations:

- South Coast residents who suffer disproportionately from chronic disease such as cardiovascular disease, diabetes, cancer and respiratory disease. Particular focus is given to residents who experience barriers to care due to language, culture, race, income or education.

- Area youth who are at high risk for problems such as teen pregnancy, violence, substance abuse, lack of educational attainment and other risky behaviors that affect health and wellbeing. This includes Gay/Lesbian/Bisexual/Transgender (GLBT) youth.

- Residents who lack access to regular primary health care due to lack of health insurance or other barriers.

- Residents and their families who are impacted by mental/behavioral health issues, including substance use disorder, particularly those who experience barriers to or breaks in care and are forced to rely on the Southcoast Emergency Department for regular care.

- Area Boards of Health, Emergency Medical Services and other municipal agencies whose programs impact a number of aspects of health for their residents, and who have experienced severe budget cuts that have impacted these programs. This may include smoking cessation and prevention, chronic disease management and emergency preparedness.

- Public housing residents, who suffer disproportionately from health disparities and have high rates of unhealthy risk factors including smoking, obesity and hypertension.

- Homeless residents on the South Coast, particularly in the town of Wareham, where the rate of unsheltered homeless exceeds other towns in the region and approaches South Coast cities that have five times the population.

- Those in our communities who experience health disparities due to racial, ethnic or economic factors. These include residents for whom English is not a first language, especially undocumented immigrants.

- The fishing community in New Bedford, who experience higher rates of chronic health issues due to barriers to health access and care.