Southcoast Health Community Benefits Implementation Strategy

FY25-FY27

Southcoast® Health

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About Southcoast Health

Founded in 1996, Southcoast Health serves communities across southeastern Massachusetts and Rhode Island as the largest provider of primary and specialty care in the region. The not-for-profit, charitable system includes three acute care hospitals– Charlton Memorial in Fall River, St. Luke's in New Bedford (a Level II Trauma Center), and Tobey in Wareham, Massachusetts with a physician network of more than nine hundred (900) providers.

The system has established more than fifty-five (55) service locations across the South Coast of Massachusetts and Rhode Island, including six urgent care locations, Southcoast Health at Home, two cancer care locations, the region's only Level II Adult Trauma Center and numerous ancillary facilities.

Southcoast Health has been recognized consecutively for seven years in a row as a Newsweek's World's Best Hospital from 2019-2025 and was named a Maternity Care Access Hospital from 2024-2025 by U.S. News & World Report. The organization was additionally recognized as a best place to work for the eighth consecutive year by SouthCoast Media Group's Com-munity's Choice awards.

Model of Excellence

We pursue our Mission with passion while we fulfill our Promise to our patients, colleagues and community. We do all of this as a team, with a shared Vision guided by our core Values, because we genuinely care about you, your health and your quality of life.

Our Promise to Our Patients & Our Community
Exceptional Care from People Who Care.

Our Mission
Provide clinical excellence and a uniquely caring experience to every life we touch.

Our Vision
Be bold. Be the best.
Be the leader in delivering exceptional, accessible, and convenient care and service.

Our Promise to Our Employees & Each Other
The strength of Southcoast Health comes from our people. As a united team of caregivers, we fulfill our promise to "deliver exceptional care from people who care".

We are welcoming, inclusive and treat all individuals with respect, dignity, and integrity.

We passionately nurture the well-being of our community, and we are dedicated to professional and personal development in pursuit of excellence.

We are all caregivers. We are Southcoast Health.

Our Values
I am proud to be Southcoast!

- I establish trusting partnerships with patients, their families, and my colleagues to create meaningful, long-lasting relationships.
- I am empowered to confidently make decisions and create an exceptional experience for everyone.
- I proactively and genuinely Smile, Really listen, Stay a step ahead, Walk in their shoes and Show TLC with patients, their families and my colleagues.
- I see challenges as opportunities, and take ownership of identifying and executing solutions.
- I am an important, contributing member of a team that is caring, respectful, dedicated and inclusive.
- I maintain a growth mindset and continuously embrace opportunities to learn and develop.
- I add value and make a positive difference each day.

Community Benefits at Southcoast Health

At Southcoast Health we are committed to our mission of providing "advanced medicine, more care" and extending beyond direct patient care. We know socioeconomic and environmental factors are among the greatest drivers of our ability to maintain health and overall wellness.

We accomplish this through:

- Identifying the unmet health-related social needs of the community through a needs assessment process that includes collaboration with relevant community health coalitions and networks and other community representatives and providers.
- Prioritizing health care needs and identifying which needs can most effectively be met through the resources of Southcoast Hospitals Group and its affiliated corporations, particularly the needs of the uninsured and the medically underserved who require enhanced access to care.
- Collaborating with local health providers, human services agencies, advocacy groups, and others to develop cooperative plans and programs to address pressing community health needs.
- Developing community benefits plans that incorporate social drivers of health (SDoH), including environmental, social, and other demographic factors that may influence health status.

The Community Health and Wellness Department at Southcoast Health is an integral part of our population health strategy, dedicated to improving the overall health of the communities we serve through preventive care, health promotion, and addressing the social drivers of health (SDoH) that influence health outcomes. The work of the department is guided by the Community Benefits Advisory Council (CBAC), a diverse group of regional leaders who provide direction on activities and expenditures that support the health and well-being of the South Coast region.

The department designs and implements programs that address the unique needs of the community, informed by the Community Health Needs Assessments (CHNA) conducted every three years in partnership with local organizations and community members. The most recent assessment identified several opportunity areas, including housing, behavioral health, food access, maternal health and wellness, and access to medical care.

In response to community-identified needs, the Southcoast Cares initiatives were developed to promote equitable health outcomes, including programs such as the Community Wellness Program, which reduces barriers to care by bringing health education, vaccinations, and screenings to underserved populations across the region and the New Beginnings Program, which supports opioid-exposed newborns and their mothers, providing a seamless course of care and treatment aimed at improving long-term outcomes for both mother and child.

Community Benefits Strategic Implementation Plan

This Community Benefits Strategic Implementation Plan is based on the findings of the 2025 Community Health Needs Assessment (CHNA) published in collaboration with the South Coast Community Health Alliance (SoCHA) and aligns with the 2024-2026 New Bedford Community Health Improvement Plan (CHIP).

The 2025 SoCHA CHNA represents the first report produced by the Alliance. The CHNA serves as a critical tool to support institutions in meeting regulatory and accreditation requirements while advancing collaborative community health improvement efforts and serves as the foundation for Community Health Improvement Planning (CHIP) by systematically identifying the most pressing health needs, disparities, and social drivers affecting a community through data analysis and stakeholder engagement.

The CHNA aims to:

* Identify the health-related needs, strengths, and resources of the community in a systematic way to inform future planning.
* Understand the current health status of the South Coast region and its subpopulations within their broader social context.
* Engage and elevate the voices of historically marginalized and underserved communities.
* Meet regulatory requirements for institutional stakeholders, organizations, and agencies (e.g., IRS requirements for non-profit hospitals; Public Health Accreditation Board standards for health departments; Health Resources and Services Administration (HRSA) standards for FQHCs; EOHLC requirements for Community Action Agencies).
* Foster cross-sector collaboration to drive collective impact.

Methodology & Data Collection

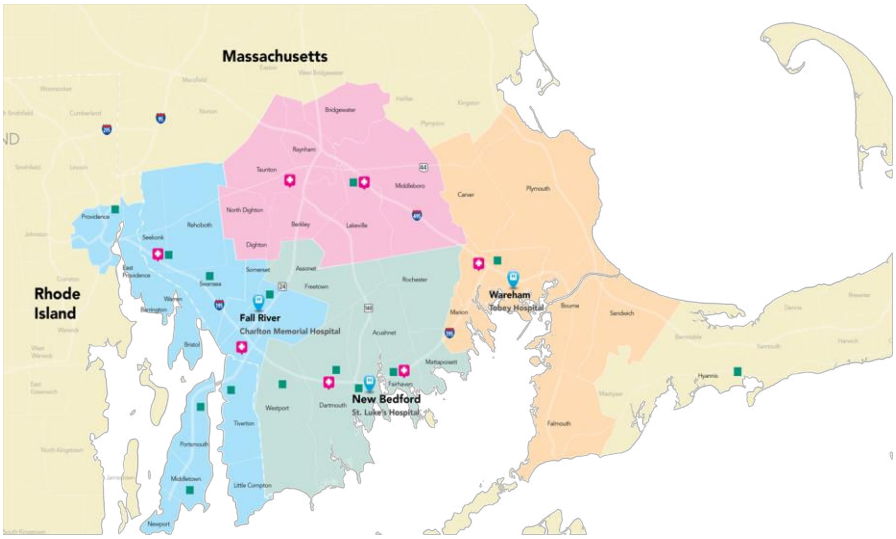
The 2025 SoCHA CHNA employed a mixed-methods approach to engage a diverse range of South Coast residents, community organizations, and local leaders. Primary and secondary data was collected and analyzed to guide the process.

Primary Data included input from organizational partners and direct-service providers, stakeholder interviews with experts and community leaders, focus groups with residents, and a community health survey.

Secondary data on health outcomes, health behaviors, and social drivers of health were collected from national, state, and city sources using the Metopio platform. This platform supplemented the primary data from surveys, focus groups, and interviews, providing a broader context for understanding the community's health needs.

Stakeholder Interviews	30 Individuals
Community Focus Groups	8 Sessions
Community Survey	1,329 Respondents

Defining the South Coast Region of Massachusetts



The 2025 CHNA focuses on the South Coast region of Massachusetts. The South Coast encompasses a mix of urban, suburban, and rural communities, including the cities of New Bedford and Fall River and surrounding towns. The area is home to a diverse population with rich cultural traditions, shaped by waves of immigration over time. Historically known for its fishing, textile, and manufacturing industries, the region today faces both economic challenges and opportunities for growth.

For the purpose of the report, the South Coast region was defined as including the following cities and towns: Acushnet, Assonet, Fairhaven, Fall River, Freetown, Dartmouth, Lakeville, Marion, Mattapoisett, New Bedford, Rochester, Somerset, Swansea, Wareham, Westport.

Identifying Priority Populations and Priority Areas

During the development of the 2025 SoCHA CHNA, alliance members met monthly to oversee the process of data collection, analysis, interpretation, prioritization, and the dissemination of findings. The alliance prioritized a set of indicators for inclusion in the assessment, and outlined a consistent, inclusive, and robust community engagement strategy. The alliance leveraged the Metopio platform, a data analytic tool that transforms data into clean, actionable insights. The priority population and health themes (also known as priority areas) were identified based on the insights gathered from surveys, focus groups, interviews, and the culmination of Metopio data.

Priority Populations

The Southcoast Health's Community Benefit Strategic Implementation Plan (SIP) includes strategies and activities that will support residents throughout its service area and from all segments of the population. Southcoast's SIP will prioritize certain demographic and socio-economic segments of the population that have complex needs or face barriers to care, service gaps, or adverse social drivers of health that can put them at greater risk.

Specifically, the assessment identified the following groups of community members as the Priority Populations for the SIP:

People Living in Poverty / Low-Income Individuals and Families	Individuals and families whose income is below the federal poverty line or who struggle to meet basic needs such as housing, food, healthcare, and transportation.
Non-English Speakers & Recent Immigrants	People who primarily speak languages other than English and/or who have recently immigrated, often facing barriers to services due to language, cultural differences, or lack of documentation.
BIPOC (Black, Indigenous, and People of Color)	Communities who experience health inequities and systemic barriers linked to racism, discrimination, and historical trauma.
People Experiencing Housing Insecurity/Homelessness	Individuals lacking stable, safe, and adequate housing, including those in shelters, transitional housing, or unsheltered settings.
People Living with Substance Use Dependency	Individuals with dependence or problematic use of alcohol, opioids, or other substances, who may face stigma and barriers to care.
Older Adults (65+)	Aging individuals who may face increased risk of chronic disease, social isolation, mobility challenges, or need for caregiving support.
LGBTQ+ Population	People who identify as lesbian, gay, bisexual, transgender, queer, or gender-diverse, who may face discrimination, stigma, or lack of affirming services.
Women & Girls /Birthing People	Someone who gives birth, regardless of their gender identify, which may be female, male, nonbinary or other.

Health Themes *(Priority Areas)*

The 2025 CHNA identified the health themes as the Priority Areas for the SIP:

Socio-economic Factors

Social and economic conditions, including income, poverty, education, and employment, that influence health outcomes and equity.

Housing

Safe, stable, and affordable housing as a foundation for physical, mental, and social wellbeing.

Built Environment

Community infrastructure and design, including transportation, green space, and neighborhood safety, that influence health and wellbeing.

Food Access & Security

Availability of affordable, nutritious, and culturally appropriate foods that support healthy eating and reduce food insecurity.

Access to Care

Availability, affordability, and accessibility of healthcare services, including preventive, primary, specialty, and dental/oral health care.

Behavioral Health

Mental health and substance use, with a focus on prevention, treatment, and reducing stigma.

Chronic Disease

Prevention, management, and treatment of conditions such as diabetes, heart disease, cancer, and respiratory illnesses.

Maternal & Child Health

Health and well-being of mothers, infants, and children, including prenatal care, birth outcomes, child development, and family support.

Overall Health

General physical, mental, and social wellbeing, encompassing quality of life and healthy lifestyles across the lifespan.

Health Theme: Socio-economic Factors

Socioeconomic conditions are a key driver of community health, influencing individuals' access to food, healthcare, housing, and other essentials. Economic hardship often forces residents to focus on immediate survival over long term wellbeing, disproportionately affecting low-income families, seniors, and marginalized populations. Rising costs and limited support systems further restrict access to critical services, highlighting the need for affordable, accessible resources that promote equitable opportunities for health.

Improving education, workforce development, and access to basic needs can create pathways to economic stability and better health outcomes. Equity-focused, community-driven collaborations can break cycles of poverty, support healthier lifestyles, and build a stronger foundation for long-term health and resilience across the South Coast.

Southcoast intends to take to address this health need through the following key strategies and programs in collaboration with our community partners:

Objectives	Initiatives to Address Need	Community Partners / South-coast Programs
1.1 Increase access to and participation in high-quality early childhood education and developmental experiences to ensure children enter school healthy, supported, and prepared to learn.	1.1.1 Integrate the Basics Southcoast program into Southcoast facilities, specifically the New Beginnings Program. 1.1.2 Support the promotion of the Basics South Coast throughout the community by cobranding educational and learning materials. 1.1.3 Expand collaboration with the New Bedford Birth to Third Partnership.	The Basics South Coast; Coalition for Health Equity & Early Development (HEED), New Bedford Birth to Third Partnership, New Beginnings, Baby Cafes, New Bedford Public Schools—Teen Mom Wellness Group.
1.2 Support the implement a Positive Alternatives to School Suspension (PASS) program as a diversion strategy to reduce reliance on detention and suspension, providing students with supportive interventions that address root causes of behavior and promote academic success.	1.2.1 Assist in the development and implementation of the PASS program through Fall River Public Schools and Southcoast's Community Wellness Program.	Fall River Public Schools, Greater Fall River Boys& Girls Club, Community Wellness Program
1.3 Expand pathways into healthcare careers by partnering with local schools and colleges to promote education, training, and mentorship opportunities, with a focus on engaging diverse and underrepresented students.	1.3.1 Work with local high schools, educational programs, and colleges to promote education and training in the healthcare field.	Global Learning Charter Public School, Dartmouth Highschool, New Bedford Highschool, Greater New Bedford Voc Tech, University Massachusetts Dartmouth, Bristol Community College, Health Professions Education Program

1.4 Increase community awareness and utilization of the existing Southcoast Resource Connect platform that connects residents to local services addressing socioeconomic needs, including housing, food access, employment, childcare, transportation, and healthcare through outreach, promotion, and partnerships.	1.4.1 Increase awareness of resource platform with Southcoast Health staff and with external community partners through user visits, services searched, and referrals made. 1.4.2 Increase number of community resources avalible on the platform through new partnerships and relevant program updates.	FindHelp, New Bedford Health Department, South Coast Community Health Alliance (SoCHA), Help & Hope South Coast

Health Theme: Housing

Housing quality and affordability are critical drivers of health, influencing physical, mental, and economic wellbeing. High housing costs, evictions, vacant or overcrowded housing, and instability are linked to poorer health and socioeconomic outcomes, including homelessness.

Stable, safe, and affordable housing is essential for individual and community health in the South Coast. Expanding affordable housing, preventing evictions, and supporting families experiencing housing insecurity can reduce health disparities and strengthen community stability. Equitable, coordinated housing strategies provide residents the security needed to pursue education, employment, and wellness, fostering healthier, thriving communities.

Southcoast intends to take to address this health need through the following key strategies and programs in collaboration with our community partners:

Objectives	Initiatives to Address Need	Community Partners / Southcoast Programs
2.1 Strengthen housing and healthcare pathways for underserved populations experiencing homelessness, ensuring equitable access to preventive services and supportive resources.	2.1.1 HRSN Program through Care Navigation to provide resources for housing. 2.1.2. Leverage and expand the Community Wellness Program—Street Outreach team by providing onsite or mobile health services within shelters, encampments, and housing programs. 2.1.3. Provide support to local partners through equitable grant making, and in-kind contributions	Community Counseling of Bristol County (CCBC), New Bedford Continuum of Care, Fall River Street Homeless Task Force, SSTAR, HealthFirst, Steppingstone, City of Fall River, City of New Bedford—Office of Community Development & housing, HighPoint Treatment Center, New Bedford Police Department, FAST Team, Sister Rose House
2.2. Secure and expand funding to support the development of new housing units and specialized housing options for medically fragile individuals, ensuring access to safe, stable, and health-supportive living environments that reduce hospitalizations and improve quality of life.	2.2.1 Leverage the Strategic Partnership Program to provide funding to support increasing housing units on the South Coast. 2.2.2. Explore public-private partnerships, social impact bonds, or community investment funds to finance housing for medically fragile populations. Advocate for the inclusion of supportive housing initiatives in regional infrastructure or capital improvement plans.	Community Counseling of Bristol County (CCBC), New Bedford Continuum of Care, Fall River Street Homeless Task Force, SSTAR, HealthFirst, Steppingstone, City of Fall River, City of New Bedford—Office of Community Development & housing, HighPoint Treatment Center, New Bedford Police Department, FAST Team, Sister Rose House

2.3. Provide support to local and regional housing and homelessness coalitions and related support programs to strengthen collaboration, expand access to stable housing, and address the social and health needs of individuals experiencing or at risk of home-lessness.	2.3.1 Participate in local and regional housing and homelessness coalitions to coordinate efforts between healthcare, social services, behavioral health, and housing organizations. Share data, resources, and best practices to improve communication and reduce duplication of services. 2.3.2. Partner with housing coalitions and outreach teams to connect individuals experiencing homelessness with shelter, permanent supportive housing, and wraparound services. 2.3.3. Develop or enhance referral pathways between healthcare providers and housing programs to address both medical and social needs.	New Bedford Continuum of Care, Fall River Street Homeless Task, Medically Fragile Emergency Response

Health Theme: Built Environment

The built environment—the human-made spaces where people live, work, and play, including housing, streets, parks, transportation, and infrastructure—directly impacts health by shaping opportunities for physical activity, access to healthy food and healthcare, and exposure to environmental hazards.

Improving the built environment offers a key opportunity to promote health, equity, and quality of life in the South Coast. Investments in safe transportation, green spaces, environmental hazard reduction, and equitable access to essential resources can create healthier, more vibrant communities. Collaborative planning among local governments, community organizations, and residents fosters connection, supports economic growth, and builds a stronger, healthier future for all.

Southcoast intends to take to address this health need through the following key strategies and programs in collaboration with our community partners:

Objectives	Initiatives to Address Need	Community Partners / Southcoast Programs
3.1. Enhance the built environment within and around healthcare campuses to promote physical activity, community connectivity, and access to green spaces by improving walkability, bike access, and public transportation options.	3.1.1. Partner with local governments and nonprofits to reduce environmental hazards in surrounding neighborhoods. 3.1.2 Partner with local transit authorities to improve routes serving the facility and surrounding neighborhoods. 3.1.3. Provide support to local partners through equitable grant making, and in-kind contributions.	City of New Bedford, City of Fall River, Town of Wareham, SRTA, GATRA
3.2. Develop and maintain healthcare facilities that promote wellness, environmental sustainability, and resilience by integrating green design principles, energy efficiency, and access to natural light and outdoor spaces.	3.2.1 Design safe walking paths, sidewalks, and crosswalks within and around healthcare facilities. Install wayfinding signage to encourage active transportation. 3.2.2 Provide bike racks, repair stations, and incentives for employees and visitors to use biking or public transit.	Bike Newport, local city and town councils, local economic development councils, Groundworks Southcoast
3.3. Reduce exposure to environmental hazards by supporting initiatives that improve air and water quality, enhance stormwater management, and mitigate urban heat is-land effects through green infrastructure and landscaping improvements.	3.3.1 Adopt environmental sustainability certification standards for new construction and major renovations. Use energy efficient lighting, heating, and cooling systems to reduce environmental impact. 3.3.2 Use low-emission materials and maintain high-quality ventilation systems to ensure healthy indoor environments. Regularly monitor and improve water quality within facilities.	Healthy Homes Project, Regional Health Departments, EPA, Minority Action Committee

Health Theme: Food Access & Security

Access to nutritious food is vital for physical health, growth, and the prevention of chronic diseases like diabetes, heart disease, and obesity. It also supports mental health, cognitive function, and overall well-being. Lack of consistent access increases health risks and long-term negative outcomes.

Expanding access to healthy, affordable food is critical for health equity in the South Coast Region. Strengthening food assistance programs, supporting local food systems, and reducing barriers such as cost, and transportation can ensure all residents have the nourishment needed to thrive. Equity-focused, collaborative strategies will reduce food insecurity, prevent chronic disease, and foster healthier futures for individuals and families.

Southcoast intends to take to address this health need through the following key strategies and programs in collaboration with our community partners:

Objectives	Initiatives to Address Need	Community Partners / Southcoast Programs
4.1. Promote local farmers markets, mobile markets, and community-supported agriculture (CSA) programs to increase access to fresh, affordable, and locally grown produce, supporting healthier eating habits and strengthening the local food system.	4.1.1. Collaborate with local agricultural networks and small farms to increase the variety and volume of locally grown produce available. 4.1.2. Promote and expand the use of SNAP, WIC, and HIP (Healthy Incentives Program) benefits at local markets. 4.1.3 Conduct outreach campaigns to promote farmers markets, mobile markets, and CSA options through social media, community events, healthcare providers, and local organizations. 4.1.4. Provide support to local partners through equitable grant making, and in-kind contributions	Marion Institute, Coastal Foodshed, United Way of Greater New Bedford, Groundworks Southcoast, YMCA Southcoast, Round the Bend Farm
4.2. Improve chronic disease management and overall health outcomes by providing medically tailored meals to individuals with diet-sensitive conditions, ensuring access to nutritious foods that align with their specific medical and nutritional needs	4.2.1. Explore Medicaid waivers, value-based care contracts, and community benefit funds to support sustainable financing for medically tailored meal programs. 4.2.2. Incorporate meal program participation into individualized care management plans and coordinate with case managers, dietitians, and social workers. 4.2.3. Pair meal delivery with nutrition education, cooking demonstrations, or counseling to empower participants to maintain healthy eating habits.	Wellsense ACO, Community Servings, Marion Institute, Coastal Foodshed, YMCA Southcoast, Round the Bend Farm

Health Theme: Access to Care

Access to healthcare is essential for individual and community well-being, enabling early detection, treatment, and prevention of illness. Equitable access ensures all individuals—regardless of income, race, or location—can obtain necessary care, reducing disparities and improving long-term health outcomes.

Expanding insurance coverage, reducing financial barriers, increasing culturally competent care, and strengthening preventive and oral health services are key strategies to promote early intervention and health equity. Collaborative, community-driven efforts are vital to ensure that every resident has the support and resources needed to live a healthy, thriving life.

Southcoast intends to take to address this health need through the following key strategies and programs in collaboration with our community partners:

Objectives	Initiatives to Address Need	Community Partners/ Southcoast Programs
5.1 Improve access to healthcare by delivering mobile services directly to individuals in the community, ensuring timely, convenient, and culturally responsive care for population with barriers to traditional healthcare settings.	5.1.1 Leverage the Community Wellness Program to provide preventative services such as vaccinations, health education, and point of care testing at community-based locations. 5.1.2 Expand the Mobile Integrated Health (MIH) program in collaboration with Fall River EMS to reduce emergency visits and improve chronic disease management.	Community Wellness Program, Care Navigation Services, Fall River EMS (MIH Program), Health First, SSTAR, City of Fall River, Steppingstone, THIRVE,
5.2 Enhance access to primary care by expanding timely and convenient patient visits, addressing barriers to care, and strengthening continuity and coordination of services.	5.2.1 Explore opportunities to expand same day appointments, evening, and weekend clinic hours across the system.	Community Wellness Program, HealthFirst, SSTAR, New Bedford Community Health, New Bedford LEAD program, Sister Rose House, Fishing Partnership
5.3 Enhance healthcare quality and equity by ensuring providers deliver culturally appropriate and competent care that meets the unique needs of minority populations, fosters trust, and reduces disparities.	5.3.1 Implement ongoing training programs on cultural competence, implicit bias, and health equity for all clinical and administrative staff. 5.3.2 Use culturally relevant educational materials, translation services, and interpretation support for non-English speaking patients. Incorporate patient feedback to continuously improve communication and service delivery.	Interpreter Services, New Bedford Health Department, City of New Bedford, Fall River Health Department, City of Fall River, New Bedford Community Health, HealthFirst, SSTAR

5.4 Increase access to healthcare by providing education, guidance, and direct support to help individuals understand, apply for, and maintain health insurance coverage, reducing gaps in care and promoting continuous access to medical services.	5.4.1 Help individuals understand plan benefits, provider networks, and preventive care services. Assist with renewals, plan changes, and resolving coverage issues to prevent lapses in insurance through Patient Financial Services. 5.4.2 Train staff as SHINE (Serving Health Information Needs of Elders) counselors and Certified Application Counselors (CACs) to provide specialized expertise in Medicare and marketplace plan navigation. Ensure staff are skilled in culturally competent communication to build trust with diverse populations.	Southcoast Patient Financial Services, Care Navigation Services, Family Resource Centers, local Council's on Aging, Community Wellness Program.

Health Theme: Behavioral Health

Behavioral health—including mental health, substance use, and emotional well-being—is a critical concern across the South Coast Region, affecting individuals of all ages. Conditions such as depression, anxiety, and substance use disorders disproportionately impact historically underserved and marginalized communities.

Barriers to care such as cost, provider shortages, long waitlists, stigma, and limited integration with primary care deepen inequalities. A lack of culturally competent providers further limits access for diverse populations.

An equity-driven approach that emphasizes prevention, early intervention, culturally responsive care, and community collaboration is essential. By addressing disparities and expanding access, the region can promote mental wellness, support recovery, and ensure all residents have the resources and care needed to thrive.

Southcoast intends to take to address this health need through the following key strategies and programs in collaboration with our community partners:

Objectives	Initiatives to Address Need	Community Partners / South-coast Programs
6.1 Strengthen prenatal and postpartum support services for mothers and infants affected by substance use disorder by expanding access to integrated care, peer support, and recovery-focused resources that promote maternal health, infant well-being, and long-term family stability.	6.1.1 Maintain and expand the New Beginnings Mom's Do Care program. 6.1.2. Provide support to local partners through equitable grant making, and in-kind contributions.	Sense Coalition, First Steps Together, Mom's Do Care, BSAS, New Beginnings, New Bedford Health Department
6.2 Enhance community-based outreach and engagement for individuals experiencing substance use dependence and/or mental and behavioral health needs by expanding the Street Outreach team with multilingual, peer recovery, and harm reduction expertise, ensuring accessible, culturally responsive, and coordinated support directly within encampments and other high-need areas.	6.2.1 Conduct regular outreach to encampments and high-need areas to provide on-site harm reduction tools, education, and peer recovery support through the Street Outreach Team. 6.2.2 Strengthen collaboration with healthcare providers, shelters, law enforcement, and community-based organizations to ensure coordinated care. Participate in cross-sector meetings to align outreach strategies and share resources. 6.2.3 Provide support to local partners through equitable grant making, and in-kind contributions.	Community Wellness Program—Street Outreach team, Fall River FAST Team, City of Fall River, Steppingstone, SSTAR, HealthFirst, New Bedford LEAD Program, Fishing Partnership, Sister Rose House, Fall River CTC, Child & Family Services

6.3 Reduce stigma around suicide and strengthen community support by expanding awareness, education, and accessible mental health resources that promote early intervention, encourage help-seeking, and foster a culture of openness and compassion.	6.3.1 Partner with schools, workplaces, and faith-based organizations to normalize conversations about mental health and reduce stigma. 6.3.2 Expand awareness of crisis lines (e.g., 988 Suicide & Crisis Lifeline) and local mental health hotlines through outreach materials and community events. Collaborate with healthcare providers to ensure warm handoffs to counseling, psychiatric, and support services. 6.3.3. Provide support to local partners through equitable grant making, and in-kind contributions.	New Bedford Public Schools, Fall River Public Schools, Greater New Bedford Mental Health Group (including GNB Suicide Prevention & Mental Health Providers Task Force), Samaritans Southcoast
6. 4 Reduce vaping among school-aged youth by increasing prevention education, promoting healthy coping strategies, and strengthening school–community partnerships that discourage nicotine use and support youth in making informed, healthy choices.	6.4.1 Deliver school-based, age-appropriate education on the health risks of vaping, including the impact of nicotine on brain development through the Community Wellness Program. 6.4.2 Provide resources and training for teachers, parents, and caregivers to recognize signs of vaping and engage in open conversations with youth.	Fall River Public Schools, New Bedford Public Schools, Community Wellness Program, Boys & Girls Club of Greater Fall River, Thoracic Foundation
6.5 Enhance overdose prevention efforts in the Emergency Department by providing education, training, and Narcan kits to individuals at risk of opioid overdose, while connecting them to follow-up care and community resources.	6.5.1 Provide take-home Narcan kits to all eligible patients, ensuring they understand storage, use, and when to call emergency services. Track kit distribution to monitor reach and program impact. 6.5.2 Train ED staff on overdose risk assessment, Narcan education, and harm reduction principles. Maintain updated protocols for consistent patient engagement and kit distribution.	Community Wellness Program, Southcoast Emergency Departments, Southcoast Pharmacy Teams

Health Theme: Chronic Disease

Chronic diseases—such as heart disease, diabetes, cancer, and respiratory conditions—pose a major public health challenge. These long-lasting, often preventable conditions contribute to reduced quality of life, premature mortality, and significant healthcare burdens. Key risk factors include poor nutrition, physical inactivity, tobacco and alcohol use, obesity, and limited access to preventive care.

Addressing chronic disease requires inclusive, community-driven approaches that consider both medical care and social drivers of health. Expanding access to nutritious foods, safe spaces for physical activity, culturally competent healthcare, and prevention programs can reduce disparities and improve outcomes. Engaging residents and cross-sector partners fosters resilience, equity, and well-being across the region.

Southcoast intends to take to address this health need through the following key strategies and programs in collaboration with our community partners:

Objectives	Initiatives to Address Need	Community Partners
7.1 Address barriers to timely cancer screening and follow-up Cancer care through navigation and community-based education.	7.1.1 Increase Cancer Screenings and Prevention education activities in the community; specifically focused on Breast, Lung, Colon, Oral/Throat, Skin, HPV and Prostate Cancer. 7.1.2 Maintain Oncology Nurse Navigators and Supportive Services for Cancer Patients.	Southcoast Cancer Center, Community Wellness Program, Genetec, Dermatology, ENT office, Radiology,
7.2 Reduce the incidence of cancer by promoting smoking cessation through targeted education, access to cessation programs, and supportive resources that empower individuals to quit and maintain a tobacco-free lifestyle.	7.2.1 Provide evidence-based information about the link between smoking and cancer through education campaigns, and school/ community programs. Use culturally and linguistically appropriate materials to reach di-verse populations. 7.2.2 Offer free or low-cost cessation programs, including counseling, nicotine replacement therapy (NRT), and digital tools (apps, text support). 7.2.3 Offer training for healthcare providers on evidence-based smoking cessation counseling, motivational interviewing, and referral pathways.	Southcoast Cancer Center, Community Wellness Program, Genetec, Thoracic Foundation, QuitWorks, Tobacco Cessation Counseling Network

7.3. Provide a variety of diabetes prevention education and screening opportunities to increase early detection, promote healthy lifestyle behaviors, and reduce the risk of type 2 diabetes in the community.	7.3.1. Provide preventative screening through the Community Wellness Program, such as Point of Care Testing (A1C, Glucose, BPs, Cholesterol). 7.3.2. Develop educational programming including workshops, seminars, and webinars focused on healthy eating, physical activity, weight management, and diabetes risk reduction. Tailor educational materials to different age groups, cultures, and literacy levels.	Community Wellness Program, Endocrinology, Diabetes Educators, Pharmacy teams

Health Theme: Maternal & Child Health

Maternal and child health focuses on the well-being of mothers, infants, children, and adolescents, emphasizing access to quality prenatal care, safe maternal outcomes, healthy child development, and preventive services like immunizations. Equitable access to pediatric care and early interventions supports both physical and emotional health during formative years, benefiting families and communities across generations.

Investing in maternal and child health in the South Coast is essential for fostering healthy families and stronger communities. Expanding affordable childcare, enhancing postpartum and pediatric services, supporting nutrition, and breastfeeding programs, and addressing socioeconomic barriers ensures mothers and children receive the care and resources needed to thrive. Collaborative, community-driven strategies promote equitable outcomes, healthy development, and long-term well-being for all families.

Southcoast intends to take to address this health need through the following key strategies and programs in collaboration with our community partners:

Objectives	Initiatives to Address Need	Community Partners
8.1. Increase access to early and consistent prenatal care for pregnant individuals to improve birth outcomes and maternal health.	8.1.1. Implement interventions aimed at reducing maternal and infant morbidity and mortality, with a focus on addressing disparities in high-risk populations. 8.1.2 Increase awareness, screening, and access to mental health services for prenatal and postpartum depression, anxiety, and stress among mothers and caregivers. 8.1. 3 Educate the community on the importance of early prenatal care through social media, local media, and partnerships with community organizations. Distribute materials in multiple languages and culturally appropriate formats.	Southcoast Perinatal Health Equity Council, Sacred Birthing Village, New Beginnings Program, New Bedford Community Health, New Bedford Public Schools—Teen Mom Wellness Group
8.2. Provide education and support programs for expecting and new mothers on topics such as nutrition, breastfeeding, safe sleep, postpartum care, and mental health.	8.2.1 Provide classes on nutrition, breastfeeding, labor and delivery preparation, postpartum recovery, and infant care (Baby Café). Incorporate peer mentoring or support groups for expecting and new mothers, including culturally specific groups when needed. 8.3.3. Explore home visits by nurses, social workers, or CHWs to educate, support, and monitor maternal and infant health in collaboration with community partner organizations. 8.3.4 Provide support to local partners through equitable grant making, and in-kind contributions.	Southcoast Baby Café, Childbirth Classes, New Bedford Community Health, New Bedford Health Department, WIC, Sacred Birthing Village, Community Economic Development Center, New Beginnings Program, New Bedford Public Schools—Teen Mom Wellness Group

Health Theme: Overall Health

Assessing overall health provides insight into the physical and mental well-being of the population, reflecting both individual experiences and community-wide outcomes. Indicators such as life expectancy, self-reported health, and quality of life reveal not only disease prevalence but also the impact of social, economic, and environmental factors. These metrics offer a comprehensive view to guide prevention, resource allocation, and long-term health improvement.

A holistic approach to population health enables the region to enhance access to resources, reduce disparities, and promote community wellness. Equity-focused strategies ensure all residents have the opportunity to live healthier, longer, and more fulfilling lives.

Southcoast intends to take to address this health need through the following key strategies and programs in collaboration with our community partners:

Objectives	Initiatives to Address Need	Community Partners
9.1 Increase access to and participation in physical activity opportunities within the community to improve overall health and well-being, with a focus on promoting active lifestyles for people of all ages and abilities.	9.1.1 Maintain and expand the Be Well Ware-ham program. 9.1.2 Support of community wellness initiatives and events that focus on exercise pro-motion and movement such as local 5k walk/ runs and fitness challenges. 9.1.3 Provide support to local partners through equitable grant making, and in-kind contributions.	YMCA Gleason Facility, Yoga is Ageless, Nemasket Group, Father's Day Road Race, Aquidneck Island 10k, Girls on the Run, Southcoast Cardiology
9.2 Provide accessible health education seminars for the community to increase aware-ness, knowledge, and self-management of key health topics, empowering individuals to make informed decisions about their well-being.	9.2.1 Provide free of cost, accessible health seminars and podcasts on an ongoing basis.	Community Wellness Program, South-coast Marketing team, Providers within Southcoast Health
9.3 Strengthen and expand existing fall and injury prevention initiatives to further support community safety, mobility, and overall health and wellness.	9.3.1 Build on current fall and injury prevention programs by enhancing community education and outreach to increase awareness and promote safe practices leveraging the Trauma Injury Prevention Outreach Coordinator role.	Southcoast Trauma team, local EMS providers, Boys & Girls Club of New Bedford, local COA's.

Evaluation & Monitoring

As part of Southcoast Health's ongoing community health improvement efforts, we partner with community-based nonprofit organizations to fund programs and projects that address health needs identified through the tri-annual Community Health Needs Assessment (CHNA). Community partnership grant funding (Strategic & Responsive Support Programs) support organizations and programs that demonstrate the ability to improve health outcomes for selected priority needs using data driven strategies and measurable results. Grantees are required to provide evidence, including relevant data or information, which justifies both the need for and the effectiveness of their proposed program strategies.

Southcoast Health monitors and evaluates these strategies to track implementation and document anticipated impact. Monitoring plans are tailored to each strategy and include the collection of tracking measures such as the number of grants award-ed, dollars spent, and individuals served. Additionally, grantees are required to track and report outcomes and program im-pact as appropriate. Grantees submit year-end performance reports on annual outcome metrics, which are shared publicly and with state and federal regulatory bodies.

Through the Community Health Improvement Plan (CHIP), Southcoast Health works collaboratively with partners to maintain and advance community-based strategies over time. The CHIP provides a framework for aligning initiatives, leveraging resources, and sustaining programs that address priority health needs. By integrating CHIP goals with ongoing grant supported activities, Southcoast Health ensures that community strategies continue to evolve, adapt, and have a measurable impact on the health and well-being of the populations we serve.