



Keeping the Community at the Center of Community Benefits Programs: Lessons from Lawrence, Massachusetts

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Introduction: “It Takes Visionaries, Not Missionaries”



Winning the Robert Wood Johnson Foundation’s Culture of Health Prize in 2015 placed Lawrence, Massachusetts, squarely in the national spotlight for its work on community health and upstream health promotion. While the city — and many local partners — took on the lion’s share of responsibility for improving conditions affecting the health of city residents, state policies also played an important role in bolstering Lawrence’s collaborative work. From laws governing tax-exempt hospitals’ community benefits investments to health system transformations spearheaded by its Medicaid Section 1115 demonstration program, state policies continue to catalyze change in Lawrence in real and meaningful ways. Improving the social and economic factors that affect health is a team effort in Lawrence, and these deep and longstanding partnerships between community stakeholders hold lessons for cities and states interested in similarly unlocking the potential of public and private partnerships across multiple sectors.

Massachusetts state officials and Lawrence city leaders know when it comes to improving health, it is important to have a nuanced understanding of the barriers to

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health that exist in a community, and to develop a tailored approach to overcome them. For example, years ago an area hospital's data showed that women of color were not receiving breast cancer screenings according to medical guidelines. The hospital began offering free screenings as part of its community benefit program. When attendance was poor, hospital officials sought help from city officials to learn what prevented people from accessing screening. With funding from the hospital, the Mayor's Health Task Force (MHTF) — in conjunction with the YWCA Northeastern Massachusetts and a nearby cancer institute's mobile mammography van — moved the screenings out of the hospital and into a popular downtown senior center. Partners also provided translation services and arranged for free transportation. It worked. The lesson Lawrence learned was that solving problems required flexibility, teamwork, and an open mind. "It takes a visionary approach, not a missionary approach," observed a city official. "Let the community lead."

“No One Collaborates like Lawrence”

Supported by state policies, Lawrence city leaders are breaking down administrative barriers, braiding funds across sectors, and investing in community health to increase health equity and give every Lawrence resident an opportunity to be healthier. Their silo-cracking approach helps ensure that programs and services are truly driven by community need, rather than by the dictates of any given funding stream. This collaborative strategy has helped Lawrence shed its negative image and become a national leader in advancing a culture of health through these notable achievements:

- **Developed a state-certified Medicaid accountable care organization (ACO).** In March 2018, Lawrence General Hospital and the Greater Lawrence Family Health Center launched the Merrimack Valley Accountable Care Organization to serve the Lawrence community. The ACO partners with the Mayor's Health Task Force to address health-related social needs, such as housing and nutrition.
- **Combated homelessness.** With funding from the city and Lawrence General Hospital's community investments, the city hired a full-time homelessness initiatives coordinator whose primary role is to coordinate care and services with area providers, local law enforcement, and other partners, and to identify and address the root causes leading to chronic homelessness. The Greater Lawrence Family Health Center offers a Health Care for the Homeless Program, and operates a mobile health unit serving people experiencing homelessness.¹ The Merrimack Valley ACO serves many people experiencing homelessness, so these investments benefit both the ACO and the hospital, as well as the people served.
- **Created Bodegas Saludables/the Healthy on the Block initiative.**² Supported by Lawrence General through determination of need (DoN) funding, the MHTF supplied refrigerators and other support to local business owners in exchange for offering fresh vegetables and fruits for sale in their small community shops. The project provides business owners with a small stipend and refrigerators to make the fresh produce available. While no data is available to indicate if the increased availability of healthy food results in lower rates of obesity or diabetes, stakeholders want to assess such outcomes in the future. In the meantime, city and hospital officials have developed relationships with business owners who are trusted by the community they serve.
- **Supported Active Lifestyles for All (SALSA), a healthy active living campaign.** From the well-attended **community exercise classes** for all ages at the senior center to the family-friendly **Ciclovía/Open Streets**³ event that closes downtown streets to make way for walkers, cyclists, and others, the city is working to weave physical activity into the fabric of life in Lawrence. Both efforts result from partnerships between the MHTF, Lawrence General, and many others.
 - The SALSA campaign is supported by a local Healthy Active Living resolution led by local government. Similarly, the Lawrence city council passed a **Complete Streets** ordinance, which is one of the strategies promoted by the state's Department of Public Health (DPH) Mass in Motion program. The MHTF administers a **Mass in Motion** Municipal Wellness and Leadership grant from DPH to promote active lifestyles and work to advance policies to prevent obesity.
- **Created a new MHTF data analyst position,** with support from Lawrence General's DoN funding. With the analyst's help, the city seeks to show that its population health and prevention activities save money and improve the community's health.

From “City of the Damned” to Culture of Health Prize-Winner

The Merrimack River winds through Lawrence, a city of 80,000 people in northeastern Massachusetts best known in the late nineteenth and early twentieth centuries for its booming textile industry. The 1912 Bread and Roses strike by Lawrence textile workers, mostly women, was one of the most famous events of American labor history. While the red-brick mill buildings still dominate the cityscape, Lawrence today is among the poorest cities in Massachusetts, with more than one in four residents living in poverty.⁴ Lawrence has long been a gateway city for new Americans, and today more than 75 percent of its people are Hispanic or Latino⁵, according to the US Census Bureau. Despite the city’s struggles, Lawrence “retains that spirit of the immigrant experience and activism,” according to City of Lawrence Community Development Director and Mayor’s liaison to the MHTF, Vilma Martinez-Dominguez.

A controversial 2012 *Boston Magazine* article labeled Lawrence the “City of the Damned” for the violence, drug use, and hopelessness that plagued the city.⁶ The article sparked outrage from residents and community leaders, many of whom were engaged in collaborative community health efforts that laid the groundwork for Lawrence’s model of partnership.

The Mayor’s Health Task Force

That partnership model is embodied by the Mayor’s Health Task Force, which is housed in the Office of Planning and Development’s Community Development Department.⁷ The mission of the MHTF is to promote “health equity for all, though advocacy, education, capacity-building, and networking.”⁸ The MHTF works to improve health equity by designing culturally and linguistically appropriate initiatives and interventions that truly respond to community needs. Community partners chair the MHTF working groups, which meet regularly to advance work in the areas of behavioral health, healthy active living, homelessness initiatives, adolescent health and youth leadership, and academic-community research collaboration. The MHTF takes a health-in-all-policies approach to health equity by seeking to incorporate opportunities for healthy, active living and community building into the city’s planning decisions.

As a multi-sector coalition and population health juggernaut, the MHTF plays a role in nearly every city initiative that is or could be related to upstream prevention and the social factors affecting health. Its executive committee is a who’s who of local community health and health care leaders, including executives from Lawrence General Hospital, the Greater Lawrence Family Health Center (a federally qualified health center - FQHC), Groundwork Lawrence (a nonprofit environmental organization), the local senior center, the YMCA, the area’s home health agency, and the community college.

The MHTF partially fills the void left by a local public health program that was in the process of restructuring when this report was written. As a result, there were no local public health employees to conduct disease surveillance or provide clinical care or prevention. The MHTF was instrumental in making recommendations to the city about how to improve public health service delivery, reorganize public health in Lawrence, and align the work of the mayor’s

How the City and Hospital Collaborate to Identify Community Health Needs

The Internal Revenue Service requires Lawrence General Hospital, a tax-exempt hospital, to conduct a community health needs assessment every three years and develop an implementation plan detailing how it can meet those needs.⁹ The MHTF uses its deep community connections to help collect information to inform the hospital’s assessment, and it uses the information and the hospital’s resulting improvement plan as a roadmap to guide its activities. The assessment also informs the hospital’s determination of need investments to meet community health needs.

“As a task force, we look at the hospital’s community health improvement plans and see which buckets their priorities fall into. We compare the improvement plan against the MHTF working groups. It’s all about collective impact.” – *Elecia Miller, Coordinator, City of Lawrence Mayor’s Health Task Force*

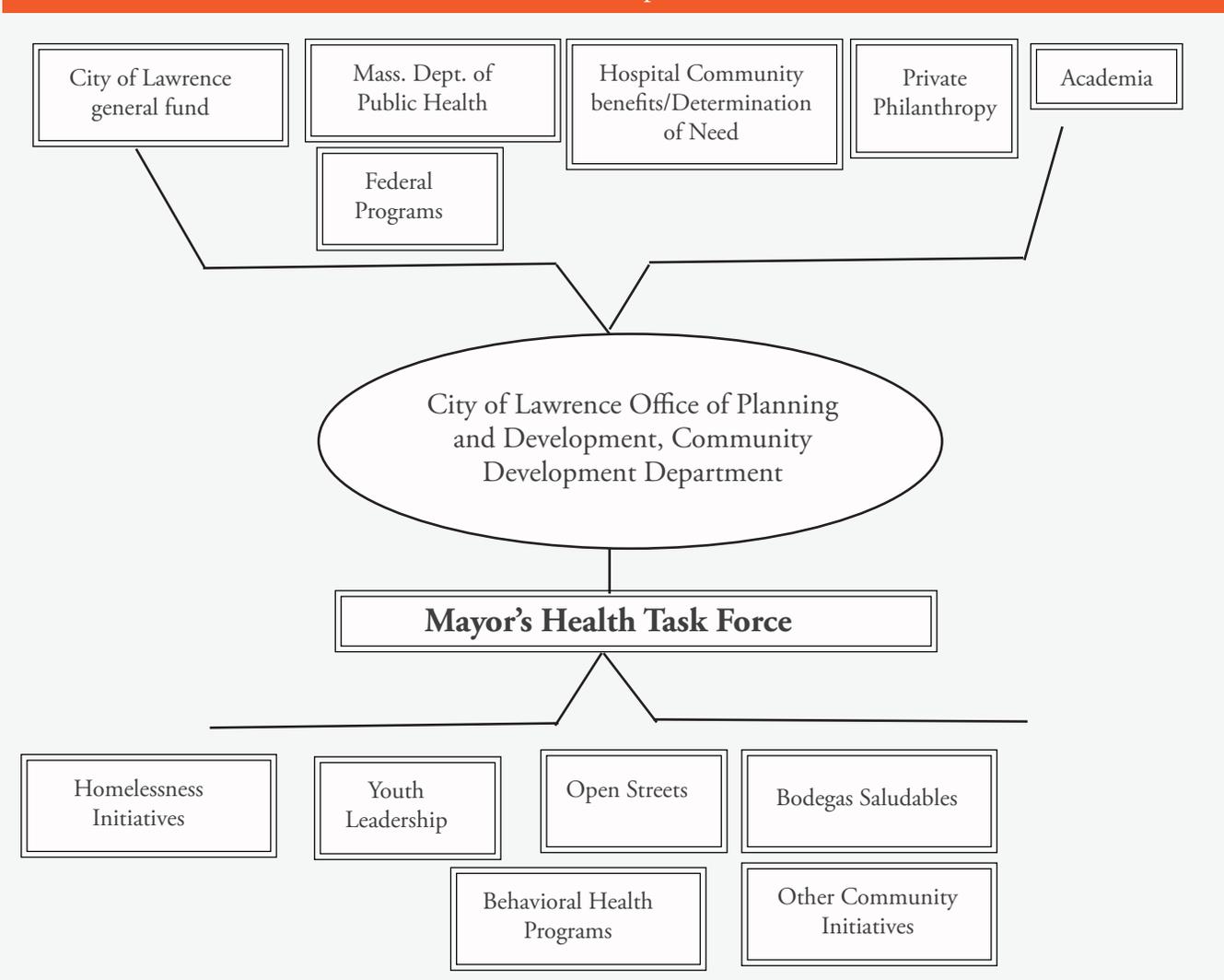
appointed Board of Health with the MHTF and the local health department. For example, city officials were seeking to recruit a public health nurse with the cultural and linguistic competency needed to communicate effectively with Lawrence residents about sensitive health-related issues.

Braiding Funds to Support the MHTF

Born of the need to make every dollar count, the relationships and trust needed to streamline the use of available dollars for upstream prevention and health promotion are key to the MHTF’s success. The MHTF weaves together funding from a variety of sources, including hospital community benefits and determination of need investments, private philanthropy, the city’s general fund, academia, community organizations, Medicaid investments, and state grant programs in order to support a collaborative vision for a healthy city.

When a grant opportunity arises, the partners involved in the MHTF determine who among them is best positioned to apply for the grant, given their mission and organizational capacity. Often, the applying partner includes the MHTF and/or other partners in the grant proposal. This is a shift from the earlier status quo. “Previously, [the MHTF partners] were competing and thus not selling our common mission well” in applications to funders, according to Martinez-Dominguez.

Figure 1. Simplified Flow of Funds to the Mayor’s Health Task Force
(Note: The size of the box does not correspond to the size of the investment.)



Funding from a number of sources flows through the city's office of planning and development to the MHTF to support community health initiatives and staffing infrastructure. Within the office of planning and development, the city's community development department braids together the funds flowing into the department and makes them available to the MHTF. Important funding sources include:

Table 1. Major Funding Sources Braided Together to Support the Mayor's Health Task Force

Funding Source	Description
Massachusetts Department of Public Health (DPH)	The DPH receives funding from a range of federal agencies, including the US Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, and the Health Resources and Services Administration, to participate in initiatives that advance federal and state health goals. ¹⁰ The DPH often braids that funding with other public and private sources and awards it to cities and towns to support their prevention and health promotion efforts. Lawrence has received DPH funds to support initiatives such as the Mass in Motion Municipal Wellness and Leadership Program ¹¹ designed to prevent obesity, which was supported with a combination of state and federal resources. ¹²
Private Philanthropy	Organizations such as the Tufts Health Plan Foundation ¹³ and other local and national philanthropic organizations also support Lawrence's work.
Federal Grants	The Community Development Block Grant and other federal grant programs support a range of initiatives in Lawrence. ¹⁴ The block grant was especially helpful to MHTF's beginning. The block grant funds investments in parks, trails, and other venues for outdoor exercise and recreation. ¹⁵
Research Institutions	<p>The greater Lawrence area is home to a number of universities and hospitals with robust research programs. To make the most of those resources, the MHTF has a workgroup on community-driven research initiatives that helps ensure that the city and its health initiatives benefit from the work done by area researchers.</p> <ul style="list-style-type: none"> • An internationally known cancer treatment and research center was planning to conduct a door-to-door survey in Lawrence about tobacco use. Meanwhile, the MHTF was concerned about obesity in the community but had no local data. The cancer center agreed to include questions about nutrition, obesity, and health disparities in its survey, and the city subsequently used the survey data in grant applications. • The cancer center also provides some discretionary funding to MHTF through community based participatory research partnerships and collaborations with other academic partners.
Hospital Community Benefits Funding	In return for valuable tax breaks, the IRS requires tax-exempt hospitals to invest in community health, report on their community benefits investments, and complete a community health needs assessment every three years. ¹⁶
Determination of Need Funding	State law requires hospitals that are substantially expanding their facilities or services to make investments in community-based health initiatives that advance state health priorities. ¹⁷
Medicaid/Mass Health	Investments from the Medicaid accountable care organization serving Lawrence also support MHTF activities.

Keeping the “Community” in Hospital Community Benefits: Lawrence General Hospital

Lawrence General Hospital is another key player in Lawrence’s story. A private, nonprofit institution situated on the edge of the city’s historic downtown, the hospital was founded in the late nineteenth century. It remains at the center of the community in many ways and is one of the city’s largest employers.¹⁸

Tax-exempt hospitals nationwide receive tax breaks worth billions of dollars annually.¹⁹ In exchange, the IRS requires them to provide charitable community benefits.²⁰ In addition to the federal tax exemptions, hospitals are also generally exempted from paying local property taxes and state income taxes.²¹ Although federal tax policy sets a baseline for hospital community benefits, states also have levers to hold hospitals accountable for their community benefits spending.²² The Massachusetts Attorney General’s Office recently published guidelines for community benefits for nonprofit hospitals that encourage them to invest in the health-related social needs, such as housing or nutrition, of the communities they serve.²³

Health professions education is one category of community benefits spending reported on the IRS Form 990 Schedule H.²⁴ Lawrence General’s investments in the first FQHC-sponsored family medicine residency program in the United States (at the Greater Lawrence Family Health Center) falls in this category. Its Lawrence Family Medicine Residency program is accredited through the health center.²⁵ Under the residency program, medical residents come to Lawrence for a four-year curriculum designed to develop physician leaders for underserved communities. It includes Spanish language instruction alongside training in family and community medicine, with hospital rounds conducted at Lawrence General.²⁶ The residency program attracts people from top medical schools through a competitive process and trains them to become expert at caring for Lawrence’s local population, according to a hospital official, “which is unbeatable.”

In Massachusetts, state law also requires hospitals to invest in community health initiatives as part of the state Determination of Need (DoN) process. For most capital improvements and other hospital projects that are required to go through the DoN process, the regulation²⁷ requires hospitals to invest in community-based health initiatives that advance state health priorities. The DPH provides guidance and requirements for implementing community-based health initiatives, such as developing community engagement standards for community health planning, but each hospital determines how it will engage the local community and implement specific strategies. In January 2017, DPH issued new guidelines for hospitals that are subject to the community health initiatives standards as part of the DoN process.²⁸ The new guidelines emphasize robust community engagement and encourage investments that address the social determinants of health, such as housing, employment, and education.²⁹ Figure 2 illustrates the Lawrence Community Health Initiatives Partnership between Lawrence General and MHTF, funded by DoN dollars.

Figure 2. Lawrence Community Health Initiatives Partnership



As part of its community benefits obligations, Lawrence General conducted a community health needs assessment in 2016. MHTF officials sat on the advisory committee for the assessment and supplied information about local public health delivery. Findings from a Lawrence Public Health Delivery organizational assessment — such as the need to increase the availability of mental health services, health education, and community outreach — were also woven into the community health needs assessment.³⁰

State Players and Roles

While much of the partnership and health promotion work takes place in the community, the Commonwealth of Massachusetts and its agencies set policy and provide funding that directly affects the work in Lawrence. Key state players include:

- The state’s office of the **Attorney General (AG)** oversees the hospital community benefit program. After a lengthy stakeholder engagement process, the AG’s office published new community benefits guidelines for nonprofit hospitals in February 2018.³¹ The new guidelines emphasize the importance of reducing health disparities and making improvements

How Community Benefits and DoN Support the Mayor’s Task Force

The MHTF has used funds from Lawrence General, either alone or braided with city general funds, state and federal funds, and funds from academia to:

- Conduct a strategic planning process, which led to the decision to create new positions to help bolster the MHTF’s long-term sustainability;
- Contract with a two-person resource development team to write grants to sustain the MHTF operations after DoN funds expire;
- Create a temporary data analyst position to inform a sustainable development plan and measure the impact of its initiatives;
- Hire a full-time homelessness initiatives coordinator; and
- Support the Ciclovía/Open Streets initiative as part of the hospital’s community benefits investments in the Greater Lawrence Family Health Center’s Lawrence Family Medicine Residency program.

in the social determinants of health to truly improve health community-wide. In fact, the state credits a hospital's investments to improve the social determinants of health towards its community benefits obligation – as long as the investments are connected to a documented community need.³²

- The **Department of Public Health (DPH)** oversees the DoN process as well as health promotion programs, such as Mass in Motion. Identifying and reducing health inequities is central to the mission of the DPH and its programs, and this focus is evident in the policies and initiatives it develops to improve the social determinants of health.³³ The DPH also maintains and analyzes statewide health data in support of its prevention, equity, and health promotion efforts.
- The **Massachusetts Health Policy Commission (HPC)** monitors costs and develops policy recommendations for payment and delivery system transformation. The HPC was created by the state legislature to oversee the growth in health care spending in the state. Its other mission is to develop an innovative and transparent health care system that can produce better health at a lower cost.³⁴
 - State law also requires the HPC to establish a process for certifying ACOs. As a condition of certification, each ACO must have at least one program addressing the social determinants of health and one addressing behavioral health. It also must support community-based health programs.³⁵

MassHealth

MassHealth is the state's combined Medicaid and Children's Health Insurance Program. Massachusetts expanded Medicaid under the Affordable Care Act, so many low-income childless adults are now covered under MassHealth. More than 1.7 million people were enrolled in MassHealth, according to a July 2018 snapshot enrollment summary, with over half of Medicaid beneficiaries receiving services through managed care organizations.³⁶

Through a Section 1115 Medicaid demonstration program, MassHealth has invested in hospitals — including Lawrence General — that serve a high proportion of Medicaid beneficiaries. The state's Delivery System Transformation Initiatives (DSTI) program has rewarded hospitals such as Lawrence General for investing in population-focused improvements and payment and delivery reform.³⁷ These investments have in turn helped Lawrence General invest in community health.

Under its Section 1115 Medicaid demonstration program, MassHealth contracts with groups of hospitals and providers working together as ACOs to provide coordinated services to MassHealth members. The 1115 waiver also authorizes funding from the Delivery System Reform Incentive Payment (DSRIP) program to support the development of ACOs.³⁸ The state's HPC developed statewide standards that ACOs must meet to be certified to deliver services to MassHealth members.³⁹ The certification standards hold ACOs responsible for implementing programs that address the behavioral health and health-related social needs of the populations they serve.⁴⁰

Merrimack Valley / My Care Family ACO Bears Risk For Costs and Outcomes

The state's restructuring of MassHealth to emphasize integrated models of accountable care directly affects Lawrence because of the close alignment between the work of one MassHealth ACO and the MHTF.

Lawrence General Hospital and the Greater Lawrence Family Health Center joined to form the Merrimack Valley ACO.⁴¹ The Merrimack Valley ACO in turn partnered with Neighborhood Health Plan to form the My Care Family Accountable Care Partnership Plan, which serves MassHealth members in the Lawrence area. It

bears both up-side and down-side financial risk. The state pays the ACO a single capitated rate for its members. The ACO saves money if it provides quality care for less than that rate, and risks losing money if it provides care that costs more than that rate.⁴² The My Care Family ACO⁴³ partners include Lawrence General Hospital and the Greater Lawrence Family Health Center, with several locations in the greater Lawrence area.⁴⁴

Lawrence General and the health center work in partnership with the Neighborhood Health Plan, a health plan accredited by the National Committee for Quality Assurance that provides coverage to thousands of commercial and MassHealth members in the Lawrence area.⁴⁵

The ACO's risk-bearing arrangement means that it gains financially by helping its members become and remain healthy. This goal aligns with the MHTF's emphasis on improving health equity and population health in its community. The ACO actively participates in the task force, with representatives from both Lawrence General and the Greater Lawrence Family Health Center serving on MHTF's executive committee.⁴⁶

The partnership between Lawrence General and the health center predates the development of the Merrimack Valley ACO, which eased their transition to the ACO model, according to a Lawrence General official. "The Merrimack Valley ACO is unique among the 17 MassHealth ACOs in that [Lawrence General] had been working together with the health center under the old waiver for the past six years on warm handoffs, so it made sense to partner as an ACO. Then we were offered DSRIP funding, so it really made sense. We also serve a smaller geography than other ACOs, so we were poised to work together."

Braiding Funds to Fight Homelessness

Bolstered by state policies, the city, Lawrence General, and the ACO are all working to help people experiencing homelessness receive the help they need. The City of Lawrence braided funding from Lawrence General's community benefits and DoN investments with city general funds to hire a full-time homelessness initiatives coordinator housed in the city's Office of Community Development, alongside the Mayor's Health Task Force.

The hospital's investment stands to benefit the ACO, as well as people living without a safe or stable home. People experiencing homelessness make up 11 percent of those served by the Merrimack Valley/My Care Family Medicaid ACO.⁴⁷ The city's work connecting people to services and helping them find housing is expected to save the ACO money. Studies document a reduction in emergency department visits and hospital costs after people experiencing homelessness are housed and linked to services.⁴⁸ The ACO is planning to use DSRIP flexible services funding to help provide nutrition and housing supports.

Conclusion: What Can State Health Policymakers Learn from Lawrence?

Lawrence, Massachusetts, has resources that many cities lack. It benefits from a mayor's strong support for health promotion and health equity, Lawrence General Hospital's commitment to meaningful community health investments, and engaged community partners who trust each other. Lawrence also has access to critical resources through the Commonwealth of Massachusetts, including:

- Federal investments in the state's Medicaid Section 1115 demonstration project and DSRIP program;
- State government leaders who are committed to addressing the social determinants of health⁴⁹; and
- The presence and support of many respected and well-financed research institutions, hospital systems, and universities.

While Lawrence benefits from a health care and community infrastructure that other states lack, its evolution from "City of the Damned" to a Culture of Health prize winner offers lessons that can inform state policy and initiatives nationwide.

1. The state community benefits and DoN processes can facilitate community partnerships that lead to meaningful investments in priority areas identified by a community. These efforts can be enhanced by integrating social determinants of health and health equity into accountable health models, such as the

Merrimack Valley/My Care Family and other ACOs.

- In exchange for their tax exemption, nonprofit hospitals nationwide are required to develop community health needs assessments and invest in community benefits,⁵⁰ and states can play a critical role in holding hospitals accountable for those investments.⁵¹ Lawrence benefits from Massachusetts Attorney General's community benefits guidelines⁵² that emphasize health equity and upstream prevention.
 - While the bulk of Lawrence General's investments result from recent DoN funding, its community benefits investments are an ongoing source of support for community health. By nurturing the Lawrence Family Medicine Residency program, the hospital's community benefits investment in professional medical education builds the community's capacity for culturally competent primary care. In turn, the residency program helps support MHTF initiatives such as community outreach efforts at Ciclovía/Open Streets events.
 - States with DoN requirements (commonly called Certificate of Need in other states) can consider aligning DoN and community benefits investments. While not all states have as many hospitals as Massachusetts — and as a result may not have access to extensive DoN/CoN or community benefits resources — states do have discretion as to whether or not they require hospitals to make investments in community health as part of the DoN/CoN process.⁵³

2. Massachusetts state officials are working across agencies to create an environment that encourages real, meaningful community engagement and strong partnerships with hospitals and health centers to address the root causes of health in the community.

- Massachusetts is working across state agencies to develop a coordinated strategy to improve health by addressing social determinants and upstream factors affecting health.⁵⁴
- Many states nationwide are investing in cross-agency and cross-sector collaboration to improve community health and address health-related social needs.⁵⁵

3. The City of Lawrence provides a model for working with multiple stakeholders and funding sources to achieve common goals.

- Creating cross-sector partnerships within state and local government and with public and private-sector community partners requires time and resources, but Lawrence shows how that investment can yield long-term benefits in community health and cohesion.
- Lawrence's community cohesion is credited with keeping a devastating situation from becoming worse in the aftermath of the gas explosions that shook the city in September 2018. In addition to the relief efforts to help affected residents,⁵⁶ 10 banks and a community development financial institution quickly came together to establish a \$1 million emergency loan fund for local businesses affected by the disaster.⁵⁷ The rapid response was possible because of the well-established, collaborative relationships that were already established between city officials, local businesses, banks, and other stakeholders, according to a hospital official.

Building on its long history of activism, the City of Lawrence and its many state and local partners are poised to move forward together toward a healthier and more equitable future — one that keeps the community at the center of community benefits investments.

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