The AHA’s Members in Action series highlights how hospitals and health systems are implementing new value-based strategies to improve health care affordability. This includes work to redesign the delivery system, manage risk and new payment models, improve quality and outcomes, and implement operational solutions.

**Overview**

Situated along the Merrimac River in northern Massachusetts, Lawrence is a city of about 78,000 residents, many facing serious socioeconomic and health challenges. According to a Department of Elementary and Secondary Education report, in 2013, 45 percent of children and 69 percent of adults in Lawrence were overweight or obese, conditions that put individuals at risk for developing type 2 diabetes, heart disease, stroke and high cholesterol. In fact, Lawrence has the highest obesity rate in the state.

Part of the city’s obesity epidemic can be attributed to the fact that with only one full-service grocery store, Lawrence is a food desert. Further, many residents do not have cars or access to public transportation to reach the sole grocer. Thus, throughout this predominantly Latino city, neighborhood bodegas have become the main resource for food staples and household items. But most of these small convenience stores lack refrigeration, space or access to healthy food options. The convergence of these factors has played a significant role in the city’s obesity problem.

In 2014, Lawrence General Hospital leaders joined the city’s Mayor’s Health Task Force to discuss how to allocate the hospital’s $2.5 million community benefit fund. With this funding, the task force wanted to identify projects that would make a sustainable, long-term and direct impact on the lifestyle and health outcomes of Lawrence residents. It seemed natural to link the hospital’s resources to the city’s need to improve access to healthy food.

As they brainstormed ways to address the problem, the Health Task Force realized that a grassroots approach offered the most potential. The neighborhoods in Lawrence are like cultural pods in which people can meet all of their basic needs on foot within a two-block radius.

The group decided that they might have the most impact by working with the neighborhood bodegas, which are not only a food resource, but are often the hub of the community. Called “Healthy on the Block,”
the program – which officially launched in 2015, although it been in development for several years prior – provides a one-time capital investment to set up refrigeration systems in bodegas so that produce and other healthy foods can be stored properly. Bodega owners are also advised on ways to display and label healthy food options so they are more appealing to customers.

**Lessons Learned**

As Lawrence General and the Health Task Force developed “Healthy on the Block” and other community-based programming, community health workers helped the team understand the cultural norms of each neighborhood. This knowledge has been critical to the success of the Health Task Force’s outreach programs.

“All of our programs, like ‘Healthy on the Block,’ are aimed at empowering people,” says Robin Hynds, R.N., C.P.H.M., chief clinical integration officer and vice president, Care Continuum and Network Development at Lawrence General. “Our strategies have been successful because they reflect a deep understanding of the cultural norms and beliefs of the people in the neighborhoods and communities we work with. Without that, our efforts would be ineffective.”

**Future Goals**

One of the long-range goals of “Healthy on the Block” is to measure outcomes with the support of a data analyst. For example, the Health Task Force would like to track how much produce each bodega sells and the diabetes rate around specific bodegas.

Further, part of the group’s five-year strategic plan to strengthen the Lawrence community includes finding ways to address the opioid crisis as well as homelessness in the area.

“Our work as a health care provider is to look beyond our four walls and redefine what it means to be a hospital,” says Dianne Anderson, R.N., Lawrence General’s president/CEO. “Keeping people healthy is the best outcome we can hope for.”

**Contact:** Dianne J. Anderson, R.N., President/CEO  
**Telephone:** (978) 683-4000  
**Email:** dja@lawrencegeneral.org