

FY23-FY25 Implementation Strategy



Implementation Strategy

About the 2022 Hospital and Community Health Needs Assessment Process

Beth Israel Deaconess Hospital-Milton (BID Milton) is a 100-bed acute care hospital with a complete complement of inpatient and outpatient health services, 24-hour emergency services, and more than 450 physicians on staff. BID Milton also includes Beth Israel Deaconess Milton Radiology at BILH Quincy Urgent Care Center. BID Milton's mission is to improve the health of the community by providing exceptional, personalized healthcare with dignity, compassion, and respect.

The assessment and planning work for this Community Health Needs Assessment (CHNA) report was conducted between September 2021 and September 2022. In conducting this assessment and planning process, it would be difficult to overstate BID Milton's commitment to community engagement and a comprehensive, datadriven, collaborative, and transparent assessment and planning process. BID Milton's Community Benefits staff and Community Benefits Advisory Committee (CBAC) dedicated hours to ensuring a sound, objective, and inclusive process. This approach involved extensive data collection activities, substantial efforts to engage the hospital's partners and community residents, and a thoughtful prioritization, planning, and reporting process. Special care was taken to include the voices of community residents who have been historically underserved, such as those who are unstably housed or homeless, individuals who speak a language other than English, those who are in substance use recovery, and those who experience barriers and disparities due to their race, ethnicity, gender identity, age, disability status, or other personal characteristics.

BID Milton collected a wide range of quantitative data to characterize the communities served across the hospital's Community Benefits Service Area (CBSA). The hospital also gathered data to help identify leading health-related issues, barriers to accessing care, and service gaps. Whenever possible, data were collected for specific geographic, demographic, or socioeconomic segments of the population to identify disparities and clarify the needs of specific communities. The data were tested for statistical significance whenever possible and compared against data at the regional, Commonwealth, and national levels to support analysis and the prioritization process. The assessment also included data compiled at the local level from school districts, police/fire departments, and other sources. Authentic community engagement is critical

to assessing community needs, identifying the leading community health priorities, prioritizing cohorts most at-risk, and crafting a collaborative, evidence-informed IS. Between October 2021 and February 2022, BID Milton conducted 19 one-on-one interviews with key collaborators in the community, facilitated three focus groups with segments of the population facing the greatest health-related disparities, administered a community health survey involving more than 500 residents, and organized two community listening sessions. In total, the assessment process collected information from more than 600 community residents, clinical and social service providers, and other key community partners.

Prioritization and Implementation Strategy Process

Federal and Commonwealth community benefits guidelines require a nonprofit hospital to rely on their analysis of their CHNA data to determine the community health issues and priority cohorts on which it chooses to focus its IS. By analyzing assessment data, hospitals can identify the health issues that are particularly problematic and rank these issues in order of priority. This data can also be used to identify the segments of the community that faces healthrelated disparities or are disproportionately impacted by systemic racism or other forms of discrimination. Accordingly, using an interactive, anonymous polling software, BID Milton's CBAC and community residents, through the community listening sessions, formally prioritized the community health issues and cohorts that they believed should be the focus of BIDM's IS. This prioritization process helps to ensure that BID Milton maximizes the impact of its community benefits resources and its efforts to improve health status, address disparities in health outcomes, and promote health equity.

The process of identifying the hospital's community health issues and prioritized cohorts is also informed by a review and careful reflection on the Commonwealth's priorities set by the Massachusetts Department of Public Health's Determination of Need process and the Massachusetts Attorney General's Office.

BID Milton's IS is designed to address the underlying social determinants of health and barriers to accessing care, as well as promote health equity. The content addresses the leading community health priorities, including activities geared toward health education and wellness (primary prevention), identification, screening, referral (secondary prevention), and disease management and treatment (tertiary prevention).

The following goals and strategies are developed so that they:

- Address the prioritized community health needs and/or populations in the hospital's Community Benefits Service Area (CBSA).
- Provide approaches across the up-, mid-, and downstream spectrum.
- · Are sustainable through hospital or other funding.
- · Leverage or enhance community partnerships.
- · Have potential for impact.
- Contribute to the systemic, fair, and just treatment of all people.
- Could be scaled to other BILH hospitals.
- Are flexible to respond to emerging community needs.

Recognizing that community benefits planning is ongoing and will change with continued community input, BID Milton's IS will evolve. Circumstances may change with new opportunities, requests from the community, community and public health emergencies, and other issues that may arise, which may require a change in the IS or the strategies documented within it. BID Milton is committed to assessing information and updating the plan as needed.

Community Benefits Service Area

BID Milton's CBSA includes the three of Milton, Quincy, and Randolph located south of the City of Boston. Collectively,

these cities and towns are diverse with respect to demographics (e.g., age, race, and ethnicity), socioeconomics (e.g., income, education and employment), and geography (e.g., urban and suburban). There is also diversity with respect to community needs. There are segments of BID Milton's CBSA population that are healthy and have limited unmet health needs and other segments that face significant disparities in access, underlying social determinants, and health outcomes. BID Milton is committed to promoting health, enhancing access, and delivering the best care to all who live and/or work in its CBSA, regardless of race, ethnicity, language spoken, national origin, religion, gender identity, sexual orientation, disability status, immigration status, or age. BID Milton is equally committed to serving all patients, regardless of their health, socioeconomic status, insurance status, and/or their ability to pay for services.

BID Milton's CHNA focused on identifying the leading community health needs and priority cohorts living and/or working within the CBSA. In recognition of the health disparities that exist for some residents, the hospital focuses community benefits activities to improve the health status of those who face health disparities, experience poverty, or have been historically underserved. By prioritizing these cohorts, BID Milton is able to promote health and wellbeing, address health disparities, and maximize the impact of its community benefits resources.



Beth Israel Deaconess Milton

Community Benefits Service Area

- H Beth Israel Deaconess Hospital-Milton
- Beth Israel Deaconess Milton Radiology at BILH Quincy Urgent Care Center

Prioritized Community Health Needs and Cohorts

BID Milton is committed to promoting health, enhancing access, and delivering the best care for those in its CBSA. Over the next three years, the hospital will work with its community partners to develop and/or continue programming geared to improving overall well-being and creating a healthy future for all individuals, families, and communities. In recognition of the health disparities that exist for certain segments of the population, investments and resources will focus on improving the health status of the following priority cohorts within the community health priority areas.

BID Milton Priority Cohorts





Low-Resourced Populations



Older Adults



Racially, Ethnically and Linguistically **Diverse Populations**



Individuals with Disabilities

BID Milton Community Health Priority Areas

HEALTH EQUITY



Community Health Needs Not Prioritized by BID Milton

It is important to note that there were community health needs that were identified by BID Milton's assessment that were not prioritized for investment or included in BID Milton's IS. Specifically, supporting education across the lifespan, strengthening the built environment (i.e., improving roads/sidewalks and enhancing access to safe recreational spaces/activities), addressing environmental health and climate change, addressing the affordability of childcare, addressing the digital divide, and SUD peer support groups were identified as community needs but were not included in BID Milton's IS. While these issues are important, BID Milton's CBAC and senior leadership team decided that these issues were outside of the organization's sphere of influence and investments in others areas were both more feasible and likely to have greater impact. As a result, BID Milton recognized that other public and private organizations in its CBSA and the Commonwealth were better positioned to focus on these issues. BID Milton remains open and willing to work with community residents, other hospitals, and other public and private partners to address these issues, particularly as part of a broad, strong collaborative.

Community Health Needs Addressed in BID Milton's IS

The issues that were identified in the BID Milton CHNA and are addressed in some way in the hospital's IS are housing issues, food insecurity, transportation, economic insecurity, navigating SDOH resources, build capacity of workforce, navigation of healthcare access barriers, information and resource sharing, diversify provider workforce, cost and insurance barriers, mental health, stress, anxiety, depression, isolation, mental health stigma, racism/ discrimination, culturally appropriate/competent health and community services, targeted outreach/engagement in DEI Issues, lack of education around diversity, equity, and inclusion (DEI), diversifying leadership, linguistic access/ barriers to community resources/services, treatment programs that include/address mental health and cooccurring substance use/misuse issues, substance use outreach/education/prevention, caregiver support, and alcohol use prevention/treatment.

Implementation Strategy Details

Priority: Equitable Access to Care

Individuals identified a number of barriers to accessing and navigating the health care system. Many of these barriers were at the system level and stem from the way in which the system does or does not function. System-level issues included providers not accepting new patients, long wait lists, and an inherently complicated health care system that is difficult for many to navigate.

There were also individual-level barriers to access and navigation. Individuals may be uninsured or underinsured, which may lead them to forgo or delay care. Individuals may also experience language or cultural barriers - research shows that these barriers contribute to health disparities, mistrust between providers and patients, ineffective communication, and issues of patient safety.

Resources/Financial Investment: BID Milton expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by BID Milton and/or its partners to improve the health of those living in its CBSA. Additionally, BID Milton works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, BID Milton supports residents in its CBSA by providing "charity" care to individuals who are low-resourced and unable to pay for care and services. Moving forward, BID Milton will continue to commit resources through the same array of direct, in-kind, leveraged, or "charity" care expenditures to carry out its community benefits mission.

Goal: Provide equitable and comprehensive access to high-quality health care services including primary care and specialty care, as well as urgent and emerging care, particularly for those who face cultural, linguistic, and economic barriers.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Promote equitable care, health equity, health literacy, and cultural humility for patients, especially those who face cultural and linguistic barriers.	 Racially, ethnically, & linguistically diverse populations Individuals with disabilities Low- resourced populations 	• Interpreter Services • BID Milton Cultural Competency Committee	 # of face-to-face encounters # of languages used # of phone encounters # of Diversity, Equity, and Inclusion (DEI) programs or program offerings developed or offered 	• Interpreter Services Department • BID Milton Cultural Competency Committee	Not Applicable
Promote access to health care, health insurance, patient financial counselors, and needed medications for patients who are uninsured or underinsured.	Low- resourced populations	 Financial counselors Primary Care Support 	# of people enrolled in health insurance# of patients	BID Milton Financial Counselors BILH Primary Care	Social Determinants of Health

Goal: Provide equitable and comprehensive access to high-quality health care services including primary care and specialty care, as well as urgent and emerging care, particularly for those who face cultural, linguistic, and economic barriers.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Provide and promote career support services and career mobility programs to hospital employees.	 Individuals with disabilities Racially, ethnically, & linguistically diverse populations Low-resourced populations 	 CPTech Pipeline Program (in development) Career and academic advising Hospital-sponsored community college courses Hospital-sponsored English Speakers of Other Languages (ESOL) classes Diverse talent promotion and acquisition 	• # of employees successfully enrolled in program • # of employees who were hire and/ or promoted	 Quincy Asian Resources, Inc. (QARI) BILH Workforce Development 	Social Determinants of Health

Priority: Social Determinants of Health

The social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These conditions influence and define the quality of life for many segments of the population in the CBSA. Research shows that sustained success in community health improvement and addressing health disparities relies on addressing the social determinants of health that lead to poor health outcomes and drive health inequities. The assessment gathered a range of information related to housing, food insecurity, economic insecurity, education, and other important social factors.

There is limited quantitative data in the area of social determinants of health. Despite this, information gathered through interviews, focus groups, listening sessions, and the BID Milton Community Health Survey reinforced that these issues have the greatest impact on health status and access

to care in the region - especially issues related to housing, food insecurity/nutrition, transportation, and economic instability.

Resources/Financial Investment: BID Milton expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by BID Milton and/or its partners to improve the health of those living in its CBSA. Additionally, BID Milton works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, BID Milton supports residents in its CBSA by providing "charity" care to individuals who are low-resourced and unable to pay for care and services. Moving forward, BID Milton will continue to commit resources through the same array of direct, in-kind, leveraged, or "charity" care expenditures to carry out its community benefits mission.

Goal: Enhance the built, social, and economic environments where people live, work, play, and learn in order to improve health and quality-of-life outcomes.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Provide support for impactful programs and community initiatives that address issues associated with the social determinants of health.	Youth Older adults Low-resourced populations Racially, ethnically, & linguistically diverse populations Individuals with disabilities	 Emergency Flex Funding for Domestic Violence Survivors Provide an opportunity for grant funding to community 	 # of children enrolled in programs # of clients served Additional clients enrolled in wrap- around services 	Domestic Violence Ended, Inc. (DOVE) Milton Early Childhood Alliance (MECA)	• Violence • Education
Support programs that stabilize or create access to affordable housing.	Low-resourced populations Racially, ethnically, & linguistically diverse populations Older adults	•Rental Assistance/ Eviction Prevention Community Grants	 # of clients served and their demographics # amount of assistance provided # of clients who were stabilized in housing # of clients enrolled in additional services (SNAP, etc) 	• Quincy Community Action Programs (QCAP) • Father Bills & Mainspring • Interfaith Social Services	Not Applicable

Goal: Enhance the built, social, and economic environments where people live, work, play, and learn in order to improve health and quality-of-life outcomes.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Support education, systems, programs, and environmental changes to increase healthy eating and access to affordable, healthy foods.	Youth Older adults Low-resourced populations Racially, ethnically, & linguistically diverse populations	Community- Supported Agriculture (CSA) Shares to food pantries Nutritional Supports for Seniors in Affordable Housing Community Table Events Provide an opportunity for grant funding to the community	 # of students served # amount of food distributed # of programs conducted # of participants served Change in learning pre/post assessments if applicable 	 Local Schools Randolph Intergenerational Center Food Pantries Simon Fireman Community Milton Council on Aging 	Chronic and Complex Conditions
Increase mentorship, training, and employment opportunities to increase employment and earnings and increase financial security for youth, young adults, and adults residing in the communities.	Youth and young adults Individuals with disabilities Low-resourced populations Racially, ethnically, & linguistically diverse populations	Internship programs in multiple departments: Nursing, Radiology, Pharmacy, etc. High School Internship Program Healthcare scholarships Provide an opportunity for grant funding to the community Work with BILH Diversity, Equity, and Inclusion Council to expand contracts with diverse suppliers and vendors	 # of participants/ students and their demographics # of job shadowing hours # of hours of job training Increased job skills Supplier diversity spend 	Local schools Curry College Quincy Community Action Programs (QCAP) Quincy Asian Resources, Inc. (QARI) BILH DEI Council	Not Applicable
Support partnerships with regional transportation providers and community partners to enhance access to affordable and safe transportation.	Youth Older adults Low-resourced populations Racially, ethnically, & linguistically diverse populations	• Member of Blue Hills Regional Coordinating Council, provided previous grant funding for assessment phase	 # of partners/sectors # of initiatives # of policy or system changes Amount of resources obtained 	• Blue Hills Regional Coordinating Council	Not Applicable

Goal: Enhance the built, social, and economic environments where people live, work, play, and learn in order to improve health and quality-of-life outcomes.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Participate in multi- sector community coalitions to convene stakeholders to identify and advocate for policy, systems, and environmental changes to address the social determinants of health.	Youth Older adults Low-resourced populations Racially, Ethnically, & Linguistically Diverse Populations	 Member of Randolph Community Wellness Coalition Member of Mass in Motion Regional Food Policy Council 	 # of partners/sectors # of initiatives # of policy or system changes Amount of resources obtained 	Randolph Community Wellness Committee	Food insecurity

Priority: Mental Health and Substance Use

Anxiety, chronic stress, depression, and social isolation were leading community health concerns. There were specific concerns about the impact of mental health issues on youth and young adults, and social isolation among older adults. These difficulties were exacerbated by COVID-19.

In addition to the overall burden and prevalence of mental health issues, residents identified a need for more providers and treatment options, especially inpatient and outpatient treatment, child psychiatrists, peer support groups, and mental health services. Those who participated in the assessment also reflected on the stigma, shame, and isolation that those with mental health challenges face that limit their ability to access care and cope with their illness.

Substance use continued to have a major impact on the CBSA; the opioid epidemic continued to be an area of focus and concern, and there was recognition of the links and impacts on other community health priorities, including

mental health and economic insecurity. Interviewees, focus group, and listening session participants also reported that alcohol use is normalized, and use is prevalent among both adults and youth.

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Goal: Promote social and emotional wellness by fostering resilient communities and building equitable, accessible, and supportive systems of care to address mental health and substance use.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Support impactful programs that promote healthy development, support children, youth, and their families, and increase their resilience, coping and prevention skills.	Youth Racially, ethnically, & linguistically diverse Populations	 Trauma informed schools grant Getting the Teens Out Grant Provide an opportunity for grant funding to community 	 # of staff trained # of programs conducted # of participants # of parent workshops Pre-post assessments: learn new skill to cope w/ stress/anxiety Change in knowledge or behavior 	Milton Public Schools Milton Youth Advocates for Change Randolph Youth Collaborative Quincy Family Resource Center Quincy Asian Resources, Inc. (QARI)	Not Applicable
Build the capacity of community members to understand the importance of mental health and substance use, and reduce negative stereotypes, bias, and stigma around mental illness and substance use disorders.	Youth Older adults Racially, ethnically, & linguistically diverse populations	 Mental Health First Aid™ Behavioral Health/ Cognitive Behavioral Therapy (CBT) Classes 	 # of classes conducted # of trainers trained # of community residents trained Increased skills Increased confidence in ability to use skills 	Randolph Youth Collaborative Milton Coalition Aspire Health Alliance Interfaith Social Services Enhance Asian Communities on Health (EACH) Milton Council on Aging	Not Applicable

Goal: Promote social and emotional wellness by fostering resilient communities and building equitable, accessible, and supportive systems of care to address mental health and substance use.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Participate in multi- sector community coalitions to convene stakeholders to identify and advocate for policy, systems, and environmental changes to increase resiliency, reduce youth substance use, and prevent opioid overdoses and deaths.	 Racially, ethnically, & linguistically diverse populations Low resourced populations Youth 	Milton Coalition Building Up Youth: Regional Partnership on Health and Wellness	 # of partners/ sectors # of initiatives # of policy or system changes Amount of resources obtained # of programs sponsored # of people in attendance 	 Milton Coalition Milton Board of Health Building Up Youth: Regional Partnership on Health and Wellness Coalition 	Not Applicable
Provide access to high-quality and culturally and linguistically appropriate mental health and substance use services through screening, monitoring, counseling, navigation, and treatment.	 Racially, ethnically, & linguistically diverse populations Low resourced populations 	BILH Collaborative Care Medical Assisted Treatment (MAT) Recovery coaches Prescription take-back kiosk (in development)	 # of patients assisted # of providers # of consults # of people referred to treatment # of pounds collected 	BILH Behavioral Health Gosnold Behavioral Health	Not Applicable

Priority: Chronic and Complex Conditions

Chronic conditions such as cancer, diabetes, chronic lower respiratory disease, stroke, and cardiovascular disease contribute to 56% of all mortality in Massachusetts and over 53% of all health care expenditures (\$30.9 billion a year). Perhaps most significantly, chronic diseases are largely preventable despite their high prevalence and dramatic impact on individuals and society.

Resources/Financial Investment: BID Milton expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct

and in-kind investments in programs or services operated by BID Milton and/or its partners to improve the health of those living in its CBSA. Additionally, BID Milton works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, BID Milton supports residents in its CBSA by providing "charity" care to low-resourced individuals who are unable to pay for care and services. Moving forward, BID Milton will continue to commit resources through the same array of direct, in-kind, leveraged, or "charity" care expenditures to carry out its community benefits mission.

Goal: Improve health outcomes and reduce disparities for individuals at-risk for or living with chronic and/or complex conditions and caregivers by enhancing access to screening, referral services, coordinated health and support services, medications, and other resources.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Address barriers to timely cancer and chronic disease screenings and follow-up care through culturally appropriate navigation and innovative programs.	Older adults Low resourced populations Racially, ethnically, & linguistically diverse Populations	Lung Cancer Screening	 # of patients screened Reduced time between finding and treatment 	• Enhance Asian Communities on Health (EACH) • Medical Staff	• Equitable • Access to Care
Provide preventative health information, services, and support for those at risk for complex and/or chronic conditions and support evidence-based chronic disease treatment and self-management programs.	Older adults Racially, ethnically, & linguistically diverse populations	Diabetes Self- Management Courses Matter of Balance Classes	 # of participants enrolled in self- management classes Change in behavior scores # of people provided with YMCA memberships # of new providers added that address chronic disease 	 South Shore YMCA Enhance Asian Communities on Health (EACH) 	 Aging in place Equitable Access to Care
Ensure older adults have access to coordinated healthcare, supportive services and resources that support overall health and the ability to age in place.	Older adults	Palliative care Meditation classes	 # of consults # of Re-admissions # of educational programs conducted Reduced isolation 	 Milton Council on Aging South Shore Elder Services 	 Aging place Equitable Access to Care Mental Health

General Regulatory Information

Contact Person:	Laureane Marquez, Manager of Community Benefits and Community Relations		
Date of written plan:	June 30, 2022		
Date written plan was adopted by authorized governing body:	September 12, 2022		
Date written plan was required to be adopted	February 15, 2023		
Authorized governing body that adopted the written plan:	Beth Israel Deaconess Hospital- Milton Board of Trustees		
Was the written plan adopted by the authorized governing body on or before the 15th day of the fifth month after the end of the taxable year the CHNA was completed?	☑ Yes ☐ No		
Date facility's prior written plan was adopted by organization's governing body:	September 5, 2019		
Name and EIN of hospital organization operating hospital facility:	Beth Israel Deaconess Hospital-Milton 04-2103604		
Address of hospital organization:	199 Reedsdale Road, Milton, MA 02186		