

2022 Community Health Needs Assessment





Letter from the Chair, Board of Trustees and President & CEO



ANN-ELLEN HORNIDGE
Chair, Board of Trustees



KEVIN TABB, MD
President & CEO

In 2019, Beth Israel Lahey Health (BILH) came together as a system to make a difference for our patients, our communities and each other. Together, our more than 36,000 caregivers and staff are collaborating in new ways to change healthcare for the better and to improve the health and wellness of the individuals and communities we serve.

BILH brings together a broad range of organizations spanning the full continuum of health care delivery—academic medical centers and teaching hospitals, community hospitals, primary care, ambulatory and urgent care centers, behavioral health programs and home care—in a shared mission to expand access to exceptional care and advance the science and practice of medicine through groundbreaking research and education.

Our journey as a new health care system could not have happened at a more important moment. We have spent two of our three years as a system facing the extraordinary challenges of COVID-19 and have been there to support our community every step of the way. Over the course of the pandemic, BILH has cared for more than 14,000 patients with suspected or confirmed cases of the virus, administered more than 400,000 vaccinations and conducted more than 624,000 COVID-19 tests. We could not be prouder of our caregivers and staff, who have given everything they have in service to our communities.

We also recognize that the unequal burden of the pandemic on communities of color and pervasive racial injustices continue to demonstrate the extent to which systemic racism impacts the health and well-being of the Commonwealth and the nation. As an organization, BILH is taking meaningful steps to address the disproportionate health and economic toll that COVID-19 continues to have on communities of color. We are making significant investments in programs to address disparities, including those that were exacerbated by the pandemic, such as access to equitable, comprehensive, high quality health care services and access to safe housing and nutritious food.

We also recognize the importance of working collaboratively and with a commitment to equity to achieve greater impact. To help inform our efforts, BILH undertook a collaborative triennial Community Health Needs Assessment in 2022 and invited our affiliated community health centers and safety net hospitals to join us. The 2022 BILH Community Health Needs Assessment, as summarized in this report, identified a broad range of community strengths and assets. The assessment also reinforced what we know about existing inequities and identified numerous challenges and opportunities for impact throughout BILH's service area.

Using the findings from the assessment, leaders from each hospital, along with each hospital's Community Benefits Advisory Committee, identified key health priorities and populations with the greatest needs. Similarly, BILH leadership, along with the BILH Board of Trustees Community Benefits Committee, identified a set of system-level priorities. These priorities were identified to focus community health investments in order to leverage existing resources, align efforts and maximize impact locally and regionally.

BILH hospitals have always been deeply committed to serving their communities. Over the past three fiscal years, our hospitals have collectively invested approximately \$350 million in charity care, community health and access programming with the goal of reinforcing community strengths and addressing the challenges identified through the Community Health Needs Assessment. These investments have had and will continue to have an impact.

Our dedication and commitment to the communities we serve and to partnership—both across our system and with our community partners, including local service providers, public health departments, social service agencies, community health centers and other community stakeholders—will remain strong and continue to be the cornerstones of our ability to make a difference for patients, families and communities in the years to come.



ANN-ELLEN HORNIDGE
Chair, Board of Trustees
Beth Israel Lahey Health



KEVIN TABB, MD
President & CEO
Beth Israel Lahey Health

Letter from the Vice President, Community Benefits & Community Relations



Nancy Kasen
*Vice President, Community
Benefits & Community Relations*

This 2022 Beth Israel Lahey Health (BILH) Community Health Needs Assessment (CHNA) Report marks the culmination of an enormous amount of work conducted over the past year by BILH's Community Benefits staff, our system and hospitals' senior leadership teams, our community partners and thousands of community residents.

The COVID-19 pandemic has underscored how important it is for health care organizations across the health, public health and social service continuum to work together to coordinate care and provide services that our communities need. BILH is one of the first, if not the first health care system in the Commonwealth to undertake a community-driven, coordinated, rigorous and efficient system-wide needs assessment. Each hospital's Community Benefits Advisory Committee oversaw local engagement efforts that helped to amplify the voices of community residents who face disparities in health outcomes and have historically been disproportionately impacted by systemic inequities that have limited their access to care. Our hospitals applied a common approach and adhered to a core set of guiding principles – *Equity, Collaboration, Engagement, Capacity Building and Intentionality* – which are the cornerstones of BILH's Community Benefits work.

We engaged with thousands of community residents and stakeholders through nearly 50 focus groups, 250 interviews, 20 community listening sessions and a community health survey that gathered input from over 5,500 residents throughout the BILH Community Benefits Service Area. As part of this process, our 10 hospitals collaborated with more than 500 community-based organizations, including our affiliated community health centers and safety net hospitals, as well as a number of other hospitals. We shared our focus group, interview and listening session guides, our survey and our data, offered workshops on evaluation and community engagement, training on facilitation and invited residents to co-facilitate our focus groups and community listening sessions. The value and impact of this collaborative effort cannot be understated. This work will help guide BILH's efforts to address health disparities, promote health equity, enhance access and deliver the best care in our community in the years to come. This work is also helping to improve collaboration and foster closer partnerships among BILH's hospitals, our community partners and community residents.

The Community Health Needs Assessments captured vital information with the goal of better understanding issues related to the social determinants of health - including individual and systemic racism - health service gaps, health outcomes and barriers to care. The assessment also identified population cohorts that have historically been underserved and face disparities related to race, ethnicity, immigration status, language, age, gender identity, sexual orientation or socio-economic status.

BILH and our community partners share a common and growing understanding that we need to care for patients and communities in ways that address health disparities. There is a growing appreciation for the importance of holistic and integrated approaches that focus on prevention, enhancing access, improving care coordination and addressing the underlying social determinants of health. Themes identified across all 10 hospitals include the impacts of social and economic factors, such as affordable housing and food insecurity; the tremendous burden of mental illness and mental health struggles – particularly on youth; challenges related to accessing care; and the need to better manage and address the risk factors associated with chronic and complex medical conditions. These and other priorities were considered as each hospital developed detailed Implementation Strategies that outline a range of programs aimed at leveraging existing resources and addressing the unique needs in each hospital's Community Benefits Service Area.

As part of the BILH Community Benefits strategic planning process, the BILH CHNA Management Advisory Group (MAG), comprised of senior leaders from system departments and business units, used the needs assessment results to formulate recommendations for community investment for consideration by the BILH Board of Trustee's Community Benefits Committee. After considerable deliberation and exploration of how best to foster alignment across our system, augment existing community investments, leverage existing expertise to achieve greater impact, the BILH Community Benefits Committee chose to prioritize community mental health, and in particular, addressing the tremendous gaps in mental health services.

A summary of the assessment, community engagement and planning approach that was applied across BILH hospitals and details on the BILH Community Benefits Department's guiding principles are included in this report. Also included is a review of the key findings from the assessment and details on the breadth of issues that were prioritized by the hospitals' Community Benefits Advisory Committees, the hospitals' senior leadership teams and the community at-large. More detailed information is also available in each hospital's CHNA report and summary strategy, all of which are posted on each hospital's website.

This Community Health Needs Assessment, along with the corresponding Implementation Strategies, are foundational to our future work and align with our commitment to address health disparities. We look forward to working together with our community partners to strengthen our impact and to honor our purpose: **We create healthier communities – one person at a time – through seamless care and ground-breaking science, driven by excellence, innovation and equity.**



NANCY KASEN

Vice President, Community Benefits & Community Relations
Beth Israel Lahey Health

Acknowledgments

This Beth Israel Lahey Health (BILH) 2022 Community Health Needs Assessment (CHNA) Report is the culmination of a highly collaborative process that began in September 2021. At the foundation of this endeavor is a desire to engage and gather input from community residents, community-based organizations, clinicians, local health officials, elected, and appointed leaders, BILH leadership and stakeholders throughout the health system's Community Benefits Service Area. Substantial efforts were made to provide community residents with opportunities to participate, with an intentional focus on engaging populations who have been historically underserved.

BILH was created because it was clear that something different is needed in health care. The system brings together academic medical centers and teaching hospitals, community and specialty hospitals, more than 4,800 physicians and 36,000 employees in a shared mission to expand access to great care close to home and advance the science and practice of medicine through ground breaking research and education.

One element of the health system's value lies in the connections that its hospitals and partners have with the communities they serve and with the community-based health and social service organizations with which they collaborate. BILH extends its sincere appreciation to everyone who invested their time, effort, and expertise to develop each hospital's CHNA report and implementation strategy, which are the core outcomes of this work. This system-level report summarizes the assessment and planning activities that occurred across the system and presents key findings, community health priorities and proposed strategic initiatives for the system.

BILH would like to acknowledge the commitment and work of the BILH Board of Trustees Community Benefits Committee, the BILH Community Health Needs Assessment Management Advisory Group and all 10 hospital Community Benefits Advisory Committees. These groups have been instrumental in the process and provided guidance with respect to community benefits and opportunities for community health impact across the system.

Finally, BILH thanks the community residents who contributed to this process. From the beginning of the assessment, thousands of community stakeholders throughout the health system's Community Benefits Service Area shared their needs, lived experiences and expertise through interviews, focus groups, survey and community listening sessions. This assessment and planning work would not have been possible without their input.

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Jane Walsh, BILH Board of Trustees and Winchester Hospital Board of Trustees

Beth Israel Lahey Health Community Health Needs Assessment Management Advisory Group

Nicole DeVita, Chief Operating Officer, BILH Performance Network

Marian Dezelan, Chief Marketing and Communications Officer, BILH

Nizelky Genao, Vice President, Strategic Planning, Innovation and Integration, BILH Behavioral Services

Matthew Germak, Chief Quality and Safety Officer, BILH Primary Care

Jennifer Gizmunt, President, BILH Continuing Care

Vanessa Hill, Vice President, Brand Strategy and Consumer Engagement, BILH

Hilary Jacobs, President, BILH Behavioral Services

Nancy Kasen, Vice President, Community Benefits and Community Relations, BILH

Erin Kelly-Clabaugh, Vice President, Corporate and Foundation Relations, BILH

Richard Nesto, MD, Chief Medical Officer, BILH

Lisa Neveling, Vice President, Planning and Program Development, BILH

Malisa Schuyler, Vice President, Government Affairs, BILH

Victoria Serues, Assistant Vice President, Philanthropy Communications, BILH

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Introduction and Purpose

All state-licensed, nonprofit hospitals in the United States are required to conduct a triennial Community Health Needs Assessment (CHNA) focused on the communities they serve and to develop an Implementation Strategy that describes how the hospital will work with community partners to respond to the needs identified in the assessment. This requirement was initiated in 2010 with the passage of the Patient Protection and Affordable Care Act and is regulated nationally by the Internal Revenue Service. In addition, in 1994, the Massachusetts Attorney General's Office established voluntary Community Benefits Guidelines that align with and add rigor and specificity to the federal requirements.

While the assessment and planning process is a requirement for licensed hospitals that are part of BILH, BILH's commitment to this process, at both the hospital level and across the system, far exceeds federal and state requirements. The triennial CHNA and planning process is an integral part of BILH's population health and community engagement activities and is essential to the organization's commitment to promoting health, enhancing access and delivering the best care to the people and families in the communities it serves.

BILH took the unique approach of designing and implementing a system-wide, highly coordinated CHNA and prioritization process across each of the system's 10 licensed hospitals. The assessment findings contained in each hospital's CHNA report, along with the hospital's associated Implementation Strategy, provides vital information that BILH's hospitals and community partners will use to help ensure that services and programs are appropriately focused, address unmet community needs and are delivered in ways that are responsive to the communities they serve. Further, this approach allows BILH to identify opportunities for alignment and the leveraging of resources to achieve greater impact. The assessment and planning activities also provide a critical opportunity for BILH and its hospitals to engage their communities and strengthen the partnerships that are essential to BILH's success now and in the future.

BILH is committed to promoting health and well-being of individuals and communities, addressing health disparities and working to achieve health equity. Health equity - the attainment of the highest level of health for all people - requires focused and ongoing societal efforts to address avoidable inequalities and socioeconomic barriers to care, as well as historical and contemporary injustices that underlie existing disparities. Throughout the assessment process, significant efforts were made to understand the

needs of populations that are disproportionately impacted by social, economic and environmental factors, including systemic racism and forms of discrimination that factor into unequal health outcomes. The strategies developed as a result of the hospitals' CHNA and planning processes focus on reaching the geographic, demographic and socioeconomic segments of populations most at-risk, as well as those with physical and behavioral health needs.

These strategies were also developed in the context of the COVID-19 pandemic. The challenges that health care providers, public health officials, social service agencies and first responders (e.g., police, fire and emergency services departments) have faced since early 2020 are beyond comprehension. The pandemic exacerbates existing barriers to care and creates new ones; at the Commonwealth's federally qualified health centers, screenings for cervical cancer declined by 15%, for colorectal cancer by 17%, and for depression and follow up care by 19%. The declines in screening rates were accompanied by a 31% increase in patients with dangerous hemoglobin A1c levels (a critical risk factor for diabetes), and a 16% decrease in the number of patients whose blood pressure was controlled.¹ This situation illustrates how important it is for providers across all health and health-related sectors to work collectively to coordinate services to meet community needs.

Additionally, the pandemic underscores racial and ethnic disparities in health care that are the consequences of systemic racism. In August 2020, age-adjusted mortality rates due to COVID-19 were two times higher among Hispanic/Latino (335 per 100,000) and Black (320) people in Massachusetts compared to whites (105).² During the pandemic, 55% of Hispanic/Latino adults and 44% of Black (non-Latino) adults in the United States suffered economic consequences compared to 21% of white adults. Latino (40%) and Black (39%) adults were also more likely to experience mental health problems from COVID-19 compared to white adults (29%).³

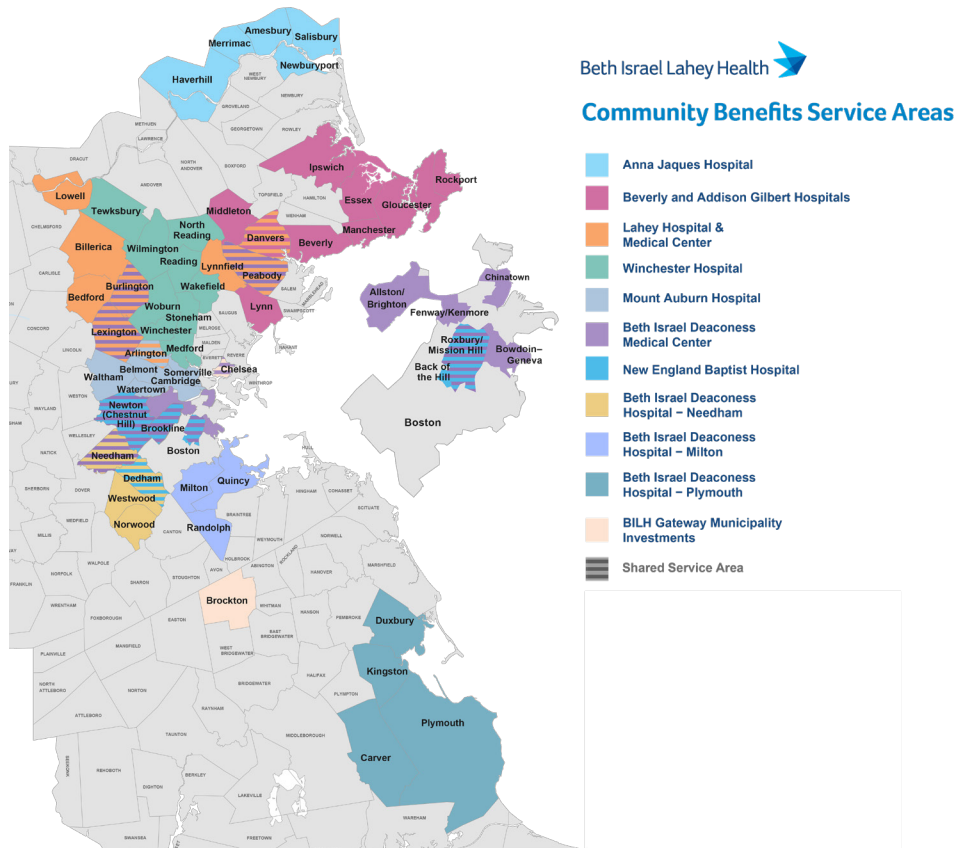
Community Benefits Service Area

BILH's primary service area includes nearly 100 cities and towns across eastern Massachusetts. With respect to BILH's community benefits activities and the CHNA, the service area is defined in a more targeted way. The BILH Community Benefits Service Area—made up of the individual Community Benefits Service Areas from each of its licensed hospitals—includes 49 municipalities and six Boston neighborhoods. Focusing the geographic area enhances BILH's opportunities for collaboration and alignment with respect to addressing unmet need and maximizing impact on community health priorities.

The municipalities and neighborhoods that make up BILH's Community Benefits Service Area are diverse with

respect to demographics (e.g., age, race and ethnicity), socioeconomics (e.g., income, education and employment) and geography (e.g., urban, suburban and semi-rural). There is also diversity with respect to community needs. There are segments of the BILH Community Benefits Service Area population whose health needs are largely met, while at the same time there are segments that face extreme disparities in access, underlying social determinants and health outcomes. To maximize the impact of BILH's community benefits investments, address disparities and promote health equity, more of BILH's resources are directed to individuals and communities who face the most significant barriers.

Figure 1: BILH Community Benefits Service Area



Summary Approach and Methods

BILH’s Community Benefits staff and hospitals’ Community Benefits Advisory Committees dedicated countless hours to ensure a sound, objective and inclusive assessment and planning process. The approach involved extensive quantitative and qualitative data collection and substantial efforts to engage community residents and a thoughtful prioritization and planning process.

This system-wide effort was informed by a series of guiding principles that served as a roadmap for BILH and hospital staff and helped ensure an equitable, collaborative,

engaged and intentional process that built community capacity and fostered community cohesion. This highly coordinated, system-wide effort added rigor to the hospitals’ assessments and planning processes, promoted alignment across hospital efforts and strengthened relationships between and among BILH hospitals, community partners and the community at large. Following is a discussion of how these guiding principles were applied in BILH’s CHNA and planning efforts.

Figure 2: BILH Community Health Needs Assessment Guiding Principles

	<p>Equity: Work toward the systemic, fair and just treatment of all people</p>
	<p>Collaboration: Leverage resources to achieve greater impact by working with community residents and organizations</p>
	<p>Engagement: Intentionally outreach to and interact with underserved populations; including but not limited to people impacted by trauma, people with disabilities, people most impacted by inequities and others</p>
	<p>Capacity Building: Build community cohesion and capacity by co-leading community listening sessions and training community residents on facilitation</p>
	<p>Intentionality: Be deliberate in requests for and use of data and information; be purposeful and work collaboratively to identify and leverage resources for maximum benefit</p>

Equity. BILH is committed to promoting health and well-being for all individuals and communities we serve, addressing health disparities and working to achieve health equity. Throughout the assessment process, efforts were made to understand the needs of populations that are disproportionately impacted by social, economic and environmental factors, face disparities in health-related outcomes and are historically underserved. The Implementation Strategies developed as a result of this process focus on reaching the geographic, demographic and socioeconomic segments of populations that are most at-risk, as well as those with physical and behavioral health needs.

Collaboration. BILH understands the importance of collaboration, both internally across the health system and externally with other hospitals, community partners, and residents. These collaborative relationships are vital and help promote problem solving, learning and innovation. Throughout the assessment and planning process, BILH staff at the system- and individual hospital-levels worked collaboratively to develop and implement an assessment and planning approach and to share information bi-directionally with community stakeholders at community listening sessions, which were open to anyone who wanted to attend. This approach promoted inclusive engagement, fostered information sharing and helped to identify previously unknown community strengths, assets, challenges and opportunities.

Engagement. BILH recognizes that authentic community engagement is critical to assessing community need,

identifying the leading community health issues, prioritizing segments of the population most at-risk and crafting a collaborative and evidenced-informed Implementation Strategy. The assessment and planning approach involved extensive efforts to engage community residents through interviews, focus groups, community listening sessions and a community health survey. Throughout this effort, great care was taken to engage and gather information from segments of the population that are historically underserved (e.g., individuals best served in a language other than English, youth, individuals who are homeless or unstably housed).

Capacity Building. BILH staff at the system- and individual hospital-levels are committed to developing relationships with community partners that support sustained, responsive and long-term partnerships. These relationships are critical to promoting collaboration, fostering community cohesion and building community capacity. During the assessment and planning process, BILH staff engaged community residents and representatives from leading community-based organizations to help facilitate focus groups and community listening sessions. For the community listening sessions, BILH hosted two training sessions on non-directive interviewing and facilitation for focus groups and listening sessions. Following this training, dozens of community members across BILH helped to implement a series of 20 community listening sessions across the system's Community Benefits Service Area. These community listening sessions were vital to BILH's needs assessment effort.

Figure 3: Core Activities of the Community Health Needs Assessment



Intentionality. BILH is committed to conducting CHNAs that are comprehensive and objective with respect to engaging the community and gathering input on community need, barriers to access and service gaps. BILH also understands the importance of being clear about its ability to respond to issues and its intentions with respect to investment. Care was taken to clearly communicate about barriers that prevent BILH from addressing issues that, while important, are beyond the system’s scope. BILH’s commitment to assessment and community engagement, combined with its commitment to clear communication, is critical to effective partnership, building trust, and maximizing the impact of its resources.

The core activities of the 2022 CHNA process are provided below and detail the activities that BILH’s hospitals conducted to respond to the federal and state guidance.

Whenever possible, BILH hospitals collaborated with one another, with hospitals outside of the health system, and with other community partners to conduct their assessments. For example, Beth Israel Deaconess Medical Center’s CHNA includes information from two other collaborative assessment and planning efforts in which the medical center is involved: the Boston Community Health Needs Assessment/Community Health Improvement Plan Collaborative – which involves nearly all of Boston’s teaching hospitals and other community-based providers – and the North Suffolk Public Health Collaborative’s integrated community health needs assessment in Chelsea, which involves the major service providers in Chelsea, Everett and Revere. BILH hospitals also made special efforts to collaborate with their local “safety net” partners.

For example, Mount Auburn Hospital collaborated with Cambridge Health Alliance, and Beth Israel Deaconess Hospital-Milton collaborated with Signature Healthcare Brockton Hospital.

At the system level, considerable time and effort was invested to ensure an engaged, integrated and collaborative assessment and planning effort in ways that, increased efficiency, added rigor, promoted alignment, strengthened partnerships and reduced burden for those who participated in the CHNA. The BILH Community Benefits and Community Relations Leadership Team fostered communication, collaboration and integration across all 10 hospitals, including the sharing of tools and best practices, and building community and staff capacity that led to increased efficiency and quality of the effort overall.

Summary Approach

This section describes the oversight and advisory committee structures, data collection and community engagement methods, as well as the prioritization, planning and reporting efforts that were part of BILH’s overall CHNA and Implementation Strategy process. The assessments were completed in three phases.

Figure 4: BILH Community Health Needs Assessment Phases and Activities

Phase I: Preliminary Assessment & Engagement	Phase II: Focused Engagement	Phase III: Strategic Planning & Reporting
Engagement with CBACs*	Additional interviews with stakeholders	Presentation of findings and prioritization with CBACs and hospital leadership
Collection and analysis of quantitative data	Facilitation of focus groups with community residents and community-based organizations	Draft and finalization of CHNA reports and Implementation Strategy documents
One-on-one and small group interviews with stakeholders in the Community Benefits Service Area	Dissemination of community health survey, focusing on resident engagement	Presentation of final reports to CBACs and hospital leadership
Evaluation of community benefits activities	Facilitation of community listening sessions to present and prioritize findings	Presentation to hospitals’ Boards of Trustees
Preliminary analysis of key themes	Compilation of resource inventories	Distribution of results via hospital websites

*Community Benefits Advisory Committee

Oversight and Advisory Committees

Each of BILH's 10 licensed hospitals was responsible for conducting and leading their own CHNA and planning processes. These efforts were led by the hospitals' Community Benefits staff, with the support and involvement of the hospitals' senior leadership teams, Community Benefits Advisory Committees, local partners and Boards of Trustees. These oversight and engagement structures are part of the federal and state requirement and help to ensure that the assessments draw information from their communities, are properly tailored to the communities in which the hospitals operate and strengthen the community partnerships that are vital to their success. BILH is committed to leveraging the knowledge and expertise of its local hospitals and it was formed with the understanding that together, as a coordinated system, the hospitals are doing more than they could alone. Collaboration between the hospitals and the system helps to ensure that activities are well-coordinated and promotes alignment and integration of the assessment and planning efforts. Following are descriptions of the oversight and advisory structures that help to ensure local input while supporting coordination, integration and alignment across the system.

Community Benefit Advisory Committees

Each hospital has its own Community Benefits Advisory Committee comprised of representatives from community-based organizations, clinical service providers, public officials, public health and health departments, businesspeople, advocacy organizations, community residents, hospital leaders and other stakeholders. The Community Benefits Advisory Committees met four to six times during the assessment and planning process and were responsible for overseeing the assessment approach, vetting findings and prioritizing the leading community health issues and population segments most in need. Each Community Benefits Advisory Committee also reviewed and provided input on their hospital's Implementation Strategy.

Community Health Needs Assessment Management Advisory Group

The BILH CHNA Management Advisory Group, comprised of senior leaders from system departments and business units, was responsible for recommending community benefits system priorities, strategies and metrics to the BILH Board of Trustees Community Benefits Committee. Over the course of 10 meetings, the BILH CHNA Management Advisory Group was responsible for:

- Reviewing key themes and findings from the assessment.
- Exploring and cataloguing opportunities for alignment between emerging community health priorities and

existing BILH initiatives and strategies.

- Reviewing evidence-informed community health strategies, best practices and metrics drawn from literature and best practices; and
- Recommending system priorities and strategies to the BILH Board of Trustees Community Benefits Committee.

BILH Board of Trustees Community Benefits Committee

The Community Benefits Committee is a standing committee of the BILH Board of Trustees. The Committee met four times over the course of the CHNA and was responsible for:

- Providing guidance and recommendations on the process to conduct the CHNA and to identify and address community health priorities.
- Ensuring that the system and its hospitals had strategies in place to meet the health care (including behavioral health) needs of at-risk, underserved, uninsured and government payer patients in the Community Benefits Service Area.
- Ensuring appropriate monitoring and reporting of data to regulatory agencies.
- Providing guidance to ensure alignment and compliance with regulatory requirements and strategic efforts of the system as a whole; and
- Ensuring communication between the BILH Board of Trustees and the boards of BILH's individual hospitals regarding compliance with community benefits requirements.

Data Collection and Community Engagement Methods

Quantitative Data Collection

BILH collected objective, quantitative data to characterize the populations and communities across BILH's Community Benefits Service Area. The hospitals also gathered quantitative data on health status to develop a comprehensive understanding of the leading health-related issues. Whenever possible, data was collected for specific geographic, demographic or socioeconomic segments of the population to identify disparities and clarify the needs for specific communities or population segments.

Qualitative Data Collection and Community Engagement

BILH's hospitals recognize that authentic community engagement is critical to assessing community need, identifying leading community health priorities, prioritizing

Figure 5: Quantitative Data Sources

Demographic, SES* & SDOH** Data	Commonwealth/National Health Status Data	Hospital Utilization Data	Municipal Data Sources
Age, SOGI***, race, ethnicity	Vital statistics	Inpatient discharges	Public school districts
Poverty, employment, education	Behavioral risk factors	Emergency department discharges	Local assessments and reports
Crime/violence	Disease registries		
Food access	Substance use data		
Housing/transportation	COVID-19 Community Impact Survey		

*Socioeconomic status

**Social determinants of health

***Sexual orientation and gender identity

segments of the population most at-risk and crafting a collaborative and evidenced-informed Implementation Strategy. Accordingly, in collaboration with its assessment and community engagement partners, BILH hospitals applied the Massachusetts Department of Public Health’s Community Engagement Standards for Community Health Planning as a guide. The hospitals employed a variety of strategies to help to ensure that community members were informed, consulted, involved and empowered throughout the assessment process using a multipronged approach to community engagement.

The BILH Community Benefits and Community Relations team took great care to ensure that everyone had the opportunity to participate in the CHNA and to facilitate the collection of information that is broad in nature, across the full breadth of community stakeholders. These efforts garnered an understanding of the underlying issues and challenges facing residents, service providers, public officials and other stakeholders. All hospitals conducted interviews that captured information from a range of individuals, including BILH hospital staff. Additionally, focus groups were convened with segments of community residents (e.g., youth, older adults, English language learners, individuals who identify as LGBTQIA+, residents of affordable housing). Hospitals also held community

listening sessions designed to gather information from the community at large, especially residents.

A community health survey, based on the U.S. Prevention Institute and the U.S. Office of Minority Health Tool for Health & Resilience In Vulnerable Environments (THRIVE), was designed to capture information from hard-to-reach, isolated population segments.⁴ In total, more than 10,000 residents, service providers, public officials and other key stakeholders were engaged across the BILH Community Benefits Service Area. Figure 7 shows the breadth of the types of stakeholders and population segments engaged in this work. Figure 8 provides details on the magnitude of the specific activities.

More detailed descriptions of needs assessment activities can be found in individual CHNA reports on each BILH hospital’s website.

Prioritization and Planning

Throughout the community health needs assessment, each Community Benefits Advisory Committee received updates on the process and key findings. Community Benefits Advisory Committee members shared insights on how to improve the assessment process and vet and comment on preliminary findings. Following the community

Figure 6: Massachusetts Department of Public Health Community Engagement Standards for Community Health Planning



Figure 7: Populations Engaged in BILH Community Health Needs Assessments

Service Provider/Stakeholder Categories	Population Categories
BILH and hospital leadership/staff	Essential workers
Business sector/employers	Immigrants and refugees
Clinical providers (primary care, behavioral health, medical specialty care)	Individuals diagnosed with a mental health condition
Community and neighborhood activists and advocates	Individuals diagnosed with a substance use disorder
Educators	Individuals impacted by violence and incarceration
Elder services agencies	Individuals who are homeless or unstably housed
Elected and appointed officials	Individuals who identify as Black, Indigenous, or People of Color (BIPOC)
Faith-based organizations	Individuals who identify as lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual (LGBTQIA+)
Health and public health collaboratives	Individuals with limited economic means
Housing agencies	Individuals who speak a language other than English
Police, fire and first responders	Older adults
Public health officials	Parents and caregivers
Social service agencies	Residents of public housing
Transportation services	Youth

Figure 8: Community Engagement Methods

178	Interviews
34	Focus groups with providers and population segments
20	Listening sessions with community residents
5,577	BILH Community Health Survey respondents
50	Meetings with hospital Community Benefits Advisory Committees
10	Meetings with BILH Community Health Needs Assessment Management Advisory Committee
10	Meetings hosted by each hospital and open to the public
4	Meetings with BILH Board of Trustees Community Benefits Committee

listening sessions, at which community residents and stakeholders prioritized needs, the assessment results were presented to each hospital’s Community Benefits Advisory Committee. Each committee was asked to prioritize a set of community health priorities and populations that emerged from the assessment. These priorities were shared with each hospital’s senior leadership team for further input and approval. Federal regulation requires that the hospital assessment and planning process prioritize local needs. As a result, the hospital Implementation Strategies reflect

local hospital initiatives focused on the hospital’s prioritized community needs.

Common themes emerged across all hospitals; these themes were shared with the BILH CHNA Management Advisory Group and the BILH Board of Trustees Community Benefits Committee, which were ultimately responsible for selecting system-wide priorities that promote alignment and collective action across the system and maximize impact of community benefits investments.

Summary of Key Themes

Community Characteristics

Age

Age is a fundamental factor to consider when assessing individual and community health status. Though young people tend to be healthy, some struggle with physical health, behavioral health and social issues. Accidents (unintentional injuries), homicide and suicide are the leading causes of death for adolescents 15-19 years of age in the United States.⁵ Older adults typically have more physical health vulnerabilities and are more likely to rely on local and proximate community resources than young people.

Figure 9: Concerns For Youth/Adolescents and Older Adults

Youth/Adolescents	Older Adults
Mental health, including depression, anxiety, chronic stress and behavioral issues Substance use LGBTQIA+ specific issues Trauma and adverse childhood experiences	Mental health, including depression, isolation Barriers to care, including costs, health insurance, technological barriers and transportation barriers Chronic and complex conditions Economic insecurity

Data Highlights: Age

- The median age is higher than the Commonwealth in many communities in BILH’s Community Benefits Service Area, especially in the Community Benefits Service Areas of Anna Jaques Hospital, Beverly and Addison Gilbert Hospitals, Lahey Hospital & Medical Center, Winchester Hospital, Beth Israel Deaconess Hospital-Needham and Beth Israel Deaconess Hospital-Plymouth.⁶

Race and Ethnicity

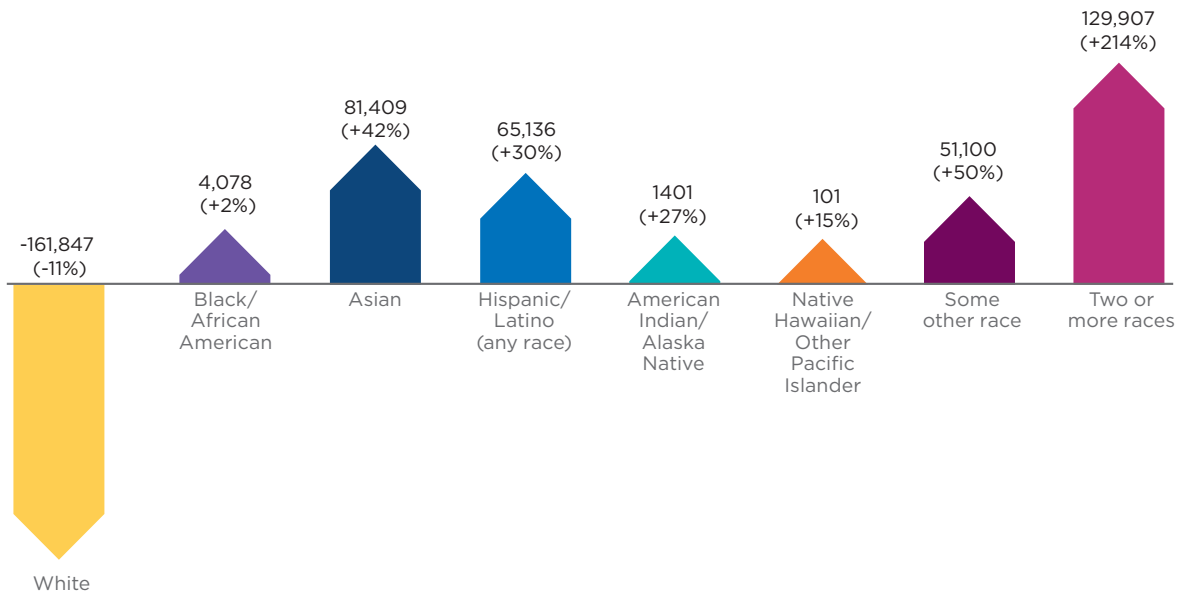
Racially, ethnically and culturally diverse populations and non-English speakers experience disparities in health outcomes and access to care. This includes individuals who identify as Black, Indigenous and People of Color (BIPOC individuals), immigrants, refugees and those who are undocumented. Language barriers, mistrust, difficulty navigating an unfamiliar health system, lack of health literacy and providers’ lack of cultural competency were identified as factors that affect if, when, and how individuals seek and receive care. The impacts of racism and discrimination and resulting disparities in health care access and outcomes, are documented in literature and confirmed by data captured in the assessments. The burden of these disparities is greater in the more urban and diverse communities, including Boston, Cambridge, Chelsea, Haverhill, Lowell, Lynn, Quincy, Randolph and Somerville, but are also felt in smaller, more homogenous communities that have pockets of diversity.

Data Highlights: Race/Ethnicity⁷

- Communities with significantly high percentages of Black/African American residents compared to the Commonwealth as a whole: Randolph (40%), Boston (24%), Milton (17%), Medford (9%) and Norwood (9%).
- Communities with significantly high percentages of Hispanic/Latino residents compared to the Commonwealth as a whole: Chelsea (68%), Lynn (43%), Haverhill (23%), Boston (20%), Waltham (14%), Peabody (12%), Randolph (12%) and Somerville (11%).
- Communities with significantly high percentages of Asian residents compared to the Commonwealth as a whole: Lexington (31%), Quincy (30%), Cambridge (18%), Belmont (17%), Brookline (17%), Burlington (16%), Newton (15%), Randolph (15%), Winchester (15%), Arlington (13%), Watertown (12%), Waltham (12%), Medford (11%), Boston (10%) and Needham (9%).

- Between 2010 and 2020, the percentage of white residents in BILH’s Community Benefits Service Area decreased by 11%. There was an increase across all other census categories.

Figure 10: Population Change by Race/Ethnicity, 2010 to 2020



Gender Identity and Sexual Orientation

Individuals who identify as lesbian, gay, bisexual, transgender, queer/questioning, intersexual and/or asexual (LGBTQIA+) face issues of disproportionate violence and discrimination, socioeconomic inequality, and health disparities. Massachusetts has the second largest LGBTQIA+ population of any state in the nation (5%). Interviewees, focus group and listening session participants, and survey respondents from nearly all hospital Community Benefits Service Areas report that there is a need for affirming care that recognizes the significant impacts that gender identity and sexual orientation have on health and holistically attends to social, mental, and physical needs.

Data Highlights: Gender Identity and Sexual Orientation

- Approximately 8% of Boston adults identify as lesbian, gay, bisexual or transgender; percentages in the neighborhoods that are part of BIDMC’s Community Benefits Service Area are similar to the city overall (11% in Allston/Brighton, 8% in Dorchester, 7% in Fenway/Kenmore and 7% in Roxbury⁸). Data is not available at the municipal level in other hospital Community Benefit Service Areas.
- In a focus group with LGBTQIA+ individuals in Mount Auburn Hospital and Lahey Hospital & Medical Center’s Community Benefits Service Areas, participants share that the top three factors affecting their health are a lack of affirming care, lack of support for LGBTQIA+ individuals in the community (leading to isolation and mental health issues) and personal health behaviors (e.g., eating unhealthy foods, lack of exercise, substance use).

Social Determinants of Health

Economic Insecurity

Economic insecurity is a concern across many communities in BILH's Community Benefits Service Area. Socioeconomic status, as measured by income, employment status, occupation, education and the extent to which one lives in areas of economic disadvantage, is closely linked to morbidity, mortality and overall well-being. Lower-than-average life expectancy is highly correlated with low-income status.⁹

Economic insecurity is a concern in many Community Benefits Service Areas, regardless of whether the area is urban, non-urban or considered to be affluent. Lack of gainful and reliable employment, inability to pay for health care services and copays and inability to pay for transportation to receive health services were all identified as barriers to care. These issues are exacerbated by COVID-19, which has financial implications for many individuals and families. In interviews and focus groups, individuals shared that many people live on fixed incomes, are underemployed and/or struggle to find work that pays a living wage. These scenarios contribute to situations that may cause significant stress for individuals and families. Certain populations struggle to find and retain employment for many reasons, including lack of affordable and/or quality childcare, lack of transportation, language barriers, physical and mental health issues and other factors. While the median household income in most municipalities is significantly higher than in the Commonwealth overall, there are individuals and families living in poverty in every community.

Data Highlights: Economic Insecurity

- The percentage of individuals living with income below the federal poverty level is significantly high in Chelsea (19%), Boston (18%), Lowell (17%), Lynn (16%), Cambridge (12%) and Haverhill (12%).¹⁰
- The percentage of individuals and families with income below the federal poverty level are often higher among non-white segments of the population. For example, in Boston, 18% of families with a Black/African American householder, 18% of families with an Asian householder and 25% of families with a Hispanic/Latino householder have incomes below the federal poverty level compared to 6% of families with a white householder.¹¹

Housing

Issues related to housing, including affordability and homelessness, are leading barriers to health and well-being across BILH's Community Benefits Service Area.

Lack of affordable housing and poor housing conditions contribute to a wide range of health issues, including respiratory diseases, lead poisoning, infectious diseases and poor mental health.¹² At the extreme are those without housing, including those who are homeless or living in unstable or transient housing situations. This population is more likely to delay medical care and have mortality rates up to four times higher than those who have secure housing.¹³ Adults who are homeless or living in unstable situations are more likely to experience mental health issues, substance use, intimate partner violence and trauma; children in similar situations have difficulty in school and are more likely to exhibit antisocial behavior.¹⁴

Across BILH's Community Benefits Service Area, interviewees and focus group and listening session participants expressed concern over the limited options for affordable housing, which many characterized as a crisis. Specific concerns included the increasing housing and rental prices, high percentages of cost-burdened owners and renters and concerns for the ability of older adults on fixed incomes to remain in their homes. Research shows that a lack of affordable housing limits opportunities to increase earnings.¹⁵

“There needs to be a solution [for] affordable housing. Houses are bought up by wealthy individuals and rebuilt, raising tax rates and pushing young folks out. Those that own [their homes] are facing tax increases that they cannot afford and are being driven out of homes that they grew up in. Sad. Very sad.”

BILH Community Health Survey respondent

Data Highlights: Housing

- More than a third of the population has monthly ownership costs that exceed 30% of total household income in Rockport (49%), Essex (45%), Gloucester (42%), Carver (41%), Quincy (41%), Chelsea (40%), Lynn (40%), Randolph (40%), Kingston (38%), Plymouth (36%), Middleton (34%), Haverhill (33%), Boston (32%), North Reading (32%), Watertown (32%), Westwood (32%), Brookline (31%), Lowell (31%), Salisbury (31%), Somerville (31%), Tewksbury (31%) and Waltham (31%).¹⁶
- 49% of BILH Community Health Survey respondents chose “more affordable housing” as one of the things they’d like to improve in their community (the most popular response)
 - » Percentages are higher among multi-racial respondents (62%) compared to white respondents (51%).
 - » Percentages are higher among residents who speak a language other than English (49%) compared to English speaking respondents (43%).
 - » Percentages are higher among bisexual, gay, or lesbian respondents (51%) compared to straight/heterosexual respondents (48%).
- There were approximately 4,000 homeless students attending Boston Public Schools in 2020-2021, and nearly all of them (95%) were students of color.

Food Insecurity

Issues related to food insecurity, food scarcity and hunger are risk factors for poor health for adults and children. Throughout BILH’s Community Benefits Service Area, most residents have adequate access to grocery stores. Individuals engaged throughout the assessment process were more concerned with the affordability, quality and nutritional value of food offerings. Research shows that several factors influence healthy eating, including the quality and price of fruits and vegetables, marketing of unhealthy food and limited education of how to prepare healthy foods.¹⁷

Many communities rose to meet food insecurity challenges during the pandemic; food pantries expanded their capacity, new food-related programs were launched, and organizations worked collaboratively across sectors to ensure that individuals (particularly youth and older adults) and families had access to food during a time of heightened economic insecurity. Interviewees working in the realm of food insecurity expressed interest in expanding food offerings to include more culturally appropriate and preferred foods and modifying physical spaces to be able to store and provide fresh produce.

Data Highlights: Food Insecurity

- The percentage of residents who received SNAP benefits (food stamps) in the past year is significantly higher in Lynn (26%), Lowell (22%), Chelsea (20%), Haverhill (18%), Boston (17%), and Randolph (17%) than the Commonwealth overall (12%).¹⁸

Transportation

Lack of access to affordable and reliable transportation is an issue in non-urban communities that are not as well served by systems of public transport. Lack of transportation has a significant impact on access to health care services and is a determinant of whether an individual or family can access the basic resources that allow them to live productive and fulfilling lives. Access to affordable and reliable transportation widens opportunity and is essential to addressing poverty and unemployment/underemployment.

There is limited quantitative data to characterize issues related to transportation. Many interviewees, focus group participants and survey respondents reported that lack of transportation was a critical barrier to accessing care and community and social services (e.g., senior centers, community centers, grocery stores) and impeded the ability to socialize, especially for older adults without access to a personal vehicle. Transportation was also a limiting factor for low-resource individuals and families in that it hindered one’s ability to get to work, school and childcare in a timely and efficient manner.

Data Highlights: Transportation

- 32% of BILH Community Health Survey respondents chose “better access to public transportation” as one of the things they’d like to improve in their community.
 - » Percentages are higher among Hispanic/Latino respondents (74%) compared to white respondents (68%).
 - » Percentages are higher among respondents who spoke a language other than English (32%) compared to English speakers (24%).
 - » Percentages are higher among respondents living with a disability (35%) compared to individuals without a disability (31%).

Violence

Domestic/interpersonal violence, community violence and the impacts of trauma are issues of concern, particularly in Community Benefits Service Areas of hospitals in Boston (Beth Israel Deaconess Medical Center and New England Baptist Hospital). These issues impact health on many levels, from death and injury to emotional trauma, anxiety and isolation, and adversely impact social cohesion within a community. In a focus group with individuals affected by violence and/or incarceration, participants shared the deep impacts and trauma imprinted on the community. Participants reported that there was lack of empathy and support for communities and families affected by violence and expressed a need for mental health support, peer programs and more community programs that focus on restorative justice, youth engagement and mental health.

Data Highlights: Violence

- 51% of Chelsea residents who responded to a community health survey chose “lower crime and violence” as one of the things they’d like to improve in their community.

“There is trauma. Everyday trauma. When our kids walk to school they walk by memorials of youth that got killed. There were nurses and counselors when I went to school but they don’t have that anymore. [The kids] just have to go in [to school] and focus on work.”

BILH focus group participant

Systemic Factors

Racism and Discrimination

Issues of racism and discrimination have significant impacts on access to health care and health disparities.

Racial equity is the condition where one's racial identity has no influence on how one fares in society.¹⁹ Racism and discrimination influence the social, economic and physical development of BIPOC individuals, resulting in poorer social and physical conditions in these communities.²⁰

“The inequities that have been impacting Black and Brown people are still happening today, over 18 months later [after the death of George Floyd.]”

BILH interviewee

Residents across BILH's Community Benefits Service Area recognized the need for health care and community services that address racism, discrimination and disparities in health access and outcomes. These disparities are further exposed by COVID-19, which has disproportionately impacted communities of color. Experiencing racism and discrimination contributes to trauma, chronic stress and mental health issues that ultimately impact health outcomes.

Data Highlights: Racism and discrimination

- 27% of BILH Community Health Survey respondents reported that the built, economic and educational environments in their community are impacted by systemic racism.
 - » Percentages are higher among Black (55%), multi-racial (55%) and Hispanic/Latino (45%) respondents compared to white respondents (40%).
- 32% reported that the built, economic and educational environments in their community are impacted by individual racism.
 - » Percentages are higher among Black (51%), Hispanic/Latino (50%) and multi-racial (46%) respondents compared to white respondents (39%).

Capacity of Health Care Workforce

Community residents across BILH's Community Benefits Service Area reported difficulty accessing medical services across the service spectrum, including primary care, mental health, substance use and specialty care (e.g., dermatology) services. Many individuals engaged in the assessment reported issues caused by inadequate workforce capacity, including long waiting lists and providers not accepting new patients. These issues were exacerbated by the COVID-19 pandemic.

Many of the communities in BILH's Community Benefits Service Area have strong systems of safety net providers, however there are many low-income, Medicaid-insured, uninsured and other vulnerable segments who struggle to

access specialty care services and the continuum of behavioral health care services. Issues that impede the ability of individuals to access these services include insurance coverage, shortages of providers (particularly providers that are bilingual), costs of care and challenges navigating the health system.

“As a provider myself, I am shocked at the lack of access in our community to primary care and mental health services, let alone to specialists. It took me five weeks of calling and leaving voicemails to my PCP before I was able to get an appointment.”

BILH Community Health Survey respondent

Navigating the Health Care System

Many barriers to care are linked to difficulties navigating the health care system— understanding insurance coverage and costs, language and cultural barriers, lack of transportation, lack of health literacy and lack of access to technological resources.

The complexity of health insurance and health care systems overall was frequently identified as a barrier to care. Many individuals engaged throughout the assessment processes recognize that Eastern Massachusetts has a wealth of world-class medical providers, facilities and resources. Despite this, many reported that segments of the population—namely individuals best served in a language other than English, immigrants and refugees, individuals with disabilities and individuals with limited economic means—struggle to know what services are available and how to access them.

Some providers started to provide virtual health and telehealth services during the pandemic. While this has alleviated barriers for some, it has created a new set of barriers for those without technical savvy and those without access to broadband internet or Wi-Fi-enabled devices (e.g., smartphones, computers, tablets) to navigate care in this format. Further, some individuals engaged in the assessment process reported that some forms of health care – especially mental health and substance use treatment – are best delivered in an in-person format.

“The whole [health care] system is very complicated. It’s complicated for people that work in it every day. I can only image how convoluted and hard it must be for someone if English may not be their first language.”

BILH Community Health Survey respondent

Health Insurance

Though Massachusetts has one of the highest health insurance coverage rates in the nation, there are individuals who struggle to enroll in, understand and maintain their health insurance. This is particularly an issue for non-English speakers who face language and cultural barriers when navigating the health system; older adults attempting to navigate Medicaid/MassHealth eligibility, costs and coverage; and those who do not meet eligibility requirements for public insurance and/or public assistance programs and struggle to afford the rising costs of health care premiums.

While many individuals are insured, coverage might not be enough for all health care needs. For individuals covered under Medicaid/MassHealth across Massachusetts, there may be a limited number of specialty providers who accept their insurance or who accept it only for a limited number of visits.

Data Highlights: Health insurance

- Compared to the Commonwealth overall (3%), the percentage of the population without health insurance is significantly higher in Chelsea (6%), Lowell (5%), Boston (4%), Haverhill (4%) and Lynn (4%).²¹

Health Status and Outcomes

Mortality

Deaths from all causes (all-cause mortality), deaths before the age of 75 (premature mortality) and disease-specific mortality rates (e.g., deaths due to cancer, deaths due to heart disease) are significantly higher in many municipalities compared to the Commonwealth overall. Chronic and/or complex conditions (e.g., diabetes, heart disease, cancer, respiratory disease) were not raised as significant concerns among interviewees, focus group participants and listening session participants; however, it is widely understood that these issues are the leading causes of death.

Data Highlights: Mortality

- The age-adjusted mortality rate is higher than the Commonwealth (676 per 100,000) in Chelsea (869), Haverhill (818), Amesbury (798), Lynn (783), Beverly (775), Salisbury (757), Danvers (723), Gloucester (720), Carver (719), Wakefield (714), Randolph (688), Tewksbury (687), Woburn (684) and Newburyport (683).²²
- The percentage of adults in the Commonwealth diagnosed with diabetes is 8%. The percentage is more than 20% in Chelsea (26%), Boston (23%), Brookline (22%) and Needham (22%).²³

Risk Factors

Chronic disease risk factors (e.g., high blood pressure, physical inactivity, poor nutrition, tobacco/alcohol use) are known contributors to the leading causes of death, like heart disease, cancer and stroke. Engaging in healthy behaviors and limiting the impacts of these risk factors is known to improve overall health status and well-being and reduces the risk of illness and death from chronic conditions.

The assessment collected quantitative information related to tobacco use, alcohol use, physical activity and nutrition. While these issues were not prioritized by interviewees, focus group and listening session participants and survey respondents, addressing the risk factors for chronic disease is at the heart of community health work.

Data Highlights: Risk Factors

- When asked to name the things they would most like to improve about their community, 17% of BILH Community Health Survey respondents chose “better access to healthy foods” and 18% chose “better parks and recreation.”
- In Massachusetts, 49% of adults have been diagnosed with high cholesterol, and 28% have been diagnosed with high blood pressure.²⁴

Mental Health

Mental health is a leading community health issue in every Community Benefits Service Area. Mental health issues underlie many health and social concerns and their impacts were discussed in nearly all interviews, focus groups and listening sessions across BILH’s Community Benefits Service Area. Clinical service providers and community residents discussed the burden of mental health issues, specifically the prevalence of depression and anxiety, for all segments of the population, but especially for youth. Specific concerns for youth include depression, anxiety, chronic stress, behavioral issues and suicidality. These issues have been exacerbated by the pandemic, as personal and social lives, household dynamics and schooling have been upended.

“We now have waitlists of over 100 families seeking mental health services. The wait times for people to access these services are significant, especially for children and teens.”

BILH interviewee

Many interviewees and focus group and listening session participants identified similar mental health issues for the general adult population – specifically chronic stress as a result of the pandemic.

Social isolation among older adults is a concern. While there are many active senior centers and Councils on Aging

throughout BILH's Community Benefits Service Area, it may be difficult for older adults to attend activities or utilize services because of concerns around COVID-19 transmission, transportation and mobility issues.

Interviewees, focus group and listening session participants and survey respondents spoke about the mental health impacts of racism and discrimination. Research has shown that racism is twice as likely to affect mental health as physical health and is linked to specific conditions including depression, anxiety and post-traumatic stress disorder.²⁵

“We need more mental health services that are not rooted in the white dominant culture, but that are rooted in people’s cultural experiences.”

BILH interviewee

Data Highlights: Mental Health

- The rate of mental health inpatient discharges among individuals under 18 is more than double the Commonwealth overall (772 per 100,000) in Gloucester (1,719), Newburyport (1,563) and Amesbury (1,560).²⁶
- 18% of BILH Community Health Survey respondents reported that the health care system in their community does not meet the community’s mental health needs.
 - » Percentages are higher among Hispanic/Latino (24%) respondents and those who identify as more than one race (21%) compared to white residents (17%).
 - » Percentages are higher among residents that spoke a language other than English (18%) compared to English speakers (16%).
 - » Percentages are higher among bisexual, gay or lesbian respondents (25%) compared to straight/heterosexual respondents (17%).
 - » Percentages are higher among respondents living with a disability (26%) compared to respondents without a disability (16%).

Substance Use

Leading substance use issues were opioids, alcohol misuse and marijuana. Behavioral health providers reported that individuals struggle to access behavioral health services, including rehabilitation and detoxification, inpatient and outpatient treatment, counseling and supportive services. Many interviewees, focus group and listening session participants reported a need for holistic treatment services that address common co-occurring issues, including mental health conditions and issues around housing and economic insecurity.

Interviewees, focus group and listening session participants and survey respondents shared concerns about the traumatic effect the opioid epidemic has on individuals, families, caregivers and entire communities.

Individuals also reported an increase in the use of alcohol and marijuana among adults and youth. Clinical providers attributed these increases to the COVID-19 pandemic, where people may have turned to substance use as a form of self-medication.

Data Highlights: Substance Use

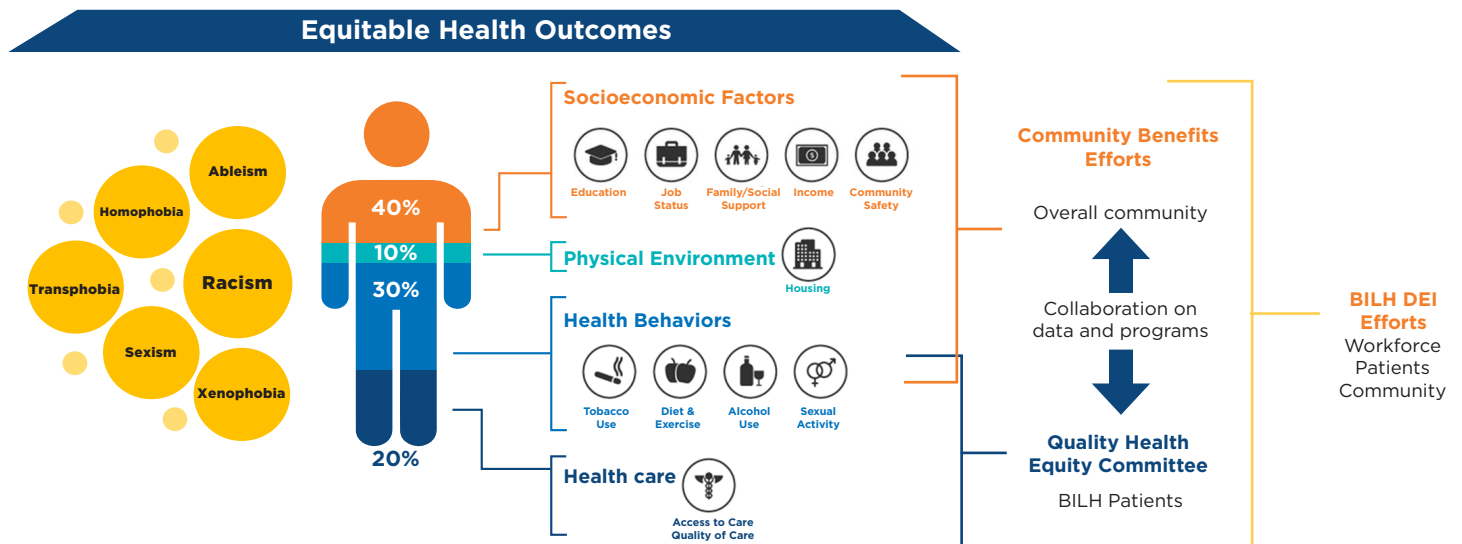
- The rate of emergency department discharges due to substance use disorders among those aged 18-44 is higher than the Commonwealth overall (2,012 per 100,000) in Gloucester (3,469), Haverhill (3,051), Salisbury (3,047), Lynn (2,744), Amesbury (2,532), Rockport (2,492), Beverly (2,438), Plymouth (2,255), Middleton (2,111) and Chelsea (2,075).²⁷
- Among those who were treated in treatment programs funded by the Massachusetts Department of Public Health, alcohol is the primary substance of use in Beverly, Brookline, Dover, Duxbury, Essex, Kingston, Manchester, Middleton, Milton, Merrimac, Needham, Newburyport, Newton, Reading, Rockport, Waltham, Watertown, Westwood and Winchester. Heroin is the primary substance of use in all other communities.²⁸

Community Health Priorities and Implementation Strategies

BILH and its hospitals are committed to promoting health, enhancing access, addressing disparities and delivering the best care for those who live throughout BILH Community Benefits Service Area. BILH's community benefits activities are an integral part of this commitment and achieving its goals to address issues of diversity, equity and inclusion for it's staff, patients and communities. The CHNA results underscore what is widely recognized - that only 20% of

what influences the health of a community is related to health care, with the other 80% related to socioeconomic factors, conditions in the physical environment and personal health behaviors. BILH is dedicated to working towards health equity for all and is actively engaged in eradicating disparities in access, care experiences and health outcomes within its diverse patient population.

Figure 11: Factors that influence population health

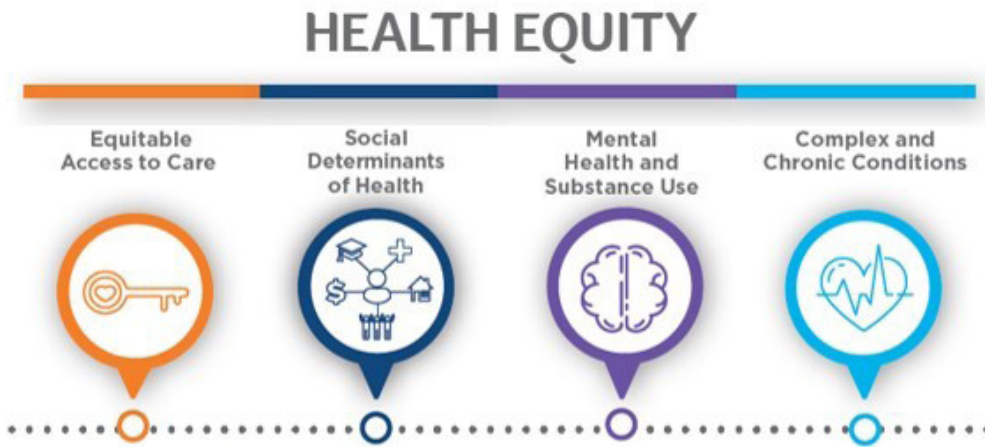


Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)
 [Adapted from the Bridgespan Group]

Reinforcing that the bulk of health outcomes are due to socioeconomic factors, physical factors and health behaviors, the local hospitals' Community Benefits Advisory Committees, community residents and other local partners prioritized the following community health issues: equitable access to care, social determinants of health,

mental health and/or substance use and complex and chronic conditions. Underlying all four of these priorities was a common thread of health equity. Local hospitals' Community Benefits Advisory Committees recognized that issues of equity affect people's ability to get the care and services they need, when and where they need them.

Figure 12: BILH Hospital Priority Areas



In addition to identifying and prioritizing the above community health priorities, during the local hospital assessment processes, the Community Benefits staff, in close collaboration with hospital senior leadership teams and Community Benefits Advisory Committees, were responsible for reviewing the CHNA findings and identifying segments of the population most impacted by health status issues and/or experiencing health-related disparities. All 10 BILH hospitals prioritized older adults and segments facing economic insecurity or material poverty. Nine of the 10 hospitals prioritized youth. Additionally, some hospitals prioritized racially and ethnically diverse population segments and non-English speakers, individuals who identify as LGBTQIA+ and individuals with disabilities.

Implementation Strategies

Federal and Commonwealth guidelines require local hospitals to develop an Implementation Strategy that details how the hospital plans to accomplish its community benefits mission and address the needs and priorities identified by the assessment. The hospitals' Implementation Strategies identify the specific community health needs and population segments that are prioritized during the assessment process and outline the hospitals' plans to address each of the prioritized needs. The Implementation

Strategies are a critical component of the hospitals' assessment and planning processes as they facilitate collaboration and collective action at the local level. This is why the hospitals invest so much effort in ensuring an inclusive and engaged process. It is also why, as a system, BILH developed and committed to its guiding principles – Equity, Collaboration, Engagement, Capacity Building and Intentionality.

The individual hospital CHNA reports and full Implementation Strategies can be accessed using the following links:

Anna Jaques Hospital
Beth Israel Deaconess Medical Center
Beth Israel Deaconess Hospital-Milton
Beth Israel Deaconess Hospital-Needham
Beth Israel Deaconess Hospital-Plymouth
Lahey Hospital & Medical Center
Mount Auburn Hospital
New England Baptist Hospital
Northeast Hospital Corporation (Beverly and Addison Gilbert Hospitals)
Winchester Hospital

A summary of strategies from across BILH hospitals is included below.



Equitable Access to Care

Within the priority area of Equitable Access to Care, sub-priorities include building workforce capacity, supporting case management and system navigation and addressing barriers to access and service delivery. Sample strategies within these sub-priorities include:

- Mentoring and staff development programs.
- Community health worker and peer navigator programs.
- Resource inventories.
- Financial counseling.
- Transportation assistance.
- Interpreter services.
- Collaboration with federally qualified health centers.



Social Determinants of Health

Within the priority area of Equitable Access to Care, sub-priorities include supporting those struggling to obtain or maintain safe, affordable housing, supporting those experiencing food insecurity and addressing economic insecurity. Sample strategies within each of these sub-priorities include:

- Community partnership programs to expand access to affordable housing.
- Housing assistance and counseling programs.
- Freight Farms™ initiative that bring fresh produce to urban communities.
- Farmers markets and food pantry initiatives.
- Workforce development, job skills and employment programs.
- Financial literacy workshops.



Mental Health and Substance Use

Within the priority area of Mental Health and Substance Use, sub-priorities include addressing behavioral health workforce shortages, enhancing access to screening, assessment and referral services and raising awareness or educating communities about mental health and co-occurring substance use disorders. Sample strategies within each of these sub-priorities include:

- Education and awareness campaigns (e.g., Mental Health First Aid).
- Behavioral health integration in primary care, hospital emergency department and other clinical settings.
- Mental health assessment and referral hotlines.
- Prescription medication disposal.
- Substance use coalitions.



Complex and Chronic Conditions

Within the priority area of Complex and Chronic Conditions, sub-priorities include raising awareness or educating communities about health promotion and chronic disease risk factors, supporting case management and system navigation and supporting self-management support programs for patients and their caregivers. Sample strategies within each of these sub-priorities include:

- Intensive case management and navigator programs.
- Education and awareness campaigns.
- Nutrition and exercise programs/partnerships to address the risk factors associated with complex and chronic conditions.
- Self-management support programs/workshops for patients and caregivers.

Each of the 10 hospitals' assessment and planning processes were designed to identify and prioritize community health needs at the local hospital level. In addition, Community Benefits staff at the BILH system-level worked to support the planning process, to identify opportunities to support alignment and enhance the impact of community benefits investments across the system. To this end, BILH created the BILH Community Health Needs Assessment Management Advisory Group, comprised of senior leadership from BILH system departments and business units. The BILH CHNA Management Advisory Group met 10 times throughout the assessment and planning process to review assessment findings, identify evidence-informed community health strategies drawn from literature and best practices research, inventory existing BILH initiatives that might help BILH address community need and explore potential alignment between emerging community health priorities and existing BILH initiatives. Ultimately, this advisory group made recommendations to the BILH Board of Trustees Community Benefits Committee for consideration and decisions on the issue(s) that BILH should prioritize for community benefits investment across the system.

After considerable research and deliberation - including a rigorous and objective prioritization process that weighted findings from the local CHNA processes against an agreed upon prioritization criteria - the BILH Community Health Needs Assessment Management Advisory Group identified several options for consideration by the BILH Board of Trustees Community Benefits Committee. The

BILH Board of Trustees Community Benefits Committee then, after deliberations of its own, agreed that community mental health would be the system-wide priority on which BILH will focus its community benefits investments. The BILH Board of Trustees Community Benefits Committee agreed that the emphasis of these efforts will be focused on prevention and filling gaps in access to behavioral health services, especially in communities that are disproportionately impacted by social factors and other issues that impact one's ability to access services, such as language access, gender identity, sexual orientation, immigrant status, racism, or material poverty. It should be noted that community mental health was selected with a full appreciation that substance use often ties closely to mental health and these issues are typically best addressed in tandem.

While it will take some time for BILH and its partners to determine the specific community benefits investments that will be made across the system, BILH is committed to leveraging its considerable behavioral health resources and expertise and to work collectively with BILH's network of hospitals and behavioral health partners to address the burden of mental health issues identified through the CHNA process. Based on the extensive work of the BILH Community Health Needs Assessment Management Advisory Group, the BILH Board of Trustees Community Benefits Committee has endorsed a multifaceted strategy to facilitate consumer and caregiver engagement, reduce stigma, enhance screening and strengthen assessment and referral activities (Figures 13 and 14).

Figure 13: Recommendations Anchored by Engagement with Patients and Families



Figure 14: Description of Behavioral Health Initiatives

Initiative	Description
Engagement with Behavioral Health Patients and Families	Foster mechanisms for families, caregivers and consumers with behavioral health conditions to share their perspectives and ideas to ensure that information and services provided are tailored and meet their needs. The voices of these cohorts are essential to designing and implementing strategies around effective communication, education, stigma reduction, information dissemination and access to care.
Community-Based Communication Strategy	Promotional activities, advertisements, and public service announcements to the general public and service providers to raise awareness about mental health and substance use issues, promote screening and assessment, and encourage those in need to access services.
Focused Awareness Campaign with Community Partners	Focused activities with the Commonwealth's Community Behavioral Health Centers, clinical service providers and other community-based organizations, which interact with or serve individuals, families and caregivers who face disparities in access, to promote screening, assessment, and engagement in behavioral health services. Activities would include engaging clinical / non-clinical service providers and community-based organizations who interact with or provide services to facilitate outreach, raise awareness, educate, and promote engagement in care.
Development of Strategic Partnerships to Promote Screening, Assessment, and Engagement in Care	Strategic partnerships with the Commonwealth's Community Behavioral Health Centers (CBHC's) and clinical and non-clinical partners in the community aimed at supporting those with mental health and substance use issues access the screening, assessment, treatment and recovery support services they need, when and where they need them. Activities would include providing grants to CBHCs and/or community-based organizations to integrate community voice in programmatic design, engage with community residents who experience the greatest disparities and foster access.

This strategy is aligned with the Commonwealth's Roadmap for Behavioral Health Reform and relies largely on the development of community partnerships across sectors and the full breadth of the health and social service continuum. Fundamentally, this strategy aims to educate community residents, clinical providers, and other community-based organizations about the behavioral health services available in their communities and how to access them, including the services provided by the Commonwealth's proposed network of Community Behavioral Health Centers. The Commonwealth's proposed centers have been designed as "one-stop-shops" geared to promoting engagement and enhancing access to the full breadth of assessment, treatment and recovery support services that individuals and families with mental health and substance use issues need. BILH looks forward to working with community partners to refine plans and strengthen the collaborations that will be essential to reaching those in need.

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