

Beth Israel Lahey Health 
New England Baptist Hospital

FY26-FY28 Implementation Strategy



Implementation Strategy

About the 2025 Hospital and Community Health Needs Assessment Process

New England Baptist Hospital is Beth Israel Lahey Health's center of excellence and the premier regional provider for orthopedic surgery, spine surgery and musculoskeletal care. The hospital has 118 licensed inpatient beds with more than 1,000 employees and over 360 clinicians on active medical staff. New England Baptist offers fellowship training and residency programs in collaboration with Tufts University School of Medicine.

In addition to this assessment, NEBH's Community Benefits staff collaborated with the Boston Community Health Collaborative (BCHC)'s Community Health Needs Assessment. The BCHC, consisting of Boston's hospitals, The Boston Public Health Commission, community-based organizations and community residents, conducted a robust and collaborative community health needs assessment for the City of Boston as a whole. The BCHC's Community Health Needs Assessment serves as a foundational resource for policymakers and community leaders, and informs community health improvement planning, priority setting, program and policy development, and collaboration. This is the third city-wide coordinated Community Health Needs Assessment and builds upon previous coordinated efforts in 2019 and 2022. The overall approach was participatory and collaborative, engaging community residents and collaborators throughout the CHNA process. Nancy Kasen, Beth Israel Lahey Health's Vice President of Community Benefits and Community Relations, served on the BCHC Community Health Needs Assessment Steering Committee. NEBH and the BCHC shared information with each other to support each other's assessment efforts.

Finally, NEBH participated in the Beth Israel Lahey Health (BILH) CHNA and collaborated with Beth Israel Deaconess Needham Hospital (BID Needham) and Beth Israel Deaconess Medical Center (BIDMC). With respect to BID Needham, NEBH and BID Needham both include Dedham in their CBSAs and, as a result, both gathered and shared information on this municipality as part of their assessment processes. With respect to BIDMC, NEBH and BIDMC both include the Roxbury and Mission Hill neighborhoods of Boston in their CBSAs. Similarly, both NEBH and BIDMC shared the information gathered on these neighborhoods as part of their processes. Combined, these efforts helped to ensure that a sound,

objective, and inclusive CHNA process was conducted across NEBH's entire Community Benefits Service Area (CBSA).

NEBH collected a wide range of quantitative data to characterize the communities served across its CBSA. NEBH 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 June 2024 and February 2025, NEBH conducted 15 one-on-one interviews with key collaborators in the community, facilitated five focus groups with segments of the population facing the greatest health-related disparities, administered a community health survey involving more than 1,300 residents, and organized a community listening session. In total, the assessment process collected information from more than 1,400 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 face health-related disparities. Accordingly, using an interactive, anonymous polling software, NEBH's CBAC and community residents, through the community listening session, formally prioritized the community health issues and cohorts that they believed should be the focus of NEBH's IS. This prioritization process helps to ensure that NEBH 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 NEBH'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.

NEBH'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, and 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 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 fair, and just treatment of all people
- Could be scaled to other BILH hospitals
- Are flexible to respond to emerging community needs

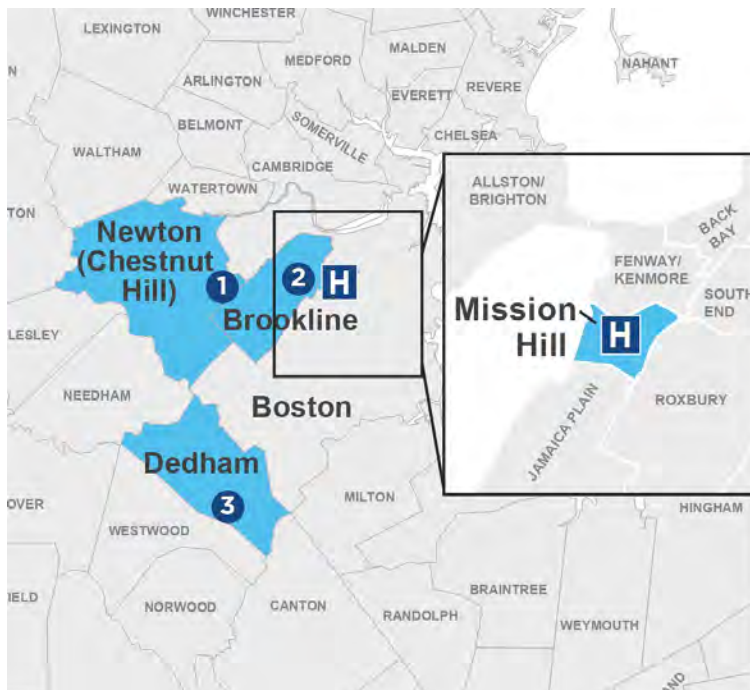
Recognizing that community benefits planning is ongoing and will change with continued community input, NEBH's IS will evolve. Circumstances may change with new opportunities, requests from the community, community and public health emergencies and other issues that may arise, which may require a change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



Community Benefits Service Area

NEBH's primary facility is in the Mission Hill neighborhood of Boston, where it provides a broad range of medical, surgical, and rehabilitation services that promote wellness, restore function, lessen disability, alleviate pain, and advance knowledge of musculoskeletal diseases and related disorders. In addition, NEBH operates a multi-specialty clinic in Dedham, a physical therapy clinic and a radiology clinic in Chestnut Hill, and a surgery center in Brookline. Collectively, the CBSA is diverse with respect to demographics (e.g., age, race, and ethnicity), socioeconomic status (e.g., income, education, and employment) and geography (e.g., urban, suburban). There is also diversity with respect to community needs. There are segments of NEBH'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. NEBH 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. NEBH is equally committed to serving all patients, regardless of their health, socioeconomic status, insurance status, and/or their ability to pay for services.

NEBH's CHNA focused on identifying the leading community health needs and priority populations living and/or working within its CBSA. In recognition of the health disparities that exist for some residents, the hospital focuses the bulk of its community benefits resources on improving the health status of those who face health disparities, experience poverty, or who are marginalized due to their race, ethnicity, immigration status, disability status, or other personal characteristics. By prioritizing these cohorts, NEBH is able to promote health and well-being, address health disparities, and maximize the impact of its community benefits resources.



Beth Israel Lahey Health
New England Baptist Hospital

Community Benefits Service Area

- H** New England Baptist Hospital
- 1** New England Baptist Outpatient Care Center at Chestnut Hill
- 2** New England Baptist Outpatient Care Center at Brookline
- 3** New England Baptist Outpatient Care Center at Dedham

Prioritized Community Health Needs and Cohorts

NEBH 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.

NEBH Priority Cohorts



Youth



Low-Resourced Populations



Older Adults



Racially, Ethnically, and Linguistically Diverse Populations



Individuals Living with Disabilities

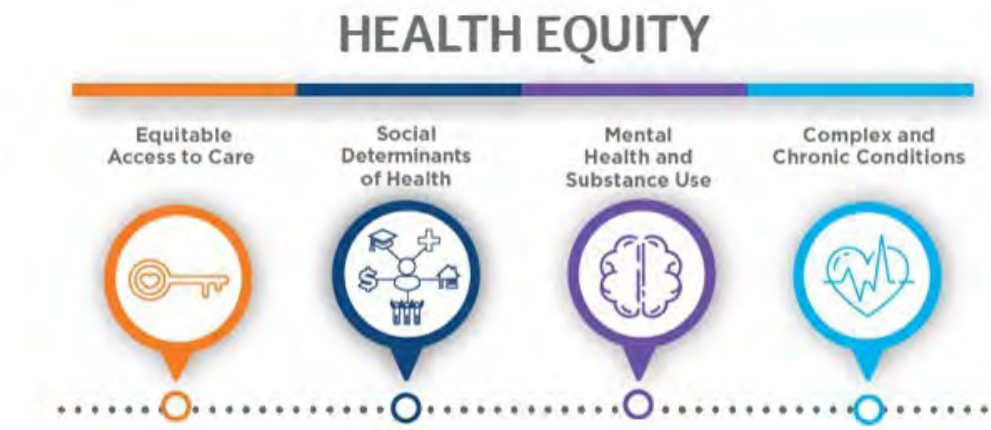
Community Health Needs Not Prioritized by NEBH

It is important to note that there are community health needs that were identified by NEBH's assessment that were not prioritized for investment or included in NEBH's IS. Specifically, addressing issues in the built environment (e.g., improving roads and sidewalks). While these issues are important, NEBH's CBAC and senior leadership team decided that these issues were outside of the organization's sphere of influence and investments in other areas were both more feasible and likely to have great impact. As a result, NEBH recognized that other public and private organizations in its CBSA and the Commonwealth were better positioned to focus on these issues. NEBH 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 NEBH's IS

The issues that were identified in the NEBH CHNA and are addressed in some way in the hospital IS are housing issues, food insecurity, transportation, economic insecurity, community safety, long wait times for care, navigating a complex health care system, health insurance and cost barriers, language and cultural barriers, social isolation among older adults, depression/anxiety/stress, youth mental health, navigating the behavioral health system, supportive services for individuals with substance use disorder, community-based education and screenings, conditions associated with aging, support for caregivers, and care navigation support.

NEBH Community Health Priority Areas



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: NEBH 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 NEBH and/or its partners to improve the health of those living in its CBSA. Additionally, NEBH works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, NEBH supports residents in its CBSA by providing free or discounted care to individuals who are low-resourced and unable to pay for care and services. Moving forward, NEBH will continue to commit resources through the same array of direct, in-kind, or leveraged 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	SAMPLE METRICS	IDENTIFIED PARTNERS
Expand and enhance access to health care services by strengthening outpatient clinical capacity and connecting patients to health insurance, essential medications, and financial counseling.	<ul style="list-style-type: none">• Racially, ethnically, and linguistically diverse populations	<ul style="list-style-type: none">• Programs and activities to support culturally/linguistically competent care and interpreter services	<ul style="list-style-type: none">• # of people served• # of languages provided	<ul style="list-style-type: none">• Hospital-based activities
Advocate for and support policies and systems that improve access to care.	<ul style="list-style-type: none">• All priority populations	<ul style="list-style-type: none">• Advocacy activities• Emergency medical services training, leadership, & community preparedness activities	<ul style="list-style-type: none">• # of policies supported• # of drills participated in	<ul style="list-style-type: none">• Hospital-based activities

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 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 session, and the NEBH 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: NEBH 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 NEBH and/or its partners to improve the health of those living in its CBSA. Additionally, NEBH works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, NEBH supports residents in its CBSA by providing free or discounted care to individuals who are low-resourced and unable to pay for care and services. Moving forward, NEBH will continue to commit resources through the same array of direct, in-kind, or leveraged 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	SAMPLE METRICS	IDENTIFIED PARTNERS
Support programs and activities that promote healthy eating and active living by expanding access to physical activity and affordable, nutritious food.	<ul style="list-style-type: none"> • All priority populations 	<ul style="list-style-type: none"> • Food access, nutrition support, and educational programs and activities 	<ul style="list-style-type: none"> • # of people served • lbs of food distributed • # of pantries and other sites supported 	<ul style="list-style-type: none"> • Private, non-profit, and health-related agencies • Hospital based activities
Support programs and activities that assist individuals and families experiencing unstable housing to address homelessness, reduce displacement, and increase home ownership.	<ul style="list-style-type: none"> • All priority populations 	<ul style="list-style-type: none"> • Community investment and affordable housing initiatives • Housing stability and homeless prevention programs and activities 	<ul style="list-style-type: none"> • # of people served • # of community meetings attended 	<ul style="list-style-type: none"> • Housing support and community development agencies
Support programs and activities that increase employment, earnings and financial security.	<ul style="list-style-type: none"> • Low-resourced populations 	<ul style="list-style-type: none"> • Clothing, household essentials, and financial assistance programs and activities 	<ul style="list-style-type: none"> • # of people served 	<ul style="list-style-type: none"> • Private, non-profit, health-related agencies

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	SAMPLE METRICS	IDENTIFIED PARTNERS
Support community/regional programs and partnerships to enhance access to affordable and safe transportation.	<ul style="list-style-type: none"> • All priority populations 	<ul style="list-style-type: none"> • Public transit and mobility enhancement programs 	<ul style="list-style-type: none"> • # of people served • # of rides provided 	<ul style="list-style-type: none"> • Local and regional public transportation agencies
Support programs and activities that foster social connections, strengthen community cohesion and resilience and address causes and impacts of violence.	<ul style="list-style-type: none"> • All priority populations 	<ul style="list-style-type: none"> • Community connection, social engagement, and beautification activities 	<ul style="list-style-type: none"> • # of people served • # of community members and NEBH staff participating 	<ul style="list-style-type: none"> • Local public agencies
Provide and promote career support services and career mobility programs to hospital employees and employees of other community partner organizations.	<ul style="list-style-type: none"> • All priority populations 	<ul style="list-style-type: none"> • Youth employment and internship programs • Career advancement and mobility programs 	<ul style="list-style-type: none"> • # of people served • # of people hired • # of classes or programs organized 	<ul style="list-style-type: none"> • Local public primary and secondary schools • Vocational and technical schools • Hospital-based activities
Advocate for and support policies and systems that address social determinants of health.	<ul style="list-style-type: none"> • All priority populations 	<ul style="list-style-type: none"> • Advocacy activities 	<ul style="list-style-type: none"> • # of policies supported 	<ul style="list-style-type: none"> • Hospital-based activities

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 for youth and young adults, and social isolation among older adults.

In addition to the overall burden and prevalence of mental health issues, residents identified a need for more providers and treatment options. Those who participated in the assessment also reflected on the difficulties individuals face when navigating the behavioral health system.

Substance use continued to have a major impact on the CBSA; the opioid epidemic and alcohol use 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.

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

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	SAMPLE METRICS	IDENTIFIED PARTNERS
Support mental health and substance use education, awareness, and stigma reduction initiatives.	<ul style="list-style-type: none"> Youth Older adults 	<ul style="list-style-type: none"> Health education, awareness, and wellness activities for children/youth Health education, awareness, and wellness activities for older adults 	<ul style="list-style-type: none"> # of people served # of classes, events, activities organized 	<ul style="list-style-type: none"> Private, non-profit, health-related agencies
Support activities and programs that expand access, increase engagement, and promote collaboration across the health system so as to enhance high-quality, culturally and linguistically appropriate services.	<ul style="list-style-type: none"> All priority populations 	<ul style="list-style-type: none"> Health education, awareness, and wellness activities 	<ul style="list-style-type: none"> # of people served # of classes, events, and activities organized # of pieces of educational materials distributed 	<ul style="list-style-type: none"> Private, non-profit, health related agencies
Advocate for and support policies and programs that address mental health and substance use.	<ul style="list-style-type: none"> All priority populations 	<ul style="list-style-type: none"> Advocacy activities 	<ul style="list-style-type: none"> # of policies supported 	<ul style="list-style-type: none"> Hospital-based activities

Priority: Chronic and Complex Conditions

In the Commonwealth, chronic conditions like cancer, heart disease, chronic lower respiratory disease, and stroke account for four of the six leading causes of death statewide, and it is estimated that there are more than \$41 billion in annual costs associated with chronic disease. Perhaps most significantly, chronic diseases are largely preventable despite their high prevalence and dramatic impact on individuals and society.

Resources/Financial Investment: NEBH expends substantial resources 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 NEBH and/or its partners to improve the health of those living in its CBSA. Additionally, NEBH works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, NEBH supports residents in its CBSA by providing free or discounted care to individuals who are low-resourced and unable to pay for care and services. Moving forward, NEBH will continue to commit resources through the same array of direct, in-kind, or leveraged 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/o 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	SAMPLE METRICS	IDENTIFIED PARTNERS
Support education, prevention, and evidence-based chronic disease treatment and self-management support programs for individuals at risk for or living with complex and chronic conditions and/or their caregivers.	<ul style="list-style-type: none">Older adults	<ul style="list-style-type: none">Fitness, nutrition, and healthy living programs and activities	<ul style="list-style-type: none"># of people served# of classes, events, and activities organized	<ul style="list-style-type: none">Private, non-profit, and health-related agencies
Advocate for and support policies and systems that address those with chronic and complex conditions.	<ul style="list-style-type: none">All priority populations	<ul style="list-style-type: none">Advocacy activities	<ul style="list-style-type: none"># of policies supported	<ul style="list-style-type: none">Hospital-based activities

General Regulatory Information

Contact Person:	Christine Dwyer, Director, Community & Government Affairs
Date of written report:	June 30, 2025
Date written report was approved by authorized governing body:	September 10, 2025
Date of written plan:	June 30, 2025
Date written plan was adopted by authorized governing body:	September 10, 2025
Date written plan was required to be adopted	February 15, 2026
Authorized governing body that adopted the written plan:	New England Baptist Hospital 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date facility's prior written plan was adopted by organization's governing body:	September 14, 2022
Name and EIN of hospital organization operating hospital facility:	New England Baptist Hospital: 04-2103612
Address of hospital organization:	125 Parker Hill Avenue Boston, MA 02120

