

FY23-FY25 Implementation Strategy



Implementation Strategy

About the FY23-FY25 Implementation Strategy

New England Baptist Hospital (NEBH) is the premier regional provider for orthopedic surgery and the treatment of musculoskeletal diseases and disorders. NEBH is the site of one of the first artificial hip replacements in the country and continues to lead the way in developing new methods to diagnose and treat musculoskeletal disease and promote musculoskeletal health. NEBH is consistently ranked as one of America's top hospitals for orthopedics by U.S. News and World Report and is nationally recognized for high patient satisfaction and leadership in quality and clinical outcomes. For the past eleven years, the Hospital has received the Press Ganey Guardian of Excellence Award. This prestigious national award is granted only to hospitals ranking in the 95th percentile or higher in patient satisfaction. NEBH is an affiliate of Tufts University School of Medicine, conducts teaching programs in collaboration with Harvard Medical School, operates outpatient care centers in Brookline, Chestnut Hill, and Dedham, and has been the official hospital of the Boston Celtics for over 35 years. The hospital prides itself on its ability to blend exceptional patient care and advanced medical knowledge in ways that allow it to achieve the best outcomes for its patients.

NEBH's Community Benefits staff collaborated with the Boston Community Health Needs Assessment-Community Health Improvement Plan Collaborative (Boston CHNA-CHIP Collaborative). The Boston CHNA-CHIP Collaborative, consisting of Boston's hospitals and community health centers, 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. Facilitated through the Conference of Boston Teaching Hospitals (COBTH) and the City of Boston's Human Services Department, the Boston CHNA-CHIP Collaborative assessment focused on the social determinants of health through the lens of health equity; it aimed to uncover and understand how and why individuals in certain Boston neighborhoods or population groups experience inequities in health outcomes and barriers to care based on socioeconomic status, race and ethnicity, language, health status, sexual orientation, gender identity, and other factors. 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 as the founding Co-Chair of the Boston CHNA-CHIP Collaborative Steering Committee and continues to serve on its Steering Committee and workgroups. Robert Torres, BILH's Director of Community Benefits for the Boston region, served as the Co-Chair of the Community Engagement Workgroup for the 2022 CHNA. NEBH Community Benefits staff participated in numerous Boston CHNA-CHIP Collaborative meetings. Both organizations 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 Community Benefits Service Areas (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. BIDMC also shared information from the extensive community engagement and planning activities that they are conducting as part of BIDMC's Massachusetts Determination of Need New Inpatient Building Community-based Health Initiative (NIB-CHI). 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 October 2021 and February 2022, NEBH's assessment included 85 (20 by NEBH/BIDMC) one-on-one interviews with key collaborators in the community, 24 focus groups (3 by NEBH/BIDMC) with segments of the population facing the greatest health-related disparities, and two community listening sessions that engaged over 40 participants. In addition, BILH and BID Needham conducted a community health survey, which gathered information from more than 450 community residents from BID Needham's CBSA, including 86 residents from Dedham. BID Needham shared this information with NEBH. The Boston Public Health Commission fielded a COVID-19 Health Equity Survey in December 2020/January 2021; as such, NEBH and BIDMC, based on recommendations from the Boston CHNA-CHIP Collaborative Steering Committee, opted not to field a survey in Boston. This survey of a random sample of over 1,650 residents in multiple languages examined issues related to job loss, food insecurity, access to services, mental health, vaccination, and perceptions of risk around COVID-19.

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. Accordingly, using an interactive, anonymous polling software, NEBH's CBAC and community residents, through the community listening sessions, formally prioritized the community health issues and cohorts that they believed should be the focus of 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 the hospital's community health issues and prioritized cohorts is also informed by a review and careful reflection on the Commonwealth's priorities set by the Massachusetts Department of Public Health's Determination of Need process and the Massachusetts Attorney General's Office.

NEBH's IS was designed to address the underlying social determinants of health and barriers to accessing care, as

well as promote health equity. The content addresses the leading community health priorities, including activities geared toward health education and wellness (primary prevention), identification, screening, referral (secondary prevention), and disease management and treatment (tertiary prevention).



The following goals and strategies were 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 an outpatient surgery and multi-specialty clinic in Dedham, a physical therapy clinic and a radiology clinic in Chestnut Hill, and a surgery center in Brookline. 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, spoken language, national origin, religion, gender identity, sexual orientation, disability status, immigration status or age. NEBH is equally committed to serving all patients, even those who are medically underserved, regardless of their health, socioeconomic status, insurance status, and/or their ability to pay for services.

NEBH's CBSA does not include a contiguous set of geographic communities. Rather, per federal requirements, it is defined as the cities and towns where NEBH operates

licensed facilities. NEBH's CHNA focused on identifying the leading community health needs and priority cohorts living and/or working within this CBSA. In recognition of the considerable health disparities that exist in some communities in its CBSA, NEBH focuses the bulk of its community benefits resources on improving the health status of those who face health disparities, experience poverty, or who have been historically underserved living in the Boston neighborhood of Mission Hill.

While there are segments of the populations in Brookline, Chestnut Hill, and Dedham who face significant disparities in access, underlying social determinants, and health outcomes, the greatest disparities exist for those who live in Mission Hill. 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. Further, while NEBH operates a licensed facility in Dedham, this service location is in Beth Israel Deaconess Hospital-Needham's (BID Needham) CBSA. BID Needham is part of the BILH system and as a result, the community benefits activities for Dedham have been delegated to BID Needham. This helps to ensure that activities are properly coordinated and address the identified needs.



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, NEBH 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



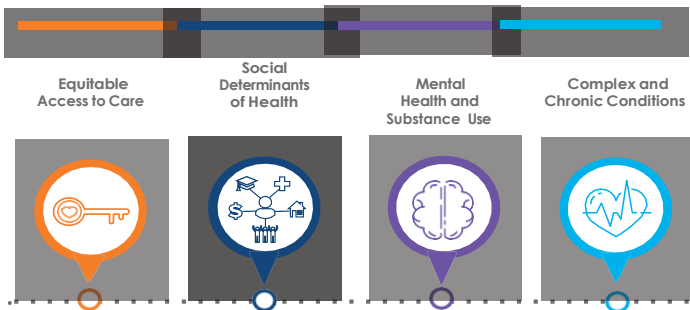
Racially, Ethnically and Linguistically Diverse Populations



Individuals with Disabilities

NEBH Community Health Priority Areas

HEALTH EQUITY



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 the digital divide (i.e., promoting equitable access to the internet) supporting education across the lifespan, addressing poor air quality, and addressing gentrification were identified as community needs but were not included in NEBH's IS. 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 others areas were both more feasible and likely to have greater 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, developing programs to support patients to navigate the healthcare system, bringing care to community spaces, addressing linguistic access barriers, cost and insurance barriers, youth mental health, stress, anxiety, depression, isolation, mental health stigma, respiratory illness, cancer, diabetes, heart disease, mobility issues, addressing cognitive memory decline, accessible or affordable space to exercise, accessible or affordable healthy foods, promoting neighborliness, addressing the impacts of violence and trauma, advocacy for seniors, advocacy for individuals with disabilities, need for safe youth activities, more monitoring/cameras in communities, and address drug use in community spaces.

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 “charity” 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, leveraged, or “charity” care expenditures to carry out its community benefits mission.

Goal: Provide equitable and comprehensive access to high-quality health care services for those who face economic barriers.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Support partnerships with regional transportation providers and community partners to enhance access to affordable and safe transportation.	<ul style="list-style-type: none"> • Low-resourced populations • Individuals with disabilities • Racially, ethnically, and linguistically diverse populations 	Mission Link bus	# of riders	Mission Hill Link	Social Determinants of Health
Advocate for and support policies and systems that improve access to care.	<ul style="list-style-type: none"> • Low-resourced populations • Individuals with disabilities • Racially, ethnically and linguistically diverse populations 	<ul style="list-style-type: none"> • Resource directory • Support linguistic services • Financial counselors • Support relevant policies when proposed 	<ul style="list-style-type: none"> • # of directories • # of opportunities • # of patients assisted • # of languages provided • # policies reviewed • # of policies supported 	<ul style="list-style-type: none"> • Mission Hill Neighborhood Housing Services • Roxbury Tenants of Harvard • Tobin Community Center • Mission Hill Sr. Legacy 	Not Applicable

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 sessions, and the BID Needham 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 “charity” 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, leveraged, or “charity” care expenditures to carry out its community benefits mission. .

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Promote healthy eating and active living by advocating for system changes, increasing opportunities for physical activity, and providing healthy, low-cost food resources to communities and school environments.	<ul style="list-style-type: none"> • Low-resourced populations • Older adults • Youth • Individuals with disabilities • Racially, ethnically and linguistically diverse populations 	<ul style="list-style-type: none"> • Grocery gift card program • ABCD food pantry • RTH's food pantry • Food box delivery to homebound residents • Fair Food bags • School Food Access and Physical Activities Programs • Maintain McLaughlin Field and Park • Neighborhood beautification services 	<ul style="list-style-type: none"> • # of participants • # of sites • Improvement in food insecurity 	<ul style="list-style-type: none"> • Roxbury Tenants of Harvard (RTH) • Tobin Community Center • Action for Boston Community Development (ABCD) • Mission Hill 	Chronic and Complex Conditions

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Advocate for and support impactful programs that stabilize or create access to affordable housing.	<ul style="list-style-type: none"> • Low-resourced populations • Older adults • Individuals with disabilities • Racially, ethnically and linguistically diverse populations 	<ul style="list-style-type: none"> • Mission Hill Neighborhood Housing Services board • Mission Hill Neighborhood Housing Services resident services coordinator • Household essentials, clothing, and school supply program 	<ul style="list-style-type: none"> • # of participants • # of residents assisted with applications • # of families prevented from homelessness 	Mission Hill Neighborhood Housing Services	Not Applicable
Increase mentorship, training, and employment opportunities for youth, young adults, and adults residing in the communities, as well as hospital employees.	<ul style="list-style-type: none"> • Low-resourced populations • Youth • Individuals with disabilities • Racially, ethnically, and linguistically diverse populations 	<ul style="list-style-type: none"> • Project Search • Meredith Cameron Youth Opportunity Internship • CSPD course • Nursing Assistant Program • Career and academic advising • Hospital-sponsored community college courses • Hospital-sponsored English Speakers of Other Language classes 	<ul style="list-style-type: none"> • # of students • # of students hired at NEBH • # of employees who participated • # of staff hired or promoted 	<ul style="list-style-type: none"> • BPS-Madison Park High School • Goodwill • Private Industry Council (PIC) • Tobin Community Center • Sociedad Latina • Roxbury Tenants of Harvard (RTH) • BILH Workforce Development 	Not Applicable

Priority: Mental Health and Substance Use

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

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

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

in the assessment identified a need to address drug use in community spaces, and the need to address mental health and substance use as co-occurring issues.

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 “charity” care to individuals who are low-resourced individuals and to pay for care and services. Moving forward, NEBH will continue to commit resources through the same array of direct, in-kind, leveraged, or “charity” care expenditures to carry out its community benefits mission.

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Enhance relationships and partnerships with mental health, youth-serving organizations, and other community partners to increase resiliency, coping, and prevention skills, and reduce isolation.	<ul style="list-style-type: none"> Youth Older adults 	<ul style="list-style-type: none"> Tobin Community Center's Summer Camp Police Athletic League (PAL) Program Mighty Missions BB Team Prom for seniors Maria Sanchez House social events Quarterly birthday parties 	<ul style="list-style-type: none"> # of students Increased youth resiliency # of participants 	<ul style="list-style-type: none"> Police Athletic League (PAL) Program Mighty Missions BB Team Tobin Community Center Roxbury Tenants of Harvard (RTH) Boston Celtics Mission Hill Neighborhood Housing Services Mission Hill Sr. Legacy 	Not Applicable
Build the capacity of community members to understand the importance of mental health, and reduce negative stereotypes, bias, and stigma around mental illness and substance use.	<ul style="list-style-type: none"> Low-resourced populations Older adults Youth Racially, ethnically and linguistically diverse populations 	Explore and support opportunities for training of key leaders and residents	<ul style="list-style-type: none"> # of participants # of programs 	<ul style="list-style-type: none"> Tobin Community Center Roxbury Tenants of Harvard (RTH) 	Not Applicable

Priority: Chronic and Complex Conditions

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

Resources/Financial Investment: 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 “charity” 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, leveraged, or “charity” care expenditures to carry out its community benefits mission.

Goal: Improve health outcomes and reduce disparities for individuals at-risk for or living with chronic and/or complex conditions.					
STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Increase opportunities for community members to decrease their risk for developing and/or improve their management of complex & chronic conditions.	<ul style="list-style-type: none">• Low-resourced populations• Older adults• Individuals with disabilities	<ul style="list-style-type: none">• Mindful Matters- Yoga for older adults• Healthy Moves• Walking Group at• Roxbury Tenants of Harvard (RTH)• Senior Celtics	<ul style="list-style-type: none">• # of residents participating	<ul style="list-style-type: none">• Boston Public Library-Parker Hill branch• Mission Hill Health Movement• Roxbury Tenants of Harvard (RTH)• Tobin Community Center• City of Boston• Mission Hill Sr. Legacy	Social Determinants of Health Mental Health

General Regulatory Information

Contact Person:	Christine Dwyer, Director of Community and Government Affairs
Date of written plan:	June 30, 2022
Date written plan was adopted by authorized governing body:	September 14, 2022
Date written plan was required to be adopted	February 15, 2023
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="radio"/> Yes <input type="radio"/> No
Date facility's prior written plan was adopted by organization's governing body:	September 18, 2019
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