

Community Benefits Report

Fiscal Year 2019

Beth Israel Lahey Health 
New England Baptist Hospital

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Section I: MISSION STATEMENT

Summary and Mission

New England Baptist Hospital (NEBH) is a member of Beth Israel Lahey Health (BILH). BILH was established with an appreciation for the importance of caring for patients and communities in new and better ways. BILH brings together an exceptional array of clinical organizations spanning the full continuum of health care delivery – academic [insert name of hospital] and teaching hospitals, community hospitals, ambulatory and urgent care centers, behavioral health programs, and home care – in a shared mission to expand access to great care and advance the science and practice of medicine through groundbreaking research and education.

At the heart of BILH is the belief that everyone deserves high-quality, affordable health care and this belief is what drives us to work with community partners across the region to promote health, expand access, and deliver the best care in the communities BILH serves. BILH's Community Benefits staff are committed to working collaboratively with BILH's communities to address the leading health issues and create a healthy future for individuals, families, and communities.

The mission of New England Baptist Hospital is to transform the lives of those we serve by promoting wellness, restoring function, lessening disability, alleviating pain, and advancing knowledge in musculoskeletal diseases and related disorders. NEBH is also committed to being active in our community.

New England Baptist Hospital is committed to collaborating with community partners and residents across Boston to identify areas of special need in musculoskeletal disease and collaborate on programs to address these needs, with special focus on underserved populations through outreach, education and provision of services to address musculoskeletal health.

NEBH works with all segments of the population but in recognition of its strong ties to its surrounding community and its specific clinical expertise, NEBH focuses its community benefit efforts on improving the health and well-being of the low income, underserved populations living in Mission Hill and Roxbury and on musculoskeletal health. NEBH currently operates educational, outreach, and community-strengthening initiatives, collaborates with many of the community's leading service organizations.

The following annual report provides specific details on how NEBH is honoring its commitment and includes information on NEBH's Community Benefits Service Area (CBSA), community health priorities, target populations, and community partners, as well as detailed descriptions of its community benefits programs and their impacts.

More broadly, the NEBH's Community Benefits mission is fulfilled by:

- **Involving the NEBH staff**, including its leadership, and dozens of community partners in the community health assessment process as well as in the development, implementation, and oversight of the Implementation Strategy;
- **Engaging and learning from residents** from throughout the NEBH's service area in all aspects of the community benefits process, including assessment, planning, implementation, and evaluation. In this regard, special attention is given to engaging diverse perspectives from those who are not patients of NEBH and those who are often left out of these assessment, planning, and program implementation processes;
- **Assessing unmet community need** by collecting primary and secondary data (both quantitative and qualitative) to identify unmet health-related needs and to characterize those in the community who are most vulnerable and face disparities in access and outcomes;
- **Implementing community health programs and services** in NEBH's Community Benefits Service Area that is geared towards improving current and future health status of individuals, families, and communities by removing barriers to care, addressing social determinants of health, strengthening the healthcare system, and working to decrease the burden of the leading health issues;
- **Promoting health equity** by addressing social and institutional inequities, racism, and bigotry, as well as ensuring that all patients are welcomed and received with respect and culturally responsiveness; and
- **Facilitating collaboration and partnership** within and across sectors (e.g., public health, health care, social service, business, academic, and community health) to advocate for, support, and implement effective health policies, community programs, and services.

Name of Target Population

NEBH's Community Benefits Service Area (CBSA) includes Mission Hill/Roxbury, MA. NEBH FY 2019 Community Health Needs Assessment's (CHNA) findings, on which this report is based, clearly show that low income and racially/ethnically diverse populations living in Boston's neighborhood of Mission Hill/Roxbury.

While NEBH is committed to improving the health status and well-being of those living throughout its entire service area, per the Commonwealth's updated community benefits guidelines, NEBH's Implementation Strategy will focus on the following most at-risk priority populations in the Mission Hill/Roxbury – Low Income, Racially/Ethnically Diverse, Children/Youth and Families, and Older Adults.

Basis for Selection

Community health needs assessments; public health data available from government (MDPH, Boston Public Health Commission, federal agencies) and private resources (foundations, advocacy groups); NEBH's areas of expertise.

Key Accomplishments of Reporting Year

While NEBH's most recent CHNA was completed during FY 2019, unless otherwise noted, the accomplishments highlighted in this report are based upon priorities identified and programs contained in NEBH's FY 2017-2019 Implementation Strategy (IS):

NEBH collaborated with the community on much needed transportation for seniors. NEBH financially supports the Mission Link bus. The bus provides much needed transportation for the seniors living in Mission Hill.

Aging Well at Roxbury Tenants of Harvard (RTH) - NEBH collaborated with RTH on three programs, Easy Steps Program, an exercise class for seniors that concentrates on strength, balance, flexibility, fall safety and endurance; Walk and Talk, a walking group that walks twice a week; and Healthy Moves, a program for seniors that have completed the East Steps Program. This program focused on building upon the strength, balance, flexibility, and endurance learned in Easy Steps as well as an educational series that included classes on cognitive thinking, fall prevention and nutrition.

To help with food insecurity and access, NEBH provided food to over 72 families/residents of Mission Hill. Families were given food during the fall and winter holidays. Food is also provided to supplement student and family food needs, as meals are not served by the Boston school system during vacations. NEBH also provided food and Stop & Shop gift cards to residents of the Pine Street Inn's Doe House and collaborated with Roxbury Tenants of Harvard (RTH) and Fair Foods to offer fresh fruits and vegetables at a discount for the residents of RTH.

To help with senior isolation in Mission Hill/Roxbury, NEBH collaborated with the Mission Hill Senior Legacy Project on a number of activities, including the quarterly birthday party, annual Senior Prom and the Sr. Celtics fitness program. These activities have been very successful with over 130 seniors attending each event. These programs keep seniors active and moving and also help with the isolation/depression problem with the elderly.

NEBH partners with Morgan Memorial, Goodwill and Madison Park High School in Roxbury to offer a one-year, school-to-work internship through the Project SEARCH High School Transition Program. The program provides real-life work experience combined with training and independent living skills to help youths with significant disabilities make successful transitions from school to productive adult life. Four students participated in the program. NEBH provides a weekly stipend. This stipend helps to promote financial independence, allows students to contribute to their family's rent, groceries, and other expenses, and reinforces the financial literacy and responsible spending skills students are learning in the classroom at Madison Park.

NEBH collaborated with the Boston Celtics on Sr. Celtics and Jr. Celtics. The Sr. Celtics program encourages elderly members of the Mission Hill/Roxbury community to maintain an active lifestyle through participation in fitness and health education classes. Celtics players, legends and New England Baptist Hospital staff led seniors in group workouts and discussed the benefits of physical exercise. The Jr. Celtics program challenges over 600 3rd-5th graders to develop their basketball game through skills, drills and leadership training.

Twelve students from Mission Hill/Roxbury/Boston were gainfully employed for the summer through the Meredith Cameron Youth Opportunity Internship at NEBH.

NEBH provided much needed household items and warm winter clothing to 122 community members.

NEBH collaborated with the Boston Public Library, Friends of the Parker Hill Branch to offer a weekly Yoga class for Older Adults.

Plans for Next Reporting Year

In FY 2019, NEBH conducted a comprehensive and inclusive Community Health Needs Assessment (CHNA) that included qualitative and quantitative data collection, robust community engagement activities, and an inclusive prioritization process. These activities were in full compliance with the Commonwealth's updated Community Benefits Guidelines for FY 2019. In response to the FY19 CHNA, NEBH will focus its FY 2020 – 2022 Implementation Strategy on the following priority areas. These priority areas collectively address the broad range of health and social issues facing residents living in NEBH's CBSA who face the greatest health disparities. These priority areas are:

- 1) Social Determinants of Health and Access to Care
- 2) Chronic/Complex Conditions and their Risk Factors

It should also be noted that these priority areas are aligned with the statewide health priorities identified by the Executive Office of Health and Human Services (EOHHS) in 2017 (i.e., Chronic Disease, Housing Stability/Homelessness, Mental Illness and Mental Health, and Substance Use Disorders). New England Baptist Hospital's priorities are also aligned with the priorities identified by the Massachusetts Department of Public Health (DPH) to guide the Community-based Health Initiative (CHI) investments funded by the Determination of Need (DON) process, which underscore the importance of investing in the social determinants of health (i.e., built environment, social environment, housing, violence, education, and employment).

The FY 19 CHNA provided new guidance and invaluable insight on quantitative trends and community perceptions that are being used to inform and refine NEBH's efforts. In completing the FY 2019 CHNA and FY 2020-FY 2022 Implementation Strategy, NEBH, along with its other health, public health, social service, and community partners, is committed to improving the health status and well-being of all residents living throughout its CBSA. As discussed above, based on the assessment's quantitative and qualitative findings, including discussions with a broad range of community participants, there was an agreement that NEBH's FY 2020-2022 IS should prioritize certain demographic, socio-economic and geographic population segments that have complex needs, face barriers to care and service gaps, as well as other adverse social determinants of health. These factors put these segments at greater risk, limit their access to needed services, and can often lead to disparities in health outcomes. More specifically, the FY 2019 CHNA identified the importance of supporting initiatives that targeted low income populations, children/youth and families, older adults, and racially/ethnically diverse populations.

NEBH partners with a number of community-based organizations and service providers to execute its Implementation Strategy, including public agencies, social service providers, and businesses.

Enhance Access to Care and Reduce the Impact of social Determinants

NEBH is committed to improving the health status and well-being of all residents living throughout its CBSA. Certainly all geographic, demographic, and socioeconomic segments of the population face challenges of some kind that can hinder their ability to access care or maintain good health. Regardless of age, race/ethnicity, income, family history, or other characteristics, everyone is impacted in some way by health-related risks. With this in mind, NEBH's IS includes activities that will support residents throughout its CBSA, across all segments of the population.

In recognition of the considerable health disparities that exist in some communities, NEBH focuses the bulk of its Community Benefits resources on improving the health status of low income and underserved populations living in the Boston neighborhoods of Mission Hill and Roxbury.

While there are certainly segments of the populations in Brookline, Chestnut Hill, and Dedham that are vulnerable and underserved, the greatest disparities exist in Boston. In order to maximize the impact of its Community Benefits resources, NEBH's Community Benefit Committee (CBAC) voted to prioritize and focus NEBH's attention on the more urban, high-need communities in NEBH's CBSA.

Based on the findings from the breadth of NEBH's assessment activities, further efforts were made to prioritize certain population segments by race/ethnicity, socio-economic status, and other factors. More specifically, the CBAC and the Community Benefits Senior Leadership Team (SLT) voted to prioritize: 1) Children, youth and families, 2) Older adults, 3) Low to moderate income populations, 4) Individuals with chronic/complex conditions, and 5) Racially/ethnically diverse populations, and limited-English speakers.

The following outlines NEBH's goals for addressing the priority populations and community health priorities identified above.

Social Determinants of Health and Access to Care

Enhance Access to Care and Reduce the Impact of Social Determinants

Reduce Elder Falls and Promote Aging in Place

Increase Access to Healthy Foods and other Basic Household Needs

Promote Violence Prevention and Address Trauma (Safe Neighborhoods/Community Cohesion)

Increase Job Opportunities for Youth and Adults

Decrease Transportation Barriers

Chronic/Complex Conditions and their Risk Factors

Enhance Access to Health Education, Screening, Referral, and Chronic Disease Management Services in Clinical and Non-Clinical Settings

Reduce the prevalence of Tobacco Use

Increase Physical Activity and Healthy Eating

It is important to note that there are community health needs that were identified by NEBH's assessment that, due to the limited burden that these issues present and/or the feasibility of having an impact in the short- or long-term on these issues, were not prioritized for investment. Namely, education and behavioral health were identified as community needs but these issues were deemed by the CBAC and the SLT to be outside of NEBH's primary sphere of influence and have opted to allow others in its CBSA, the Greater Boston region, and the Commonwealth to focus on these issues. This is not to say that NEBH will not support efforts in these areas. NEBH remains open and willing to work with hospitals across Beth Israel Lahey Health's network, with COBTH, and other public and private partners to address these issues, particularly as part of a broad, strong collaborative.

The community health priorities that have been prioritized by the CHNA. The goals, objectives and strategic intentions on which NEBH will focus are included in NEBH's Implementation Strategy.

Self-Assessment Form:

Working with its Community Benefits Leadership team and its Community Benefits Advisory Committee (CBAC), the NEBH Community Benefits team completed a self-assessment form. Additionally, the NEBH Community Benefits team shared and solicited the Community Representative Feedback Form to many CBAC and community stakeholders who participated in the NEBH's CHNA.

Section II: Community Benefits Process

Community Benefits Leadership/Team and Community Benefits Advisory Committee (CBAC):

The membership of NEBH's Community Benefits Advisory Committee (CBAC) aspires to be representative of the constituencies and priority populations of NEBH's programmatic endeavors including those from diverse racial and ethnic backgrounds, age, gender, sexual orientation and gender identity, as well as those from corporate and non-profit community organizations. Senior management is actively engaged in the development and implementation of the Community Benefits plan, ensuring that hospital policies and resources are allocated to support planned activities.

It is not only the Board and senior leadership that are held accountable in fulfilling NEBH's Community Benefits mission. Consistent with NEBH's core values is the recognition that the most successful community benefits programs are those that are implemented organization-wide and integrated into the very fabric of the NEBH's culture, policies and procedures.

NEBH is a member of BILH. While NEBH oversees local Community Benefits programming and community engagement efforts, Community Benefits is under the purview of the BILH Chief Strategy Officer. This structure ensures that Community Benefits efforts, prioritization, planning and strategy align and/or are integrated with local and system strategic and regulatory priorities.

The NEBH Community Benefits Program is spearheaded by the Director of Community and Government Relations. The Director of Community and Government Relations has direct access and is accountable to the NEBH President and the BILH Vice President of Community Benefits and Community Relations, the latter of whom reports directly to the BILH Chief Strategy Officer. It is the responsibility of these senior managers to ensure that Community Benefits is addressed by the entire organization and the needs of the underserved populations are considered every day in discussions on resource allocation, policies, and program development.

This is the structure and methodology employed to ensure that Community Benefits is not the purview of one office alone and to maximize the extent to which efforts across the organization are fulfilling the mission and goals of community benefits.

Community Benefits Advisory Committee Meetings

Meetings were held: November 8, 2018, March 6, 2019, June 26, 2019 and August 27, 2019.

Community Partners

The Hospital's community partners include:

ABCD Parker Hill/Fenway Neighborhood Service Center	Alice Heyward Taylor Housing Development
Arthritis & Lupus Support Group	Arthritis Foundation, Greater Boston Chapter
Boston Building Materials Resource Center	Boston Celtics
Boston Center for Youth and Family Services	Boston Heart Walk
Boston Police	Boston Public Health Commission
Boston Public Library, Mission Hill Branch	City of Boston Age Strong Commission
City of Boston Mayor's Office	City of Boston, Parks and Recreation Department
Fair Foods	Fireside Chat AA Group
Friends of McLaughlin Park	Madison Park High School
Maurice J. Tobin Community Center	Maria Sanchez House
Mission Church	Mission Church Hispanic Committee
Mission Link	Mission Hill Crime Committee
Mission Hill Elementary School	Mission Hill Little League
Mission Hill Main Streets	Mission Hill Neighborhood Housing Services
Mission Hill Road Race	Mission Hill Senior Legacy Project
Mission Main Task Force	Morgan Memorial Goodwill Industries
One Gurney Street Apartments	Pine Street Inn – Doe House
Private Industry Council	Project Search
Roxbury Tenants of Harvard	Sociedad Latina

The New England Baptist Hospital recognizes its role as a specialty musculoskeletal care resource in a larger health system and knows that to be successful it needs to collaborate with its community partners and those it serves. New England Baptist Hospital's Community Health Needs Assessment (CHNA) and the associated Implementation Strategy were completed in close collaboration with New England Baptist Hospital's staff, its health and social service partners, and the community at-large. New England Baptist Hospital's community benefits program exemplifies the spirit of collaboration that is such a vital part of New England Baptist Hospital's mission.

New England Baptist Hospital serves and collaborates with all segments of the population. However, in recognition of its long-standing ties to specific Mission Hill/Roxbury and the health disparities that exist for these communities, New England Baptist Hospital focuses its community benefits efforts on improving the health status of the low income, underserved populations living in Mission Hill/Roxbury.

New England Baptist Hospital currently supports educational, outreach, community health improvement, and health system strengthening initiatives within the Commonwealth. New England Baptist Hospital has particularly strong relationships with many of the community organizations that operate in its Community Benefits Service Area.

These community partners have been a vital part of New England Baptist Hospital's community health improvement strategy for many years.

New England Baptist Hospital's Board of Directors along with its clinical and administrative staff is committed to improving the health and well-being of residents throughout its service area and beyond.

World-class clinical expertise and education along with an underlying commitment to health equity are the primary tenets of its mission. New England Baptist Hospital's Community Benefits Department, under the direct oversight of New England Baptist Hospital's Board of Directors, is dedicated to collaborating with community partners and residents and will continue to do so in order to meet its community benefits obligations.

New England Baptist Hospital was founded in 1893 as a single-room dispensary that provided free medical care for the community's poor.

The Hospital has expanded since then and is now the premier regional provider for orthopedic surgery and the treatment of musculoskeletal diseases and disorders. But our commitment to serving our community continues.

Section III: Community Health Needs Assessment

The FY 2019 Community Health Needs Assessment (CHNA) along with the associated FY 2020 - 2022 Implementation Strategy was developed over a ten-month period from October 2018 to August 2019. These community health assessment, planning, and implementation efforts fulfill the Commonwealth of Massachusetts Attorney General's Office and Federal Internal Revenue Service's (IRS) requirements. More specifically, these activities fulfill the New England Baptist Hospital's need to conduct a community health needs assessment, engage the community, identify priority health issues, inventory community assets, assess impact, and develop an Implementation Strategy. However, these activities are driven primarily by New England Baptist Hospital's dedication to its mission, its covenant to the underserved, and its commitment to community health improvement.

As mentioned above, New England Baptist Hospital's most recent CHNA was completed during FY 2019 but its FY 2019 community benefits programming was informed by the FY 2016 CHNA and aligns with New England Baptist Hospital's FY 2017 – FY 2019 Implementation Strategy. The following is a summary description of the FY 2019 CHNA approach, methods, and key findings.

Approach and Methods

In October 2018, NEBH hired John Snow, Inc. (JSI), a public health consulting firm based in Boston to integrate the information gathered across these concurrent assessments and augment the information gathered where appropriate. NEBH worked with JSI to ensure that the final NEBH CHNA, including elements across all of its separate parts, engaged the necessary community constituents, incorporated comprehensive quantitative and qualitative information for all of the communities in its CBSA, and fulfilled Commonwealth and Federal Community Benefits requirements.

The FY 2019 CHNA was conducted in three phases, which allowed New England Baptist Hospital to: 1) compile an extensive amount of quantitative and qualitative data, 2) engage and involve key stakeholders, New England Baptist Hospital clinical and administrative staff, and the community at-large, 3) develop a report and detailed strategic plan, and 4) comply with all Commonwealth Attorney General and Federal IRS community benefits requirements. Data sources included a broad array of publicly available secondary data, key informant interviews, and four community forums.

New England Baptist Hospital's Community Benefits program is predicated on the notion of partnership and dialogue with its many communities. New England Baptist Hospital's understanding of these communities' needs is derived from discussions with and observations by healthcare and health-related workers in the neighborhoods as well as more formal assessments through available public health data, focus groups, surveys, etc. This data was then augmented by demographic and health status information gleaned from a variety of sources including The Massachusetts Department of Public Health, The Boston Public Health Commission, federal resources such as the Institute of Medicine, and Centers for Disease Control and Prevention, and review of literature relevant to a particular community's needs.

The articulation of each specific community's needs (done in partnership between New England Baptist Hospital and community partners) is used to inform New England Baptist Hospital's decision-making about priorities for community benefits efforts. New England Baptist Hospital works in concert with community residents and leaders to design specific actions to be undertaken each year. Each component of the plan is thus developed and eventually woven into the annual goals and agenda for the New England Baptist Hospital's Community Benefits Plan that is adopted by the Board of Director.

In conducting this assessment and planning process, it would be difficult to overstate NEBH's commitment to community engagement and a robust, collaborative, transparent, and objective process. Rather than conducting one-single assessment, NEBH's Community Benefits staff participated in and gathered information from a series of concurrent, comprehensive assessments. These assessments were conducted by organizations or collectives of organizations throughout Boston. Involvement in these efforts allowed NEBH to leverage resources, and implement a robust and inclusive CHNA and IS process. Involvement in these concurrent assessments also facilitated important collaboration between NEBH and health service organizations across Boston. These partners were very productive and will have a lasting positive impact when it comes to future assessments and community health improvement efforts.

The following are brief descriptions of each of the component parts of NEBH's overall assessment. Collectively, the efforts described below exemplify NEBH's commitment to a comprehensive, inclusive, engaged, collaborative assessment and planning process. The efforts also show NEBH's commitment to understanding unmet need, the underlying social determinants of health, and community engagement.

Boston Community Health Needs Assessment-Community Health Improvement Plan Collaborative (Boston CHNA-CHIP Collaborative)

NEBH's Community Benefits staff participated in the development and implementation of a collaborative citywide community health needs assessment involving dozens of service providers and the Boston Public Health Commission. This assessment, called the Boston Community Health Needs Assessment – Community Health Improvement Plan Collaborative (Boston CHNA-CHIP Collaborative) was facilitated through the Conference of Boston Teaching Hospitals (COBTH) and was an enormous, unprecedented effort between twelve Boston area teaching

hospitals and academic medical centers, numerous community health centers, the Boston Public Health Commission, other community based organizations and community residents. The 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 disparities 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 stakeholders throughout the CHNA process.

The Boston CHNA-CHIP Collaborative collected and analyzed secondary data on a wide range of issues from a variety of sources to identify community characteristics, barriers to care, risk factors, and disparities in health outcomes. There was a particular focus on collecting data to characterize the social determinants of health (e.g., housing, transportation, and socioeconomic status) and to stratify data by Boston neighborhood, as well as by race/ethnicity, age, income, and other characteristics. The assessment also included a robust community engagement and qualitative information gathering effort, including a community health survey, focus groups, and key informant interviews.

The Boston CHNA-CHIP Collaborative also conducted an extensive series of prioritization and planning meetings to facilitate the development of a citywide Community Health Improvement Plan (CHIP). Finally, the Boston CHNA-CHIP Collaborative developed a summary and full report of findings, which was drawn on extensively to develop this report.

Beth Israel Lahey Health (BILH) and Other Hospital Community Health Needs Assessment and Community Engagement Activities

NEBH partnered with hospitals within the BILH system (i.e., Beth Israel Deaconess Medical Center and Beth Israel Deaconess Hospital – Needham) as well as other hospitals in Boston (i.e., Brigham and Women’s Hospital, Dana-Farber Cancer Institute, Boston Children’s Hospital). These hospitals operate in NEBH CBSA and, as a result, efforts were made to share information and align community engagement and assessment activities.

In addition to leveraging the activities of the Boston CHNA-CHIP Collaborative and other hospital CHNA efforts, NEBH benefited from information gathered by Beth Israel Deaconess Medical Center and Beth Israel Deaconess Hospital-Needham.

Summary of Key Health-Related Findings from FY 2019 CHNA

Social Determinants of Health and Access to Care

- **Social Determinants of Health (e.g., economic stability, education, and community/social context) Continue to Have a Massive Impact on Many Segments of the Population.** The dominant theme from the assessment’s key informant interviews, survey, focus groups and community meetings was the continued impact that the underlying social determinants of health are having on the CBSA’s low income, underserved, diverse population cohorts. More specifically, determinants such as poverty, employment opportunities, housing, violence, transportation, racial segregation, literacy, provider linguistic/cultural competency, social support, and community integration limit many people’s ability to care for their own and/or their families’ health.
- **Disparities in Health Outcomes Exist in NEBH’s CBSA by Race/Ethnicity, Foreign Born Status, Income, and Language:** There are major health disparities for residents living in NEBH’s CBSA. This is particularly true for racially/ethnically diverse, foreign born, low income, and non-English speaking residents living in the Boston neighborhoods of Mission Hill and Roxbury. The impact of racism, barriers to care, and disparities in health outcomes that these populations face are widely documented in the literature and confirmed by the data captured by this assessment.

It is crucial that these disparities be addressed and, to this end, NEBH’s Implementation Strategy (IS) continues to include a myriad of programs, strategic interventions, and services that are carefully targeted to address these disparities. However, it is critical to note that there is a multitude of individual, community and societal factors that work together to create these inequities. The underlying issue is not only race/ethnicity, racism, income, or language but rather a broad array of interrelated social issues including economic opportunity, education, crime, transportation, and community cohesion.

Chronic / Complex Conditions and their Risk Factors

- **High Rates of Chronic and Acute Physical Health Conditions (e.g., heart disease, hypertension, cancer, and asthma).** The assessment’s quantitative data clearly shows that many communities in NEBH’s CBSA have high rates for many of the leading physical health conditions (e.g., heart disease, hypertension, cancer, and asthma). In many communities, these rates are statistically higher than Commonwealth rates, indicating a particularly significant problem. However, even for those communities where the rates are not statistically higher, these conditions are still the leading causes of premature death.

- **High Rates of the Leading Health Risk Factors (e.g., Lack of Nutritional Food and Physical Activity, Alcohol/Illicit Drug Use, and Tobacco Use).** One of the leading findings from the assessment is that many communities and/or population segments in NEBH's CBSA have high rates of chronic physical and behavioral health conditions. In some people, these conditions have underlying genetic roots that are hard to counter. However, for most people these conditions are widely considered preventable or manageable. Addressing the leading risk factors is at the root of a sound chronic disease prevention and management strategy.

Behavioral Health (Mental Health and Substance Use)

- **High Rates of Substance Use (e.g., Alcohol, Prescription Drug/Opioids, Marijuana) and Mental Health Issues (e.g., Depression, Anxiety, and Stress).** The impact of social determinants was the lead finding, but a close second was the profound impact of behavioral health issues (i.e., substance use and mental health) on individuals, families and communities in every geographic region and every population segment in NEBH's CBSA. Depression/anxiety, suicide, alcohol use, opioid and prescription drug use, and marijuana use are major health issues and are having a significant impact on the population as well as a burden on the service system. The fact that physical and behavioral health are so intertwined compounds the impact of these issues. Of particular concern are the increasing rates of opioid use and the impacts of trauma.
- **Limited Access to Behavioral Health Services, Particularly for Low Income, Medicaid Covered, Uninsured, Foreign Born, Non-English speakers, and those with Complex/Multi-faceted Issues.** Despite the burden of mental health and substance use on all

segments of the population, there is an extremely limited service system available to meet the needs that exist for those with mild to moderate episodic issues or those with more serious and complex, chronic conditions. Efforts need to be made to expand access, reduce barriers to care (including stigma), and improve the quality of primary care and specialized behavioral health services.

- **It is crucial that these disparities be addressed and, to this end, New England Baptist Hospital's FY 17-19 CHIP continues to include a myriad of programs, strategic interventions, and services that are carefully targeted to address these disparities.** However, it is critical to note that there is a multitude of individual, community and societal factors that work together to create these inequities. The underlying issue is not only race/ethnicity, foreign born status, or language but rather a broad array of inter-related issues including economic opportunity, education, crime, and community cohesion. Arguably, these are the leading determinants of health for all urban communities in the United States, and they are daunting challenges. Many of Boston's major academic and healthcare institutions, including New England Baptist Hospital have been at the heart of this national dialogue for decades. New England Baptist Hospital is committed to doing what it can to address these factors and every priority area and goal in New England Baptist Hospital's FY 16-19 CHIP is structured to address health disparities and inequities in some way.

Section V: Expenditures

CB Expenditures by Program Type	Total Amount	Subtotal Provided to Outside Organizations
Direct Clinical Services	\$1,100.00	\$1,100.00
Community-Clinical Linkages	\$37,114.00	\$9,652.00
Total Population or Community - Wide Interventions	\$574,470.77	\$492,172.59
Access/Coverage Supports	\$86,918.00	\$86,918.00
Infrastructure to Support CB Collaborations Across Institutions	\$202,977.00	Not Specified

CB Expenditures by Health Need	Total Amount
Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes	\$150,176.08
Mental Health/Mental Illness	\$162,290.07
Housing/Homelessness	\$48,520.40
Substance Use	\$96,746.50
Additional Health Needs Identified by the Community	\$444,846.72
Other Leveraged Resources	Not Specified

Net Charity Care Expenditures	Total Amount
HSN Assessment	\$3,506,644.00
HSN Denied Claims	\$150,102.80
Free/Discount Care	Not Specified
Total Net Charity Care	\$3,656,746.80

Total CB Expenditures: \$4,559,326.57

Additional Information	Total Amount
Net Patient Service Revenue:	\$233,330,000.00
CB Expenditure as Percentage of Net Patient Services Revenue:	1.95%
Approved CB Program Budget for FY2020:	\$4,559,000.00

(*Excluding expenditures that cannot be projected at the time of the report.)

Comments (Optional):

In 2019, NEBH paid \$370,872 to the City of Boston's voluntary PILOT program. The funds contribute to the health and well being of those living in the City of Boston.

Optional Information

Hospital Publication Describing CB Initiatives:

[Download/View Report](#)

Bad Debt:	\$707,955.00
Bad Debt Certification:	Certified
Optional Supplement:	Not Specified

Section VI: Contact Information

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Boston, MA 02120
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Section VII: Self-Assessment Form

Hospital Self-Assessment Form - Year 1

Note: This form is to be completed in the Fiscal Year in which the hospital completed its triennial Community Health Needs Assessment

I. Community Benefits Process:

1. Community Benefits in the Context of the Organization's Overall Mission:

- Are Community Benefits planning and investments part of your hospital's strategic plan? Yes No
 - If yes, please provide a description of how Community Benefits planning fits into your hospital's strategic plan. If no, please explain why not.
 - New England Baptist Hospital (NEBH) is a member of Beth Israel Lahey Health (BILH). While NEBH oversees local Community Benefits programming and community engagement efforts, Community Benefit is under the purview of the BILH Chief Strategy Officer. This structure ensures that Community Benefits efforts, prioritization, planning and strategy align and/or are integrated with local hospital and system strategic and regulatory priorities.

2. Community Benefits Advisory Committee (CBAC):

- **Members (and titles):**
David Passafaro, President, NEBH; Christine Dwyer, Director, Community & Government Affairs, NEBH; Elaine Adams, Registered Nurse at NEBH & Community Resident; Laura Adams, Director of Senior Services, Roxbury Tenants of Harvard (RTH), Board Member, Mission Hill Neighborhood Housing Services & Community Resident; Sophia Deng, Board Member, RTH, Community Resident; Ashley Dubois, HRIS Manager & Compensation Analyst, NEBH; John Jackson, Administrative Coordinator, Boston Center for Youth and Families (BCYF), Tobin Community Center, Board Member, Mission Hill Neighborhood Housing Services and the Mission Link; Paige Legassie, Business Partner, Human Resources, NEBH; Linda Percy, Member NEBH Patient Family Advisory Committee (PFAC) & Community Resident; Carmen Pola, Founding Member of Mission Hill Senior Legacy Project and Community Resident; Lynn Stewart, Manager, Amenities & Student Services, NEBH; David Welch, Board Member, Mission Hill Neighborhood Housing Services & Community Resident; and Elle Wittneben, RD, CSOWM, LDN, Dietician and Clinical Nutrition Manager, NEBH
- **Leadership:**
David A. Passafaro, President; Mary Sullivan Smith, RN, MS, Sr. Vice President, Chief Operating Officer and Chief Nursing Officer; Val Giordano, Chief of Staff, Vice President, Real Estate; Tom Gheringhelli, Sr. Vice President, Finance, Chief Financial Officer; Linda Thompson, Sr. Vice President, Human Resources and Service Excellence; Frederick Basilico, MD, Physician in Chief and Chair, Department of Medicine; David Mattingly, MD, Surgeon in Chief and Clinical Chair, Department of Orthopedics; Michael Esteghamati, MD, Chair, Anesthesia; Jihad Hayek, MD, Chair, Pathology; Damon Spitz, MD, Chair, Radiology; John Richmond, MD, Medical Director for Network Development Scott Tromanhauser, MD, Chief Medical Quality Officer and Chief, Spine Surgery
- **Frequency of meetings:**
March, June, August, November

3. Involvement of Hospital's Leadership in Community Benefits:

Place a checkmark next to each leadership group if it is involved in the specified aspect of your Community Benefits process:

	<i>Review Community Health Needs Assessment</i>	<i>Review Implementation Strategy</i>	<i>Review Community Benefits Report</i>
Senior leadership	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hospital board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff-level managers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Community Representatives on CBAC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

For any check above, please list the titles of those involved and describe their specific role:

Senior Leadership

David Passafaro, President-provided input on identifying CBSA, CHNA and Implementation Strategy; participated in meetings with CBAC; participated in the prioritization process

David A. Passafaro, President; Mary Sullivan Smith, RN, MS, Sr. Vice President, Chief Operating Officer and Chief Nursing Officer; Val Giordano, Chief of Staff, Vice President, Real Estate; Tom Gheringhelli, Sr. Vice President, Finance, Chief Financial Officer; Linda Thompson, Sr. Vice President, Human Resources and Service Excellence; Frederick Basilio, MD, Physician in Chief and Chair, Department of Medicine; David Mattingly, MD, Surgeon in Chief and Clinical Chair, Department of Orthopedics; Michael Esteghamati, MD, Chair, Anesthesia; Jihad Hayek, MD, Chair, Pathology; Damon Spitz, MD, Chair, Radiology; John Richmond, MD, Medical Director for Network Development Scott Tromanhauser, MD, Chief Medical Quality Officer and Chief, Spine Surgery - Reviewed and approved the CHNA and Implementation Strategy

Hospital Board-NEBH Board of Directors- reviewed, approved and adopted CHNA and Implementation Strategy

NEBH CBAC-oversaw the CHNA and Implementation Process

Staff Level Managers – Ashley Dubois, HRIS Manager and Compensation Analyst, Human Resources; Paige Legassie, Business Partner, Human Resources and

Lynn Stewart, Manager, Student Services and Amenities and Elle Wittneben, RD, CSOWM, LDN, Dietician and Clinical Nutrition Manager, NEBH participated in the CHNA and Implementation Strategy.

Hospital Approach to Assessing and Addressing Social Determinants of Health

- How does the hospital approach assessing community needs relating to social determinants of health? (150-word limit)
New England Baptist Hospital undertook a robust, collaborative and transparent assessment and planning process. The approach involved extensive quantitative (age, race, ethnicity, language, sexual orientation/gender identity, income, violence/crime, food access, housing, transportation, etc.) and qualitative (focus groups, community forums, community surveys) data collection and substantial efforts to engage community residents, with special emphasis on hidden population segments often left out of assessments. New England Baptist Hospital's Implementation Strategy reflects the hospital and the CBAC's prioritization of the following social determinants of health, food access, violence, poverty, employment opportunities, housing and transportation.
- How does the hospital incorporate health equity in its approach to Community Benefits? (150-word limit)
New England Baptist Hospital and Beth Israel Lahey Health are committed to health equity, the attainment of the highest level of health for all people, required focused and ongoing societal efforts to address avoidable inequalities, socioeconomic barriers to care, and both historical and contemporary injustices. Throughout New England Baptist Hospital's assessment process, New England Baptist Hospital worked to understand the needs of populations that are often disadvantaged, face disparities in health-related outcomes, and are deemed most vulnerable. New England Baptist Hospital's Implementation Strategy that developed as a result of these processes focuses on reaching the geographic, demographic and socioeconomic segments of populations most at risk in the hospital's community benefits service area.
- How does the hospital approach allocating resources to Total Population or Community-Wide Interventions? (150-word limit)
The New England Baptist Hospital Implementation Strategy includes a diverse range of programs and resources to address the prioritized needs within New England Baptist Hospital community benefits service area. The majority of New England Baptist Hospital's community benefits initiatives are focused on community partners and sub-populations due to identified disparities or needs. New England Baptist Hospital strategies include partnerships with youth and older adults, housing developments, and community agencies. Examples include collaborating with the Tobin Community Center, Maria Sanchez House and RTH on programs, and partnerships that provide and allow access to healthy food and transportation. Additionally, New England Baptist Hospital collaborates with many community partners to support total population and community-wide interventions including the Fair Foods program at RTH, Food Pantry at ABCD, Parker Hill Fenway, Sr. Celtics program with Mission Hill Senior Legacy, Summer Camp program at the Tobin Community Center and the Mission Hill Link bus.

II. Community Engagement:

1. Organizations Engaged in CHNA and/or Implementation Strategy

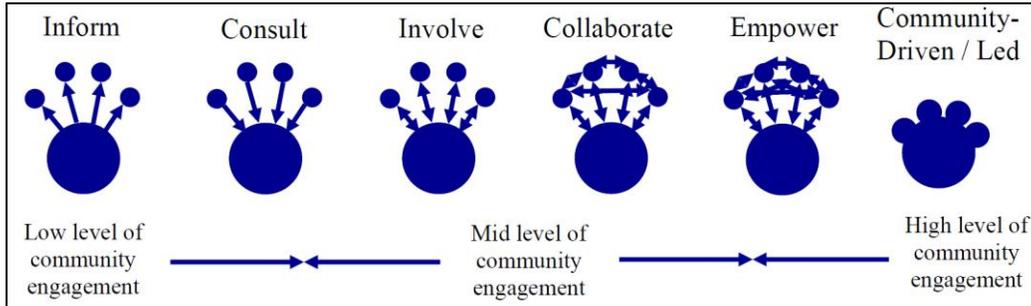
Use the table below to list the key partners with whom the hospital collaborated in assessing community health needs and/or implementing its plan to address those needs and provide a brief description of collaborative activities with each partner. Note that the hospital is not obligated to list every group involved in its Community Benefits process, but rather should focus on groups that have been significantly involved. Please feel free to add rows as needed.

Organization	Name and Title of Key Contact	Organization Focus Area	Brief Description of Engagement (including any decision-making power given to organization)
Roxbury Tenants of Harvard (RTH)	Laura Adams, Director Senior Services	Housing organizations	<p>NEBH collaborates with Roxbury Tenants of Harvard on their Aging Well in Place program, Food Insecurity and Elder Isolation. Aging Well in Place offers three programs, Easy Steps, an exercise class for seniors that concentrates on strength, balance, flexibility, and endurance; Walk and Talk, a walking group that walks once a week; and Healthy Moves, a program for seniors that have completed the Easy Steps Program that focuses on building upon the strength, balance, flexibility, and endurance learned in Easy Steps as well as an educational series that included classes on cognitive thinking and nutrition. Members from the RTH staff were involved in identifying the needs of their residents and on programming.</p> <p>NEBH collaborates with RTH and Fair Foods to offer fresh fruits and vegetables at a discount for the residents of RTH.</p> <p>NEBH collaborates with the staff at RTH on programming for seniors to help with elder isolation. This includes quarterly birthday parties, Mission Hill Sr. Prom and Sr. Celtics.</p>
Boston Center for Youth and Families (BCYF)-Tobin Community Center	John Jackson, Administrative Coordinator, BCYF, Tobin Community Center,	Other	<p>NEBH collaborates with the Tobin Community Center on programs for youth and older adults. NEBH supports their Summer Camp program; Mighty Mission Basketball Team; Mission Hill Youth Collaborative; Mission Hill Senior Legacy, and violence prevention education and events.</p> <p>NEBH collaborates with the staff at the Tobin Community Center on programs and events.</p>
BPS-Madison Park High School, Goodwill Morgan Memorial, Project Search	Brian Miller, Special Education Teacher, Madison Park High School	Schools	<p>NEBH collaborates with Madison Park High School and Morgan Memorial, Goodwill to offer a one-year, school-to-work internship through the Project SEARCH High School Transition Program.</p> <p>The program provides real-life work experience combined with training and independent living skills to help youths with significant disabilities make successful transitions from school to productive adult life.</p> <p>The Special Education teacher/department at Madison Park High School identifies students for the program at NEBH.</p>
Mission Hill Link, Inc.	Alice Diggs, Treasurer	Other	<p>NEBH partners with Mission Link, Inc. to provide much needed transportation to older adults living in Mission Hill.</p> <p>NEBH works with community residents and the</p>

Mission Link board on schedules and routes for the bus.

Level of Engagement Across CHNA and Implementation Strategy

Please use the spectrum below from the Massachusetts Department of Public Health¹ to assess the hospital’s level of engagement with the community.



For a full description of the community engagement spectrum, see page 11 of the Attorney General’s Community Benefits Guidelines for Non-Profit Hospitals.

A. Community Health Needs Assessment

Please assess the hospital’s level of engagement in developing its CHNA and the effectiveness of its community engagement process.

Category	Level of Engagement	Did Engagement Meet Hospital’s Goals?	Goal(s) for Engagement in Upcoming Year(s)
Overall engagement in assessing community health needs	Empower	Yes	Not Applicable
Collecting data	Empower	New England Baptist Hospital was able to have community members/residents and organizations field the survey.	Not Applicable
Defining the community to be served	Involve	New England Baptist Hospital worked with Senior Leadership and the CBAC to review the CBSA.	Not Applicable
Establishing priorities	Collaborate	The CBAC working with the Community Benefits staff and the New England Baptist Hospital Senior Leadership prioritized the health needs of our CBSA and recommended priorities and partners.	Consult

- For categories where community engagement did not meet the hospital’s goal(s), please provide specific examples of planned improvement for next year:

New England Baptist Hospital remains committed to community engagement. During FY 19, New England Baptist Hospital undertook its triennial community health needs assessment and prioritization process. Guided by New England Baptist Hospital’s Community Benefits Advisory Committee and conducted in collaboration with community partners, this initiative employed a comprehensive community engagement process. In FY 20, New England Baptist Hospital will continue to work with its CBAC and community partners to engage the community including holding an annual public meeting. Additionally, New England Baptist Hospital will engage with our community by meeting with key members of community organizations and collecting feedback from community members in our service area.

¹ “Community Engagement Standards for Community Health Planning Guideline,” Massachusetts Department of Public Health, available at: <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>.

B. Implementation Strategy:

Please assess the hospital's level of engagement in developing and implementing its plan to address the significant needs documented in its CHNA and the effectiveness of its community engagement process.

Category	Level of Engagement	Did Engagement Meet Hospital's Goals?	Goal(s) for Engagement in Upcoming Year(s)
Overall engagement in developing and implementing filer's plan to address significant needs documented in CHNA	Involve	Community forums, community meetings and the CBAC worked with the NEBH Leadership Team to identify priorities and sub priorities.	Involve
Determining allocation of hospital Community Benefits resources/selecting Community Benefits programs	Inform	New England Baptist Hospital will work to better inform and consult with its CBAC on the proportion of CB resources allocated to different priorities	Consult
Implementing Community Benefits programs	Consult	2019 was the last year of New England Baptist Hospital's FY 2017-2019 Implementation Strategy (IS). New England Baptist Hospital will be collaborating with the community on new and existing programs for its FY 20-22 IS.	Collaborate
Evaluating progress in executing Implementation Strategy	Consult	2019 was the last year of New England Baptist Hospital's FY 2017-2019 Implementation Strategy (IS). BILH Community Benefits will be hiring a Director of Evaluation which will work with all hospitals to build staff and community evaluation capabilities. New England Baptist Hospital will be collaborating with the community on evaluation of CB programming and the execution of the FY 20-22 IS.	Collaborate
Updating Implementation Strategy annually	Inform	2019 was the last year of New England Baptist Hospital's FY 2017-2019 Implementation Strategy (IS). New England Baptist Hospital will work with its CBAC, its community partners and the BILH Evaluator to review its IS and update, as appropriate at the end of FY 20.	Consult

- For categories where community engagement did not meet the hospital’s goal(s), please provide specific examples of planned improvement for next year:

New England Baptist Hospital has a comprehensive implementation strategy to respond to identified community health priorities. New England Baptist Hospital engaged with CBLT and the community to identify and select priorities for the new (FY 20-22) Implementation Strategy. While the Implementation Strategy (IS) was shared with the CBAC, the CBLT, and adopted by the Board of Directors and widely distributed, delays in obtaining secondary data and the significant commitment to the comprehensive community engagement for the CHNA and the prioritization process, lead to less community engagement on the drafting of the implementation strategy. Going forward, New England Baptist Hospital will review the workplan and timeline of our triennial CHNA to allow more time for engagement and vetting of the IS.

During the FY 20 annual meeting, New England Baptist Hospital will make the IS available to participants, highlight new programs, priorities and activities, and will seek input from the community.

2. Opportunity for Public Feedback

Did the hospital hold a meeting open to the public (either independently or in conjunction with its CBAC or a community partner) at least once in the last year to solicit community feedback on its Community Benefits programs? If so, please provide the date and location of the event. If not, please explain why not.

New England Baptist Hospital held a public meeting in conjunction with its CBAC. Additionally, New England Baptist Hospital shared highlights of its Community Benefits program at meetings throughout its CBSA when engaging with the community during the triannual CHNA.

These meetings were held on March 8, 2019, Roxbury Tenants of Harvard, March 28, 2019, Tobin Community Center and April 25, 2019, New England Baptist Hospital.

Best Practices/Lessons Learned

The AGO seeks to continually improve the quality of community engagement.

- What community engagement practices are you most proud of? (150-word limit)
New England Baptist Hospital is most proud of our committed CBAC, the long-standing relationships we have with many community-based organizations, our public health department, and our community residents. We are most proud of the collaboration with these and other organizations that allowed us to engage with hard-to-reach cohorts. Older adults living in Mission Hill are not always engaged in assessing the health needs of our community. NEBH held a meeting that was dedicated to just older adults so that we could learn what their health and wellness needs are in the community.
- What lessons have you learned from your community engagement experience? (150-word limit)
By working collaboratively with other hospitals, community-based organizations, public health, elected officials and community residents, New England Baptist Hospital enhances the level and quality of our community engagement efforts.

III. Regional Collaboration:

1. Is the hospital part of a larger community health improvement planning process?
 Yes No
 - If so, briefly describe it. If not, why?
New England Baptist Hospital is collaborating with COBTH and the Boston CHNA CHIP Collaborative .
2. If the hospital collaborates with any other filer(s) in conducting its CHNA, Implementation Strategy, or other component of its Community Benefits process (e.g., as part of a regional collaboration), please provide information about the collaboration below.
 - Collaboration:
Collaborated COBTH and the Boston CHNA CHIP Collaborative.
 - Institutions involved:
Beth Israel Deaconess Medical Center, Boston Children’s Hospital, Boston Medical Center, Brigham & Women’s Hospital, Brigham & Women’s Faulkner Hospital, Dana Farber Cancer Institute, Mass Eye & Ear, Mass General Hospital, St. Elizabeth’s Medical Center and Tufts Medical Center

- **Brief description of goals of the collaboration:**
Conduct a joint, participatory [community health needs assessment \(CHNA\)](#) for Boston every 3 years discussing the social, economic, and health needs and assets in the community. Develop a collaborative community health improvement plan (CHIP) for Boston to address issues identified as top priority and identify opportunities for shared investment. Implement efforts together where aligned and track individual organizational activities related to those aligned efforts monitor and evaluate CHIP strategies for progress and impact to continuously inform implementation Communicate about the process and results to organizational leadership, stakeholders, and the public throughout the assessment, planning, and implementation time period.
 - **Key communities engaged through collaboration:**
City of Boston, Priority Populations
 - **If you did not participate in a collaboration, please explain why not:**
-