

Community Benefits Report

Fiscal Year 2021

Beth Israel Lahey Health 
New England Baptist Hospital

TABLE OF CONTENTS

SECTION I: SUMMARY AND MISSION STATEMENT	3-4
Target Populations.....	4
Basis for Selection	4
Key Accomplishments for Reporting Year.....	4-5
Plans for Next Reporting Year	5
SECTION II: COMMUNITY BENEFITS PROCESS.....	6-7
Community Benefits Leadership/Team and Community Benefits Advisory Committee.....	6
Community Benefits Committee Meetings	6
Community Partners.....	6-7
SECTION III: COMMUNITY HEALTH NEEDS ASSESSMENT.....	8-11
Approach and Methods.....	8-9
Summary of FY19 CHNA Key Health-Related Findings	10-11
SECTION IV: COMMUNITY BENEFITS PROGRAMS	12-24
Health Priority – Program Name.....	12-24
SECTION V: EXPENDITURES	25-26
SECTION VI: CONTACT INFORMATION	27
SECTION VII: HOSPITAL SELF-ASSESSMENT FORM.....	28-33

SECTION I: SUMMARY AND MISSION STATEMENT

Summary and Mission Statement

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 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 NEBH 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.

NEBH 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 Benefits efforts on improving the health and well-being of the low income, underserved populations living in the Boston neighborhoods of Mission Hill/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** 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.

Target Populations

NEBH's Community Benefits Service Area (CBSA) includes the Boston neighborhoods of Mission Hill/Roxbury. The NEBH FY19 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, face great health disparities and are more at-risk, compared to some adjacent neighborhoods and towns.

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 high need priority populations in 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 for Reporting Year

During FY21, New England Baptist Hospital dedicated significant time and resources to respond to needs caused and/or exacerbated by COVID. NEBH worked with community members to address food insecurity and the need for basic household items (masks, cleaning supplies, hand sanitizer, etc.).

Food insecurity was a top priority in FY21. With the rising cost of food, many residents did not have the resources or funds to provide for their family or themselves. To help with food insecurity and access, NEBH provided food, meals from local business' and Stop & Shop gift cards to hundreds of families and individuals that live in Mission Hill. Stop & Shop is the local grocery store in Mission Hill. Meals were provided by local restaurants.

NEBH collaborated with Roxbury Tenants of Health to make Chromebooks accessible to older adults for Telehealth visits, socialization and exercise programs.

NEBH provided much needed school supplies to over 150 students living in Mission Hill, giving them the items they need to be successful in school.

NEBH collaborated with the community on much needed transportation for older adults. The Mission Link provides transportation to and from doctor's appointments, pharmacy, grocery store, etc. for older adults living in Mission Hill.

NEBH collaborated with Roxbury Tenants of Harvard on their Healthy Moves program and Walking Group. The program focused on building upon the strength, balance, flexibility, and endurance, as well as an educational series that included classes on cognitive thinking, fall prevention and nutrition. The Walking Group for older adults exercises twice a week.

NEBH provided much needed masks, hand sanitizer, basic household items and warm winter clothing to community members in need, helping with self-confidence, isolation, physical activity, safety and overall wellness.

Plans for Next Reporting Year

In FY19, 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 FY19. In response to the FY19 CHNA, NEBH will focus its FY2020 – 2022 IS on the following priority areas that 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). NEBH'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 FY19 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 FY19 CHNA and FY20-22 IS, 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 FY20-22 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 FY19 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 IS, including public agencies, social service providers, and businesses.

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 Diversity, Equity and Inclusion Officer. This structure ensures that Community Benefits efforts, prioritization, planning and strategy align and/or are integrated with local and system diversity, strategic and regulatory priorities.

The NEBH Community Benefits Program is spearheaded by the Director of Community and Government Affairs. The Director of Community and Government Affairs 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 Committee Meetings

Meetings were held:

September 21, 2020

December 10, 2020

March 11, 2021

June 10, 2021

Community Partners

NEBH 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. NEBH's Community Health Needs Assessment (CHNA) and the associated Implementation Strategy were completed in close collaboration with NEBH's staff, its health and social service partners, and the community at-large. NEBH's Community Benefits program exemplifies the spirit of collaboration that is such a vital part of NEBH's mission.

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

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

NEBH's Board of Trustees 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, education and research along with an underlying commitment to health equity are the primary tenets of its mission. NEBH's Community Benefits Department, under the direct oversight of NEBH's Board of Trustees, is dedicated to collaborating with community partners and residents and will continue to do so in order to meet its Community Benefits obligations.

NEBH 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.

The following is a comprehensive listing of the community partners with which NEBH joins in assessing community need as well as planning, implementing, and overseeing its Community Benefits Implementation Strategy. The level of engagement of a select group of community partners can be found in the Hospital Self-Assessment (Section VII, pages 27-32).

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
Stop & Shop	Fireside Chat AA Group
One Gurney Street Apartments	Frawley-Delle Apartments
Roxbury Tenants of Harvard	HERE House
Friends of McLaughlin Park	Madison Park High School
Tobin Community Center	Maria Sanchez House
Mission Church	Mission Church Hispanic Committee
Mission Hill Main Streets	Mission Grammar School
Mission Link, Inc.	Mission Hill Crime Committee
Boston Public Schools	Mission Hill Little League
Mission Hill Road Race	Mission Hill Senior Legacy Project
Mission Main Task Force	Morgan Memorial Goodwill Industries
One Gurney Street Apartments	Project Search
Private Industry Council	Sociedad Latina
Mission Hill Neighborhood Housing Services	Wentworth Institute of Technology

SECTION III: COMMUNITY HEALTH NEEDS ASSESSMENT

The FY19 Community Health Needs Assessment (CHNA) along with the associated FY20-22 Implementation Strategy (IS) 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 NEBH's need to conduct a CHNA, engage the community, identify priority health issues, inventory community assets, assess impact, and develop an IS. However, these activities are driven primarily by NEBH's dedication to its mission, its covenant to the underserved, and its commitment to community health improvement.

As mentioned above, NEBH's most recent CHNA was completed during FY19. FY21 Community Benefits programming was informed by the FY19 CHNA and aligns with NEBH's FY20 – FY22 IS. The following is a summary description of the FY19 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 FY19 CHNA was conducted in three phases, which allowed NEBH to: 1) compile an extensive amount of quantitative and qualitative data, 2) engage and involve key stakeholders, NEBH's 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.

NEBH's Community Benefits program is predicated on the notion of partnership and dialogue with its many communities. NEBH'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, 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 NEBH and community partners) is used to inform NEBH's decision-making about priorities for Community Benefits efforts. NEBH 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 NEBH Community Benefits Plan that is adopted by the Board of Trustees.

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 components 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.

The articulation of each specific community's needs is used to inform NEBH's decision-making about priorities for its Community Benefits efforts. NEBH works in concert with community residents and leaders to design specific actions to be undertaken each year. Each component of the plan is developed and eventually woven into the annual goals and agenda for the NEBH's Community Benefits Plan that is adopted by the Board of Trustees.

Summary of FY19 CHNA Key Health-Related Findings

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 FY20-22 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 FY20-22 IS is structured to address health disparities and inequities in some way.

SECTION IV: COMMUNITY BENEFITS PROGRAMS

Priority Health Need: Total Population or Community-Wide Interventions Program Name: Back to School Supplies Health Issue: Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty							
Brief Description or Objective	<p>To provide much needed school supplies to children that live in affordable housing. Basic needs like pencils, pens, paper, and notebooks help students build confidence, engage in lessons, and gain knowledge that will help them to be successful.</p>						
Program Type	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Direct Clinical Services</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Access/Coverage Supports</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Community Clinical Linkages</td> <td style="border: none;"><input type="checkbox"/> Infrastructure to Support Community Benefits</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Total Population or Community Wide Intervention</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> Direct Clinical Services	<input type="checkbox"/> Access/Coverage Supports	<input type="checkbox"/> Community Clinical Linkages	<input type="checkbox"/> Infrastructure to Support Community Benefits	<input checked="" type="checkbox"/> Total Population or Community Wide Intervention	
<input type="checkbox"/> Direct Clinical Services	<input type="checkbox"/> Access/Coverage Supports						
<input type="checkbox"/> Community Clinical Linkages	<input type="checkbox"/> Infrastructure to Support Community Benefits						
<input checked="" type="checkbox"/> Total Population or Community Wide Intervention							
Program Goal(s)	<p>To provide students that live in affordable housing developments the supplies they need for school.</p>						
Goal Status	<p>Over 150 children received school supplies, including backpacks, notebooks, pens, calculators, etc.</p>						
Program Year: Year 2	Goal Type: Process Goal						

Priority Health Need: Program Name: Infrastructure to support Community Benefits collaborations across BILH hospitals Health Issue: Chronic Disease-Arthritis, Cardiac Disease, Chronic Pain, Diabetes, Hypertension, Osteoporosis, Overweight and Obesity, Mental Health-Physical Activity, Access to Healthy Food, Access to Transportation, Nutrition	
Brief Description or Objective	<p>All Community Benefits staff at each Beth Israel Lahey Health (BILH) hospital have worked together to plan, implement, and evaluate Community Benefits programs. Staff have worked together to plan the FY22 Community Health Needs Assessment, understand state and federal regulations, build evaluation capacity, and collaborate on implementing similar programs. BILH, in partnership with MGB, has developed a Community Benefits (CB) database. This database is part of a multi-year strategic effort to streamline and improve the accuracy of regulatory reporting, simplify the collection of and access to standardized CB financial data, and create a uniform, system-wide tracking and monitoring model.</p>
Program Type	<input type="checkbox"/> Direct Clinical Services <input type="checkbox"/> Access/Coverage Supports <input type="checkbox"/> Community Clinical Linkages <input checked="" type="checkbox"/> Infrastructure to Support Community Benefits <input type="checkbox"/> Total Population or Community Wide Intervention
Program Goal(s)	<ul style="list-style-type: none"> • By September 30, 2021, increase the capacity of BILH Community Benefits staff to understand program evaluation through workshops and case studies. • By September 30, 2021, in partnership with MGB, create and implement a database that collects all necessary and relevant IRS, AGO, PILOT, Department of Public Health (DoN), and BILH Community Benefits Committee data to more accurately capture and quantify CB/CR activities and expenditures.
Goal Status	<ul style="list-style-type: none"> • All 20 BILH Community Benefits staff participated in 6 evaluation workshops on SMART Goals, Logic Models, process and outcome evaluations, and program improvement. • All 20 BILH Community Benefits staff were trained on the Community Benefits Database and began data entry for FY20 regulatory reporting.
Program Year: Year 2	Goal Type: Process Goal

Priority Health Need: Social Environment Program Name: Sociedad Latina Building and Renovation Health Issue: Mental Health-Physical Activity, Education/Learning, Income and Poverty	
Brief Description or Objective	<p>Sociedad Latina is a non-profit organization founded in 1968 for at-risk Latino youth located in Mission Hill. Sociedad Latina provides cultural, social, educational and recreational activities for the Latino population. NEBH provides financial support for the building purchase and renovation so that Sociedad Latina may offer programs to Latino youth.</p>
Program Type	<input type="checkbox"/> Direct Clinical Services <input type="checkbox"/> Access/Coverage Supports <input type="checkbox"/> Community Clinical Linkages <input type="checkbox"/> Infrastructure to Support Community Benefits <input checked="" type="checkbox"/> Total Population or Community Wide Intervention
Program Goal(s)	<p>Provide support for the purchase of Sociedad Latina's building and renovation so that they can continue to offer programs to 5,000 Latino youth.</p>
Goal Status	<p>NEBH continues to financially support Sociedad Latina's building and renovation so that they can continue to offer programs to 5,000 Latino youth.</p>
Program Year: Year 3	Goal Type: Process Goal

Priority Health Need: Access to Healthcare Program Name: Transportation for Seniors Health Issue: Chronic Disease-Arthritis, Cardiac Disease, Chronic Pain, Diabetes, Hypertension, Osteoporosis, Overweight and Obesity, Mental Health, Senior Health Challenges, Access to Health Care, Access to Healthy Food, Access to Transportation, Income and Poverty	
Brief Description or Objective	<p>Transportation is crucial to ensure access to essential services such as medical care, pharmacy and grocery shopping. The availability of affordable and adequate transportation enables older adults to live independently in their communities, helps to prevent isolation and the possible need for long-term care placement.</p> <p>Because the neighborhood of Mission Hill is located on a hill, transportation up and down the hill is needed, especially for older adults. As people grow older, their level of mobility often becomes limited. Without the bus, older adults in the Mission Hill community would not have transportation to get to places like the grocery store, pharmacy or doctor's appointment. It also provides older adults with the opportunity to be more social and active.</p>
Program Type	<input type="checkbox"/> Direct Clinical Services <input type="checkbox"/> Community Clinical Linkages <input type="checkbox"/> Total Population or Community Wide Intervention <input checked="" type="checkbox"/> Access/Coverage Supports <input type="checkbox"/> Infrastructure to Support Community Benefits
Program Goal(s)	<p>To provide much needed transportation for older adults, getting them to and from their doctor's appointments, food shopping, pharmacy, etc., as well as providing the opportunity for them to be social and active.</p>
Goal Status	<p>Over 7,400 residents used the bus. Due to COVID, the number of riders decreased. The Mission Link board is working with the City of Boston on increasing ridership and signage.</p>
Program Year: Year 2	Goal Type: Process Goal

Priority Health Need: Violence Prevention Program Name: Violence Prevention Health Issue: Violence and Trauma, Environmental Quality, Public Safety	
Brief Description or Objective	<p>NEBH does security rounds throughout the Mission Hill area. This service provides detection and deterrence in the neighborhood, 7 Days a week 24 hours a day at scheduled and unscheduled intervals. NEBH continually reviews and upgrades its video system to enhance recording quality and does rounds on an average of 10 times a day. NEBH is called upon frequently by the Boston Police for video surveillance.</p> <p>NEBH supports youth basketball programs at the Tobin Community Center. These programs occupy neighborhood youth and provides space for positive activity and social interactions.</p>
Program Type	<input type="checkbox"/> Direct Clinical Services <input type="checkbox"/> Community Clinical Linkages <input checked="" type="checkbox"/> Total Population or Community Wide Intervention <input type="checkbox"/> Access/Coverage Supports <input type="checkbox"/> Infrastructure to Support Community Benefits
Program Goal(s)	<p>To collaborate with community groups in Mission Hill and the Boston Police to help keep community residents safe and to educate and keep our youth engaged in activities to prevent violence in our community.</p>
Goal Status	<p>In FY21, NEBH continued to provide security rounds throughout the Mission Hill area.</p> <p>In FY21, NEBH supported youth basketball programs at the Tobin Community Center.</p> <p>In FY21, NEBH worked with neighborhood organizations including the Boston Police Department and PAL to collaborate and provide violence prevention education and other activities for youth.</p>
Program Year: Year 2	
Goal Type: Process Goal	

SECTION V: EXPENDITURES

Item/Description	Amount	Subtotal Provided to Outside Organizations (Grant/Other Funding)
CB Expenditures by Program Type		
Direct Clinical Services	\$0	\$0
Community-Clinical Linkages	\$146,240	\$4,000
Total Population or Community Wide Interventions	\$445,310	\$57,775
Access/Coverage Supports	\$101,478	\$55,750
Infrastructure to Support CB Collaborations	\$8,452	\$0
Total Expenditures by Program Type	\$701,480	\$117,525
CB Expenditures by Health Need		
Chronic Disease	\$297,984	\$32,525.16
Mental Health/Mental Illness	\$50,529.40	\$26,525.17
Substance Use Disorders	\$0	\$0
Housing Stability/Homelessness	\$16,058.60	\$2,500
Additional Health Needs Identified by the Community	\$336,908	\$55,974.67
Total by Health Need	\$701,480	\$117,525
Leveraged Resources	\$43,570	
Net Charity Care Expenditures		
HSN Assessment	\$1,088,485	
Free/Discounted Care		
HSN Denied Claims	\$312,015.00	
Total Net Charity Care	\$1,400,500	
Total CB Expenditures	\$2,145,550	

Additional Information	
Total Revenue	\$216,208,000
Net Patient Services Revenue	\$216,208.000
CB Expenditure as % of Net Patient Services Revenue	0.99%
Approved CB Budget for FY22 (*Excluding expenditures that cannot be projected at the time of the report)	\$700,000
Bad Debt	\$496,522.00
Bad Debt Certification	Yes

SECTION VI: CONTACT INFORMATION

Christine Dwyer, Director, Community and Government Affairs
New England Baptist Hospital
125 Parker Hill Avenue
Boston, MA 02120
617-754-5403
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SECTION VII: HOSPITAL SELF-ASSESSMENT FORM



Office of the Massachusetts Attorney General

Hospital Self-Assessment Update Form – Years 2 and 3

Note: This form is to be completed in the two Fiscal Years following the hospital's completion of its triennial Community Health Needs Assessment

- **Community Benefits Process:**

- 1) Has there been any change in composition or leadership of the Community Benefits Advisory Committee in the past year? Yes No
 - If so, please list updates:
NEBH added new members to their CBAC, Melissa Carlson, Deputy Commissioner of Programs and Partnerships, Boston Age Strong Commission and Brian Miller, Special Education Teacher, Boston Public Schools, Madison Park High School

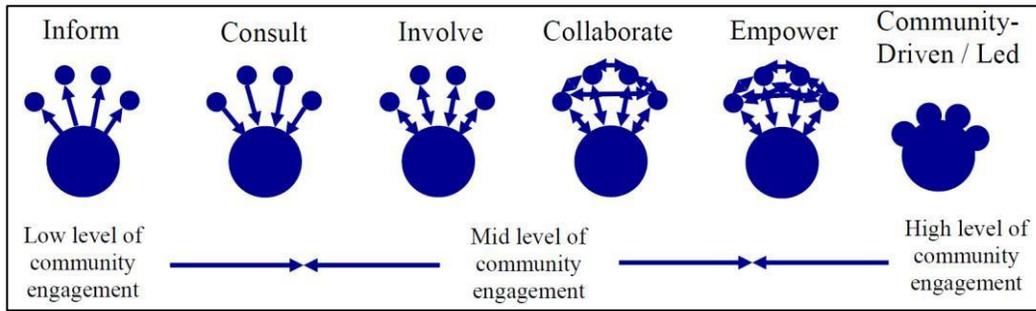
- **Community Engagement:**

1. If there have been any updates to the key partners with whom the hospital collaborates, please indicate in the table below. Please feel free to add rows as needed.

Organization	Name and Title of Key Contact	Organization Focus Area	Brief Description of Engagement
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, Bridging the Digital Divide and Elder Isolation.</p> <p>Aging Well in Place offered two programs, Healthy Moves, an exercise class for seniors that concentrates on strength, balance, flexibility, and endurance; and Walk and Talk, a walking group that walks once a week. Healthy Moves was offered virtually for the first 6 months and in person, outdoors, while social distancing for the last 6 months. The Walking Group started in March when it was safe to be outside while social distancing.</p> <p>Food insecurity continues to be a priority at RTH. NEBH collaborated with RTH to provide food and Stop & Shop gift cards to their most vulnerable residents.</p> <p>Technology has become an increasingly vital tool for socializing and access healthcare. Not having access to technology diminishes quality of life and social interaction. NEBH provided RTH with Chromebooks so that older adults could participate in exercise programs, art</p>
			<p>programs, etc. for social interaction. As well as attend virtual medical appointments.</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 staff at the Tobin Community Center on programs for youth and older adults. NEBH supports their summer camp program, the Mighty Mission Basketball Teams (ages 8-18) (2021 Champions), Mission Hill Senior Legacy and violence prevention education and events. Due to the Covid-19, some programs at the Tobin Community Center were suspended until further notice.</p> <p>NEBH collaborated with staff from the Tobin Community Center to identify the needs.</p>

			<p>Exercise and socialization for youth was a priority. The Mighty Mission Basketball Teams (ages 8-18) exercised and played basketball at the Tobin Community Center. Each age group won their division making them the 2021 Champions.</p> <p>Food insecurity and basic household items was identified as a major need for families and individuals in the Mission Hill community. NEBH provided, and still provides food and Stop & Shop gift cards to residents as well as clothing and other basic household items.</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> <p>The program was suspended due to Covid-19 but started in September, 2021. Nine students are</p>
			<p>participating in the program. Students are paid a stipend.</p>
Mission 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 Mission Link board on schedules and routes for the bus.</p> <p>The bus was operational during the Covid-19 State of Emergency so that older adults could get to the pharmacy, grocery store, etc.</p>

2. Please use the spectrum below from the Massachusetts Department of Public Health¹ to assess the hospital's level of engagement with the community in 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	Empower	Yes	Collaborate
Determining allocation of hospital Community Benefits resources/selecting Community Benefits programs	Empower	Yes	Collaborate

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

Implementing Community Benefits programs	Collaborate	NEBH implemented programs but due to Covid-19 and not holding in person meetings/events some programs were suspended. Contributing to Food Insecurity and basic household items and, transportation continues to be a priority.	Collaborate
Evaluating progress in executing Implementation Strategy	Involve	Yes	Collaborate
Updating Implementation Strategy annually	Involve	Yes	Collaborate

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

[Click or tap here to enter text.](#)

3. 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 Community Benefits Advisory Committee. Due to Covid-19, the meeting was held via Zoom on September 21, 2021.

III. Updates on Regional Collaboration:

1. If the hospital reported on a collaboration in its **Year 1 Hospital Self-Assessment**, please briefly describe any updates to that collaboration, including any progress made and/or challenges encountered in achieving the goals of the collaboration.

The New England Baptist Hospital Implementation Strategy includes a diverse range of programs and resources to addresses 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, One Gurney Street Apts. 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 Food Programs at the Maria Sanchez House, One Gurney Street Apts., Tobin Community Center and RTH, Food Pantry at ABCD, Parker Hill Fenway, Summer Camp program at the Tobin Community Center and the Mission Hill Link bus.

Due to the Covid-19 and the challenges that hospitals faced, some community programs were suspended until it is safe to hold in-person meetings/events. NEBH continued to support food insecurity, transportation and social isolation with seniors. NEBH continues to collaborate with community partners on food insecurity, basic household needs, school supplies and transportation.

2. If the hospital entered a regional collaboration in the past year, please provide the information requested of regional collaborations on p. 5 in the **Year 1 Hospital Self-Assessment Form**. New England Baptist Hospital is part of the Beth Israel Lahey Health (BILH) system community health improvement planning process. In 2019, BILH formed a system-wide Community Benefits Committee (CBC). This Committee provides strategic direction for all 10 BILH hospitals and its affiliates and seeks to ensure that strategies are in place to meet the health care needs of at-risk, underserved, uninsured, and government payer patient populations in the communities. Guided by the CBC, hospitals' Community Benefits staff meet regularly to review regulatory requirements and share community health programming best practices. Together, hospitals are identifying efficient ways to share information, address health needs, and identify common indicators to measure programmatic impact. As a system, BILH came together to meet the needs of patients hospitalized with COVID. In addition to treating the critically ill, BILH hospitals collaborated with one another and with many community organizations on supply and resource distribution. All BILH hospitals reacted to urgent and unforeseen needs by restructuring/realigning Community Benefits programs to meet emerging and ongoing issues and challenges related to the pandemic.