Beth Israel Lahey Health
Beth Israel Deaconess Plymouth

2022 Community Health Needs Assessment

Acknowledgments

This 2022 Community Health Needs Assessment report for Beth Israel Deaconess Hospital-Plymouth (BID Plymouth) is the culmination of a collaborative process that began in September 2021. At the foundation of this endeavor was a desire to meaningfully engage and gather important input from residents, community-based organizations, clinical and social service providers, public health officials, elected/appointed officials, hospital leadership and other key collaborators from throughout BID Plymouth's Community Benefits Service Area. Substantial efforts were made to provide community residents with opportunities to participate, with an intentional focus on engaging cohorts who have been historically underserved.

BID Plymouth appreciates all who invested time, effort, and expertise to develop this report and the Implementation Strategy. This report summarizes the assessment and planning activities and presents key findings, community health priorities, and strategic initiatives that are the results of this work.

BID Plymouth thanks the BID Plymouth Community Benefits Advisory Committee and the residents who contributed to this process. Hundreds of residents throughout BID Plymouth's Community Benefits Service Area shared their needs, experiences, and expertise through interviews, focus groups, a survey, and community listening sessions. This assessment and planning process would not have been possible or as successful had it not been for the time and effort of the residents who engaged in this work.

Beth Israel Deaconess Hospital-Plymouth 2022 Community Benefits Senior Leadership Team

Kevin Coughlin, President

Wendy Baker, Vice President, HR Business Partner

Mary Chapin, Vice President, Ambulatory Services and Process Improvement

Donna Doherty, Senior Vice President, Patient Care Services and Chief Nursing Officer

Andrea Holleran, Vice President, Strategic Planning and External Affairs

Mary Dwyer, Interim Chief Financial Officer

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Ron Rutherford, Vice President and Chief Information Officer

Dr. Tenny Thomas, Chief Medical Officer

Beth Israel Deaconess Hospital-Plymouth 2022 Community Benefits Advisory Committee

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Lyle Bazzinotti, Member, BID Plymouth Board of Trustees

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Sarah Cloud, Director of Social Work, BID Plymouth

Betty DeBenedictis, Legislative Director for Representative Matt Muratore, Commonwealth of Massachusetts

Christina Degazon, Practice Manager, BID Plymouth

Alisa DeLage, Chief Programs Officer, Old Colony Elder Services

Peter Forman, Executive Director, South Shore Chamber of Commerce

Sue Giovanetti, Executive Director, Plymouth Area Coalition for the Homeless

Vedna Heywood, Plymouth Community Member

Nate Horwitz-Willis, Executive Director of Advocacy Fund and Executive Vice President of External Affairs, Planned Parenthood League of Massachusetts

Adrienne Ing, Director of Operations, Harbor Health Services, Inc.

Mike Jackman, Chair, South Shore Community Partners for Prevention

Karen Keane, Director, Plymouth Public Health Department

Malissa Kenney, President/CEO, Healthy Plymouth

Joanne LaFerrara, Director, Customer Relations, Greater Attleboro Taunton Regional Transit Authority (GATRA)

Derek Paiva, Vice President, Old Colony YMCA

Ami Tanner, Director of Resident Services, Algonquin Heights

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Introduction

Background

Beth Israel Deaconess Hospital–Plymouth (BID Plymouth) is a 170-bed, acute care hospital, serving residents from 12 towns in Plymouth and Barnstable Counties. BID Plymouth is recognized for its leadership in providing top-tier quality healthcare and a full continuum of healthcare services to the communities it serves. The hospital delivers excellent care with compassion, dignity, and respect.

BID Plymouth is committed to being an active partner and collaborator with the communities it serves. In 2019, as part of a merger of two health systems in the greater Boston region, BID Plymouth became part of Beth Israel Lahey Health (BILH) - a system of academic medical centers, teaching hospitals, community hospitals, and specialty hospitals with more than 35,000 caregivers and staff who are collaborating in new ways across professional roles, sites of care, and regions to make a difference for our patients, our communities and one another. BID Plymouth, in partnership with the BILH system, is committed to providing the very best care and strives to improve the health of the people and families in its Community Benefits Service Area (CBSA).

This 2022 Community Health Needs Assessment (CHNA) report is an integral part of BID Plymouth's population health and community engagement efforts. It supplies vital information that is applied to make sure that the services and programs that BID Plymouth provides are appropriately focused, delivered in ways that are responsive to those in its CBSA, and address unmet community needs. This assessment, along with the associated prioritization and planning processes, also provides a critical opportunity for BID Plymouth to engage the community and strengthen the community partnerships that are essential to BID Plymouth's success now and in the future. The assessment engaged more than 550 people from across the CBSA, including local public health officials, clinical and social service providers, community-based organizations, first responders (e.g., police, fire department and ambulance officials), faith leaders, other government officials, and community residents. The process that was applied to conduct the CHNA and develop the associated Implementation Strategy (IS) exemplifies the spirit of collaboration and community engagement that is such a vital part of BID Plymouth's mission. Finally, this report allows BID Plymouth to meet its federal and Commonwealth community benefits requirements per the federal Internal Revenue Service, as part of the Affordable Care Act, the Massachusetts Attorney General's Office, and the Massachusetts Department of Public Health.

Purpose

The CHNA is at the heart of BID Plymouth's commitment to promoting health and well-being, addressing health disparities, and working to achieve health equity. Health equity - the attainment of the highest level of health for all people - requires focused and ongoing efforts to address the inequities and socioeconomic barriers to accessing care, as well as the current and historical discrimination and injustices that underlie existing disparities. Throughout the assessment process, efforts were made to understand the needs of the communities that BID Plymouth serves, especially the population segments that are often disadvantaged, face disparities in health-related outcomes, and who have been historically underserved.

Prior to this current CHNA, BID Plymouth completed its last assessment in the summer of 2019 and the report, along with the associated 2020-2022 IS, was approved by the BID Plymouth Board of Trustees on September 25, 2019. The 2019 CHNA report was posted on BID Plymouth's website before September 30, 2019 and, per federal compliance requirements, made available in paper copy, without charge, upon request. The assessment and planning work for this current report was conducted between September 2021 and September 2022 and BID Plymouth's Board of Trustees approved the 2022 CHNA report and adopted the 2023-2025 IS, included as Attachment E, on September 14, 2022.

Definition of Community Served

The federal government and the Commonwealth require that nonprofit hospitals engage their communities and conduct comprehensive CHNAs that identify the leading health issues, barriers to care and service gaps for people who live and/or work within the hospital's designated CBSA. Understanding the geographic and demographic characteristics of BID Plymouth's CBSA is critical to recognizing inequities, identifying priority populations and developing focused strategic responses.

Description of Community Benefits Service Area

BID Plymouth's CBSA includes the four municipalities of Carver, Duxbury, Kingston, and Plymouth, located in the southeast portion of Massachusetts. Collectively, these cities and towns are diverse with respect to demographics (e.g., age, race, and ethnicity), socioeconomics (e.g., income, education, and employment), and geography (suburban, and semi-rural). There is also diversity with respect to community needs. There are segments of the BID Plymouth's CBSA population that are healthy and have limited unmet health needs, and other segments that face significant disparities in access, underlying social determinants, and health outcomes. BID Plymouth is committed to promoting health, enhancing access and delivering the best care to all who live and/or work in its CBSA, regardless of race, ethnicity, language spoken,

national origin, religion, gender identity, sexual orientation, disability status, immigration status, or age. BID Plymouth is equally committed to serving all patients, regardless of their health, socioeconomic status, insurance status, and/or their ability to pay for services.

BID Plymouth's CHNA focused on identifying the leading community health needs and priority cohorts living and/or working within the CBSA. The activities that will be implemented as a result of this assessment will support all of the people who live in the CBSA. However, in recognition of the health disparities that exist for some residents, BID Plymouth focuses the bulk of its community benefits resources on improving the health status of those who face health disparities, experience poverty, or who have been historically underserved. By prioritizing these population cohorts, BID Plymouth is able to promote health and well-being, address health disparities, and maximize the impact of its community benefits resources.

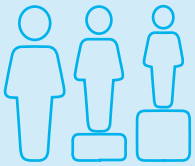
Assessment Approach & Methods

Approach

It would be difficult to overstate BID Plymouth's commitment to community engagement and a comprehensive, data-driven, collaborative, and transparent assessment and planning process. BID Plymouth's Community Benefits staff and Community Benefits Advisory Committee (CBAC) dedicated hours to ensuring a sound, objective, and inclusive process. This approach involved extensive data collection activities, substantial efforts to engage BID Plymouth's partners and community residents, and a thoughtful prioritization, planning, and reporting process.

Special care was taken to include the voices of community residents who have been historically underserved, such as individuals who speak a language other than English, those who are in substance use recovery, and those who experience barriers and disparities due to their race, ethnicity, gender identity, age, disability status, or other personal characteristics.

The CHNA and IS development process was guided by the the following principles: equity, collaboration, engagement, capacity building, and intentionality.

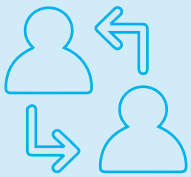


Equity:

Work toward the systemic, fair, and just treatment of all people.

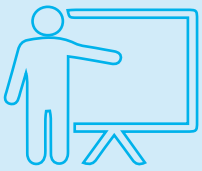
Collaboration:

Leverage resources to achieve greater impact by working with community residents and organizations.



Engagement:

Intentionally outreach to and interact with hardly reached populations; including but not limited to people impacted by trauma, people with disabilities, people most impacted by inequities, and others.



Capacity Building:

Build community cohesion and capacity by co-leading community listening sessions and training community residents on facilitation.

Intentionality:

Be deliberate in requests for and use of data and information; be purposeful and work collaboratively to identify and leverage resources for maximum benefit.

The assessment and planning process was conducted between September 2021 and September 2022 in three phases, which are detailed in the table below.

Phase I: Preliminary Assessment & Engagement	Phase II: Focused Engagement	Phase III: Strategic Planning & Reporting
Engagement of existing CBAC	Additional interviews	Presentation of findings and prioritization with CBAC and hospital leadership
Collection and analysis of quantitative data	Facilitation of focus groups with community residents and community-based organizations	Draft and final CHNA report and IS document
Interviews with key collaborators	Dissemination of community health survey, focusing on resident engagement	Presentation of final report to CBAC and hospital leadership
Evaluation of community benefits activities	Facilitation of community listening sessions to present and prioritize findings	Presentation to hospital's Board of Trustees
Preliminary analysis of key themes	Compilation of resource inventory	Distribution of results via hospital website

In July of 2021, BILH hired John Snow, Inc. (JSI), a public health research and consulting firm based in Boston, to assist BID Plymouth and other BILH hospitals to conduct the CHNA. BID Plymouth worked with JSI to ensure that the final BID Plymouth CHNA engaged the necessary community constituents, incorporated comprehensive quantitative information for all communities in its CBSA, and fulfilled federal and Commonwealth community benefits requirements.

Methods

Oversight and Advisory Structures

The CBAC greatly informs BID Plymouth's assessment and planning activities. BID Plymouth's CBAC is made up of staff from the hospital's Community Benefits Department, other hospital administrative/clinical staff and members of the hospital's Board of Trustees. Perhaps more importantly, the CBAC includes representatives from:

- Local public health departments/boards of health
- Additional municipal staff (such as elected officials, planning, etc.)
- Education
- Housing (such as community development corporations, local public housing authority, etc.)
- Social services
- Regional planning and transportation agencies
- Private sectors
- Community health centers
- Community-based organizations.

These institutions are committed to serving everyone throughout the region and are particularly focused on serving the medically underserved, those experiencing poverty and those who face inequities due to their race, ethnicity, language spoken, national origin, religion, gender identity, sexual orientation, age, disability status, or other personal characteristics.

The involvement of BID Plymouth's staff in the CBAC promotes transparency and communication as well as ensures that there is a direct link between the hospital and many of the community's leading health and community-

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

*Socioeconomic status **Social determinants of health ***Sexual orientation and gender identity

based organizations. The CBAC meets quarterly to support the hospital's community benefits work and met six times during the course of the assessment and planning process. During these meetings, the CBAC provided invaluable input on the assessment approach and community engagement strategies, vetted preliminary findings and helped to prioritize community health issues and the cohorts experiencing or at-risk for health inequities.

Quantitative Data Collection

To meet the federal and Commonwealth community benefits requirements, BID Plymouth collected a wide range of quantitative data to characterize the communities served across the hospital's CBSA. BID Plymouth also gathered data to help identify leading health-related issues, barriers to accessing care, and service gaps. Whenever possible, data was collected for specific geographic, demographic, or socioeconomic segments of the population to identify disparities and clarify the needs for specific communities. The data was tested for statistical significance whenever possible, and compared against data at the regional, Commonwealth, and national levels to support analysis and the prioritization process. The assessment also included data compiled at the local level from school districts, police/fire departments, and other sources. A databook that includes all of the quantitative data gathered for this assessment, including the BID Plymouth Community Health Survey, is included in Appendix B.

Community Engagement and Qualitative Data Collection

Authentic community engagement is critical to assessing community needs, identifying the leading community health priorities, prioritizing cohorts most at-risk, and crafting a collaborative, evidence-informed IS. Accordingly, BID Plymouth applied Massachusetts Department of Public Health's Community Engagement Standards for Community Health Planning to guide engagement.[1]

To meet these standards, BID Plymouth employed a variety of strategies to help ensure that community members were informed, consulted, involved, and empowered throughout the assessment process. Specifically, between October 2021 and February 2022, BID Plymouth conducted 17 one-on-one interviews with key collaborators in the community, facilitated four focus groups with segments of the population facing the greatest health-related disparities, administered a community health survey involving more than 450 residents, and organized two community listening sessions. In total, the assessment process collected information from nearly 600 community residents, clinical and social service providers, and other key community partners. Appendix A of this report contains a comprehensive community engagement summary detailing how these activities were conducted, who was involved and what was learned. Also included in Appendix A are copies of the interview, focus group, and listening session guides, summaries of findings, and other related materials.

17 interviews
with community leaders

460 survey respondents

4 focus groups

- Mental health caregivers
- Spanish-speaking residents at Algonquin Heights
- HEALing Workgroup
- Individuals with a mental health diagnosis.

Inventory of Community Resources

Community Benefits staff created a resource inventory of services available to address community needs. The inventory includes resources across the broad continuum of services, including:

- Domestic violence
- Food assistance
- Housing
- Mental health and substance use
- Senior services
- Transportation.

The resource inventory was compiled using information from existing resource inventories and partner lists from BID Plymouth. Community Benefits staff reviewed BID Plymouth's prior annual report of community benefits activities submitted to the Massachusetts Attorney General's Office, which included a listing of partners, as well as publicly available lists of local resources. The goal of this process was to identify key partners who may or may not be already collaborating with BID Plymouth. The resource inventory can be found in Appendix C.

Prioritization, Planning, and Reporting

At the outset of the strategic planning and reporting phase of the project, community listening sessions were organized with the public-at-large, including community residents, clinical and social service providers, and community-based organizations that provide health-related services throughout the CBSA. This was the first step in the prioritization process and allowed the community the opportunity to discuss the assessment's findings and for them to formally prioritize the issues that they believed were most important, using an interactive and anonymous polling software. These sessions also allowed participants to share their ideas on existing community assets and strengths as well as the services, programs, and strategies that should be implemented to address the issues identified.

After the community listening sessions, the BID Plymouth CBAC was engaged. The CBAC was updated on assessment progress and was provided the opportunity to vet and comment on preliminary findings. The CBAC then participated in their own prioritization process using the same set of interactive, anonymous polls, which allowed them to identify a set of community health priorities and population cohorts that they believed should be considered for prioritization as BID Plymouth developed its IS.

After the prioritization process, a CHNA report was developed and BID Plymouth's existing IS was augmented, revised, and tailored. In developing the IS, BID Plymouth's Community Benefits staff took care to retain the community health initiatives that worked well and that aligned with the identified priorities from the 2022 assessment, but also posed new strategies related to the newly identified priorities.

After drafts of the CHNA report and IS were developed, they were shared with BID Plymouth's senior leadership team for input and comment. BID Plymouth's Community Benefits staff then reviewed these inputs and incorporated elements, as appropriate, before the final 2022 CHNA report and 2023-2025 IS were submitted to BID Plymouth's Board of Trustees for approval.

After the Board of Trustees formally approved the 2022 CHNA report and adopted 2023-2025 IS, these documents were posted on BID Plymouth's website, alongside the 2019 CHNA report and 2020-2022 IS, for easy viewing and download. As with all BID Plymouth CHNA processes, these documents are made available to the public whenever requested, anonymously and free of charge. It should also be noted that BID Plymouth's Community Benefits staff have mechanisms in place to receive written comments on the most recent CHNA and IS, although no comments have been received since the last CHNA and IS were made available.

Questions regarding the 2022 assessment and planning process or past assessment processes should be directed to:

Karen Peterson
Manager, Community Benefits and Community Relations
Beth Israel Deaconess Hospital-Plymouth
275 Sandwich St.
Plymouth, MA 02360
kpeterson@bidplymouth.org
774-454-9984

Michele Craig
Director, Community Benefits and Community Relations, South Region
Beth Israel Lahey Health
1135 Tremont St. 8th Floor Rm 801E
Boston, MA 02120
michele.craig@bilh.org

Assessment Findings

This section provides a comprehensive review of the findings from this assessment. This section draws on quantitative data from a variety of sources and qualitative information collected from cocal public health officials, clinical and social service providers, community-based organizations, first responders (e.g., police, fire department and ambulance officials), faith leaders, other government officials, and community residents engaged in supporting the health and well-being of residents throughout BID Pymouth's CBSA. Findings are organized into the following areas:

- **Community Characteristics**
- **Social Determinants of Health**
- **Systemic Factors**
- **Behavioral Factors**
- **Health Conditions.**

Each section begins with a highlight of key findings. This introduction is followed by graphs and other data visuals. It is important to note that these five sections do not review all of the findings collected during the assessment, rather they draw out the most significant drivers of health status and health disparities. A databook that includes all of the quantitative data gathered for this assessment, along with summaries of interviews, focus groups, and listening sessions, are included in Appendices A and B.

Community Characteristics

A description of the population's demographic characteristics and trends lays the foundation for understanding community needs and health status. This information is critical to recognizing health inequities and identifying communities and population segments that are disproportionately impacted by health issues and other social, economic, and systemic factors. This information is also critical to BID Plymouth's efforts to develop its IS, as it must focus on specific segments of the population that face the greatest health-related challenges. The assessment gathered a range of information related to age, race/ethnicity, nation of origin, gender identity, language, disability status, sexual orientation and other characteristics.

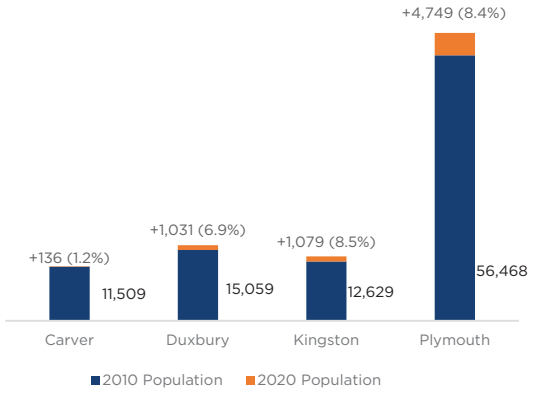
The community characteristics that were thought to have the greatest impact on health status and access to care in the CBSA were issues related to age, race/ethnicity, language, immigration status, and disability. While the majority of residents in the CBSA were white and born in the United States, there were non-white, people of color, recent immigrants, non-English speakers, and foreign-born populations in all communities. There was consensus among interviewees and focus group participants that older adults, people of color, recent immigrants, and non-English speakers were more likely to have poor health status and face systemic challenges accessing needed services than young, white, English speakers who were born in the United States. Interviewees, focus groups, and listening session participants also identified barriers to care and disparities for individuals with disabilities. These segments of the population were impacted by barriers that limited access to appropriate services, posed health literacy challenges, exacerbated isolation, and may have led to discrimination and disparities in access and health outcomes.

One issue to be noted was the lack of data available by gender identity and sexual orientation at the community or municipal level. Research shows that those who identify as lesbian, gay, bisexual, transgender, and/or queer/questioning experience health disparities and challenges accessing services.

Population Growth

Between 2010 and 2020, the population in BID Plymouth's CBSA increased by 7%, from 95,665 to 102,660 people. Kingston saw the greatest percentage increase (8.5%) and Carver saw the lowest (1.2%).

Population Changes by Municipality, 2010 to 2020



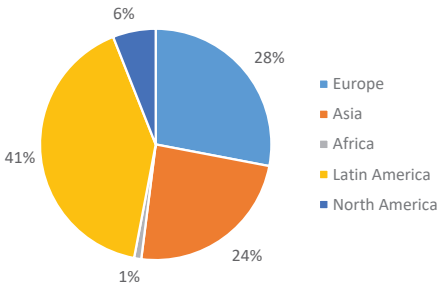
Source: US Census Bureau, 2010 and 2020 Decennial Census

Nation of Origin

Immigration status is linked to health in many ways; individuals who are foreign-born are less likely to have access to health care and are more likely to forgo needed care due to fear of interacting with public agencies.[2]

5% of the BID Plymouth CBSA population was foreign-born.

Region of Origin Among Foreign-Born Residents in the CBSA, 2016-2020



Source: US Census Bureau American Community Survey, 2016-2020

Language

Language barriers pose significant challenges to receiving and providing effective and high-quality health and social services. Studies show that health outcomes improve when patients and providers speak the same language.[3]

6% of BID Plymouth CBSA residents 5 years of age and older spoke a language other than English at home and of those,

29% spoke English less than "very well."

Source: US Census Bureau American Community Survey 2016-2020

Age

Age is a fundamental factor to consider when assessing individual and community health status. Older individuals typically have more physical and mental health vulnerabilities and are more likely to rely on immediate community resources for support compared to young people.

22%

of residents in the BID Plymouth CBSA were 65 years of age or older. The proportion of older adults is expected to increase by 2030, which may have implications for the provision of health and social services.

20%

of residents in the BID Plymouth CBSA were under 18 years of age.

Source: US Census Bureau American Community Survey 2016-2020

Gender Identity and Sexual Orientation

Massachusetts has the second largest lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual (LGBTQIA+) population of any state in the nation. LGBTQIA+ individuals face issues of disproportionate violence and discrimination, socioeconomic inequality, and health disparities.

5%

of adults in Massachusetts identified as LGTBQIA+. Data was not available at the municipal level.

21%

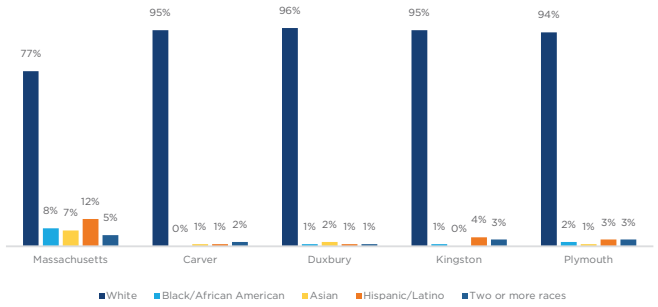
of LGBTQIA+ adults in Massachusetts were raising children.

Source: Gallup/Williams 2019

Race and Ethnicity

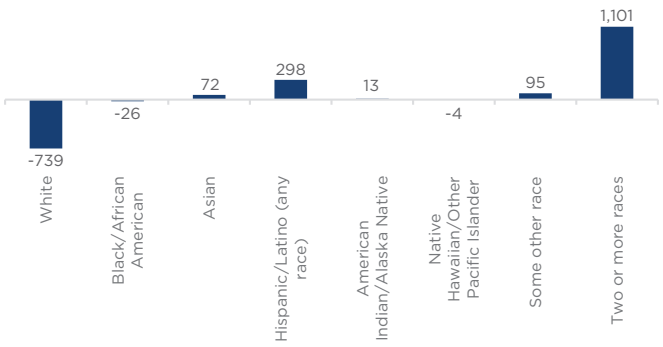
In the CBSA overall, the number of residents who identified as white, Black/African American, and Native Hawaiian/ Other Pacific Islander has decreased since 2010, while there was an increase in other census categories. Though individuals who participated in the assessment reported that they felt that the CBSA was increasingly diverse, all communities were predominantly white.

Race/Ethnicity by Municipality, 2016-2020



Source: US Census Bureau American Community Survey, 2016-2020

CBSA Population Changes by Race/Ethnicity, 2010 to 2020



Source: US Census Bureau, 2010and 2020 Decennial Census

Note: The US Census Bureau reported that the 2020 Decennial Census significantly undercounted Black/African American, American Indian or Alaska Native, Some Other Race alone, and Hispanic or Latino populations. The Census significantly overcounted the white, non-Hispanic white, and Asian populations.

Household Composition

Household composition and family arrangements may have significant impacts on health and well-being, particularly as family members act as sources of emotional, social, financial and material support.[4]

28% of BID Plymouth CBSA households included one or more people under 18 years of age.

39% of BID Plymouth CBSA households included one or more people over 65 years of age.

Source: US Census Bureau American Community Survey, 2016-2020

Social Determinants of Health

The social determinants of health are "the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks."[5] These conditions influence and define quality of life for many segments of the population in the CBSA. Research shows that sustained success in community health improvement and addressing health disparities relies on addressing the social determinants of health that lead to poor health outcomes and drive health inequities. The assessment gathered a range of information related to housing, food insecurity, economic insecurity, education, access to care/navigation issues, and other important social factors.[5]

There was limited quantitative data in the area of social determinants of health. Despite this, information gathered through interviews, focus groups, community listening sessions, and the BID Plymouth Community Health Survey reinforced that these issues had the greatest impact on health status and access to care in the region - especially issues related to housing, economic stability, transportation and food insecurity/nutrition.

Interviewees, focus groups, and listening session participants shared that access to affordable housing was a challenge for many residents. This was particularly true for older adults, those living in poverty, and those living on an inadequate, fixed income. Interviewees, focus groups, and listening session participants also noted that there was a significant population of individuals who were homeless or unstably housed in the CBSA, particularly in Plymouth.

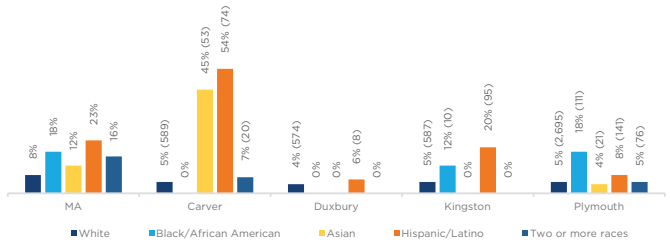
Interviewees, focus groups, listening session participants, and survey respondents shared that transportation was a critical factor with respect to maintaining one's health and accessing care, especially for those that did not have a personal vehicle, or who were without caregivers, family, or social support networks. Issues related to food insecurity, food scarcity, and hunger were also identified as significant challenges. These issues were largely driven by job loss, the inability to find employment that paid a livable wage, or living on an inadequate, fixed income, which impacted the ability to eat a healthy diet. Other issues that were identified in limited ways during the assessment were violence (including domestic violence, elder abuse and child abuse/neglect), trauma, and the importance of safe streets, sidewalks and recreational areas.

Economic Stability

Economic stability is affected by income/poverty, financial resources, employment, and work environment, which allow people the ability to access the resources needed to lead a healthy life.[6] Lower-than-average life expectancy is highly correlated with low-income status.[7] Those who experience economic instability are also more likely to be uninsured or to have health insurance plans with very limited benefits. Research has shown that those who are uninsured or have limited health insurance benefits are substantially less likely to access health care services.[8]

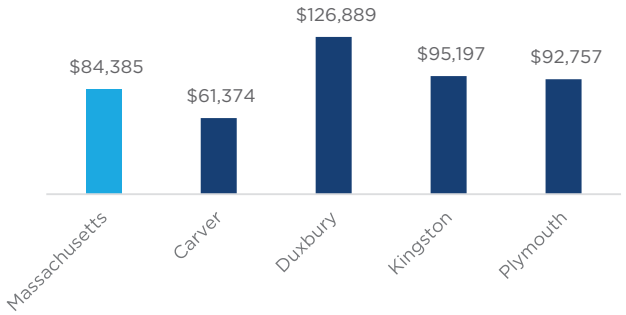
COVID-19 exacerbated many issues related to economic stability; individuals and communities were impacted by job loss and unemployment, leading to issues of financial hardship, food insecurity, and housing instability.

Percentage of Residents Living Below the Poverty Level, 2016-2020



Source: US Census Bureau American Community Survey, 2016-2020

Median Household Income, 2016-2020

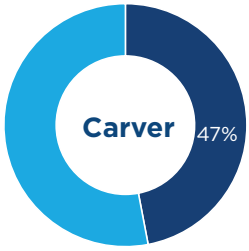


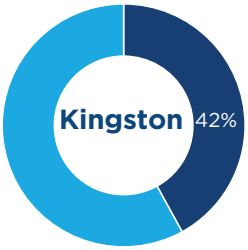
Source: US Census Bureau American Community Survey, 2016-2020

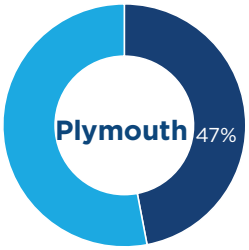
Across the BID Plymouth CBSA, the percentage of individuals living below the poverty level tended to be higher among non-white cohorts. Research shows that racial disparities in poverty are the result of systemic racism, discrimination, and cumulative disadvantage over time.[9] Median household income is the total gross income before taxes, received within a one year period by all members of a household. Median household income was higher than the Commonwealth overall in all CBSA communities except Carver.

The Massachusetts Department of Public Health (MDPH) conducted the COVID-19 Community Impact Survey in the fall of 2020 to assess emerging health needs, results of which indicated that community residents were concerned about their ability to pay their bills.

Percentage* Worried About Paying for One or More Type of Expenses/Bills in Coming Weeks (Fall 2020)







Duxbury data was suppressed due to small numbers.

***Unweighted percentages displayed**

Source: MDPH COVID-19 Community Impact Survey, Fall 2020

Education

Research shows that those with more education live longer and healthier lives.[10] Patients with a higher level of educational attainment are able to better understand their health needs, follow instructions, advocate for themselves and their families, and communicate effectively with health providers.

95%

of BID Plymouth CBSA residents 25 years of age and older had a high school degree or higher.

42%

of CBSA residents 25 years of age and older had a bachelor's degree or higher.

Source: US Census Bureau American Community Survey, 2016-2020

Social Determinants of Health

Food Insecurity and Nutrition

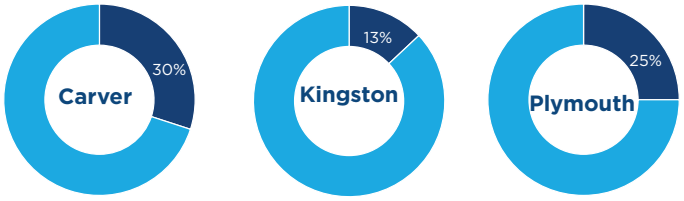
Some families, particularly low-resourced families, struggle to access food that is affordable, high-quality and healthy. Issues related to food insecurity, food scarcity, and hunger are contributing factors for poor physical and mental health for both children and adults. While it is important to have grocery stores placed throughout a community to promote access, there are other factors that influence healthy eating, including quality and price of fruits and vegetables, marketing of unhealthy food and cultural appropriateness of food offerings. Food pantries and community meal programs have evolved from providing temporary or emergency food assistance to providing ongoing support for individuals, families, older adults living fixed incomes, and people living with disabilities and/or chronic health conditions.

6%

of BID Plymouth CBSA households received SNAP benefits (formerly food stamps) within the past year. SNAP provides benefits to low-income families to help purchse healthy foods.

Source: US Census Bureau American Community Survey, 2016-2020

Percentage* Worried About Getting Food or Groceries in the Coming Weeks, Fall 2020



Data was suppressed in Duxbury.

Source: MDPH COVID-19 Community Impact Survey, Fall 2020

***Unweighted percentages displayed.**

Neighborhood and Built Environment

The conditions and environment in which one lives has significant impacts on health and well-being. Access to safe and affordable housing, transportation resources, green space, sidewalks and bike lanes improve health and quality of life.[11]

Housing

Lack of affordable housing and poor housing conditions contribute to a wide range of health issues, including respiratory diseases, lead poisoning, infectious diseases and poor mental health.[12] At the extreme are those without housing, including those who are unhoused or living in unstable or transient housing situations who are more likely to delay medical care and have mortality rates up to four times higher than those who have secure housing.[13]

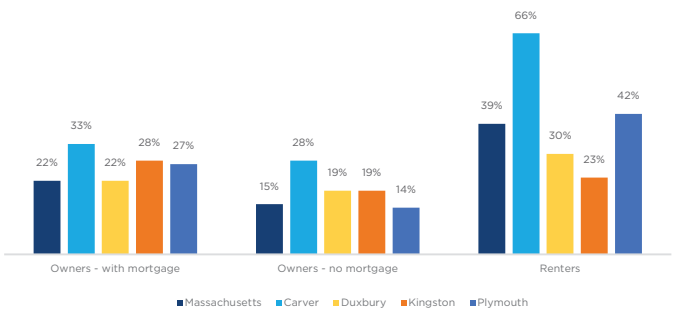
Interviewees, focus groups, and BID Plymouth Community Health Survey respondents expressed concern over the limited options for affordable housing throughout the CBSA.

When asked what they'd like to improve in their community,

44% of BID Plymouth Community Health Survey respondents said "more affordable housing."

The percentage of owner-occupied households (with mortgage) with ownership costs that exceed 35% of total household income was higher than the Commonwealth in all BID Plymouth CBSA communities except Duxbury. Among owner-occupied units without a mortgage, percentages were higher than the Commonwealth in all communities except Plymouth. Among renter-occupied units, percentages were higher than the Commonwealth in Carver and Plymouth.

Percentage of Housing Units With Monthly Owner/ Renter Costs Over 35% of Household Income



Source: US Census Bureau American Community Survey, 2016-2020

Transportation

Lack of transportation has an impact on access to health care services and is a determinant of whether an individual or family can access the basic resources that allow them to live productive and fulfilling lives. Access to affordable and reliable transportation widens opportunity and is essential to addressing poverty and unemployment; it allows access to work, school, healthy foods, recreational facilities, and other community resources. Transportation was identified as a significant barrier to care and needed services, especially for older adults who may no longer drive or who don't have family or caregivers nearby.

When asked what they'd like to improve in their community:

49% of BID Community Health Survey Plymouth Survey respondents wanted better access to public transportation.

4% of housing units in the BID Plymouth CBSA did not have an available vehicle.

Source: US Census Bureau American Community Survey, 2016-2020

Roads/Sidewalks

Well-maintained roads and sidewalks offer many benefits to a community, including safety and increased mobility. Sidewalks allow more space for people to walk or bike, which increases physical activity and reduces the need for vehicles on the road. Respondents to the BID Plymouth Community Health Survey prioritized these improvements to the built environment.

31% of BID Plymouth Community Health Survey respondents identified a need for better roads.

35% identified a need for better sidewalks and trails.

Systemic Factors

In the context of the healthcare system, systemic factors include a broad range of different considerations that influence a person's ability to access timely, equitable, accessible, and high-quality services. There is a growing appreciation for the importance of these factors as they are seen as critical to ensuring that people are able to find, access, and engage in the services they need, communicate with clinical and social service providers, and seamlessly transition from one service setting to another. The assessment gathered information related to perceptions of service gaps, barriers to access (e.g., cost of care, health insurance status, language access, cultural competence), care coordination, and information sharing. The assessment also explored issues related to diversity, equity, and inclusion and the impacts of racism and discrimination.

Systemic barriers affect all segments of the population, but have major impacts on people of color, non-English speakers, recent immigrants, older adults, those who are uninsured, individuals with disabilities, and those who identify as LGBTQIA+. Findings from the assessment reinforced the challenges that residents in BID Plymouth's CBSA face with respect to accessing care. The most common concerns were related to long wait-times and service gaps, which impacted people's ability to navigate the health care system and access services. This was particularly true with respect to primary care, behavioral health, medical specialty care, and dental care services. Interviewees, focus groups, and listening session participants reflected on linguistic and cultural barriers to care. The assessment findings underscore how difficult it is for many residents to schedule appointments, coordinate care, and find the services they need. In this regard, interviewees discussed the need for tools to support these efforts, such as resource inventories, case managers, recovery coaches, and healthcare navigators.

Racial Equity

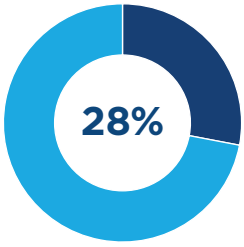
Racial equity is the condition where one's racial identity has no influence on how one fares in society.[14] Racism and discrimination influence the social, economic and physical development among Black, Indigenous and People of Color (BIPOC), resulting in poorer social and physical conditions in those communities today.[15] Race and racial health differences are not biological in nature. However, generations of inequity creates consequences and differential health outcomes because of structural environments and unequal distribution of resources.

"There is very little cultural diversity in my area. I believe that because of lack of lived experience, people in my community may be racist (not necessarily meaning to) and systemic racism happens everywhere."

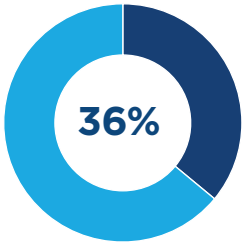
- BID Plymouth Community Health Survey respondent

Though it does not bear out in the demographic statistics, interviewees reported that their communities were increasingly diverse in terms of race, ethnicity, sexual orientation, and gender identity. This diversity was identified as a strength. However, individuals expressed concerns about racism, discrimination, and varying levels of acceptance and recognition of diversity in the community. Experiencing racism and discrimination contributes to trauma, chronic stress, and mental health issues that ultimately impact health outcomes.

Among BID Plymouth Community Health Survey respondents:



reported that built, economic and educational environments in the community are impacted by **systemic racism.**



reported that environments in the community are impacted by **individual racism.**

Accessing and Navigating the Health Care System

Interviewees, focus groups, and listening session participants identified a number of barriers to accessing and navigating the health care system. Many of these barriers were at the system level, meaning that the issues stem from the way in which the system does or does not function. System-level issues included providers not accepting new patients, long wait lists and an inherently complicated healthcare system that is difficult for many to navigate.

There were also individual level barriers to access and navigation. Individuals may be uninsured or underinsured, which may lead them to forgo or delay care. Individuals may also experience language or cultural barriers - research shows that these barriers contribute to health disparities, mistrust between providers and patients, ineffective communication and issues of patient safety.[16] Finally, transportation was also identified as a significant barrier, particularly for those without a personal vehicle or those with mobility issues.

"The whole [healthcare] system is very complicated. It's complicated for people that work in it every day. I can only imagine how convoluted and hard it must be for someone if English may not be their first language."

- BID Plymouth interviewee

Populations facing barriers and disparities

- Individuals best served in a language other than English
- Older adults without caregivers
- Individuals with disabilities
- Individuals with limited economic means.

Some providers began offering care via telehealth over the course of the pandemic to mitigate COVID-19 exposure and retain continuity of care. This strategy removed barriers for some but created new hardships for those who lacked technical resources or technical savvy to take advantage of such programs.[17]

Community Connections and Information Sharing

A great strength of BID Plymouth's CBSA were the strong community collaboratives and task forces that convened to share information and resources. Interviewees, focus groups, and listening session participants described a strong sense of partnership and camaraderie among community-based organizations and clinical and social service providers, borne out of a shared mission to ensure that community members had access to the services and care that they need.

Behavioral Factors

The nation, including the residents of Massachusetts and BID Plymouth's CBSA, face a health crisis due to the increasing burden of chronic medical conditions. Underlying these health conditions are a series of behavioral risk factors that are known to help prevent illness and are the early signs or contributors of the leading causes of death (e.g., heart disease, cancer, stroke and diabetes). These behavioral risk factors include an unhealthy diet, physical inactivity and tobacco use, alcohol use, and marijuana use. Engaging in healthy behaviors and limiting the impacts of these risk factors is known to improve overall health status and well-being, and substantially reduces the risk of illness and death due to chronic conditions.[18]

When considering behavioral factors, the assessment reflected on a range of mostly quantitative information related to nutrition, physical activity, tobacco use, and alcohol use. Those who participated in the assessment's community engagement activities were also asked to identify the health issues that they felt were most important. While these issues were ultimately not prioritized, the information from the assessment supports the importance of incorporating these issues into the BID Plymouth's IS.

Nutrition

Adults who eat a healthy diet have increased life expectancy and decreased risk of chronic diseases and obesity; children require a healthy diet to grow and develop properly.[19] Access to affordable healthy foods is essential to a healthy diet.

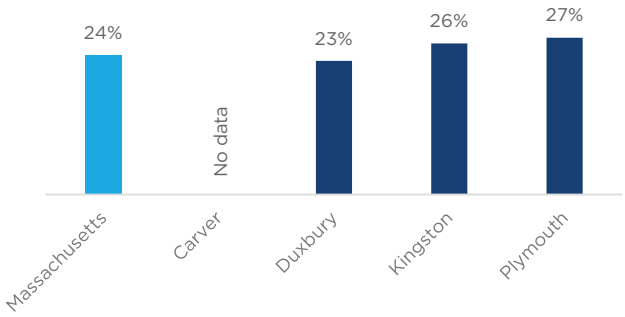
18% of BID Plymouth Community Health Survey respondents said they would like their community to have better access to healthy food.

Physical Activity

Access to opportunities for physical activity was not identified as a significant need in the BID Plymouth CBSA, though there was recognition that lack of physical fitness is a leading risk factor for obesity and a number of chronic health conditions.

The percentage of adults who were obese (with a body mass index over 30) was higher than the Commonwealth in Kingston and Plymouth.

Percentage of Adults Who Were Obese, 2018



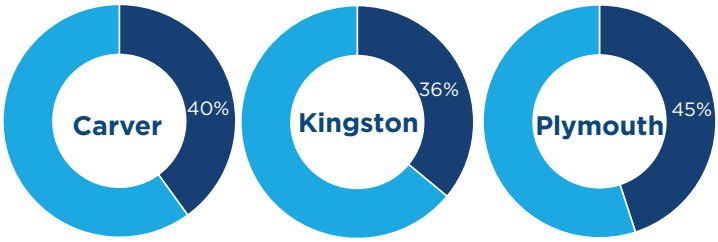
Source: Behavioral Risk Factor Surveillance System, 2018

Alcohol, Marijuana, and Tobacco Use

Though legal in the Commonwealth for those aged 21 and older, long-term and excessive use of alcohol, marijuana and tobacco can lead to the development and exacerbation of chronic and complex conditions, including high blood pressure, cardiovascular disease and cancer.

Though opioid use was a major concern in BID Plymouth's CBSA, service providers also identified an increase in alcohol use over the course of the pandemic.

Percentage* of Current Substance Users Who Said They Are Using More Substances Than Before the Pandemic, Fall 2020



Duxbury data is suppressed due to small numbers.

Clinical service providers reported an increase in substance use and relapse since the onset of the pandemic – potentially caused by increased stress and isolation and lapses in treatment.

Source: MDPH COVID-19 Community Impact Survey, Fall 2020

Health Conditions

The assessment gathered information related to the conditions that are known to be the leading causes of death and illness. These conditions include chronic and communicable medical conditions as well as mental health and substance use disorders. As discussed in the introductory sections of this report, the assessment gathered quantitative data to assess the extent that these issues were a concern in BID Plymouth's CBSA. To augment and clarify this information, the assessment efforts included community engagement activities and specific asks for participants to reflect on the issues that they felt had the greatest impact on community health. Efforts were made to ensure that participants reflected on a broad range of issues, including chronic and communicable medical conditions and behavioral health disorders. Given the limitations of the quantitative data, specifically that it was often old data and was not stratified by age, race, or ethnicity, the qualitative information from interviews, focus groups, community listening sessions, and the BID Plymouth Community Health Survey was of critical importance.

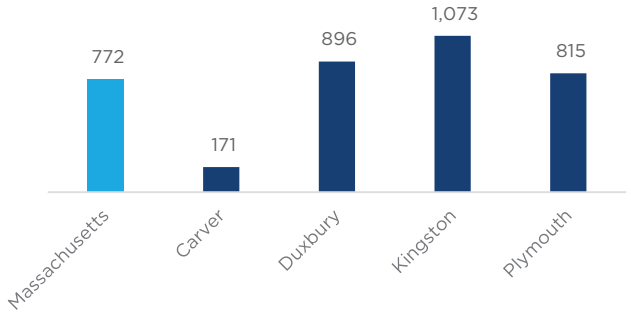
Mental Health

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

In addition to the overall burden and prevalence of mental health issues, residents identified a need for more providers and treatment options, especially inpatient and outpatient treatment, child psychiatrists, peer support groups, and mental health services.

Youth mental health was a critical concern in the BID Plymouth CBSA, including the significant prevalence of chronic stress, depression, anxiety, and behavioral issues. These conditions were exacerbated over the course of the pandemic, as a result of isolation, uncertainty, remote learning, and family dynamics.

Mental Health Inpatient Discharges (per 100,000) Among Those Under 18 Years of Age, 2019

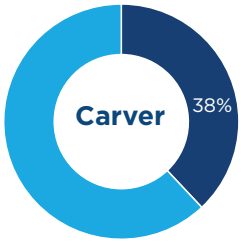


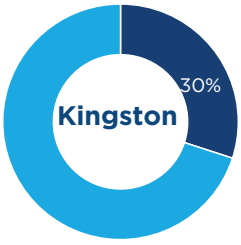
Source: Center for Health Information and Analysis, 2019

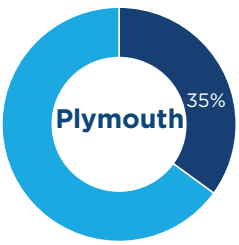
Mental health inpatient discharge rates for individuals under 18 years of age were higher than the Commonwealth in all BID Plymouth CBSA communities except Carver.

A strength of the CBSA was the number of regional and municipal task forces, coalitions, and working groups dedicated to collaboration and information sharing in the realm of mental health.

Percentage* of Individuals with 15 or More Poor Mental Health Days in the Past Month (Fall 2020)







Duxbury data was suppressed due to small numbers.

***Unweighted percentages displayed**

Source: MDPH COVID-19 Community Impact Survey, Fall 2020

Health Conditions

Substance Use

Substance use continued to have a major impact on the CBSA; the opioid epidemic continued to be an area of focus and concern and there was recognition of the links and impacts on other community health priorities, including mental health, housing and homelessness. Interviewees, focus groups, and listening session participants identified stigma as a barrier to treatment and reported a need for programs that address common co-occuring issues (e.g., mental health issues, homelessness).

Interviewees, focus groups, and listening session participants identified a lack of substance use treatment and supportive services for both youth and adults, including:

- Inpatient treatment
- Outpatient treatment and supportive services
- Transitional and long-term residential housing.

"Treatment use for substance abuse is not very helpful. We paid a lot out of pocket cuz the system put such short time frames on trying to get better."

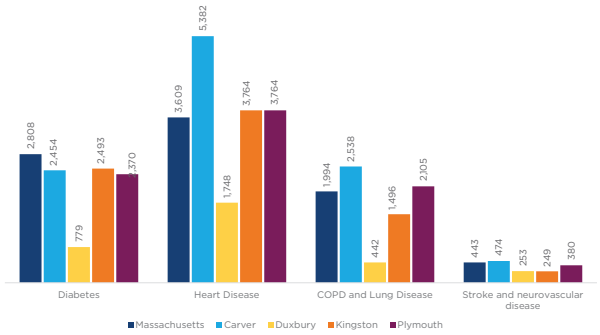
-BID Plymouth Community Health Survey respondent

Chronic and Complex Conditions

Chronic conditions such as cancer, diabetes, chronic lower respiratory disease, stroke and cardiovascular disease contribute to 56% of all mortality in Massachusetts and over 53% of all health care expenditures ($30.9 billion a year).[20] Perhaps most significantly, chronic diseases are largely preventable despite their high prevalence and dramatic impact on individuals and society.

Inpatient discharge rates varied across conditions and communities. Rates were lower in Duxbury compared to the Commonwealth overall. Rates in Carver were higher than the Commonwealth in all categories with the exception of diabetes.

Inpatient Discharge Rates (per 100,000) Among Those 45-64 Years of Age, 2019



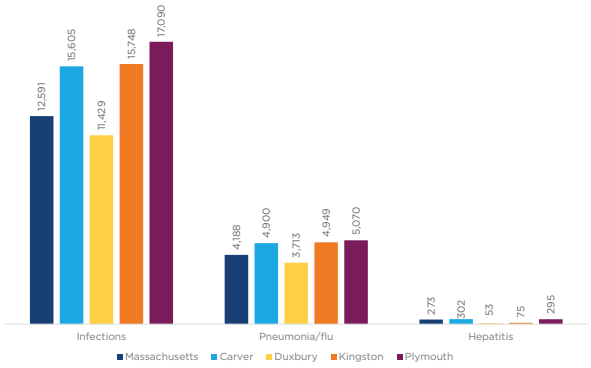
Source: Center for Health Information and Analysis, 2019

Communicable and Infectious Disease

Though great strides have been made to control the spread of communicable diseases in the U.S., they remain a major cause of illness, disability and even death - as evidenced by the COVID-19 pandemic. Though not named as a major health concern by interviewees, focus groups, or listening session participants, it is important to track data to prevent outbreaks and identify patterns in morbidity and mortality.

Data from the Center for Health Information and Analysis indicated that older adults in BID Plymouth's CBSA, especially Carver and Plymouth, had higher inpatient discharge rates for infections, pneumonia/flu, and Hepatitis (no type specified) than the Commonwealth.

Inpatient Discharge Rates (per 100,000) Among Those 65 Years of Age and Older, 2019



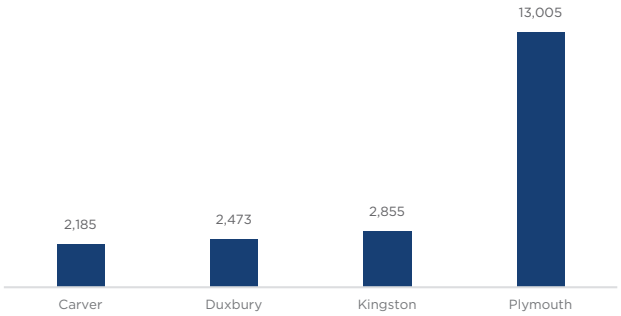
Source: Center for Health Information and Analysis, 2019

COVID-19

On March 11, 2020, the World Health Organization (WHO) declared the novel coronavirus a global pandemic. Society and systems continue to adapt and frequently change protocols and recommendations due to new research, procedures and policies. Interviewees and focus groups emphasized that COVID-19 was a priority concern that continues to directly impact nearly all facets of life, including including economic stability, food insecurity, mental health (stress, depression, isolation, anxiety), substance use (opioids, marijuana, alcohol), and one's ability to access health care and social services.

COVID-19 presented significant risks for older adults and those with underlying medical conditions because they faced a higher risk of complications from the virus. Interviewees, focus groups, and listening session participants described how COVID-19 exacerbated poor health outcomes, inequities, and health system deficiencies.

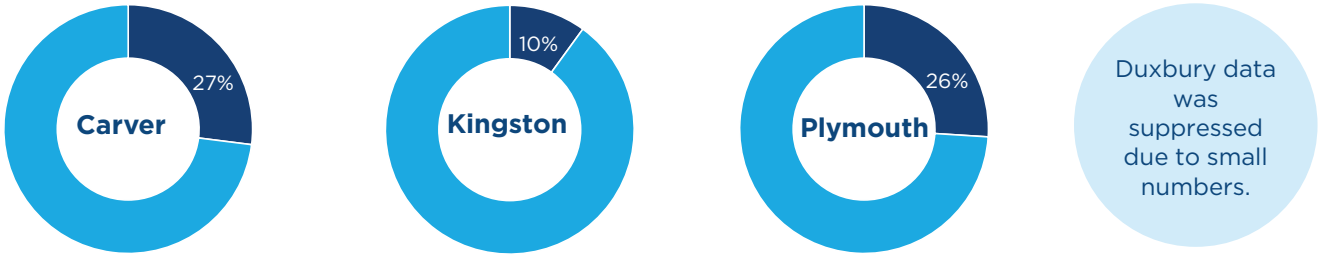
Total COVID-19 Case Counts Through March 24, 2022



Source: Massachusetts Department of Public Health, COVID-19 Data Dashboard

In Carver and Plymouth, more than 25% of MDPH COVID-19 Community Impact Survey respondents reported that they had not gotten the medical care they needed since July of 2020. Lapses in medical care may lead to increases in morbidity and mortality.

Percentage* Who Have Not Gotten the Medical Care They Need Since July 2020 (as of Fall 2020)



***Unweighted percentages displayed**

Source: MDPH COVID-19 Community Impact Survey, Fall 2020

Priorities

Federal and Commonwealth community benefits guidelines require a nonprofit hospital to rely on analysis of its CHNA data to determine the community health issues and cohorts on which it chooses to focus its IS. By analyzing assessment data, hospitals can identify the health issues that are particularly problematic and rank these issues in order of priority. This data can also be used to identify the segments of the community that face health-related disparities or are disproportionately impacted by systemic racism, or other forms of discrimination. Accordingly, using an interactive and anonymous polling software, BID Plymouth's CBAC and community residents formally prioritized the community health issues and the cohorts that they believed should be the focus of BID Plymouth's IS. This prioritization process helps to ensure that BID Plymouth maximizes the impact of its community benefits resources and its efforts to improve health status, address disparities in health outcomes, and promote health equity.

The process of identifying the hospital's community health issues and prioritized cohorts was also informed by a review and careful reflection on the Commonwealth's priorities set by the Massachusetts Department of Public Health's Determination of Need process and the Massachusetts Attorney General's Office.

Massachusetts Community Health Priorities

Massachusetts Attorney General's Office	Massachusetts Department of Public Health
• Chronic disease - cancer, heart disease, and diabetes • Housing stability/homelessness • Mental illness and mental health • Substance use disorder.	• Built environment • Social environment • Housing • Violence • Education • Employment.
Regulatory Requirement: Annual AGO report; CHNA and IS	*Regulatory Requirement: Determination of Need (DoN) Community-based Health Initiative (CHI)*

Community Health Priorities and Priority Cohorts

BID Plymouth is committed to promoting health, enhancing access, and delivering the best care for those in its CBSA. Over the next three years, BID Plymouth will work with its community partners to develop and/or continue programming to improve overall well-being and create a healthy future for all individuals, families, and communities. In recognition of the health disparities that exist for certain segments of the population, investments and resources will focus on improving the health status of the following cohorts within the community health priority areas.

BID Plymouth Community Health Needs Assessment: Priority Cohorts

Youth

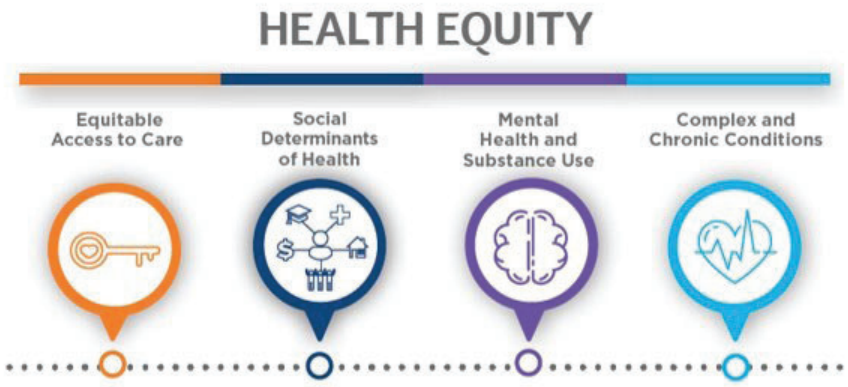
Low-Resourced Populations

Older Adults

Individuals with Disabilities

Racially, Ethnically and Linguistically Diverse Populations

BID Plymouth Community Health Needs Assessment: Priority Areas



Community Health Needs Not Addressed by BID Plymouth

It is important to note that there are community health needs that were identified by BID Plymouth'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, were not prioritized for investment or included in BID Plymouth's IS. Specifically, supporting education across the lifespan and strengthening the built environment (i.e., improving roads/sidewalks and enhancing access to safe recreational spaces/activities) were identified as community needs but were not included in the hospital's IS. While these issues are important, BID Plymouth's CBAC and the hospital's senior leadership team decided that these issues were outside of the hospital's sphere of influence and investments in others areas were both more feasible and likely to have greater impact. As a result, the hospital opted to allow other public and private organizations in its CBSA, South Shore region, and the Commonwealth to focus on these issues. BID Plymouth remains open and willing to work with community residents, other hospitals, and other public and private partners to address these issues, particularly as part of a broad, strong collaborative.

Community Health Needs Addressed in BID Plymouth's IS

The issues that were identified in the BID Plymouth CHNA and are addressed in some way in the hospital IS are housing issues, food insecurity, transportation, workforce shortages, build capacity of workforce, navigation of healthcare system, linguistic access barriers, digital divide, racism/discrimination, linguistic access to community services, diversify provider workforce, cost and insurance barriers, youth mental health, stress, anxiety, depression, isolation, mental health education and prevention, mental health stigma, culturally appropriate/competent health and community services, substance use stigma, and treatment programs that include/address mental health and substance use co-occurring issues.

Implementation Strategy

BID Plymouth's current 2020-2022 IS was developed in 2019 and addressed the priority areas identified by the 2019 CHNA. The 2022 CHNA provides new guidance and invaluable insight on the characteristics of BID Plymouth's CBSA population, as well as the social determinants of health, barriers to accessing care, and leading health issues, which informed and allowed BID Plymouth to develop its 2023-2025 IS.

Included below, organized by priority area, are the core elements of BID Plymouth's 2023-2025 IS. The content of the strategy is designed to address the underlying social determinants of health and barriers to accessing care, as well as promote health equity. The content addresses the leading community health priorities, including activities geared toward health education and wellness (primary prevention), identification, screening, referral (secondary prevention), and disease management and treatment (tertiary prevention).

Below is a brief discussion of the resources that BID Plymouth will invest to address the priorities identified by the CBAC and the hospital's senior leadership team. Following the discussion of resources are summaries of each of the selected priority areas and a listing of the goals that were established for each.

Community Benefits Resources

BID Plymouth expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by BID Plymouth and/or its partners to improve the health of those living in its CBSA. Finally, BID Plymouth supports residents in its CBSA by providing "charity" care to individuals who are low-resourced and are unable to pay for care and services. Moving forward, BID Plymouth will continue to commit resources through the same array of direct, in-kind, leveraged, or "charity" care expenditures to carry out its community benefits mission.

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

Following are brief descriptions of each priority area, along with the goals established by BID Plymouth to respond to the CHNA findings and the prioritization and planning processes. Please refer to the full IS in Appendix E for more details.

Summary Implementation Strategy

EQUITABLE ACCESS TO CARE

Goal: Provide equitable and comprehensive access to high-quality health care services including primary care and specialty care, as well as urgent and emerging care, particularly for those who face cultural, linguistic, and economic barriers.

Strategies to address the priority:

- Promote access to health care, health insurance, patient financial counselors, and needed medications for patients who are uninsured or underinsured.
- Promote equitable care, health equity, health literacy, and cultural humility for patients, especially those who face cultural and linguistic barriers.

SOCIAL DETERMINANTS OF HEALTH

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

Strategies to address the priority:

- Support impactful programs that stabilize or create access to affordable housing.
- Support education, systems, programs, and environmental changes to increase healthy eating and access to affordable, healthy foods.
- Support existing partnerships and explore new ones with regional transportation providers and community partners to enhance access to affordable and safe transportation.
- Provide community health grants to support evidence-based programs.
- Support impactful programs and evidence-based strategies to increase employment and earnings and increase financial security.
- Collaborate to enhance access to coordinated health and support services and resources to support overall health and aging in place.

MENTAL HEALTH AND SUBSTANCE USE

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

Strategies to address the priority:

- Enhance relationships with schools, youth-serving organizations, and other community partners to build resiliency, coping and prevention skills.
- Participate in multi-sector community coalitions to identify and advocate for policy, systems and environmental changes to increase resiliency, reduce substance use, overdoses, and deaths.
- Build the capacity of community members and emergency services to understand the importance of mental health, and reduce negative stereotypes, bias, and stigma around mental illness and substance use.
- Provide access to high-quality and culturally and linguistically appropriate mental health and substance use services through screening, monitoring, counseling, navigation, and treatment.

COMPLEX AND CHRONIC CONDITIONS

Goal: Improve health outcomes and reduce disparities for individuals at-risk for or living with chronic and/or complex conditions and caregivers by enhancing access to screening, referral services, coordinated health and support services, medications, and other resources.

Strategies to address the priority:

- Provide preventive health information, services, and support for those at risk for complex and/or chronic conditions and support evidence-based chronic disease treatment and self-management programs.
- Ensure cancer patients and their families have access to coordinated health & support services and resources to support them.
- Address chronic disease management through health and nutrition education.

Evaluation of Impact of 2020-2022 Implementation Strategy

As part of the assessment, BID Plymouth evaluated its current IS. This process allowed the hospital to better understand the effectiveness of their community benefits programming and to identify which programs should or should not continue. Moving forward with the 2023-2025 IS, BID Plymouth and all BILH hospitals will review community benefit programs through an objective, consistent process using the BILH Program Evaluation and Assessment Tool. Created with Community Benefits staff across BILH hospitals, the tool scores each program using criteria focused on CHNA priority alignment, funding, impact, and equity to determine fit and inclusion in the IS.

Since 2020, many of the programs that would normally be conducted in-person were postponed or canceled because of COVID-19. When possible, programs were delivered virtually to ensure that the community was able to receive services to improve health and wellness.

For the 2020-2022 IS process, BID Plymouth planned for a comprehensive strategy to address the prioritized health needs of the CBSA as outlined in the 2019 CHNA report. These strategies included grantmaking, in-kind support, partnerships, internal hospital programming, and charity care. Below is a summary of accomplishments and outcomes for a selection of community benefits programs for Fiscal Year (FY) 2020 and 2021. BID Plymouth will continue to monitor efforts through FY 2022 to determine its impact in improving the health of the community and inform the next IS. A more detailed evaluation is included in Appendix D.

Priority Area	Summary of Accomplishments and Outcomes
Mental Health and Substance Use	As a key community partner, BID Plymouth collaborates with PCO Hope to proactively provide a safe gateway to substance use information, resources, support and hope for individuals and their loved ones struggling with mental illness/mental health, substance use and addiction. 1500 people have been trained to administer Narcan BID Plymouth supports the Preventure Program in Plymouth Public Schools with an annual $23,000 grant. PreVenture is an evidence-based prevention program that uses personality targeted interventions to promote mental health and skill development and delay youth substance use. Although school personnel completed Preventure training and began the curriculum, it was put on hold due to COVID-19. as pro
Chronic Disease	The ACCESS HIV/AIDS Program provides medical care, education, support, medical case management, medical transportation, testing and counseling services to people living with HIV/AIDS in the Greater Plymouth area. 95% of ACCESS clients remain virally suppressed. BID Plymouth's Keep the Beat -- Post-cardiac Program provides up to 20 graduates of BID Plymouth's Cardiac Rehab Program the opportunity to attend the 12-week-Old Colony YMCA's Keep the Beat post-cardiac rehab program if they are unable to pay.
Social Determinants of Health and Access to Care	BID Plymouth's Taking People Places (TPP) provided rides to 476 adults age 60 or older and those that are disabled to medical care who do not have any other resources. BID Plymouth's Community Nutrition Program delivers nutrition education and resources for the food insecure. The registered dietitian created 29 different healthy recipes - 6 included a QR code with a video demonstration, monthly articles and handouts distributed to more than 5000 individuals each month. In addition, a To Your Health cookbook was created/ distributed to 400 low income, older adults and/or individuals at risk for developing chronic health conditions.

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Appendices

Appendix A: Community Engagement Summary

Appendix B: Data Book

Appendix C: Resource Inventory

Appendix D: Evaluation of 2020-2022 Implementation Strategy

Appendix E: 2023-2025 Implementation Strategy

Appendix A:
Community Engagement Summary

Interviews

- Interview Guide
- Interview Summary

Beth Israel Lahey Health Community Health Assessment
Interview Guide

Please complete this section for each interview:

Date:	Start Time:	End time:
Name of Interviewee:		
Name of Organization:	Affiliate Hospital:	
Facilitator Name:	Note-taker Name:	
Did all participants agree to audio recording?		
Did anything unusual occur during this interview? (Interruptions, etc.)		

Thank you for taking the time to speak with me today. Beth Israel Lahey Health (BILH) and Hospital [and any collaborators] are conducting a community health needs assessment and creating an implementation plan to address the prioritized needs identified. For the first time, all 10 hospitals in the BILH system are conducting this needs assessment together. Our hope is that we will create a plan at the individual hospital level as well as the system level that will span across the hospitals.

During this interview, we will be asking you about the strengths and challenges of the community you work in and the populations that you work with. We also want to know what BILH should focus on as we think about addressing some of the issues in the community. The data we collect during the assessment is analyzed, prioritized, and then used to create an Implementation Strategy. The Implementation Strategy outlines how the Hospital and System will address the identified priorities in partnership with community organizations. For example, if social isolation is identified as a priority, we may explore partnering with Councils on Aging on programs to engage older adults, and support policies and system changes around mental health supports.

Before we begin, I would like you to know that we will keep your individual contributions anonymous. That means no one outside of this interview will know exactly what you have said. When we report the results of this assessment, no one will be able to identify what you have said. We will be taking notes during the interview, but your name will not be associated with your responses in any way. Do you have any questions before we begin?

If you agree, we would like to record the interview for note taking purposes to ensure that we accurately capture your thoughts and obtain exact quotes to emphasize particular themes in our final report. Do you agree?"

[*<u>if interviewee does not agree to be recorded, do not record the interview</u>]

Question	Direct Answer	Additional Information
Community Characteristics, Strengths, Challenges		
What communities/populations do you mainly work with?		
• How would you describe the community (or population) served by your organization?		
• How have you seen the community/population change over the last several years?		
What do you consider to be the community's (or population's) strengths?		
How has COVID affected this community/population?		
What are some of its biggest concerns/issues in general? What challenges does this community/population face in their day-to-day lives?		
Health Priorities and Challenges		
What do you think are the most pressing health concerns in the community/among the population you work with? Why?		
• How do these health issues affect the populations you work with? [Probes: In what way? Can you provide some examples?]		
We understand that there are differences in health concerns, including inequalities for ethnic and		

racial minority groups / the impacts of racism. Thinking about your community, do you see any disparities where some groups are more impacted than others?		
• What contributes to these differences?		
What are the biggest challenges to addressing these health issues?		
What barriers to accessing resources/services exist in the community?		
Community-Based Work		
What are some of the biggest challenges your organization faces while conducting your work in the community, especially as you plan for the post-COVID period?		
Do you currently partner with any other organizations or institutions in your work?		
Suggested Improvements		
When you think about the community 3 years from now, what would you like to see?		
• What would need to happen in the short term?		
• What would need to happen in the long term?		
How can we tap into the community's/population's strengths to improve the health of the community?		

In what way can BILH and [Hospital] work toward this vision? What should be our focus to help improve the health of the community/population?		
Thank you so much for your time and sharing your opinions. Before we wrap up, is there anything you want to add that you did not get a chance to bring up earlier?		

I want to thank you again for your time. Once we finish conducting survey, focus groups and interviews, we will present the data back to the community to help determine what we should prioritize. We will keep you updated on our progress and would like to invite you to the community listening sessions where we will present all of the data. Can we add you to our contact list? After the listening sessions, we will then create an implementation plan to address the priorities. We want you to know that your feedback is valuable, and we greatly appreciate your assistance in this process.

BID Plymouth Community Health Needs Assessment 2021-2022 - Interview Summary

Interviewees

- Karen Keane, Public Health Director, Plymouth Health Department
- Angela Harrington, Medical & Interpreter Services Coordinator, BID Plymouth
- Betty Benedictis, Legislative Director and Chief of Staff, Office of State Rep. Matthew Muratore
- Vicki Butler, Program Director, Plymouth County Outreach
- Melissa Harding Ferretti, President and Chairwoman, Herring Pond Wampanoag Tribe
- Peggy Hall, Stabilization Manager, Father Bills & Mainspring
- Will Shain, President, The Alternative Board
- Vedna Heywood, Member, BID Plymouth Community Benefits Advisory Committee
- Alisa DeLage, Chief Programs Officer, Old Colony Elder Services
- Moira Coffey, Chief Financial Officer, Plymouth Area Coalition for the Homeless
- Kelly Macomber, Program Coordinator, Plymouth Youth Development Collaborative
- Nicole O'Brien, President, Plymouth Pride
- Adrienne Ing, Director of Operations, Harbor Health Services, Inc.
- Kathleen Considine, NAMI Plymouth
- Nancy DeLuca, Program Director, Health Imperatives

Key Findings

Community characteristics

- Communities are increasingly diverse by race and ethnicity – especially Plymouth
- Strong sense of community – neighbors helping neighbors; people proud of where they live
- Strong collaborative spirit between community organizations – many task forces, collaboratives, etc.

Specific populations facing barriers

- Youth struggling with mental health
- Older adults struggling with isolation, access to care issues
- Individuals who speak language other than English
- BIPOC
- Low-income
- Individuals with disabilities
- Homeless/unstably housed

Social Determinants of Health

- Need more access to public transportation
    - Lack of wheelchair accessible vehicles
    - Uncertainty about rideshare programs that some have tried to implement
- Housing issues – need more affordable housing options
- Economic insecurity and high cost of living has significant impacts on community, especially in light of the pandemic
- Workforce shortages – in healthcare and otherwise. Difficult to recruit/retain employees
- Food insecurity

BID Plymouth Community Health Needs Assessment 2021-2022

Mental health

- Significant prevalence of stress, anxiety, depression
    - Made worse by COVID
    - Isolation a mental health concern for older adults
    - Significant impacts for those who experience racism and discrimination
- Need for more providers and treatment options
    - Inpatient/outpatient treatment, child psychiatry, peer support groups
- Need more support for mental health caregivers, friends, and families
- Stigma is a barrier to treatment and care. Can lead to guilt, communication difficulties, resentment

Access to care

- Across sectors, people are struggling to access care because providers are not taking on new patients, or wait lists are too long
    - Telehealth has been one way to combat barriers, but has created additional barriers for those without tech resources or savvy
- Non-English speakers, older adults without caregivers, and individuals with disabilities have disproportionate difficulty navigating the healthcare system – "*The whole [healthcare] system is very complicated. It's complicated for people that work in it every day. I can only imagine how convoluted and hard it must be for someone if English may not be their first language."*

Diversity, Equity, Inclusion

- Varying levels of recognition and acceptance for increasingly diverse community – "*It's hard for people within Plymouth to kind of dig deeper when it comes to equity and inclusion besides just race."*
- Need to provide education to hospital staff on equity

Substance Use

- Recognition that there is significant overlap between substance use and mental health
- Pandemic had significant impacts for those with substance use disorder – potentially disrupting or fragmenting care, isolation, etc.
- Need more supportive services in additional to treatment – help navigating resources (housing, transportation, job training, etc.)
- Opioid crisis continues to have significant impact on individuals, families, and community.

Resources/Assets

- Collaboration between organizations and sectors
- Resilience
- Strong Senior Centers
- Good food security programs
- Ample outdoor space

Focus Groups

- Focus Group Guide
- Focus Group Summary Notes

Beth Israel Lahey Health: Focus Group Guide

Thank you for participating in this discussion on health in your community. I'm going to review some information about the purpose and ground rules for the discussion, then we'll begin.

We want to hear your thoughts about things that impact health in your community. The information we collect will be used by Beth Israel Lahey Health to create a report about community health. We will share the results with the community in the winter and identify ways that we can work together to improve health and wellbeing. The is used to put together a plan that outlines how the Hospital and System will address the identified priorities in partnership with community organizations.

We want everyone to have the chance to share their experiences. Please allow those speaking to finish before sharing your own comments. To keep the conversation moving, I may steer the group to specific topics. I may try to involve people who are not speaking up as much to share their opinions, especially if one or more people seem to be dominating the conversation. If I do this, it's to make sure everyone is included. We are here to ask questions, to listen, and to make sure you all have the chance to share your thoughts.

We will keep your identity and what you share private. We would like you all to agree as a group to keep today's talk confidential as well. We will be taking notes during the focus group, but your names will not be linked with your responses. When we report the results of this assessment, no one will be able to know what you have said. We hope you'll feel free to speak openly and honestly.

With your permission, we would like to audio record the focus group to help ensure that we took accurate notes. No one besides the project staff would have access to these recordings, and we would destroy them after the report is written. Does everyone agree with the audio recording?

If all participants agree, you can record the Zoom. If one or more person does not agree or are hesitant, do not record the focus group.

Does anyone have any questions before we begin?

Section One: Community Perceptions

1. To get started, let's talk about what affects our health. When you think about your community, what are some of the things that help you to be healthy?

2. What are some of the things that make it hard for you, and your community members, to be healthy?

3. Based on what you have shared, it sounds like [name 3-4 of the top factors that we brought up] impact health for you. Did I capture that correctly?

If yes, move on to Section 2.

If no, ask for clarification on key factors and come to consensus on the 3-4 factors that will shape the rest of the conversation)

Let's talk more deeply about these concepts.

Section Two: Key Factors

In this section, ask participants to go more in depth about the factors they brought up in the previous section. For example, if they brought up the lack of affordable healthy foods, ask "are healthy foods available to some people, if so who? And why do you think they are not available to everyone?"

For each issue they identified:

- Are these (things that keep you healthy) available to everyone or just a few groups of people?

- Why do you think they (things that make it hard to be healthy) exist? / Why is this a challenge?

Section Three: Ideas and Recommendations

4. **Ideas:** Thinking about the issues we discussed today, what ideas do you have for ways hospitals can work with other groups or services to address these challenges?
    1. Based on what you shared in the beginning about the things that keep you healthy, what of the things you mentioned would you like to see more of?

5. **Priorities**: What do you think should be the top 3 issues that Hospitals and community organizations should focus on to make your community healthier?

BID Plymouth Focus Group Summary: Mental Health Caregivers

Date: 11/16/21	Start Time: 7pm	End time: 8pm

Section 1: Community Perceptions

Do you think people with mental illness have a character flaw?	- No, but people in the community do
	  - Discrimination
	  - Don't know how to interact or respond
	  - Hold people responsible for things that are out of their control
	- Impacts on the extended family
	  - Relatives are afraid and confused
	  - Don't make an effort to have a relationship
	  - Easier to ignore and not make an effort to understand
	  - Parents are blamed - "why don't you just"
	  - Person with mental illness is blamed – "they are choosing to live this way"
	  - Certain cultures are more accepting than others
	  - Once informed, can educate family members
	- Lack of exposure
	  - No exposure to mental illness makes it scary and you don't know how to act

Who is providing services for folks with mental health disorders? In what settings?	- DMH, Vinfen, BMC, BID, NAMI, Tufts, Advocates, Aspire Health Care, BWH, McLean
	  - Services are great when covered by private insurance (cap)
	  - Fewer places are willing to take public insurance, quality of care is lower
	  - Why can't the private insurance model extend to other insurances?
	  - DMH contracted vendors are low quality, no incentive to help
	- Psychiatric ER
	  - Long wait times for beds
	  - Limited communication with family if individual is an adult
	  - Limited support for the patient, treated like prisoners
	  - Provide a lot of good information if you know the system
	- Mental health system in general
	  - Depends where you are
	  - Depends the staff that are working

	- More staff at higher wages - Less turnover and more training - Hire an ad agency to elevate this work - How staff in these various settings relates to parents and family - Lack of staff leads to - Lack of timely services which exacerbates the disease process - Early discharges (also caused by insurance) - Lack of information - Patient rights – discharge papers have a clause that says if you don't think you have stayed here long enough you can petition to stay longer. I just found that out today. No one reads those papers.
How do we feel about the emergency room?	- Limited services, support, and empathy for patients - Limited communication with family if patient is an adult - Limited communication between hospitals and ERs - No tracking system or records (medication, discharge summary) of ER stays - Potentially unsafe environment - Long wait times for crisis unit - Limited information and resources - Have certified patient navigators connect families to resources - NAMI should be advertised in all hospitals and ERs - Providers should be aware of NAMI
<u>Section 2: Exploring Key Factors</u> Social networks/Trust. Racism.	
Is there a lack of understanding about mental health disorder?	- **YES** - Don't know how to interact or respond - Hold people responsible for things that are out of their control - Relatives are afraid and confused - Easier to ignore and not make an effort to understand

	- Parents are blamed - “why don’t you just” - Person with mental illness is blamed – “they are choosing to live this way” - Lack of exposure - No exposure to mental illness makes it scary and you don’t know how to act
What about worker competency?	- Staff shortage and high turnover makes it difficult to sustain a trained workforce - Hit or miss
What are some examples of how challenges like bed shortages impact someone’s health?	- Long wait times exacerbate the problem - The longer someone is in a state of psychosis, the harder it is to get them out of it - Sometimes it feels that it less of a bed shortage and more that there is not enough staff to monitor the beds
<u>Section 3: Ideas and Priorities</u>	

Ideas:
- Thinking about what we have all talked about, what ideas do you have for ways hospitals can work with other groups or services to address these challenges?
- Based on what you shared in the beginning about mental health disorders, generally, what of the things you mentioned would you like to see changed?
	- HIPAA laws were designed with a good purpose but work against me
	- Police departments need to be involved and trained
	- Increased worker competency (motivational interviewing)
	- Staff awareness that this is a family unit and family unity is important to recovery
	- Provide more resources and make them more accessible
	  - People have to hit rock bottom to qualify for help
	  - You either have to harm yourself or someone else
	- More tools such as the mental health court.

BID Plymouth Focus Group Summary: Algonquin Heights Residents

Date: 12/7/21	Start Time: 1PM	End time: 2:15PM
Group Name and Location: Algonquin Heights in Plymouth		

Section 1: Community Perceptions	

Healthy: To get started, let's talk about what affects our health. When you think about your community, what are some of the things that help you to be healthy?	• Individual behavior
	  ○ Eating healthy
	  ○ Drinking healthy
	  ○ Shopping
	  ○ Watch TV
	  ○ Jogging
	• Structurally?
	  ○ Nothing! (emphasized and repeated many times)

Unhealthy: What are some of the things that make it hard for you to be healthy?	• Lack of Spanish speaking doctors and interpreters
	  ○ There are not enough interpreters in the hospital or in other hospital settings
	  ▪ Because there are not enough interpreters, one person said they could not make an appointment
	  ○ There are not enough Hispanic doctors who speak Spanish
	  ○ Secretaries should be bilingual too
	  ○ Someone said that by the time an interpreter shows up, sometimes it is too late
	  ○ They all depend on one bilingual friend in their apartment complex to go with them to all their appointments but when that person is unavailable, it makes it very difficult.
	• A feeling of discrimination

	○ “Los Hispanos no reciben el mismo trato que otros (en el hospital, tiendas)” ○ Translated to: “Hispanics do not receive the same treatment as others including in hospitals and in stores.” • Lack of activities and public spaces in the area. Many of them shared that the environment they live in makes it easy to get depressed ○ “There are no fun activities” ○ “There is not a Spanish speaking church” ○ “There is so much loneliness here” ○ “There is no park” ○ “Not enough exercising classes” ○ “No places for kids to play in” ○ “With one snowfall, I got depressed (because there was nothing to do)” • Lack of public transportation (most did not have a car) ○ There is no bus on Sundays and it is very limited on Saturdays ○ During the week, public transportation is only available from 7-5 and makes it difficult to do anything else after work ○ One individual expressed that in order to go to a doctor’s appointment she had to spend $100 because she could not find public transportation ○ Others described that they had to stay in the hospital for hours (and some even overnight) because of the lack of transportation ○ The only way to take a kid to the movies is for • Limitation of Masshealth insurance ○ Because many of them were on mass health, they expressed that some doctors did not want accept them ○ Specialists are especially hard to find with only Masshealth ○ Waiting times to see doctors are long (sometimes until next year” ○ Because of this, someone said her true doctor is google” • Poor living conditions ○ Many expressed having mold ○ One individual said that with COVID, she closed all her windows for months and now has mold all over her walls ○ Another said she had use her inhaler all the time because of the mold and lack of ventilation • Keeping up with technology is also challenging

	○ "The world is accelerating and we need to accelerate with it" someone said giving everyone advice on how to use Mychart
Based on what you have shared, it sounds like [name 3-4 of the top factors that we brought up] impact health for you. Did I capture that correctly? *If yes, move on to Section 2.* *If no, ask for clarification on key factors and come to consensus on the 3-4 factors that will shape the rest of the conversation)* Let's talk more deeply about these concepts.	1. Lack of interpreters and bilingual doctors 2. Lack of transportation 3. Lack of doctors should accept masshealth 4. Lack of parks and spaces, especially for kids ("this is a desert") 5. Lack of activities for both adults and kids (no church, no zumba, etc.) 6. Lack of livable living conditions (lots of mold)
<u>Section 2: Exploring Key Factors</u> *In this section, ask participants to go more in depth about the factors they brought up in the previous section.*	
Are these **(things that keep you healthy)** available to everyone or just a few groups of people?	• Things are more difficult for Spanish speakers
Why do you think they **(things that make it hard to be healthy)** exist? - Why is this a challenge?	● Racism, discrimination ○ "Abusan de los Latinos"- "They abuse Latinos" ● Lack of communication (many can't advocate for themselves because they don't speak the language) ● Someone heard that they don't have parks because this a low-income

	neighborhood- “Dicen que no hay parque por que es low income”
What are some examples of how these challenges impact someone's health?	
Section 3: Ideas and Priorities	
Ideas: - Thinking about what we have all talked about, what ideas do you have for ways hospitals can work with other groups or services to address the challenges of your community at this time? - Based on what you shared in the beginning about the things that keep you healthy, what of the things you mentioned would you like to see more of?	• Health fairs and mobile clinics that come to the apartment complexes (very helpful for people who do not have cars). These fairs can look at people’s diabetes and breast exams. • It would be helpful if the hospital collaborated with apartment complexes like this one. • Having a questionnaire to ask about people’s needs before they go into the appointment would be helpful. • Transportation from and to medical appointments. •
Priorities: - What do you think should be the top 3 issues service providers should focus on to make your community healthier?	- Better communication with patients (importance of having interpreters, trainings on how to use Mychart and other platforms; having bilingual doctors) - Transportation help (to and from medical appointments) - More recreational activities for adults and children (zumba, sports for children, etc.)
Section 4: Final Remarks & Closing	
Are there other factors that influence your health that we have not discussed tonight that you feel are important?	- Limitations of masshealth was brought again

BID Plymouth Focus Group Summary: Mental Health Peers; Individuals Impacted by a Mental Health Diagnosis

Date: 12/15/21	Start Time: 3:00pm	End time: 4:00pm
Group Name and Location: Mental Health Peers - Plymouth Region		

Section 1: Community Perceptions	
Healthy: To get started, let's talk about what affects our health. When you think about your community, what are some of the things that help you to be healthy?	• Recovery supports are key (e.g., "club houses", peer support groups, outings, Recovery coaches, etc.) • Housing • Exercise • Healthy food (food banks, meals on wheels, and other programs that deliver food) • Social, fun, "light-hearted" group interactions • Employment, jobs, opportunities to feel like you are doing something productive • Places of worship • Cultural and art activities (pottery, drawing, book groups) • Insurance coverage with good benefits

Unhealthy: What are some of the things that make it hard for you to be healthy?	• Access to MH services (Treatment and recovery supports)
	  ○ Tailored to adults and youth
	  ○ Family friendly services
	• Stigma for those who are unstably housed / homelessness or have MH challenges
	  ○ Often those with MH challenges are "misunderstood" and stigmatized
	  ○ Those who are homeless or unstably housed also are treated horribly and misunderstood
	  ○ Need to raise awareness and build great understanding and acceptance for those with MH challenges and/or are homeless
	• Unsafe, expensive housing
	• Isolation
	• Transportation
	• Lack of healthy food

	○
Based on what you have shared, it sounds like [name 3-4 of the top factors that we brought up] impact health for you. Did I capture that correctly? *If yes, move on to Section 2.* *If no, ask for clarification on key factors and come to consensus on the 3-4 factors that will shape the rest of the conversation)* Let's talk more deeply about these concepts.	Top Factors 1. Access to Care (Recovery Support and treatment services) 2. Housing 3. Transportation 4. Financial insecurity
<u>Section 2: Exploring Key Factors</u> *In this section, ask participants to go more in depth about the factors they brought up in the previous section.*	
Are these **(things that keep you healthy)** available to everyone or just a few groups of people?	• Not asked directly. Lots of discussion regarding MH and homeless stigma and the fact that these groups are misunderstood and poorly treated. • Need to create jobs, build self-esteem, and increase opportunities for those with MH challenges and those who are homeless
Why do you think they **(things that make it hard to be healthy)** exist? • Why is this a challenge?	• Need for" ○ greater awareness and education re: MH and homelessness ○ Treatment and recovery services ○ Safe, affordable housing

	○ Affordable transportation ○ Jobs (Paid or volunteer) to build self-esteem and allow people to live a happy life
What are some examples of how these challenges impact someone's health?	● **Access to Care (Recovery Support and treatment services)** ○ Lack of treatment services ■ Outpatient services, hospital inpatient, transitional housing, respite services are especially lacking. Step-down from residential, hospital inpatient programs ■ Long wait-times (~ 7 months for outpatient, even longer for housing) ■ Hard to access, often don't know where to go (Need for Resource inventory) ■ Costly for those who do not have insurance or who are under-insured ■ Limited capacity and availability of recovery support services. Programs are closing down or downsizing ○ Need to empower people to engage in social, recreational, spiritual, employment, volunteer opportunities that reduce isolation, build self-esteem and confidence, and perhaps allow people to make money ○ Need to build the capacity of recovery support programs, especially club houses, recovery coaches / advocates, peer programs, and social/cultural/recreational programming ○ Need to build capacity and move people into "Community Care Alliance"-type programs that provide tailored benefits and supports. ● **Housing** ○ Lack of affordable housing. People are forced into very unsafe, dirty, inaccessible, dilapidated, unhealthy housing situations. "I think it's hard for you to imagine what some of the housing situations are like." ○ Need for transition housing ■ Adults, youth, family housing ■ Step-down from hospital detox and inpatient programs

	○ Really bad, predatory, mean landlords ■ Need for housing advocates and laws to protect tenants ■ Need for housing security ■ Need for more housing inspections ■ "People are afraid to stand-up for themselves for fear that they will be evicted or things will get worse somehow. So they just put-up with bad stuff." ○ Need for more access to subsidized housing or financial support programs ■ Help pay for first and last month's rent ■ Provide furniture and moving costs other household amenities ■ Reduce the cost of housing until people can get settled ■ First home-buyer programs ■ Rent control to reduce costs of housing ○ Need to modify pet restrictions for those who really benefit from having dogs or cats ○ DMH could do more to provide housing supports. Even the services that they do provide are hard to find and navigate ○ Need for advocates and housing support services that are accessible ■ "You don't know what you don't know. Need more/better case workers, advocates and support specialists, recovery coaches." ● **Transportation** ○ Transportation is inflexible and hard to access at the right place and time ○ Not everyone is eligible for the subsidized transportation services ○ Transportation is often too costly, especially if you need it at a particularly time and place ○ Very limited public transportation ○ Medicaid PT1 transportation is horribly run and inflexible, often late, can't wait if your appointments run late ● **Financial insecurity** ○ Housing, food, transportation, social activities, household amenities are too expensive

	○ Lack of job opportunities or programs that prepare people or move people into job opportunities
<u>Section 3: Ideas and Priorities</u>	
Ideas: - Thinking about what we have all talked about, what ideas do you have for ways hospitals can work with other groups or services to address the challenges of your community at this time? - Based on what you shared in the beginning about the things that keep you healthy, what of the things you mentioned would you like to see more of?	● Build capacity, strengthen, and market Recovery Centers and other recovery support programs for those with MH issues (**<u>club houses</u>**, recovery coaches, peer groups) ○ Stop cutting programs ● Need to provide better, more affordable housing opportunities. Address lack of affordable housing ● Need to address transportation challenges ● Need supports that help people navigate the service system and get the things they need and that are often available but not known about. Need resource inventory. ● Need to develop programs that empower people to engage in social, recreational, spiritual, employment, volunteer opportunities that reduce isolation, build self-esteem and confidence, and perhaps allow people to make money ● Need programs that reduce the stigma of homelessness and/or mental health challenges ● Continue to provide access to services remotely via video conference, it's been a great way for people to connect, especially for those who are "homebound", isolated, without transportation, financially stretched, etc. ● Support peer to peer programs, recovery coaches, and advocates and peer groups ● Need improved quality of life and dignity
Priorities: - What do you think should be the top 3 issues service providers should focus on to make your community healthier?	● Support recovery support programs ○ Club houses, peer groups, peer counselors, recovery coaches ● Address unsafe, unaffordable housing challenges ● Address transportation ● Create opportunities for engagement in jobs, social activities, volunteer, cultural activities to build self-esteem, confidence, make money, etc.
<u>Section 4: Final Remarks & Closing</u>	

Are there other factors that influence your health that we have not discussed tonight that you feel are important?	***None***

BID Plymouth Focus Group Summary: HEALing Work Group

Date: 12/9/2021	Start Time: 12pm	End time: 1pm
Group Name and Location: HEAL Work Group		

Section 1: Community Perceptions	
Who is providing services for folks with substance use disorder? Can you tell us about the healthcare landscape for people with SUD?	Group therapy, outpatient programs, preventative services, community services Going out into communities that don't have the resources currently Linking patients directly on site Rough capacity for 300 clients in Plymouth Set up with so many providers both medical and site-specific Community Linkage System – public schools network County outreach, PCO HOPE – direct linkage to mental health services Robust scholarship program; offsetting costs for sober living for those coming out of inpatient treatment Training in the area to sober homes, community partners, businesses – bringing NARCAN trained staff Harbor Health Community Health Center – capturing patients with substance use/mental disorders ● New diagnoses of mental health disorders through conversations had at the health center ● Culture of self-medication in face of mental health
What services/supports are most needed for this population, that either don't exist, or do exist, but don't adequately meet peoples needs?	Transporting people to facilities Engaging clients who cannot make it to the facility (off-site services) Community outreach COMS model – medical assistance treatment immediately (telehealth, over the phone)

Does not have to be limited to healthcare	Connecting families and caregivers to mental health services Housing for elevated risk population – 54% of those issues are housing related;evictions in process, no housing at all – no resource to send them to. Until 2 weeks ago there was no shelter in this area Transportation Access and availability to services Disconnect between the language within systems and the people trying to connect with them – confusing and convoluted messaging Having a contact point / support to walk people through the system Awareness and education of insurance availability is a problem Stigma – people don't pay attention to the information until it's an emergency
How do we feel about the emergency room?	
Section 2: Exploring Key Factors	
Is there a lack of understanding about substance use disorder, among the general population?	Yes – access to information is low, stigma related to relapse and substance use is very negative. People fail to recognize the equality of mental health deterioration and physical health Vicious stigmatization around substance use generally and substance use disorders Stigma is a spectrum, not a black or white decision or opinion. People may be willing to talk about substance abuse but not truly accept and learn about the reasons behind substance use disorder Personality and perspective around stigma is highly subjective to context; family settings etc. Patients face hesitancy in approaching providers because they are worried about stigma they will receive
What about understanding and competency among the healthcare	Frustration amongst emergency room staff experiencing repeat patterns in patients Positive success stories rarely get conveyed to providers Depends on provider type; different levels of providers have different understandings.

workforce? (e.g., ER staff, PCPs – people who don't specialize in SUD)	Mental health is a specialty Health care personnel get frustrated over time – uncertainty about expressing stress on healthcare providers. There is not enough substance use knowledge about treatment options amongst providers.
Section 3: Ideas and Priorities	
Ideas: - Thinking about all talked about, what ideas do you have for ways hospitals can work with other groups or providers to address these challenges?	Training providers to have an understanding of their specific roles and when to refer patients to other healthcare sectors. Continuing education of providers and the general public. Training with ER doctors – big swing between dosages of Percocet, very subjective case-by-case situation. More general education about SUD and treatment options including medication-assisted treatment; particularly in primary care systems Training around the benefits of harm reduction services; non-coercive ways of engaging people in this form of care. Motivational interviewing Hospitals to bring on bridge scripts – prescription from the hospital to carry over for 48-72 hours Less logistically; importance of tone, timing, how providers deliver their communications and content is often a make or break in someone's treatment. This should be more prioritized by providers.
Priorities: - What do you think are the top 3 issues service providers should focus on to make your community gain a greater understanding of mental health issues?	More providers that are providing mental health services More services need to be set up that can give action items More adolescent/young adult services that are providing mental health support Access and availability of services, not just their presence; making these services adequate for the scale of the problem. Creating more actionable agenda items to move mental health forwards. Focusing on trying to get providers to promote their substance use and mental health services to educate within our communities Miscommunication around number of providers – patients and community groups are unable to work across the network and connect people to services Encouraging cross collaboration across providers

	Stigma amongst pharmacists who are also severely understaffed in face of the COVID pandemic. Training pharmacists to understand and engage with the recovery spectrum.
Section 4: Final Remarks & Closing	
Are there other factors that influence health & wellness for people with SUD that we have not discussed today that you feel are important?	Supporting people who aren't yet ready for recovery – current drug users Syringe service programming Harm reduction programming to make services more available in the direct Plymouth community. Billboard to educate community on what harm reduction is and remove the substance abuse stigma Centralized hotline for people trying to access relevant resources Creating an environment of care and discussion

Community Listening Sessions

- Presentation from Facilitation Training for community partners
- Facilitation guide for listening sessions
- Priority vote results and notes from January 31, 2022 listening session
- Priority vote results and notes from February 17 2022 listening session

John Snow Research and Training Institute, Inc.

Beth Israel Lahey Health

FACILITATION TRAINING

Best Practices on Inclusive Facilitation

October 07, 2021
Virtual Room

AGENDA

- What is facilitation?
- Inclusive facilitation
- Creating inclusive space
- Characteristics of a good facilitator
- Let's practice!

WHAT IS FACILITATION?

Facilitation is a dance, an artform.

INCLUSIVE FACILITATION

inclusive means including everyone

Provide space and identify ways participants can engage at the start of the meeting

Depending on the size of the group, ask participants to share their name, pronouns, and in one word describe how they're feeling today.

Dedicate time for personal reflection

Normalize silence. It's okay if folks are quiet, don't interpret as non-participation. Encourage people to take the time to reflect on the information presented to them.

Establish community agreements

Create common ground. This helps with addressing power dynamics that may be present in the space.

CREATING INCLUSIVE SPACE

move at the speed of trust

Identify ways to make people feel welcomed

We shouldn't assume everyone feels comfortable enabling their video. Make this an option as opposed to a request.

Design for different learning and processing styles

Support visual learners with a slideshow or other images. Real-time note-taking or tools that allow people to see how information is being processed and documented help each person stay engaged in the conversation.

Consider accessibility

Some folks may join through the dial in number, so consider walking through your agenda as if you were only on the phone. Consider language interpretation and closed captioning services.

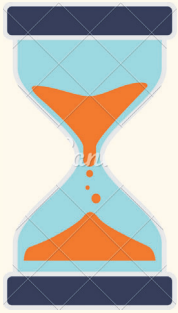
CHARACTERISTICS OF A GOOD FACILITATOR

Impartial

Active listener

Authentic

Patient



Enthusiastic

LET'S CONSIDER THE FOLLOWING

1

A participant seems to dominate the conversation.

2

A participant has a lot of experience in the topic but is too shy to share them in a group setting.

3

A participant is talking about something not related to the topic of discussion.

THANK YOU FOR YOUR PARTICIPATION!

Beth Israel Lahey Health

Feel free to send in any questions to **corina_pinto@jsi.com.**

BILH Community Listening Session: Breakout Discussion Guide

Session name, date, time: [Filled in by notetaker]
Community Facilitator: [Filled in by notetaker]
Notetaker: [Filled in by notetaker]

Mentimeter link:
Jamboard link:

Ground rules and introductions (5 minutes)

Facilitator: "Thank you for joining the Community Listening Session today. We will be in this small breakout group for approximately 45 minutes. Let's start with brief introductions and some ground rules for our time together. I will call on each of you. If you're comfortable, please share your name, your community, and one word to describe how you're feeling today. If you don't want to share, just say pass. I'll start. I'm ____ from ____ and today I'm feeling _____."
(Facilitator calls on each participant)

"Thanks for sharing. I'd like to start with some ground rules to be sure we get the most out of our discussion today:

- Make space and take space. We ask that you try to speak and listen in equal measure
- Be open to learning about experiences that don't match with your own
- What is said here stays here; what is learned here leaves here. [Notetaker's name] will be taking notes during our conversation today, but will not be marking down who says what. None of the information you share will be linked back to you specifically.

Are there other ground rules people would like to add for our discussion today?"

Question 1 (5 minutes)

Facilitator: What is your reaction to data and preliminary priorities we saw today?

- *Probe: Did anything from the presentation surprise you, or did this confirm what you already know?*
- *Probe: What stood out to you the most?*

Notes:

Question 2 (15 minutes)

Part 1: 10 minutes

Notetaker: *List preliminary priority areas from presentation in the Zoom chat.*

Facilitator: "We're going to move on to Question 2. Our notetaker has listed the preliminary priority areas from the presentation in our Zoom chat. Looking at this list – are there any priority areas that you think are missing?"

Notes on missing priority areas:

[After 5 minutes, the Meeting Host will pop into your Breakout Room to collect any additional priority areas.]

Part 2: 5 minutes

[Meeting host will send Broadcast message when it's time to move on to Part 2]

Facilitator: "We want to know what priority areas are most important to you. Right now, our notetaker is going to put a link into the Zoom chat. (Notetaker copies & pastes Mentimeter link: <<**https://www.menti.com/yqztahwt4c**>>. When you see that link, please click on it.

"Within this poll, we want you to choose the 4 priority areas that are most concerning to you. The order in which you choose is not important. We'll give you a few minutes to make your selections.

"If you're unable to access the poll, go ahead and put your top 4 priority areas into the chat, or you can say them out loud and we can cast your vote for you.

After a few minutes, the poll results will be screen shared to our group."

[Meeting Host will pop in to your room to ensure all votes have been cast. After confirmation, Meeting Host will broadcast poll results to all Breakout Groups]

Facilitator: "It looks like (A, B, C, D) are the top four priority areas for this session. Our Notetaker will type these into the Chat box so we can reference them during our next activity."

Question 3 (25 minutes)

Facilitator: "Next, we'd like to discuss how issues within these priority areas might be addressed. We know that no single entity can address all of these priorities, and that it usually takes many organizations and individuals working together. For each priority area we want to know about existing resources and assets – what's already working? – and gaps and barriers – what is most needed to be able to successfully address these issues."

Let's start with [Priority Area 1].

- What resources and assets exist to address this issue?
- What are the gaps and barriers within this priority area?

Let's move on to [Priority Area 2].

- What resources and assets exist to address this issue?
- What are the gaps and barriers within this priority area?

Let's move on to [Priority Area 3].

- What resources and assets exist to address this issue?
- What are the gaps and barriers within this priority area?

Let's move on to [Priority Area 4].

- What resources and assets exist to address this issue?
- What are the gaps and barriers within this priority area?"

Notetakers will be taking notes within Jamboard.

[Meeting Host will send a broadcast message when there are 2 minutes left in the Breakout Session]

Wrap Up (1 minute)

Facilitator: "I want to thank you all for sharing your experiences, perspectives, and knowledge. In a minute we're going to be moved back into the Main Zoom room to hear about some of the things discussed in the groups today, and to talk about the next steps in the Needs Assessment process. Is there anything else people would like to share before we're moved out of the breakout room?"

Notes:

BID PLYMOUTH
COMMUNITY LISTENING SESSION

January 31, 2022
February 17, 2022

Beth Israel Lahey Health

BID Plymouth Community Listening Session

Co-sponsors

Beth Israel Lahey Health

Beth Israel Lahey Health
Beth Israel Deaconess Plymouth

South Shore Community Partners in Prevention

BID Plymouth Community Listening Session

Agenda

Time	Activity	Speaker/Facilitator
9:00-9:05	Opening remarks and Zoom overview	JSI
9:05-9:15	Overview of assessment purpose, process, and guiding principles	Andrea Holleran, BID Plymouth
9:15-9:25	Presentation of preliminary themes and data findings	JSI
9:25-10:25	Breakout Groups	Community Facilitators
10:25-10:30	Wrap up: Closing statements and next steps	JSI

Assessment Purpose and Process

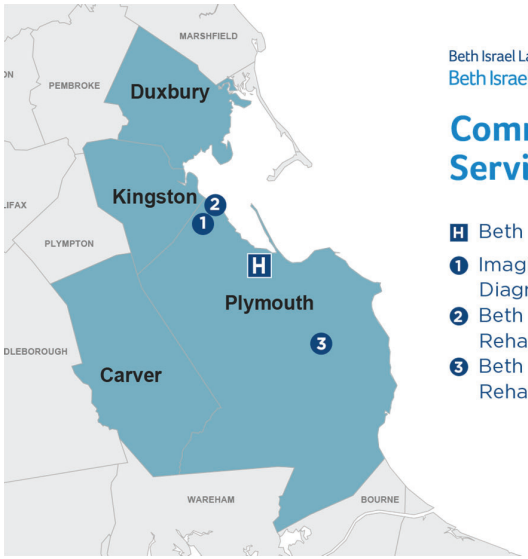
Assessment Purpose and Process

Purpose

Identify and prioritize the health-related and social needs of those living in Carver, Duxbury, Kingston, and Plymouth, with an emphasis on diverse populations and those experiencing inequities.

- A **Community Health Needs Assessment** identifies key health needs and issues through data collection and analysis.
- An **Implementation Strategy** is a plan to address public health problems collaboratively with municipalities, organizations, and residents.

All non-profit hospitals are required to conduct a Community Health Needs Assessment (CHNA) and develop an Implementation Strategy (IS) every 3 years



Beth Israel Lahey Health
Beth Israel Deaconess Plymouth

Community Benefits Service Area

- H Beth Israel Deaconess Hospital-Plymouth
- 1 Imaging at the Park - Diagnostic Imaging & Occupational Health
- 2 Beth Israel Deaconess-Plymouth Rehabilitation Center
- 3 Beth Israel Deaconess-Plymouth Rehabilitation Center

Assessment Purpose and Process

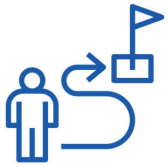
FY22 CHNA and Implementation Strategy Guiding Principles

Equity: Work toward the systemic, fair and just treatment of all people; engage cohorts most impacted by COVID-19

Collaboration: Leverage resources to achieve greater impact by working with community residents and organizations

Engagement: Intentionally outreach to and interact with hardly reached populations; including but not limited to people impacted by trauma, people with disabilities, communities most impacted by inequities, and others

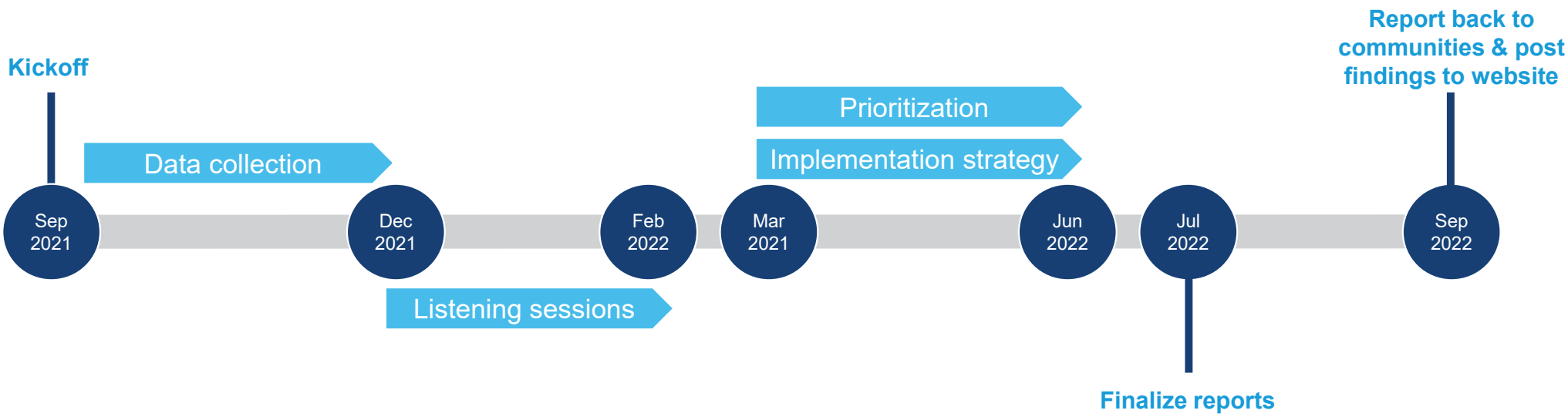
Capacity Building: Build community cohesion and capacity by co-leading Community Listening sessions and training community residents on facilitation



Intentionality: Be deliberate in our engagement and our request and use of data and information; be purposeful and work collaboratively to identify and leverage resources for maximum benefit

Assessment Purpose and Process

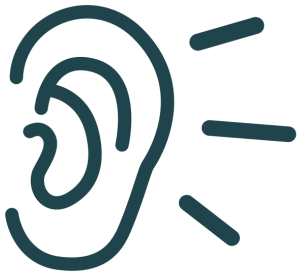
FY22 CHNA and Implementation Strategy Process



Assessment Purpose and Process
Meeting goals

Goals:

- Conduct listening sessions that are ***interactive, inclusive, participatory and reflective of the populations*** served by BID Plymouth
- Present data for prioritization
- Identify opportunities for ***community-driven/led solutions and collaboration***



We want to hear from you.
Please speak up, raise your hand, or use the chat when we get to Breakout Sessions

Preliminary Themes & Data Findings

CHNA Progress
Activities to date

Gathered Publicly Available Data, e.g.:

- ✔ Massachusetts Department of Public Health
- ✔ Center for Health Information and Analytics (CHIA)
- ✔ County Health Rankings
- ✔ Behavioral Risk Factor Surveillance Survey
- ✔ Youth Risk Behavior Survey
- ✔ US Census Bureau

17 **Interviews with Community Leaders**

460 **Survey Respondents**

4 **Small Group Discussions**

-Mental health caregivers

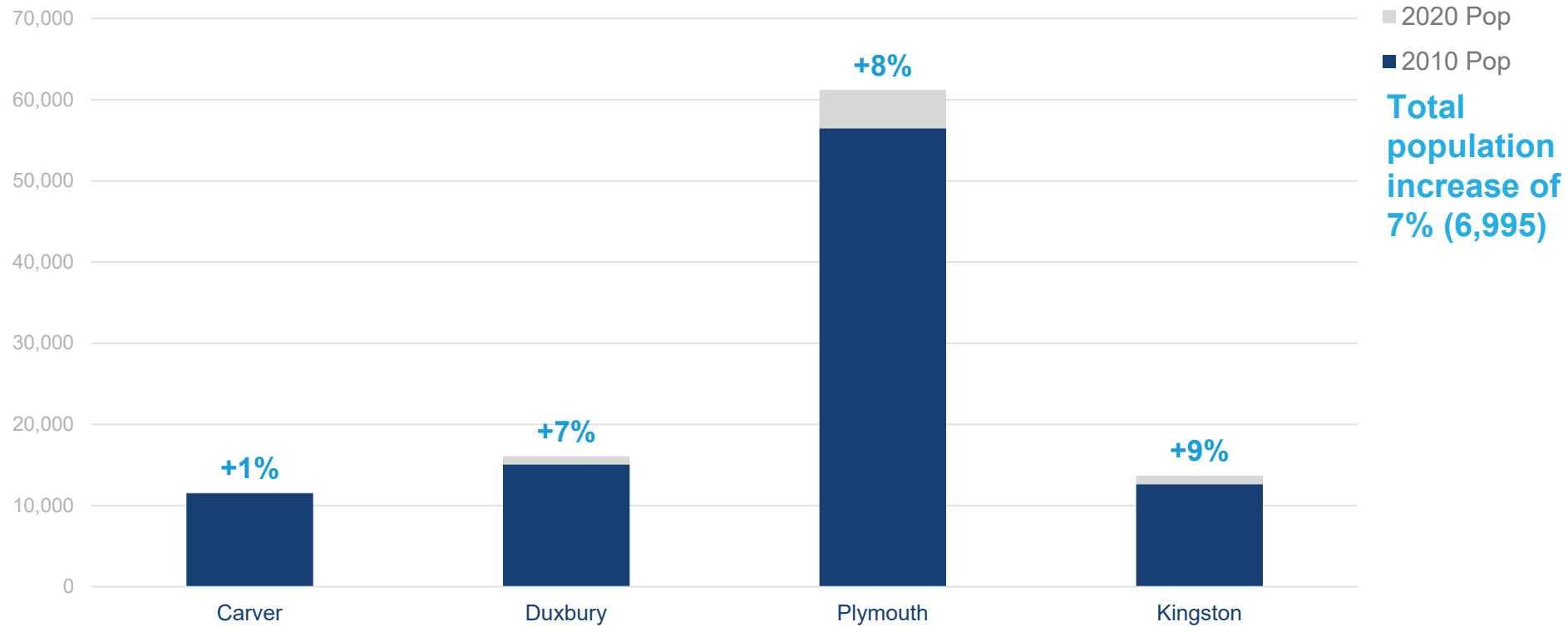
-Spanish-speaking residents at Algonquin Heights

-HEALing Workgroup

-Individuals with a mental health diagnosis

CHNA Progress

Population Change in Community Benefits Service Area 2010-2020

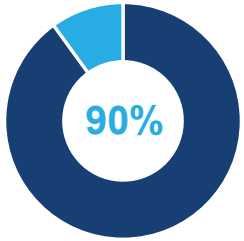


Total population increase of 7% (6,995)

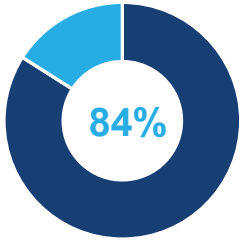
CHNA Progress
Service Area Strengths

- Increasingly diverse (especially Plymouth)
- Strong sense of community
- Strong collaborations between community organizations and providers
- Rich in resources (e.g., community organizations, task forces, collaboratives, etc.)

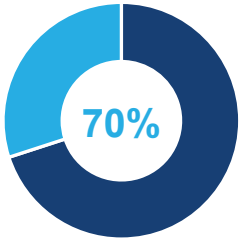
FROM BIDP COMMUNITY HEALTH SURVEY:



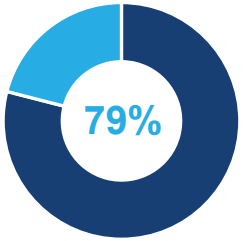
said they were **satisfied with the quality of life** in their community



said the community has **good access to resources**



said the community is a **good place to raise children**



said the community is a **good place to grow old**

CHNA Progress
Key Themes

- **Mental health**
- **Social determinants of health**
- **Access to care**
- **Substance use**
- **Diversity, equity, inclusion**

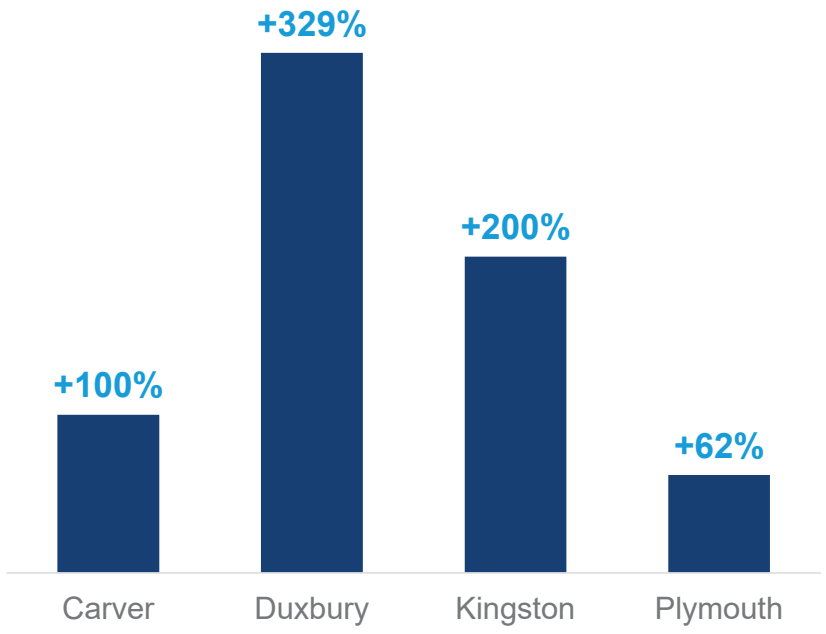
CHNA Progress
Key Themes: Mental Health (Youth)

Significant prevalence of stress, anxiety, behavioral issues

- Made worse by Covid

Need for more providers and treatment options, especially inpatient and outpatient treatment, child psychiatrists, and peer support groups

Increase in inpatient discharge rates for mental health condition, for 0-17 year olds, FY17-FY19



Data source: Massachusetts Center for Health Information and Analysis

CHNA Progress
Preliminary Themes: Mental Health (Adult)

Mental health issues including anxiety, stress, depression, and isolation

- Issues have always existed, but were exacerbated by COVID
- Some segments of the community facing significant mental health impacts of racism and discrimination

16% of BIDP Community Health Survey respondents reported that health care could not meet mental health needs of the community

Percentage* with 15 or more poor mental health days reported in the past month (Fall 2020)

**Unweighted percentages displayed*

Data source: COVID-19 Community Impact Survey, MDPH

CHNA Progress

Key Themes: Social Determinants of Health

Primary concerns:

- Access to transportation, especially for older adults
- Lack of affordable housing
- Economic insecurity/high cost of living
- Workforce shortages
- Food insecurity
- Built environment (sidewalks, roads)

When asked what they'd like to improve in their community, the top two responses from BIDP respondents were "more access to public transportation" **(50%)** and "more affordable housing" **(44%)**

more access to public transportation

more affordable housing

Percentage* worried about paying for one or more type of expense/bills in coming weeks (Fall 2020)

**Unweighted percentages displayed*

Data source: COVID-19 Community Impact Survey, MDPH

CHNA Progress
Key Themes: Access to Care

- Certain populations face significant barriers to access and navigation:
  - Non-English speakers
  - Older adults without caregivers
  - Individuals with disabilities
- Providers not taking new patients, or wait lists are too long
- Telehealth provides access, but also barriers for some

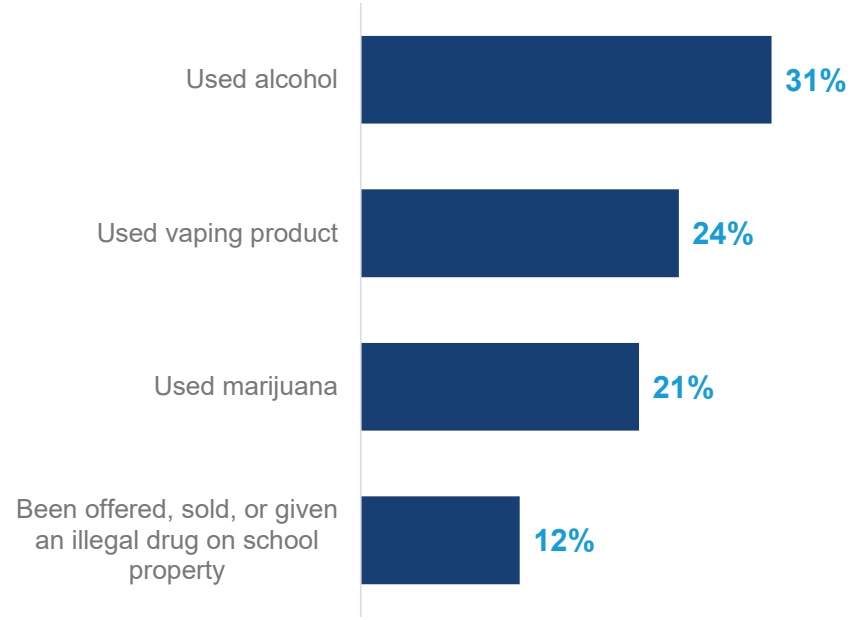
"The whole [healthcare] system is very complicated. It's complicated for people that work in it every day. I can only imagine how convoluted and hard it must be for someone if English may not be their first language."

– Key informant interviewee

CHNA Progress
Key Theme: Substance Use

- Lack of substance use treatment and supportive services in the region, for adults and for youth (inpatient treatment, psychiatry, transitional and long-term residential housing)
- Impacts of COVID (isolation, fragmentation or pause in treatment/services) led to increase in relapse
- Opioid crisis continues to have significant impact and co-occurring issues (mental health, homelessness)

Substance Use Among Duxbury High School Students (Past 30-Days)



Student Life Attitudes and Behaviors Survey, 2019

CHNA Progress

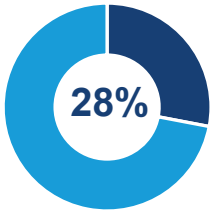
Key Theme: Diversity, Equity, and Inclusion

Service area is increasingly diverse, in terms of race, ethnicity, sexual orientation, gender identity, and socioeconomic status

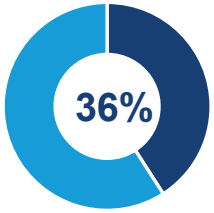
- Varying levels of recognition and acceptance for this diversity

"It's hard for people within Plymouth to kind of dig deeper when it comes to equity and inclusion besides just race."
– Key informant interviewee

AMONG BIDP COMMUNITY HEALTH SURVEY RESPONDENTS:



28% reported that built, economic, and educational environments in the community are impacted by **systemic** racism



36% reported that environments in the community are impacted by **individual** racism

Breakout Sessions

Reconvene

Wrap-up
BID Plymouth Community Benefits

Andrea Holleran
Vice President of Strategic Planning and External Affairs
508-830-2029
aholleran@bidplymouth.org

Community Benefits Information on website:
http://www.bidplymouth.org/community-benefits

Community Health Needs Assessment (CHNA) Information on website:
http://www.bidplymouth.org/chna-is

Community Benefits Annual Meeting: June 22nd, 8:00-10:00

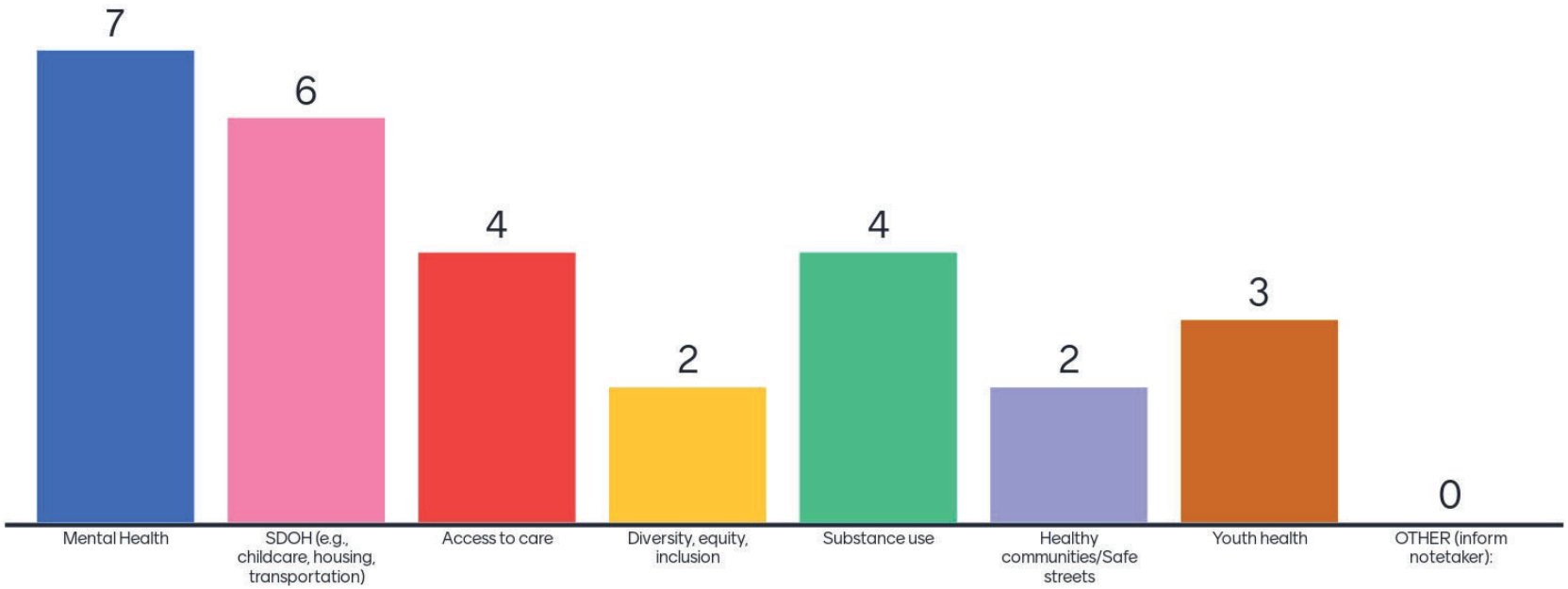
Thank you!

Beth Israel Lahey Health

Choose your top 4 priority areas.

Mentimeter

Priority vote results from January 31, 2022 Listening Session



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Priority Area 1: Mental Health

Listening Session - January 31, 2022

Resources/Assets

BID / BILH Plymouth

https://plymouthcountyoutreach.org/hub/ Geographic groups of social service providers that come together and support sharing of information and referral - For those who are at-risk

Community Health Centers

Interface Referral Service with William James for Plymouth

alzheimer's association

Police and first responders

Gaps/Barriers

Expand Interface beyond Plymouth

Confidentiality and stigma

Med Management for adults and youth

Priority Area 2: Social Determinants of Health

Resources/Assets

PACE

RAFT program Residential Assistance Homeless Prevention Program

SS Community Action

Old Colony Elder Services

COAs

PYDC

Coastline Elder services

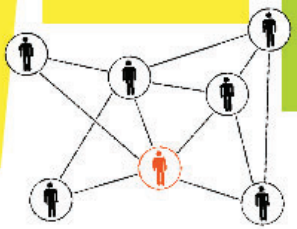
Homeless services in region

Plymouth County Outreach - Overdose Follow-up with education and awareness

NeighborWorks Housing Solutions - administers state and federal rental assistant

Father Bills and Mainspring

Local Health Departments



Gaps/Barriers

Expand PACE into Plymouth

Priority Area 3: Access to Care

Resources/Assets

BID / BILH Plymouth

Kingston COA has a resource inventory

Harbor Health - Plymouth CHC

SS Community Action

Gaps/Barriers

Lack of prenatal care

Resource Inventory needed - Single point of entry

Programs to support navigation (e.g., case management and CHWs)

Services for dementia

Aunt Bertha - Like resource

Stigma and fear of judgement

Issues for the undocumented are a major problem

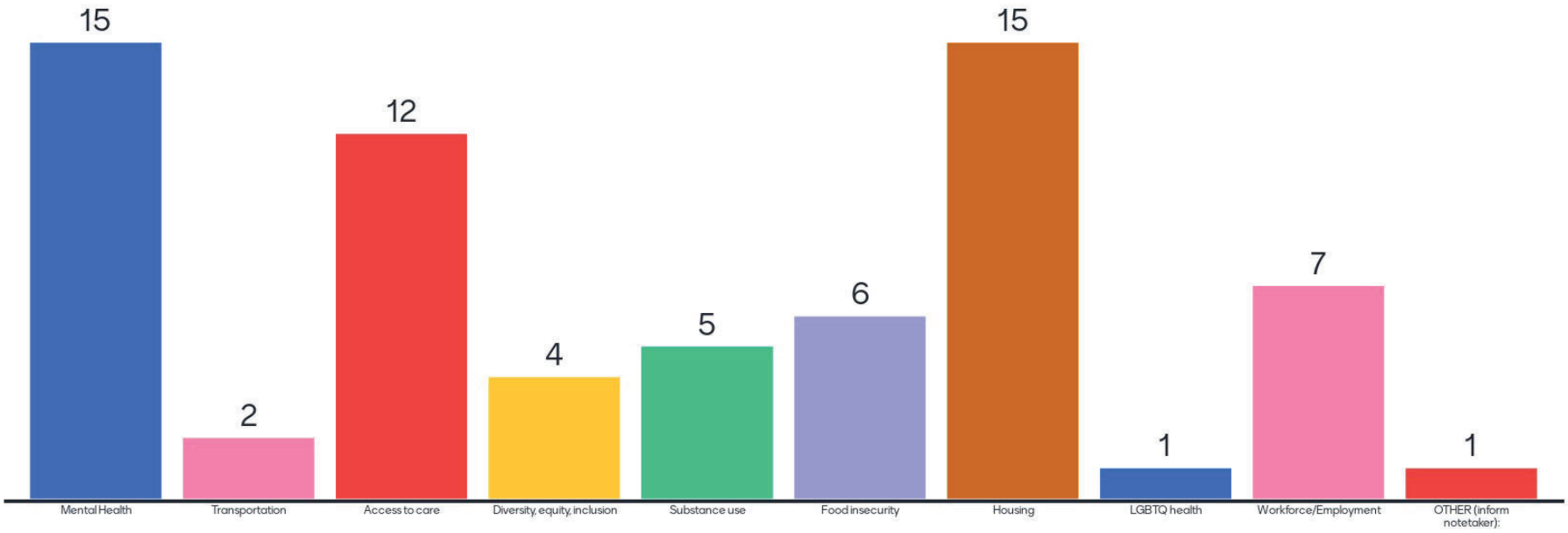
Large Haitian population are in need of services

Need for interpreter services for Haitians and Portuguese

Choose your top 4 priority areas.

Mentimeter

Priority vote results from February 17, 2022 Listening Session



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Priority Area 1: Mental Health

Listening Session Findings, February 17, 2022

Resources/Assets

- Lack of Stigma
- Massachusetts 2-1-1 number to connect to services
- NAMI Plymouth
- concrete local assets
- William James College
- Increasing acceptance of Mental Health, particularly among youth and teenagers. Education around suicide prevention has been strong.
- Traditional network of counselors, social workers, independent providers, inpatient psychiatric facilities
- Crisis text line 741741
- emergency service providers has come a long way to help people in crisis. calling child and family services instead of 911. 988 will be a new number for crises.
- embedding mental health with medical PCP offices
- Strong peer voice - community strength around recovery
- change in how people see mental health, people feel comfortable reaching out to care
- Plymouth Youth Collaborative social norms campaigns

Gaps/Barriers

- Education & Awareness +2
- Equitable Access to Care
- Long wait times +1
- Poverty and access inequity
- lack of providers, retention
- 
- Workforce shortage
- at-home visits stopped due to COVID which was helpful in supporting and recognizing needs
- Lack of access to inpatient care in an appropriate setting
- Availability of information around what resources are available
- services not long-term enough
- Accessibility of services (e.g., language, literacy)
- Apprehension and fear around losing benefits
- "mental health" as "behavioral health," sometimes the umbrella category brings things together but also makes the differentiation confusing
- Stigma
- Irregular recovery processes in place - different people have access to different resources.

Priority Area 2: Housing

Resources/Assets

- BAMSI
- Father Bills
- Catholic Charities
- Salvation Army
- Plymouth Family Resource Center
- A lot of financial rent assistance available (i.e. RAFT, HAF mortgage assistance, rent and mortgage assistance here at SSCAC)
- connectedness of existing programs
- Brockton homelessness task force
- neighborworks / housing solutions that support housing needs including the RAFT program +1
- Community organizations exist across silos and are eager to help

Gaps/Barriers

- Long waiting times for assistance vouchers - lacking awareness of centralized vs local lists +1
- Discrimination and landlord cooperation
- front door to care and temporary solutions important, but main focus needs to be on providing sustainable, long-term housing
- Non-english speakers in the community face significant barriers to entry +1
- accessible to those who cannot produce/provide various forms of documentation and paperwork; including those who may need help to avoid eviction but are non-citizens and may not reach out for fear of
- better, quicker way to get people into shelters
- Application process is inequitable
- Need for more sustainable solutions
- Evictions follow families as they try to become re-housed
- Need for a comprehensive view of what affordable housing means - understanding what this truly means. Affordable housing extends beyond just the house.
- support for lower-middle income households
- Lack of affordable housing and housing in general
- Need more family shelters or wraparound services for families
- Questioning what affordable housing means in the extended community
- Connections between community organizations and agencies needs to be stronger - Creation of bridges is needed.
- emergency shelters demonstrate a lack of trust in people
- Irregularity in benefits programs and access to resources over the long-term
- Shelters are overbooked and lacking space

Priority Area 3: Access to Care

Resources/Assets

- more walk-ins now than before
- quality and quantity of health facilities. talented, caring people in the healthcare system providing substantial services. local institutions and renowned institutions in Boston
- Aunt Bertha
- hospitals merging making access easier, less of a need to commute to boston
- SHINE counselors and insurance coverage support
- Interface Program (Plymouth Public Schools) - membership program. Training for psychologists.
- SSCAC Resource Directory
- Nonprofits in the area collaborating to help someone get the services they need
- Plymouth County Hub

Gaps/Barriers

- transportation issues
- Increasing costs of second hand cars - transportation is increasingly a barrier
- folks without sufficient health care coverage at great risk
- Language needs beyond English
- waiting times for specialists
- Burnout, labor shortages
- Non-english speaking community members feel more comfortable commuting to Boston to access adequate care. Time inefficiency, increases child care costs.
- Access to primary healthcare
- costs - high deductibles, insurance costs even if insured

Priority Area 4: Workforce/Employment

Resources/Assets

MassHire Workforce boards (adults and youth)

Gaps/Barriers

- Impact of COVID has led to major burnout
- DEI - more diverse workforce, cultural competency
- Better recruitment and retention
- Transportation to and from employment
- More staff training on self-care and work/life balance (does HR have resources on this topic)
- Lack of support from healthcare providers
- greater staffing for medical specialities
- Lack of equity in compensation given workload increases
- trades training
- Lack of caretaking and home health aids
- Lack of training resources

Appendix B:
Data Book

Secondary Data

Key

Significantly low compared to the Commonwealth based on margin of error

Significantly high compared to the Commonwealth overall based on margin of error

			Community Benefits Service Area				
	MA	Plymouth County	Carver	Duxbury	Kingston	Plymouth	Source
Demographics							
Population							US Census Bureau, American Community Survey 2016-2020
Total Population	6,873,003	518,597	11,745	15,912	13,746	60,991	
Male	48.5%	48.6%	48.0%	49.4%	47.9%	48.2%	
Female	51.5%	51.4%	52.0%	50.6%	52.1%	51.8%	
Age Distribution							US Census Bureau, American Community Survey 2016-2020
Under 5 years (%)	5.2%	5.3%	4.2%	5.0%	4.8%	4.2%	
5 to 9 years	5.3%	5.7%	5.3%	7.2%	5.0%	5.3%	
10 to 14 years	5.7%	6.3%	6.7%	8.7%	6.4%	5.0%	
15 to 19 years	6.6%	6.6%	6.1%	5.1%	8.6%	4.3%	
20 to 24 years	7.1%	6.1%	7.1%	4.6%	5.0%	4.7%	
25 to 34 years	14.3%	11.0%	8.8%	5.9%	7.4%	11.6%	
35 to 44 years	12.2%	11.5%	11.4%	10.1%	13.5%	11.1%	
45 to 54 years	13.3%	14.5%	15.2%	16.5%	16.0%	13.8%	
55 to 59 years	7.1%	7.7%	8.4%	7.8%	5.0%	8.2%	
60 to 64 years	6.5%	7.2%	7.4%	6.3%	8.8%	8.3%	
65 to 74 years	9.5%	10.8%	10.4%	13.5%	10.2%	14.7%	
75 to 84 years	4.6%	5.1%	7.2%	6.0%	6.7%	6.6%	
85 years and over	2.4%	2.2%	1.7%	3.5%	2.7%	2.1%	
Under 18 years of age	19.8%	21.5%	20.4%	24.7%	22.4%	17.5%	
Over 65 years of age	16.5%	18.1%	19.3%	22.9%	19.6%	23.4%	
Race/Ethnicity							US Census Bureau, American Community Survey 2016-2020
White alone (%)	76.6%	82.1%	94.5%	95.7%	95.3%	93.8%	
Black or African American alone (%)	7.5%	9.4%	0.4%	1.1%	0.6%	1.7%	
Asian alone (%)	6.8%	1.5%	1.0%	1.9%	0.3%	0.8%	
Native Hawaiian and Other Pacific Islander (%) alone	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
American Indian and Alaska Native (%) alone	0.2%	0.2%	0.2%	0.1%	0.0%	0.1%	
Some Other Race alone (%)	4.2%	3.2%	1.6%	0.1%	0.7%	1.0%	
Two or More Races (%)	4.8%	3.6%	2.3%	1.2%	3.1%	2.6%	
Hispanic or Latino of Any Race (%)	12.0%	4.0%	1.2%	0.8%	3.5%	3.1%	

Race/Ethnicity of Students in Public Schools							Massachusetts Department of Elementary and Secondary Education, 2021-2022 (Selected populations)
African American (%)	9.3		2	0.5	0.6	2.2	
Asian (%)	7.2		0.3	1.3	0.6	1	
Hispanic (%)	22.3		1.7	2.5	2.2	6.6	
White (%)	56.7		94.5	91.9	95.6	85.1	
Native American (%)	0.2		0.3	0.1	0.3	0.2	
Native Hawaiian, Pacific Islander (%)	0.1		0.1	-	-	-	
Multii-Race, Non-Hispanic (%)	4.10		1.10	3.80	0.80	4.80	
Foreign-born	17.0%	9.7%	3.0%	3.0%	2.0%	6.0%	US Census Bureau, American Community Survey 2016-2020
Naturalized U.S. Citizen	54.2%	61.0%	36.3%	69.0%	77.8%	47.5%	
Not a U.S. Citizen	45.8%	39.0%	63.7%	31.0%	22.2%	52.5%	
Region of birth: Europe	20.0%	14.3%	21.2%	44.4%	30.3%	26.1%	
Region of birth: Asia	31.1%	12.3%	8.1%	37.9%	16.9%	24.3%	
Region of birth: Africa	9.3%	29.7%	0.5%	3.8%	1.9%	0.8%	
Region of birth: Oceania	0.3%	0.2%	0.0%	0.0%	0.0%	0.0%	
Region of birth: Latin America	36.7%	40.8%	64.9%	8.1%	46.3%	42.8%	
Region of birth: Northern America	2.5%	2.7%	5.2%	5.8%	4.7%	6.0%	
Language							US Census Bureau, American Community Survey 2016-2020
English only	76.1%	86.5%	93.8%	96.3%	95.0%	92.9%	
Language other than English	23.9%	13.5%	6.2%	3.7%	5.0%	7.1%	
Speak English less than "very well"	9.2%	5.2%	2.1%	0.6%	1.0%	2.2%	
Spanish	9.1%	2.7%	1.3%	1.2%	1.9%	1.2%	
Speak English less than "very well"	3.8%	1.0%	0.4%	0.5%	0.5%	0.5%	
Other Indo-European languages	9.0%	9.5%	4.0%	1.9%	2.6%	4.3%	
Speak English less than "very well"	3.0%	3.8%	1.6%	0.0%	0.6%	1.5%	
Asian and Pacific Islander languages	4.4%	0.8%	0.6%	0.6%	0.1%	0.7%	
Speak English less than "very well"	2.0%	0.3%	0.1%	0.1%	0.0%	0.2%	
Other languages	1.4%	0.5%	0.3%	0.0%	0.4%	0.9%	
Speak English less than "very well"	0.4%	0.1%	0.0%	0.0%	0.0%	0.0%	
Percent of public school student population that are English language learners (%)	10.5		1.4	0.3	2.6	2.8	Massachusetts Department of Elementary and Secondary Education, 2021-2022 (Selected populations)
Employment							US Census Bureau, American Community Survey 2016-2020
Unemployment rate	5.1%	5.1%	5.2%	3.4%	2.7%	5.5%	
Unemployment rate by race/ethnicity							
White alone	4.5%	4.5%	4.3%	3.4%	2.4%	5.4%	
Black or African American alone	8.3%	8.7%	0.0%	0.0%	15.6%	11.0%	
American Indian and Alaska Native alone	10.7%	10.2%	-	-	-	0.0%	

Asian alone	4.2%	4.1%	-	8.5%	0.0%	0.0%	
Native Hawaiian and Other Pacific Islander alone	5.4%	0.0%	-	-	-	-	
Some other race alone	8.3%	7.3%	0.0%	0.0%	17.7%	0.0%	
Two or more races	9.1%	7.6%	29.9%	0.0%	0.0%	7.2%	
Hispanic or Latino origin (of any race)	8.3%	7.5%	0.0%	0.0%	5.6%	3.6%	
Unemployment rate by educational attainment							
Less than high school graduate	9.7%	10.3%	6.3%	0.0%	23.7%	6.1%	
High school graduate (includes equivalency)	5.9%	5.9%	3.4%	8.6%	2.3%	5.4%	
Some college or associate's degree	4.5%	4.0%	1.8%	4.2%	1.0%	5.1%	
Bachelor's degree or higher	2.8%	2.6%	0.8%	2.8%	3.7%	5.2%	
Income and Poverty							US Census Bureau, American Community Survey 2016-2020
Median household income (dollars)	84,385	92,906	61,374	126,889	95,197	92,757	
Population living below the federal poverty line in the last 12 months							
Individuals	9.8%	6.7%	7.0%	3.7%	5.0%	5.0%	
Families	6.6%	4.4%	5.0%	2.1%	2.3%	2.5%	
Individuals under 18 years of age	12.2%	7.7%	8.0%	2.7%	5.3%	5.7%	
Individuals over 65 years of age	8.9%	6.6%	6.8%	5.5%	3.5%	3.5%	
Female head of household, no spouse present	20.5%	14.1%	11.0%	7.8%	14.3%	10.7%	
White alone	7.9%	5.4%	5.3%	3.8%	4.6%	4.8%	
Black or African American alone	17.6%	13.8%	0.0%	0.0%	12.3%	17.7%	
American Indian and Alaska Native alone	23.3%	9.6%	0.0%	0.0%	-	0.0%	
Asian alone	11.8%	4.9%	45.3%	0.0%	0.0%	4.2%	
Native Hawaiian and Other Pacific Islander alone	11.9%	43.0%	-	-	-	-	
Some other race alone	22.2%	14.7%	82.9%	100.0%	75.0%	7.4%	
Two or more races	15.5%	9.4%	7.3%	0.0%	0.0%	5.0%	
Hispanic or Latino origin (of any race)	23.0%	15.4%	54.0%	6.3%	19.8%	8.4%	
Less than high school graduate	23.2%	18.2%	15.7%	1.8%	11.9%	16.7%	
High school graduate (includes equivalency)	11.7%	8.9%	5.8%	9.6%	6.5%	6.4%	
Some college, associate's degree	8.4%	5.4%	8.6%	3.4%	1.3%	4.1%	
Bachelor's degree or higher	3.9%	2.5%	0.7%	2.9%	4.4%	3.0%	
With Social Security	30.2%	34.3%	37.6%	38.3%	36.6%	39.0%	
With retirement income	19.3%	23.6%	25.1%	27.6%	28.4%	29.5%	
With Supplemental Security Income	5.9%	5.4%	6.7%	6.1%	3.2%	4.3%	
With cash public assistance income	2.8%	2.7%	1.8%	1.1%	1.7%	2.7%	
With Food Stamp/SNAP benefits in the past 12 months	11.6%	9.9%	10.4%	1.5%	3.3%	6.3%	
Public School Distric Students Who are Economically Disadvantaged (%)	36.6		25.5	6.7	19.6	27.0	Massachusetts Department of Elementary and Secondary Education, 2021-2022 (Selected populations)

Housing							US Census Bureau, American Community Survey 2016-2020
Occupied housing units	2,646,980	190,355	4,609	5,800	5,234	24,412	
Owner-occupied	62.5%	77.2%	90.4%	89.7%	81.9%	80.7%	
Renter-occupied	37.5%	22.8%	9.6%	10.3%	18.1%	19.3%	
Lacking complete plumbing facilities	0.3%	0.3%	0.0%	0.0%	0.0%	0.7%	
Lacking complete kitchen facilities	0.8%	0.4%	0.0%	0.2%	1.0%	0.3%	
No telephone service available	1.2%	0.7%	0.0%	0.6%	0.0%	0.5%	
Monthly housing costs <35% of total household income							
Among owner-occupied housing units with a mortgage	22.0%	23.9%	33.1%	21.9%	27.6%	27.2%	
Among owner-occupied units without a mortgage	15.2%	15.3%	27.6%	19.4%	18.9%	13.5%	
Among occupied units paying rent	39.1%	42.6%	66.2%	29.8%	29.9%	41.8%	
Eviction filing rate (%)	1.52	1.79	No data	1.60	1.84	1.08	Eviction Lab, 2018 Evictions
Access to Technology							US Census Bureau, American Community Survey 2016-2020
Among households							
Has smartphone	83.3%	83.8%	76.2%	86.8%	86.5%	86.6%	
Has desktop or laptop	82.2%	83.9%	87.9%	93.2%	82.8%	86.2%	
Has tablet or other portable wireless computer	64.8%	68.5%	61.9%	76.7%	69.3%	72.2%	
No computer	7.4%	5.9%	5.4%	3.1%	6.6%	4.4%	
With broadband internet	88.2%	89.6%	87.8%	96.2%	88.4%	93.0%	
Transportation							US Census Bureau, American Community Survey 2016-2020
Mode of transportation to work for workers aged 16+							
Car, truck, or van -- drove alone	68.0%	77.3%	83.7%	72.9%	79.5%	76.4%	
Car, truck, or van -- carpooled	7.3%	7.3%	7.1%	6.4%	8.2%	9.0%	
Public transportation (excluding taxicab)	9.5%	5.2%	1.2%	7.6%	2.0%	3.2%	
Walked	4.8%	1.6%	0.9%	0.7%	0.2%	1.7%	
Other means	2.1%	1.3%	0.5%	1.4%	1.1%	1.6%	
Worked from home	8.3%	7.3%	6.5%	11.1%	9.0%	8.0%	
Mean travel time to work (minutes)	30	33.2	31.9	39.6	33.8	31.8	
Vehicles available among occupied housing units							
No vehicles available	12.2%	6.1%	4.6%	3.0%	4.1%	4.5%	
1 vehicle available	35.1%	29.3%	33.9%	20.9%	25.0%	29.4%	
2 vehicles available	36.1%	42.2%	38.7%	45.1%	45.6%	47.4%	
3 or more vehicles available	16.5%	22.5%	22.8%	31.0%	25.3%	18.7%	
Education							US Census Bureau, American Community Survey 2016-2020
Educational attainment of adults 25 years and older							
Less than 9th grade (%)	4.2%	3.0%	1.6%	0.3%	0.5%	1.3%	
9th to 12th grade, no diploma (%)	4.7%	4.2%	3.1%	4.4%	2.4%	3.5%	

High school graduate (includes equivalency) (%)	23.5%	27.5%	40.3%	10.7%	24.8%	25.7%	
Some college, no degree (%)	15.3%	17.5%	20.6%	11.5%	17.5%	18.0%	
Associate's degree (%)	7.7%	9.7%	10.9%	4.3%	12.0%	11.6%	
Bachelor's degree (%)	24.5%	24.1%	13.6%	38.0%	30.9%	25.2%	
Graduate or professional degree (%)	20.0%	14.0%	10.0%	30.8%	11.9%	14.7%	
High school graduate or higher (%)	91.1%	92.8%	95.3%	95.3%	97.2%	95.2%	
Bachelor's degree or higher (%)	44.5%	38.1%	23.6%	68.8%	42.8%	39.9%	
Educational attainment by race/ethnicity							
White alone							
High school graduate or higher	93.3%	95.5%	95.1%	95.3%	97.3%	95.7%	
Bachelor's degree or higher	46.3%	40.8%	23.3%	68.6%	42.3%	40.7%	
Black alone							
High school graduate or higher	86.2%	79.9%	100.0%	100.0%	92.2%	80.0%	
Bachelor's degree or higher	27.6%	21.6%	19.1%	31.1%	28.6%	18.4%	
American Indian or Alaska Native alone							
High school graduate or higher	81.0%	93.9%	-	100.0%	-	85.9%	
Bachelor's degree or higher	21.9%	16.4%	-	100.0%	-	16.9%	
Asian alone							
High school graduate or higher	85.7%	87.0%	100.0%	100.0%	100.0%	90.0%	
Bachelor's degree or higher	61.8%	57.3%	33.3%	100.0%	29.2%	39.3%	
Native Hawaiian and Other Pacific Islander alone							
High school graduate or higher	89.1%	40.2%	-	-	-	-	
Bachelor's degree or higher	36.4%	40.2%	-	-	-	-	
Some other race alone							
High school graduate or higher	69.9%	67.6%	100.0%	62.5%	82.3%	88.1%	
Bachelor's degree or higher	15.7%	13.1%	8.0%	62.5%	82.3%	31.3%	
Two or more races							
High school graduate or higher	81.3%	79.6%	100.0%	64.8%	100.0%	92.4%	
Bachelor's degree or higher	34.9%	23.2%	51.7%	61.1%	84.6%	27.0%	
Hispanic or Latino Origin							
High school graduate or higher	72.4%	78.5%	100.0%	93.3%	82.4%	90.0%	
Bachelor's degree or higher	20.9%	23.4%	0.0%	88.9%	40.3%	28.2%	
4-Year graduation rate among public high school students (%)	89.00		94.20	99.20	-	93.90	Massachusetts Department of Elementary and Secondary Education, 2020
Safety/Crime							Massachusetts Crime Statistics, 2021
Property crime rate (#)							
Burglary	9,592		9	3	3	43	

Larceny-theft	55,672		52	34	67	597	
Motor vehicle theft	7,045		3	2	5	24	
Arson	312		0	0	0	1	
Crimes against persons offenses (#)							
Murder/non-negligent manslaughter	151		0	0	0		
Sex offenses	4,171		6	13	6	60	
Assaults	67,690		54	22	67	510	
Access to Care							
Ratio of population to primary care physicians	960 to 1	1590 to 1					County Health Rankings, 2019
Ratio of population to mental health providers	140 to 1	170 to 1					County Health Rankings, 2021
Ratio of population to dentists	930 to 1	1360 to 1					County Health Rankings, 2020
Health insurance coverage among civilian noninstitutionalized population (%)							American Community Survey (U.S. Census Bureau), 2016-2020
With health insurance coverage	97.3%	98%	98%	98%	99%	97%	
With private health insurance	74.5%	77%	81%	89%	87%	80%	
With public coverage	36.1%	36%	37%	28%	29%	37%	
No health insurance coverage	2.7%	2%	2%	2%	1%	3%	

Key

Significantly low compared to the Commonwealth based on margin of error

Significantly high compared to the Commonwealth overall based on margin of error

			Community Benefits Service Area				
	Massachusetts	Plymouth County	Carver	Duxbury	Kingston	Plymouth	Source
Overall Health							Massachusetts Death Report, 2019
Mortality rate (age-adjusted per 100,000)	690.1	726.8	815.3	510.9	698.3	702.2	
Premature deaths (per 100,000)	272.8	288.3	421.4	208.3	314.1	270.3	
Leading causes of death (counts)							
Cancer	12,584	1,101	37	34	18	144	
Heart Disease	11,779	981	27	28	28	126	
Chronic Lower Respiratory Disease	2,842	287	7	5	11	27	
Stroke	2,463	200	5	1	6	22	
Disability							US Census Bureau, American Community Survey 2016-2020
Percent of population with a disability	11.7%	11.3%	13.2%	9.2%	11.0%	10.9%	
Under 18	4.7%	3.8%	8.6%	2.7%	3.4%	2.3%	
18-64	8.9%	9.0%	9.6%	5.1%	7.7%	8.7%	
65+	31.3%	28.2%	29.3%	26.1%	30.6%	23.1%	
Healthy Living							
Adults over 18 with no leisure-time physical activity (age-adjusted) (%)	26	25					Behavioral Risk Factor Surveillance System, 2019
Adults who participated in enough aerobic and muscle strengthening exercises to meet guidelines (%)	22.2						Behavioral Risk Factor Surveillance System, 2019
Population with adequate access to locations for physical activity (%)	89	80					County Health Rankings, 2021
Adults who consumed fruit less than one time per day (%)	32.7						Behavioral Risk Factor Surveillance System, 2019
Adults who consumed vegetables less than one time per day (%)	15.5						Behavioral Risk Factor Surveillance System, 2019
Population with limited access to healthy foods (%)	4	5					USDA Food Environment Atlas, 2019
Total Population that Did Not Have Access to a Reliable Source of Food During Past Year (food insecurity rate) (%)	8.2						Feeding America, Map the Meal Gap, 2019
Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted) (%)	34	37					Behavioral Risk Factor Surveillance System, 2018
Mental Health							
Average number of mentally unhealthy days in past 30 days (adults)	4.2	4.6					County Health Rankings, 2019
Youth Behavioral Risk Survey (YRBS)	2019			2019			Youth Risk Behavior Survey - Report years indicated
% of students (grades 6-8) bullied on school property (%)	35.3			--			
% of students (grades 6-8) bullied electronically (%)	15.2			--			
% of students (grades 9-12) bullied on school property (%)	16.3			--			
% of students (grades 9-12) bullied electronically (%)	13.9			--			
% of students (grades 6-8) reporting self harm (%)	21			--			
% of students (grades 6-8) reporting suicide ideation (%)	11.3			--			
% of students (grades 6-8) reporting suicide attempt (%)	5			--			
% of students (grades 9-12) reporting self harm (%)	16.4			--			
% of students (grades 9-12) reporting suicide ideation (%)	17.5			10.0			
% of students (grades 9-12) reporting suicide attempt (%)	7.3			7.0			
Substance Use							
Admissions to DPH-funded treatment programs (count)	98944		255	125	154	1070	MA DPH, Bureau of Substance Abuse Services, 2017
Rate of injection drug user admissions to DPH-funded treatment program (%)	52.4		56.5	32.8	27.9	45.9	
Primary substance of use when entering treatment							
Alcohol (%)	32.8		26.3	39.2	51.3	35.2	
Crack/Cocaine (%)	4.1		3.5	-	-	2.8	

Heroin (%)	52.8		61.2	38.4	33.8	48.5	
Marijuana (%)	3.5		-	10.4	-	3.9	
Other Opioids (%)	4.6		7.5	6.4	7.1	7.2	
Other Sedatives/Hypnotics (%)	1.5		-	-	-	1.8	
Other Stimulants (%)	0.5		-	-	-	-	
Other (%)	0.3		-	-	-	-	
Adults who report current smoking status (%)	12	16					Behavioral Risk Factor Surveillance System, 2019
Adults who report excessive drinking (binge or heavy drinking) (%)	24	25					Behavioral Risk Factor Surveillance System, 2019
Youth Risk Behavior Survey (YRBS) - report year indicated	**2019**			**2019**			Youth Risk Behavior Survey - Report years indicated
Students (grades 6-8) reporting lifetime alcohol use (%)	13.6			--			
Students (grades 6-8) reporting current alcohol use (%)	4.4			--			
Students (grades 9-12) reporting lifetime alcohol use (%)	--			54.0			
Students (grades 9-12) reporting current alcohol use (%)	29.8			31.0			
Students (grades 6-8) reporting current binge alcohol use (%)	0.9			--			
Students (grades 9-12) reporting current binge alcohol use (%)	15.0			17.0			
Students (grades 6-8) reporting lifetime cigarette use (%)	5.2			--			
Students (grades 6-8) reporting current cigarette use (%)	--			--			
Students (grades 9-12) reporting lifetime cigarette use (%)	17.7			17.0			
Students (grades 9-12) reporting current cigarette use (%)	5.0			5.0			
Students (grades 6-8) reporting lifetime marijuana use (%)	7.0			--			
Students (grades 6-8) reporting current marijuana use (%)	3.0			--			
Students (grades 9-12) reporting lifetime marijuana use (%)	41.9			32.0			
Students (grades 9-12) reporting current marijuana use (%)	26.0			21.0			
Students (grades 6-8) reporting lifetime electronic tobacco use (%)	14.7			--			
Students (grades 6-8) reporting current electronic tobacco use (%)	--			--			
Students (grades 9-12) reporting lifetime electronic tobacco use (%)	50.7			40.0			
Students (grades 9-12) reporting current electronic tobacco use (%)	32.2			24.0			
Chronic Disease (more data on CHIA data tabs)							
Cancer mortality (all types, age-adjusted rate per 100,000)	149.92						Massachusetts Cancer Registry, 2014-2018
Cancer incidence (age-adjusted per 100,000)							
All sites	498.16						
Breast Cancer	176.35						
Cervical Cancer	5.5						
Coloretal Cancer	35.96						
Lung and Bronchus Cancer	61.41						
Prostate Cancer	108.84						
Risk Factors							
Percent of Adults who are Obese (%)	24.4		-	23	25.8	27.2	Behavioral Risk Factor Surveillance System, 2018
Diagnosed diabetes among adults aged >=18 years (%)	8.6		-	5.5	6.7	7.4	Behavioral Risk Factor Surveillance System, 2018
Age-adjusted mortality due to heart disease per 100,000 population (%)	138.7						Massachusetts Department of Public Health, Population Health Information Tool, 2015
Adults ever told by doctor that they had had heart disease (%)	6.2						Behavioral Risk Factor Surveillance System, 2017
Adults ever told by doctor that they had high blood pressure (%)	28.1						Behavioral Risk Factor Surveillance System, 2017
Adults ever told by doctor that they had high cholesterol (%)	49.2						Behavioral Risk Factor Surveillance System, 2017
Reproductive Health							
Infant Mortality Rate (per 1,000 live births)	3.7	2.9					March of Dimes, 2019
Low birth weight (%)	7.4	7.2					March of Dimes, 2020
Mothers with late or no prenatal care (%)	3.9%	4.4					March of Dimes, 2020
Births to adolescent mothers (per 1,000 females ages 15-19)	8	7					National Center for Health Statistics, 2014-2020

Percent of mothers receiving publicly funded prenatal care 2016	38.6%						Massachusetts Births 2016
Women screened for postpartum depression within 6 months after delivery (%)							MDPH January 2016-December 2016
White (non-Hispanic)	13.6%						
Black (non-Hispanic)	9.7%						
Asian or Pacific Islander (non-Hispanic)	14.6%						
American Indian/Alaska Native (non-Hispanic)	10.3%						
Other race (non-Hispanic)	13.3%						
Unknown race	12.4%						
Less than a high school diploma	8.0%						
With a high school diploma or GED	9.3%						
Some College/Associate Degree	11.4%						
Bachelor Degree	14.1%						
Graduate Degrees	15.2%						
Among individuals who had a full-term birth	12.1%						
Among individuals who had a pre-term birth	11.5%						
Among individuals who are not married	9.7%						
Among individuals who are married	13.7%						
Frequency of self-reported postpartum depressive symptoms 2017							MDPH 2019. CY18 Summary of Activities Related to Screening for Postpartum
Rarely/Never	61.40%						
Often/Always	10.70%						
Sometimes	27.90%						
Communicable and Infectious Disease							
HIV prevalence (per 100,000 population 13 years and older)	355	245					National Center for HIV/AIDS, Viral Hepatitis, STD, TB Prevention, 2019
Rate of STI infection cases							Massachusetts Population Health Information Tool, 2018
Syphillis (case count)	1,164		0	0	0	6	
Gonorrhea (case count)	7,629		0	5	Less than 5	21	
Chlamydia	30,297		22	30	23	122	
Confirmed and probable Hepatitis B cases (per 100,000 population)	25.1						Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences. Hepatitis B Virus Infection 2020 Surveillance Report. https://www.mass.gov/lists/infectious-disease- data-reports-and-requests.
Rate of Hepatitis C (per 100,000)	97.9		82.5	39.6	37.1	94.5	Massachusetts Population Health Information Tool, 2018
Tuberculosis (case count)	204		0	0	0	1	Massachusetts Population Health Information Tool, 2018
Medicare enrollees that had annual flu vaccination (%)	56%	57%					Mapping Medicare Disparities, 2019

***Suppressed**

	Massachusetts	Plymouth County	*Community Benefits Service Area* Carver	Duxbury	Kingston	Plymouth	*Source*
COVID-19 Community Impact Survey							MDPH COVID-19 Community Impact Survey, updated November 2021. Note that these unweighted percentages represent rates of response of individuals that completed the survey in those geographies, and may not be represenative of those geographies as a whole.
% very worried about getting infected with COVID-19		27%	31%	*	17%	27%	
% ever been tested for COVID		39%	37%	*	30%	42%	
% who have not gotten the medical care they needed since July 2020		19%	27%		10%	26%	
% with 15 or more of poor mental health days in the past 30 days (unweighted %)		35%	38%	*	30%	35%	
% of substance users who said they are now using more substances than before the pandemic			40%		36%	45%	
% Worried about paying for 1 or more types of expense or bills in the coming few weeks (unweighted %)		46%	47%	*	42%	47%	
% Worried about getting food or groceries in the coming weeks (unweighted %)		25%	30%	*	13%	25%	
% Worried about getting face masks in the coming weeks (unweighted %)		13%	*	*	6%	9%	
% Worried about getting medication in the coming weeks (unweighted %)		14%	13%	*	7%	13%	
% Worried about getting broadband in the coming weeks (unweighted %)		11%	*	*	7%	9%	
% of Employed residents who experienced job loss (unweighted %)		8%	22%	*	16%	7%	
% of employed residents who experienced reduced work hours (unweighted %)		12%	*	*	7%	14%	
% Worried about paying mortgage, rent, or utilities related expenses (unweighted %)		34%	36%	*	28%	34%	
% Worried they may have to move out of where they live in the next few months (unweighted %)		17%	*	*	0.235	*	
Boston Indicators: COVID Community Data Lab							Boston Indicators
Unemployment claims (#) reported on 10/30/21	5,901						
Unemplyment rate as of 10/21/21	5.3%						
COVID-19 Layoff							Metropolitian Area Planning Council, The COVID-19 Layoff Housing Gap (October 2020)
Estimated number of households in need of assistance with no government aid (without any unmployment benefits)			264	250	274	1,286	
Total number of continuous unemployment claims as of 9/5 (from DUA)			566	539	593	2,762	

Community Health Needs Assessment - Beth Israel Deaconess Hospital - Plymouth

Source: Center for Health Information and Analysis (CHIA) Massachusetts Inpatient Discharges and Emergency Department Volume

Patients aged 0-17, BID-Plymouth Hospital Community Benefits Service Area defined by BILH Community Benefits

		BID Plymouth Community Benefits Service Area			
	Massachusetts	Carver	Duxbury	Kingston	Plymouth
All Cause					
FY19 Inpatient Discharges (all cause) rate per 100,000	1,735	1,195	1,642	1,753	1,279
Change in Inpatient Discharge Rate FY17 to FY19	-7%	33%	57%	29%	16%
FY19 ED Volume (all cause) rate per 100,000	19,530	13,396	10,331	13,560	14,047
Change in ED Volume Rate FY17 to FY19	-1%	-11%	-1%	8%	-10%
Chronic Disease					
Asthma					
FY19 Inpatient Discharges rate per 100,000	333	85	358	143	216
Change in Inpatient Discharge Rate FY17 to FY19	-12%	0%	20%	-43%	29%
FY19 ED Volume rate per 100,000	2,481	384	537	1,073	951
Change in ED Volume Rate FY17 to FY19	2%	-10%	-28%	131%	59%
Diabetes Mellitus					
FY19 Inpatient Discharges rate per 100,000	53	43	0	36	40
Change in Inpatient Discharge Rate FY17 to FY19	7%	0%	-100%	0%	0%
FY19 ED Volume rate per 100,000	117	85	60	179	40
Change in ED Volume Rate FY17 to FY19	-2%	0%	-33%	400%	-44%
Obesity					
FY19 Inpatient Discharges rate per 100,000	61	43	0	143	48
Change in Inpatient Discharge Rate FY17 to FY19	6%	0%	-100%	0%	50%
FY19 ED Volume rate per 100,000	81	0	0	0	0
Change in ED Volume Rate FY17 to FY19	0%	0%	0%	0%	0%
Injuries and Infections					
Allergy					
FY19 Inpatient Discharges rate per 100,000	125	85	0	72	112
Change in Inpatient Discharge Rate FY17 to FY19	2%	100%	-100%	100%	8%
FY19 ED Volume rate per 100,000	1,874	896	448	966	776
Change in ED Volume Rate FY17 to FY19	-1%	200%	-56%	23%	2%
HIV Infection					
FY19 Inpatient Discharges rate per 100,000	1	0	0	0	0
Change in Inpatient Discharge Rate FY17 to FY19	18%	0%	0%	0%	0%
FY19 ED Volume rate per 100,000	1	0	0	0	0
Change in ED Volume Rate FY17 to FY19	-23%	0%	0%	0%	0%

Infections					
FY19 Inpatient Discharges rate per 100,000	767	725	746	751	496
Change in Inpatient Discharge Rate FY17 to FY19	-2%	113%	32%	133%	0%
FY19 ED Volume rate per 100,000	7,457	4,266	2,837	4,615	4,589
Change in ED Volume Rate FY17 to FY19	4%	-15%	23%	34%	0%
Injuries					
FY19 Inpatient Discharges rate per 100,000	345	384	388	143	232
Change in Inpatient Discharge Rate FY17 to FY19	-4%	-10%	117%	-75%	-3%
FY19 ED Volume rate per 100,000	7,024	7,551	5,375	6,190	6,908
Change in ED Volume Rate FY17 to FY19	-8%	8%	-5%	1%	-10%
Poisonings					
FY19 Inpatient Discharges rate per 100,000	85	85	60	215	136
Change in Inpatient Discharge Rate FY17 to FY19	-30%	100%	100%	-14%	21%
FY19 ED Volume rate per 100,000	501	299	209	215	160
Change in ED Volume Rate FY17 to FY19	32%	-22%	-13%	-25%	-39%
Pneumonia/Influenza					
FY19 Inpatient Discharges rate per 100,000	213	171	299	179	88
Change in Inpatient Discharge Rate FY17 to FY19	3%	0%	400%	400%	-8%
FY19 ED Volume rate per 100,000	1,098	981	448	572	871
Change in ED Volume Rate FY17 to FY19	38%	35%	36%	-16%	35%
Sexually Transmitted Diseases					
FY19 Inpatient Discharges rate per 100,000	4	0	0	0	0
Change in Inpatient Discharge Rate FY17 to FY19	7%	0%	0%	0%	0%
FY19 ED Volume rate per 100,000	35	0	0	36	0
Change in ED Volume Rate FY17 to FY19	15%	0%	0%	0%	-100%
Other					
Attention Deficit Hyperactivity Disorder					
FY19 Inpatient Discharges rate per 100,000	141	128	90	143	136
Change in Inpatient Discharge Rate FY17 to FY19	-3%	0%	200%	300%	70%
FY19 ED Volume rate per 100,000	588	213	239	179	352
Change in ED Volume Rate FY17 to FY19	17%	-29%	33%	-69%	26%

Learning Disorders					
FY19 Inpatient Discharges rate per 100,000	135	85	239	72	104
Change in Inpatient Discharge Rate FY17 to FY19	12%	-50%	300%	0%	550%
FY19 ED Volume rate per 100,000	103	0	0	36	32
Change in ED Volume Rate FY17 to FY19	84%	0%	-100%	0%	100%
Mental Health					
FY19 Inpatient Discharges rate per 100,000	772	171	896	1,073	815
Change in Inpatient Discharge Rate FY17 to FY19	-5%	100%	329%	200%	62%
FY19 ED Volume rate per 100,000	2,592	469	2,210	1,467	1,799
Change in ED Volume Rate FY17 to FY19	5%	-79%	80%	-32%	-43%
Substance Use Disorders					
FY19 Inpatient Discharges rate per 100,000	53	0	30	0	48
Change in Inpatient Discharge Rate FY17 to FY19	-8%	-100%	0%	0%	20%
FY19 ED Volume rate per 100,000	343	128	179	107	216
Change in ED Volume Rate FY17 to FY19	-5%	-79%	-45%	0%	-16%
Complication of Medical Care					
FY19 Inpatient Discharges rate per 100,000	229	128	388	250	96
Change in Inpatient Discharge Rate FY17 to FY19	-4%	0%	333%	133%	-37%
FY19 ED Volume rate per 100,000	208	85	90	179	128
Change in ED Volume Rate FY17 to FY19	3%	-50%	-63%	25%	-38%

Community Health Needs Assessment - Beth Israel Deaconess Hospital - Plymouth

Source: Center for Health Information and Analysis (CHIA) Massachusetts Inpatient Discharges and Emergency Department Volume
Patients aged 18-44, BID-Plymouth Hospital Community Benefits Service Area defined by BILH Community Benefits

		BID Plymouth Community Benefits Service Area			
	Massachusetts	Carver	Duxbury	Kingston	Plymouth
All Cause					
FY19 Inpatient Discharges (all cause) rate per 100,000	6,072	5,984	4,385	7,291	6,194
Change in Inpatient Discharge Rate FY17 to FY19	0%	-21%	-4%	14%	7%
FY19 ED Volume (all cause) rate per 100,000	25,053	21,356	10,020	15,868	20,535
Change in ED Volume Rate FY17 to FY19	-1%	-3%	3%	-2%	-6%
Cancer					
Breast Cancer					
FY19 Inpatient Discharges rate per 100,000	32	80	23	25	36
Change in Inpatient Discharge Rate FY17 to FY19	-10%	200%	0%	-50%	-22%
FY19 ED Volume rate per 100,000	27	0	0	0	41
Change in ED Volume Rate FY17 to FY19	25%	0%	0%	0%	700%
Colorectal Cancer					
FY19 Inpatient Discharges rate per 100,000	15	0	0	0	5
Change in Inpatient Discharge Rate FY17 to FY19	17%	-100%	-100%	-100%	0%
FY19 ED Volume rate per 100,000	4	0	0	0	0
Change in ED Volume Rate FY17 to FY19	21%	-100%	0%	0%	0%
GYN Cancer					
FY19 Inpatient Discharges rate per 100,000	41	27	23	25	21
Change in Inpatient Discharge Rate FY17 to FY19	11%	0%	-50%	0%	-33%
FY19 ED Volume rate per 100,000	30	0	0	0	5
Change in ED Volume Rate FY17 to FY19	23%	0%	0%	-100%	0%
Lung Cancer					
FY19 Inpatient Discharges rate per 100,000	26	80	0	0	5
Change in Inpatient Discharge Rate FY17 to FY19	3%	0%	0%	-100%	-67%
FY19 ED Volume rate per 100,000	7	0	0	0	5
Change in ED Volume Rate FY17 to FY19	47%	0%	0%	0%	0%

Prostate Cancer					
FY19 Inpatient Discharges rate per 100,000	1	0	23	0	0
Change in Inpatient Discharge Rate FY17 to FY19	-15%	0%	0%	0%	0%
FY19 ED Volume rate per 100,000	0	0	0	0	0
Change in ED Volume Rate FY17 to FY19	150%	0%	0%	0%	0%
Other Cancer					
FY19 Inpatient Discharges rate per 100,000	304	319	341	395	140
Change in Inpatient Discharge Rate FY17 to FY19	2%	-8%	0%	-27%	-65%
FY19 ED Volume rate per 100,000	142	53	68	25	124
Change in ED Volume Rate FY17 to FY19	29%	-50%	200%	-83%	33%
Chronic Disease					
Asthma					
FY19 Inpatient Discharges rate per 100,000	745	1,011	545	618	689
Change in Inpatient Discharge Rate FY17 to FY19	-5%	31%	26%	67%	8%
FY19 ED Volume rate per 100,000	2,649	1,170	568	568	1,337
Change in ED Volume Rate FY17 to FY19	3%	83%	47%	-32%	54%
Congestive Heart Failure					
FY19 Inpatient Discharges rate per 100,000	124	53	68	49	145
Change in Inpatient Discharge Rate FY17 to FY19	14%	-60%	50%	-82%	4%
FY19 ED Volume rate per 100,000	56	27	0	0	83
Change in ED Volume Rate FY17 to FY19	42%	0%	0%	0%	433%
COPD and Lung Disease					
FY19 Inpatient Discharges rate per 100,000	136	160	68	297	150
Change in Inpatient Discharge Rate FY17 to FY19	-5%	0%	200%	33%	26%
FY19 ED Volume rate per 100,000	127	106	45	99	57
Change in ED Volume Rate FY17 to FY19	16%	0%	0%	100%	-31%
Diabetes Mellitus					
FY19 Inpatient Discharges rate per 100,000	478	612	114	914	435
Change in Inpatient Discharge Rate FY17 to FY19	5%	-41%	-44%	32%	22%
FY19 ED Volume rate per 100,000	1,167	691	295	766	612
Change in ED Volume Rate FY17 to FY19	7%	18%	8%	158%	36%
Heart Disease					
FY19 Inpatient Discharges rate per 100,000	445	532	409	395	513
Change in Inpatient Discharge Rate FY17 to FY19	6%	-41%	157%	-54%	-14%
FY19 ED Volume rate per 100,000	375	293	273	272	301
Change in ED Volume Rate FY17 to FY19	31%	-31%	1100%	-8%	-13%

Hypertension					
FY19 Inpatient Discharges rate per 100,000	606	479	204	766	700
Change in Inpatient Discharge Rate FY17 to FY19	1%	29%	-25%	55%	22%
FY19 ED Volume rate per 100,000	1,838	957	250	593	1,021
Change in ED Volume Rate FY17 to FY19	8%	71%	38%	-4%	32%
Liver Disease					
FY19 Inpatient Discharges rate per 100,000	427	426	386	939	606
Change in Inpatient Discharge Rate FY17 to FY19	15%	-36%	42%	171%	23%
FY19 ED Volume rate per 100,000	185	160	45	198	202
Change in ED Volume Rate FY17 to FY19	25%	50%	0%	100%	56%
Obesity					
FY19 Inpatient Discharges rate per 100,000	919	904	204	939	788
Change in Inpatient Discharge Rate FY17 to FY19	6%	-13%	-44%	65%	4%
FY19 ED Volume rate per 100,000	530	239	91	124	207
Change in ED Volume Rate FY17 to FY19	11%	800%	-20%	25%	82%
Stroke and Other Neurovascular Diseases					
FY19 Inpatient Discharges rate per 100,000	71	0	0	49	73
Change in Inpatient Discharge Rate FY17 to FY19	9%	-100%	-100%	0%	133%
FY19 ED Volume rate per 100,000	28	80	0	74	26
Change in ED Volume Rate FY17 to FY19	11%	50%	0%	200%	150%
Injuries and Infections					
Allergy					
FY19 Inpatient Discharges rate per 100,000	553	559	182	420	321
Change in Inpatient Discharge Rate FY17 to FY19	13%	5%	-27%	-11%	63%
FY19 ED Volume rate per 100,000	3,482	2,473	1,045	1,631	2,032
Change in ED Volume Rate FY17 to FY19	44%	90%	100%	83%	36%
Hepatitis					
FY19 Inpatient Discharges rate per 100,000	344	266	23	371	264
Change in Inpatient Discharge Rate FY17 to FY19	-4%	-38%	-75%	7%	-24%
FY19 ED Volume rate per 100,000	195	160	0	148	104
Change in ED Volume Rate FY17 to FY19	1%	-54%	-100%	50%	-44%
HIV Infection					
FY19 Inpatient Discharges rate per 100,000	44	0	0	49	21
Change in Inpatient Discharge Rate FY17 to FY19	2%	0%	-100%	100%	-20%
FY19 ED Volume rate per 100,000	102	0	0	0	26
Change in ED Volume Rate FY17 to FY19	11%	0%	-100%	-100%	400%

Infections					
FY19 Inpatient Discharges rate per 100,000	1,534	1,835	636	2,447	2,073
Change in Inpatient Discharge Rate FY17 to FY19	2%	-33%	-18%	52%	28%
FY19 ED Volume rate per 100,000	5,547	5,027	2,272	3,559	5,048
Change in ED Volume Rate FY17 to FY19	-6%	0%	18%	20%	4%
Injuries					
FY19 Inpatient Discharges rate per 100,000	1,103	1,516	454	1,186	1,265
Change in Inpatient Discharge Rate FY17 to FY19	5%	-3%	-33%	-11%	-2%
FY19 ED Volume rate per 100,000	7,762	8,032	3,272	6,080	8,085
Change in ED Volume Rate FY17 to FY19	-4%	1%	-11%	1%	0%
Poisonings					
FY19 Inpatient Discharges rate per 100,000	189	106	91	198	249
Change in Inpatient Discharge Rate FY17 to FY19	-7%	-33%	-50%	-50%	7%
FY19 ED Volume rate per 100,000	693	851	341	568	663
Change in ED Volume Rate FY17 to FY19	-8%	-6%	-6%	-4%	-26%
Pneumonia/Influenza					
FY19 Inpatient Discharges rate per 100,000	286	585	91	470	316
Change in Inpatient Discharge Rate FY17 to FY19	8%	22%	-43%	58%	-16%
FY19 ED Volume rate per 100,000	588	505	250	494	539
Change in ED Volume Rate FY17 to FY19	27%	-10%	38%	-13%	2%
Sexually Transmitted Diseases					
FY19 Inpatient Discharges rate per 100,000	80	53	91	124	52
Change in Inpatient Discharge Rate FY17 to FY19	-9%	0%	100%	0%	0%
FY19 ED Volume rate per 100,000	262	53	23	49	93
Change in ED Volume Rate FY17 to FY19	15%	-82%	-75%	0%	-10%
Tuberculosis					
FY19 Inpatient Discharges rate per 100,000	9	0	0	0	5
Change in Inpatient Discharge Rate FY17 to FY19	-3%	0%	0%	0%	0%
FY19 ED Volume rate per 100,000	5	0	0	0	0
Change in ED Volume Rate FY17 to FY19	0%	0%	0%	0%	0%
Other					
Dementia and Cognitive Disorders					
FY19 Inpatient Discharges rate per 100,000	177	239	45	420	290
Change in Inpatient Discharge Rate FY17 to FY19	9%	0%	-71%	42%	70%
FY19 ED Volume rate per 100,000	201	213	45	148	213
Change in ED Volume Rate FY17 to FY19	-11%	-27%	-71%	0%	-50%

Mental Health					
FY19 Inpatient Discharges rate per 100,000	4,382	3,298	1,977	4,029	3,794
Change in Inpatient Discharge Rate FY17 to FY19	5%	-15%	6%	16%	5%
FY19 ED Volume rate per 100,000	7,907	4,202	2,477	3,757	4,027
Change in ED Volume Rate FY17 to FY19	16%	-24%	-25%	-22%	-38%
Parkinsons and Movement Disorders					
FY19 Inpatient Discharges rate per 100,000	41	160	23	99	62
Change in Inpatient Discharge Rate FY17 to FY19	-2%	100%	-67%	300%	71%
FY19 ED Volume rate per 100,000	95	53	91	49	62
Change in ED Volume Rate FY17 to FY19	-4%	-60%	100%	-67%	-20%
Substance Use Disorders					
FY19 Inpatient Discharges rate per 100,000	2,012	1,436	636	1,878	2,255
Change in Inpatient Discharge Rate FY17 to FY19	-2%	-38%	-13%	21%	19%
FY19 ED Volume rate per 100,000	8,347	5,319	1,727	3,089	4,395
Change in ED Volume Rate FY17 to FY19	0%	4%	-25%	-13%	-15%
Complication of Medical Care					
FY19 Inpatient Discharges rate per 100,000	2,698	2,739	2,772	3,658	2,768
Change in Inpatient Discharge Rate FY17 to FY19	5%	-17%	5%	-1%	11%
FY19 ED Volume rate per 100,000	582	532	341	420	389
Change in ED Volume Rate FY17 to FY19	14%	-9%	67%	-6%	-1%

Community Health Needs Assessment - Beth Israel Deaconess Hospital - Plymouth

Source: Center for Health Information and Analysis (CHIA) Massachusetts Inpatient Discharges and Emergency Department Volume

Patients aged 45-64, BID-Plymouth Hospital Community Benefits Service Area defined by BILH Community Benefits

		BID Plymouth Community Benefits Service Area			
	Massachusetts	Carver	Duxbury	Kingston	Plymouth
All Cause					
FY19 Inpatient Discharges (all cause) rate per 100,000	9,762	10,485	5,519	9,172	10,388
Change in Inpatient Discharge Rate FY17 to FY19	0%	-6%	-6%	-3%	7%
FY19 ED Volume (all cause) rate per 100,000	24,003	16,369	7,499	13,759	16,836
Change in ED Volume Rate FY17 to FY19	2%	3%	-3%	4%	1%
Cancer					
Breast Cancer					
FY19 Inpatient Discharges rate per 100,000	258	195	105	224	292
Change in Inpatient Discharge Rate FY17 to FY19	-5%	-42%	-69%	50%	-10%
FY19 ED Volume rate per 100,000	195	139	42	75	83
Change in ED Volume Rate FY17 to FY19	18%	25%	-33%	50%	15%
Colorectal Cancer					
FY19 Inpatient Discharges rate per 100,000	116	363	63	174	77
Change in Inpatient Discharge Rate FY17 to FY19	0%	333%	-40%	133%	-55%
FY19 ED Volume rate per 100,000	27	0	0	25	44
Change in ED Volume Rate FY17 to FY19	12%	-100%	0%	0%	33%
GYN Cancer					
FY19 Inpatient Discharges rate per 100,000	182	167	105	150	215
Change in Inpatient Discharge Rate FY17 to FY19	-3%	0%	25%	-33%	-11%
FY19 ED Volume rate per 100,000	82	139	21	25	44
Change in ED Volume Rate FY17 to FY19	21%	67%	0%	0%	700%
Lung Cancer					
FY19 Inpatient Discharges rate per 100,000	358	251	84	299	369
Change in Inpatient Discharge Rate FY17 to FY19	5%	-40%	-60%	-37%	6%
FY19 ED Volume rate per 100,000	97	84	0	0	55
Change in ED Volume Rate FY17 to FY19	21%	200%	0%	-100%	-29%
Prostate Cancer					
FY19 Inpatient Discharges rate per 100,000	133	56	190	224	132
Change in Inpatient Discharge Rate FY17 to FY19	-5%	-78%	13%	-47%	-31%
FY19 ED Volume rate per 100,000	60	56	42	100	39
Change in ED Volume Rate FY17 to FY19	30%	-60%	0%	33%	40%
Other Cancer					
FY19 Inpatient Discharges rate per 100,000	1,984	2,231	1,622	1,844	2,083
Change in Inpatient Discharge Rate FY17 to FY19	3%	-22%	-27%	-36%	-7%
FY19 ED Volume rate per 100,000	597	697	169	249	336
Change in ED Volume Rate FY17 to FY19	27%	127%	-11%	-9%	22%
Chronic Disease					
Asthma					
FY19 Inpatient Discharges rate per 100,000	1,051	1,199	506	847	887
Change in Inpatient Discharge Rate FY17 to FY19	-17%	-7%	20%	-19%	-30%
FY19 ED Volume rate per 100,000	1,944	669	358	499	689
Change in ED Volume Rate FY17 to FY19	0%	41%	55%	11%	21%
Congestive Heart Failure					
FY19 Inpatient Discharges rate per 100,000	1,292	1,227	253	1,147	1,190
Change in Inpatient Discharge Rate FY17 to FY19	10%	-12%	-43%	-21%	8%
FY19 ED Volume rate per 100,000	396	167	0	199	198
Change in ED Volume Rate FY17 to FY19	41%	100%	-100%	33%	33%
COPD and Lung Disease					
FY19 Inpatient Discharges rate per 100,000	1,994	2,538	442	1,496	2,105
Change in Inpatient Discharge Rate FY17 to FY19	1%	-17%	-9%	15%	-8%
FY19 ED Volume rate per 100,000	1,388	697	105	723	838
Change in ED Volume Rate FY17 to FY19	10%	127%	-38%	164%	9%

Diabetes Mellitus					
FY19 Inpatient Discharges rate per 100,000	2,808	2,454	779	2,493	2,370
Change in Inpatient Discharge Rate FY17 to FY19	3%	-11%	-21%	22%	9%
FY19 ED Volume rate per 100,000	4,109	1,534	695	1,446	1,504
Change in ED Volume Rate FY17 to FY19	10%	34%	120%	61%	37%
Heart Disease					
FY19 Inpatient Discharges rate per 100,000	3,609	5,382	1,748	3,764	3,764
Change in Inpatient Discharge Rate FY17 to FY19	4%	14%	-13%	2%	-1%
FY19 ED Volume rate per 100,000	1,448	1,143	358	698	920
Change in ED Volume Rate FY17 to FY19	17%	173%	-35%	-7%	-6%
Hypertension					
FY19 Inpatient Discharges rate per 100,000	4,045	4,518	2,043	3,888	4,420
Change in Inpatient Discharge Rate FY17 to FY19	-2%	-13%	-8%	6%	3%
FY19 ED Volume rate per 100,000	7,878	3,597	1,601	2,916	3,670
Change in ED Volume Rate FY17 to FY19	10%	28%	25%	50%	34%
Liver Disease					
FY19 Inpatient Discharges rate per 100,000	1,562	2,259	463	1,022	2,304
Change in Inpatient Discharge Rate FY17 to FY19	5%	8%	-44%	-41%	21%
FY19 ED Volume rate per 100,000	404	363	84	224	386
Change in ED Volume Rate FY17 to FY19	19%	8%	-43%	0%	46%
Obesity					
FY19 Inpatient Discharges rate per 100,000	2,410	2,789	906	2,094	2,078
Change in Inpatient Discharge Rate FY17 to FY19	5%	-12%	-7%	-2%	-8%
FY19 ED Volume rate per 100,000	675	307	42	174	215
Change in ED Volume Rate FY17 to FY19	17%	120%	-60%	17%	44%
Stroke and Other Neurovascular Diseases					
FY19 Inpatient Discharges rate per 100,000	443	474	253	249	380
Change in Inpatient Discharge Rate FY17 to FY19	2%	-19%	-8%	-17%	-7%
FY19 ED Volume rate per 100,000	119	84	0	150	94
Change in ED Volume Rate FY17 to FY19	6%	-70%	-100%	100%	-37%
Injuries and Infections					
Allergy					
FY19 Inpatient Discharges rate per 100,000	1,314	613	485	548	661
Change in Inpatient Discharge Rate FY17 to FY19	20%	-4%	-4%	0%	32%
FY19 ED Volume rate per 100,000	4,000	1,645	906	1,545	1,758
Change in ED Volume Rate FY17 to FY19	59%	103%	95%	88%	36%
Hepatitis					
FY19 Inpatient Discharges rate per 100,000	492	363	42	25	331
Change in Inpatient Discharge Rate FY17 to FY19	-19%	44%	-33%	-94%	13%
FY19 ED Volume rate per 100,000	211	84	0	25	61
Change in ED Volume Rate FY17 to FY19	-11%	-40%	-100%	-67%	-45%
HIV Infection					
FY19 Inpatient Discharges rate per 100,000	157	28	21	0	99
Change in Inpatient Discharge Rate FY17 to FY19	-7%	0%	0%	-100%	157%
FY19 ED Volume rate per 100,000	236	28	42	0	33
Change in ED Volume Rate FY17 to FY19	-3%	0%	0%	-100%	20%
Infections					
FY19 Inpatient Discharges rate per 100,000	3,824	3,876	2,128	4,088	4,475
Change in Inpatient Discharge Rate FY17 to FY19	3%	2%	-14%	14%	15%
FY19 ED Volume rate per 100,000	3,618	3,263	1,770	2,542	3,031
Change in ED Volume Rate FY17 to FY19	-4%	9%	38%	0%	-3%
Injuries					
FY19 Inpatient Discharges rate per 100,000	3,425	3,988	1,938	3,340	3,588
Change in Inpatient Discharge Rate FY17 to FY19	6%	1%	-1%	-7%	4%
FY19 ED Volume rate per 100,000	7,959	6,302	3,139	6,431	7,247
Change in ED Volume Rate FY17 to FY19	-2%	-10%	-17%	6%	7%
Poisonings					
FY19 Inpatient Discharges rate per 100,000	232	195	63	224	149
Change in Inpatient Discharge Rate FY17 to FY19	-7%	75%	50%	-18%	-31%
FY19 ED Volume rate per 100,000	395	418	126	424	248
Change in ED Volume Rate FY17 to FY19	5%	15%	200%	70%	-10%

Pneumonia/Influenza					
FY19 Inpatient Discharges rate per 100,000	1,135	1,115	442	972	1,312
Change in Inpatient Discharge Rate FY17 to FY19	8%	-42%	-5%	-19%	0%
FY19 ED Volume rate per 100,000	555	446	126	299	513
Change in ED Volume Rate FY17 to FY19	11%	-24%	50%	-20%	0%
Sexually Transmitted Diseases					
FY19 Inpatient Discharges rate per 100,000	24	0	0	25	11
Change in Inpatient Discharge Rate FY17 to FY19	-3%	0%	0%	0%	100%
FY19 ED Volume rate per 100,000	38	0	0	0	11
Change in ED Volume Rate FY17 to FY19	5%	0%	-100%	-100%	100%
Tuberculosis					
FY19 Inpatient Discharges rate per 100,000	18	0	21	0	0
Change in Inpatient Discharge Rate FY17 to FY19	-3%	0%	0%	0%	-100%
FY19 ED Volume rate per 100,000	6	0	0	0	0
Change in ED Volume Rate FY17 to FY19	7%	0%	0%	0%	0%
Other					
Dementia and Cognitive Disorders					
FY19 Inpatient Discharges rate per 100,000	868	753	190	723	1,058
Change in Inpatient Discharge Rate FY17 to FY19	10%	-25%	-53%	-3%	47%
FY19 ED Volume rate per 100,000	325	279	105	100	253
Change in ED Volume Rate FY17 to FY19	-5%	-33%	-44%	-64%	-33%
Mental Health					
FY19 Inpatient Discharges rate per 100,000	7,268	5,494	2,675	5,683	7,285
Change in Inpatient Discharge Rate FY17 to FY19	4%	-5%	31%	-5%	10%
FY19 ED Volume rate per 100,000	6,209	1,840	864	1,770	2,182
Change in ED Volume Rate FY17 to FY19	17%	-13%	-9%	-25%	-34%
Parkinsons and Movement Disorders					
FY19 Inpatient Discharges rate per 100,000	252	195	147	274	270
Change in Inpatient Discharge Rate FY17 to FY19	8%	-36%	75%	57%	44%
FY19 ED Volume rate per 100,000	185	84	63	50	83
Change in ED Volume Rate FY17 to FY19	5%	-25%	200%	-67%	15%
Substance Use Disorders					
FY19 Inpatient Discharges rate per 100,000	3,820	3,681	969	2,667	3,791
Change in Inpatient Discharge Rate FY17 to FY19	0%	-10%	-22%	-3%	13%
FY19 ED Volume rate per 100,000	7,619	2,733	822	1,720	2,645
Change in ED Volume Rate FY17 to FY19	3%	-8%	-29%	-13%	-18%
Complication of Medical Care					
FY19 Inpatient Discharges rate per 100,000	1,870	2,091	1,095	1,820	2,105
Change in Inpatient Discharge Rate FY17 to FY19	7%	-3%	-10%	-21%	24%
FY19 ED Volume rate per 100,000	472	279	126	349	419
Change in ED Volume Rate FY17 to FY19	8%	-41%	0%	8%	13%

Community Health Needs Assessment - Beth Israel Deaconess Hospital - Plymouth

Source: Center for Health Information and Analysis (CHIA) Massachusetts Inpatient Discharges and Emergency Department Volume

Patients aged 65+, BID-Plymouth Hospital Community Benefits Service Area defined by BILH Community Benefits

		BID Plymouth Community Benefits Service Area			
	Massachusetts	Carver	Duxbury	Kingston	Plymouth
All Cause					
FY19 Inpatient Discharges (all cause) rate per 100,000	25,473	32,755	23,548	29,471	33,336
Change in Inpatient Discharge Rate FY17 to FY19	5%	8%	18%	10%	25%
FY19 ED Volume (all cause) rate per 100,000	26,010	19,299	14,108	18,935	24,079
Change in ED Volume Rate FY17 to FY19	10%	7%	13%	23%	31%
Cancer					
Breast Cancer					
FY19 Inpatient Discharges rate per 100,000	1,253	1,282	1,008	1,125	1,640
Change in Inpatient Discharge Rate FY17 to FY19	6%	31%	-25%	-27%	-2%
FY19 ED Volume rate per 100,000	480	226	159	187	207
Change in ED Volume Rate FY17 to FY19	42%	200%	0%	25%	30%
Colorectal Cancer					
FY19 Inpatient Discharges rate per 100,000	271	75	186	300	334
Change in Inpatient Discharge Rate FY17 to FY19	2%	-80%	75%	0%	45%
FY19 ED Volume rate per 100,000	42	38	53	0	32
Change in ED Volume Rate FY17 to FY19	9%	-50%	0%	-100%	0%
GYN Cancer					
FY19 Inpatient Discharges rate per 100,000	508	377	477	937	693
Change in Inpatient Discharge Rate FY17 to FY19	6%	-62%	20%	92%	40%
FY19 ED Volume rate per 100,000	145	0	106	75	96
Change in ED Volume Rate FY17 to FY19	47%	-100%	100%	0%	200%
Lung Cancer					
FY19 Inpatient Discharges rate per 100,000	1,347	1,621	1,538	1,612	1,799
Change in Inpatient Discharge Rate FY17 to FY19	9%	-17%	9%	-2%	23%
FY19 ED Volume rate per 100,000	282	151	133	112	183
Change in ED Volume Rate FY17 to FY19	26%	-50%	-38%	-25%	64%
Prostate Cancer					
FY19 Inpatient Discharges rate per 100,000	1,270	1,508	1,803	862	1,831
Change in Inpatient Discharge Rate FY17 to FY19	6%	0%	19%	-23%	-6%
FY19 ED Volume rate per 100,000	434	151	239	112	247
Change in ED Volume Rate FY17 to FY19	36%	100%	200%	200%	29%

Other Cancer					
FY19 Inpatient Discharges rate per 100,000	7,146	9,197	7,558	7,012	9,011
Change in Inpatient Discharge Rate FY17 to FY19	13%	10%	34%	1%	18%
FY19 ED Volume rate per 100,000	1,519	641	663	675	1,122
Change in ED Volume Rate FY17 to FY19	33%	-6%	0%	29%	139%
Chronic Disease					
Asthma					
FY19 Inpatient Discharges rate per 100,000	1,596	1,960	1,618	1,162	1,640
Change in Inpatient Discharge Rate FY17 to FY19	-16%	-21%	36%	-42%	-25%
FY19 ED Volume rate per 100,000	1,257	339	424	375	517
Change in ED Volume Rate FY17 to FY19	8%	29%	220%	-9%	55%
Congestive Heart Failure					
FY19 Inpatient Discharges rate per 100,000	8,161	9,989	5,754	8,511	9,305
Change in Inpatient Discharge Rate FY17 to FY19	9%	17%	13%	11%	33%
FY19 ED Volume rate per 100,000	1,705	528	504	675	764
Change in ED Volume Rate FY17 to FY19	34%	40%	280%	13%	81%
COPD and Lung Disease					
FY19 Inpatient Discharges rate per 100,000	7,130	11,270	5,145	8,961	9,878
Change in Inpatient Discharge Rate FY17 to FY19	5%	9%	16%	28%	34%
FY19 ED Volume rate per 100,000	2,422	1,395	689	1,350	1,664
Change in ED Volume Rate FY17 to FY19	18%	32%	30%	64%	67%
Diabetes Mellitus					
FY19 Inpatient Discharges rate per 100,000	8,376	11,308	6,258	8,324	9,114
Change in Inpatient Discharge Rate FY17 to FY19	5%	17%	11%	-9%	18%
FY19 ED Volume rate per 100,000	5,867	2,752	1,618	2,475	2,874
Change in ED Volume Rate FY17 to FY19	18%	20%	56%	47%	78%
Heart Disease					
FY19 Inpatient Discharges rate per 100,000	18,344	28,308	17,263	22,347	25,973
Change in Inpatient Discharge Rate FY17 to FY19	6%	10%	23%	3%	18%
FY19 ED Volume rate per 100,000	3,975	2,601	1,671	2,625	3,359
Change in ED Volume Rate FY17 to FY19	16%	44%	34%	56%	45%
Hypertension					
FY19 Inpatient Discharges rate per 100,000	10,397	13,871	10,899	12,673	14,208
Change in Inpatient Discharge Rate FY17 to FY19	-1%	-8%	20%	6%	9%
FY19 ED Volume rate per 100,000	12,665	6,634	5,145	6,337	8,151
Change in ED Volume Rate FY17 to FY19	14%	34%	24%	48%	74%

Liver Disease					
FY19 Inpatient Discharges rate per 100,000	1,956	3,392	1,565	2,962	3,120
Change in Inpatient Discharge Rate FY17 to FY19	16%	58%	31%	88%	58%
FY19 ED Volume rate per 100,000	258	38	186	262	223
Change in ED Volume Rate FY17 to FY19	36%	-67%	0%	600%	75%
Obesity					
FY19 Inpatient Discharges rate per 100,000	3,869	4,975	2,095	2,962	3,996
Change in Inpatient Discharge Rate FY17 to FY19	14%	-1%	-6%	-17%	16%
FY19 ED Volume rate per 100,000	367	151	80	150	183
Change in ED Volume Rate FY17 to FY19	26%	33%	50%	0%	360%
Stroke and Other Neurovascular Diseases					
FY19 Inpatient Discharges rate per 100,000	2,064	2,375	1,962	2,512	2,428
Change in Inpatient Discharge Rate FY17 to FY19	5%	-6%	-6%	22%	17%
FY19 ED Volume rate per 100,000	380	339	239	412	350
Change in ED Volume Rate FY17 to FY19	10%	-18%	0%	-8%	-6%
Injuries and Infections					
Allergy					
FY19 Inpatient Discharges rate per 100,000	3,711	2,111	2,387	1,575	2,133
Change in Inpatient Discharge Rate FY17 to FY19	32%	70%	32%	27%	99%
FY19 ED Volume rate per 100,000	5,138	1,206	1,405	1,575	2,826
Change in ED Volume Rate FY17 to FY19	88%	7%	141%	91%	138%
Hepatitis					
FY19 Inpatient Discharges rate per 100,000	273	302	53	75	295
Change in Inpatient Discharge Rate FY17 to FY19	-3%	33%	-75%	0%	95%
FY19 ED Volume rate per 100,000	70	38	53	37	32
Change in ED Volume Rate FY17 to FY19	36%	0%	0%	0%	300%
HIV Infection					
FY19 Inpatient Discharges rate per 100,000	53	0	0	0	16
Change in Inpatient Discharge Rate FY17 to FY19	2%	0%	-100%	0%	0%
FY19 ED Volume rate per 100,000	47	0	27	0	32
Change in ED Volume Rate FY17 to FY19	34%	0%	0%	0%	0%
Infections					
FY19 Inpatient Discharges rate per 100,000	12,591	15,605	11,429	15,748	17,090
Change in Inpatient Discharge Rate FY17 to FY19	6%	0%	10%	6%	30%
FY19 ED Volume rate per 100,000	4,213	4,335	2,705	3,225	4,410
Change in ED Volume Rate FY17 to FY19	3%	14%	5%	-1%	14%

Injuries					
FY19 Inpatient Discharges rate per 100,000	11,877	14,663	12,304	13,198	14,598
Change in Inpatient Discharge Rate FY17 to FY19	15%	10%	24%	7%	26%
FY19 ED Volume rate per 100,000	10,393	7,765	7,080	9,149	11,120
Change in ED Volume Rate FY17 to FY19	11%	-13%	15%	10%	21%
Poisonings					
FY19 Inpatient Discharges rate per 100,000	281	377	212	300	414
Change in Inpatient Discharge Rate FY17 to FY19	7%	0%	14%	-20%	30%
FY19 ED Volume rate per 100,000	185	264	106	75	207
Change in ED Volume Rate FY17 to FY19	27%	40%	-33%	0%	100%
Pneumonia/Influenza					
FY19 Inpatient Discharges rate per 100,000	4,188	4,900	3,713	4,949	5,070
Change in Inpatient Discharge Rate FY17 to FY19	0%	-15%	21%	-4%	5%
FY19 ED Volume rate per 100,000	569	754	265	525	661
Change in ED Volume Rate FY17 to FY19	1%	43%	-33%	-33%	51%
Sexually Transmitted Diseases					
FY19 Inpatient Discharges rate per 100,000	30	0	0	0	16
Change in Inpatient Discharge Rate FY17 to FY19	9%	-100%	0%	0%	0%
FY19 ED Volume rate per 100,000	5	0	0	0	0
Change in ED Volume Rate FY17 to FY19	0%	0%	-100%	-100%	0%
Tuberculosis					
FY19 Inpatient Discharges rate per 100,000	52	0	0	37	48
Change in Inpatient Discharge Rate FY17 to FY19	-11%	0%	-100%	0%	20%
FY19 ED Volume rate per 100,000	6	0	0	0	0
Change in ED Volume Rate FY17 to FY19	13%	0%	0%	0%	-100%
Other					
Dementia and Cognitive Disorders					
FY19 Inpatient Discharges rate per 100,000	6,264	5,880	5,224	7,012	8,310
Change in Inpatient Discharge Rate FY17 to FY19	6%	-7%	11%	-18%	28%
FY19 ED Volume rate per 100,000	2,053	1,206	822	2,100	2,006
Change in ED Volume Rate FY17 to FY19	11%	39%	-9%	19%	52%
Mental Health					
FY19 Inpatient Discharges rate per 100,000	10,900	13,230	10,209	13,761	15,410
Change in Inpatient Discharge Rate FY17 to FY19	15%	-8%	29%	1%	25%
FY19 ED Volume rate per 100,000	3,500	980	1,008	1,500	1,632
Change in ED Volume Rate FY17 to FY19	35%	-32%	27%	48%	3%

Parkinsons and Movement Disorders					
FY19 Inpatient Discharges rate per 100,000	1,523	1,583	1,512	1,537	2,340
Change in Inpatient Discharge Rate FY17 to FY19	10%	11%	68%	-2%	37%
FY19 ED Volume rate per 100,000	602	339	292	112	581
Change in ED Volume Rate FY17 to FY19	11%	-25%	120%	-73%	62%
Substance Use Disorders					
FY19 Inpatient Discharges rate per 100,000	2,956	4,485	1,565	3,262	3,837
Change in Inpatient Discharge Rate FY17 to FY19	13%	23%	-2%	7%	55%
FY19 ED Volume rate per 100,000	2,258	754	504	525	1,138
Change in ED Volume Rate FY17 to FY19	22%	-9%	46%	-26%	34%
Complication of Medical Care					
FY19 Inpatient Discharges rate per 100,000	4,867	7,049	4,826	5,737	6,814
Change in Inpatient Discharge Rate FY17 to FY19	13%	5%	21%	10%	33%
FY19 ED Volume rate per 100,000	835	603	398	675	1,003
Change in ED Volume Rate FY17 to FY19	9%	-6%	36%	80%	35%

Notes:

Population counts: Sg2 Claritas Demographic Data, 2021.

Data is broken out into four age groupings (0-17, 18-44, 45-64, 65+). One age group per tab.

Included data is a calculated rate of inpatient discharge or ED volume per 100,000 population, by town. Inpatient discharge and ED data retrieved from CHIA FY17 and FY19.

Categorization of the Health Conditions listed above determined by Sg2 CARE Family (ICD-9 and -10 diagnosis code to disease grouping)

Percent change based on rate per 100,000 in FY17 compared to rate per 100,000 in FY19, using identical Sg2 CARE Family definitions. Please note the % change in rate for some health conditions is large, likely due to small volumes or coding changes.

Volumes noted as <11 are supressed per CHIA cell suppression guidelines.

Community Health Survey

- BID Plymouth Community Health Survey
  - Survey output
  - Survey Distribution Channels

Beth Israel Lahey Health

Community Health Survey for Beth Israel Lahey Health
2022 Community Health Needs Assessment

Beth Israel Lahey Health and its member hospitals are conducting a Community Health Needs Assessment to better understand the most pressing health-related issues for residents in the communities we serve. It is important that each hospital gather input from people living, working, and learning in the community. The information gathered will help each hospital to improve its patient and community services.

Please take about 15 minutes to complete this survey. Your responses will be private. If you do not feel comfortable answering a question, you may skip it. Taking this survey will not affect any services that you receive. Findings from this survey that are shared back with the community will be combined across all respondents. It will not be possible to identify you or your responses. Thank you for completing this survey.

You will have the option at the end of the survey to enter a drawing for a $100 gift card

We have shared this survey widely. Please complete this survey only once.

Time in Community

1. We are interested in your experiences in the community where you spend the most time. This may be the place where you live, work, play, or learn.
   Please enter the zip code of the community in which you spend the most time.
   Zip code: _____

1. How many years have you lived in the selected community?
   - ❑ Less than 1 year
   - ❑ 1-5 years
   - ❑ 6-10 years
   - ❑ Over 10 years but not all my life
   - ❑ I have lived here all my life
   - ❑ I used to live here, but not anymore
   - ❑ I have never lived here

2. How many years have you worked in the selected community?
   - ❑ Less than 1 year
   - ❑ 1-5 years
   - ❑ 6-10 years
   - ❑ Over 10 years
   - ❑ I do not work here

3. If you do not live or work in the selected community, how are you connected to it?
   _____

Beth Israel Lahey Health

Your Community

4. Please check the response that best describes how much you agree or disagree with each statement about your community.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
I feel like I belong in my community.	☐	☐	☐	☐	☐
Overall, I am satisfied with the quality of life in my community. (Think about things like health care, raising children, getting older, job opportunities, safety, and support.)	☐	☐	☐	☐	☐
My community is a good place to raise children. (Think about things like schools, day care, after school programs, housing, and places to play)	☐	☐	☐	☐	☐
My community is a good place to grow old. (Think about things like housing, transportation, houses of worship, shopping, health care, and social support)	☐	☐	☐	☐	☐
My community has good access to resources. (Think about organizations, agencies, healthcare, etc.).	☐	☐	☐	☐	☐

5. What are the most important things you would like to improve about your community? Please select up to 5 items from the list below.

- ☐ Better access to good jobs
- ☐ Better access to health care
- ☐ Better access to healthy food
- ☐ Better access to internet
- ☐ Better access to public transportation
- ☐ Better parks and recreation
- ☐ Better roads
- ☐ Better schools
- ☐ Better sidewalks and trails Cleaner environment
- ☐ Lower crime and violence
- ☐ More affordable childcare
- ☐ More affordable housing
- ☐ More arts and cultural events
- ☐ More effective city services (like water, trash, fire department, and police)
- ☐ More inclusion for diverse members of the community
- ☐ Stronger community leadership
- ☐ Stronger sense of community
- ☐ Other (_____)

Social + Cultural Environment

6. We are interested to know about your experiences finding support in your community. For each of the statements below, please check the response that best describes how much you agree or disagree with each statement.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
There are people and/or organizations in my community that support me during times of stress and need.	☐	☐	☐	☐	☐
I believe that all residents, including myself, can make the community a better place to live.	☐	☐	☐	☐	☐
During COVID-19, information I need to stay healthy and safe has been readily available in my community.	☐	☐	☐	☐	☐
During COVID-19, resources I need to stay healthy and safe have been readily available in my community.	☐	☐	☐	☐	☐

Natural + Built Environment

7. The natural and built environment impacts the health and wellbeing of people and communities. For each statement below, check the response that best describes how true you think the statement is.

	True	Somewhat true	Not at all true	I don't know
My community feels safe.	☐	☐	☐	☐
People like me have access to safe, clean parks and open spaces.	☐	☐	☐	☐
People like me have access to reliable transportation.	☐	☐	☐	☐
People like me have housing that is safe and good quality.	☐	☐	☐	☐
The air in my community is healthy to breathe.	☐	☐	☐	☐
The water in my community is safe to drink.	☐	☐	☐	☐
My community is prepared to protect ourselves during climate disasters, such as flooding, hurricanes, or blizzards.	☐	☐	☐	☐
During extreme heat, people like me have access to options for staying cool.	☐	☐	☐	☐

Economic + Educational Environment

8. The economic and educational environment impacts the health and wellbeing of people and communities. For each statement below, check the response that best describes how true you think the statement is.

	True	Somewhat true	Not at all true	I don't know
People like me have access to good local jobs with living wages and benefits.	☐	☐	☐	☐
People like me have access to local investment opportunities, such as owning homes or businesses.	☐	☐	☐	☐
Housing in my community is affordable for people with different income levels.	☐	☐	☐	☐
People like me have access to affordable childcare services.	☐	☐	☐	☐
People like me have access to good education for their children.	☐	☐	☐	☐

9. How much do you agree or disagree with the statements below?

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
The built, economic, and educational environments in my community are impacted by **systemic racism**. This is the kind of racism that happens when big institutions—like government, health care, housing, etc.—work in ways that provide resources and power to people who are white, and fewer or none to people of color. This kind of racism is aimed at whole groups of people instead of at individuals and is not always done on purpose.	☐	☐	☐	☐	☐
The built, economic, and educational environments in my community are impacted by **individual racism**. This is the racism that happens when one person (or group of people) has negative attitudes towards another person (or group of people)—because of the color of their skin, physical features, culture and/or language—and treats the other person/group badly/unfairly.	☐	☐	☐	☐	☐

Health + Access to care

10. The healthcare environment impacts the health and wellbeing of people and communities. For each statement below, check the response that best describes how true you think the statement is.

	True	Somewhat true	Not at all true	I don't know
Health care in my community meets the physical health needs of people like me.	☐	☐	☐	☐
Health care in my community meets the mental health needs of people like me.	☐	☐	☐	☐

11. In the last 12 months, did you ever need any of the following types of health care? Please check the response that best describes your experience.

	I needed this type of care and was able to access it.	I needed this type of care but was not able to access it.	I did not need this type of care.
Routine medical care	☐	☐	☐
Dental (mouth) care	☐	☐	☐
Mental health care	☐	☐	☐
Reproductive health care	☐	☐	☐
Emergency care for a mental health crisis, including suicidal thoughts	☐	☐	☐
Treatment for a substance use disorder	☐	☐	☐
Vision care	☐	☐	☐
Medication for a chronic illness	☐	☐	☐

12. For any types of care that you needed <u>but were not able to access</u>, select the reason(s) why you were unable to access care.

	Concern about COVID exposure	Unable to afford the costs	Unable to get transportation	Hours did not fit my schedule	Fear or distrust of health care system	No providers speak my language	Another reason not listed
Routine medical care	☐	☐	☐	☐	☐	☐	☐
Dental care	☐	☐	☐	☐	☐	☐	☐
Mental health care	☐	☐	☐	☐	☐	☐	☐
Reproductive health care	☐	☐	☐	☐	☐	☐	☐
Emergency care for a mental health crisis, including suicidal thoughts	☐	☐	☐	☐	☐	☐	☐
Treatment for a substance use disorder	☐	☐	☐	☐	☐	☐	☐
Vision care	☐	☐	☐	☐	☐	☐	☐
Medication for a chronic illness	☐	☐	☐	☐	☐	☐	☐

If you selected "Another reason not listed" in the table above, please explain why you were unable to get the care you needed:

_____

13. How much do you agree with the following statements?

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Healthcare in my community is impacted by systemic racism. This is the kind of racism that happens when big institutions—like government, health care, housing, etc.—work in ways that provide resources and power to people who are white, and fewer or none to people of color. This kind of racism is aimed at whole groups of people instead of at individuals and is not always done on purpose.	☐	☐	☐	☐	☐
Healthcare in my community is impacted by individual racism. This is the racism that happens when one person (or group of people) has negative attitudes towards another person (or group of people)—because of the color of their skin, physical features, culture and/or language—and treats the other person/group badly/unfairly.	☐	☐	☐	☐	☐

Experiences with Discrimination

14. It has been shown that experiencing discrimination negatively impacts the health and well-being of individuals and communities. In order to better understand these impacts, BILH would like to hear about your lived experience regarding discrimination. In the following questions, we are interested in the ways you are treated. To the extent that you are comfortable, can you tell us if any of the following happens to you, and if so, how often?

	Never	Less than once a year	A few times a year	A few times a month	At least once a week	Almost every day
You are not hired for jobs for unfair reasons, are unfairly fired, or are denied a raise.	☐	☐	☐	☐	☐	☐
You are unfairly stopped, searched, questioned, threatened, or abused by the police.	☐	☐	☐	☐	☐	☐
You receive worse service than other people at stores, restaurants, or service providers.	☐	☐	☐	☐	☐	☐
Landlords or realtors refused to rent or sell you an apartment or house.	☐	☐	☐	☐	☐	☐
Healthcare providers treat you with less respect or provide worse services to you compared to other people.	☐	☐	☐	☐	☐	☐

15. If you answered a few times a year or more, what do you think is the main reason for these experiences? You may select more than one.

- ☐ Ableism (discrimination on the basis of disability)
- ☐ Ageism (discrimination on the basis of age)
- ☐ Discrimination based on income or education level
- ☐ Discrimination based on the basis of religion
- ☐ Discrimination based on the basis of weight or body size
- ☐ Homophobia (discrimination against gay, lesbian, bisexual, or queer people)
- ☐ Racism (discrimination on the basis of racial or ethnic group identity)
- ☐ Sexism (discrimination on the basis of sex)
- ☐ Transphobia (discrimination against transgender or gender non-binary people)
- ☐ Xenophobia (discrimination against people born in another country)
- ☐ Don't know
- ☐ Prefer not to answer

16. Is there anything else you would like to share about the community you selected in the first question? If not, leave blank.

_____

_____

_____

Beth Israel Lahey Health

About You

The following questions help us to better understand how people of diverse identities and life experiences may have similar or different experiences of the community. You may skip any question you prefer not to answer.

17. What is your age?

- ☐ Under 18
- ☐ 18-24
- ☐ 25-44
- ☐ 45-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85 and over
- ☐ Prefer not to answer

18. What is your current gender identity?

- ☐ Genderqueer or gender non-conforming
- ☐ Man
- ☐ Transgender
- ☐ Woman
- ☐ Prefer to self-describe: _____

19. What is your sexual orientation?

- ❑ Bisexual
- ❑ Gay or lesbian
- ❑ Straight/heterosexual
- ❑ Prefer to self-describe: _____
- ❑ Prefer not to answer

20. Which of these groups best represents your race? You will have space to enter ethnicity in the next question. (Please check all that apply.)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic/Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Not listed above/Other: _____
- ☐ Prefer not to answer

21. What is your ethnicity? (You can specify one or more)

- ☐ African (specify_____)
- ☐ African American
- ☐ American
- ☐ Brazilian
- ☐ Cambodian
- ☐ Cape Verdean
- ☐ Caribbean Islander (specify_____)
- ☐ Chinese
- ☐ Colombian
- ☐ Cuban
- ☐ Dominican
- ☐ European (specify_____)
- ☐ Filipino
- ☐ Guatemalan
- ☐ Haitian
- ☐ Honduran
- ☐ Indian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Mexican, Mexican-American, Chicano
- ☐ Middle Eastern (specify_____)
- ☐ Portuguese
- ☐ Puerto Rican
- ☐ Russian
- ☐ Salvadoran
- ☐ Vietnamese
- ☐ Other (specify_____)
- ☐ Unknown/not specified

22. What is the primary language(s) spoken in your home? (Please check all that apply.)

- ☐ Armenian
- ☐ Cape Verdean Creole
- ☐ Chinese (including Mandarin and Cantonese)
- ☐ English
- ☐ Haitian Creole
- ☐ Hindi
- ☐ Khmer
- ☐ Portuguese
- ☐ Russian
- ☐ Spanish
- ☐ Vietnamese
- ☐ Other: _____
- ☐ Prefer not to answer

23. What is the highest grade or level of school that you have completed?
- ☐ Never attended school
- ☐ Grades 1 through 8
- ☐ Grades 9 through 11/ Some high school
- ☐ Grade 12/Completed high school or GED
- ☐ Some college, Associates Degree, or Technical Degree
- ☐ Bachelor's Degree
- ☐ Any post graduate studies
- ☐ Prefer not to answer

24. Are you currently:
- ☐ Employed full-time (40 hours or more per week)
- ☐ Employed part-time (Less than 40 hours per week)
- ☐ Self-employed (Full- or part-time)
- ☐ A stay at home parent
- ☐ A student (Full- or part-time)
- ☐ Unemployed
- ☐ Unable to work for health reasons
- ☐ Retired
- ☐ Other (specify_____)
- ☐ Prefer not to answer

25. How long have you lived in the United States?
- ☐ Less than one year
- ☐ 1 to 3 years
- ☐ 4 to 6 years
- ☐ More than 6 years, but not my whole life
- ☐ I have always lived in the United States
- ☐ Prefer not to answer

26. Have you served on active duty in the U.S. Armed Forces, Reserves, or National Guard?
- ☐ Never served in the military
- ☐ On active duty now (in any branch)
- ☐ On active duty in the past, but not now (includes retirement from any branch)
- ☐ Prefer not to answer

27. Do you identify as a person with a disability?
- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

28. How would you describe your current housing situation?
- ☐ I rent my home
- ☐ I own my home
- ☐ I am staying with another household
- ☐ I am experiencing homelessness or staying in a shelter
- ☐ Other (specify_____)
- ☐ Prefer not to answer

29. Are you the parent or caregiver of a child under the age of 18?
- ☐ Yes (Please answer question 30)
- ☐ No
- ☐ Prefer not to answer

30. If you are the parent or caregiver for a child under 18, please indicate the age(s) of the child(ren) you care for. (Please check all that apply.)
- ☐ 0-3 years
- ☐ 4-5 years
- ☐ 6-10 years
- ☐ 11-14 years
- ☐ 15-17 years

31. Many people feel a sense of belonging to communities other than the city or town where they spend the most time. Which of the following communities do you feel you belong to? (Select all that apply)
- ☐ My neighborhood or building
- ☐ Faith community (*such as a church, mosque, temple, or faith-based organization)*
- ☐ School community *(such as a college or education program that you attend, or a school that you child attends)*
- ☐ Work community *(such as your place of employment, or a professional association)*
- ☐ A shared identity or experience *(such as a group of people who share an immigration experience, a racial or ethnic identity, a cultural heritage, or a gender identity)*
- ☐ A shared interest group *(such as a club, sports team, political group, or advocacy group)*
- ☐ Another city or town where I do not live
- ☐ Other (Feel free to share: _____)

If you would like to be entered into the drawing to win a $100 gift card, please enter your name and the best way to contact you in the box (phone number or email). This information will not be used to identify your answers to the survey in any way. Please detach this sheet, and return the survey and this sheet to the place you picked it up.

First Name and Email or Phone:

If you would like to be added to an email list to hear about future Beth Israel Lahey Health hospital meetings or activities, please enter your email address below. This information will not be used to identify your answers to the survey in any way. Please detach this sheet, and return the survey and this sheet to the place you picked it up.

Email:

Thank you so much for your help in improving your community!

Next
Back
Done

BID Plymouth Community Health Survey Output

Response Counts

Completion Rate:	**100%**	
	Complete	460

Totals: 460

1. Select a language.

Value	Percent	Responses
Take the survey in English	99.8%	452
Participe da pesquisa em português	0.2%	1

Totals: 453

2. Please enter the zip code of the community in which you spend the most time.

Response
02360
02332
02364
02330
02345
02331
02381

3. How many years have you lived in the selected community?

Value	Percent	Responses
Less than 1 year	2.6%	12
1-5 years	17.7%	81
6-10 years	8.8%	40
Over 10 years but not all my life	58.9%	269
I have lived here all my life	9.0%	41
I used to live here, but not anymore	0.4%	2
I have never lived here	2.6%	12

Totals: 457

4. How many years have you worked in the selected community?

Value	Percent	Responses
Less than 1 year	4.0%	18
1-5 years	11.9%	54
6-10 years	4.6%	21
Over 10 years	34.1%	154
I do not work here	45.4%	205

Totals: 452

6. Please check the response that best describes how much you agree or disagree with each statement about your community.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Responses
I feel like I belong in my community. Count Row %	16 3.5%	25 5.5%	217 47.8%	191 42.1%	5 1.1%	454
Overall, I am satisfied with the quality of life in my community. (Think about things like health care, raising children, getting older, job opportunities, safety, and support.) Count Row %	16 3.5%	24 5.3%	235 51.9%	173 38.2%	5 1.1%	453
My community is a good place to raise children. (Think about things like schools, day care, after school programs, housing, and places to play) Count Row %	13 2.9%	18 4.0%	166 37.3%	145 32.6%	103 23.1%	445
My community is a good place to grow old. (Think about things like housing, transportation, houses of worship, shopping, health care, and social support) Count Row %	16 3.5%	69 15.3%	203 45.0%	155 34.4%	8 1.8%	451
My community has good access to resources. (Think about organizations, agencies, healthcare, etc.). Count Row %	12 2.7%	45 10.0%	221 49.0%	160 35.5%	13 2.9%	451
Totals Total Responses						454

7. What are the most important things you would like to improve about your community? Please select up to 5 items from the list below.

Value	Percent	Responses
Better access to good jobs	11.9%	53
Better access to health care	24.0%	107
Better access to healthy food	17.8%	79
Better access to internet	9.9%	44
Better access to public transportation	49.4%	220
Better parks and recreation	11.2%	50
Better roads	30.8%	137
Better schools	7.2%	32
Better sidewalks and trails	35.3%	157
Cleaner environment	16.4%	73
Lower crime and violence	8.3%	37
More affordable childcare	10.1%	45
More affordable housing	43.8%	195
More arts and cultural events	18.7%	83
More effective city services (like water, trash, fire department, and police)	18.0%	80
More inclusion for diverse members of the community	22.9%	102
Stronger community leadership	20.0%	89
Stronger sense of community	13.5%	60
Other	7.0%	31

8. For each of the statements below, please check the response that best describes how much you agree or disagree with each statement.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Responses
There are people and/or organizations in my community that support me during times of stress and need. Count Row %	11 2.4%	37 8.2%	223 49.2%	109 24.1%	73 16.1%	453
I believe that all residents, including myself, can make the community a better place to live. Count Row %	8 1.8%	4 0.9%	224 49.0%	217 47.5%	4 0.9%	457
During COVID-19, information I need to stay healthy and safe has been readily available in my community. Count Row %	11 2.4%	42 9.2%	221 48.5%	171 37.5%	11 2.4%	456
During COVID-19, resources I need to stay healthy and safe have been readily available in my community. Count Row %	16 3.5%	56 12.2%	223 48.7%	141 30.8%	22 4.8%	458
Totals Total Responses						458

9. For each statement below, check the response that best describes how true you think the statement is.

	True	Somewhat True	Not At All True	Don't Know	Responses
My community feels safe. Count Row %	315 68.8%	135 29.5%	4 0.9%	4 0.9%	458
People like me have access to safe, clean parks and open spaces. Count Row %	315 69.5%	118 26.0%	12 2.6%	8 1.8%	453
People like me have access to reliable transportation. Count Row %	136 29.8%	192 42.1%	70 15.4%	58 12.7%	456
People like me have housing that is safe and good quality. Count Row %	304 66.8%	115 25.3%	15 3.3%	21 4.6%	455
The air in my community is healthy to breathe. Count Row %	337 73.6%	94 20.5%	2 0.4%	25 5.5%	458
The water in my community is safe to drink. Count Row %	271 59.6%	129 28.4%	19 4.2%	36 7.9%	455
My community is prepared to protect ourselves during climate disasters, such as flooding, hurricanes, or blizzards. Count Row %	131 28.9%	188 41.4%	41 9.0%	94 20.7%	454
During extreme heat, people like me have access to options for staying cool. Count Row %	265 57.9%	125 27.3%	17 3.7%	51 11.1%	458
Totals Total Responses					458

10. For each statement below, check the response that best describes how true you think the statement is.

	True	Somewhat True	Not At All True	Don't Know	Responses
People like me have access to good local jobs with living wages and benefits. Count Row %	80 18.0%	161 36.3%	43 9.7%	160 36.0%	444
People like me have access to local investment opportunities, such as owning homes or businesses. Count Row %	180 40.2%	158 35.3%	54 12.1%	56 12.5%	448
Housing in my community is affordable for people with different income levels. Count Row %	43 9.5%	151 33.3%	196 43.2%	64 14.1%	454
People like me have access to affordable childcare services. Count Row %	31 7.0%	88 19.9%	63 14.3%	260 58.8%	442
People like me have access to good education for their children. Count Row %	203 45.7%	99 22.3%	13 2.9%	129 29.1%	444
Totals Total Responses					454

11. How much do you agree or disagree with the statements below?

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Responses
The built, economic, and educational environments in my community are impacted by **systemic racism.** This is the kind of racism that happens when big institutions—like government, health care, housing, etc.—work in ways that provide resources and power to people who are white, and fewer or none to people of color. This kind of racism is aimed at whole groups of people instead of at individuals and is not always done on purpose. Count Row %	73 16.3%	83 18.6%	166 37.1%	91 20.4%	34 7.6%	447
The built, economic, and educational environments in my community are impacted by **individual racism.** This is the racism that happens when one person (or group of people) has negative attitudes towards another person (or group of people)—because of the color of their skin, physical features, culture and/or language—and treats the other person/group badly/unfairly. Count Row %	54 12.0%	74 16.4%	160 35.6%	140 31.1%	22 4.9%	450
Totals Total Responses						450

12. For each statement below, check the response that best describes how true you think the statement is.

	True	Somewhat True	Not at all True	Don't Know	Responses
Health care in my community meets the physical health needs of people like me. Count Row %	246 53.9%	165 36.2%	23 5.0%	22 4.8%	456
Health care in my community meets the mental health needs of people like me. Count Row %	103 22.7%	130 28.7%	72 15.9%	148 32.7%	453
Totals Total Responses					456

13. In the last 12 months, did you ever need any of the following types of health care? Please check the response that best describes your experience.

	I needed this type of care and was able to access it.	I needed this type of care but was not able to access it.	I did not need this type of care.	Responses
Routine medical care Count Row %	392 85.8%	25 5.5%	40 8.8%	457
Dental (mouth) care Count Row %	393 86.0%	31 6.8%	33 7.2%	457
Mental health care Count Row %	53 11.7%	43 9.5%	356 78.8%	452
Reproductive health care Count Row %	43 9.5%	4 0.9%	405 89.6%	452
Emergency care for a mental health crisis, including suicidal thoughts Count Row %	14 3.1%	15 3.3%	421 93.6%	450
Treatment for a substance use disorder Count Row %	4 0.9%	7 1.6%	439 97.6%	450
Vision care Count Row %	367 80.8%	13 2.9%	74 16.3%	454
Medication for a chronic illness Count Row %	211 46.8%	10 2.2%	230 51.0%	451
Totals Total Responses				457

14. For any types of care that you needed but were not able to access, select the reason(s) why you were unable to access care.

	Concern about COVID exposure	Unable to afford the costs	Unable to get transportation	Hours did not fit my schedule	Fear or distrust of health care system	No providers speak my language	Another reason not listed	Responses
Routine medical care Count Row %	36 29.5%	13 10.7%	4 3.3%	15 12.3%	2 1.6%	1 0.8%	51 41.8%	122
Dental care Count Row %	31 26.3%	32 27.1%	1 0.8%	12 10.2%	3 2.5%	1 0.8%	38 32.2%	118
Mental health care Count Row %	14 13.0%	8 7.4%	1 0.9%	6 5.6%	2 1.9%	1 0.9%	76 70.4%	108
Reproductive health care Count Row %	9 11.4%	0 0.0%	0 0.0%	5 6.3%	1 1.3%	1 1.3%	63 79.7%	79
Emergency care for a mental health crisis, including suicidal thoughts Count Row %	8 10.3%	3 3.8%	1 1.3%	5 6.4%	4 5.1%	2 2.6%	55 70.5%	78
Treatment for a substance use disorder Count Row %	7 8.9%	2 2.5%	1 1.3%	2 2.5%	2 2.5%	1 1.3%	64 81.0%	79
Vision care Count Row %	14 17.7%	11 13.9%	2 2.5%	4 5.1%	1 1.3%	0 0.0%	47 59.5%	79
Medication for a chronic illness Count Row %	7 9.5%	4 5.4%	0 0.0%	2 2.7%	0 0.0%	2 2.7%	59 79.7%	74

	Concern about COVID exposure	Unable to afford the costs	Unable to get transportation	Hours did not fit my schedule	Fear or distrust of health care system	No providers speak my language	Another reason not listed	Responses
Totals								
Total Responses								122

16. How much do you agree with the following statements?

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Responses
Healthcare in my community is impacted by systemic racism. This is the kind of racism that happens when big institutions—like government, health care, housing, etc.—work in ways that provide resources and power to people who are white, and fewer or none to people of color. This kind of racism is aimed at whole groups of people instead of at individuals and is not always done on purpose. Count Row %	98 22.3%	96 21.9%	169 38.5%	58 13.2%	18 4.1%	439
Healthcare in my community is impacted by individual racism. This is the racism that happens when one person (or group of people) has negative attitudes towards another person (or group of people)—because of the color of their skin, physical features, culture and/or language—and treats the other person/group badly/unfairly. Count Row %	82 18.9%	101 23.2%	174 40.0%	65 14.9%	13 3.0%	435
Totals Total Responses						439

17. To the extent that you are comfortable, can you tell us if any of the following happens to you, and if so, how often?

	Never	Less than once a year	A few times a year	A few times a month	At least once a week	Almost every day	Responses
You are not hired for jobs for unfair reasons, are unfairly fired, or are denied a raise. Count Row %	338 87.8%	36 9.4%	7 1.8%	2 0.5%	0 0.0%	2 0.5%	385
You are unfairly stopped, searched, questioned, threatened, or abused by the police. Count Row %	405 97.4%	9 2.2%	1 0.2%	0 0.0%	0 0.0%	1 0.2%	416
You receive worse service than other people at stores, restaurants, or service providers. Count Row %	360 86.3%	32 7.7%	22 5.3%	2 0.5%	0 0.0%	1 0.2%	417
Landlords or realtors refused to rent or sell you an apartment or house. Count Row %	388 97.7%	5 1.3%	3 0.8%	0 0.0%	0 0.0%	1 0.3%	397
Healthcare providers treat you with less respect or provide worse services to you compared to other people. Count Row %	370 88.7%	31 7.4%	12 2.9%	2 0.5%	0 0.0%	2 0.5%	417
Totals Total Responses							417

18. What do you think is the main reason for these experiences? You may select more than one.

Value	Percent	Responses
Ableism (discrimination on the basis of disability)	21.1%	8
Ageism (discrimination on the basis of age)	73.7%	28
Discrimination based on income or education level	18.4%	7
Discrimination based on the basis of religion	2.6%	1
Discrimination based on the basis of weight or body size	21.1%	8
Homophobia (discrimination against gay, lesbian, bisexual, or queer people)	7.9%	3
Racism (discrimination on the basis of racial or ethnic group identity)	13.2%	5
Sexism (discrimination on the basis of sex)	23.7%	9
Transphobia (discrimination against transgender or gender non-binary people)	2.6%	1
Don't know	7.9%	3

20. What is your age?

Value	Percent	Responses
18-24	0.9%	4
25-44	8.5%	39
45-64	21.5%	99
65-74	38.5%	177
75-84	26.1%	120
85 and over	3.3%	15
Prefer not to answer	1.3%	6

Totals: 460

21. What is your current gender identity?

Value	Percent	Responses
Genderqueer or gender non-conforming	0.4%	2
Man	16.6%	76
Transgender	0.2%	1
Woman	82.3%	377
Prefer to self-describe:	0.4%	2

Totals: 458

22. What is your sexual orientation?

Value	Percent	Responses
Bisexual	2.2%	10
Gay or lesbian	2.6%	12
Straight/heterosexual	89.7%	408
Prefer to self-describe:	1.1%	5
Prefer not to answer	4.4%	20

Totals: 455

23. Which of these groups best represents your race? You will have space to enter ethnicity in the next question. Please select all that apply.

Value	Percent	Responses
American Indian or Alaska Native	0.4%	2
Asian	0.9%	4
Black or African American	0.7%	3
White	92.3%	421
Not listed above/Other:	1.3%	6
Prefer not to answer	5.3%	24

24. What is your ethnicity? Please select all that apply.

Value	Percent	Responses
American	65.6%	280
European (specify):	26.5%	113
Portuguese	3.0%	13
Other (specify):	5.6%	24
Unknown/Not specified	3.5%	15
African (specify):	0.2%	1
African American	0.9%	4
Brazilian	0.2%	1
Cape Verdean	0.7%	3
Chinese	0.2%	1
Filipino	0.2%	1
Korean	0.5%	2
Mexican, Mexican-American, Chicano	0.2%	1
Russian	0.9%	4
Salvadoran	0.2%	1
Vietnamese	0.2%	1

25. What is the primary language(s) spoken in your home? Please select all that apply.

Value	Percent	Responses
Armenian	4.2%	19
English	94.9%	429
Portuguese	0.4%	2
Spanish	0.2%	1
Vietnamese	0.2%	1
Other (specify):	0.7%	3
Prefer not to answer	0.4%	2

26. What is the highest grade or level of school that you have completed?

Value	Percent	Responses
Grades 1 through 8	0.2%	1
Grades 9 through 11/ Some high school	1.1%	5
Grade 12/Completed high school or GED	7.7%	35
Some college, Associates Degree, or Technical Degree	24.2%	110
Bachelor's Degree	24.4%	111
Any post graduate studies	40.7%	185
Prefer not to answer	1.5%	7

Totals: 454

27. Are you currently:

Value	Percent	Responses
Employed full-time (40 hours or more per week)	19.3%	88
Employed part-time (Less than 40 hours per week)	11.6%	53
Self-employed (Full- or part-time)	4.4%	20
A stay at home parent	0.4%	2
A student (Full- or part-time)	0.4%	2
Unable to work for health reasons	2.0%	9
Retired	58.6%	267
Other (specify):	2.0%	9
Prefer not to answer	1.3%	6

Totals: 456

28. How long have you lived in the United States?

Value	Percent	Responses
4 to 6 years	0.2%	1
More than 6 years, but not my whole life	4.8%	22
I have always lived in the United States	94.3%	430
Prefer not to answer	0.7%	3

Totals: 456

29. Have you served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Value	Percent	Responses
Never served in the military	92.9%	418
On active duty in the past, but not now (includes retirement from any branch)	6.4%	29
Prefer not to answer	0.7%	3

Totals: 450

30. Do you identify as a person with a disability?

Value	Percent	Responses
Yes	10.8%	49
No	84.3%	381
Prefer not to answer	4.9%	22

Totals: 452

31. How would you describe your current housing situation?

Value	Percent	Responses
I rent my home	10.6%	48
I own my home	82.8%	376
I am staying with another household	2.4%	11
I am experiencing homelessness or staying in a shelter	0.2%	1
Other (specify):	1.5%	7
Prefer not to answer	2.4%	11

Totals: 454

32. Are you the parent or caregiver of a child under the age of 18?

Value	Percent	Responses
Yes	8.6%	39
No	90.5%	410
Prefer not to answer	0.9%	4

Totals: 453

33. Please indicate the age(s) of the child(ren) you care for. Please select all that apply.

Value	Percent	Responses
0-3 years	31.6%	12
4-5 years	7.9%	3
6-10 years	42.1%	16
11-14 years	34.2%	13
15-17 years	28.9%	11

34. Which of the following communities do you feel you belong to? Please select all that apply.

Value	Percent	Responses
My neighborhood or building	68.9%	302
Faith community (such as a church, mosque, temple, or faith-based organization)	31.5%	138
School community (such as a college or education program that you attend, or a school that you child attends)	7.8%	34
Work community (such as your place of employment, or a professional association)	29.7%	130
A shared identity or experience (such as a group of people who share an immigration experience, a racial or ethnic identity, a cultural heritage, or a gender identity)	6.4%	28
A shared interest group (such as a club, sports team, political group, or advocacy group)	43.8%	192
Another city or town where I do not live	13.9%	61
Other (Feel free to share):	8.9%	39

Beth Israel Lahey Health

Survey Distribution Channels: Global View Communications (GVC)

Engaging with Diverse Communities

Survey Campaign Dates: November 1, 2021 – November 15, 2021.

Connecting with our diverse communities to understand and address the most pressing health-related concerns for residents is priority for BILH. GVC have deployed a marketing campaign to reach our target populations through a three-phase approach. First is an online survey which is followed by a listening session and then an annual meeting.

Our Approach

Research was conducted to determine the diverse target audiences based on zip codes surrounding our 10 hospitals and then cross-referenced with the top 2-to-3 diverse populations and languages based on the largest cohorts. That research indicated the following audiences: Hispanic, Black/African American, Chinese, Haitian, Indian, and Cape Verdean.

Winchester Hospital	Beverly/Addison Gilbert Hospital	Lahey Hospital and Medical Center	Anna Jaques Hospital	Beth Israel Deaconess Medical Center
01801 01806 01807 01808 01813 01815 01864 01867 01876 01880 01887 01888 01889 01890 02155 02156 02180 02153	01901 01902 01903 01904 01905 01910 01915 01923 01929 01930 01931 01937 01938 01944 01965 01966 01949	02420 02421 02474 02475 02476 01850 01851 01852 01853 01854 01960 01961 01730 01731 01803 01805 01821 01822 01862 01865 01940	01830 01831 01832 01833 01834 01835 01860 01913 01950 01951 01952 01985 01969	02445 02446 02447 02173 02492 02467
Mt. Auburn Hospital	**New England Baptist**	**BID – Milton Hospital**	**BID - Needham Hospital**	**BID – Plymouth Hospital**
02138 02139 02140 02141 02142 02143 02144 02145 02238 02239 02451 02452 02453 02454 02455 02474 02472 02474 02475 02476 02477 02478 02479	02445 02446 02447 02467 02026 02027	02169 02170 02171 02186 02187 02269 02368	02492 02494 02026 02027 02030 02090	02330 02331 02332 02345 02355 02360 02361 02362 02364 02366 02381

Channels

GVC utilized three types of marketing channels to expand our reach. Diverse print publications, precision audio, and digital advertising.

1. Print

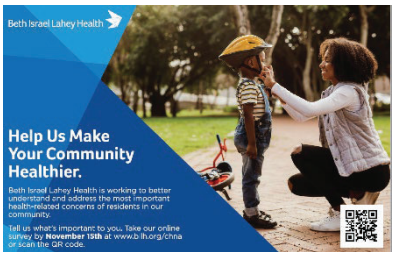
The following print publications were selected based on reach or hyper targeted audiences. Translation was used if the publication publishes in languages other than English.

A. El Mundo – Spanish Translation

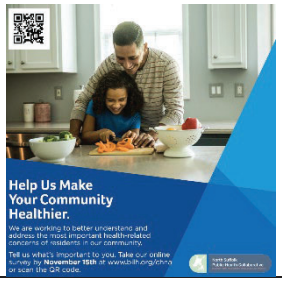
B. Sampan – Chinese Translation

C. Thang Long – Vietnamese Translation

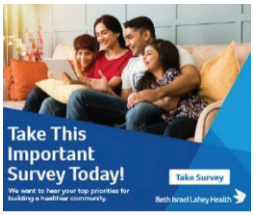
D. Bay State Banner – Black/African American, Cape Verdean/English



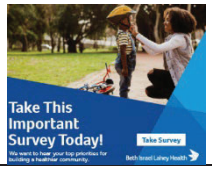
E. Chelsea Record – Hispanic/English



F. Indian New England – English (online only)



G. Haitian Reporter – English (online only)



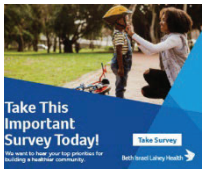
For the printed newspapers the publish dates are as follows:

Bay State	4-Nov
El Mundo	4-Nov
Sampan	5-Nov
Haitian Report (digital only)	2 weeks
Thang Long	2-Nov
India New England (digital only)	2 weeks
Chelsea	4-Nov

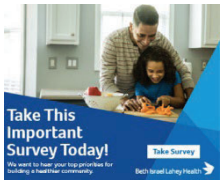
2. Digital Advertising

Digital ads will be served across various websites. GVC utilized a people-based marketing approach. The digital ads will be served up based on the zip codes provided and will include both English and translations based on user preferences. For social media and audio these ads run for a full 2 weeks from Nov 1 through Nov 15.

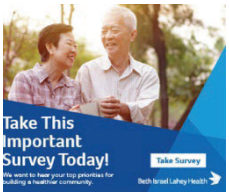
A. African American/Black, Haitian, Cape Verdean



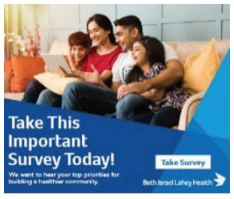
B. Hispanic



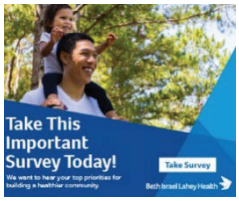
C. Chinese



D. Indian



E. Vietnamese



C. Precision Audio

GVC streamed :30 audio spots across multiple platforms (iHeart, NPF, PODcasts, Pandora, Spotify, etc.). GVC served up audio commercial voiceover for each hospital using zip codes. For social media and audio these ads run for a full 2 weeks from Nov 1 through Nov 15.

Sample audio script. Note: Script was customized for each of the 10 hospitals.

Beth Israel Deaconess Hospital-Plymouth wants to hear what you think the most important health-related priorities are in our community. Please take an online survey at bilh.org/chna. Your responses will help to inform innovative solutions to improve the health of our community. Simply go to bilh.org/chna and fill out the survey. That's b-i-l-h.org/c-h-n-a.

Note: For social media and precision audio, this campaign is people based, so GVC is following each audience member and serving ad messaging where ever and whenever they are consuming online content (within the set frequency for the campaign).

For example, one person could be more active online early mornings – reading articles when he/she/they wake up; listening to streamed music while he/she/they commute – so GVC would then be sure to serve Mike his daily ad frequency during the times he is more active online, increasing the likelihood for click conversion with display ads – or in the case of audio, listening to the ad through to 100% completion. So basically going off of the targets media consumption.

Survey Distribution Channels: BID Plymouth Community Partners

Organization	Contact Person/Name	Title (if Applicable)
Action for Boston Community Development (ABCD), Mystic Valley Opportunity Center	Jamillah Kasuswa	Operations Manager
Albion Cultural Exchange Committee	albionculturalexchange@wakefield.ma.us	N/A
Blair House of Tewksury Assisted living	Katie Houle	Resident Services Coordinator
Boys & Girls Club of Woburn	Julie Gage	Executive Director
Burbank YMCA	Donny Bautz	Executive Director
Connect the Tots	Lindsey Hoyme	Secretary
Council of Autism Service Providers	Lorri Unumb, Esq.	CEO
Crawford memorial united methodist Church	Rev. Ann Robertson	Minister
First Baptist Church of Wakefield	Pastor Peter Brown	Minister
Housing Families, Inc	Kelly Hollis	Director
I'm Still Here Foundation	Mary Anne Grant	Executive Director
Islamic Cultural Center of Medford	Nichole Mossalam	Director
Jenks Center	Phillip Beltz	Executive Director
Korean American Citizens League	Sophie Park	Executive Director
Mass Hire	Lee-Ann Johnson	Manager
Massachusetts Partnership for Youth Inc	Margie Daniels	Executive Director
Medford Board of Health	MaryAnn O'Connor	Director
Medford Council on Aging	Pamela Kelly	N/A
Medford Community Liasons	Darline Raymond	Community Liason
Medford Diversity Equity Inclusion Task Force	Neil Osborne	Director of Diversity
Medford Family Network	Marie Cassidy	Director
Medford Farmers Market	Heather Meeker-Green	Market Manager
Medford Head Start	Kristina Cates	Operations Manager
Medford Health Department	Penelope Funaiole	Prevention and Outreach Manager
Medford High School Gay-Straight Alliance	Michael Skorker and Nicole Chalifoux	teachers
Medford Housing Authority	Lisa Tonello	ROSS Coordinator
Medford Mass in Motion	Syrah McGivern	MiM Coordinator
Medford Mayor	Breanna Lungo-Koehn	Mayor
Medford Office of Planning, Development, and Sustainability	Alicia Hunt	Director
Medford Police Department	Jack Buckley	Chief of Police
Medford Public Library	Barabara Kerr	Director
Medford Public Schools	Dr. Marice Edouard-Vincent	School Superintendent
Medford Recreation Department	Kevin Bailey	Director
Medford Wayside Youth and Family Support Network	Andrea Salzman	VP of Community Services
Melrose Wakefield Mass in Motion	Kara Showers	Coordinator
Melrose-Wakefield Hospital	Barabara Kauffman	Community Benefits Manager
Middlesex County District Attorney (DA)	Nora Mann	Director of Community Partnerships
Mission of Deeds	Sharon Petersen	Director of Development
Mom's Club of Reading	membership@readingmomsclub.org	general email
Mystic Valley Elder Services	Lauren Reid	Director of Community programs
Mystic Valley Public Health Committee	Liz Parsons	Coordinator
Network for Social Justice	Liora Norwich	Executive Driector
New Hope Chapel	Tami Edson	Director
North Burbank YMCA	John Fuedo	Exectuive Director
North Reading Community Impact Team	Amy Luckiewicz	Drug Free Communities Director
North Reading Council On Aging (COA)	Mary Prenney	Director
North Reading Food Pantry	Christian Community Services of North Reading	N/A
North Reading Health Department	Robert Bracey	Director
North Reading Housing Authority	Aaron Beineke	Executive Director
North Reading Library	Sharin Kelleher	Director
North Reading Planning Department	Danielle McKnight	Town Planner
North Reading Police Department	Laura Miranda	Mental Health Clinician
North Reading Recreation Department	Lynne Clemens	Director
NuPath	Daniel Harrison, President	President
Old South United Methodist Church	Carol Rogerson	Secretary
Parents of Tots	Nina Fielder	Director
PEER Servants	Carol Mostrom	Director
Reading Coalition for Prevention and Support	Erica McNamara	Director
Reading Council on Aging	Amy O'Brien	Director
Reading Department of Planning	Andrew MacNichol	Staff Planner
Reading Department of Recreation	Genevieve Fiorente	Director
Reading Health Services	Laura Vlasuk	Director
Reading Housing Authority	Kathryn Gallant	Executive Director
Reading Police Department	David J. Clark	chief of police
Reading Public Library	Amy Lannon	Director
Reading Public Schools	Dr. Thomas Milaschewski	Superintendent of Schools
Reading Town Manager	Bob LeLacheur	Town Manager
Reading Veterans Services	Kevin Bohmiller	Veterans Services Officer
Reading-North Reading Chamber of Commerce	Lisa Egan	Executive Driector
Riverside Family Support Center	Kristen D'Andrea	Program Director

Social Capital Inc.	David Crowley	Executive Director
St. Athanasius Church (alanon/alateen)	Stephen B. Rock	Reverend
St. Eulalia's Church	Laura MacMullin	Parish Secretary
St. Williams Church	Donna Bell	Administrative Assistant
Stoneham Board of Health	Martin Fralik	Health Agent
Stoneham Community Development Corporation	Judy Bousquin	Program Manager
Stoneham Council on Aging	Kristen Spence	Director
Stoneham Department of Parks and Recreation	Brian Blumsack	Director
Stoneham Department of Planning and Economic Development	Erin Wortman	Town Planner
Stoneham Department of Veterans of Affairs	Melanie Mendel	Veterans Services Officer
Stoneham Health Department	Erin Hull	Health Agent
Stoneham Housing Authority	Lisalana Cappuccio	Tenant Coordinator
Stoneham Library	Nicole Langley	Director
Stoneham Police Deparrtment	James T. McIntyre	Chief of Police
Stoneham Public Schools	John Macero	Superintendent of Schools
Stoneham Substance Abuse Coalition	Shelly Macneill	Coordinator
Stoneham Town Administrator	Dennis Sheehan	Town Administrator
Stoneham/Wakefield Boys and Girls Club	Anthony Guardia	Director of Development
Tewksbury Cares	Maria Zaroulis	Director
Tewksbury Community Pantry, Inc.	info@tewksburypantry.org	N/A
Tewksbury Community Roundtable	Robert Hayes	Community Outreach/Technical Services Librarian
Tewksbury Council on Aging (COA)	Jan Conole	Director
Tewksbury Frontline Initiative	Matthew Page-Shelton	Regional Director
Tewksbury Housing Authority	Melissa Maniscalco	Director
Tewksbury Planning & Conservation Department	Alex Lowder	Town Planner
Tewksbury Public Library	Robert Hayes	Community Outreach/Technical Services Librarian
The Dwelling Place Soup Kitchen	thedwellingplace1987@gmail.com	N/A
Thom Anne Sullivan Center (Mystic Valley)	Anne Marsh	Director
Triumph Center	Alison Jekogian	Assistant Director
Unitarian Universalist Church (food program and Alanon/Alateen)	Brenda Bonetti	Secretary
Unitarian Universalist Church of Reading	Linda Snow Dockser	Office Administrator
Unitarian Universalist Church of Wakefield	Rev. Elizabeth Assenza	Minister
Universalist Unitarian Church of Reading	Melissa Martin	Secretary
Vida Real Internacional (church)	info@vidareal.net	N/A
Wakefield Center Neighborhood Association	info@wcna.org	N/A
Wakefield Department of Community & Economic Development	Erin Kokinda	Director
Wakefield Department of Recreation	Dan McGrath	Director
Wakefield Deprtment of Public Schools	Douglas Lyons	Superintendent
Wakefield Farmers Market	AnnMarie Gallivan	Market Manager
Wakefield Health Department	Anthony Chui	Director
Wakefield Housing Authority	Maureen Hickey	Executive Director
Wakefield Human Rights Commission	Benny Wheat	Chair
Wakefield Interfaith Food Pantry	Maureen Miller	Executive Director
Wakefield Library	Catherine McDonald	Director
Wakefield Lynnfield Chamber of Commerce	John Smolinsky	Director
Wakefield Lynnfield United Methodist Church	Rev. Glenn Mortimer	Minister
Wakefield Main Streets	info@wakefieldmainstreets.org	N/A
Wakefield Police Department	Steven Skory	Police Chief
Wakefield Public Health Nurse	Melissa Lowry	Public Health Nurse
Wakefield Senior Center/Council on Aging (COA)	Judy Luciano	Director
Wakefield Town Administrator	Stephen P. Maio	Town Adminstrator
Wakefield Veterans Services	Dave Mangan	Veterans Services Officer
Wake-Up (Wakefield Unified Prevention Coalition)	Catherine Dhringa	Drug Free Communities Coordinator
West Medford Community Center	Nathalie Jean	Executive Director
Wilmington Community Fund	wilmcf@verizon.net	N/A
Wilmington Community Roundtable	Tina Stewart	Library Director
Wilmington Council on Aging (COA)	Terri Marciello	Director
Wilmington Department of Recreation	Karen Campbell	Director
Wilmington Department of Veterans Affairs	Louis Cimaglia IV	Director
Wilmington Health Dept	Tracy Mello	Director
Wilmington Housing Authority	Emily LaMacchia	Executive Director
Wilmington Library	Charlotte Wood	Director
Wilmington Planning Department	Valerie Gingrich	Director
Wilmington Police Department	Joseph Desmond	Police Chief
Wilmington Public Schools	Glenn Brand	Superintendent of Schools
Wilmington Select Board	Lilia Maselli	Chairman
Wilmington Substnace Abuse Coalition	Samantha Reif	Coordinator
Wilmington Town Manager	Jeffrey Hull	Town Manager
Wilmington/Tewksbury Chamber of Commerce	Nancy Vallee	Executive Director
Wincheser Hospital Center for Healthy Living	Angeline Brady	Program Director
Winchester Council on Aging (COA)/Jenks Center	Phillip Beltz	Executive Director
Winchester Coalition for a Safer Community	Dot Butler	Director
Winchester Department of Parks & Recreation	Nick Cacciolfi	Director
Winchester Foundation for Educational Excellence	Caren Connolly	Executive Director

Winchester Health Department	Jen Murphy	Director
Winchester Housing Authority	Sue Cashell	Director
Winchester Jenks Center Social Worker	Suzanne Norton	Social Worker
Winchester Network for Social Justice	Liora Norwich	Executive Director
Winchester Police Department	Daniel O'Connell	Police Chief
Winchester Public Library	Ann Wirtanen	Director
Winchester Public Schools	Frank Hackett	Superintendent
Winchester School of Chinese Culture	Jennifer Zhang	President
Winchester Town Manager	Lisa Wong	Town Manager
Winchester Town Planner	Brian Szekely	Town Planner
Woburn Board of Health	John Fralick	Director
Woburn Chamber of Commerce	Chris Kisiel	Executive Director
Woburn Coalition Against Substance Abuse	Rick Jolly	Coordinator
Woburn Council of Social Concern	Jessie Bencosme	Executive Director
Woburn Deparmtent of Parks & Recreation	Rory Lindstrom	Director
Woburn Department of Veterans Services	Larry Guiseppe	Veterans Services Officer
Woburn Housing Authority	Leslie Gangi	Resident Coordinator
Woburn Lion's Club	Chris Kisiel	President
Woburn Mayor	Scott Galvin	Mayor
Woburn Planning Board	Tina Cassidy	Director
Woburn Police Department	Robert F. Rufo, Jr.	Chief
Woburn Public Library	Hermayne Gordon	Director
Woburn Public School Parents	Adriana Mendes-Sheldon	Family & Community Engagement Liaison
Woburn Public Schools	Michael Baldassare	Assistant Superintendent of Schools
Woburn Senior Center/Council on Aging (COA)	Marie Lingblom	Director
Woburn Veterans Services	Larry Guiseppe	Director
YMCA International School	Elaine Dougherty	Director

Appendix C:
Resource Inventory

Beth Israel Deaconess Plymouth Community Resource List

Community Benefits Service Area includes: Carver, Duxbury, Kingston and Plymouth

Health Issue	Organization	Brief Description	Address	Phone	Website
Statewide Resources	Department of Mental Health-Handhold program	Provides tips, tools, and resources to help families navigate children's mental health journey.			www.handholdma.org
	Executive Office of Elder Affairs	Provides access to the resources for older adults to live healthy in every community in the Commonwealth.	1 Ashburton Place 5th Floor Boston	617.727.7750	www.mass.gov/orgs/executive-office-of-elder-affairs
	MA 211	Available 24 hours a day, 7 days a week, Mass 211 is an easy way to find or give help in your community.		211 or 877.211.6277	www.mass211.org
	Massachusetts Elder Abuse Hotline	Hotline is available 24 hours a day or by phone. Older adult abuse includes: physical, sexual, and emotional abuse, caretaker neglect, financial exploitation and self-neglect. Elder Protective Services can only investigate cases of abuse where the person is age 60 and over and lives in the community.	1 Ashburton Place 5th Floor Boston	800.922.2275	www.mass.gov/orgs/executive-office-of-elder-affairs
	MA Women, Infants and Children (WIC) Nutrition Program	Provides free nutrition, health education and other services to families who qualify.		800.942.1007	www.mass.gov/orgs/women-infants-children-nutrition-program
	MassOptions	Provides connection to services for older adults and persons with disabilities.		800.243.4636	www.massoptions.org
	Massachusetts Substance Use Helpline	24/7 Free and confidential public resource for finding substance use treatment and recovery services.		800.327.5050	www.helplinema.org
	National Suicide Prevention Lifeline	Provides 24/7, free and confidential support.		800.273.8255	www.suicidepreventionlifeline.org
	Network of Care Massachusetts	Provides a searchable directory of over 5,000 Behavioral Health service providers in Massachusetts.			www.massachusetts.networkofcare.org

Beth Israel Deaconess Plymouth Community Resource List

Community Benefits Service Area includes: Carver, Duxbury, Kingston and Plymouth

Health Issue	Organization	Brief Description	Address	Phone	Website
Statewide Resources	Project Bread Foodsource Hotline	Provides information about food resources in the community and assistance with SNAP applications by phone.		1.800.645.8333	www.projectbread.org/get-help
	SafeLink	Massachusetts' statewide 24/7 toll-free domestic violence hotline and a resource for anyone affected by domestic or dating violence.		877.785.2020	www.casamyrna.org/get-support/safelink
	SAMHSA's National Helpline	Provides a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families in need of mental health resources and/or information for those with substance use disorders.		800.662.HELP (4357)	www.samhsa.gov/find-help/national-helpline
	Supplemental Nutritional Assistance Program (SNAP)	Provides nutrition benefits to individuals and families to help subsidize food costs.		877.382.2363	www.mass.gov/snap-benefits-formerly-food-stamps
	Veteran Crisis Hotline	Free, every day, 24/7 confidential support for Veterans and their families who may be experiencing challenges.		800.273.8255	www.veteranscrisisline.net
Domestic Violence	South Shore Resource and Advocacy Center	Provides comprehensive services for intimate partner and familial violence, as well as victim services and prevention for survivors and loved ones of impaired driving crashes, and loved ones who have lost someone to homicide.	PO Box 6237 North Plymouth	508.746.2664	www.ssrac.org

Beth Israel Deaconess Plymouth Community Resource List

Community Benefits Service Area includes: Carver, Duxbury, Kingston and Plymouth

Health Issue	Organization	Brief Description	Address	Phone	Website
Food Assistance	Christ Church Outreach Plymouth	Provides food assistance to residents of Plymouth.	149 Court St Plymouth	508.746.4959	www.christchurchplymouth.org/outreach
	Duxbury Lions Club Pantry	Provides food assistance to residents of Duxbury and the surrounding communities.	136 Summer St Duxbury		www.duxburylionsclub.org/about-us
	Pilgrims Hope Kingston	Provides food assistance to residents of the Greater South Shore.	149 Bishop's Highway Kingston	781.582.2010	www.plymouthareacoalition.org/food-pantry
	Salvation Army Plymouth	Provides food assistance to residents of Plymouth.	52 Long Pond Rd Plymouth	508.746.1559	www.massachusetts.salvationarmy.org/MA/Plymouth
	Shane Gives Thanks	Provides food assistance to residents of Carver.	128 Main St Bldg. 2 Unit G Carver	508.866.7673	www.shanegivesthanks.com
	St. Joseph's Church Kingston	Provides food assistance to residents of Kingston.	272 Main St Kingston	781.585.6679	www.stsmaryjoseph.org/food-pantry
Housing Support	Carver Housing Authority	Provides affordable, subsidized rental housing for low-resource families, older adults and persons with disabilities.	108 Main St Carver		www.carverma.gov/carver-housing-authority
	Duxbury Housing Authority	Provides affordable, subsidized rental housing for low-resource families.	59 Chestnut St Duxbury	781.934.6618	www.duxburyha.org
	Father Bill's & Mainspring	Provides shelter, job support and case management for people without housing.	38 Broad St Quincy	617.770.3314	www.helpfbms.org
	Kingston Housing Authority	Provides affordable, subsidized rental housing for low-resource families.	15 Hillcrest Rd Kingston	781.585.8028	www.kingstonha.org
	Neighborworks Housing Solutions	Provides housing resource assistance.	169 Summer St Kingston	781.422.4200	www.nhsmass.org
	Pilgrims Hope Family Shelter	Provides safe temporary shelter, professional case management, and support services.	149 Bishop's Highway Kingston	781.582.2010	www.plymouthareacoalition.org
	Plymouth Housing Authority	Provides affordable, subsidized rental housing for low-resource families.	130 Court St Plymouth	508.746.2105	www.plymha.org

Beth Israel Deaconess Plymouth Community Resource List

Community Benefits Service Area includes: Carver, Duxbury, Kingston and Plymouth

Health Issue	Organization	Brief Description	Address	Phone	Website
Mental Health and Substance Use	Aspire Health Alliance	Provides early intervention and mental health treatment and recovery programs.	64 Industrial Park Rd Plymouth	800.852.2844	www.aspirehealthalliance.org
	BAMSI (Brockton Area MultiServices Inc.)	Provides clinic and community-based mental health services for individuals, couples and groups.	12 Resnick Rd Plymouth	508.580.8700	www.bamsi.org/program/individual-and-family-counseling
	Beth Israel Lahey Health (BILH) Behavioral Services	Provides high-quality mental health and addiction treatment for children and adults ranging from inpatient to community-based services.		978.968.1700	www.nebhealth.org
	Child and Family Services, Inc.	Provides psychiatric assessment and intervention to people of any age who are in a crisis situation.	202 South Meadow Unit 5B Plymouth	877.996.3154	www.child-familyservices.org/plymouth
	Family Continuity	Provides evidence-based, best practice therapies for individuals and families.	118 Long Pond Rd Ste 106 Plymouth	508.747.6762	www.familycontinuity.org
	High Point Treatment Center Plymouth	Provides a broad range of evidence-based treatment programs for individuals recovering from substance use disorders and co-occurring disorders.	1233 State Rd Plymouth	508.224.7701	www.hptc.org
	PCO Hope	Provides financial resources that enable individuals the opportunity to seek treatment and maintain long-term sobriety.	400 Pleasant St East Bridgewater	508.261.5488	www.pcohope.org
	Plymouth Center for Behavioral Health	Provides mental health and behavioral support services to children and adults throughout the South Shore.	34 Main St Ext Plymouth	508.830.0012	www.plymouthbehavioralhealth.com

Beth Israel Deaconess Plymouth Community Resource List

Community Benefits Service Area includes: Carver, Duxbury, Kingston and Plymouth

Health Issue	Organization	Brief Description	Address	Phone	Website
Mental Health and Substance Use	Plymouth Family Resource Center	Provides community-based, multi-cultural, support groups, parenting programs, assessment services, information and referral resources, and education for families whose children range in age from birth to 18.	430-3 Court St Plymouth	774.283.6531	www.plymouthfamilyrc.org
	South Bay Community Services-Plymouth Mental Health Clinic	Provides continuum of services including adult behavioral health, substance use disorder counseling, children's behavioral health, day services, autism services and early childhood services.	50 Aldrin Rd Plymouth	508-521-2200	www.southbaycommunityservices.com
Senior Services	Carver Council on Aging	Provides services for older adults in Carver including fitness, education, social services, and recreation.	48 Lakeview St South Carver	508.866.4698	www.carverma.gov/council-aging
	Duxbury Senior Center	Provides services for older adults in Duxbury including fitness, education, social services, and recreation.	10 Mayflower St Duxbury	781.934.5774	www.town.duxbury.ma.us/senior-center
	Kingston Council on Aging	Provides services for older adults in Kingston including fitness, education, social services, and recreation.	30 Evergreen St Kingston	781.585.0511	www.kingstonma.gov/292/Council-on-Aging
	Old Colony Elder Services Regional	Provide supportive services for older adults and persons with disabilities.	144 Main St Brockton	508) 584-1561	www.ocesma.org
	Plymouth Center for Active Living	Provides services for older adults in Plymouth including fitness, education, social services, and recreation.	44 Nook Rd Plymouth	508.830.4230	www.plymouth-ma.gov/center-active-living

Beth Israel Deaconess Plymouth Community Resource List

Community Benefits Service Area includes: Carver, Duxbury, Kingston and Plymouth

Health Issue	Organization	Brief Description	Address	Phone	Website
Transportation	GATRA (Greater Attleboro Transportation Authority)	Provides bus service in Plymouth, Carver, Kingston, and Duxbury.	10 Oak St Taunton	1.800.483.2500	www.gatra.org
	MBTA	Provides transportation thru out Plymouth and surrounding communities.			www.mbta.com
Additional Resources	Boys and Girls Club Plymouth	Offers programs in Five Core Program Areas: The Arts, Health & Life Skills, Character & Leadership Development, Education & Career Development and Sports, Fitness and Recreation.	9 Resnik Rd Plymouth	508.746.6070	www.bgcplymouth.org
	South Shore Community Action Council	Provides programs in the areas of Youth and Family Development, Income Maintenance, Nutrition, Emergency Assistance, Self-Sufficiency, Energy Assistance, Employment, and Transportation Assistance.	71 Obery St Plymouth	508.747.7575	www.sscac.org

Appendix D:

Evaluation of 2020-2022 Implementation Strategy

BID Plymouth

Evaluation of 2020-2022 Implementation Strategy

Below are highlights of the work that has been accomplished since the last Implementation Strategy. For full reports, please see submissions to the Massachusetts Attorney General Community Benefits office (https://massago.onbaseonline.com/massago/1801CBS/annualreport.aspx).

Priority Area: Mental Health and Substance Use

Goal 1: Educate About and Reduce the Stigma Associated with Mental Health and Substance Use Issues			
Population	Objectives	Activities	Progress, Outcomes, and Impact
-Youth and families -Older Adults -Low to Moderate Income Populations -Individuals with Chronic/ Complex Conditions	-Increase community education and awareness of substance use/misuse and healthy mental, emotional, and social health -Reduce the stigma associated with mental illness/ mental health and substance use/misuse, and addiction	-Support Mental Health First Aid trainings in targeted community-based settings to raise awareness, reduce stigma, and educate residents and service providers about mental health and substance use -Explore the possibility of providing Community Health Mini Grants to community-based partners to support evidence-based programs that promote mental health and substance use education and prevention -Organize BID-Plymouth HouseCalls Program. Free community health lectures conducted by hospital clinical and non-clinical staff to raise awareness and education related to mental health and substance use issues in targeted community-based settings to raise awareness, reduce stigma, and educate residents	**PCO Hope** -74 people were trained in harm reduction strategies, including how to recognize signs of an opioid overdose and how to administer Narcan. 37 Narcan kits distributed. Support pivoted from in-person to a virtual format at drop-in centers due to the COVID-19 pandemic. **PCO Hope** -111 people were trained in the use of Narcan each quarter bringing the total number of people trained to 444 during the year. **PCO Hope** -262 Narcan kits were distributed each quarter bringing the total number of kits distributed during the year to 1048.

-Youth and families -Older Adults -Low to Moderate Income Populations -Individuals with Chronic/ Complex Conditions	-Increase community education and awareness of substance use/misuse and healthy mental, emotional, and social health -Reduce the stigma associated with mental illness/ mental health and substance use/misuse, and addiction	-Support Community-based Health Educational Events with community partners to raise awareness, and educate on risk/protective factors, and services available in the community -Support Mental Health and Substance Use Support Groups for those with or recovering from mental health or substance use and their family/friends/caregivers to raise awareness, reduce stigma, educate, and promote coping/recovery -Continue to support the Healthy Plymouth Program and explore how to incorporate mental health and substance use awareness and education events/activities	**PreVenture Program** -Complete PreVenture Trainer Certification process while supporting Plymouth Public Schools with Year 3 of workshop facilitation.

Goal 2: Enhance Access to Mental Health and Substance Use Screening, Assessment, and Treatment Services			
Population	Objectives	Activities	Progress, Outcomes, and Impact
-Youth and families -Older Adults -Low to Moderate Income Populations -Individuals with Chronic/ Complex Conditions	-Promote cross-sector partnership, collaboration, and information sharing across the broad health system to address access to mental health and substance use services -Increase access to clinical and non-clinical support services for those with mental health and substance use issues, with an emphasis on priority populations	-Community Benefit and other Hospital staff (e.g., social workers) Participate in Coalition and Other Community Meetings to promote collaboration, share knowledge, and coordinate community health improvement activities	**Plymouth County Outreach (PCO)** -Expanded the Plymouth County HUB, a replication of a promising practice out of Canada. Plymouth County HUB fills the gaps when there is an acute need due to behavioral health, housing instability, transportation or food insecurity. This is accomplished through partnership with community resources.

-Youth and families -Older Adults -Low to Moderate Income Populations -Individuals with Chronic/ Complex Conditions	-Increase access to Peer Support Groups for those with mental health and substance use and their family, friends, and caregivers -Increase access to screening, education, referral, and patient engagement services for those identified with or at-risk of mental health and substance use issues in clinical and non-clinical settings, with an emphasis on priority populations -Increase access to insurance, patient navigation support, and other enabling/ supportive services for those with mental health and substance use issues, with an emphasis on priority populations -Increase access to peer recovery coaches for those with mental health/substance use/misuse issues -Reduce elder health isolation and depression	-Explore the possibility of supporting the Plymouth Interface Mental Health Hotline, which provides education and referral services for those seeking mental health counseling services -Support Integrated Behavioral Health Services (mental health and substance use) in Primary Care and Other Specialty Care Settings (Impact Model) for those with or at-risk of mental health issues, including screening, assessment, and treatment -Explore Partnerships with Elder Service Providers to Reduce Isolation and reach out to and serve isolated older adults not currently engaged in Council on Aging activities -Support Peer Support Groups for those suffering from or recovering from substance use and mental health issues, possibly including activities for their families, friends, and caregivers -Explore partnerships with Local Health Departments, substance use providers, and BID-Plymouth departments to implement Peer Recovery Coach Programs geared to	**Behavioral Health Integrated Care Initiative** -Regularly screen for depressive symptoms via PHQ9 (Patient Health Questionnaire-9) and anxiety via GAD7 (General Anxiety Disorder-7)

-Youth and families -Older Adults -Low to Moderate Income Populations -Individuals with Chronic/ Complex Conditions		linking those with mental health/substance use/misuse issues to peer recovery coaches who provide recovery, case management, and navigation support -Support the Plymouth County Outreach (PCO) program, a partnership between hospital emergency departments, public safety officials, and behavioral health providers geared to reaching out to, referring, and engaging substance users/misusers in treatment.	

Goal 3: Remove prescription drugs and other harmful drugs from the community			
Population	Objectives	Activities	Progress, Outcomes, and Impact
-Youth and families -Older Adults -Low to Moderate Income Populations -Individuals with Chronic/ Complex Conditions	-Decrease the availability of unused prescription drugs -Increase the # of opportunities that residents of the service area can give back unused prescriptions	Organize "Drug Take Back Days" with local law enforcement and other community-based partners (e.g., schools, YMCA, Councils on Aging)	No activity has taken place on this initiative due to COVID restrictions

Priority: Chronic Disease

Goal 1: Enhance Access to Health Education, Screening, Referral, and Chronic Disease Management Services in Clinical and Non-Clinical Settings			
Population	Objectives	Activities	Progress, Outcomes, and Impact
-Youth and families -Older Adults -Low to Moderate Income Populations -Individuals with Chronic/ Complex Conditions	-Increase the number of people who are educated about chronic disease risk factors and protective behaviors - Increase the number of residents with chronic and complex conditions who receive education, case management and patient navigation support -Increase the number of residents with HIV/AIDS who receive care/case management and patient navigation services	-Community Benefit and other Hospital staff (e.g., social workers) Participate in Coalition and Other Community Meetings to promote collaboration, share knowledge, and coordinate community health improvement activities -Organize BID-Plymouth HouseCalls. Free community health lectures conducted by Hospital clinical and non-clinical staff to raise awareness, education, and the management of chronic and complex conditions in targeted community-based settings -Provide evidence-based Health Education on risk/protective factors, and Self-Management Support Programs through partnerships with community-based organizations with an emphasis on Priority Population Segments -Support Screening, Education, and Referral Programs in clinical and non-clinical settings that screen, educate, and refer patients in need of further assessment and chronic disease management supports (e.g., Blood pressure, Stroke, cancer)	**ACCESS Program** (HIV/AIDS) -95% of ACCESS clients are virally suppressed. **Keep the Beat** -- Post-cardiac Program -BID Plymouth provided 7 patients with a scholarship to attend the post-cardiac program, Keep the Beat, at the Old Colony YMCA at no cost to them. **HouseCalls** -Held one community health lecture on lung cancer; 10 people attended the lecture. Provided one HouseCall on Diabetes Management; 27 people attended. All other HouseCalls were cancelled due to the COVID-19 pandemic. **Cancer Patient Support Services Program** -Screened 374 patients for barriers to care; 36 were identified and received financial support. Breast programs and skin screening were cancelled due to COVID restrictions.

-Youth and families -Older Adults -Low to Moderate Income Populations -Individuals with Chronic/ Complex Conditions		-Continue the Cancer Patient Support Program geared to providing education, case management, and patient navigation support to those with cancer, with an emphasis on those from priority population segments -Continue the Pediatric Palliative Care Program geared to providing education, care/case management, patient navigation, and specialty care access support to children with complex conditions and their families/caregivers. -Continue the HIV ACCESS Program geared to providing care/case management and patient navigation services to those screened positive for HIV/AIDS.	

Goal 2: Reduce the prevalence of tobacco use			
Population	Objectives	Activities	Progress, Outcomes, and Impact
-Youth -Older Adults -Low to Moderate Income Populations -Individuals with Chronic/ Complex Conditions	-Increase the number of people who quit smoking cigarettes, vaping, or using e-cigarettes -Increase access to tobacco, vaping/e-cigarette cessation programs	-Support Smoking Cessation Programs geared to reducing tobacco, vaping and e-cigarette use -Provide community education on the risks of vaping and tobacco use	Developed a Smoking Cessation Brochure that includes websites and on-line programs to quit 3,500 brochures were distributed throughout hospital and physician offices

Priority Area: Social Determinants of Health and Access to Care

Goal 1: Enhance Access to Care and Reduce the Impact of social Determinants			
Population	Objectives	Activities	Progress, Outcomes, and Impact
-Youth and families -Older Adults -Low to Moderate Income Populations -Individuals with Chronic/ Complex Conditions s	-Increase access to primary care and medical specialty care services -Increase access to appropriate, timely urgent and emergent service -Increase partnerships and collaboration with social service and other community-based organizations -Increase educational opportunities related to the importance and impact of social determinants -Increase access to low cost healthy foods with an emphasis on priority population segments -Increase access to affordable, safe transportation options with an emphasis on priority population segments -Increase training and employment opportunities for low to moderate income residents with an emphasis	-Support primary care and medical specialty care services at BID-Plymouth's physician practice sites, outpatient clinics, emergency department, and other hospital-based clinical departments -Support the provision of appropriate, timely urgent and emergent services at BID-Plymouth's emergency department, inpatient units, and other hospital-based clinical departments -Community Benefit and other hospital staff (e.g., social workers) Participate in Coalition and Other Community Meetings to promote collaboration, share knowledge, and coordinate community health improvement activities -Provide Enrollment Counseling/ Assistance and Patient Navigation Support Services to uninsured or underinsured residents to enhance access to care -Support Food Access and Nutrition Programming to low and moderate	**Financial Assistance Program** -Enrolled 3,438 patients in Mass Health or helped apply for Financial Assistance. **Transportation Pilot Program (TPP)** -provided rides to 476 adults age 60 or older and those that are disabled to medical care who do not have any other resources. **Community Nutrition** -3 events focused on chronic disease prevention and management were provided to 65 low-income adults in Kingston; outreach initiated to low-income adults; 3 programs provided to 20 individuals through Carver COA; 33 programs have been provided to 620 residents in Plymouth, Kingston and Carver; Created 29 different healthy recipes - 6 included a QR code with a video demonstration of how to prepare it; monthly articles and handouts distributed to more than 5,000 individuals each month through BID's Healthy Market

-Youth and families -Older Adults -Low to Moderate Income Populations -Individuals with Chronic/ Complex Conditions	on priority population segments -Increase the number of people assisted with insurance and other public program enrollment, and patient navigation -Increase access to social experiences for those who are isolated and lack family/caregiver and other social supports	income populations living in public housing, school-based after-school programs, Councils on Aging, and other community venues -Support Healthy Plymouth Program to support healthy eating and food access issues with an emphasis on priority population segments -Explore Transportation Access Partnerships with regional transportation partners and other community partners to enhance access to affordable, safe, accessible transportation options -Explore Workforce Mentorship and Training Programs for youth and adults to job training, skills development, and career advancement with an emphasis on priority populations -Explore partnerships around housing	Program. **Father Bill's and MainSpring** -Provided 25 individuals with seasonal emergency shelter via Overnights Hospitality group in Plymouth; 93% of residents, who are often participants with the greatest needs, have maintained housing during the grant period. The majority of residents exiting FBMS permanent supportive housing, do so for a more independent home of their own (Section 8-unit, unsubsidized unit, etc.). Staff work with any participant exiting housing to ensure a successful transition, and continued progress toward self-sufficiency. **Interpreter Services** -5,235 interpreter sessions were provided to patients and families at BID-Plymouth compared to 3,432.

Goal 2: Reduce Elder Falls and Promote Aging in Place			
Population	Objectives	Activities	Progress, Outcomes, and Impact
Older Adults	-Reduce fear of falling -Increase activity levels -Reduce preventable Emergency Department and inpatient visits -Increase the number of older adults living independently in their homes	Explore opportunities with local agencies (Matter of Balance workshops) for priority populations	BID Plymouth has convened 5 area EMS providers to explore the feasibility of building a Mobile Integrated Health program (MIH) that would enable EMS to provide care in the home and reduce ED visits and admissions. .

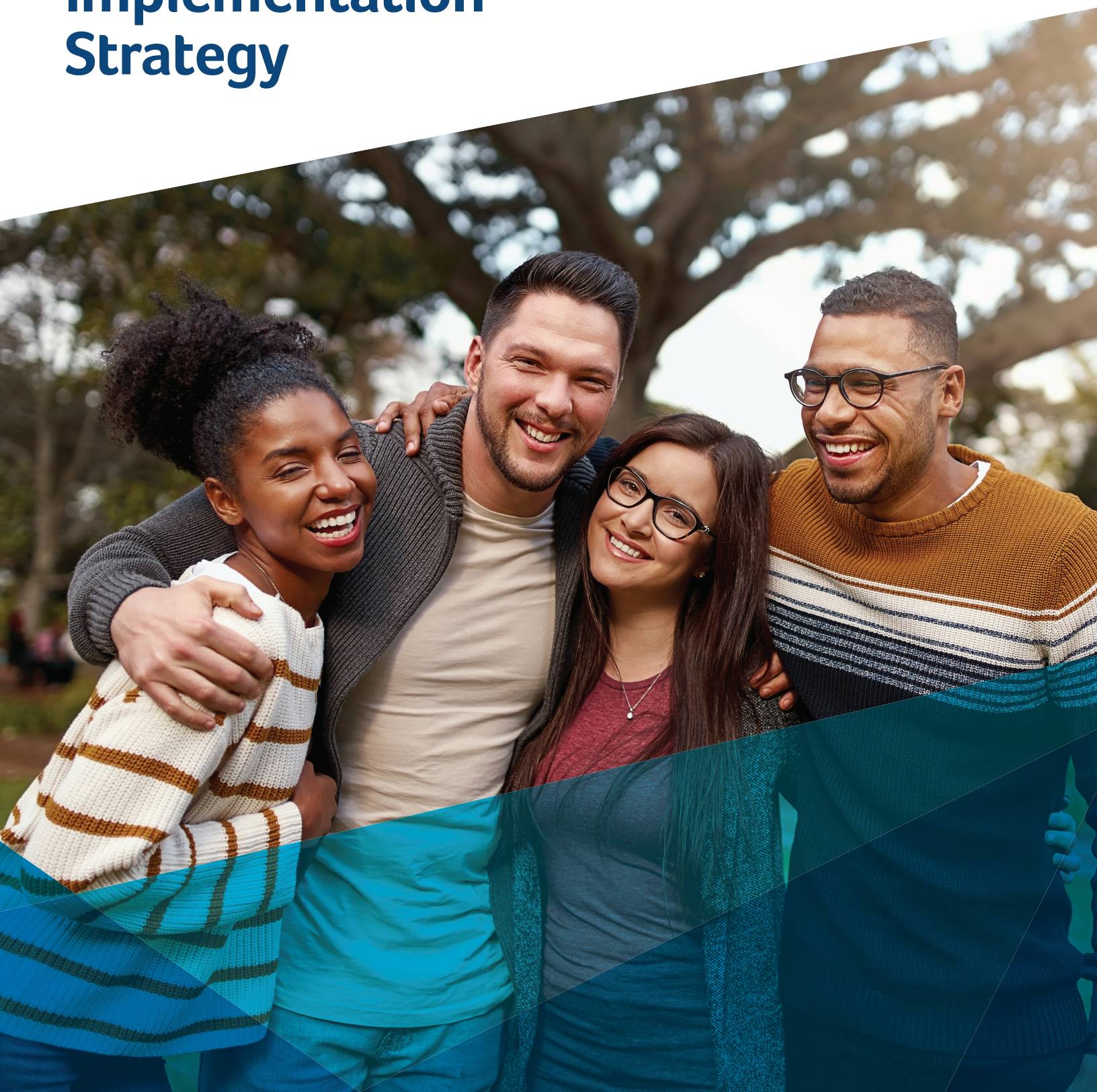
Grant Funding Provided by BID Plymouth			
Population	Objective	Activity	Progress, Outcomes and Impact
Low to Moderate Income Populations	Provide support for individuals who experience housing, food and financial insecurity	Intake, assessment, service planning, information/referrals, application assistance, food access, and financial assistance as needed for individuals and families experiencing housing, food, and financial insecurity, with tailored outreach and services for Latinx and Brazilian households	Year one of three-year grant provided to South Shore Community Action Council to provide support to the Emergency Assistance Program.

Low to Moderate Income Populations	Provide support for individuals who experience homelessness	Aid individuals and families from Plymouth, Carver, Duxbury, Kingston, and across Greater Plymouth and Southern Massachusetts, who are at risk of/experiencing homelessness via its street outreach, emergency shelter, permanent supportive housing, workforce development, and homelessness prevention programs.	Year one of three-year grant provided to Fr. Bill's & Mainspring to provide support for its Overnights of Hospitality Program.

Appendix E:
2023-2025 Implementation Strategy

Beth Israel Lahey Health
Beth Israel Deaconess Plymouth

FY23-FY25 Implementation Strategy



Implementation Strategy

About the 2022 Hospital and Community Health Needs Assessment Process

Beth Israel Deaconess Hospital–Plymouth (BID Plymouth) is a 170-bed, acute care hospital, serving residents from 12 towns in Plymouth and Barnstable Counties. The hospital also operates Imaging at the Park-Diagnostic Imaging & Occupational Health and two rehabilitation centers in Plymouth. BID Plymouth is recognized for its leadership in providing top-tier quality healthcare and a full continuum of healthcare services to the communities it serves. The hospital delivers excellent care with compassion, dignity and respect. In addition to its commitment to clinical excellence, BID Plymouth is committed to being an active partner and collaborator with the communities it serves.

The Community Health Needs Assessment (CHNA) and planning work for this 2022 report were conducted between September 2021 and September 2022. It would be difficult to overstate BID Plymouth's commitment to community engagement and a comprehensive, data-driven, collaborative, and transparent assessment and planning process. BID Plymouth's Community Benefits staff and Community Benefits Advisory Committee (CBAC) dedicated hours to ensuring a sound, objective, and inclusive process. This approach involved extensive data collection activities, substantial efforts to engage BID Plymouth's partners and community residents, and a thoughtful prioritization, planning, and reporting process. Special care was taken to include the voices of community residents who have been historically underserved, such as those who are unstably housed or homeless, individuals who speak a language other than English, those who are in substance use recovery, and those who experience barriers and disparities due to their race, ethnicity, gender identity, age, disability status, or other personal characteristics.

BID Plymouth collected a wide range of quantitative data to characterize the communities served across its Community Benefits Service Area (CBSA). BID Plymouth also gathered data to help identify leading health-related issues, barriers to accessing care, and service gaps. Whenever possible, data were collected for specific geographic, demographic, or socioeconomic segments of the population to identify disparities and clarify the needs of specific communities. The data were tested for statistical significance whenever possible and compared against data at the regional, Commonwealth, and national levels to support analysis and the prioritization process. The assessment also included data compiled at the local level from school districts, police/fire departments, and other sources. Authentic community engagement is critical to assessing community needs, identifying the leading community health priorities, prioritizing cohorts most at-risk, and crafting a collaborative, evidence-informed IS. Between October 2021 and February 2022, BID Plymouth conducted 17 one-on-one interviews with key collaborators in the community, facilitated four focus groups with segments of the population facing the greatest health-related disparities, administered a community health survey involving more than 450 residents, and organized two community listening sessions. In total, the assessment process collected information from more than 550 community residents, clinical and social service providers, and other key community partners.

Prioritization and Implementation Strategy Process

Federal and Commonwealth community benefits guidelines require a nonprofit hospital to rely on their analysis of their CHNA data to determine the community health issues and priority cohorts on which it chooses to focus its IS. By analyzing assessment data, hospitals can identify the health issues that are particularly problematic and rank these issues in order of priority. Accordingly, using an interactive, anonymous polling software, BID Plymouth's CBAC and community residents, through the community listening sessions, formally prioritized the community health issues and cohorts that they believed should be the focus of the hospital's IS. This prioritization process helps to ensure that BID Plymouth maximizes the impact of its community benefits resources and its efforts to improve health status, address disparities in health outcomes, and promote health equity.

The process of identifying the hospital's community health issues and prioritized cohorts is also informed by a review and careful reflection on the Commonwealth's priorities set by the Massachusetts Department of Public Health's Determination of Need process and the Massachusetts Attorney General's Office.

BID Plymouth's IS is designed to address the underlying social determinants of health and barriers to accessing care, as well as promote health equity. The content addresses the leading community health priorities, including activities

geared toward health education and wellness (primary prevention), identification, screening, referral (secondary prevention), and disease management and treatment (tertiary prevention).

The following goals and strategies are developed so that they:

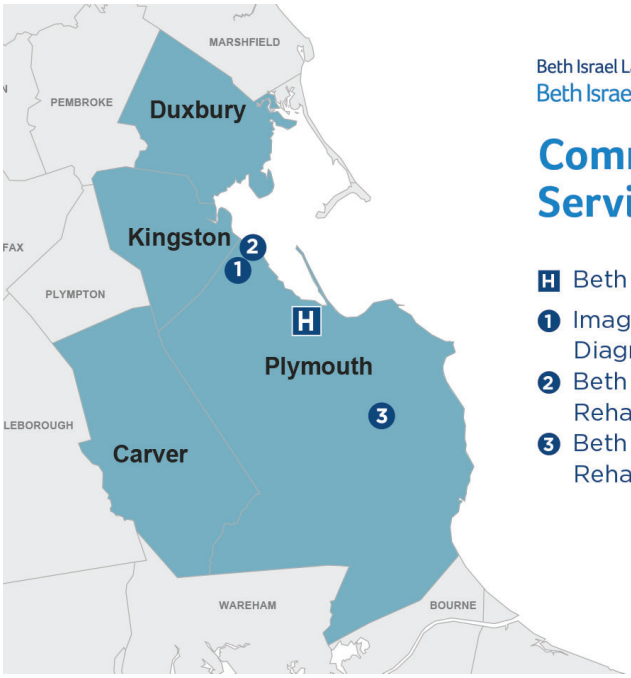
- Address the prioritized community health needs and/or populations in the hospital's CBSA.
- Provide approaches across the up-, mid-, and downstream spectrum.
- Are sustainable through hospital or other funding.
- Leverage or enhance community partnerships.
- Have potential for impact.
- Contribute to the systemic, fair and just treatment of all people.
- Could be scaled to other BILH hospitals.
- Are flexible to respond to emerging community need.

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

Community Benefits Service Area

BID Plymouth's CBSA includes the four municipalities of Carver, Duxbury, Kingston, and Plymouth, located in the southeast portion of Massachusetts. Collectively, these cities and towns are diverse with respect to demographics (e.g., age, race, and ethnicity), socioeconomics (e.g., income, education, and employment), and geography (e.g., urban, suburban, and semi-rural). There is also diversity with respect to community needs. There are segments of the BID Plymouth's CBSA population that are extremely healthy and have limited unmet health needs and other segments that face significant disparities in access, underlying social determinants, and health outcomes. BID Plymouth is committed to promoting health, enhancing access, and delivering the best care to all who live and/or work in its CBSA, regardless of race, ethnicity, language is spoken, national origin, religion, gender identity, sexual orientation, disability status or age. BID Plymouth is equally committed to serving all patients, even those who are medically underserved, regardless of their health, socioeconomic, insurance status, and/or their ability to pay for services.

BID Plymouth's CHNA focused on identifying the leading community health needs and priority cohorts living and/or working within its CBSA. In recognition of the health disparities that exist for some residents, BID Plymouth focuses the bulk of community benefits resources on improving the health status of those who face health



Beth Israel Lahey Health
Beth Israel Deaconess Plymouth

Community Benefits Service Area

H Beth Israel Deaconess Hospital-Plymouth
1 Imaging at the Park - Diagnostic Imaging & Occupational Health
2 Beth Israel Deaconess-Plymouth Rehabilitation Center
3 Beth Israel Deaconess-Plymouth Rehabilitation Center

disparities, experience poverty, or have been historically underserved. By prioritizing these cohorts, BID Plymouth is able to promote health and well-being, address health disparities and maximize the impact of its community benefits resources.

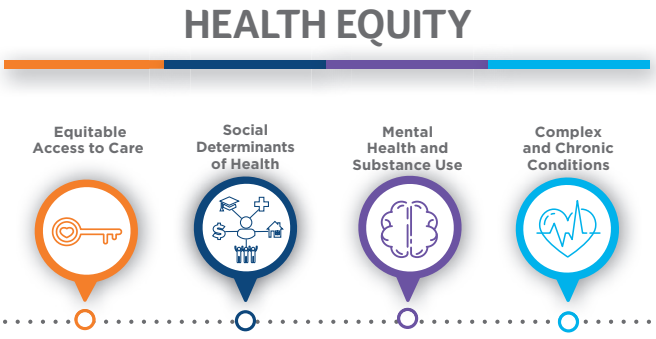
Prioritized Community Health Needs and Cohorts

BID Plymouth is committed to promoting health, enhancing access, and delivering the best care for those in its CBSA. Over the next three years, the hospital will work with its community partners to develop and/or continue programming geared to improving overall well-being and creating a healthy future for all individuals, families, and communities. In recognition of the health disparities that exist for certain segments of the population, investments and resources will focus on improving the health status of the following priority cohorts within the community health priority areas.

BID Plymouth Priority Cohorts

- Youth
- Low-Resourced Populations
- Older Adults
- Racially, Ethnically and Linguistically Diverse Populations
- Individuals with Disabilities

BID Plymouth Community Health Priority Areas



Community Health Needs Not Prioritized by BID Plymouth

It is important to note that there are community health needs that were identified by BID Plymouth'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, were not prioritized for investment or included in BID Plymouth's IS. Specifically, supporting education across the lifespan and strengthening the built environment (i.e., improving roads/sidewalks and enhancing access to safe recreational spaces/activities) were identified as community needs but were not included in the hospital's IS. While these issues are important, BID Plymouth's CBAC and the hospital's senior leadership team decided that these issues were outside of the hospital's sphere of influence and investments in others areas were both more feasible and likely to have greater impact. As a result, BID Plymouth opted to allow other public and private organizations in its CBSA, South Shore region, and the Commonwealth to focus on these issues. BID Plymouth remains open and willing to work with community residents, other hospitals, and other public and private partners to address these issues, particularly as part of a broad, strong collaborative.

Community Health Needs Addressed in BID Plymouth's IS

The issues that were identified in the BID Plymouth CHNA and are addressed in some way in the hospital IS are housing issues, food insecurity, transportation, workforce shortages, build capacity of workforce, navigation of healthcare system, linguistic access barriers, digital divide, linguistic access to community services, ost and insurance barriers, youth mental health, stress, anxiety, depression, isolation, mental health education and prevention, mental health stigma, culturally appropriate/competent health and community services, substance use stigma, and treatment programs that include/address mental health and substance use co-occurring issues.

Implementation Strategy Details

Priority: Equitable Access to Care

Individuals identified a number of barriers to accessing and navigating the health care system. Many of these barriers were at the system level, meaning that the issues stem from the way in which the system does or does not function. System-level issues included providers not accepting new patients, long wait lists, and an inherently complicated healthcare system that is difficult for many to navigate.

There were also individual-level barriers to access and navigation. Individuals may be uninsured or underinsured, which may lead them to forgo or delay care. Individuals may also experience language or cultural barriers - research shows that these barriers contribute to health disparities, mistrust between providers and patients, ineffective communication, and issues of patient safety. Finally, transportation was also identified as a significant barrier, particularly for those without a personal vehicle.

Resources/Financial Investment: BID Plymouth expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by BID Plymouth and/or its partners to improve the health of those living in its CBSA. Finally, BID Plymouth supports residents in its CBSA by providing "charity" care to individuals who are low-resourced and unable to pay for care and services. Moving forward, BID Plymouth will continue to commit resources through the same array of direct, in-kind, leveraged, or "charity" care expenditures to carry out its community benefits mission.

Goal: Provide equitable and comprehensive access to high-quality health care services including primary care and specialty care, as well as urgent and emerging care, particularly for those who face cultural, linguistic, and economic barriers.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Promote access to health care, health insurance, patient financial counselors, and needed medications for patients who are uninsured or underinsured.	• Low-resourced populations • Racially, ethnically, and linguistically diverse populations	• BID Plymouth's Financial Assistance Program • BID Plymouth's Enrollment Counseling/ Assistance & Patient Navigation Support • Primary Care Support	• # of patients served	• BID Plymouth Change Healthcare program • Healthy Plymouth • BILH Primary Care	Social Determinants of Health: Financial Insecurity
Promote equitable care, health equity, health literacy for patients, especially those who face cultural and linguistic barriers.	Racially, ethnically, and linguistically diverse populations	• Interpreter Services	• # of patients assisted • # of languages provided	• Quincy Asian Resources, Inc. (QARI) • BID Plymouth Interpreter Services	Not Applicable

Priority: Social Determinants of Health

The social determinants of health are "the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks." These conditions influence and define quality of life for many segments of the population in the CBSA. Research shows that sustained success in community health improvement and addressing health disparities relies on addressing the social determinants of health that lead to poor health outcomes and drive health inequities. The assessment gathered a range of information related to economic insecurity, education, food insecurity, access to care/navigation issues and other important social factors.

There is limited quantitative data in the area of social determinants of health. Despite this, information gathered through interviews, focus groups, listening sessions, and the BID Plymouth Community Health Survey reinforced that these issues have the greatest impact on health status and access to care in the region - especially issues related to housing, economic instability, transportation, and food insecurity/nutrition, transportation.

Resources/Financial Investment: BID Plymouth expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by BID Plymouth and/or its partners to improve the health of those living in its CBSA. Finally, BID Plymouth supports residents in its CBSA by providing "charity" care to individuals who are low-resourced and unable to pay for care and services. Moving forward, BID Plymouth will continue to commit resources through the same array of direct, in-kind, leveraged, or "charity" care expenditures to carry out its community benefits mission.

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Support impactful programs that stabilize or create access to affordable housing.	Low-resourced populations	Grant support for Father Bill's & Mainspring for temporary shelter	• # of participants and their demographics • # of families prevented from homelessness	• Father Bill's & Mainspring • The South Shore Continuum of Care (CoC)	Social Determinants of Health: Financial Insecurity
Support education, systems, programs, and environmental changes to increase healthy eating and access to affordable, healthy foods.	Low-resourced populations	Nutrition education and cooking tips in the community through BID Plymouth Registered Dietician (RD)	• # of recipes developed • # of participants and their demographics • # of workshops • Pre- and post-surveys	• Algonquin Heights • Terra Cura community gardens • Councils on Aging (COAs) in BID Plymouth CBSA • Schools in the BID Plymouth CBSA • Senior and low-income housing in the BID Plymouth CBSA • Food pantries and Farmer's Markets in the BID Plymouth CBSA • Community Servings • South Shore Community Action Council	Social Determinants of Health: Financial Insecurity

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Support existing partnerships and explore new ones with regional transportation providers and community partners to enhance access to affordable and safe transportation.	• Older adults • Individuals with disabilities • Low-resourced populations	• Taking People Places (TPP) • The CAL Express through the Plymouth Center for Active Living	# of people served	• The Greater Attleboro Taunton Regional Transit Authority (GATRA) • Plymouth Center for Active Living	Equitable Access to Care
Provide community health grants to support evidence-based programs.	• Youth • Older adults • Individuals with disabilities • Low-resourced populations • Racially, ethnically, and linguistically diverse populations	Community Health Grant Program - Grant funding program for community organizations and municipalities	• # served • Positive outcomes reported	To be identified	Not Applicable
Support impactful programs and evidence-based strategies to increase employment and earnings and increase financial security.	Low-resourced populations	• Provide opportunities for grant funding • Career and academic advising • Hospital-sponsored community college courses • -Hospital-sponsored English Speakers of Other Language (ESOL) classes	• # of people served • # of hours of job training	• BILH Workforce Development • Quincy Asian Resources, Inc. (QARI) • South Shore & Plymouth Area Chambers of Commerce	Not Applicable

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Collaborate to enhance access to coordinated health and support services and resources to support overall health and aging in place.	Older adults	Plymouth Senior Task Force: Age & Dementia Friendly designation process	• Sectors represented • # of new partnerships developed • # new policies/ protocols implemented	Plymouth Center for Active Living	Social Determinants of Health: Financial Insecurity

Priority: Mental Health and Substance Use

Anxiety, chronic stress, depression and social isolation were leading community health concerns. There were specific concerns about the impact of mental health issues on youth and young adults and social isolation among older adults. These difficulties were exacerbated by COVID-19. In addition to the overall burden and prevalence of mental health issues, residents identified a need for more providers and treatment options, especially inpatient and outpatient treatment, child psychiatrists, peer support groups, and mental health services. Youth mental health was a critical concern in the CBSA, including the significant prevalence of chronic stress, anxiety, and behavioral issues. These conditions were exacerbated over the course of the pandemic, as a result of isolation, uncertainty, remote learning, and family dynamics.

Substance use continued to have a major impact on the BID Plymouth CBSA; the opioid epidemic continued to be an area of focus and concern and there was recognition of the links and impacts on other community health priorities (mental health, housing, and homelessness). Individuals engaged in the assessment identified stigma as a barrier to treatment and reported a need for programs that address common co-occurring issues (e.g., mental health issues, homelessness).

Resources/Financial Investment: BID Plymouth expends substantial resources on its community benefits program to achieve the goals and objectives of its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by BID Plymouth and/or its partners to improve the health of those living in its CBSA. Finally, BID Plymouth supports residents in its CBSA by providing "charity" care to individuals who are low-resourced and unable to pay for care and services. Moving forward, BID Plymouth will continue to commit resources through the same array of direct, in-kind, leveraged, or "charity" care expenditures to carry out its community benefits mission.

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Enhance and explore relationships with schools, youth-serving organizations, and other community partners to build resiliency, coping, and prevention skills.	Youth and families	• Plymouth Schools PreVenture Program • Provide an opportunity for grant funding • PCO Hope: Hidden in Plain Site mobile display • Adult and Youth Mental Health First Aid	• # of participants and their demographics • # screened and results • Program completion numbers • Increased skills • Increased confidence in the ability to use skills	• Plymouth Schools • Other schools in BID Plymouth CBSA • Plymouth County Outreach (PCO) - Hope • Healthy Plymouth • Plymouth County Suicide Prevention Coalition • The Old Colony YMCA • Plymouth Center for Active Living	Not Applicable

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Participate in multi-sector community coalitions to identify and advocate for policy, systems and environmental changes to increase resiliency, reduce substance use, overdoses & deaths.	• Youth • Older adults • Individuals with disabilities • Low-resourced populations • Racially, ethnically, and linguistically diverse populations	Member of many community initiatives and outreach programs	• Sectors represented • # of resources obtained • # of new partnerships developed • Skill-building/ education shared • # new policies/ protocols implemented	• Plymouth County Outreach - Hope • Plymouth County HUB • Plymouth County Drug Abuse Taskforce • Plymouth County Outreach (PCO) • Plymouth County Drug Endangered Children • Plymouth Youth Development Committee -Plymouth Schools District Wellness Committee	Social Determinants of Health: Financial Insecurity
Build the capacity of community members and emergency services to understand the importance of mental health, and reduce negative stereotypes, bias, and stigma around mental illness and substance use.	• Youth • Older adults • Individuals with disabilities • Low-resourced populations • Racially, ethnically, and linguistically diverse populations	• Resiliency Library • Grant-funded training for Emergency Medical Service (EMS) providers to identify and intervene around suicide and suicidal ideation	• # of community members trained/ educated • Increased skills • Increased confidence in the ability to use skills	• South Shore Community Partners in Prevention • Plymouth County Outreach (PCO) - Hope • Plymouth County Suicide Prevention Coalition • EMS providers	Not Applicable
Provide access to high-quality and culturally and linguistically appropriate mental health and substance use services through screening, monitoring, counseling, navigation, and treatment.	• Youth • Older adults • Individuals with disabilities • Low-resourced populations • Racially, ethnically, and linguistically diverse populations	• Gosnold Recovery Navigators • Explore other potential hospital-based programming	# of patients assisted and their demographics	• BILH Behavioral Health Services • Gosnold Behavioral Health	Not Applicable

Priority: Chronic and Complex Conditions

Chronic conditions such as cancer, diabetes, chronic lower respiratory disease, stroke, and cardiovascular disease contribute to 56% of all mortality in Massachusetts and over 53% of all health care expenditures ($30.9 billion a year). Perhaps most significantly, chronic diseases are largely preventable despite their high prevalence and dramatic impact on individuals and society. Inpatient discharge rates vary across conditions and communities. Rates are lower in Duxbury compared to the Commonwealth overall. Rates in Carver are higher than the Commonwealth in all categories, with the exception of diabetes.

Resources/Financial Investment: BID Plymouth expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by BID Plymouth and/or its partners to improve the health of those living in its CBSA. Finally, BID Plymouth supports residents in its CBSA by providing "charity" care to individuals who are low-resourced and unable to pay for care and services. Moving forward, BID Plymouth will continue to commit resources through the same array of direct, in-kind, leveraged, or "charity" care expenditures to carry out its community benefits mission.

Goal: Improve health outcomes and reduce disparities for individuals at-risk for or living with chronic and/or complex conditions and caregivers by enhancing access to screening, referral services, coordinated health and support services, medications, and other resources.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Provide preventative health information, services, and support for those at risk for complex and/or chronic conditions and support evidence-based chronic disease treatment and self-management programs.	• All priority cohorts with identified chronic disease risk • Older adults	• BID Plymouth AIDS Comprehensive, Care, Education and Support Services (ACCESS) program for HIV/AIDS • Keep the Beat Post-Cardiac Program • Chronic Disease & Nutrition Education • House Calls program • Stroke education	# of participants and their demographics	• Old Colony YMCA • BID Plymouth Philanthropy • Old Colony Elder Services (OCES) • Councils on Aging in the BID Plymouth CBSA • BID Plymouth Quality Department	Social Determinants of Health: Financial Insecurity
Ensure cancer patients and their families have access to coordinated health & support services and resources to support them.	Patients diagnosed with cancer and their families/caregivers	Cancer Patient Support Program	# of participants and their demographics	BID Plymouth Cancer Center	Not Applicable

Goal: Improve health outcomes and reduce disparities for individuals at-risk for or living with chronic and/or complex conditions and caregivers by enhancing access to screening, referral services, coordinated health and support services, medications, and other resources.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Address chronic disease management through health and nutrition education.	• All priority cohorts with identified chronic disease risk • Racially, ethnically, and linguistically diverse populations	• Healthy recipes for food pantries • Nutrition education at local Councils on Aging (COAs), libraries, and schools • Nutrition articles distributed to area newsletters • Nutrition education and cooking tips	• # of recipes developed • # of participants and their demographics • # of nutrition articles • # of workshops • Increased knowledge of nutrition	• Community Servings • BID Plymouth Translation Services • Plymouth Area Community Access Television • Councils on Aging in the BID Plymouth CBSA • Schools in the BID Plymouth CBSA • Plymouth Family Resource Center • Libraries in the BID Plymouth CBSA • Senior housing in the BID Plymouth CBSA	Social Determinants of Health: Food Insecurity

General Regulatory Information

Contact Person:	Karen Peterson, Manager of Community Benefits and Community Relations
Date of written plan:	June 30, 2022
Date written plan was adopted by authorized governing body:	September 14, 2022
Date written plan was required to be adopted	February 15, 2023
Authorized governing body that adopted the written plan:	Beth Israel Deaconess Hospital-Plymouth Board of Trustees
Was the written plan adopted by the authorized governing body on or before the 15th day of the fifth month after the end of the taxable year the CHNA was completed?	☑ Yes ☐ No
Date facility's prior written plan was adopted by organization's governing body:	September 25, 2019
Name and EIN of hospital organization operating hospital facility:	Beth Israel Deaconess Hospital-Plymouth 22-2667354
Address of hospital organization:	275 Sandwich St. Plymouth MA 02360

Beth Israel Lahey Health
Beth Israel Deaconess Plymouth

bidplymouth.org