Beth Israel Lahey Health
Beth Israel Deaconess Plymouth

FY26–FY28 Implementation Strategy

Implementation Strategy

About the 2025 Hospital and Community Health Needs Assessment Process

Beth Israel Deaconess Hospital–Plymouth is Beth Israel Lahey Health's regional comprehensive provider of healthcare services in Southeastern Massachusetts. The hospital has 175 licensed inpatient beds with more than 1,700 employees and over 600 clinicians on active medical staff. BID Plymouth is among the fastest growing hospitals in New England, caring for patients across Plymouth and Barnstable Counties and with recognized centers of excellence in cardiovascular care, cancer, orthopedics and neuroscience.

The Community Health Needs Assessment (CHNA) and planning work for this 2025 report was conducted between June 2024 and September 2025. 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 are are unstably housed or experiencing homelessness, individuals who speak a language other than English, persons who are in substance use recovery, and persons experiencing 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 the hospital's 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 for specific communities. The data was tested for statistical significance whenever possible and compared against data at the regional, Commonwealth and national level 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 Implementation Strategy (IS). Between June 2024 and February 2025, BID Plymouth conducted 15 one-on-one interviews with key collaborators in the community, facilitated five focus groups with segments of the population facing the greatest health-related disparities, administered a community health survey involving more than 500 residents, and organized a community listening session. In total, the assessment process collected information from more than 600 community residents, clinical and social service providers, and other key community partners.

Prioritization and Implementation Strategy Process

Federal and Commonwealth community benefits guidelines require a nonprofit hospital to rely on their analysis of their CHNA data to determine the community health issues and priority cohorts on which it chooses to focus its IS. By analyzing assessment data, hospitals can identify the health issues that are particularly problematic and rank these issues in order of priority. This data can also be used to identify the segments of the community that face health-related disparities. Accordingly, using an interactive, anonymous polling software, BID Plymouth's CBAC and community residents, through the community listening session, formally prioritized the community health issues and cohorts that they believed should be the focus of 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 BID Plymouth's community health issues and priority 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 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 needs

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 Duxbury, Carver, Kingston, and Plymouth located in the southeast area of Massachusetts. 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. There is also diversity with respect to community needs. There are segments of 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 populations living and/or working within its CBSA. In recognition of the health disparities that exist for some residents, the hospital focuses the bulk of its community benefits resources on improving the health status of those who face health disparities. 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 Living with Disabilities

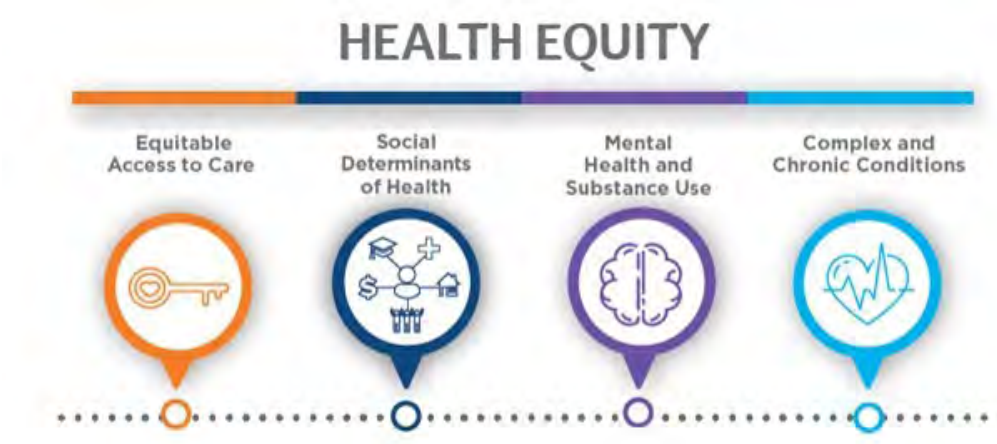
Community Health Needs Not Prioritized by BID Plymouth

It is important to note that there are community health needs that were identified by BID Plymouth's assessment that were not prioritized for investment or included in BID Plymouth's IS. Specifically, tick-borne illnesses, exposure to toxins, and strengthening the built environment (i.e., improving roads/sidewalks) were identified as community needs but were not included in BID Plymouth's IS. While these issues are important, BID Plymouth's CBAC and senior leadership team decided that these issues were outside of the organization's sphere of influence and investments in others areas were both more feasible and likely to have greater impact. As a result, BID Plymouth recognized that other public and private organizations in its CBSA and the Commonwealth were better positioned 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's IS are housing issues, transportation, food insecurity, language and cultural barriers economic insecurity, long wait times, health insurance and cost barriers, navigating a complex health care system, depression, anxiety, stress, youth mental health, social isolation among older adults, opioid use, lack of behavioral health providers, behavioral health prevention and education, health eating and active living, conditions associated with aging, cancer, cardiovascular disease, maternal health needs, and caregiver support.

BID Plymouth Community Health Priority Areas



Implementation Strategy Details

Priority: Equitable Access to Care

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

There were also individual level barriers to access and navigation. Individuals may be uninsured or underinsured, which may lead them to forgo or delay care. Individuals may also experience language or cultural barriers - research shows that these barriers contribute to health disparities, mistrust between providers and patients, ineffective communication, and issues of patient safety.

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

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	SAMPLE METRICS	IDENTIFIED PARTNERS
Expand and enhance access to health care services by strengthening existing service capacity and connecting patients to health insurance, essential medications, and financial counseling.	• Low-resourced populations • Racially, ethnically, and linguistically diverse populations • Older adults • Individuals living with disabilities	• Health insurance eligibility and enrollment assistance activities • Financial counseling activities • Programs and activities to support culturally/linguistically competent care and interpreter services • Expanded access to primary care, medical specialty care, and other clinical services for Medicaid covered, uninsured, and underinsured populations • Transportation assistance and health care access programs	• # of patients screened • # of patients enrolled • # of sessions conducted • # of languages provided • # of on site, telephone, and video remote interpretation • # of practices providing primary care • # of patients served • # of referrals • # of rides	• Hospital-based activities
Advocate for and support policies and systems that improve access to care.	• All priority populations	• Advocacy activities	• # of policies supported	• Hospital-based activities

Priority: Social Determinants of Health

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

There is limited quantitative data in the area of social determinants of health. Despite this, information gathered through interviews, focus groups, listening 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, food insecurity/nutrition, transportation, and economic stability.

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

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	SAMPLE METRICS	IDENTIFIED PARTNERS
Support programs and activities that promote healthy eating and active living by expanding access to physical activity and affordable, nutritious food.	• All priority populations	• Food access, nutrition support, and education programs and activities	• # of programs • # of attendees • # of mobile food markets • Pounds of food distributed	• Private, non-profit, and health-related agencies
Support programs and activities that assist individuals and families experiencing unstable housing to address homelessness, reduce displacement, and increase home ownership.	• Low-resourced populations	• Housing assistance, navigation, and resident support activities • Community investment and affordable housing initiatives	• # of unique individuals served • % of residents maintaining housing for one year • # of individuals connected to case management	• Housing support and community development agencies
Support programs and activities that foster social connections and strengthen community cohesion and resilience.	• Older adults • Low-resoured populations	• Community connection and social engagement activities	• # of volunteers • # of hours served	• Older adult services agencies • Private, non-profit, health-related agencies

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	SAMPLE METRICS	IDENTIFIED PARTNERS
Support community/ regional programs and partnerships to enhance access to affordable and safe transportation.	• All priority populations	• Transortation and ride share assistance programs • Public transit and mobility enhancement programs	• # of people served • # of rides provided	• Private, non-profit, health-related agencies • Local/regional public transportation agencies
Provide and promote career support services and career mobility programs to hospital employees and employees of other community partner organizations.	• All priority populations	• Career advancement and mobility programs	• # of employees who participated • # hired by hospital • # of programs • # of participants • # of employees served by hospital	• Hospital-based activities
Advocate for and support policies and systems that address social determinants of health.	• All priority populations	• Advocacy activities	• # of policies supported	• Hospital-based activities

Priority: Mental Health and Substance Use

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

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

Substance use remained a major issue in the CBSA, with ongoing concern about opioids and alcohol. It was also recognized as closely connected to other community health challenges like mental health and economic insecurity.

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

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	SAMPLE METRICS	IDENTIFIED PARTNERS
Support mental health and substance use education, awareness, and stigma reduction initiatives.	• All priority populations	• Health education, awareness, and wellness activities for all age groups • Medication disposal programs	• # of people served • # of referrals made • Pounds of medication disposed	• Hospital-based activities
Support activities and programs that expand access, increase engagement, and promote collaboration across the health system so as to enhance high-quality, culturally and linguistically appropriate services.	• All priority populations	• Programs and activities with community health workers, recovery coaches, and peer support workers • Outreach, support, and navigation programs and activities • Expand access to mental health and substance use services for individuals and families • Primary care and behavioral health integration and collaborative care programs • Health education, awareness, and wellness activities • Crisis intervention and early response programs and activities • Participation in community coalitions	• # of people served • # of referrals made • # of classes, trainings, and activities organized • # of community meetings attended • Increased knowledge about how to support people experiencing mental health challenges	• Clinical service providers • First responders • Private, non-profit, health-related agencies • Hospital-based activities
Advocate for and support policies and programs that address mental health and substance use.	• All priority populations	• Advocacy activities	• # of policies supported	• Hospital-based activities

Priority: Chronic and Complex Conditions

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

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

Goals: 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	SAMPLE METRICS	IDENTIFIED PARTNERS
Support education, prevention, and evidence-based chronic disease treatment and self-management support programs for individuals at risk for or living with chronic and complex conditions and/or their caregivers.	• All priority populations	• Chronic disease management, treatment, and self-care support programs • HIV/AIDS care, education, and support programs • Education, wellness, navigation, and peer support programs and activities • Fitness, nutrition, and healthy living programs and activities • Cancer education, wellness, navigation, and survivorship support programs	• # of new clients • # of patients taking ART • # of patients virally suppressed • # of meetings attended • # of new programs • # of attendees • # of educational materials distributed • # of referrals to community programs • # of wigs provided • # of peer supporters trained	• Older adult services agencies • Private, non-profit, health-related agencies • Community-based agencies • Hospital-based activities
Promote maternal health equity by addressing the complex needs that arise during the prenatal and postnatal periods, supporting access to culturally responsive care, meeting social needs, and reducing disparities in maternal and infant outcomes.	• Racially, ethnically, and linguistically diverse populations	• Culturally responsive prenatal/postnatal case management and care coordination programs	• # of people served • # of referrals made and received • # of classes, support groups, or sessions organized	• Non-profit community-based agencies

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	SAMPLE METRICS	IDENTIFIED PARTNERS
Advocate for and support policies and systems that address those with chronic and complex conditions.	• All priority populations	• Advocacy activities	• # of policies supported	• Hospital-based activities

General Regulatory Information

Contact Person:	Karen Peterson, Community Benefits/Community Relations Manager
Date of written report:	June 30, 2025
Date written report was approved by authorized governing body:	September 10, 2025
Date of written plan:	June 30, 2025
Date written plan was adopted by authorized governing body:	September 10, 2025
Date written plan was required to be adopted:	February 15, 2026
Authorized governing body that adopted the written plan:	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 14, 2022
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

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bidplymouth.org