Community Benefits Report

Fiscal Year 2019

Beth Israel Lahey Health
Beth Israel Deaconess Plymouth

Table of Contents

Section I: MISSION STATEMENT

Summary and Mission

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

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

The mission of BID Plymouth is to serve our patients compassionately and effectively, and to create a healthy future for them and their families. BID Plymouth's mission is supported by its commitment to personalized, excellent care for patients; a workforce committed to individual accountability, mutual respect and collaboration; and a commitment to maintaining financial health. Serving the Greater Plymouth region, the hospital collaborates with community leaders, public and private agencies and businesses. Together, we provide health promotion, health protection, health education and preventive services to meet the broad range of our community's health and wellness needs, identified through community feedback and formal community needs assessments. Service to community is at the core and an important part of our mission. BID Plymouth founders made a covenant to care for the underserved in their service area, attend to unmet needs, and address disparities in access to care and health outcomes. BID Plymouth's commitment to this covenant and the people we serve remains steadfast today.

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

More broadly, BID Plymouth's Community Benefits mission is fulfilled by:

- **Involving BID Plymouth's staff**, including its leadership, and dozens of community partners in the community health assessment process as well as in the development, implementation, and oversight of the Implementation Strategy;
- **Engaging and learning from residents** from throughout BID Plymouth's service area in all aspects of the Community Benefits process, including assessment, planning, implementation, and evaluation. In this regard, special attention is given to engaging diverse perspectives from those who are not patients of BID Plymouth and those who are often left out of these assessment, planning, and program implementation processes;
- **Assessing unmet community need** by collecting primary and secondary data (both quantitative and qualitative) to identify unmet health-related needs and to characterize those in the community who are most vulnerable and face disparities in access and outcomes;

- **Implementing community health programs and services** in BID Plymouth's Community Benefits Service Area that is geared towards improving current and future health status of individuals, families, and communities by removing barriers to care, addressing social determinants of health, strengthening the healthcare system, and working to decrease the burden of the leading health issues;
- **Promoting health equity** by addressing social and institutional inequities, racism, and bigotry, as well as ensuring that all patients are welcomed and received with respect and culturally responsiveness; and
- **Facilitating collaboration and partnership** within and across sectors (e.g., public health, health care, social service, business, academic, and community health) to advocate for, support, and implement effective health policies, community programs, and services.

Name of Target Population

BID Plymouth's Community Benefits Service Area (CBSA) includes Plymouth, Kingston, Carver and Duxbury. BID Plymouth FY 2016 Community Health Needs Assessment's (CHNA) findings, on which this report is based, clearly show that low income, older adults living, youth and adults with chronic or behavioral health conditions in BID Plymouth's Service Area face the greatest health disparities and are most at-risk. As a result, these towns have been identified and prioritized as the focus for community health efforts. Collectively, these geographic, demographic, and socio-economic population segments are BID Plymouth's priority populations.

Basis for Selection

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

Key Accomplishments of Reporting Year

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

Key Accomplishments include the following:

- BID Plymouth, a partner and co-founder of Healthy Plymouth, provided a hospital dietitian for healthy food demonstrations and tastings at several Healthy Plymouth annual events.
- BID Plymouth's ACCESS Program enrolled nine new HIV clients and was able to maintain 98% of viral suppression for clients, up from 96% in 2018.
- HouseCalls, BID Plymouth's free community health lecture series, had over 170 area residents participate in four lectures.
- BID Plymouth provided a medication disposal box (MedSafe) on-site in the Urann Lobby for use by community residents and collected and disposed of over one ton of unwanted and unused medications.
- BID Plymouth provided over 40 free flu shots at a health fair held at the Plymouth Public Library.
- BID Plymouth partnered with the Plymouth Council on Aging to provide 150 emergency bags, pictured left, for seniors who are Meals on Wheels clients. Seniors received the kits containing batteries, first aid kits, water, snacks, flashlights, toiletries and more to be used during a weather-related event or power outage.
- BID Plymouth's Cancer Center screened 450 cancer patients to evaluate any psychosocial and financial support needed and helped them complete the forms for grants. 250 people were provided funds from a variety of organizations.
- Fragile Footprints, BID Plymouth's Pediatric Palliative Care Program, increased its outreach to children with life-limiting illnesses and their families to 87 families, up from 77 in 2018.
- BID Plymouth's Behavioral Health Integration Initiative provided access and treatment of depression in outpatient primary and specialty practices and were able to decrease depression scores to 67%, up from 42% in 2018.
- BID Plymouth financial staff enrolled 11,285 patients into entitlement programs, up from 9,152 in 2018.
- BID Plymouth, a member of the Greater Plymouth Area Social Responsibility Consortium (GPASRC), provided free or more affordable, on-demand transportation to medical appointments, during non-Gatra hours, for 146 disabled, elderly or low income patients.

Plans for Next Reporting Year

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

These are:

- Social Determinants of Health & Access to Care
- Chronic/Complex Conditions & Their Risk Factors
- Behavioral Health (Mental Health & Substance Use

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

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

BID Plymouth partners with dozens of community-based organizations and service providers to execute its Implementation Strategy, including public agencies, social service providers, community health organizations, academic organizations, and businesses.

BID Plymouth Program Highlights Include:

- **PreVenture Program** – In an effort to address the addiction crisis, BID Plymouth partnered with Plymouth middle schools to fund and train the staff on the PreVenture program. PreVenture is a research-based addiction prevention program targeting personality traits that correlate with increased risk of developing substance use issues. Brief coping skill interventions that target personality risk factors have been tested in randomized controlled trials and have demonstrated benefits that last up to three years. Students that screened for high-risk personality profiles were identified to participate

in two 90-minute group workshops. Workshops focused on developing specialized coping skills relevant to: Sensation Seeking; Impulsivity; Anxiety Sensitivity; and Negative Thinking. Students learn how their personality style leads to certain emotional and behavioral reactions. Students received manuals that illustrate scenarios designed by similar teens to promote relevance. The program has proven both practicable and effective when delivered by trained school staff.

- **Community Nutrition and Education Program –** BID Plymouth will continue to provide nutritional and educational opportunities across all demographic and socioeconomic status, with an emphasis on meeting the needs of individuals with or at risk for complex/chronic health conditions, youth and their families, the elderly, and those living in poverty. Nutrition interventions include healthy cooking demonstrations and tasting events; recipe distribution; formal programs focusing on chronic and complex diseases such as diabetes, heart disease, weight management, healthy aging, and general nutrition; maintaining BID Plymouth's Healthy Market Program; and school and community based health fairs. Education is provided to identify target populations living in the Community Benefits Service Area. All interventions are developed according to evidence-based research, health literacy levels, and age appropriateness for the community being served. Partners in these programs include: 4 local markets, Plymouth Area Coalition for the Homeless and their Food Pantry, a low-income affordable housing community; Plymouth Public Schools, WIC, Head Start, Mayflower Municipal Group, Plymouth Recreation, Healthy Plymouth, Terra Cura and the Plymouth Library.

- **Financial Program -** BID Plymouth worked with the State to communicate new health coverage plans for the uninsured/underinsured and enroll those who qualify. BID Plymouth Financial counselors screen and enroll patients for Mass Health, Health Safety Net, Medical Hardship and Commonwealth Care, at no cost.

- **Employment Program –** BID Plymouth is partnering with Algonquin Heights, a low-income, affordable housing community located in Plymouth, on holding a job fair on-site for residents of Algonquin Heights. BID Plymouth managers will attend and residents will have an opportunity to be interviewed. The goal is to provide low-income residents access to such opportunities, and it may even pique their interest in a career in healthcare.

- **Behavioral Health/Project MATTER** - One of many Behavioral Health programs that BID Plymouth is involved in began in May of 2019—Project MATTER. BID Plymouth began offering Medication Assisted Treatment (MAT) to any patient who is brought in to the Emergency Department (ED) that has a Naloxone reversal, is seeking substance use treatment (i.e. detox) or presented with a medical condition related or unrelated to opioid use. To implement the program: ED physicians received additional training and X waiver to prescribe Suboxone; new clinical pathways were developed; and additional resources were secured through grant funding, including Recovery Navigators through a sub-contract with Gosnold. This initiative is funded through Health Policy Commission SHIFT Challenge, evaluated by Brandeis University and led internally by BID Plymouth's Director of Social Work and Chief of Psychiatry.

Social Determinants of Health and Access to Care

- **Enhance access to care and reduce the impact of social determinants**
    - Increase partnerships and collaboration with social services and other community-based organizations

- Provide enrollment counseling/assistance and patient navigation support services to uninsured or underinsured residents to enhance access to care
- Increase educational opportunities related to the importance and impact of social determinates
- Increase access to affordable, safe transportation options with an emphasis on priority population segments
- Increase access to social experiences for those who are isolated and lack family/caregiver and other social supports

- **Reduce elder falls and promote aging in place**
  - Explore opportunities with local agencies for priority populations (Matter of Balance workshops)for priority populations
  - Increase activity levels
  - Reduce falls

Chronic/ Complex Conditions and Their Risk Factors

- **Enhance access to health education, screening, referral, and chronic disease management services in clinical and non-clinical settings**
  - Provide evidence-based health education on risk/protective factors, and self-management support programs through partnerships with community-based organizations
  - Support screening, education, and referral programs in clinical and non-clinical settings
  - Continue to organize "HouseCalls", BID Plymouth's free community health lectures held in targeted community-based settings
  - Participate in coalition and other community meetings to promote collaboration, share knowledge, and coordinate community health improvement activities

- **Reduce the prevalence of tobacco use**
  - Continue to provide BID Plymouth's Quitters Tobacco Treatment program for people who are ready to quit
  - Support smoking cessation programs geared to reducing tobacco, vaping and e-cigarette use
  - Provide community education on the risks of vaping and tobacco use

Mental Health and Substance Use:

- **Educate about and reduce stigma associated with mental health and substance use issues**
  - Support mental health trainings in targeted community-based settings to raise awareness, reduce stigma, and educate residents and service providers about mental health and substance use
  - Support community-based health education events and programming with community partners to raise awareness, and educate on risk/protective factors, and services available in the community
  - Continue to support substance use prevention programming and curriculum in Plymouth Public School System
- **Enhance access to mental health and substance use screening, assessment, and treatment services**
  - Continue to 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/misuers in treatment
  - Provide 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

- Continue to support Integrated Behavioral Health Services (mental health and substance use) in Primary Care and other Specialty Care Settings for those with or at-risk of mental health issues, including screening, assessment and treatment
- Explore partnerships to implement Peer Recovery Coach Programs geared to linking those with substance use/misuse issues to peer recovery coaches who provide recovery, case management, and navigation support
- Support Peer Support Groups for those suffering from or recovering from substance use and mental health issues
- Explore partnerships with elder service providers to reduce isolation and reach out and serve isolated older adults not currently engaged in Council of Aging activities

- **Decrease the number of prescription drugs and other harmful drugs from the community**
  - Maintain Prescription Drug Disposal Kiosk in the Urann Lobby of the hospital to provide a safe place for the community to dispose of unwanted/ unneeded drugs
  - Participate in the National Prescription "Drug Take Back Days" with local law enforcement and other community-based partners (e.g., schools, YMCA, Councils on Aging)

Self-Assessment Form:

Working with its Community Benefits Leadership Team (CBLT) and its Community Benefits Advisory Committee (CBAC), the BID Plymouth Community Benefits team completed a self-assessment form (Section VII – Page 31). Additionally, the BID Plymouth Community Benefits team shared and solicited the Community Representative Feedback Form to many CBAC and community stakeholders who participated in the BID Plymouth's CHNA.

Section II: Community Benefits Process

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

Community Benefits Leadership Team

BID Plymouth understands the importance of having the Hospital's leadership at the highest levels involved and engaged in all aspects of the development, implementation, evaluation, and oversight of the Community Benefits Implementation Strategy. With this in mind, a group of senior staff, called the Senior Leadership Team (SLT), and BID Plymouth's Board of Directors oversee all aspects of the Hospital's Implementation Strategy. Below is a listing of the Senior Leadership Team members, which meets periodically to discuss progress and oversee the progress of the Implementation Strategy. In addition, the Board of Directors is kept abreast of activities at its monthly meetings.

In addition to overseeing the Implementation Strategy, the SLT and the Board of Directors oversees and are periodically involved in community engagement activities, the implementation of the CHNA, and the creation of the three-year Implementation Strategy, along with its annual updates.

It is not only the Board and senior leadership that are held accountable in fulfilling BID Plymouth's Community Benefits mission. Consistent with the BID Plymouth's core values is the recognition that the most successful Community Benefits programs are those that are implemented organization-wide and integrated into the very fabric of the BID Plymouth's culture, policies and procedures. It is not a stand-alone effort that is the responsibility of one staff or department but rather an orientation and value manifested

throughout BID Plymouth's structure, reflected in how it provides care at BID Plymouth and in affiliated practices in the community.

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

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

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

Community Benefits Advisory Committee Meetings

January 17, 2019
April 2, 2019
June 25, 2019

Community Partners

Beth Israel Deaconess Hospital–Plymouth recognizes its role as a community hospital in a larger health system and knows that to be successful it needs to collaborate with its community partners and those it serves. BID Plymouth's Community Health Needs Assessment (CHNA) and the associated Implementation Strategy were completed in close collaboration with BID Plymouth's staff, its health and social service partners, and the community at-large. BID Plymouth's Community Benefits program exemplifies the spirit of collaboration that is such a vital part of BID Plymouth's mission.

BID Plymouth serves and collaborates with all segments of the population. However, in recognition of its long-standing ties to specific communities and the health disparities that exist for these communities, BID Plymouth focuses its Community Benefits efforts on improving the health status of the low income, underserved populations living in Plymouth, Kingston, Carver, and Duxbury.

BID Plymouth currently supports dozens of educational, outreach, community health improvement, and health system strengthening initiatives within its Community Benefits Service Area. In so doing, BID Plymouth collaborates with many public health and social service organizations. BID Plymouth has particularly strong relationships with many of the social service agencies in its Community Benefits Service Area.

ORGANIZATION	LEVEL OF ENGAGEMENT
CHNA 23	Involve
Plymouth School System	Collaborate
Healthy Plymouth	Empower

BID Plymouth Patient & Family Advisory Council	Involve
Plymouth Council on Aging	Involve
Algonquin Heights	Involve

BID Plymouth is also an active participant in the CHNA 23 and the Healthy Plymouth Initiative. Another important partnership is BID Plymouth's involvement with the Plymouth School System. BID Plymouth provides funding and training for staff for the school's PreVenture Program, an evidence-based, school-based intervention aimed at reducing adolescent drug and alcohol use in high-risk teenagers.

The Healthy Plymouth Initiative mission is to enrich the quality of lives and better health in the town of Plymouth, of which BID Plymouth is a founding member. Collectively BID Plymouth, Healthy Plymouth and others are working to address the obstacles that many face in being active, eating healthy, and engaging our youth as a prevention strategy to reduce drug and alcohol use and abuse.

BID Plymouth's Board of Directors, along with its clinical and administrative staff, are committed to improving the health and well-being of residents throughout its service area and beyond. Clinical expertise and education along with an underlying commitment to health equity are the primary tenets of its mission. BID Plymouth's Community Benefits Department, under the direct oversight of BID Plymouth's Board of Directors, is dedicated to collaborating with community partners and residents and will continue to do so in order to meet its Community Benefits obligations.

The following is a comprehensive listing of the community partners that BID Plymouth joins in assessing community need as well as planning, implementing, and overseeing its Community Benefits Implementation Strategy. The level of engagement of a select group of community partners can be found in the Self-Assessment (Section VII – Page 31).

Community Partners

- AD Makepeace
- American Heart Association
- Anchor House, Inc.
- Bay State Community Services, Inc.
- Beth Israel Deaconess Medical Center
- BID Plymouth Community Business Partners (approximately 69 businesses)
- Boston Public Health Commission-Ryan White Part A
- Cape Cod Canal Region Chamber of Commerce
- CleanSlate Centers
- Community Health Network Area (CHNA 23)
- Duxbury Council on Aging
- Father Bill's and Mainspring
- Gosnold
- Greater Attleboro-Taunton Regional Transit Authority (GATRA)
- Greater Plymouth Food Warehouse
- Habilitation Assistance Corp
- Harbor Community Health Center
- Health Imperatives, Inc.
- Health Resource & Services Administration (HRSA)-Ryan White Part C

- Healthy Plymouth
- High Point Treatment Center
- Massachusetts Department of Public Health
- Massachusetts Department of Public Health Pediatric Palliative Care Network
- McLean Hospital
- National Alliance on Mental Illness of Massachusetts (NAMI Mass)
- Old Colony Elder Services
- Old Colony Planning Council
- Old Colony YMCA
- Plymouth Area Chamber of Commerce
- Plymouth Area Community Television (PACTV)
- Plymouth Council on Aging
- Plymouth County District Attorney's Office
- Plymouth County Outreach
- Plymouth County Outreach HOPE
- Plymouth Family Network
- Plymouth Lions Club
- Plymouth Police Department
- Plymouth Public Schools
- Plymouth Resource Center
- Plymouth Sherriff's Office
- Plymouth Youth Development Collaborative (PYDC)
- Red Cross Blood Drive
- Region V Massachusetts DPH Bio-Terrorism Committee
- Rotary Club of Plymouth
- Schwartz Center Rounds
- Sodexo
- South Shore Community Action Council
- Terra Cura, Inc.
- Town of Plymouth
- Town of Plymouth Open Space Comm.
- United Way of Greater Plymouth County
- Village at Duxbury
- Wildlands Trust
- Zion Lutheran Church Associates
- Boys & Girls Club of Plymouth
- Boys & Girls Club of Brockton
- Office of Adolescent Health and Youth Development
- Signature Healthcare / Brockton Hospital
- South Shore Chamber of Commerce
- Southeastern Regional Office of Developmental Disabilities

Educational Partners

- American International College
- Bethel University
- Boston College
- Boston Medical Center

- Boston University School of Medicine
- Bunker Hill Community College
- Cape Cod Community College
- Chamberlain College of Nursing
- Dean EMTS Consortium
- Eastern Nazarene College
- Edward Via College of Osteopathic Medicine
- Endicott College
- First Response Emergency Medical Education
- Fisher College
- Frontier Nursing University
- Georgetown University
- Harvard Medical School
- Health Training Center
- Laboure College
- Massachusetts Bay Community College
- Massachusetts College of Pharmacy & Allied Health Sciences
- Massasoit Community College
- MGH Institute of Health Professions, Inc.
- National Medical Education & Training Center
- Northern Essex Community College
- Northeastern University
- Signature Healthcare
- Simmons College
- St. Anselm College
- Stonehill College
- Tufts University School of Medicine
- University of Connecticut School of Pharmacy
- University of Massachusetts
- University of Massachusetts Dartmouth
- University of New England
- University of New Hampshire
- University of Rhode Island
- University of Vermont & State Agricultural College
- Weber State University
- West Virginia School of Osteopathic Medicine
- Westfield State University
- Yale University School of Nursing

Section III: Community Health Needs Assessment

Date Last Assessment Completed and Current Status

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

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

Approach and Methods

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

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

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

Summary of Key Health-Related Findings from FY 2019 CHNA

Behavioral Health

- **High rates of Substance Use (e.g., Alcohol, Prescription Drug/Opioids, Marijuana) and Mental Health Issues (e.g., Depression, Anxiety, and Stress).** The burden of mental health and substance use

on individuals, families, communities and service providers in BID Plymouth's CBSA is overwhelming. Nearly every key informant interview, focus group and community forum included discussions on these topics. Depression, anxiety/stress, social isolation, opioids, alcohol, and e-cigarette/vaping were the leading issues. Despite increased community awareness and sensitivity about the underlying issues and origins of mental health and substance use issues, there is still a great deal of stigma related to these conditions. There is however a deep appreciation of and a growing understanding of the role that trauma plays for many of those dealing with mental health/substance use issues.

- **Limited Access to Behavioral Health Services, Particularly for Low Income, Medicaid Insured, Uninsured, and those with Complex, Multi-faceted Issues**. Despite the burden of mental health and substance use on all segments of the population, there is an extremely limited service system available to meet the needs that exist for those with all mild to moderate episodic issues or those with more serious and complex, chronic conditions. Efforts need to be made to expand access, reduce barriers to care (including stigma), and improve the quality of primary care and specialized behavioral health services.

Chronic Disease Management

- **High Rates of Chronic and Acute Physical Health Conditions.** While mental health and substance use were perceived to be the leading issues in BID Plymouths' service area, one cannot ignore that heart disease, stroke and cancer are the leading causes of death in the nation and the Commonwealth. When including respiratory disease and diabetes, one can account for the vast majority of all causes of death. All of these conditions are typically considered to be chronic and complex and can often strike early in one's life, quite often ending in premature death. Considering key informant interviews, focus groups, forums and the Community Health Survey, cardiovascular disease, cancer, diabetes, asthma and Alzheimer's disease and other dementias are believed to be the highest priorities. It's important to note that the risk and protective factors for nearly all chronic/complex conditions are much the same, including lack of physical activity, poor nutrition, obesity, tobacco use and alcohol use.

Social Determinants and Health Risk Factors and Access to Care

- **Social Determinants of Health (e.g., economic stability, education, and community/social context) Continue to Have a Tremendous Impact on The Entire Population:** The dominant theme from the assessment's key informant interviews and community forums was the continued impact that the underlying social determinants of health are having on the entire population of the CBSA. More specifically, determinants such as affordable housing, navigation of the healthcare system, poverty, employment, and food insecurity limit many people's ability to care for their own and/or their families' health. These social determinants of health, particularly poverty, underlie the access to care issues that were prioritized in the assessment: navigating the health systems (including health insurance), chronic disease management, and access to culturally and linguistically competent care.
- **Limited Access to Primary Care Services for Low Income, Medicaid Insured, Uninsured, and Other Vulnerable Populations Facing Health Care Disparities and Barriers to Care.** Despite the fact that Massachusetts has one of the highest rates of health insurance, there are still substantial numbers of low income, Medicaid insured, uninsured, and otherwise vulnerable individuals who face health disparities and are not engaged in essential medical services. Efforts need to be made to expand access, reduce barriers to care.

Section IV: Community Benefits Programs

TOTAL POPULATION OR COMMUNITY WIDE INTERVENTIONS *Healthy Plymouth Initiative*	
Program Description	BID Plymouth, with the Town of Plymouth and Plymouth Public Schools, has brought together more than 60 community partners—from city officials to local farmers, to envision and build a more health-sustaining community where the healthy choice is the easy choice. Because of the collaborative work initiated by BID Plymouth, the Town of Plymouth, Plymouth Public Schools and other community partners, they are finding new ways to foster better health in our community, long-term, and at a lower cost, through the Healthy Plymouth Initiative. Supported by BID Plymouth's Vice President of External Affairs, the Hospital has made a community-wide commitment to the shared goal of developing policy level changes that will expand the breadth and impact of health initiatives in the region. This program began as a population health initiative focused on education and community wide facilitation of healthy eating and active living. In FY2015, the statewide priority and local crisis of substance abuse and inadequate behavioral health access became the most pressing concern. Today, several of the initiatives activities are focused on these key issues.
Hospital Priority	• Social Determinants of Health and Access to Care • Mental Health and Substance Use
Statewide Priority	• Mental Illness/Mental Health • Substance Use Disorders
Program Description Tags	• Community Education • Prevention
DoN Health Priorities	• Education • Employment
Health Issues Tags	• Health Behaviors/Mental Health: *mental health, depression, physical activity* • Social Determinants of Health: *education/learning, income & poverty*
Target Population **Additional Target Populations**	**Regions served:** Plymouth **Additional Target Population Status:** Not Specified **Sex:** All **Age Group:** Youth at risk **Ethnic Group:** All **Language:** English
Partners	Terra Cura, Inc. – www.terracura.org Plymouth Public Schools – www.plymouth.k12.ma.us Zion Lutheran Church - https://zionplymouth.wixsite.com/zionlutheranchurch New England Villages – www.newenglandvillage.org Algonquin Heights Housing Complex Colchester Farm Loring Library Plymouth Area Department of Developmental Services
Contact Information	Malissa Kenney Executive Director 617-595-6770 wmakenney@msn.com

Goal Description	**Goal Status**
Goal 1: PPS/VPA Coffee House: To create a welcoming environment and public forum for Plymouth middle and high school students to perform for peers and the public in six scheduled events throughout the school year. The primary aims of these activities are to promote talent and develop confidence and self-awareness.	▪ Organized and presented five Coffee House events. Averaged 130 guests at the high school events and a full house, standing room only at the middle school Coffee House.
Goal 2: Algonquin Heights/Colchester Farm Market Program: To develop a collaborative, multi-agency program that promotes summer education and employment opportunities for income eligible teens at a local inclusive farm while at the same time creating a subsidized farmer's market for low income residents in Plymouth's public housing complex. The project was conducted in partnership with Terra Cura, Inc., Algonquin Heights Housing Complex, New England Villages/Colchester Farm, and the Plymouth Area Department of Developmental Services.	▪ Engaged four income-eligible teens. Three out of the four teens returned having participated in the prior year's program. Each teen earned up to $770 in total. Teens were responsible for maintaining the flower garden, along with the garlic crop and donation produce gardens. The donation gardens support the Algonquin Heights farmers markets, the Plymouth Coalition for the Homeless and other local non-profit organizations. 40 households received $20.00 worth of fresh produce, already discounted in July and August.
Goal 3: Amazing Race: To launch an annual fundraiser that promotes healthy activities, teamwork, education and local culture, while raising funds to support school garden initiative and the Peer Helper Mentorship program.	▪ Event was smaller in scope with 10 teams registered and $13,000 in monetary donations. In-kind goods and services were valued at over $3,000. Net funds will support the hire of part-time multi-school garden coordinators to enhance garden programs across all subjects and the launch of an after school Peer Helper pilot for grades 6 and 7 at Plymouth South Middle School.
Goal 4: Annual April Vacation Week Enrichment Activities: To create positive enrichment activities for 6th, 7th, and 8th graders in Plymouth by implementing a full roster of physical, creative, educational and self-awareness activities. The program took place at Zion Lutheran Church and Loring Library, Monday-Friday from 10 am to 4 pm, during April Vacation week. 30 volunteers helped to organize and manage activities throughout the week, including music, art, crafts, fitness, mindfulness and cooking activities. Youth also explored career choices and received education related to risky behaviors and positive coping skills. Working parents/guardians benefit from active free programming rather than having children engage in alone at home or with paid providers.	• In its third year, 210 youth registered online, up from 190 in 2018. April Vacation Week supports the 6 dimensions of health and goals as outlined in Plymouth's Community Health Improvement Plan (CHIP) with priorities focused on health risk factors, physical health and disease management/prevention, and behavioral health. Of those who completed our survey, 83% attended for the first time and 22% attended in 2018. 78% said that they met someone new during April Vacation Week.
Goal 5: Permaculture School Garden Clubs: To promote after school enrichment activities and promote engagement in the school community by providing opportunities for students to experience nature and learn about growing, harvesting and consuming food. Activities also prevented students from engaging in risky behaviors after school. Gardens are located in every Plymouth Public School and the Plymouth Early Childhood Center.	• 150 students attended the Permaculture School Garden Club after school program in eight elementary schools each week for 10 weeks. Of the 150 students, nearly half received free or reduced breakfast and lunch. The students were treated to cooking, salad and salsa making classes by a nutritionist of UMass Extension and a beekeeping presentation with honey tasting.

Goal 6: Peer Helper Program: To develop a mentorship program that promotes positive inter-generational interactions, respect and tolerance between middle school and elementary school children.	• 120 5th graders participated in mentoring activities with elementary school children. • Middle school children were linked to kindergarteners through second graders and assisted them with reading and math skills via an after-school program. Older students developed leadership skills and became role models for younger students. Younger students benefited from tutoring.
Goal 7: Healthy Markets. To continue to support four healthy markets in Plymouth by routinely checking their inventory and labeling for healthy options.	• Four healthy markets were maintained in Plymouth. Healthy Options were updated monthly. New healthy recipe cards were printed and placed on the counters for the public to take when deciding on which products to purchase.

TOTAL POPULATION OR COMMUNITY-WIDE INTERVENTIONS

HouseCalls Program

Program Description	HouseCalls are free community health educational lectures that have been in existence since 2005. Hospital physicians and clinicians volunteer their time to present on a health topic of community interest at a local venue. The event is one hour and allows for attendees to ask questions. Marketing collects data through an evaluation that attendees complete at the end of each lecture. The evaluation includes their feedback on the lecture, what other future topics they are interested in hearing about, and how they heard about the lecture (i.e., newspaper, social media). During 2019, more than 170 area residents participated in BID Plymouth's HouseCalls. A light dinner or refreshments are available at no cost to the attendee. Programs have included: new technology for total knee replacement, plastic and cosmetic surgery options, snoring, and sleep apnea.
Hospital Priority	• Chronic Disease
Statewide Priority	• Chronic Disease
Program Description Tags	• Prevention
DoN Health Priorities	• Education
Health Issues Tags	• Chronic Disease: *Chronic Pain* • Injury: *Sports Injuries, Other* • Social Determinants of Health: *Education/Learning*
Target Population **Additional Target Populations**	**Regions served:** Counties: Plymouth, Barnstable **Additional Target Population Status:** Not Specified **Sex:** All **Age Group:** Adults **Ethnic Group:** All **Language:** English
Partners	Plymouth Center for Active Living: https://www.plymouth-ma.gov/center-active-living Plymouth Public Library: https://www.plymouthpubliclibrary.org/
Contact Information	Deb Schopperle Manager, Community Benefits & Community Relations 508-830-2499 dschopperle@bidplymouth.org

Goal Description	**Goal Status**

Goal 1: To educate community members on health topics of interest at a location close to home at no cost. Two metrics used are: number in attendance and number of attendees seeking consultations. Hold a minimum of three HouseCalls a year.	▪ A total of 170 area residents participated in BID Plymouth's HouseCalls lectures.

TOTAL POPULATION OR COMMUNITY-WIDE INTERVENTIONS

Emergency Medical Services Medical Control and Affiliation

Program Description	Since 2003, BID Plymouth has supported the quality assurance and quality initiatives for several police departments and other local town offices throughout BID Plymouth's service area regarding their Semi-Automatic or Automatic External Defibrillators (AEDs). These towns include the Carver, Kingston and Plymouth Police Departments. The AEDs are purchased and maintained by the towns themselves and medical direction and oversight for the training is designated by the individual towns and MPTC Police Academy. Additionally, these Medical Directors oversee town-level activities related to the AEDs and ensure the clinical competency of the personnel employed by the town who use the AEDs. The educational activities include training and authorization to use the device, remedial education to those first responder personnel found to be deficient in clinical practice, and notification to department within 48 hours of any instance in which authorization is suspended, revoked or restricted in any manner. The Hospital reviews and reports on the utilization of these AEDs as well as the use of Epinephrine Auto-Injectors and use of the Intranasal Naloxone for quality assurance and continuous improvement purposes. The hospital maintains a system-wide database of cardiac arrest trip records filed by First Responders, and submits summary reports to Massachusetts DPH upon request.
Hospital Priority	• Chronic and Complex Disease Health Conditions, Substance Use
Statewide Priority	• Chronic Disease, Substance Use Disorders
Program Description Tags	• Community Education • Health Professional/Staff Training
DoN Health Priorities	• Education
Health Issues Tags	• Chronic and Complex Health Conditions • Health Behaviors/Mental Health
Target Population **Additional Target Populations**	**Regions served:** Counties: Plymouth, Barnstable **Additional Target Population Status:** Not Specified **Sex:** All **Age Group:** All **Ethnic Group:** All **Language:** English
Partners	BID Plymouth Emergency Department, Operating Room, Anesthesia, Labor and Delivery – www.bidplymouth.org Boston Medflight - https://www.bostonmedflight.org/ Beth Israel Deaconess Medical Center Emergency Department – www.bidmc.org All affiliated public safety agencies
Contact Information	Kevin Kilduff EMS Medical Control and Affiliation 508-830-2812 kkilduff@bidplymouth.org

Goal Description	**Goal Status**

Goal 1: Continue to provide medical control and oversight to affiliated EMS agencies.	▪ Continued the ongoing quality assurance, quality initiative program and continuing education with nine towns.
Goal 2: Hold ongoing monthly morbidity and mortality rounds.	▪ Held monthly rounds and monitored continued growth and participation in the event.
Goal 3: Provide education with specialty populations to include obstetrics and pediatrics.	▪ EMS providers received training in OB/Pedi pre-hospital care from Labor and Delivery.
Goal 4: Host Paramedic students in OB and the OR during their clinical rotation as part of the hospital's partnership with local communities.	▪ Hosted six students that have completed their OB rotation in the BirthPlace.

DIRECT CLINICAL SERVICES ***ACCESS Program***	
Program Description	The AIDS Comprehensive, Care, Education, and Support Services Program (ACCESS Program) provides free and anonymous HIV testing, medical care, prevention education, and support services to people living with HIV/AIDS in Plymouth and surrounding towns. Patients may receive primary care services, including physical examinations; treatment services and planning; laboratory testing; immunizations and screening; antiviral medications; referrals to specialty care and clinical trials; and medical case management. The federal Ryan White CARE Act (Title III) grant for Early Intervention Services provides funding for these services. The CARE Act is funded through the AIDS Bureau of the U.S. Health Resources and Services Administration (HRSA).
Hospital Priority	• Chronic and Complex Health Conditions
Statewide Priority	• Chronic Disease
Program Description Tags	• Community Education • Prevention • Health Screening
DoN Health Priorities	• Education
Health Issues Tags	• Infectious Disease: *HIV/AIDS* • Social Determinants of Health: *Access to Health Care*
Target Population **Additional Target Populations**	**Regions served:** Counties: Plymouth and Barnstable **Additional Target Population Status:** LGBT status **Sex:** All **Age Group:** Adults **Ethnic Group:** All **Language:** English
Partners	BID Plymouth Behavioral Health Team – www.bidplymouth.org Clean Slate – www.cleanslatecenters.com Harbor Community Health Center – https://www.hhsi.us/locations/harbor-community-health-center-plymouth/ Habilitation Assistance – www.hac.center

	High Point Outpatient Treatment Services – www.hptc.org Plymouth Family Planning - https://healthimperatives.org/repro-health/ Father Bill's and Mainspring – www.helpfbms.org The Bridge BPHC Dental Health Program Plymouth Resource Center
Contact Information	Marcia Richards 508-732-8983 mrichards@bidplymouth.org

Goal Description	**Goal Status**
Goal 1: ACCESS HIV/AIDS program will enroll five new clients who are not currently receiving care.	▪ Enrolled nine new clients providing them with free and anonymous HIV testing, medical care, prevention education, and support services to people living with HIV/AIDS in Plymouth and Barnstable counties.
Goal 2: The ACCESS HIV/AIDS program will maintain viral suppression in 95% of our clients.	▪ Maintained viral suppression in 98% of our clients, up from 2018.

DIRECT CLINICAL SERVICES

Cancer Patient Support Program

Program Description	A cancer diagnosis often creates financial and emotional stress for patients and families. The Cancer Patient Support Program identifies cancer patients with extreme emotional and financial hardship and matches them with counseling and financial support when possible. This program is free to cancer patients whenever sources of support are available. BID Plymouth provides support for patients and families through a social worker, resource nurse, and nurse navigator. This team provides counseling, support, and works to find resources to help alleviate out-of-pocket expenses typically not covered by insurance. The team may also help to find funding sources to cover the cost of household expenses (e.g., groceries, car payments, heating, and electric). Finally, this program finds resources to promote cancer screenings and education about wellness and prevention to help keep the community healthier and decrease risk factors that are associated with a cancer diagnosis.
Hospital Priority	• Chronic and Complex Health Conditions
Statewide Priority	• Chronic and Complex Health Conditions
Program Description Tags	• Health Screening • Support Group
DoN Health Priorities	• Education
Health Issues Tags	• Cancer: *breast, cervical, colorectal, lung, ovarian, prostate, skin* • Social Determinants of Health: *Access to Health Care*

Target Population **Additional Target Populations**	**Regions served:** Counties: Plymouth, Barnstable, Norfolk, Dukes, Bristol **Additional Target Population Status:** Not Specified **Sex:** All **Age Group:** Adult **Ethnic Group:** All **Language:** English
Partners	Joe Andruzzi Foundation – https://joeandruzzifoundation.org Ellie Fund – www.elliefund.org CABBIES – https://canceercarecabbies.wordpress.com Score for a Cure – http://www.scoreforacure.com Rally for a Cause Keville Foundation
Contact Information	Lesley Cunningham, BSN, MHM, RN, OCN Senior Director, Cancer Services 508-830-2393 lcunningham@bidplymouth.org

Goal Description	**Goal Status**
Goal 1: Continue to use a screening tool to evaluate need for psychosocial and financial support, and help families fill out forms for grants from our financial support partners.	▪ Screened 450 patients/families; 250 of those screened were provided funds through our partners.
Goal 2: Provide annual free skin cancer screenings and sun exposure awareness to 100 people.	▪ BID Plymouth, in conjunction with Harvard Pilgrim, provided a facial screen via a Derm Analysis machine. None of the participants needed to be referred to a dermatologist.
Goal 3: Evaluate the factors of distress in our patient population and review services available to meet the needs of this group.	▪ Evaluated 225 patients and 142 individual patients were assisted with financial help through our partners.
Goal 4: Offer a total of four free women's health screenings every other month, including Pap smears and mammograms.	▪ 23 people were screened.
Goal 5: Continue to provide weekly support groups to patients, with 10 attendees each week.	▪ Provided support groups to 20 attendees each week through various support groups.

COMMUNITY CLINICAL LINKAGES

Pediatric Palliative Care Program

Program Description	The Fragile Footprints Pediatric Palliative Care Program is part of the Massachusetts Pediatric Care Network, administered by the Massachusetts Department of Public Health, Division for Perinatal, Early Childhood, and Special Health Needs. Through this program, BID Plymouth provides medical case management and support services for children with potentially life-limiting illnesses and their families. An interdisciplinary team of nurses, social workers, child life specialists, spiritual care, complementary therapy, expressive arts practitioners, and trained volunteers collaborate to design care plans that coordinate and augment existing services being received. Through this collaborative approach, Fragile Footprints works to address the issues commonly experienced by families of medically fragile

	children, including stress, anxiety, isolation, financial hardship, relationship issues, and interruption of daily routines.
Hospital Priority	• Chronic and Complex Health Conditions
Statewide Priority	• Chronic Disease
Program Description Tags	• Support Group • Community Education
DoN Health Priorities	• Education
Health Issues Tags	• Chronic Disease • Health Behaviors/Mental Health: *Depression, Physical Activity, Stress Management*
Target Population **Additional Target Populations**	**Regions served:** Counties: Plymouth, Bristol, Barnstable, Dukes **Additional Target Population Status:** Disability Status **Sex:** All **Age Group:** Prenatal to 19 years **Ethnic Group:** All **Language:** English
Partners	Massachusetts Department of Public Health - https://www.mass.gov/orgs/department-of-public-health Pediatric Palliative Care Network
Contact Information	Deborah Dolaway, LICSW Administrator, Cranberry Hospice & Palliative Care 508-746-0215 ddolaway@bidplymouth.org

Goal Description	**Goal Status**
Goal 1: Increase outreach to 80 eligible families and reduce waiting list from 20 to 15.	▪ Increased outreach to serve 87 families and reduced waiting list from the goal of 15 to 11 families.
Goal 2: Expand scope of services to increase music therapy and aroma touch for very young and significantly impaired population and their caregivers.	▪ Expanded scope of services to include a certified music therapist and increased use of aroma therapy intervention by training additional volunteer resources.
Goal 3: Expand community collaborations to make family and group programs more accessible.	▪ Secured private donations to make family and group programs more accessible to our service area (examples include: Red Sox outings, bowling, a week-long summer program, Mother's Day support event, trips to the zoo and a farm and a holiday party. Donations were a result of St. Mary's Church of Scituate, Duxbury Senior Center, The Village of Duxbury, Hope Floats Healing and Wellness Center and Yawkey Foundation.

COMMUNITY CLINICAL LINKAGES

Quitters Tobacco Treatment Program

Program Description	From offering education on the dangers of tobacco use to its smoke-free campus, BID Plymouth has long been a leader in tobacco prevention. Since 2013, the Hospital has taken prevention to a new level, developing a formalized, system-wide approach to connecting with tobacco users who want to quit and making it easier for them to reach their goals. The process establishes consistent methods to screen for smoking status or chronic obstructive pulmonary disease (COPD), a leading cause of hospitalizations in the region. Providers have encouraged the use of pharmacologic and non-pharmacologic options to assist with smoking cessation. Anecdotal reports suggest the trend of prescribing cessation aids appears to have increased. The Clinical Pathway Committee is working with industry partners to collect year-over-year data to support this process. The hospital has also expanded its efforts to inform physicians about the Quitters Tobacco Treatment program, making the enrollment process easier for patients. The successful Quitters program is facilitated by a certified tobacco treatment specialist. The six-week course introduces interactive techniques, relaxation, visualization and education to help participants learn why they smoke, what happens when they quit, how to handle cravings and withdrawal, and how to avoid relapse. Research shows this multifaceted approach to be highly effective in helping users kick the habit.
Hospital Priority	• Chronic and Complex Disease Health Conditions
Statewide Priority	• Chronic Disease
Program Description Tags	• Community Education • Prevention • Support Group
DoN Health Priorities	• Education
Health Issues Tags	• Cancer – *Lung* • Social Determinants of Health – *Access to Health Care, Education/Learning*
Target Population **Additional Target Populations**	**Regions served:** Counties: Plymouth, Barnstable **Additional Target Population Status:** Not Specified **Sex:** All **Age Group:** Adults **Ethnic Group:** All **Language:** English
Partners	Affiliated Physician Group - https://www.practicelink.com/employer/Beth-Israel-Deaconess-Healthcare-Affiliated-Physicians-Group/ Plymouth Bay Medical Associates - https://www.pbma.net/
Contact Information	James Berghelli Director, Clinical Pathways 617-667-3458 jberghelli@bidplymouth.org

Goal Description	**Goal Status**
Goal 1: Encourage and increase the number of patients to enroll in Quitter's Tobacco Treatment Program by 2%.	▪ The Smoking Cessation Program has gone thru significant changes that have prohibited BID Plymouth to meet its goal in FY19.
Goal 2: Respiratory Therapists (RT) will assess 95% of the inpatient smokers with intent to increase number of patients who would like to be contacted by a Tobacco Treatment Specialist to join the Quitters Program.	▪ Identified 1660 smokers; Respiratory Therapists assessed 1123 of inpatients and 123 referrals went to Tobacco Treatment Specialist.

Goal 3: Provide Quitters Program brochures to primary care offices affiliated with BID Plymouth. Respiratory Therapists give brochures to inpatients when assessed. Providers and RT's explain the benefits of the program to patients to encourage them to sign up for the program.	▪ 1500 brochures were distributed to PCP offices and Respiratory Therapists distributed to all inpatients assessed.

COMMUNITY CLINICAL LINKAGES

Behavioral Health

Program Description	BID Plymouth began integrating behavioral health services into its primary care practices as the Behavioral Health Integrated Care Initiative (BHICI). In 2013, the Hospital conducted a specific behavioral health assessment through Health Resources in Action (HRIA) to identify behavioral health needs in the community— assessing current services, detecting gaps and potential service opportunities. Hospital administrators and local mental health/substance abuse contacts evaluated the available options and sought regional partners to help break down barriers to accessing mental health services. BID Plymouth currently has three social workers and one nurse practitioner, all of whom work under an outpatient psychiatrist. Also included are the integrated behavioral health clinicians with primary care and specialty practices. In response to the opioid crisis, BID Plymouth has substance use clinicians, recovery navigators and a part-time nurse practitioner in the emergency department. New in 2019 is the ability to offer Medicated Assisted Treatment (MAT) to individuals living with an Opioid Use Disorder (OUD). Under this initiative, BID Plymouth was able to expand our partnership with Gosnold by adding another full-time Recovery Navigator to the team. The team collaborates with community treatment providers to address the high number of substance abuse related cases and provide the right level of care in the emergency setting. With behavioral health services available in the emergency department, patients may begin treatment in this setting, rather than delaying treatment until psychiatric beds are available. This immediate care often decreases the level of intervention required. With the Hospital's fully integrated system, patients can address medical and behavioral health needs in one location. Medical staffs have on-site behavioral health support to provide comprehensive healthcare in a convenient, efficient and cost-effective manner. Furthermore, our behavioral health team continues to collaborate with the Plymouth Public School System to offer PreVenture, an evidence based practice preventative program to address substance use. Lastly, we continue to serve as the lead hospital in Plymouth County Outreach, a county-wide initiative providing a home visit with a plain clothed officer and recovery coach or clinician following an opioid overdose.
Hospital Priority	• Behavioral Health (Mental Health/Substance Abuse)
Statewide Priority	• Mental Health/Mental Illness, Substance Use Disorders
Program Description Tags	• None
DoN Health Priorities	• Education
Health Issues Tags	• Health Behaviors/Mental Health: *Mental Health* • Substance Use Disorder: *Opioid Use, Substance Use, Alcohol Use*
Target Population **Additional Target Populations**	**Regions served:** Counties: Plymouth, Barnstable **Additional Target Population Status:** Not Specified **Sex:** All **Age Group:** All **Ethnic Group:** All

	Language: English
Partners	Gosnold – www.gosnold.org Plymouth County Outreach (PCO) PCO Hope – www.ebhopes.net Plymouth Public Schools – www.plymouth.k12.ma.us
Contact Information	Sarah Cloud Director, Social Work 774-454-1201 scloud@bidplymouth.org

Goal Description	**Goal Status**
Goal 1: Provide access and treatment of depression in outpatient PCP and specialty practices.	▪ Provided access and treatment of depression. Through a Patient Health Questionnaire (PHQ-9) the scores decreased by 67% for depression from intake to discharge.
Goal 2: In collaboration with Plymouth Schools, offer a second year of funding and training for school staff in the PreVenture program--a prevention to developing substance use complications later in life.	▪ Provided funding for a third year of PreVenture. Of the 8th graders screened using the SURPS; 50% screened in for intervention.
Goal 3: Provide follow up through Plymouth County Outreach to individuals who experienced an overdose and encourage them to get help.	▪ 558 individuals received follow up visits. Although final figures are not yet available, we estimate 60% agreed to get help.

COMMUNITY CLINICAL LINKAGES

PreVenture Program

Program Description	Most substance use disorders have their symptom onset during adolescence. Adolescents are at heightened risk for developing addictive disorders and other internalizing/externalizing disorders. Developing substance use disorder during adolescence shown to increase disease severity and complexity, with significant health and social consequences. Global trends suggest earlier onset of substance use, increased rates of binge drinking, and high overall alcohol-related harm. Alcohol is the leading cause of death amongst 15-29 year olds. Additionally, early onset cannabis use is a risk factor for dependence, psychosis, and more frequent and problematic use. There is an ongoing crisis of non-medical prescription drug use in North America, with individuals ages 15-25 reporting highest and fastest growing rates of overdose and hospitalization (PHAC, 2018). In 2017, 3900+ opioid related deaths were individuals under 29 years' old- 22% (PHAC, 2018). 10% of individuals grade 7-12 report Non-Medical Prescription Drug (Opioid) use within the past year, with 59% obtaining the drug from someone at home (OSDUHS, 2018). In addressing the addiction crisis, BID-Plymouth has incorporated a proactive approach with a selective/targeted prevention program, PreVenture. The PreVenture Program utilizes a screening tool, the Substance Use Risk Profile Screener (SURPS), to assess personality and motivational risk factors for substance abuse and/or mental health difficulties. Individuals identified as having these risk factors are invited to participate in a school-based intervention. The intervention, 2 (90) minute workshops, include psycho-educational approaches, motivational interviewing, and cognitive behavioral components. Workshops are organized by high risk personality profile: Seeking; Impulsivity; Anxiety Sensitivity; Negative Thinking. Students learn how their personality style leads to certain emotional and behavioral reactions. Students received manuals that illustrate scenarios designed by

	similar teens to promote relevance. PreVenture is research based and supported by scientific evidence, and recognized by SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) as having effectiveness in delayed onset of adolescent substance use, reductions in binge drinking and frequency of drug use, as well as reduction in alcohol-related problems. Furthermore, our behavioral health team continues to collaborate with the Plymouth Public School System to offer PreVenture, an evidence based practice preventative program to address substance use.
Hospital Priority	• Behavioral Health (Mental Health/Substance Abuse)
Statewide Priority	• Mental Health/Mental Illness, Substance Use Disorders
Program Description Tags	• None
DoN Health Priorities	• Education
Health Issues Tags	• Health Behaviors/Mental Health: *Mental Health* • Substance Use Disorder: *Opioid Use, Substance Use, Alcohol Use*
Target Population **Additional Target Populations**	**Regions served:** Plymouth **Additional Target Population Status:** Not Specified **Sex:** All **Age Group:** Youth **Ethnic Group:** All **Language:** English
Partners	Plymouth Public Schools – www.plymouth.k12.ma.us
Contact Information	Sarah Cloud Director, Social Work 774-454-1201 scloud@bidplymouth.org

Goal Description	Goal Status
Goal 1: In collaboration with Plymouth Schools, offer a second year of funding and training for school staff in the PreVenture program--a prevention to developing substance use complications later in life.	▪ We provided funding for a third year of PreVenture. 534 8th graders screened using the SURPS; 285 (53%) screened in for intervention
Goal 2: Certify additional trainers to train school staff on PreVenture program	▪ Trainers are near completion of the certification

COMMUNITY CLINICAL LINKAGES

Greater Plymouth Area Social Responsibility Consortium (Transportation Pilot Program)

Program Description	A Transportation Pilot Program (TPP) was developed in FY18 by community agencies in Plymouth, to share the common need of transportation for their clients. This program is modeled after a successful pilot in the Attleboro area. BID Plymouth made a financial contribution to fund the start of this program and has staff who sit on the TPP Steering Committee. Funds donated by organizations are matched through a state grant (up to 40K limit) to provide defrayed costs of transportation to clients through Uber and LYFT. BID Plymouth has the authority to determine eligibility for rides as part of the TPP and each

	participating organization may not exceed the number of rides their contribution entitles the organization (based on average ride cost of approximately $21). In 2019, BID Plymouth gave additional funds to extend the program's longevity and usage.
Hospital Priority	• Social Determinants of Health and Access to Care
Statewide Priority	• Access to Care
Program Description Tags	• None
DoN Health Priorities	• Transportation
Health Issues Tags	• Social Determinants of Health: *Access to Health Care, Access to Transportation, Income and Poverty*
Target Population **Additional Target Populations**	**Regions served:** Counties: Plymouth **Additional Target Population Status:** Disability Status **Sex:** All **Age Group:** 60 or older/or disabled using ADA definition **Ethnic Group:** All **Language:** English
Partners	The ARC of Plymouth: https://www.plymouthcapearc.org/ Plymouth Area Coalition for the Homeless: http://www.plymouthareacoalition.org/ REACH: https://reachinc.net/ New England Village: https://www.newenglandvillage.org/index.php NAMI: https://www.nami.org/Local-NAMI/Details?state=MA&local=16f1911e-0737-4092-8671-04dec07bdc05 Living Independently Forever: https://lifecapecod.org/ Old Colony Elder Services: https://www.ocesma.org/ Bethesda House: https://bethesdahousema.org/ Plymouth Center for Active Living: https://www.plymouth-ma.gov/center-active-living Plymouth North High School: https://www.plymouth.k12.ma.us/ YMCA: https://www.oldcolonyymca.org/locations/plymouth Road to Responsibility: https://roadtoresponsibility.org/
Contact Information	Sarah Cloud Director, Social Work 774-454-1201 scloud@bidplymouth.org

Goal Description	**Goal Status**
Goal 1: Create an effective ride-sharing service during non Gatra hours that offers a new option to enhance the independence and quality of life for disabled and elderly residents with non-emergency needs in Greater Plymouth.	▪ Created an effective ride-sharing service that provided, from June – December of 2019, 1,589 rides at $25.07 (average cost per ride) seven days a week.
Goal 2: Find additional funding to continue to run this valuable program.	▪ Additional funding support is ongoing. Looking at grants to sustain the program through matching funds.

ACCESS/COVERAGE

Financial Assistance Program

Program Description	BID Plymouth worked with the State to communicate new health coverage plans for the uninsured and enroll those who qualify. Financial counselors screened and enrolled patients for Mass Health, Health Safety Net, Medical Hardship and Commonwealth Care.
Hospital Priority	• Social Determinants of Health and Access to Care
Statewide Priority	• Social Determinants of Health
Program Description Tags	• None Specified
DoN Health Priorities	• None Specified
Health Issues Tags	• Access to Health Care • Uninsured/Underinsured
Target Population **Additional Target Populations**	**Regions served:** Counties: Plymouth, Barnstable **Additional Target Population Status:** Not Specified **Sex:** All **Age Group:** Adults **Ethnic Group:** All **Language:** English
Partners	Massachusetts Department of Public Health: https://www.mass.gov/orgs/department-of-public-health Mass Health: https://www.mass.gov/topics/masshealth Executive Office of Health & Human Services: https://www.mass.gov/orgs/executive-office-of-health-and-human-services
Contact Information	Richard Ray Patient Financial Services 508-830-2040 rray@bidplymouth.org

Goal Description	**Goal Status**
Goal 1: Provide free financial assistance counseling to the uninsured and the underinsured and to enroll them into entitlement programs.	▪ Staff enrolled 11,285 patients into entitlement programs.

Section V: Expenditures

CB Expenditures by Program Type	Amount	Subtotal Provided to Outside Organizations (Grants/Other Funding)
Direct Clinical Services	$977,142	
Community-Clinical Linkages	$718,050	
Total Population or Community-Wide Interventions	$21,836	
Access/Coverage Supports	$757,259	
Infrastructure to Support CB Collaborations Across Institutions	$197,269	

CB Expenditures by Health Need	Amount
Chronic Disease with a focus on Cancer, Heart Disease, and Diabetes	$1,312,875
Mental Health/Mental Illness	$974,008
Housing/Homelessness	$39,454
Substance Use	$75,526
Additional Health Needs Identified by the Community	$269,694 `

Other Leveraged Resources **$1,325,687**

Net Charity Care

Expenditures	Amount
HSN Assessment	$1,346,092.57
HSN Denied Claims	$2,570,195.34

Free/Discount Care	0
Total Net Charity Care	$3,916,287.91
Total CB Expenditures	**$7,913,530.91**

Additional Information	**Amount**
Total Revenue:	
Net Patient Service Revenue:	$321,409,000
CB Expenditure as Percentage of Net Patient Services Revenue:	2.41%
Approved CB Program Budget for FY2020: **(*Excluding expenditures that cannot be projected at the time of the report)**	$6,431,000
Bad Debt:	$1,102,954
Bad Debt Certification:	0
Optional Supplement:	
Unreimbursed Medicaid	$1,722,635
Unreimbursed Medicare	$2,188,161

Comments:

Section VI: Contact Information

Contact: Deborah Schopperle, Manager of Community Benefits and Community Relations

Address: 275 Sandwich Street, Plymouth, MA 02360

Email: dschopperle@bidplymouth.org

Phone: 508-830-2249

Section VII: Self-Assessment Form

Hospital Self-Assessment Form - Year 1

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

I. Community Benefits Process:

1. Community Benefits in the Context of the Organization's Overall Mission:
    - Are Community Benefits planning and investments part of your hospital's strategic plan? ☒ YES ☐ No
        - If yes, please provide a description of how Community Benefits planning fits into your hospital's strategic plan. If no, please explain why not.

Beth Israel Deaconess Hospital Plymouth (BID Plymouth) is a member of Beth Israel Lahey Health (BILH). While BID Plymouth oversees local Community Benefits programming and community engagement efforts, Community Benefits is under the purview of the BILH Chief Strategy Officer. This structure ensures that Community Benefits efforts, prioritization, planning and strategy align and/or are integrated with local hospital and system strategic and regulatory priorities.

2. Community Benefits Advisory Committee (CBAC):
    - Beth Israel Deaconess Hospital Plymouth Members of the CBAC: Nate Horwitz-Willis, BID Plymouth Board of Directors; Nancy Bucken, Executive Director, Harbor Community Health; Adrienne Ing, Practice Manager, Harbor Community Health; Susan Willis, Program Director, Old Colony Elder Services; Nikki Galibois, Director, Planning & Development, South Shore Community Action Council; Malissa Kenney, Executive Director, Healthy Plymouth; Susan Giovanetti, Executive Director, Plymouth Coalition; Patrick Flaherty, Rotary Club; Joanne LaFerrara, Director, Customer Relations, GATRA; Amy Naples, Executive Director, Plymouth Chamber of Commerce; Peter Forman, Executive Director, South Shore Chamber of

Commerce; Dennis Carmen, Executive Director, United Way of Greater Plymouth; Michael Botieri, Chief, Plymouth Police; Sarah Cloud, BID Plymouth Director, Social Work; Michael Jackman, Chair, CHNA 23; Amy Tanner, Director, Resident Services, Algonquin Heights Apartment Complex; Chris Campbell, Superintendent of Plymouth Schools; Derek Paiva, Senior Executive Director, Old Colony YMCA; Betty DeBenedictis, Legislative Director & Chief of Staff, Office of State Rep. Mathew Muratore; Angela Harrington, BID Plymouth Interpreter Services; Karen Keane, Director, Plymouth Public Health; Keelas Small, BID Plymouth Board of Directors; Michael Babini, BID Plymouth Board of Directors; Lyle Bazzinotti, Chair, BID Plymouth Board of Directors; Dennis Primavera, BID Plymouth Board of Directors

- Leadership: Kevin Coughlin, President of BID Plymouth; Mary Chapin, Vice President Ambulatory Services & Process Improvement; Donna Doherty, Vice President Patient Care Services & CNO; Andrea Holleran, Vice President of External Affairs & Support Services; Jason Radzevich, Vice President of Finance & CFO; Karen Wood, Vice President of Philanthropy; Ron Rutherford, Vice President and Chief Information Officer; Tenny Thomas, MD, Chief Medical Officer; Lyle Bazzinotti, Chair, Board of Directors; Michael Babini, Board Member; Keelas Small, Board Member; Dennis Primavera, Board Member

- Frequency of meetings: Beth Israel Deaconess Hospital-Plymouth CBAC met three times during FY 2019.

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

	Review Community Health Needs Assessment	*Review Implementation Strategy*	*Review Community Benefits Report*
Senior Leadership	☒	☒	☒
Hospital Board	☒	☒	☐
Staff-level managers	☒	☒	☒
Community Representatives on CBAC	☒	☒	☒

For any check above, please list the titles of those involved and describe their specific role:
At BILH, our belief that everyone deserves high-quality, affordable health care is at the heart of who we are and what drives our work with our community partners. The organizations that are now part of BILH have always been deeply committed to serving their communities. Working collaboratively with our community partners, our CBAC and the Community Benefits team, such commitment is shared by staff at all levels within BID Plymouth.

Hospital Board of Directors:
BID Plymouth Board of Directors – reviewed, approved and adopted CHNA and Implementation Strategy

Lyle Bazzinotti, Chair – (on CBAC)
Michael Babini – (on CBAC)
Keelas Small – (on CBAC)
Dennis Primavera – (on CBAC)
Nate Horwitz-Willis – (on CBAC)
John Carnuccio
Kenneth Fosdick
William Gagnon
Charles Hewitt
Clark Hinkley
Jeffery Kapell
Mary Ellen Lawrence
Kimberly Scheub, MD
Stephen Trehu, MD

Senior Leadership:
All provided input on identifying CBSA, CHNA, participated in prioritization process; participated in Key Informant Interviews

Kevin Coughlin, President
Jason Radzevich, Vice President Finance & Chief Financial Officer
Donna Doherty, Vice President, Patient Care Services & Chief Nursing Officer
Andrea Holleran, Vice President of External Affairs & Support Services
Mary Chapin, Vice President Ambulatory Services & Process Improvement
Karen Wood, Vice President, Philanthropy
Ron Rutherford, Vice President and Chief Information Officer
Tenny Thomas, MD, Chief Medical Officer

Chiefs of Service:
All provided input on identifying CHNA

Erin Burns, MD, Anesthesia
David Betteridge, MD, Radiology
Kimberly Scheub, MD, Emergency
Thomas Browning, MD, Medicine
Russell Atkin, MD Obstetrics/Gynecology
J. Matthew Koomey, MD, Oncology
Paul Vigna, MD, Pathology
Jessica Walsh, DO, Pediatrics
Alejandro Mendoza, MD, Psychiatry
R. Scott Oliver, MD, Surgery

Staff-level Managers:
All provided input on CHNA, participated in prioritization process; participated in Key Informant Interviews

Sarah Cloud, Social Work
Peggy Ekholm, Cardiology
Carol Burns, Dietitian
Lesley Cunningham, Cancer Center
Marcia Richards, Community Nutrition
Tenny Thomas, MD, Chief Medical Officer
Mary Dwyer, Finance
Danny Mendoza, MD, Psychiatry

Community Benefits Advisory Committee (CBAC)
Guided community engagement process and selected/recommended priorities

Beth Israel Deaconess Hospital Plymouth Members of the CBAC: Nate Horwitz-Willis, BID Plymouth Board of Directors; Nancy Bucken, Executive Director, Harbor Community Health; Adrienne Ing, Practice Manager, Harbor Community Health; Susan Willis, Program Director, Old Colony Elder Services; Nikki Galibois, Director, Planning & Development, South Shore Community Action Council; Malissa Kenney, Executive Director, Healthy Plymouth; Susan Giovanetti, Executive Director, Plymouth Coalition; Patrick Flaherty, Rotary Club; Joanne LaFerrara, Director, Customer Relations, GATRA; Amy Naples, Executive Director, Plymouth Chamber of Commerce; Peter Forman, Executive Director, South Shore Chamber of Commerce; Dennis Carmen, Executive Director, United Way of Greater Plymouth; Michael Botieri, Chief, Plymouth Police; Sarah Cloud, BID Plymouth Director, Social Work; Michael Jackman, Chair, CHNA 23; Ami Tanner, Director of Resident Services, Algonquin Heights Apartment Complex; Chris Campbell, Superintendent of Plymouth Schools; Derek Paiva, Senior Executive Director, Old Colony YMCA; Betty DeBenedictis, Legislative Director & Chief of Staff, Office of State Rep. Mathew Muratore; Angela Harrington, BID Plymouth Interpreter Services; Karen Keane, Director, Plymouth Public Health; Keelas Small, BID Plymouth Board of Directors; Michael Babini, BID Plymouth Board of Directors; Lyle Bazzinotti, Chair, BID Plymouth Board of Directors; Dennis Primavera, BID Plymouth Board of Directors

4. Hospital Approach to Assessing and Addressing Social Determinants of Health

- **How does the hospital approach assessing community needs relating to social determinants of health?**
  BID Plymouth undertook a robust, collaborative and transparent assessment and planning process. The approach involved extensive quantitative (age, race, ethnicity, language, sexual orientation/gender identity, income, violence/crime, food access, housing, transportation, etc.) and qualitative (focus groups, community forums, community surveys) data collection and substantial efforts to engage community residents, with special emphasis on hidden population segments often left out of assessments. Additionally, CHNAs oversaw the assessment, vetted findings and prioritized leading health issues and the communities and cohorts most in need. BID Plymouth's Implementation Strategy reflects the hospital and the CBAC's prioritization of the following social determinants of health: *Poverty, Housing, Food Access, Transportation, and Employment.*

- **How does the hospital incorporate health equity in its approach to Community Benefits?**
  BID Plymouth and BILH are committed to: health equity, the attainment of the highest level of health for all people, required focused and ongoing societal efforts to address avoidable inequalities, socioeconomic barriers to care, and both historical and contemporary injustices. Throughout BID Plymouth's assessment process, BID Plymouth worked to understand the needs of populations that are often disadvantaged, face disparities in health-related outcomes, and are deemed most vulnerable. BID Plymouth's Implementation Strategy that developed as a result of these processes, focuses on reaching the geographic, demographic and socioeconomic segments of populations most at risk, as well as those with physical and behavioral health needs in the hospital's Community Benefits service area.

- **How does the hospital approach allocating resources to Total Population or Community-Wide Interventions?**
  BID Plymouth's Implementation Strategy includes a diverse range of programs and resources to address the prioritized needs within BID Plymouth's Community Benefits service area. The majority of BID Plymouth's Community Benefits initiatives are focused on cohorts and sub-populations with identified disparities or needs. BID Plymouth strategies include free skin screening for cancer, funding for a community Transportation Program, supporting the Greater Plymouth Food Warehouse with food donations and conducting an on-site job fair at Algonquin Heights, a low-income housing community. Additionally, BID Plymouth collaborates with many community partners to own, catalyze and/or support total population and community-wide interventions including Plymouth County Outreach, Transportation Program, Plymouth Council on Aging, Plymouth County Sheriff's Department Substance Use Task Force, Plymouth School System and Healthy Plymouth, just to name a few.

II. Community Engagement:

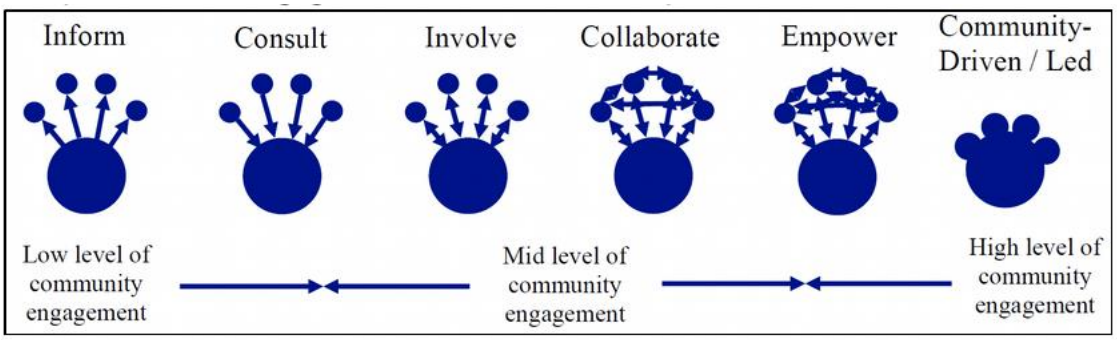
1. Organizations Engaged in CHNA and/or Implementation Strategy

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

Organization	Name and Title of Key Contact	Organization Focus Area	Brief Description of Engagement
CHNA 23 Steering Committee	Michael Jackman, Chair	Local health community organizations (CHNAs)	CHNA 23 Steering Committee meetings where members were asked for their input on CHNA.
Healthy Plymouth	Malissa Kenney, Executive Director	Other	Hospital invited the Healthy Plymouth Steering Committee to a meeting to elicit their input on the CHNA.
BID Plymouth Patient and Family Advisory Council (PFAC)	Andrea Holleran, BID Plymouth Vice President and Chair of PFAC	Other	PFAC meetings, members were asked for their input on the CHNA.
Plymouth Council on Aging	Jennifer Young, Director	Other	Invited seniors to a focus group at the COA to gather their input on the CHNA.

2. Level of Engagement Across CHNA and Implementation Strategy

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



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

A. **Community Health Needs Assessment**

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

Category	Level of Engagement	Did Engagement Meet Hospital's Goals?	Goal(s) for Engagement in Upcoming Year(s)
Overall engagement in assessing community health needs	Empower	The goal was met.	Not applicable
Collecting data	Empower	In certain communities and with specific cohorts, BID Plymouth was able to have community members/residents and organizations field the survey. This was not consistent across communities.	Not applicable
Defining the community to be served	Involve	BID Plymouth worked with Senior Leadership and the CBAC to review the CBSA. CBAC members and community partners identified hard-to-reach cohorts and those facing disparities.	Not applicable
Establishing priorities	Collaborate	The CBAC worked with CB staff and BID Plymouth Senior Leadership to prioritize health needs and recommend health priorities and priority cohorts.	Consult

- **For categories where community engagement did not meet the hospital's goal(s), please provide specific examples of planned improvement for next year:**
  BID Plymouth remains committed to community engagement. During FY 19, BID Plymouth undertook its triennial community health needs assessment and prioritization process. Guided by BID Plymouth's Community Benefits Advisory Committee and conducted in collaboration with community partners, this initiative employed a comprehensive community engagement process. In FY 20, BID Plymouth will continue to work with its CBAC and community partners to engage the community including holding an annual public meeting. Additionally, BID Plymouth will engage with our community by sharing updates on Community Benefits programs via BID Plymouth's Community e-newsletter, Your Health, and creating a video highlighting the programs to be shared on hospital's website and at community meetings.

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

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

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

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

During the FY 20 annual meeting, BID Plymouth will make the IS available to participants, highlight new programs, priorities and activities, explain sunsetted programs and seek input from the community.

3. Opportunity for Public Feedback

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

  BID Plymouth held its public meeting in conjunction with its CBAC on June 4, 2019 at the Plymouth Yacht Club in Plymouth. Additionally, BID-Plymouth created a link on its Community Benefits webpage on the hospital's website to allow for feedback. Also, highlights of the Community Benefits programs were shared with 33,000 community members, via the 2019 summer e-newsletter –Your Health.

4. Best Practices/Lessons Learned

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

- **What community engagement practices are you most proud of?**
  BID Plymouth is most proud of our committed CBAC, the long-standing relationships we have with many community-based organizations such as the Plymouth Public Health Department, Healthy Plymouth and the Plymouth School System. We are most proud of the collaboration with these and other organizations that allowed us to engage with hard-to-reach cohorts, such as the Brazilian community. To reach this population, BID Plymouth's interpreter services manager distributed and collected hard copies of the translated Community Benefits survey in Portuguese to Brazilian restaurants, churches, and convenience stores.

- **What lessons have you learned from your community engagement experience?**
  Working collaboratively with other hospitals, the Brazilian community, community-based organizations, Plymouth Department of Public Health, Plymouth Public School System and Housing organizations enhances the level and quality of our community engagement efforts.

III. Regional Collaboration:

1. **Is the hospital part of a larger community health improvement planning process?**
   ☒ Yes ☐ No
   - **If so, briefly describe it. If not, why?**
     BID Plymouth is involved with the Healthy Plymouth Initiative, Plymouth County Outreach, and CHNA 23

2. **If the hospital collaborates with any other filer(s) in conducting its CHNA, Implementation Strategy, or other component of its Community Benefits process (e.g., as part of a regional collaboration), please provide information about the collaboration below.**
   - **Collaboration:**
     BID Plymouth collaborated with the members of CHNA 23 (South Shore Community Partners for Prevention)
   - **Institutions involved:**
     CHNA 23
   - **Brief description of goals of the collaboration:**
     The mission of CHNA 23 is to identify the health needs of the local communities they serve, find ways to address those needs (i.e. provide grants) and improve the community's health.
   - **Key communities engaged through collaboration:**
     Carver, Duxbury, Kingston, Plymouth, Marshfield, Halifax, Hanover, Pembroke, Plympton and Rockland.
   - **If you did not participate in a collaboration, please explain why not:**
     N/A