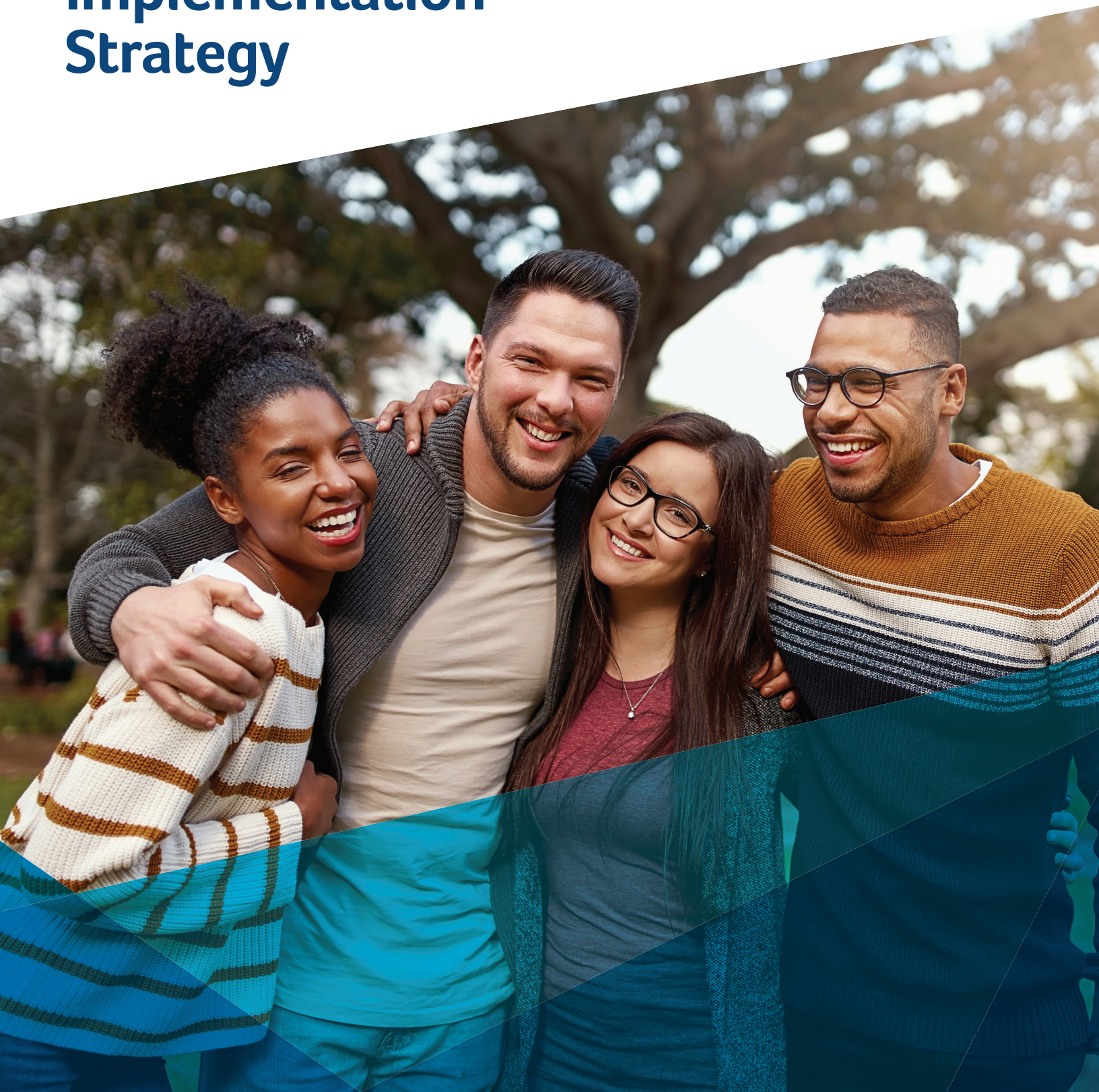


# FY23-FY25 Implementation Strategy





# Implementation Strategy

## About the 2022 Hospital and Community Health Needs Assessment Process

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

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

BID Plymouth collected a wide range of quantitative data to characterize the communities served across its Community Benefits Service Area (CBSA). BID Plymouth also gathered data to help identify leading health-related issues, barriers to accessing care, and service gaps. Whenever possible, data were collected for specific geographic, demographic, or socioeconomic segments of the population to identify disparities and clarify the needs of specific communities. The data were tested for statistical significance whenever possible and compared against data at the regional, Commonwealth, and national levels to support analysis and the prioritization process. The assessment also included

data compiled at the local level from school districts, police/fire departments, and other sources. Authentic community engagement is critical to assessing community needs, identifying the leading community health priorities, prioritizing cohorts most at-risk, and crafting a collaborative, evidence-informed IS. Between October 2021 and February 2022, BID Plymouth conducted 17 one-on-one interviews with key collaborators in the community, facilitated four focus groups with segments of the population facing the greatest health-related disparities, administered a community health survey involving more than 450 residents, and organized two community listening sessions. In total, the assessment process collected information from more than 550 community residents, clinical and social service providers, and other key community partners.

## Prioritization and Implementation Strategy Process

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

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

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

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

The following goals and strategies are developed so that they:

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

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

## Community Benefits Service Area

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

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



Beth Israel Lahey Health  
Beth Israel Deaconess Plymouth

## Community Benefits Service Area

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

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

## Prioritized Community Health Needs and Cohorts

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

### BID Plymouth Priority Cohorts



Youth



Low-Resourced Populations



Older Adults



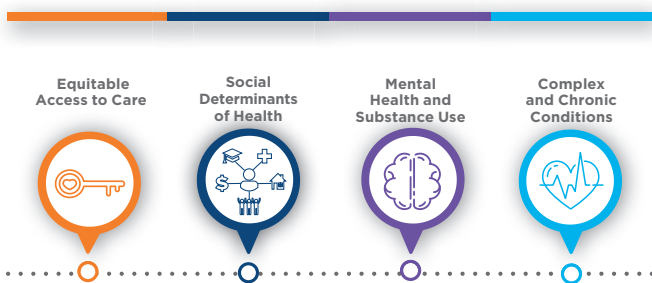
Racially, Ethnically and Linguistically Diverse Populations



Individuals with Disabilities

### BID Plymouth Community Health Priority Areas

## HEALTH EQUITY



## Community Health Needs Not Prioritized by BID Plymouth

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

## Community Health Needs Addressed in BID Plymouth’s IS

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

# Implementation Strategy Details

## Priority: Equitable Access to Care

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

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

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

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Promote access to health care, health insurance, patient financial counselors, and needed medications for patients who are uninsured or underinsured.	<ul style="list-style-type: none"> <li>• Low-resourced populations</li> <li>• Racially, ethnically, and linguistically diverse populations</li> </ul>	<ul style="list-style-type: none"> <li>• BID Plymouth's Financial Assistance Program</li> <li>• BID Plymouth's Enrollment Counseling/ Assistance &amp; Patient Navigation Support</li> <li>• Primary Care Support</li> </ul>	<ul style="list-style-type: none"> <li>• # of patients served</li> </ul>	<ul style="list-style-type: none"> <li>• BID Plymouth Change Healthcare program</li> <li>• Healthy Plymouth</li> <li>• BILH Primary Care</li> </ul>	Social Determinants of Health: Financial Insecurity
Promote equitable care, health equity, health literacy, and cultural humility for patients, especially those who face cultural and linguistic barriers.	Racially, ethnically, and linguistically diverse populations	<ul style="list-style-type: none"> <li>• Interpreter Services</li> <li>• Formation and integration of BID Plymouth Diversity, Equity, and Inclusion (DEI) council</li> <li>• Diverse talent promotion and acquisition</li> </ul>	<ul style="list-style-type: none"> <li>• # of patients assisted</li> <li>• # of languages provided</li> <li>• # of DEI trainings</li> <li>• # of staff hired and promoted</li> </ul>	<ul style="list-style-type: none"> <li>• Quincy Asian Resources, Inc. (QARI)</li> <li>• BID Plymouth Interpreter Services</li> <li>• BID Plymouth DEI Committee</li> </ul>	Not Applicable

## Priority: Social Determinants of Health

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

There is limited quantitative data in the area of social determinants of health. Despite this, information gathered through interviews, focus groups, listening sessions, and the BID Plymouth Community Health Survey reinforced that these issues have the greatest impact on health status

and access to care in the region - especially issues related to housing, economic instability, transportation, and food insecurity/nutrition, transportation.

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

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Support impactful programs that stabilize or create access to affordable housing.	Low-resourced populations	Grant support for Father Bill's & Mainspring for temporary shelter	<ul style="list-style-type: none"> <li>• # of participants and their demographics</li> <li>• # of families prevented from homelessness</li> </ul>	<ul style="list-style-type: none"> <li>• Father Bill's &amp; Mainspring</li> <li>• The South Shore Continuum of Care (CoC)</li> </ul>	Social Determinants of Health: Financial Insecurity
Support education, systems, programs, and environmental changes to increase healthy eating and access to affordable, healthy foods.	Low-resourced populations	Nutrition education and cooking tips in the community through BID Plymouth Registered Dietician (RD)	<ul style="list-style-type: none"> <li>• # of recipes developed</li> <li>• # of participants and their demographics</li> <li>• # of workshops</li> <li>• Pre- and post-surveys</li> </ul>	<ul style="list-style-type: none"> <li>• Algonquin Heights</li> <li>• Terra Cura community gardens</li> <li>• Councils on Aging (COAs) in BID Plymouth CBSA</li> <li>• Schools in the BID Plymouth CBSA</li> <li>• Senior and low-income housing in the BID Plymouth CBSA</li> <li>• Food pantries and Farmer's Markets in the BID Plymouth CBSA</li> <li>• Community Servings</li> <li>• South Shore Community Action Council</li> </ul>	Social Determinants of Health: Financial Insecurity

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Support existing partnerships and explore new ones with regional transportation providers and community partners to enhance access to affordable and safe transportation.	<ul style="list-style-type: none"> <li>• Older adults</li> <li>• Individuals with disabilities</li> <li>• Low-resourced populations</li> </ul>	<ul style="list-style-type: none"> <li>• Taking People Places (TPP)</li> <li>• The CAL Express through the Plymouth Center for Active Living</li> </ul>	# of people served	<ul style="list-style-type: none"> <li>• The Greater Attleboro Taunton Regional Transit Authority (GATRA)</li> <li>• Plymouth Center for Active Living</li> </ul>	Equitable Access to Care
Provide community health grants to support evidence-based programs.	<ul style="list-style-type: none"> <li>• Youth</li> <li>• Older adults</li> <li>• Individuals with disabilities</li> <li>• Low-resourced populations</li> <li>• Racially, ethnically, and linguistically diverse populations</li> </ul>	Community Health Grant Program - Grant funding program for community organizations and municipalities	<ul style="list-style-type: none"> <li>• # served</li> <li>• Positive outcomes reported</li> </ul>	To be identified	Not Applicable
Support impactful programs and evidence-based strategies to increase employment and earnings and increase financial security.	Low-resourced populations	<ul style="list-style-type: none"> <li>• Provide opportunities for grant funding</li> <li>• Work with BILH DEI Council to expand contracts with diverse suppliers and vendors</li> <li>• Career and academic advising</li> <li>• Hospital-sponsored community college courses</li> <li>• Hospital-sponsored English Speakers of Other Language (ESOL) classes</li> </ul>	<ul style="list-style-type: none"> <li>• # of people served</li> <li>• # of hours of job training</li> <li>• Supplier diversity spend</li> </ul>	<ul style="list-style-type: none"> <li>• BID Plymouth DEI Council</li> <li>• BILH Workforce Development</li> <li>• Quincy Asian Resources, Inc. (QARI)</li> <li>• South Shore &amp; Plymouth Area Chambers of Commerce</li> </ul>	Not Applicable

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
<p>Collaborate to enhance access to coordinated health and support services and resources to support overall health and aging in place.</p>	<p>Older adults</p>	<p>Plymouth Senior Task Force: Age &amp; Dementia Friendly designation process</p>	<ul style="list-style-type: none"> <li>• Sectors represented</li> <li>• # of new partnerships developed</li> <li>• # new policies/ protocols implemented</li> </ul>	<p>Plymouth Center for Active Living</p>	<p>Social Determinants of Health: Financial Insecurity</p>



## Priority: Mental Health and Substance Use

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

Substance use continued to have a major impact on the BID Plymouth CBSA; the opioid epidemic continued to be an area of focus and concern and there was recognition of the links and impacts on other community health priorities

(mental health, housing, and homelessness). Individuals engaged in the assessment identified stigma as a barrier to treatment and reported a need for programs that address common co-occurring issues (e.g., mental health issues, homelessness).

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

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Enhance and explore relationships with schools, youth-serving organizations, and other community partners to build resiliency, coping, and prevention skills.	Youth and families	<ul style="list-style-type: none"> <li>•Plymouth Schools PreVenture Program</li> <li>•Provide an opportunity for grant funding</li> <li>•PCO Hope: Hidden in Plain Site mobile display</li> <li>•Adult and Youth Mental Health First Aid</li> </ul>	<ul style="list-style-type: none"> <li>•# of participants and their demographics</li> <li>•# screened and results</li> <li>•Program completion numbers</li> <li>•Increased skills</li> <li>•Increased confidence in the ability to use skills</li> </ul>	<ul style="list-style-type: none"> <li>•Plymouth Schools</li> <li>•Other schools in BID Plymouth CBSA</li> <li>•Plymouth County Outreach (PCO) - Hope</li> <li>•Healthy Plymouth</li> <li>•Plymouth County Suicide Prevention Coalition</li> <li>•The Old Colony YMCA</li> <li>•Plymouth Center for Active Living</li> </ul>	Not Applicable

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Participate in multi-sector community coalitions to identify and advocate for policy, systems and environmental changes to increase resiliency, reduce substance use, overdoses & deaths.	<ul style="list-style-type: none"> <li>• Youth</li> <li>• Older adults</li> <li>• Individuals with disabilities</li> <li>• Low-resourced populations</li> <li>• Racially, ethnically, and linguistically diverse populations</li> </ul>	Member of many community initiatives and outreach programs	<ul style="list-style-type: none"> <li>• Sectors represented</li> <li>• # of resources obtained</li> <li>• # of new partnerships developed</li> <li>• Skill-building/ education shared</li> <li>• # new policies/ protocols implemented</li> </ul>	<ul style="list-style-type: none"> <li>• Plymouth County Outreach - Hope</li> <li>• Plymouth County HUB</li> <li>• Plymouth County Drug Abuse Taskforce</li> <li>• Plymouth County Outreach (PCO)</li> <li>• Plymouth County Drug Endangered Children</li> <li>• Plymouth Youth Development Committee -Plymouth Schools District Wellness Committee</li> </ul>	Social Determinants of Health: Financial Insecurity
Build the capacity of community members and emergency services to understand the importance of mental health, and reduce negative stereotypes, bias, and stigma around mental illness and substance use.	<ul style="list-style-type: none"> <li>• Youth</li> <li>• Older adults</li> <li>• Individuals with disabilities</li> <li>• Low-resourced populations</li> <li>• Racially, ethnically, and linguistically diverse populations</li> </ul>	<ul style="list-style-type: none"> <li>• Resiliency Library</li> <li>• Grant-funded training for Emergency Medical Service (EMS) providers to identify and intervene around suicide and suicidal ideation</li> </ul>	<ul style="list-style-type: none"> <li>• # of community members trained/ educated</li> <li>• Increased skills</li> <li>• Increased confidence in the ability to use skills</li> </ul>	<ul style="list-style-type: none"> <li>• South Shore Community Partners in Prevention</li> <li>• Plymouth County Outreach (PCO) - Hope</li> <li>• Plymouth County Suicide Prevention Coalition</li> <li>• EMS providers</li> </ul>	Not Applicable
Provide access to high-quality and culturally and linguistically appropriate mental health and substance use services through screening, monitoring, counseling, navigation, and treatment.	<ul style="list-style-type: none"> <li>• Youth</li> <li>• Older adults</li> <li>• Individuals with disabilities</li> <li>• Low-resourced populations</li> <li>• Racially, ethnically, and linguistically diverse populations</li> </ul>	<ul style="list-style-type: none"> <li>• Gosnold Recovery Navigators</li> <li>• Explore other potential hospital-based programming</li> </ul>	# of patients assisted and their demographics	<ul style="list-style-type: none"> <li>• BILH Behavioral Health Services</li> <li>• Gosnold Behavioral Health</li> </ul>	Not Applicable

## Priority: Chronic and Complex Conditions

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

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Provide preventative health information, services, and support for those at risk for complex and/or chronic conditions and support evidence-based chronic disease treatment and self-management programs.	<ul style="list-style-type: none"> <li>•All priority cohorts with identified chronic disease risk</li> <li>•Older adults</li> </ul>	<ul style="list-style-type: none"> <li>•BID Plymouth AIDS Comprehensive, Care, Education and Support Services (ACCESS) program for HIV/AIDS</li> <li>•Keep the Beat Post-Cardiac Program</li> <li>•Chronic Disease &amp; Nutrition Education</li> <li>•House Calls program</li> <li>•Stroke education</li> </ul>	# of participants and their demographics	<ul style="list-style-type: none"> <li>•Old Colony YMCA</li> <li>•BID Plymouth Philanthropy</li> <li>•Old Colony Elder Services (OCES)</li> <li>•Councils on Aging in the BID Plymouth CBSA</li> <li>•BID Plymouth Quality Department</li> </ul>	Social Determinants of Health: Financial Insecurity
Ensure cancer patients and their families have access to coordinated health & support services and resources to support them.	Patients diagnosed with cancer and their families/ caregivers	Cancer Patient Support Program	# of participants and their demographics	BID Plymouth Cancer Center	Not Applicable

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Address chronic disease management through health and nutrition education.	<ul style="list-style-type: none"> <li>• All priority cohorts with identified chronic disease risk</li> <li>• Racially, ethnically, and linguistically diverse populations</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy recipes for food pantries</li> <li>• Nutrition education at local Councils on Aging (COAs), libraries, and schools</li> <li>• Nutrition articles distributed to area newsletters</li> <li>• Nutrition education and cooking tips</li> </ul>	<ul style="list-style-type: none"> <li>• # of recipes developed</li> <li>• # of participants and their demographics</li> <li>• # of nutrition articles</li> <li>• # of workshops</li> <li>• Increased knowledge of nutrition</li> </ul>	<ul style="list-style-type: none"> <li>• Community Servings</li> <li>• BID Plymouth Translation Services</li> <li>• Plymouth Area Community Access Television</li> <li>• Councils on Aging in the BID Plymouth CBSA</li> <li>• Schools in the BID Plymouth CBSA</li> <li>• Plymouth Family Resource Center</li> <li>• Libraries in the BID Plymouth CBSA</li> <li>• Senior housing in the BID Plymouth CBSA</li> </ul>	Social Determinants of Health: Food Insecurity



## General Regulatory Information

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