



Beth Israel Deaconess Hospital
Plymouth

Community Benefits Report to the Attorney General

Fiscal Year 2017

Making the Healthy Choice

the Easy Choice

Updated March 2018



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Section I: Mission Statement

Summary

Beth Israel Deaconess Hospital-Plymouth (BID-Plymouth) seeks to improve the health and wellbeing of our patients and community by providing a full continuum of healthcare services with excellence and compassion. Serving the Greater Plymouth region, the hospital collaborates with community leaders, public and private agencies, and businesses. Together, we provide health promotion, health protection 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. As part of its mission to support community health, BID-Plymouth is committed to assessing root causes of health disparities and to assisting in improving health care for the disadvantaged and underserved.

This community benefit is fulfilled by:

- Implementing programs and services in Massachusetts' Greater Plymouth and the South Shore region to improve the current and future status of disadvantaged and medically underserved populations that are challenged by barriers to accessing healthcare and are impacted by other social determinants of health;
- Providing patients with equitable, respectful, culturally-appropriate care; and
- Building strong partnerships with community agencies and businesses, along with our allies in State and local government, to shift societal patterns toward healthy behavior. At the policy level right down to tactical improvements to services and facilities, we are helping establish and support the systems that underpin healthy lifestyles throughout the Plymouth/South Shore region.

Name of Target Populations

In the Plymouth/South Shore region we target vulnerable and disadvantaged populations with a focus on reducing the prevalence of obesity, diabetes, heart disease, lung disease, cancer and other health concerns, such as opioid addiction. Vulnerable populations we seek to support include:

- People with low socioeconomic status;
- Families with medically fragile children;
- School children and their parents;
- Underserved seniors;
- HIV/AIDS patients;
- Smokers;
- Those at risk for or suffering from substance abuse;
- Anyone making poor health choices (poor nutrition, lack of exercise, etc.)



Basis for Selection

BID-Plymouth selected the target populations for its community benefits programs based on regional data collected through our 2013 and 2016 community assessments, our ongoing community outreach efforts and our work with the Healthy Plymouth Initiative.

Publication of Target Population

Hospital Website: www.bidplymouth.org

Prioritizing Program Decisions Based on Target Population, Resources and Impact

BID-Plymouth evaluates program initiatives and selects activities carefully. As a not-for-profit hospital, our decisions reflect our mission to serve our community, a mission we have embraced for the past 117 years. Throughout our history, we have moved forward with the reality that our ability to meet our community's health needs is balanced by our limited resources. The Hospital's senior leadership team and other community-focused committees consistently evaluate the community's health needs with a long-term perspective. See Section III: Community Health Needs Assessment for more background on the hospital's research into our community's healthcare needs.

Some of the large-scale initiatives discussed in this report, such as coordinating community education and communications efforts, require relatively little financial support beyond the role of our dedicated staff and a modest communications budget. Other initiatives require significant investment.

For example, with our broad focus to help make the healthy choice the easy choice, community transportation becomes a significant factor. Efforts to improve transportation systems are not part of the Hospital's mission, nor is taking on a project like this best suited to Hospital administrators. What the Hospital *can* do is proactively support the evaluation of current transportation options and advocate for revisions that will help area residents easily access healthy food, exercise areas, healthcare services, etc.

Where financial resources are limited for *any* of the initiatives discussed in this report, the Hospital explores public financing options, private foundation and donor support and a range of other funding opportunities to meet community needs. As resources are identified and business plans are justified, the Hospital implements those high priority projects with the highest potential impact for a healthier community.

Key Accomplishments of Reporting Year

The hospital provides a comprehensive range of wellness/health promotion, disease risk reduction and safety education classes, and support groups. Surveys are provided to program participants, and the ongoing value of community programs is assessed on a regular basis. The programs the hospital presented during 2017 were developed, in part, based on our prior community needs assessments, an additional assessment focused solely



on behavioral health issues in our community, ongoing interaction with community leaders and community service agencies.

Healthy Plymouth Initiatives Address Unmet Needs

Our community-wide program Healthy Plymouth (www.healthyplymouth.org) continues to bring together leaders throughout the region, with the goal of transforming our community so that it encourages healthy lifestyles. The Hospital, the Town of Plymouth and Plymouth Public Schools are the founding members of this coalition. Teams composed of Hospital staff, community business leaders, public school representatives, municipal and elected leaders, and others continue to develop work plans with measurable goals for defined audiences. Further, our data collected through this community initiative supports program evaluation efforts to determine whether they contribute to achieving our goal of improving the overall health of the community.

Our latest assessment and our outreach efforts will strengthen BID-Plymouth's work with local health and human service agencies. This ongoing work will help BID-Plymouth continue to develop programs with measurable goals to ensure we find effective programs that address key findings from our community assessments.

Expanding Partnerships to Design a Healthier Community

In January 2011, the BID-Plymouth parent board, then Jordan Health System, brought together key community members and posed this question: Instead of trying only to fix disease, what if we transformed our community so it encouraged a healthy lifestyle? As a result of this collaborative work initiated by BID-Plymouth, the Town of Plymouth, Plymouth Public Schools and other community partners, a growing group of organizations and individuals continue to find new ways to work together to foster better health in our community, long-term, and at a lower cost, through our Healthy Plymouth initiative. BID-Plymouth has dedicated VP-level staff to supporting and furthering this community outreach.

Building Healthy Plymouth with Community-wide Collaboration and Prevention

Healthy Plymouth continues to address significant barriers to healthy lifestyles identified in our 2016 Community Health Needs Assessment. The Hospital has made progress since 2016, though these challenging issues require continued work:

- Increasing awareness and educating the public on health risk factors
- Encouraging physical activity
- Promoting healthy food choices
- Supporting reduced tobacco use among adults
- Assisting in reducing number of individuals who are uninsured
- Reducing barriers to accessing primary care



The hospital has been working in partnership with the Town of Plymouth and Plymouth Public Schools to implement programs in these key areas to reduce obesity, improve nutrition, promote active living and address behavioral health and substance abuse needs community-wide.

Behavioral Health Research to Inform Healthy Plymouth Community Initiatives

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.

Our research provides a foundation for developing and implementing a new integrated primary care and behavioral health model within the hospital, as well as a framework for addressing behavioral health issues at the community level. The study examined existing data on social, economic, and health indicators in the hospital’s service area as well as primary care practice and emergency department data.

As part of this study, HRIA conducted 2 focus groups and 21 interviews with individuals involved in different aspects of behavioral health (e.g., parents, advocates, community services providers and Hospital providers). Ultimately, the assessment engaged over 41 individuals from across the greater Plymouth area. This study serves as the foundation for the Hospital’s behavioral health initiatives, supported by \$3.7 million in grants from the Department of Public Health under CHART 2.

Our Community Health Needs Assessment was most recently updated in 2016 through a nine-month research endeavor conducted in partnership with John Snow, Inc. Through this process, dozens of individuals participated in forums, and almost 200 individuals completed a partner survey for BID-Plymouth’s service area. These participants included representatives from health and social service provider organizations, public health departments, community advocacy groups, community businesses, and many other types of community organizations, as well as from the community at-large.

The information gathered as part of these efforts has allowed BID-Plymouth to engage the community and gain a better understanding of community capacity, strengths, and challenges as well as community health status, barriers to care, service gaps, underlying determinants of health, and overall community need.

Key opportunity goals established by the 2016 CHNA have driven Healthy Plymouth community initiatives. These include:

- **Opportunities to Decrease Alcohol and Substance Use, including Opioid Use:**
Alcohol and substance use issues are a nation-wide problem. In Plymouth County,



opioid use is a critical concern. Societal stigma continues to deter individuals from seeking care despite the need.

- **Opportunities to Increase Access to Healthy Food and Physical Activity:** Physical inactivity and poor nutrition are leading risk factors associated with a range of chronic health conditions.

Healthy Plymouth Key Accomplishments

In its leadership role for Healthy Plymouth, BID-Plymouth has focused on empowering diverse members of the Plymouth community to affect lasting change throughout our region. Recent program achievements in FY2017 include:

- **Multifaceted Community-wide Response to Opioid Crisis and Substance Abuse:** BID-Plymouth is committed to a multi-faceted response to substance abuse, building community coalitions and providing leadership for state-wide efforts to reverse the opioid epidemic and other substance abuse issues. In 2017, our efforts to address this issue included:
 - Setting up a collection box for unused pain medications at the hospital, which collected over 38 gallons of unused medications per month. In total, 912 total gallons of drug waste was safely disposed of in FY2016 and FY2017.
 - Increasing access to behavioral health, particularly in an Emergency Department setting through partnerships with community providers and stakeholders, community education, resource management and integrated behavioral healthcare in the emergency department and PCP/Specialty Practices.
- **Plymouth County Outreach (PCO):** PCO is a county-wide initiative in partnership with Public Safety Agencies, healthcare providers and treatment organizations, to provide community follow-up after an opioid overdose. PCO has received widespread recognition in the greater Plymouth area and beyond. By the end of the second year of operations, all towns within Plymouth County had joined the initiative, which provided follow-up to 250 individuals and 271 family and friends in 2017.

Providers created this program to respond to the ever-growing number of opiate overdoses by conducting follow-up visits within 12-24 hours after an overdose. BID-Plymouth's Director of Social Work provides triage for this program, routing the appropriate care responder to each call for help.

- **PCO Drop-In Centers:** Drop-in center sessions are offered twice a month, where individuals struggling with addiction and their loved ones can learn about local treatment support options. These sessions include licensed



clinicians, BID-Plymouth's Director of Social Work, recovery coaches and family support groups. In addition to offering resources, these centers provide Narcan kits and training free of charge, featured programs, guest speakers, dinner, and hope.

- **Innovative Engagement for Youth as Substance Abuse Prevention:** The 2013 HRIA study confirmed the importance of physical exercise and school-related programs for minimizing risk-taking behaviors in the Plymouth community. The study found that “students themselves felt [that] idle time led to boredom and increased involvement in risk-taking behaviors such as using alcohol and drugs.” When the research was presented at the Healthy Plymouth Summit (see below), the hospital and other community members were inspired to act.

The Hospital and community partners are now providing leadership for numerous youth-focused engagement initiatives, including:

- **Healthy Plymouth Opportunities Program (HPOP):** The third annual HPOP Fair, a job fair for middle and high-school aged students and local employers, was held Tuesday, March 2, 2017 and Tuesday, March 14, 2017. The event provided a strong base for building community engagement and employment, with 32 organizations across the Plymouth region offering learning opportunities to 500 students. In alignment with state priorities to address the growing opioid crisis, BID-Plymouth includes HPOP among its new initiatives to keep young people engaged in activities that promote positive community involvement.
- **Terra Cura Community Gardens:** In FY2017, the Healthy Plymouth initiative continued to partner with an advocacy group to continue implementing and maintaining the Terra Cura Community Gardens. Permaculture Garden Clubs have been installed at seven additional schools in Plymouth, raising the total to 11 school gardens. Gardens are created and sustained by students. The club focuses on providing learning opportunities that allow students to make connections between growing and eating healthy food. In 2018, garden clubs will be integrated into all Plymouth schools, as well as extended into the community. Future plans include growing enough organic, non-GMO tomatoes to make tomato sauce that will be served in school kitchens.
- **April Vacation Program:** Healthy Plymouth's April Vacation Program was launched in 2016 with the goal of productively engaging youth during time off from school. The second annual April Vacation Program took place from Monday, April 17, 2017 to Friday, April 21, 2017. Throughout the week, a variety of free, engaging programs were made available for middle and high school students. In FY2017, 500 students attended a coffee house the day classes



ended, with 56 students participating in the programs throughout vacation week.

- **The Healthy Plymouth Amazing Race Fundraiser:** This annual event aims to build community, promote healthy living, and raise funds and awareness for Healthy Plymouth's Youth Engagement initiatives. Event funds are raised through corporate sponsorship, individual team fundraising and race entry fees. Each year, the Healthy Plymouth Steering Committee determines the organization or initiative to receive proceeds.

Our 2016 Community Health Needs Assessment highlighted the need to encourage physical activity. The Amazing Race Fundraiser gets our community moving and having fun. Up to 40 teams of four participate in a fast-paced race through downtown Plymouth, following clues and completing challenges along the way. Challenges include physical tasks and brain-teasing puzzles that are fun for all. This event is designed to attract multigenerational teams including families, coworkers, and friends. Children age ten and up are welcome to race.

After the race, all participants are welcomed to a lively afterparty featuring refreshments, music, and an awards ceremony with prizes for the fastest teams, top fundraisers, best dressed team, and best team spirit.

- **Creative Approach to Substance Abuse Awareness in Youth:** A member of the BID-Plymouth senior leadership team along with social work staff members, sit on the board of the Plymouth Youth Development Collaborative (PYDC).

PYDC is a community coalition motivated around increasing protective factors and reducing risk factors for children and youth in the community. This active coalition, a recent recipient of a Drug Free Communities Grant through the Substance Abuse and Mental Health Administration (SAMHSA), continues to build and strengthen local resources for youth in a collaborative fashion. Plymouth Youth Development Collaborative (PYDC) will continue to grow as a community resource. Its momentum, creativity and impact are the result of true community collaboration.

In FY2017, this group has continued to be a highly visible, active and growing resource in the community. Some outreach programs include:

- **Drug Story Theatre:** Drug Story Theater (DST) teaches improvisational theater to teenagers to facilitate their own recovery from drugs and alcohol. Enrolled patients craft their own shows about the lure of drugs and alcohol, the experience of addiction, and the road to addiction recovery. The shows are performed in middle and high schools and designed to magnify individual recovery stories—transforming the treatment of one person into the prevention



of many people. Drug Story Theater resources are devoted to the treatment and prevention of adolescent substance abuse.

- **Behavioral and Emotional Health Subcommittee:** This team convenes to address ongoing concerns about the relationship between behavioral health, emotional wellbeing, and substance abuse.
- **Partnership with The Herren Project:** In FY2017, weekly groups were held at the middle and high school levels to support students impacted by substance use. A community event involving the BID-Plymouth, YMCA and Plymouth Public Schools was held to educate at-risk youth about the risks associated with substance abuse. The program featured Chris Herren, author of the memoir *Basketball Junkie*.
- **Photo Voice Project:** Photo Voice puts cameras in the hands of creative youth. By offering the opportunity to record their daily experiences, the project gives youth the opportunity to reflect upon their community's strengths and struggles—as well as the ways that they may play a part in building a brighter future by making healthy choices.
- **Hidden in Plain Sight:** This educational seminar teaches parents about the signs of substance abuse in youth and offers guidance on how to intervene.
- **Making Healthy Eating Accessible to All:** Healthy Plymouth nutrition initiatives continue to reach members of all ages and socioeconomic profiles by making healthy food options more accessible via farmer's markets, schools and other community locations.
 - **School Nutrition Program:** To inspire healthy eating and lifestyles from an early age, BID-Plymouth dieticians regularly meet with students, parents, public school directors of food and health services, local food security representatives, local farmers and the Massachusetts Department of Health (MDPH). A nutrition curriculum and hands-on activities provide students with knowledge about healthy options and tools to use at home. One example from FY2017 was working with Tera Cura and Healthy Plymouth Youth Engagement on the "Tomato Sauce Initiative." Tomatoes grown in school gardens were used to prepare the tomato sauce served at lunch on September 27, 2017. BID-Plymouth dieticians continue to provide numerous educational resources to students, including nutrition bingo games.
 - **Healthy Nutrition Education Initiative:** BID-Plymouth registered dieticians continue to provide nutrition education, cooking demonstrations and other support to local farmer's markets. During the Culinary Institute Program at



Plymouth Farmers Market in June of 2017, for example, the team prepared a healthy chicken salad using ingredients sourced from the farmers at the market. These ongoing educational efforts educate and empower a broad spectrum of consumers about healthier choices sourced locally.

- **Healthy Market Initiative:** Convenience stores and other small stores within the town of Plymouth can earn the designation of “Healthy Market” by implementing a series of structured changes designed to encourage healthy choices. To become a “Healthy Market,” a store must provide healthier food and beverages (including fresh fruits and vegetables, whole grain products, lower sodium options, and low-fat dairy) and provide nutritional information for prepared foods. A BID-Plymouth dietician helped create a toolkit that local stores use to earn this designation. Market owners sign a Memorandum of Agreement with the hospital, enabling them to receive this recognition.

This initiative educates consumers and promotes healthy products, increasing access to nutritious, affordable food by all Plymouth residents. By FY2017, three local markets had earned the distinction of being a “Healthy Market” – including one food pantry, Plymouth Area Coalition’s Pilgrim’s Hope.

Hospital dieticians worked throughout FY2017 to tag healthy food choices throughout the stores, as well as participating in food demonstrations and public events at the markets. The Hospital and Healthy Plymouth continually supported the initiative by providing recipe cards each month– all pulled from BID-Plymouth’s FY2015 cookbook, *Leftover Love*, which supplied creative, healthy uses for leftover food to support cooking on a budget.

BID-Plymouth Hospital Health and Wellness Initiatives:

In addition to fulfilling Healthy Plymouth initiatives, BID-Plymouth also serves as an independent leader and innovator in community-based wellness activities. Every year, the Hospital hosts a number of outreach programs and events to address health risk factors. In FY2017, this included:

- **Planning for What Matters Most for People with Serious Illness:** To encourage individuals to have open conversations with their health care providers, friends and families, BID-Plymouth held their second “Have You Had the Conversation Yet?” event at a local country club in collaboration with the Patient Family Advisory Committee (PFAC) and Cranberry Hospice & Palliative Care on October 27, 2016. The panel of experts included a physician, an estate planning attorney, a financial planner and a member of the clergy. PFAC members read personal stories from the and there were video presentations from Ted Talks and the *Conversation Project*. The panel provided a broad range of information for participants to consider when planning for their care



should they become seriously ill to ensure they and their loved ones are prepared for the future.

- **Hosting Wellness Events and Community Outreach:** As part of fulfilling its mission to serve the overall health of the community, particularly for the underserved, BID-Plymouth provided numerous educational events during FY2017 designed to have a broad reach across the community. These events included:
 - A Cancer Survivors Day in June with more than 400 attendees
 - A night of skin cancer screening with over 100 attendees
 - Participation in Plymouth area health fairs, where BID-Plymouth nutritionists provide educational support to Plymouth parents and build awareness of healthy food options for children and other hospital medical staff share tips on prevention, such as breast self-exams. At these fairs, given the primary care physician access challenges identified in Plymouth, a key initiative has been connecting visitors without a primary care physician to physicians in the area who are receiving new patients.
- **Delivering Educational Lectures for All Ages:** Our educational lecture topics and locations are designed to meet specific needs of underserved populations, such as Medicare beneficiaries, and also address key health concerns for the general public. One of our free lecture programs, the *HouseCalls* lecture series, reached more than 180 area residents across our 12-town service area. In FY2017, physicians and medical support staff provided the community with lectures on treatment of orthopedic care for hands (Dupuytren's Disease), cosmetic and varicose vein treatments, Mako technology for partial knee replacement, and treatment options for pain management. In 2018, the *HouseCalls* programs plan to address: new technology for total knee replacement, pain management, causes and solutions for back pain, hernias and when to have surgery, migraine treatments and sleep apnea. Many lectures are broadcast locally on public access television, are covered in covered in monthly local newspaper articles, and promoted through social media to reach a broader audience.
- **Modeling Healthy Behaviors and Community Support as a Community Leader:** As the largest employer in Plymouth and its primary health advocate, BID-Plymouth runs a range of programs to make healthy eating accessible to its employees, patients and visitors. In short, the Hospital has taken the critical step to internally reflect the change it wants to see throughout the Plymouth community. Some examples of initiatives in FY2017 include:



- Many internal wellness initiatives continue to encourage healthy eating and active living. Physical activity challenges include a Couch to 5K a highly successful Biggest Loser program, and “Holiday One Pound Challenge,” a holiday weight management challenge.
- The Hospital cafeteria, where employees and visitors dine, works to raise awareness of healthy eating options. Efforts include offering “mindful” meal options daily, as well as providing nutrient analysis of menu choices. Nutrition information is available to diners in two ways. A barcode that links to the free diet-planning and calorie-counting app My Fitness Pal is available for menu items. Alternatively, employees can access a nutrient analysis program on the Hospital’s intranet that helps count and track calories, sodium, fat, protein, and several other nutrients.
- The Hospital held a Food Drive in March to celebrate nutrition month and support the Greater Plymouth Food Warehouse, delivering the donated items to local food pantries. During FY2017, the Livewell employee program developed a list of needs for the Backpack Program. This initiative provides 5-7 lbs. of food to at-risk youth each Friday. The program helped to raise awareness of healthy eating on a budget and fostered community engagement.
- Food demonstrations and samplings are held 3-4 times per year in the dining area during lunch hour to encourage employees, visitors, patients and families to learn about healthy foods that they may not have tried. During FY2017, two vegetable demonstrations were coordinated with South Shore Organics’ Nourish to Flourish Program. Employees learned how to make a beet salad and a wheatberry salad. Tasting and recipes were included.
- The Hospital continued its healthy vending machine initiative during FY2016. Employees and visitors can choose healthier options. Currently, 60% of the vending machine options are healthier items including trail mix, Greek yogurt, and 100% fruit juices.
- The one-mile walking trail on-campus continues to encourage physical activity for hospital employees and visitors. This resource encourages many employees and hospital visitors to be active and enjoy the outdoors. Employees use the trail during lunch breaks and after their shift ends.

Addressing Key Health Indicators and Insurance Coverage

Our 2013 and 2016 community health needs assessments identified barriers to healthy lifestyles that go beyond the Healthy Plymouth initiative’s scope. The Hospital must address these barriers as well:



- Limited primary care services
- Lack of providers who take MassHealth
- Limited behavioral health and substance use services
- Limited care addressing specific health conditions:
 - Higher than state average mortality rate from lung cancer
 - Higher than state average percentage of women reporting smoking during pregnancy
 - Higher than state average hospitalization for coronary heart disease
 - Higher than state average percentage of people age 18 and older reporting they had been diagnosed with diabetes in the South area

To address these barriers, BID-Plymouth has undertaken a number of targeted actions:

- **Physician Recruiting:** The hospital recruited 1 new physician in FY17 and will continue to recruit new clinicians in FY18. The hospital is also partnering with community specialists such as orthopedics, gastroenterology and ear, nose and throat specialists to grow their practices. To better provide primary care to the uninsured population, the hospital has initiated a partnership with Harbor Health Community Health Center. This partnership also supports primary care for the underserved speakers of Spanish and Portuguese in the region.
- **Smoking Cessation Programs:** 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.

Throughout CY2017, BID-Plymouth and community partners continued to work with patients in the community to reduce smoking. 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 6-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. Sessions are available in one-to-one or group settings.

Research shows this multifaceted approach to be highly effective in helping users kick the habit. The program represents the hospital's commitment to better healthcare for everyone—standardizing an approach to address key health concerns and ensuring patients across Plymouth County receive reliable, effective treatment. This program provides one example of BID-Plymouth's commitment to finding new ways to manage resources and improve care community-wide, while controlling healthcare costs.

In FY2017, 75% (12/16) of the enrolled patients completed the course and have quit smoking. The Tobacco Treatment Specialist noted that another 23 patients who had not enrolled in the Quitters program also reported successfully quitting smoking. In total, 11% (35/328) of the patients referred for smoking cessation successfully quit.

In 2017, the Quitters program once again provided 3,000 brochures to all primary care offices affiliated with BID-Plymouth. Providers explain the benefits of the program to patients and provide encouragement to stop smoking.

- **Cardiac and Pulmonary Rehab Programs:** BID-Plymouth continues to address the high prevalence of heart and lung disease in Plymouth County with our Cardiac Rehab and Pulmonary Rehab Programs. In FY17, 66 patients went through BID-Plymouth's Cardiac Rehab program and 52 patients went through our Pulmonary Rehab program.

BID-Plymouth's Community Health Needs Assessment highlighted the high incidence of obesity-related chronic diseases in our community. Our Cardiac and Pulmonary Rehab Programs are designed to address this need and support state initiatives to reduce obesity.

- **Cardiac Rehab:** Our Cardiac Rehab program is a secondary prevention program focused on improving quality of life for those with coronary artery disease, heart valve disease, or congestive heart failure. We are committed to helping patients recovering from hospitalization caused by a myocardial infarction ("heart attack"), heart valve repair or replacement, coronary bypass surgery, or heart failure exacerbation.

The multidisciplinary Cardiac Rehab team includes registered nurses, clinical exercise physiologists, registered dietitians, and social worker support. The program includes monitored exercise sessions and educational offerings, with a focus on the long-term benefits that can be



achieved through lifestyle changes. Our team also serves as “eyes and ears” to help monitor a patient’s condition between appointments with his or her physician.

- **Pulmonary Rehab:** Patients with chronic lung disease often struggle with feeling breathless– a symptom that can have a severe impact on patients’ ability to maintain independent, active lifestyles. The Pulmonary Rehab program is here to help.

Our Pulmonary Rehab program is directed at assisting patients with pulmonary disease by managing the severity of their shortness of breath and working to reduce the risk of hospitalization. This secondary prevention program serves patients with chronic obstructive pulmonary disease (COPD), pulmonary fibrosis, and other chronic lung diseases.

The Pulmonary Rehab team includes registered nurses, exercise physiologists, registered dietitians, and social worker support. We offer supervised exercise sessions, smoking cessation support, and nutrition counseling. Our team can also serve as a liaison between patients and physician.

- **Managing Complex Cases and Improving Access to Behavioral Health:** Through funding provided by the 2013 Increased Capacity Building and Infrastructure (ICB) grant and monies from CHART 2, BID-Plymouth staff successfully expanded the Jordan Community Accountable Care Organization’s (JCACO) care management and clinical initiatives. In 2017, the complex patient program (CPP) continued to screen all dual eligible patients upon discharge for Community Case Management services.

The Integrated Care Initiative (ICI) for behavioral health patients has continued to grow as well. This program co-locates behavioral health practitioners into primary care practices in an integrated care model. Expansion of these projects and the implementation of a new software system for creating individualized care plans have allowed BID-Plymouth to develop a unique, high value, and cost-effective approach to managing complex patients. The CPP is part of the BID-Plymouth CARES program where staff **C**onnect, **A**ssess, **R**espond, **E**ducate and **S**upport patients with complex needs across the care continuum. Our focus on complex Medicare patients, the dual eligible and behavioral health populations, has proven to be successful – increasing access to services and decreasing readmissions. Additionally, these efforts have led to the establishment of the first integrated behavioral health and primary care practice pilot in the community.



- **Complex Patient Program:** Under CHART 2, the Community Case Management Complex Patient Program continued to provide targeted outreach and engagement to Beth Israel Deaconess Care Organization (BIDCO) dual eligible (Medicare and MassHealth) aged and/or disabled patients with complex medical and/or behavioral health needs who are at high risk for hospital readmission, repeat ED visits, and who may incur high health care costs with poor health outcomes.

The goal of the program was to prevent a return of the patient to the inpatient setting, specifically during the initial 30 days post discharge. Program staff performed an in-depth case management assessment, completed by the team nurse case manager and social worker to ensure a successful transition of the patient to the community setting.

When patients met program benchmarks, they were transitioned to other community providers through a warm handoff. This process helps the Hospital and community serve as many patients from this complex population as possible. When the CHART 2 sunsetted on September 30, 2017, the program had demonstrated a 26.5% reduction in readmissions within 30 days for this patient population.

- **Behavioral Health Integrated Care Initiative:** In response to unmet needs for behavioral health in our recent community assessments, BID-Plymouth began integrating behavioral health services into its primary care practice as the Family Behavioral Health Initiative (FBHI). 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 a psychiatrist. We are embedding behavioral health clinicians into a growing number of primary care practices. In response to the opioid crisis, BID-Plymouth has also added substance abuse clinicians and a full-time nurse practitioner to the emergency department. These clinicians collaborate 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. In addition, collaboration of behavioral health clinicians with school, law enforcement, and local organizations expands a network of support throughout the community to effectively address substance abuse issues.

- **PreVenture Addiction Prevention Program:** In another effort to address the addiction crisis, BID-Plymouth is partnering with local middle schools to fund 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 for up to three years.

In the PreVenture program, students complete a screening questionnaire designed to identify high-risk personality types. Approximately 20% of students are then invited to participate in two, 90-minute group workshops. Four different workshops are facilitated, each tailored to the needs of those with a high-risk personality trait: sensation-seeking, impulsivity, anxiety sensitivity, and negative thinking.

Workshop curriculum educates adolescents about how their personality style can affect emotional and behavioral reactions. Students engage with activities from PreVenture program manuals, participate in interactive group exercises, and complete homework between sessions.

The PreVenture program has proven both feasible and effective when delivered by trained school-staff. Curriculum for each high-risk personality type was developed with the input of teens with the corresponding personality type.

- **Project Outreach:** Launched in December 2015 and reaching 27 communities, Project Outreach is a collaboration of Public Safety Agencies and Healthcare Providers. The program was created to respond to the ever-growing number of opiate overdoses by conducting follow-up visits within 12-24 hours after an overdose. It is not limited to those addicted to opiates, but rather everyone



impacted by addiction. Project Outreach holds drop-in centers twice a month for anyone needing help and/or information about drug and alcohol addiction. Representatives from local treatment centers as well as counselors and recovering addicts are on site at the drop-in centers. All 26 towns in Plymouth County are currently involved in Project Outreach. 164 people were assisted into treatment in FY17.

- **Overdose Follow-up:** After an overdose occurs in a participating community, a Project Outreach team of safety officials and a healthcare provider determine the best course of action. If it is determined that an in-person follow-up may be valuable, a healthcare worker and safety official will travel to the overdose victim's home. The healthcare worker will discuss treatment options with the individual and help them get into treatment as soon as possible, if desired.
- **Community Outreach:** Twice a month, the Project Outreach team hosts a drop-in center staffed by health care providers knowledgeable in addiction treatment. Providers at the drop-in center distribute Narcan and provide training on its use, free of charge. Narcan, also known as Naloxone, is a nasal spray that can reverse opiate overdose.

Drop-in centers are open to anyone looking for information about treatment. The program encourages family and friends to stop in and talk to healthcare providers. This setting provides a unique opportunity to have the undivided attention of a healthcare worker who specializes in the treatment of substance use disorders. Specialists answer questions, explain the science of addiction, discuss treatment options, help address issues with paying for treatment, and assist with admission to treatment programs.

- **Clinical Pathways to Ensure Quality Care for All:** Since 2013, the Hospital has extended successful clinical pathways beyond hospital walls—from primary care physician offices to post-discharge from the hospital. These efforts standardize care community-wide to ensure that all patients receive high quality and cost-effective care at the right time, in the right place.

An example is BID-Plymouth's work in proactively managing chronic obstructive pulmonary disease (COPD). The intent of this pathway is to promote the highest quality of care and efficiency in screening, diagnosis, and management of COPD and smokers. Primary care offices continue to provide spirometry to assess COPD and other conditions. All patients age 35 and older who are identified as smokers are screened for COPD, so interventions can be made before they get sick and require



inpatient care. As of FY2016 all 14 of BID-Plymouth affiliated primary care offices offer spirometry testing.

An ongoing, comprehensive program has been developed at BID-Plymouth to identify all inpatient smokers and have them assessed by a respiratory therapist to determine their need for nicotine replacement, encourage them to stop smoking, and obtain permission for them to be referred to a tobacco treatment specialist. Improving access to these smoking cessation programs is part of this integrated program (see “Smoking Cessation Programs” for more information). In 2018, BID-Plymouth will continue to improve on the mechanisms in place to encourage patients to enroll in the Quitter’s Smoking Cessation Program, identify COPD patients, and maximize COPD care in order to prevent hospitalization.

- **Health Insurance Education and Enrollment Support:** 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 MassHealth, Health Safety Net, Medical Hardship and Commonwealth Care. The Hospital assisted more than 2,852 people with enrollment applications in State Insurance Partnership programs.

Resource Development for Community Health Initiatives

BID-Plymouth is supported by \$3,240,411 in grants that facilitate community health initiatives– including those addressing AIDS/HIV, pediatric palliative care, and other health concerns. Other successful grants supported hospital-based clinical and patient care improvements.

Plans for Next Reporting Year

The hospital completed a Community Health Needs Assessment in 2016. Since obtaining that information, we have taken into consideration the results of the assessment while continuing to work on the pulse of evolving needs in our community. Going forward we are in the process of developing the CHNA and CHIP for 2019 with our community engagement process already underway. This includes partnering with Nate Horwitz-Willis, the first-ever director of Plymouth’s Department of Public Health, formerly named the Board of Health. He intends to redefine the department’s mission and bring Plymouth’s approach to public health into the 21st century. Dr. Horwitz-Willis earned his Ph.D. in Public Health from the American Public University. At 32 years old he has quickly impressed the community with his enthusiasm, experience and vision. We will be working with Dr. Horwitz-Willis and many other community partners to continue to support the health and wellness of our community while maintaining our growing leadership role in a more health-sustaining environment for all residents. The data that we collect for the CHNA will help us target our programs to meet specific unmet community health needs and reduce health disparities for disadvantaged populations in our area.



BID-Plymouth will continue to play a leadership role in educating, facilitating and empowering our community, including disadvantaged populations, on how to live a healthy lifestyle. Our outreach will continue to support student education and awareness of health and wellness issues.

BID-Plymouth will continue to offer its current roster of community education programs at little or no charge to the public through the use of grants and other funding sources. The Healthy Plymouth programs, the hospital's family education and ACCESS Program (AIDS Comprehensive Care, Education & Support Services Program) are initiatives that the hospital plans to foster and further develop.

The hospital will continue to strive, with our community partners, to meet the community health needs in our region.

As BID-Plymouth and its community partners identify policy changes that underpin successful, sustainable changes in the Plymouth area, these successful models and programs will be shared throughout the larger region and across the state.

Section II: Community Benefits Process

Community Benefits Leadership Team

BID-Plymouth is a non-profit, 501 (c) (3), organization. The president and chief executive officer of BID-Plymouth (and as such, the parent board of Beth Israel Deaconess Hospital-Plymouth, Inc.), the hospital's senior management team, and the board of directors, have ultimate oversight of all community benefit initiatives. The board is comprised of community residents representing health and human service agencies and other community organizations, business leaders, and individual residents.

FY2017 Senior Staff

- Kevin Coughlin, President and Chief Executive Officer
- Lisa Berry Barbosa, Vice President of Human Resources
- Mary Chapin, Vice President Ambulatory Services & Process Improvement
- Donna Doherty, Vice President of Nursing & CNO
- Andrea Holleran, Vice President of Strategic Planning & External Affairs
- Cynthia Outhouse, Vice President of Philanthropy
- Jason Radzevich, Vice President of Finance & CFO
- Ronald Rutherford, Vice President & CIO



Board of Directors—Beth Israel Deaconess Hospital-Plymouth, Inc.

Board Member	Initial	Term Expires	Principal Affiliation
Clark Hinkley, Chair	2004	2019	Retired
Michael Babini	1998	2019	Real Estate Services Consultant
Lyle Bazzinotti	1990	2019	Retired
John Carnuccio	2003	2018	Semi Retired
Shawn Dahlen	1989	2018	Contractor, Shawn Dahlen & Co.
Kenneth Fosdick	1997	2019	Retired
William Gagnon	2013	2018	Tax Consultant
Mary Ellen Lawrence	2015	2020	Retired
Peter Muncey, Esq.	2005	2019	Lawyer
Kimberly Scheub, M.D.	2010	2020	Emergency Medicine
Keelas Small	2005	2020	Owner, Comfort Inn
Cynthia Stiglitz	2015	2020	Banking
Stephen Trehu, M.D.	2007	2018	Radiologist
Stephen Fischer			
Stanley Lewis, M.D.			
Kevin Tabb, M.D.			

Ex-Officio Directors

Peter Holden	President and CEO, BID-Plymouth, Inc.
Joshua Stuhlfaut, M.D.	President of Medical-Dental Staff

Community Benefits Team Meetings

The Hospital’s Senior Leadership Team (SLT) meets weekly to address Hospital business with the agenda regularly including topics on community outreach and health issues directly related to the Hospital’s community benefits plan. Further, the Vice President for External Affairs and her Hospital colleagues work with a Patient Family Advisory Council, meeting monthly to discuss key initiatives.

The SLT is dedicated to prioritizing, planning and tracking the Hospital’s work to address the findings of its community health needs assessments. The Patient and Family Advisory Council also addresses community health issues during its monthly meetings and has worked on the End of Life Project, the uninsured, and the behavioral health population, just to name a few. This brings forward the voice of our community where they can advise and comment on the identified needs and initiatives.



Community Partners

BID-Plymouth partners with a wide range of community leaders and local groups to improve the health status of the people living in our communities and to provide care for them at the right place, at the right time. Hospital leaders, clinical and administrative staff, and volunteers meet regularly with leaders from our community including elected officials, business owners, community service providers, emergency personnel, school administrators, media representatives and others with insight into the community's health needs. Beyond its walls, BID-Plymouth plays an active role in coalition building, working to empower a range of community leaders to foster sustainable, healthy lifestyles that lead to better health for all members of the community.

BID-Plymouth seeks community involvement in the hospital's development and evaluation of its health and education programs. By soliciting feedback at community events and workshops, BID-Plymouth is able to focus its resources on clinical services and other initiatives that directly support our community's health needs. In addition, community members serve on committees throughout BID-Plymouth, providing feedback and working with staff to improve community health care initiatives.

BID-Plymouth collaborates with partners throughout the region by participating in programs, committees and other community-focused activities. This helps inform the hospital's community benefits planning and efforts to address health disparities.

In support of the identified health priorities and program initiatives within Greater Plymouth, BID-Plymouth collaborates with nearly 100 community organizations. BID-Plymouth's Partners are community organizations that actively engage in health initiatives throughout the year, working side-by-side with the hospital to build community health and wellness. Associates attended the Healthy Plymouth Summit (www.healthyplymouth.org) and work with the hospital on select community health initiatives. With our Education Affiliates we are able to enhance opportunities for learning and to broaden our preventive reach throughout the Plymouth community and beyond.



Partners

- AD Makepeace
- American Heart Association
- Anchor House, Inc.
- Bayside Runners
- 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 Education Network Area 23 (CHNA 23)
- Duxbury Council on Aging
- Greater Attleboro-Taunton Regional Transit Authority (GATRA)
- Greater Plymouth AIDS Consortium
- Greater Plymouth Food Warehouse
- Harbor Community Health Center
- Health Imperatives, Inc.
- Health Resource & Service Administration (HRSA)—Ryan White Part C
- Healthy Plymouth
- High Point Treatment Center
- Greater Plymouth Council of Human Services Agencies
- Massachusetts Department of Public Health
- Old Colony Planning Council
- Old Colony YMCA
- Pinehills LLC
- Plimoth Plantation Plymouth Area Chamber of Commerce
- Plymouth Area Community Access Television (PACTV)
- Plymouth Board of Selectmen
- Plymouth Conservation Commission
- Plymouth Council on Aging
- Plymouth County District Attorney's Office
- Plymouth Department of Public Works (DPW)
- Plymouth Family Network
- Plymouth Lions Club
- Plymouth Public Library
- Plymouth Public Schools
- Plymouth Rotary
- Plymouth Town Hall
- Plymouth Youth Development Collaborative (PYDC)
- Red Cross Blood Drive
- Region V Massachusetts DPH Bio-Terrorism Committee
- Schwartz Center Rounds
- Sodexo
- South Shore Community Action Council
- South Shore Women's Resource Center (SSWRC)
- The Herren Project
- The Parent Connection of Duxbury
- The Tinley Center
- Thorbahn
- Town of Plymouth



- Massachusetts Department of Public Health Pediatric Palliative Care Network
- McLean Hospital
- National Alliance on Mental Illness of Massachusetts (NAMI Mass)
- Old Colony Elder Services
- Town of Plymouth Open Space Comm.
- United Way of Greater Plymouth County
- Village at Duxbury
- Wildlands Trust

Associates

- Boys & Girls Club of Brockton
- Boys & Girls Club of Plymouth
- Colchester Neighborhood Farms
- Fitness Management Systems
- Kiwanis Club of Plymouth
- League of Women Voters
- The Magnificent Leaven
- Metropolitan Area Planning Council (MAPC)
- Office of Youth and Adolescent Development - Executive Office of Health and Human Services
- New England Villages
- North River Farmers
- Plymouth Garden Club
- Plymouth Housing Authority
- Signature Healthcare / Brockton Hospital
- Seven Hills Tobacco-free Community Partnership
- South Shore Chamber of Commerce
- Soule Homestead Education Center
- Southeastern Massachusetts Agricultural Partnership, Inc. (SEMAP)
- Southeastern Regional Office of the Massachusetts Department of Mental Retardation



Educational Affiliates

- Bethel University
- Boston College
- Boston University School of Medicine
- Bridgewater State University
- Bristol Community College
- Bunker Hill Community College
- Cape Cod Community College
- Coastal Carolina University
- Curry College
- Drexel University
- Edward Via College of Osteopathic Medicine
- EMS Academy
- First Response Emergency Medical Education Program
- Fisher College
- Framingham State University
- Frontier Nursing University
- George Washington University
- Healthcare Training Services
- Johnson and Wales University
- Laboure College
- Lesley University
- Massachusetts Bay Community College
- Massachusetts College of Pharmacy & Allied Health Sciences
- Massasoit Community College
- Medical Professional Institute
- Medical University of South Carolina
- MGH Institute of Health Professions, Inc.
- New England Institute of Technology
- Northeastern University
- Nova Southeastern University
- Oregon Health & Science University
- Philadelphia College of Osteopathic Medicine
- Philadelphia University
- Priority Nutrition Care, LLC
- Providence College
- Quincy College
- Regis College
- Salem State University
- Signature Healthcare
- Simmons College
- Springfield College
- Tufts University School of Medicine
- University of Buffalo
- University of Massachusetts
- University of New England
- University of New Hampshire
- University of North Alabama
- University of Rhode Island
- University of South Alabama
- University of St. Joseph
- Utah State University
- Wingate University
- Yale School of Nursing



Section III: Community Health Needs Assessment

Date of Last Assessment Completed and Current Status

In 2013, BID-Plymouth engaged The Institute for Community Health to conduct a community health needs assessment to understand the community's unmet health needs. The studies were conducted by professionals with advanced degrees (MD, PhD, MPH, MSW and ScD) in public health, epidemiology, and research and evaluation. In 2016, BID-Plymouth engaged John Snow, Inc. to conduct a similar assessment. Our most recent Community Health Needs Assessment has allowed us to continue to address emerging needs in the community.

These studies support BID-Plymouth's efforts to improve the health of the regional population we serve. All three assessments used archival and qualitative data gathered from BID-Plymouth's catchment areas, which include 12 local towns. The assessments evaluated health needs of disadvantaged populations, among other community health needs.

The 2016 CHNA was conducted in a three-phased process.

- Phase I involved a rigorous and comprehensive review of existing quantitative data along with qualitative data collection primarily through a survey of 190 partners to characterize community needs. Other data sources included:
 - Vital statistics, Cancer registry, Communicable disease registry, MA DPH/MassChip
 - Behavioral Risk Factor Surveillance Survey (MA DPH)
 - American Community Survey (US Census)
- Phase II involved a more targeted assessment of need and broader community engagement activities that included listening sessions with health, social service, and public health service providers as well as forums that included the community at-large. Other data sources included claims data for hospital inpatient and emergency department discharges (CHIA) and resource inventory. Analyses included comparative benchmarking and mapping of health indicator data.
- Phase III involved a series of strategic planning and reporting activities that involved a broad range of internal and external stakeholders. This phase also included a range of community forums, whereby BID-Plymouth communicated the results of the CHNA and outlined the core elements of its current and revised CHIP.



In collecting this data, BID-Plymouth sought to determine where community programs are already meeting health and wellness needs and determine which community health needs remain unmet.

Our 2016 analyses identified the following key health-related opportunities:

- Decreasing alcohol and substance use, including opioid use
- Increasing access to healthy food and physical activity
- Better managing mental illness
- Addressing the community's high prevalence of chronic disease and cancer
- Increasing support for older adults
- Addressing concerns around Lyme disease and pneumonia.

Our 2013 evaluation identified the following key community health indicators:

Top 5 Causes of Hospitalization:

1. COPD, All Related
2. Diabetes Mellitus Related
3. Circulatory System Diseases
4. Digestive System Diseases
5. Pneumonia and Influenza Related

Top 5 Causes of Death:

1. Circulatory System Diseases
2. Lung Cancer
3. Chronic Lower Respiratory Disease
4. Mental Disorders
5. Alzheimer's Disease

Other forms of assessment conducted by the Hospital include:

- **Data is collected through its ongoing speaker's bureau program, *HouseCalls*.** Since 2005, *HouseCalls* staff has gathered survey data by asking those who attend the health education programs to provide feedback on the program and identify health-related topics they would like to hear presented by BID-Plymouth clinicians. During 2016, more than 175 area residents participated in BID-Plymouth's *HouseCalls* educational programs. 2017 programs reached more than 180 area residents with programs including: orthopedic care for hands (Dupuytren's Disease), cosmetic and varicose vein treatments, Mako technology for partial knee replacement, and treatment options for pain management.



- **The Hospital works with a Patient Family Advisory Council (PFAC).** This Committee meets at least quarterly and provides us feedback to help make improvements throughout the Hospital. Examples of improvement initiatives include feedback to improve signage and parking for patients of visitors with varied needs, review and comment on our facility upgrade plans, and bringing forward the voice of the community on needs for patient advocacy.
- **Finally, the Hospital puts this community benefits report online** via its website where community members and others interested in our work and our progress are able to provide comments and feedback to help guide our efforts.



Section IV: Community Benefits Programs

Healthy Plymouth Initiative

Brief Description or Objective	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.
Program Type	Community Education, Community Health Needs Assessment, Community Participation/Capacity Building Initiative, Healthy Communities Partnership, Outreach to Underserved, Prevention, School/Health Center Partnership
Statewide Priority	Chronic Disease Management in Disadvantaged Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
Target Population	Regions Served: County-Plymouth Health Indicator: Obesity, Heart Disease, Lung Disease, Cancer, Diabetes, Nutrition Sex: All Age Group: All Ethnic Group: All Language: English
Partners	Town of Plymouth, Plymouth Public Schools, Massachusetts Department of Public Health
Contact Information	Andrea Holleran, VP of Strategic Planning & External Affairs BID-Plymouth, 275 Sandwich St, Plymouth, MA 02360 (508) 830-2029 aholleran@bidplymouth.org



Detailed Description

As a result of the collaborative work initiated by BID-Plymouth, the Town of Plymouth, Plymouth Public Schools and other community partners are now finding new ways to work together with BID-Plymouth 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 our efforts are focused on this key issue.

Goal Description	Goal Status
Opioid and Substance Abuse Initiatives: Reducing the number of opioid drugs in circulation in the Plymouth Community.	The MHA’s 9 best practices for managing opioid prescriptions were implemented. Opioid prescriptions continue to drop in the ED. A hospital drop box collected 456 gal. of unused medications in FY2017.
Opioid and Substance Abuse Initiatives: Providing increased community support and education.	The hospital held substance abuse support groups and collaborated with Plymouth Youth Development Collaborative to help addicts and families cope. We funded the PreVenture program to screen youth for addiction risk and provided targeted attention.
School nutrition: Improving nutritional quality of foods and beverages in local schools.	Provided nutrition education to 1367 children in grades 1- 12; 700 parents and preschoolers in underserved areas. After school programs: 70 children in Grades 1-6 received nutrition education through after school programs. (Garden Clubs, Algonquin, April Vacation Program).



Healthy Eating: Supporting the accessibility of healthy food choices in the community
Objective: Increasing nutrition awareness and making healthy food choices easily accessible

To support healthy eating on a budget, we supplied 1300 recipe cards and several food demonstrations throughout the Plymouth community. Programs were provided to educators, seniors, homeless, impoverished, and to agencies serving these populations. Many interventions were collaborative efforts between community agencies.

Internal Wellness: Supporting the health and wellbeing of the hospital community
Objective: Support staff wellness and model healthy living as an organization and as individuals for the community

Programs include meditation, recipe distribution, healthy vending, healthy cafeteria options, Biggest Loser, Holiday One Pound Challenge, Walking and Running Challenge, and Couch to 5K. Livewell committee coordinated food demonstrations for hospital employees as well as a food drive for local food pantries that provided healthy options to the underserved. During the holidays, employees created a Bird of Paradise table decoration through the “Food Art” program.

Healthy Market Initiative: Improve nutrient consumption by increasing access to healthy, affordable foods by all residents, especially those with low socioeconomic status.

Four Plymouth area markets participate in the healthy market program, actively promoting healthy choices to their shoppers. This includes one healthy market in an underserved area, the Plymouth Area Food Coalition’s food pantry.

Providing youth with opportunities to stay busy and avoid risky behaviors

Healthy Plymouth recognizes that youth are at an increased risk of engaging in risky behaviors when they do not have sufficient opportunities to fill out-of-school hours. We offer a variety of programs designed to keep youth busy and healthy. These include:

- The “Healthy Plymouth Opportunities Program” (HPOP) Fair, a job fair for middle and high-school aged students and local employers.
- Free, engaging April Vacation Programs
- Permaculture Garden Clubs, which have been installed at 11 area schools.



Access Program	
Brief Description or Objective	ACCESS (AIDS Comprehensive Care, Education & Support Services Program) provides medical care, education, support, and Medical Case Management to people with HIV/AIDS and their families. In addition to patient care, the program offers HIV education to the community. Free and anonymous HIV testing is also available.
Statewide Priority	Chronic Disease Management in Disadvantaged Populations, Promoting Wellness of Vulnerable Populations
Program Type	Direct Service
Target Population	Regions Served: County-Plymouth Health Indicator: Other: HIV/AIDS Sex: All Age Group: Adult Ethnic Group: All Language: English
Partners	AIDS Bureau of the U.S. Health Resources and Services Administration (http://hab.hrsa.gov/)
Contact Information	Ruth Cooper, RN, Program Director, at (508) 732-8981 or email at rcooper@jordanhospital.org . For free anonymous counseling and testing information, please contact Ashley Frazier, (508) 732-8982 or email at afrazier@jordanhospital.org .
Detailed Description	BID-Plymouth provides primary medical care and medical case management services for persons living with HIV/AIDS in the Greater Plymouth area. Free and anonymous HIV counseling and testing is also provided. Parts A and C funding is received for these services through the Ryan White CARE Act. Part C funding is provided through the U.S. Health Resources and Services Administration (HRSA) for Early Intervention Services. Part A funding is provided through the Boston Public Health Commission (BHPC) for Medical Case Management. The AIDS Comprehensive Care Education and Support Services Program (ACCESS) provides primary medical care to HIV/AIDS clients.



Care includes physical examinations; treatment planning; laboratory testing; immunizations and screening; referrals to specialty care and clinical trials as well as medical case management.

For information about eligibility and services provided under the grant, please contact Ruth Cooper, RN, Program Director, at (508) 732-8981. For free anonymous counseling and testing, please contact Ashley Frazier at (508) 732-8982 or afrazier@jordanhospital.org

Goal Description	Goal Status
To enroll at least 5 clients into care during the grant year.	We enrolled 22 new clients.
To provide comprehensive medical care to our clients.	We met or exceeded clinical indicators established during the year through our Continuous Quality Management Program.



BID-Plymouth Physician Speaking Program

Brief Description or Objective	Beth Israel Deaconess Hospital-Plymouth professionals, from physicians to dietitians, offer a range of programs to community residents. The Hospital’s recent community needs assessment instructs program educational content. During 2017, BID-Plymouth offered seminars focused on orthopedic care for hands (Dupuytren’s Disease), cosmetic and varicose vein treatments, Mako technology for partial knee replacement, and treatment options for pain management.
Statewide Priority	Address Unmet Needs of the Underserved, Promoting Wellness of Vulnerable Populations
Program Type	Community Education
Target Population	<p>Regions Served: County-Plymouth</p> <p>Health Indicator: Other: Arthritis, Other: Cancer, Other: Cardiac Disease, Other: Diabetes, Other: Nutrition, Other: Prostate disease, Other: Osteoporosis/Menopause, Physical Activity, Dementia, Exercise and Sports Injury Prevention</p> <p>Sex: All</p> <p>Age Group: Adult</p> <p>Ethnic Group: All</p> <p>Language: English</p>
Partners	Not Specified
Contact Information	All <i>HouseCalls</i> events are FREE and open to the public. Pre-registration is required. Register at 508-210-5911.
Detailed Description	<p>BID-Plymouth launched <i>HouseCalls</i> in 2005 as an educational speaker series that brings important health and prevention information to the community. BID-Plymouth physicians and other health care providers will provide regular health information seminars at various locations throughout the 12-town BID-Plymouth service area.</p> <p>In 2016 <i>HouseCalls</i> reached more than 175 area residents with programs including: treatment of thyroid disease, foot complications in diabetics, information on</p>



bariatric surgery, managing lower back pain, and treatment options for varicose veins.

2017 programs reached more than 180 area residents with programs including: orthopedic care for hands (Dupuytren’s Disease), cosmetic and varicose vein treatments, Mako technology for partial knee replacement, and treatment options for pain management.

2018 programs will focus on new technology for total knee replacement, pain management, causes and solutions for back pain, hernias and when to have surgery, migraine treatments and sleep apnea.

All *HouseCalls* events are FREE and open to the public. Pre-registration is required. Register at 508-210-5911.

Goal Description	Goal Status
To educate the communities we serve about relevant healthcare issues and topics to help them better make important healthcare decisions for themselves and their family.	The educational speaker series continues to meet its goals of educating the people in the communities we serve on a variety of relevant healthcare topics.



Cancer Patient Support Program

Brief Description or Objective	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.
Program Type	Direct Services
Statewide Priority	Chronic Disease Management in Disadvantaged Populations
Target Population	<p>Regions Served: County-Plymouth</p> <p>Health Indicator: Other: Cancer</p> <p>Sex: All</p> <p>Age Group: All</p> <p>Ethnic Group: All</p> <p>Language: English</p>
Partners	Foundations and individual donors as well as support groups.
Contact Information	Lesley Cunningham BSN, MHM, RN, OCN, Senior Director, Cancer Services, lcunningham@bidplymouth.org
Detailed Description	<p>A cancer diagnosis brings significant stress and a financial blow to patients and their families. Due to the hiatus from employment cancer patients endure, regular household expenses such as car payments, heating and electric bills, gasoline and groceries can also be a struggle. Small funding sources can offer food vouchers, gas cards and other financial support to alleviate the strain at a very difficult time.</p> <p>The Hospital provides cancer patients and their families with support from a social worker, a resource nurse and a nurse navigator. This team attempts to identify patients who are struggling, or those we anticipate will run into trouble, and seeks to provide counseling and financial relief. The Hospital has identified individual donors who often are able to help these patients and their families with some of the financial strains. The team seeks any support that will</p>



cover the high out of pocket expenses of oral medications typically not covered by insurance.

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.

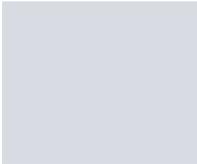
For information about eligibility and services provided by this program, please contact Lesley Cunningham BSN, MHM, RN, OCN, Senior Director, Cancer Services: (508) 830-2393 or lcunningham@bidplymouth.org.

Goal Description	Goal Status
Continue to reach out and evaluate patients and families in need	<p>The center continues to work with Philanthropy to distribute donated funds. We also access other groups for financial support, i.e. The Ellie fund, Joe Andruzzi Foundation, The CABBIES Foundation, and Cancer Care.org</p> <p>We offer free women’s health screenings every other month that include pap smear and mammogram.</p>
To conduct screenings and community education.	Our night of free skin cancer screening and sun exposure awareness saw 100 patients in one evening. Our annual Cancer Survivors Day celebration had 400+ attendees. We also offer weekly survivor support groups and mentor programs.
To evaluate the factors of distress in our patient population and review services available to meet the needs of this group.	Partnering with ACS, we hold monthly Look Good, Feel Better, as well as mentoring, educational tools, Road to Recovery and participation in Relay for Life. The Cancer Center sponsors Beat Cancer Boot Camp, a weekly yoga class, and writing groups.



Pediatric Palliative Care

Brief Description or Objective	The Fragile Footprints Pediatric Palliative Care Program is part of the Massachusetts Pediatric Care Network administered by the Massachusetts Dept. of Public Health, Division for Perinatal, Early Childhood and Special Health Needs. The program provides medical case management and support to medically fragile children and their families.
Statewide Priority	Chronic Disease Management in Disadvantaged Populations
Program Type	Direct Service
Target Population	<p>Regions Served: 48 towns in Plymouth, Bristol, Barnstable and Dukes Counties</p> <p>Health Indicator: Child care, Bereavement, Hospice</p> <p>Sex: All</p> <p>Age Group: Prenatal to 19 years</p> <p>Ethnic Group: All</p> <p>Language: English</p>
Partners	Massachusetts Department of Public Health, Pediatric Palliative Care Network
Contact Information	Deborah Dolaway, LICSW. Administrator, Cranberry Hospice & Palliative Care, 36 Cordage Park Circle, Plymouth. 508-746-0215 ddolaway@bidplymouth.org
Detailed Description	<p>Fragile Footprints Pediatric Palliative Care Program is designed to improve the quality of life for children with potentially life-limiting illness and their families. An interdisciplinary team of nurses, social workers, child life specialists, spiritual care, complementary therapy and expressive arts practitioners and trained volunteers help to design a plan of care that will coordinate and augment existing services.</p> <p>By providing a collaborative approach, Fragile Footprints works to address problems commonly experienced by families of medically fragile children including emotional stress and anxiety, school and activity interruptions of siblings, isolation, financial and relationship issues created by complex medical demands and disruption of “normal” routines.</p>



The Fragile Footprints staff works closely with area health providers, tertiary hospitals, and community support programs to simplify and create a comprehensive plan to support children, parents and siblings.

Goal Description	Goal Status
Increase outreach to eligible families.	The number of families served by the program remained capped in 2017 and the program maintained a waiting list of 44 families due to financial limitations. Additional funding was approved by the legislature and funds were released by the Governor. The additional funding has reduced our current waiting list to 17 families.
Expand scope of services to increase music therapy and aroma touch for very young and significantly impaired population and their caregivers.	In addition to our contracts with South Shore Conservatory, and Sound Journey, an expressive therapist provides music and art therapy to children. A certified aroma therapist RN provides comfort and relaxation to adults and children.
Expand community collaborations to make family and group programs more accessible throughout our service area.	Exploration is ongoing to partner with a local non-profit to create a handicapped accessible “respite” home for use by our families who are unable to take family vacations due to the needs of their seriously ill child.



Section V. Expenditures

Community Benefits Programs

Expenditures	Amount
Direct Expenses	\$849,674
Associated Expenses	\$101,961
Determination of Need Expenditures	-
Employee Volunteerism	\$11,507
Other Leveraged Resources	\$3,240,411

Net Charity Care

Expenditures	Amount
HSN Assessment	\$1,292,577
HSN Denied Claims	-
Free/Discount Care	\$416,390
Total Net Charity Care Expenditures	\$1,708,967

Corporate Sponsorships	\$19,736
Total Expenditures	\$5,932,256
Total Revenues for 2017	\$ 254,827,646
Total Patient Care-Related Expenses for 2017	\$ 228,244,456

Approved Program Budget for 2018	\$1,235,087
(*Excluding expenditures that cannot be projected at the time of the report.)	

Optional Financial Information

Bad Debt FY 2017	\$4,500,345
IRS 990 Sched H - FY 2016	\$15,522,934



Section VI: Summary Community Health Improvement Plan (CHIP)

The Community Health Improvement Plan (CHIP) outlines BID-Plymouth's goals for addressing the needs identified during the needs assessment process. The following is a summary of the goals for each of these priority areas.

Priority Area 1: Health Risk Factors

- Goal 1: Increase awareness and educate public on health risk factors
- Goal 2: Encourage physical activity
- Goal 3: Promote healthy food choices
- Goal 4: Support reduced tobacco use among adults
- Goal 5: Assist in reducing number of individuals who are uninsured
- Goal 6: Reduce barriers to accessing primary care

Priority Area 2: Physical Health and Chronic Disease Management and Prevention

- Goal 1: Improve chronic disease management
- Goal 2: Improve care transitions for those with chronic health conditions
- Goal 3: Provide education to community on cancer prevention
- Goal 4: Increase incidence of cancer detection
- Goal 5: Support cancer patients and caregivers
- Goal 6: Support older adults and caregivers
- Goal 7: Increase access to palliative care

Priority Area 3: Behavioral Health

- Goal 1: Promote reduction of youth substance use and support improvements in mental and emotional well-being
- Goal 2: Promote behavioral health/primary care integration
- Goal 3: Provide access to appropriate treatment for patients with substance use disorders.
- Goal 4: Identify those with or at risk of behavioral health condition(s) and provide enhanced care management
- Goal 5: Increase community awareness of community health needs
- Goal 6: Strengthen community partnerships

Section VII: Contact Information

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