

# FY23-FY25 Implementation Strategy



# Implementation Strategy

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

Beth Israel Deaconess Hospital-Needham (BID Needham) is a 58-bed acute care community hospital in Needham, Massachusetts that has been nationally recognized for quality and safety. BID Needham's mission is to provide safe, high-quality, community-based health care and access to tertiary care in close collaboration with Beth Israel Deaconess Medical Center. BID Needham commits to its mission by providing the highest quality care focused on patient safety and has been fulfilling this vision for more than 100 years. The entire BID Needham team, including employees, physicians, volunteers, and students are dedicated to exceeding the expectations of patients, families, the community, and each other. BID Needham has been recognized by several organizations for quality and safety, including the Gold Seal of Approval® from The Joint Commission and a first-place Accountable Care Compass Award from the Massachusetts Health & Hospital Association.

The Community Health Needs Assessment (CHNA) and planning work for this 2022 report was conducted between September 2021 and September 2022. It would be difficult to overstate BID Needham's commitment to community engagement and a comprehensive, data-driven, collaborative, and transparent assessment and planning process. BID Needham'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 Needham's partners and community residents, and thoughtful prioritization, planning, and reporting processes. 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 to care or disparities due to their race, ethnicity, gender identity, age, disability status, or other personal characteristics.

BID Needham collected a wide range of quantitative data to characterize the communities served across its Community Benefits Service Area (CBSA). BID Needham also gathered data to help identify leading health-related issues, barriers to accessing care, and service gaps. Whenever possible, data was collected for specific geographic, demographic, or socioeconomic segments of the population to identify

disparities and clarify the needs for specific communities. The data was tested for statistical significance whenever possible and compared against data at the regional, Commonwealth, and national levels to support analysis and the prioritization process. The assessment also included data compiled at the local level from school districts, police/fire departments, and other sources. Authentic community engagement is critical to assessing community needs, identifying the leading community health priorities, prioritizing cohorts most at-risk, and crafting a collaborative and evidence-informed Implementation Strategy (IS). Between October 2021 and February 2022, BID Needham conducted 18 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 480 residents, and organized two community listening sessions. In total, the assessment process collected information from more than 600 community residents, clinical and social service providers, and other key community partners.

## Prioritization and Implementation Strategy Process

Federal and Commonwealth community benefits guidelines require a nonprofit hospital to rely on their analysis of their CHNA data to determine the community health issues and priority cohorts on which it chooses to focus its IS. By analyzing assessment data, hospitals can identify the health issues that are particularly problematic and rank these issues in order of priority. This data can also be used to identify the segments of the community that face health-related disparities or are disproportionately impacted by systemic racism or other forms of discrimination. Accordingly, using an interactive, anonymous polling software, BID Needham'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 BID Needham's IS. This prioritization process helps to ensure that BID Needham 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 Needham's IS was 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 were developed so that they:

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

Recognizing that community benefits planning is ongoing and will change with continued community input, BID Needham'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 Needham is committed to assessing information and updating the plan as needed.

## Community Benefits Service Area

BID Needham's CBSA includes the four municipalities of Dedham, Needham, Norwood, and Westwood, located in the Metrowest area to the south and west of Boston, Massachusetts. These cities and towns are diverse with respect to demographics (e.g., age, race, and ethnicity), socioeconomics (e.g., income, education, and employment), and geography (e.g., urban, suburban). There is also diversity with respect to community needs. There are segments of the BID Needham's CBSA population that are healthy and have limited unmet health needs, and other segments that face significant disparities in access, underlying social determinants, and health outcomes. BID Needham is committed to promoting health, enhancing access, and delivering the best care to all who live and/or work in its CBSA, regardless of race, ethnicity, language spoken, national origin, religion, gender identity, sexual orientation, disability status, immigration status, or age. The hospital is equally committed to serving all patients, regardless of their health, socioeconomic status, insurance status, and/or their ability to pay for services.

BID Needham'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 Needham focuses the bulk of its community benefits resources to improve the health status of those who face health disparities, experience poverty, or have been historically underserved. By prioritizing these cohorts, BID Needham is able to promote health and well-being, address health disparities, and maximize the impact of its community benefits resources.



Beth Israel Lahey Health   
Beth Israel Deaconess Needham

## Community Benefits Service Area

 Beth Israel Deaconess Hospital-Needham

## Prioritized Community Health Needs and Cohorts

BID Needham 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 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 Needham Priority Cohorts



Youth



Low-Resourced Populations



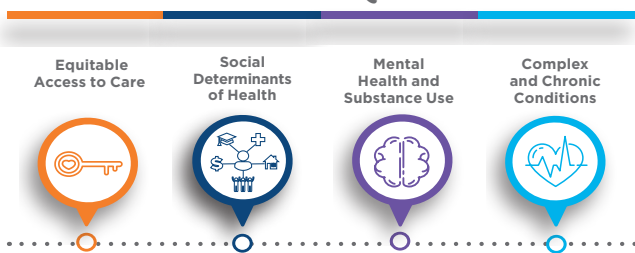
Older Adults



Racially, Ethnically and Linguistically Diverse Populations

### BID Needham Community Health Priority Areas

#### HEALTH EQUITY



## Community Health Needs Not Prioritized by BID Needham

It is important to note that there are community health needs that were identified by BID Needham's assessment that were not prioritized for investment or included in BID Needham's IS. Specifically, supporting education across the lifespan, affordability of childcare, digital divide, tackling misinformation, connections between police and community, 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 BID Needham's IS. While these issues are important, BID Needham's CBAC and senior leadership team decided that these issues were outside of the organization's sphere of influence and investments in others areas were both more feasible and likely to have greater impact. As a result, BID Needham recognized that other public and private organizations in its CBSA and the Commonwealth were better positioned to focus on these issues. BID Needham 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 Needham's IS

The issues that were identified in the BID Needham CHNA and are addressed in some way in its IS are housing issues, food insecurity, transportation, economic insecurity, build capacity of workforce, navigation of healthcare system, linguistic access barriers, diversify provider workforce, affirming care for LGBTQIA+, cost and insurance barriers, youth mental health, stress, anxiety, depression, isolation, mental health stigma, racism/discrimination, culturally appropriate/competent health and community services, cross sector partnerships/collaboration/responses, linguistic access/barriers to community resources/services, alcohol use prevention/treatment, vaping, marijuana use, opioid use, health education and awareness on risk factors and resources, resource inventory, fostering sense of community and belonging, and cross sector collaboration/partnerships/information sharing/referrals.

# Implementation Strategy Details

## Priority: Equitable Access to Care

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

**Resources/Financial Investment:** BID Needham 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 Needham and/or its partners to improve the health of those living in its CBSA. Finally, BID Needham supports residents in its CBSA by providing “charity” care to individuals who are low-resourced who are unable to pay for care and services. Moving forward, BID Needham 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
Provide and promote career support services and career mobility programs to hospital employees and support job-training programs that strengthen the local workforce and address underemployment.	<ul style="list-style-type: none"> <li>• BID Needham employees</li> <li>• Youth</li> <li>• Older adults</li> <li>• Racially, ethnically, linguistically diverse populations</li> <li>• Low-resourced populations</li> </ul>	<ul style="list-style-type: none"> <li>• Career and academic advising</li> <li>• Hospital-sponsored community college courses</li> <li>• Hospital-sponsored English as a second language (ESOL) classes/other trainings</li> <li>• Clinical training site for community colleges</li> <li>• Diverse talent promotion/acquisition</li> </ul>	<ul style="list-style-type: none"> <li>• # of employees who participated</li> <li>• # of employees who were promoted</li> <li>• # of community members trained</li> <li>• # of community members hired</li> </ul>	<ul style="list-style-type: none"> <li>• BILH Workforce Development</li> <li>• Merrimack College</li> <li>• Mass Bay Community College</li> </ul>	Social Determinants of Health
Promote equitable care, health equity, health literacy, and cultural humility for patients, especially those who face cultural and linguistic barriers.	Racially, ethnically, linguistically diverse populations	<ul style="list-style-type: none"> <li>• Interpreter Services</li> <li>• BID Needham Diversity, Equity, and Inclusion (DEI) Committee</li> </ul>	<ul style="list-style-type: none"> <li>• # of patients assisted</li> <li>• # of languages provided</li> <li>• # of DEI trainings</li> </ul>	<ul style="list-style-type: none"> <li>• BID Needham Interpreter Services Dept.</li> <li>• BID Needham DEI Committee</li> </ul>	Not Applicable

**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
<p>Promote access to health care, health insurance, patient financial counselors, needed medications and other essentials for patients who are uninsured or underinsured.</p>	<p>Low-resourced populations</p>	<ul style="list-style-type: none"> <li>• Financial counselors</li> <li>• Circle of Hope Emergency Department Essentials Closet</li> <li>• Community Council Medical/Emergency transportation program</li> <li>• Hospital Transportation Assistance</li> <li>• Senior Volunteer Program</li> <li>• Primary care support</li> </ul>	<ul style="list-style-type: none"> <li>• # of patients assisted</li> <li>• Clothing/shoes/hygiene products distributed</li> <li>• # of rides provided</li> <li>• # of senior volunteers</li> <li>• # of patients</li> </ul>	<ul style="list-style-type: none"> <li>• Circle of Hope</li> <li>• Needham Community Council</li> <li>• BILH Primary Care</li> </ul>	<ul style="list-style-type: none"> <li>• Social Determinants of Health</li> <li>• Mental Health</li> </ul>

## Priority: Social Determinants of Health

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

There is limited quantitative data in the area of social determinants of health. Despite this, information gathered through interviews, focus groups, listening sessions, and the BID Needham Community Health Survey reinforced

that these issues have the greatest impact on health status and access to care in the region - especially issues related to housing, food insecurity/nutrition, transportation, and economic instability.

**Resources/Financial Investment:** BID Needham 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 Needham and/or its partners to improve the health of those living in its CBSA. Finally, BID Needham supports residents in its CBSA by providing “charity” care to individuals who are low-resourced who are unable to pay for care and services. Moving forward, BID Needham 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.

<b>Goal:</b> 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 address issues associated with the social determinants of health.	<ul style="list-style-type: none"> <li>Youth</li> <li>Older adults</li> <li>Racially, ethnically, linguistically diverse populations</li> <li>Low-resourced populations</li> </ul>	<ul style="list-style-type: none"> <li>Neighbor Brigade food and transportation assistance</li> <li>Provide an opportunity for grant funding to community</li> </ul>	<ul style="list-style-type: none"> <li>Amount of funding distributed</li> <li># of participants and their demographics</li> <li>#/units of food provided</li> <li># of rides provided</li> <li>Supplier diversity spending</li> </ul>	Neighbor Brigade	Mental Health
Participate in multi-sector community coalitions to convene stakeholders to identify and advocate for policy, systems, and environmental changes to address the social determinants of health.	<ul style="list-style-type: none"> <li>Youth</li> <li>Older adults</li> <li>Racially, ethnically, linguistically diverse populations</li> <li>Low-resourced populations</li> </ul>	<ul style="list-style-type: none"> <li>Needham Resilience Network</li> <li>Needham Youth Resource Network</li> <li>Needham &amp; Norwood Community Crisis Intervention Team (CCIT)</li> </ul>	<ul style="list-style-type: none"> <li>Sectors represented</li> <li>Amount of resources obtained</li> <li># of new partnerships developed</li> <li>Skill building/ education shared</li> <li># new policies/protocols implemented</li> <li># residents assisted by CCIT</li> </ul>	<ul style="list-style-type: none"> <li>Needham Resilience Network</li> <li>Needham Youth Resource Network</li> <li>Needham &amp; Norwood CCIT</li> </ul>	Mental Health

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Promote collaboration, share knowledge and coordinate activities with internal colleagues & external partners.	Community-based organizations serving priority cohorts	Community Resource Group	<ul style="list-style-type: none"> <li>• # of resources shared</li> <li>• # of sectors represented</li> <li>• # of new partnerships developed</li> <li>• Increased communication among partners</li> </ul>	Partner representatives in community resource groups	Equitable Access to Care
Support impactful programs that stabilize or create access to affordable housing.	Low-resourced populations	Family Promise Metrowest Homeless Prevention Program	<ul style="list-style-type: none"> <li>• # of participants and their demographics</li> <li>• # of families prevented from homelessness</li> </ul>	Family Promise	Mental Health
Support education, systems, programs, and environmental changes to increase healthy eating and access to affordable, healthy foods.	<ul style="list-style-type: none"> <li>• Low-resourced populations</li> <li>• Older adults</li> </ul>	<ul style="list-style-type: none"> <li>• Dedham Food pantry</li> <li>• Produce distribution (Westwood, Needham)</li> <li>• Needham Traveling Meals Program</li> </ul>	<ul style="list-style-type: none"> <li>• Pounds of food distributed</li> <li>• # of individuals provided food and their demographics</li> </ul>	<ul style="list-style-type: none"> <li>• Dedham Food Pantry</li> <li>• Westwood Council on Aging</li> <li>• Needham Community Farm</li> <li>• Town of Needham</li> </ul>	Mental Health



## Priority: Mental Health and Substance Use

Anxiety, chronic stress, depression, and social isolation were leading community health concerns. There were specific concerns about the impact of mental health issues for youth and young adults, and social isolation among older adults. 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. Those who participated in the assessment also reflected on stigma, shame, and isolation that those with mental health challenges face that limit their ability to access care and cope with their illness.

Substance use continued to have a major impact on the CBSA; the opioid epidemic continued to be an area of focus and concern, and there was recognition of the links and

impacts on other community health priorities, including mental health and economic insecurity. Interviewees, focus group and listening session participants also reported that alcohol use is normalized, and use is prevalent among both adults and youth.

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**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 relationships and partnerships with mental health, youth-serving organizations, and other community partners to increase resiliency, coping, and prevention skills.	<ul style="list-style-type: none"> <li>Youth</li> <li>Older adults</li> <li>Racially, ethnically, linguistically diverse populations</li> <li>Low-resourced populations</li> </ul>	<ul style="list-style-type: none"> <li>Support Students Advocating for Life Without Substance Abuse (SALSA)</li> <li>Advanced training on emerging needs for mental health workers</li> </ul>	<ul style="list-style-type: none"> <li># of students engaged</li> <li># of volunteers and hours</li> <li>Increased skills</li> <li>Increased confidence in ability to use skills</li> </ul>	<ul style="list-style-type: none"> <li>SALSA (Needham)</li> <li>Walker</li> <li>Riverside Community Care</li> </ul>	Workforce Development
Build the capacity of community members 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>Racially, ethnically, linguistically diverse populations,</li> <li>Low-resourced populations</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing community education/talks</li> <li>Explore possibility of community training for suicide prevention or Mental Health First Aid</li> </ul>	<ul style="list-style-type: none"> <li># of community members trained/educated</li> <li>Increased skills</li> <li>Increased confidence in ability to use skills</li> </ul>	<ul style="list-style-type: none"> <li>Substance Prevention Alliance of Needham (SPAN)</li> <li>Becca Schmill Foundation</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
<p>Provide access to high-quality and culturally and linguistically appropriate mental health and substance use services through screening, monitoring, counseling, navigation, and treatment.</p>	<ul style="list-style-type: none"> <li>• Youth</li> <li>• Older adults</li> <li>• Racially, ethnically, linguistically diverse populations</li> <li>• Low-resourced populations</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated Behavioral Health</li> <li>• BILH Collaborative Care</li> <li>• Interface (Westwood and Needham)</li> <li>• Pilot Behavioral Health programming that will improve care</li> <li>• Prescription medication &amp; sharps disposal</li> <li>• Opioid Taskforce</li> <li>• Medication Assisted Treatment in the Emergency Department</li> </ul>	<ul style="list-style-type: none"> <li>• # of patients assisted</li> <li>• # of integrated BH consultations</li> <li>• # of practices</li> <li>• Pounds of medications and sharps collected</li> <li>• Policies implemented/trainings for staff</li> <li>• # of patients</li> </ul>	<ul style="list-style-type: none"> <li>• BILH Behavioral Services</li> <li>• Towns of Needham and Westwood</li> <li>• Riverside Community Care</li> </ul>	<p>Equitable Access to Care</p>
<p>Support impactful programs that address issues associated with mental health and substance use.</p>	<ul style="list-style-type: none"> <li>• Youth</li> <li>• Older adults</li> <li>• Racially, ethnically, linguistically diverse populations</li> <li>• Low-resourced populations</li> </ul>	<ul style="list-style-type: none"> <li>• Dedham Council on Aging Social Worker/Support Groups</li> <li>• Substance Prevention Alliance of Needham (SPAN)</li> </ul>	<ul style="list-style-type: none"> <li>• # of support groups held/# attended</li> <li>• # of seniors participating</li> <li>• Sectors represented</li> <li>• Amount of resources obtained</li> <li>• # of new partnerships developed</li> <li>• Skill building/education shared</li> </ul>	<ul style="list-style-type: none"> <li>• Dedham Council on Aging</li> <li>• SPAN</li> </ul>	<p>Not Applicable</p>

## 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.

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

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

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Provide preventative health information, services, and support for those at risk for complex and/or chronic conditions and support evidence-based chronic disease treatment and self-management programs.	<ul style="list-style-type: none"> <li>• Older adults</li> <li>• Racially, ethnically, linguistically diverse populations</li> <li>• Low-resourced populations</li> <li>• Youth</li> </ul>	<ul style="list-style-type: none"> <li>• Primary care support</li> <li>• Partnerships with Emergency Medical Technicians (EMTs)</li> <li>• School medication partnerships</li> </ul>	<ul style="list-style-type: none"> <li>• Amount of funds spent on medication restocks</li> <li>• # of medications provided to schools</li> <li>• # of students benefiting from medications</li> </ul>	<ul style="list-style-type: none"> <li>• BILH Primary Care</li> <li>• Local EMTs</li> <li>• Needham Public Schools</li> </ul>	Not Applicable
Ensure older adults and those with complex/ chronic conditions have access to coordinated healthcare, supportive services and resources that support overall health and the ability to age in place.	<ul style="list-style-type: none"> <li>• Older adults</li> </ul>	<ul style="list-style-type: none"> <li>• Needham Healthy Aging Initiative</li> <li>• Greater Boston JCC education talks</li> <li>• Livestrong</li> </ul>	<ul style="list-style-type: none"> <li>• # of participants and their demographics</li> <li>• # of attendees</li> <li>• # of Livestrong graduates</li> </ul>	<ul style="list-style-type: none"> <li>• Town of Needham</li> <li>• Greater Boston JCC</li> <li>• Charles River YMCA</li> </ul>	Social Determinants of Health

## General Regulatory Information

<b>Contact Person:</b>	Alyssa Kence, Director of Community Benefits
<b>Date of written plan:</b>	June 30, 2022
<b>Date written plan was adopted by authorized governing body:</b>	September 8, 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-Needham 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 5, 2019
<b>Name and EIN of hospital organization operating hospital facility:</b>	Beth Israel Deaconess Hospital-Needham 04-3229679
<b>Address of hospital organization:</b>	148 Chestnut Street Needham, MA 02492