



Beth Israel Deaconess Hospital
Needham

Community Health Implementation Plan
2013 – 2015
for
BID - Needham

This report was prepared by:



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BID-Needham Community Benefits Plan 2013-2015

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I. Executive Summary

Beth Israel Deaconess Hospital-Needham (BID-Needham) provides safe, high-quality, community-based health care and access to tertiary care in close collaboration with Beth Israel Deaconess Medical Center, regardless of the patient's ability to pay, *race, color, religion, sex, sexual orientation, national origin, ancestry, age, or disability*.

BID-Needham is a licensed 58-bed acute care community hospital affiliated with Beth Israel Deaconess Medical Center (BIDMC) in Boston. In 2013, BID-Needham sought to undertake a Community Health Needs Assessment (CHNA) of its primary service area: Dedham, Dover, Needham, and Westwood. The purpose of the CHNA was to provide an empirical foundation for future health planning as well as fulfill the community health assessment mandate for non-profit institutions put forth by the Massachusetts Attorney General and the IRS. The overarching goals of the 2013 BID-Needham CHNA were to:

- Identify the health needs and assets of the Needham region
- Understand how outreach activities can be more effectively coordinated and delivered across the institution and in collaboration with community partners

To this end, the CHNA report provided an overview of the key findings of the community health assessment, which explored a range of health behaviors and outcomes, social and economic issues, health care access, and gaps and strengths of existing resources and services.

Community Benefits Program

Target populations for BID-Needham's Community Benefits initiatives are identified through a community input and planning process, collaborative efforts, and a CHNA which is conducted every three years. The 2013 CHNA focused on the primary service area of Dedham, Dover, Needham, and Westwood. The town of Needham and communities of Greater Boston, including Boston, Roslindale, West Roxbury, Norfolk, Dedham, Dover, Framingham, Medfield, Natick, Newton, and Wellesley, all benefit from our community benefits programs.

The BID-Needham has the following target populations (followed by basis for selection):

- Families with children: area demographics
- First Responders: to provide training and education to emergency response personnel
- Financially disadvantaged: to provide, education counseling and enrollment for uninsured and underinsured
- Seniors: highest elder population in the CHNA 18 region

BID-Needham's Community Benefits Program strives to meet and exceed the Schedule H/Form 990 IRS mandate to "promote health for a class of persons sufficiently large so the community as a whole benefits."

The Community Benefit Strategic Implementation Plan

The focus areas of this Community Benefits Strategic Implementation Plan align well with the priorities identified by the 2013 CHNA, as noted below:

Priority Area 1: Access to Care (Insurance, cost including insurance and prescriptions, navigating the health care system, knowledge of services)

Priority Area 2: Mental Health (Stress, depression, anxiety and knowledge of services)

Priority Area 3: Substance Abuse (Drug and alcohol use, particularly among youth)

Priority Area 4: Transportation (Limited public transportation and knowledge of available options)

Priority Area 5: Injury – (Falls among the senior population)

All areas highlighted by the CHNA are being addressed by this 2013-2015 Community Benefit Plan. The issues addressed may be framed from a different perspective or may appear at a different hierarchical level of the plan, but the two plans are thematically consistent and intended to be collaborative and synergistic.

Community Benefit Priority Areas	Goal
Priority Area 1: Access to Care	Goal 1: Improve access to care that address needs identified in our service population.
Priority Area 2: Mental Health	Goal 2: With our community partners, enhance community knowledge of mental health as a primary health issue and available mental health resources and supports.
Priority Area 3: Substance Abuse	Goal 3: Help our community partners focus their drug and alcohol prevention and education efforts on youth and the general population.
Priority Area 4: Transportation	Goal 4: Support optimal use of transportation services available within our service area.
Priority Area 5: Injury – Senior Population	Goal 5: Promote injury prevention and education among seniors.

Detailed action plans will be developed annually and tracked throughout the course of the year to monitor and evaluate progress and determine priorities for the next year. This plan is meant to be reviewed annually and adjusted to accommodate revisions that merit attention.

II. Community Benefits Mission

Community Benefits Mission Statement

The Board of Trustees, leadership and staff at Beth Israel Deaconess Hospital-Needham (BID-Needham) are dedicated to working in partnership with residents, community leaders, and civic, social, and medical organizations in the communities the hospital serves.

The hospital's commitment to the community benefit ideals also includes conducting periodic community health needs assessments, providing extensive opportunities for public input, assisting financially disadvantaged patients to obtain healthcare, and participating in all ongoing evaluation processes. We believe that the cooperative and collaborative partnerships we develop through our Community Benefits' programs will help us address the health and welfare needs of our community.

III. Targeted Geography and Populations

Beth Israel Deaconess Hospital-Needham aims to address both the letter and the spirit of the IRS CHNA regulation in that it will be addressing the health needs and concerns of the region's most underserved populations. The IRS mandate gives hospitals flexibility in how they define the community discussed in the CHNA. The community could be defined by a specific geographic area or target populations (e.g., children, elderly), as long as the definition still captures the interests of more vulnerable groups such as the underserved, low income, or minority populations.

Geography

The 2013 CHNA focuses on the towns of Dedham, Needham, Dover and Westwood. Focusing BID-Needham's CHNA on this geographic area facilitates the alignment of the hospital's efforts with community and governmental partners, specifically health departments, community health centers, and several community-based organizations.

Vulnerable Populations

Target populations for BID-Needham's Community Benefits' initiatives are identified through a community input and planning process, collaborative efforts, and a CHNA which is conducted every three years. Our target populations focus on medically-underserved and vulnerable groups of all ages. Our most vulnerable populations include youth, seniors, and immigrant populations.

Key Findings

The following provides a brief overview of key findings that emerged from the 2013 CHNA:

Demographics

- **Population:** According to the U.S. Census, the population size of the Needham region has been fairly stable over the past decade, similar to that of the state. The town of Dedham experienced the largest increase in its population size (4.3%), while the town of Needham had a small decrease in the size of its population (-0.4%).
- **Age Distribution:** From 2007-2011 in Dover, Needham, and Westwood the proportion of the population under 18 years old (nearly 30%), was greater than that of the state (21.8%). All towns had a larger proportion of seniors (65 years and over) compared to the state (13.7%), with Westwood and Dedham having the greatest percentage of seniors (18.8% and 18.3%, respectively).
- **Racial and Ethnic Diversity:** The Needham region is predominantly White, yet participants noted that there has been an influx of immigrants in their community, particularly in Dedham. Dedham has the largest Hispanic/Latino (5.5%) and Black (5.1%) populations as compared to the other towns in the region. While Spanish is the most common language spoken at home other than English in Dedham, Needham, and Westwood, in Dover it is Chinese.
- **Educational Attainment:** Dialogue and interview participants noted that the region has high quality public school systems, and perceived the population as highly educated. Quantitative data show that there is some variation in educational attainment across the region. Westwood, (27%), Dedham (19.9%), and Needham (17.5%) have a greater proportion of college educated adult residents compared to the state (15.3%); however, in Dover, less than 10% of its adult residents have a college degree or higher and nearly 20% have less than a high school degree.
- **Income, Poverty, and Employment:** Several community dialogue and interview participants commented that communities in the Needham region were middle to upper class with a wealthy segment; however, some participants also noted inequalities in the distribution of wealth. Quantitative data indicate that the median household income in each of the cities/towns in the Needham region was above that of the state (\$65,981).

Social and Physical Environment

- **Housing:** Several interview and community dialogue participants noted the high housing costs in the region. Quantitative data confirm the perceptions of high housing costs and limited affordable housing. Median monthly housing costs in the region are above that of the state (\$1,362) and county (\$1,660), ranging from \$1,705/per month in Dedham to \$3,249/month in Dover.
- **Transportation:** Community dialogue and interview participants explained that public transportation was limited in their community and specifically posed a barrier for seniors trying to access medical care. Quantitative data depict a largely car-dependent region, which participants attributed to an underdeveloped public transportation system.

- **Crime and Safety:** Overall, participants described the Needham region as a low crime area and reported that they felt safe. It was perceived by some that crime in the area was associated with substance abuse. Quantitative data show that violent and property crime rates differ across the Needham region; violent crime rates were lowest in Needham (13.8 per 100,000 population) and highest in Westwood (108.8 per 100,000 population), although these rates were all below the statewide rate (423.9 per 100,000 population).

Risk and Protective Lifestyle Behaviors

- **Healthy Eating, Physical Activity, and Overweight/Obesity:** Behaviors related to obesity – such as lack of healthy eating and physical activity– were not commonly cited as pressing health concerns by assessment participants. Quantitative data show that the greater Needham region (CHNA 18) has lower rates of overweight/obese (50.5%) adults than the state as a whole (58.2%).
- **Substance Use and Abuse:** Several interview participants expressed their concerns regarding drug and alcohol use in the community. Participants were particularly concerned with the youth population and discussed how drug use is directly connected to mental health issues and suicide among youth. According to the 2012 MetroWest Adolescent Health Survey, more than half of area high school students in the MetroWest region (58.0%) and the town of Needham (55.8%) reported using alcohol in their lifetime. Additionally, admission rates to DPH funded treatment programs in Dedham (1,684.9 admissions per 100,000 population), exceed that of the state (1,589.9 per 100,000 population).
- **Injury-Related Behaviors:** A few interview and community dialogue participants discussed the risk of injury among seniors, particularly from falls or burns, and emphasized the need for family support as prevention. Quantitative data support these observations. Dedham had the highest rate of deaths due to falls among the senior population (68.4 per 100,000 population), followed by Needham (52.3 per 100,000 population), which were above the statewide rate (42.8 per 100,000 population).

Health Outcomes

- **Mortality:** The age-adjusted mortality rates in the region vary by town. Dedham had the highest death rate with 711 deaths per 100,000 population, compared to 704 deaths per 100,000 population in Massachusetts overall. The leading causes of death in the Needham region are heart disease and cancer, consistent with the state.
- **Chronic Disease:** Chronic diseases were not heavily discussed as a pressing concern for the community and were largely perceived as issues already receiving attention in the community. Quantitative data demonstrate that residents in the region are less likely to have high blood pressure, heart disease, and diabetes, compared to residents statewide.
- **Mental Health:** Community dialogue and interview participants expressed that mental health was a major issue, describing stress, depression, and anxiety as being prevalent in the community. Interview participants identified several barriers to accessing mental health services, including denial of a problem, lack of knowledge of resources, and limited space for counseling

and hospital care. While youth and seniors were identified as particularly vulnerable populations, mental health was described as a community wide issue warranting attention.

- **Reproductive and Maternal Health:** Issues related to reproductive and maternal health were not discussed frequently in interview or community dialogue discussions, except occasionally related to youth. Data show that the percentage of teen pregnancies in the region ranged from 0.0% in Dover and Needham to 2.3% in Dedham, well below what is seen statewide (6.0%).
- **Communicable Disease:** Communicable diseases did not emerge as a pressing health concern in the community. However, a few interview participants indicated that Lyme disease was “rampant,” especially among children. In the area of communicable disease, the region has lower rates than the state across multiple conditions including HIV, TB, and Chlamydia.

Access to Care

Access to care repeatedly emerged as an issue of concern among interview and community dialogue participants, specifically regarding insurance and cost and navigating the health care system.

- **Insurance and Cost:** Interview participants reported that some residents in the community struggle with lack of insurance coverage and the expensive cost of health care, even with insurance (e.g., co-pays). Underinsurance was described as having implications for sustaining and completing treatment. The rising cost of prescription drugs and transportation were also identified as barriers.
- **Navigating the Health Care System:** Interview participants also discussed concerns around knowledge and availability of services. Uncoordinated care and lack of a patient-centered medical home were described as posing particular challenges for seniors affected by mental health issues.

Community Assets and Programs

Participants in community dialogues and interviews were asked to identify their communities’ strengths and assets. The following key themes emerged from that discussion.

- **Community Cohesion:** Among many participants, social cohesion emerged as a key strength of their community. Several participants described “a strong sense of community,” where neighbors know one another and support each other, as well as civic engagement, where neighbors know one another and support each other. Active volunteerism of town residents serves to bolster community pride and resources.
- **Community Based Programming and Resources:** Interview participants shared a bevy of resources, for seniors in particular. Resources included classes (e.g., knitting) and activity groups (e.g., gardening) offered by senior centers and Councils on Aging, as well as support for families with aging parents. Other community resources identified included the library and the Interfaith Clergy Association.
- **Gaps in Programs and Services:** Despite a wealth of community resources, community dialogue and interview participants elucidated the need for more mental health resources and staff. Further, interviewees identified a lack of

substance abuse services as another gap in community resources. Some interview participants also reported a gap in services for seniors, including Meals on Wheels, and hospital-based programming offered at area senior centers to ameliorate transportation issues.

Community Suggestions for Future Programs and Services

Community dialogue and interview participants shared their suggestions around future programming and services.

- Interview participants reported that they would like the hospital to serve as a convener to facilitate collaboration among organizations in the community.
- In addition, interview participants identified patient advocacy as an important issue, including proper communication (e.g., transparent explanations for medical procedures and costs).
- Several community dialogue and interview participants provided recommendations regarding the use of community spaces. For example, community dialogue participants discussed that the senior center should be used for all ages and provide intergenerational activities.

IV. Background

Beth Israel Deaconess Hospital-Needham's Community Benefits Program strives to meet and exceed the Schedule H/Form 990 IRS mandate to "promote health for a class of persons sufficiently large so the community as a whole benefits." Our programs mirror the five core principles outlined by the Public Health Institute in terms of the "emphasis on communities with disproportionate unmet health-related needs; emphasis on primary prevention; building a seamless continuum of care; building community capacity; and collaborative governance."

Beth Israel Deaconess Hospital-Needham embraced the new Affordable Care Act requirements to conduct community health needs assessments and create community health improvement plans, leading a collaborative, comprehensive community health planning effort to measurably improve the health of its service area: Dedham, Dover, Needham, and Westwood. Our planning process is data-led, evidence-based and demonstrates true community partnerships.

The BID-Needham's Community Benefits Program works closely with: medically underserved populations; neighborhood groups; local and state government officials; local and state Health Department staff and other city departments; faith-based organizations; advocacy groups; schools and other community-based organizations. In 2012, the Community Benefits Program supported initiatives in such areas as: lectures and events, Patient and Family Advisory Council, Needham Coalition for Suicide Prevention, traveling meals, health screenings, smoking cessation, and basic life and CPR training. The hospital has an established Falls Committee to address fall prevention and ongoing stroke education. These focus areas align well with the priorities identified by the CHNA processes. All areas highlighted by the CHNA are being addressed by this 2013-2015 Community Benefits Implementation Plan. The issues addressed may be framed from a different perspective or may appear at a

different hierarchical level of the plan, but the two plans are thematically consistent and intended to be implemented collaboratively and synergistically.

V. Methods

The 2013 CHNA utilized a participatory, collaborative approach to look at health in its broadest context. The assessment process included synthesizing existing data on social, economic, and health indicators in the region as well as information from two community dialogues conducted with community residents, and ten interviews with community stakeholders. Community dialogues and key informant interviews were conducted with individuals from across the four municipalities that comprise the Needham region, and with a range of people representing different audiences, including leaders in emergency response, education, health care, and social service organizations focusing on vulnerable populations (e.g., seniors). Ultimately, the qualitative research engaged approximately 30 people.

The BID-Needham Community Benefits Implementation Plan was developed by a team comprised of hospital employees, public health officials, community members and community partners. The group reviewed progress towards goals and objectives of the prior three year period, as well as the current data collected through the CHNA, to help envision and define priority areas for the future. Based on this foundation, priority areas were identified and goals were defined. Health Resources in Action, Inc. (HRiA) worked with the Community Benefits team to create objectives for each goal and drafted strategies to operationalize these objectives and ensure alignment with the CHNA. Outcome indicators and a timeline were established for each priority area.

Summary of Community Needs

The following issues were identified in the CHNA. These needs informed the priorities, goals, objectives, and strategies of the Community Benefit Plan.

Several overarching themes emerged from synthesizing the quantitative and qualitative data, including:

- **Limited public transportation in the region poses a barrier for seniors to access community and health resources.** Transportation emerged as an important factor affecting the health and wellbeing of the senior population in the Needham region. Furthermore, the social isolation often experienced by seniors was exacerbated by a lack of transportation. While residents did note that some transportation resources exist, such as van services offered by Councils on Aging, they indicated that these systems could be expanded to better serve seniors and other groups in need of transportation to access services.
- **Mental health and substance abuse emerged as the most pressing health concerns in the region, with insufficient services to meet the growing need.** While mental health and substance abuse were viewed as community wide issues affecting all age groups, **youth and seniors** were identified as high-risk populations. Participants acknowledged that efforts have been made to address these issues; however, they emphasized that existing mental health and substance abuse treatment and support services need to be expanded, especially those focused on prevention. Increased

communication and awareness were viewed as critical to address the stigma associated with these issues and improve access of services.

- **Residents face several challenges to accessing the health care resources and services available in the region.** In addition to limited transportation options, the high cost of health care (e.g., prescription medications), underinsurance, and navigating the complex health care system were described as posing barriers to care. Despite the availability of resources, a lack of coordinated services and decentralized information create challenges for residents to access appropriate care in a timely manner.
- **Existing assets and resources in the region can be built upon to better serve the community.** Assessment participants identified social cohesion as a key strength of their community, ranging from the volunteerism of residents to the active coalitions that address substance abuse and mental health. Participants indicated that BID-Needham Hospital can play a key role in improving communication and collaboration among area organizations to facilitate a coordinated approach to meeting the needs of the community.

The Community Benefit Plan

The summary of BID-Needham Priority Areas and Goals is presented below, followed by the detailed Community Benefit Action Plan. Detailed action plans will be developed annually and tracked throughout the course of the year to monitor and evaluate progress and determine priorities for the next year. This plan is meant to be reviewed annually and adjusted to accommodate revisions that merit attention.

VI. Priority Areas and Goals

Community Benefit Priority Areas	Goal
Priority Area 1: Access to Care	Goal 1: Improve access to that address needs identified in our service population.
Priority Area 2: Mental Health	Goal 2: With our community partners, enhance community knowledge of mental health as a primary health issue and available mental health resources and supports.
Priority Area 3: Substance Abuse	Goal 3: Help our community partners focus their drug and alcohol prevention and education efforts on youth and the general population.
Priority Area 4: Transportation	Goal 4: Support optimal use of transportation services available within our service area.
Priority Area 5: Injury – Senior Population	Goal 5: Promote injury prevention and education among seniors.

Priority 1: Access to Care

Priority 1: Access to Care		
Improve access to care that address needs identified in our service population.		
Objective 1.1: By August 2015, increase access to community-based medical and preventive services for individuals from vulnerable populations, including seniors.		
Outcome Indicators:	Target	Stretch
• Number of seniors, patients and residents receiving information about public transportation	300	400
• Number of residents who receive health screenings	150	200
• Number of patients who receive insurance-enrollment assistance service through hospital	75	100
Strategies:	Timeline: Year 1,2,3	BID-Needham Resources
1.1.1: Improve access to care by promoting existing transportation options available within the BID-Needham service area. • Posters, flyers and mailings	1,2,3	Marketing & Communications (M&C)
1.1.2: Increase access to health services through outreach programs. • Outreach fairs that provide information and resources	1,2,3	M & C + Staff
1.1.3: Increase access through collaboration with community groups to address access to care as a priority.	1,2,3	M & C + Staff
1.1.4: Implement health screenings at the hospital and at off-site locations.	1,2,3	M & C + Clinicians
1.1.5: Implement health insurance as a result of free assistance program offered through the hospital.	1,2,3	Patient Financial Services
Monitoring/Evaluation Approach:		
<ul style="list-style-type: none"> • Tracking/reporting/ patient services • End of year reports 		

Priority 1: Access to Health Care

Improve access to care that address needs identified in our service population.

Objective 1. 2: By August 2015, provide education and prevention programs/opportunities that support community-based health literacy as a way to improve health and increase access to care for vulnerable populations.

Outcome Indicators:	Target	Stretch
• Number of individuals educated in health literacy related to mental illness, substance abuse and injury at a minimum of 10 community-based organizations.	200	250
• Number of youth and adults who receive information on community-based mental health and substance abuse treatment programs.	200	250
• Youth who receive community-based substance abuse prevention programming.	400	500
• Participation and outreach from the Patient and Family Advisory Council (PFAC)	25	30
Strategies:	Timeline: Year 1,2,3	BID-Needham Resources
1.2.1: Promote health literacy among youth and adults. • Target and collaborate with a minimum of 10 community based organizations to deliver programming to a minimum of 200 individuals.	1,2,3	Staff
1.2.2: Promote existing mental health and substance abuse services. • Social media, broadcast news, and print materials	1,2,3	M & C + Staff + Community
1.2.3: Collaborate with community-based organizations to promote substance abuse prevention messaging and programming to youth.	1,2,3	M & C
1.2.4: Conduct regular PFAC meetings to examine patient quality of care, access and CB programming.	1,2,3	PFAC committee
Monitoring/Evaluation Approach:		
• End of year reports, program attendance lists		

Priority 2: Mental Health

Priority 2: Mental Health With our community partners, enhance community knowledge of mental health as a primary health issue and available mental health resources and supports.		
Objective 2.1: By August 2015, increase community awareness of mental health services and resources.		
Outcome Indicators:	Target	Stretch
<ul style="list-style-type: none"> Number of promotional events 	3	5
<ul style="list-style-type: none"> Number of staff who participate with the Needham Coalition for Suicide Prevention 	1 staff	2 staff
Strategies:	Timeline: Year 1,2,3	BID-Needham Resources
2.1.1: Co-sponsor speaker series with Riverside Community Care	1,2,3	M & C + Staff
2.1.2: Enhance collaboration with Riverside	1,2,3	M & C + Staff
2.1.3: Compile and promote information about existing mental health services currently available for adults and adolescents	2,3	M & C
2.1.4: Attend monthly community coalition meetings <ul style="list-style-type: none"> Needham Coalition for Suicide Prevention 	1,2,3	Staff
Monitoring/Evaluation Approach:		
<ul style="list-style-type: none"> End of year reports and attendance and records 		

Priority 3: Substance Abuse

Priority 3: Substance Abuse		
Help our community partners focusing their drug and alcohol prevention and education efforts on youth and the general population.		
Objective 3.1: By August 2015, increase the knowledge of risks associated with the use of drugs and alcohol among youth (grades 7-12).		
Outcome Indicators:	Target	Stretch
• Youth perceived disapproval of teen alcohol use	85%	88%
• Reported awareness of and access to available substance abuse resources	10% increase	15% increase
Strategies:	Timeline: Year 1,2,3	BID-Needham Resources
3.1.1: Participate on the Community Substance Abuse Coalitions. • Needham Coalition for Youth Substance Abuse Prevention (NCYSAP)	1,2,3	Staff
3.1.2: Support and participate in the 5 th Quarter initiative (Program with NCYSAP to provide alternative substance-free activities for HS students on Friday evenings during football season.)	1,2,3	Staff
3.1.3: Collaborate with schools, town and DPH on substance abuse prevention programming • Family and Community education programs	2,3	M & C + Staff
3.1.4: Collaborate with new local alcohol merchants to prevent underage substance abuse • Liquor store Sticker Shock campaign	1,2	Staff
Monitoring/Evaluation Approach:		
• Survey data, end of year reports		

Priority 3: Substance Abuse

Help our community partners in focusing on drug and alcohol prevention and education efforts for the general population, with particular focus on youth.

Objective 3.2: By August 2015, increase awareness among parents and other caregivers of youth about the dangers of binge drinking and alcohol abuse.

Outcome Indicators:	Target	Stretch
<ul style="list-style-type: none"> Collect materials about available community-based substance abuse resources. 	300 materials	400 materials
Strategies:	Timeline: Year 1,2,3	BID-Needham Resources
3.2.1: Participate with the Needham Coalition for Youth Substance Abuse Prevention and other area coalitions.	1,2,3	M&C + Staff
3.2.2: Collaborate with schools, communities and DPH on substance abuse prevention programming <ul style="list-style-type: none"> Family and Community education programs 	1,2,3	M&C + Staff
Monitoring/Evaluation Approach:		
<ul style="list-style-type: none"> Survey data, end of year reports 		

Priority 4: Transportation

Priority 4: Transportation		
Support optimal use of transportation services available within our service area.		
Objective 4.1: By August 2015, promote and distribute 500 information materials about public transportation options in the BID-Needham service area.		
Outcome Indicators:	Target	Stretch
• Number of information materials about public transportation available in the BID-Needham service area	500	600
• Number of hospital promotional materials that include public transportation options	800	1000
Strategies:	Timeline: Year 1,2,3	BID-Needham Resources
4.1.1: Improve access to care by promoting existing public transportation options available within the BID-Needham service area. <ul style="list-style-type: none"> • Posters, flyers and mailings 	3	M & C
Monitoring/Evaluation Approach:		
<ul style="list-style-type: none"> • Marketing & communications data 		

Priority 5: Injury – Senior Population

Priority 5: Injury – Senior Population Promote injury prevention and education among seniors.		
Objective 5.1: By August 2015, increase the number of education programs that address falls prevention in the hospital and in the community.		
Outcome Indicators:	Target	Stretch
<ul style="list-style-type: none"> Number of education programs and outreach fairs 	10	15
Strategies:	Timeline: Year 1,2,3	BID-Needham Resources
5.1.1: Continue and enhance work of Falls Committee <ul style="list-style-type: none"> Post-fall analysis, educational materials for patients and family members and diversionary activity for patients at risk of falling. 	1,2,3	Staff
5.1.2: Conduct educational programming in the community including area senior centers and independent living facilities	1,2,3	M & C + Staff
Monitoring/Evaluation Approach:		
<ul style="list-style-type: none"> Marketing & communications data, attendance sheets 		

Beth Israel Deaconess Hospital-Needham is dedicated to improving the health of the communities we serve by collaborating with our community partners in implementing this community benefits plan. The three year action plan outlined here will be evaluated each year. Changes will be determined based on our progress and to accommodate revisions that merit attention.

Appendix A: Community Benefit Program Expenditures

Expense	Amount
Direct Expenses	\$126,500
Associated Expenses	\$3,700
Determination of Need Expenditures	\$1,500
Employee Volunteerism	\$3,500
Other Leveraged Resources	Not Specified

Appendix B: Steering Committee Members

Name	Title	Organization
Anne Clark	Program Coordinator	Needham Public Health Department
Carol Read	Program Director	Needham Coalition for Youth Substance Abuse Prevention
Donna Carmichael	Public Health Nurse	Needham Public Health Department
Helen Chan	Controller	Beth Israel Deaconess Hospital-Needham
Jane Fogg, MD	Primary Care Physician	Beth Israel Deaconess Hospital-Needham
Janice Berns	Public Health Director	Needham Public Health Department
Kate Dempsey	Marketing Specialist, Marketing and Communications	Beth Israel Deaconess Hospital-Needham
Merrill Adler	Director, Social Service and Case Management	Beth Israel Deaconess Hospital-Needham
Penny Greenberg, RN	Chief Nursing Officer, Vice President of Operations	Beth Israel Deaconess Hospital-Needham
Rose Lewis	Senior Director, Marketing and Communications	Beth Israel Deaconess Hospital-Needham

Appendix C: Information Gathering

Key Informant Interviews

A total of 10 individuals were engaged in key informant interviews representing leaders from all four communities. Interviews lasted approximately 30-60 minutes and were conducted using a semi-structured interview guide.

The interviews explored community leaders' perspectives of the health needs and strengths (including assets and resources), challenges and successes of working in these communities, and perceived opportunities to address these needs.

Key stakeholder interviewees were from a range of sectors and agencies: emergency response, education, health care, social service organizations and community organizations that focus on specific populations.

Interview Participants

Name	Title	Organization
Paul Buckley	Chief of Fire	Needham Fire
Jon Mattleman	Director	Needham Youth Services
Carol Read	Program Director	Needham Coalition for Youth Substance Abuse Prevention
Janet Claypoole	Director	Dover Council on Aging
Diane Fielding	Director	Dover Health Department
Peter A. McGowan	Chief of Police	Dover Police
Michael D'Entremont	Chief of Police	Dedham Police
Mary LaRoche	Public Health Nurse	Dedham Health Department
Danielle Sutton	Director	Westwood Youth and Family Services
Linda R. Shea	Health Director	Westwood Board of Health

Community Dialogues

The community dialogues included a welcome by a BID-Needham staff representative, a brief data presentation on key demographic and health indicators conducted by an HRiA team member, and then small group discussions. The discussions aimed to explore participants' perceptions of their communities, what aspects of the communities make it easier or harder to be healthy, and their suggestions for future programming and services to address their perceived health issues. A semi-structured facilitator's guide was used across the various discussion tables at the community dialogues to ensure consistency in the questions asked and topics covered. Trained HRiA moderators facilitated the community dialogues. Conversations lasted approximately 45-60 minutes and included anywhere from 6-14 participants.

Community Dialogues were also held with the general public in two communities:

- Westwood
- Needham

Participant Lists

Westwood Session:

Name	Town of Residence/Organization
Linda Shea	Westwood Board of Health
Yvonne Bandeli	Dedham Resident
George Bandeli	Dedham Resident
MaryAnne Carty	Westwood
Jonathan Steeves	Needham Fire Department
Lisa Karmer	N/A

Needham Session:

Name	Town of Residence/Organization
Kristin Carter	Needham Resident
Ruth Wegner	Needham Resident
Kenneth Wegner	Needham Resident
Jon Mattleman	Needham Resident
Anne Clark	Needham Board of Health
Donna Carmichael	Needham Board of Health
Maureen Doherty	Town of Needham
Dzemma Dzhloeva	Needham Resident
Matthew Schmid	Dover Resident
Jennifer Hitt	Needham
Kathy R.	N/A
Carol Read	Needham Board of Health
Penny Kirk	Needham Housing

Community Survey

In an effort to gather additional information specific to community benefits, a quick survey was designed to gather thoughts from community members and BID-Needham staff on the mission and values for the community benefits implementation plan. Responses are summarized below.

Number of people invited to take the survey:	48
Number of responses:	11
Response Rate:	22.9%

1. What do BID-Needham and their partners stand for as a group of community members who have come together to develop a community benefits plan? What values should guide our work and decision-making?

<i>Answered Question:</i>	7
<i>Skipped Question:</i>	4

Values

- Honesty
- Innovative
- Integrity
- Ongoing commitment
- Outreach
- Respect
- Responsibility
- Community support, respect and input
- Community
- Health of the community
- Helping the vulnerable in the community
- Preventing disease in the community
- Promoting good health of the community
- Protecting the community
- Supporting people & organizations in our community with their health needs
- Collaborating with organizations and individuals in supporting healthy lifestyles in our community
- Meeting the under met health needs of individuals in our community
- Educating individuals and community groups on health issues
- Education
- Access to a variety of services in the community
- Referral to services that are not provided
- Comprehensive discharge assessment
- Professional publicity campaign for Needham and the surrounding communities advertising what the BID-Needham offers

2. Please use the drop down arrows to indicate a rank order for the following priority areas:

Note:

The priority you rank "1" should be the priority that is MOST important to you.

Answered Question:	11
Skipped Question:	0

Priority	Rank					Average
	1	2	3	4	5	
Access to Care (Insurance, cost including insurance and prescriptions, navigating the health care system, knowledge of services)	3 27.3%	6 54.5%	1 9.1%	1 9.1%	0 0.0%	2.00
Mental Health	4 36.4%	2 18.2%	2 18.2%	2 18.2%	1 9.1%	2.45
Substance Abuse	2 18.2%	3 27.3%	0 0.0%	4 36.4%	2 18.2%	3.09
Transportation	2 18.2%	0 0.0%	4 36.4%	1 9.1%	4 36.4%	3.45
Injury – Senior Population	0 0.0%	0 0.0%	4 36.4%	3 27.3%	4 36.4%	4.00

3. What types of things would BID-Needham, their partners, and/or our community members see or experience as a result of our work? Please enter each unique idea in a separate box.

<i>Answered Question:</i>	9
<i>Skipped Question:</i>	2

Mental Health/Substance Abuse

- Increased role in senior and mental health needs
- Easy access to mental health providers
- Increased mental health assessment and services
- More inpatient/outpatient programs
Providing an needle drop off area besides Boards of Health especially on weekends when offices are not open
- Less death/cost of treatment from substance abuse
- Substance abuse in-patient unit

Transportation

- Easier access to transportation routes, schedules, availability
- Having a transportation program throughout towns that need it for senior or others
- Resources/program for local community transportation

Healthier Lifestyle

- Improvements in healthier lifestyle such as fitness & dietary
- Living a healthier lifestyle
- Need to tackle the issue of obesity

Education

- Educational programs within the community i.e., senior safety
- Setting programs that could be done in towns regarding risk areas for seniors and others could be done with volunteer speakers thru use of town meeting rooms or other areas and could be free and beneficial

Hospital/Healthcare System

- Awareness of needs & resources in our community
- Better aid for those trying to navigate health care
- Better planned healthcare
- More resources to provide in depth discharge planning
- Smarter use of health care system
- Preventive problem planning
- Referral networks
- Referrals to appropriate agencies
- Partnerships with local groups
- Open communication among community agencies
- Participation in events, not just sponsorships
- Patient advocates trained to assist patients
- Patients leaving the hospital and ER with actual medication
- Value for hospital within community
- Community
- Confidentiality
- Branding among young and old

4. Is there anything else you would like to add regarding the development of the BID-Needham Community Benefit Implementation Plan?

<i>Answered Question:</i>	4
<i>Skipped Question:</i>	7

- I truly believe that the hospital needs to provide more resources to their own social services department/ and nursing department to be able to spend more time assessing comprehensive discharge needs including the home, and family situational needs
- Don't just say you'll do it, actually do it. If other local hospitals can, BID-N can too.
- Work more closely with school system
- Thank you for getting community input