2016

# Community Health Improvement Plan for Beth Israel Deaconess Hospital-Needham

Beth Israel Deaconess Hospital
*Needham*

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# Executive Summary

## Purpose and Background

Beth Israel Deaconess Hospital-Needham (BID-Needham) is a leading acute care community hospital in Needham, MA. BID-Needham's mission is to provide safe, high-quality, community-based health care which treats all patients, regardless of ability to pay, race, color, religion, sex, sexual orientation, national origin, ancestry, age, or disability. BID–Needham is committed to its mission by providing the highest quality care focused on patient safety. The entire BID–Needham team, including employees, physicians, volunteers and students, is committed to exceeding the expectations of our patients and their families, the community and each other.[1]

This Community Health Needs Assessment (CHNA) report along with the associated Community Health Improvement Plan (CHIP) is the culmination of nine months of work and was conducted so that BID-Needham could better understand and address the health-related needs of those living in its service area, with an emphasis on those who are most disadvantaged. This project also fulfills Massachusetts Attorney General's Office and Federal Internal Revenue Service (IRS) requirements that dictate that BID-Needham assess community health need, engage the community, and identify priority health issues every three years. The Commonwealth and Federal requirements further direct BID-Needham to create a community health strategic plan that will guide how BID-Needham, in collaboration with the community, their network of health and social service providers, and the region's local health departments will address the needs and the priorities identified by the needs assessment.

With respect to Community Benefits, BID-Needham focuses its efforts on creating opportunities for residents of the service area to lead healthy lives. This is achieved through coalition partnerships dedicated to reduce the burden of mental illness and substance use, increasing access to evidence-based chronic disease management and prevention efforts, and supporting efforts to support healthy aging. Demographically and socio-economically, BID-Needham focuses activities to meet the needs of all segments of the population with respect to age, race/ethnicity, income, and sexual orientation to ensure that all residents have the opportunity to live healthy, happy, and fulfilling lives. However, its Community Benefits activities are focused particularly on youth, adults with behavioral health and chronic health conditions, low-income families, and older adults.

## BID-Needham Service Area

BID-Needham's Community Benefits primary service area includes Dedham, Dover, Needham, and Westwood. This primary service area encompasses a population of 75,000. The CHNA analysis focuses on this primary service area but also includes secondary service area comparisons. BID-Needham's secondary service area includes Framingham, Medfield, Natick, Newton, Norwood, Sharon, Waltham, and Wellesley.

[1] BID-Needham Mission and Values. http://www.bidneedham.org/your-visit/our-mission-and-values

# BID-Needham's Community Health Improvement Plan

Given the complex health issues in the community, BID-Needham has been strategic in identifying its priority areas in order to maximize the impact of its Community Benefits program and improve the overall health and wellness of the service area. Based on the data, BID-Needham has identified the following as the highest priority needs of the service area:

1. Health Risk Factors and Primary Prevention
2. Behavioral Health (mental health and substance use)
3. Physical Disease Management
4. Healthy Aging

These health priorities have directed BID-Needham's community health improvement planning process, and have helped identify target populations most in need of programs and services. The priorities outlined below are designed to promote community-based wellness and disease prevention, and ensure ongoing self-management of chronic diseases and behavioral health disorders. The goals and activities drawn from these priorities will make extensive use of existing partnerships, resources and programs in order to make the largest possible health impact.

## Priority Area 1: Health Risk Factors and Primary Prevention

There are a number of health awareness, education, prevention and screening activities, campaigns, and initiatives that BID-Needham can continue and/or implement to improve the service area population's health by working on prevention efforts, including increasing access to healthy foods and opportunities for physical activity; reducing smoking rates, and continued education of mental health, cancer, and chronic disease prevention. Efforts need to be linguistically and culturally appropriate and understandable for those who have limited health literacy skills. The following goals and objectives focus on further enhancing the impact of these efforts.

| Priority Area 1: Health Risk Factors and Primary Prevention | | | |
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| **Goal** | **Target Population** | **Programmatic Objectives** | **Partners** |
| Goal 1: Raise awareness and educate public on mental health issues | • Youth<br>• Adults<br>• Older Adults | • Educate on MH risk factors and healthy behaviors | • Outpatient BH providers (e.g., Riverside)<br>• William James College<br>• Needham DPH<br>• Needham Youth Services |
| Goal 2: Promote youth substance prevention and mental and emotional well-being | • Youth (middle and high school) | • Reduce stigma related to MH/SA issues<br>• Decrease proportion of students who use opioids, alcohol, tobacco, and other drugs<br>• Build youth resilience | • Needham Coalition for Youth Substance Abuse Prevention (NCYSAP)<br>• SPAN-DS<br>• Needham Community Education<br>• Needham Youth Services |
| Goal 3: Raise awareness and educate public on chronic disease prevention | • Youth<br>• Adults | • Educate on chronic disease risk factors and healthy behaviors<br>• Increase access to screenings | • Towns of Needham, Westwood, Dedham and Dover<br>• Primary Care Providers through APG |
| Goal 4: Reduce tobacco and alcohol use | • Youth<br>• Adults | • Reduce number of current smokers | • Towns of Needham, Westwood, Dedham and Dover<br>• Primary Care Providers through APG |
| Goal 5: Increase physical activity | • Youth<br>• Adults<br>• Older Adults | • Increase number of children and adults with access to opportunities for physical activity | • Needham Parks and Recreation<br>• YMCA<br>• Schools<br>• Council on Aging<br>• Local runs and walks |
| Goal 6: Increase access to healthy food | • Youth<br>• Adults<br>• Older Adults | • Increase number of children and adults with access to opportunities to eat healthy | • YMCA<br>• Needham Community Farm<br>• Powisett Farm<br>• Three Squares Ride for Food<br>• Needham Farmers Market<br>• Dedham Food Pantry<br>• Needham Community Council |

## Priority Area 2: Physical Disease Management

There are a broad range of chronic and infectious diseases prevalent in BID-Needham's service area, including heart disease, diabetes, hypertension, cancer and Lyme disease. Although treating these illnesses requires a range of clinical interventions, there is a great deal of overlap with respect to the potential community interventions. Population-level responses to chronic and infectious illnesses all require community based education, screening, timely access to treatment and seamless coordination of follow-up services.

Public health officials, community based organizations and hospitals are already fully engaged on these issues and all have existing programs to address prevention, service coordination, improve follow-up care, and ensure that those with chronic and infectious conditions are engaged in the services they need. However, these efforts need to be enhanced and refined based on data from this assessment. Moving forward, it is critical that these issues be addressed and perfected so that the network of hospitals, healthcare providers, and community based organizations work collaboratively to address the increasing needs of this group. The following goals and objectives address the existing access care coordination issues, barriers, and targeted service gaps.

| Priority Area 2: Physical Disease Management | | | |
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| **Goal** | **Target Population** | **Programmatic Objectives** | **Partners** |
| Goal 1: Improve chronic disease management | • Adults with chronic disease | • Increase proportion of adults with chronic disease who receive evidence-based treatment | • Primary care providers (through APG)<br>• Council on Aging<br>• YMCA<br>• JCC<br>• VNA<br>• Other CBOs |
| Goal 2: Improve care transitions for those with chronic health conditions | • Adults with chronic disease<br>• Older adults | • Increase proportion of recently discharged adults with coordination of follow up and supportive services<br>• Reduce 30 day readmission rate | • BIDCO<br>• VNA<br>• Council on Aging<br>• Other community-based providers<br>• Primary care providers (through APG) |
| Goal 3: Increase chronic disease and cancer screenings | • Low income adults<br>• Adults with chronic disease | • Increase number of adults who have been screened | • Primary care providers (through APG)<br>• Council on Aging<br>• YMCAs and other CBOs |
| Goal 4: Prevent Lyme Disease | • Youth<br>• Adults | • Reduce incidence of Lyme disease | • Town of Dover |

## Priority Area 3: Behavioral Health

The burden of mental illness and substance abuse is substantial. These issues impact all segments and age groups in the population. Hospitalization rates for substance abuse and mental health are higher in many of the towns when compared to the Commonwealth. Large portions of the population also struggle with alcohol abuse and binge drinking. Despite increased community awareness and sensitivity about mental illness and addiction, there is still a great deal of stigma related to these conditions and there is a general lack of appreciation for the fact that these issues are often rooted in genetics and physiology similar to other chronic diseases.

| Priority Area 3: Behavioral Health | | | |
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| **Goal** | **Target Population** | **Programmatic Objectives** | **Partners** |
| Goal 1: Promote behavioral health/ primary care integration | • Youth<br>• Adults | • Increase number of adults (12+) screened for depression and linked to care (50% benchmark from UDS)<br>• Increase number of primary care providers with behavioral health integration | • Primary Care Providers (through APG)<br>• Outpatient BH providers (e.g., Riverside)<br>• Needham DPH |
| Goal 2: Reduce burden of opioid use | • Adults with behavioral health condition<br>• Youth | • Increase capacity of providers to prevent opioid use by implementing MHA provider recommendations | • Riverside<br>• Primary care providers |
| Goal 3: Identify those at risk and provide and enhanced care management | • Adults with behavioral health condition<br>• Youth | • Increase proportion of adults with behavioral health condition who are linked to appropriate services<br>• Reduce ED/inpatient utilization for alcohol and substance use | • Outpatient BH providers (e.g., Riverside)<br>• Needham Coalition for Suicide Prevention<br>• Needham DPH<br>• CHNA 18 |

## Priority Area 4: Healthy Aging

Older adults are much more likely to develop chronic illnesses and related disabilities such as heart disease, hypertension, and diabetes as well as congestive heart failure, depression, anxiety, Alzheimer's, Parkinson's disease, and dementia. The older you get the more likely it is that you have one or more chronic conditions: 80% of people 65 and older live with one or more chronic conditions[2]. Many experience hospitalizations, nursing home admissions, and low-quality care. They also may lose the ability to live independently at home. The service area of BID-Needham has a larger population of older adults, thus BID-Needham has identified older adults as a target population and their objectives below are aimed at increasing quality of life for older adults.

| Priority Area 4: Healthy Aging | | | |
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| **Goal** | **Target Population** | **Programmatic Objectives** | **Partners** |
| Goal 1: Reduce falls in community | • Older Adults | • Increase awareness of falls prevention strategies<br>• Increase balance training and strength among older adults | • Falls Committee<br>• YMCA<br>• Councils on Aging<br>• ASAP<br>• VNA Health |
| Goal 2: Reduce isolation of older adults | • Older Adults | • Decrease isolation of older adults | • Councils on Aging<br>• VNA<br>• ASAP<br>• Needham DPH |
| Goal 3: Support older adults and caregivers to age in place | • Older Adults | • Refer older adults to evidence-based programming<br>• Support caregivers<br>• Build primary care and other community-based provider capacity in geriatric care | • Council on Aging<br>• VNA<br>• ASAP<br>• Primary Care Providers (through APG) |
| Goal 4: Increase access to palliative care | • Older Adults | • Increase proportion of individuals who receive palliative care services | • VNA<br>• Primary Care Providers (through APG)<br>• Hospice |
| Goal 5: Increase access to transportation services | • Older Adults | • Increase access to transportation services | • Councils on Aging<br>• ASAP<br>• Town of Needham |
| Goal 6: Improve care transitions for older adults | • Older Adults with recent hospitalizations | • Increase proportion of recently discharged older adults with coordination of follow up and supportive services<br>• Reduce 30 day ED/inpatient readmission | • BIDCO<br>• ASAP<br>• Council on Aging<br>• VNA |

[2] Gerteis J, Izrael D, Deitz D, LeRoy L, Ricciardi R, Miller T, Basu J. Multiple Chronic Conditions Chartbook. AHRQ Publications No, Q14-0038. Rockville, MD: Agency for Healthcare Research and Quality. April 2014.

## Community Health Improvement Plan Framework