BID-Milton's Community Health Improvement Plan

Given the complex health issues in the community, BID-Milton 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-Milton has identified the following as the highest priority needs of the service area:

1. Health Risk Factors
2. Behavioral Health (mental health and substance use)
3. Physical disease management and prevention
4. Healthy Aging.

These health priorities have directed BID-Milton'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

There are a number of health awareness, education, prevention, and screening activities and campaigns initiatives that BID-Milton 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			
Goal	**Target Population**	**Programmatic Objectives**	**Partners**
Goal 1: Raise awareness and educate public on mental health issues, cancer and chronic disease prevention	• Youth • Adults	• Educate on health risk factors and healthy behaviors	• Local senior centers • Medical Staff • South Shore Mental Health
Goal 2: Reduce tobacco use	• Adults	• Reduce number of current smokers	• Nicotine Anonymous
Goal 3: Increase physical activity	• Youth • Adults	• Increase number of children and adults with access to opportunities for physical activity	• Grant recipients (TBD)
Goal 4: Increase access to healthy food	• Youth • Adults	• Increase number of children and adults with access to opportunities to eat healthy	• Fresh Truck
Goal 5: Build community capacity to address chronic health needs	• Community	• Support community initiatives that are designed to prevent chronic disease; strengthen community partnerships	• Grant recipients (TBD)

Priority Area 2: Physical Disease Management and Prevention

There are a broad range of chronic and infectious diseases prevalent in BID-Milton's service area, including heart disease, diabetes, hypertension, and cancer. 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 identified through the process.

Priority Area 2: Physical/Chronic Disease Management and Prevention			
Goal	**Target Population**	**Programmatic Objectives**	**Partners**
Goal 1: Improve chronic disease management	• Adults with chronic disease	• Reduce impact of chronic disease	• Town of Randolph
Goal 2: Continue chronic disease screenings	• Adults	• Increase number of adults screened for high blood pressure and blood sugar	• Medical Staff • Curry College
Goal 3:Continue cancer screenings	• Adults	• Increase number of adults screened for cancer	• Community health centers • Medical Staff
Goal 4: Provider Capacity	• Providers	• Increase number of providers able to support chronic disease prevention	• Curry College

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

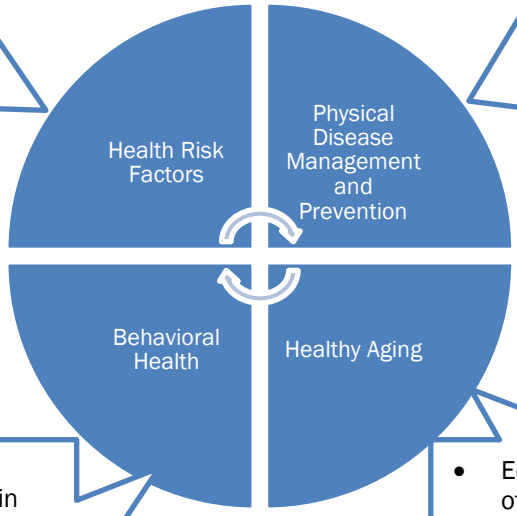
Goal	Target Population	Programmatic Objectives	Partners
Goal 1: Increase awareness on behavioral health issues	• Youth • Adults	• Increase awareness of community members about mental health issues and how to help someone in need.	• South Shore Mental Health
Goal 2: Reduce burden of opioid use	• Adults and youth with behavioral health condition • Providers	• Increase capacity of providers to address opioid use	• Medical Staff
Goal 3: Increase awareness of and assessment of hoarding	• Providers • Healthcare workers • Municipal workers	• Increase knowledgebase and referrals for assessment to appropriate agencies.	• Appropriate state agencies
Goal 4: Increase cultural competency	• Adults and youth with behavioral health condition	• Reduce ED/inpatient utilization for alcohol and substance use	• South Shore Mental Health
Goal 5: Increase crisis management within community and improve connections between regional providers	• Adults and youth with behavioral health condition • Service providers	• Increase safety of community members and increase access to care	• Integrated Care Learning Consortium Members

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[1].Many experience hospitalizations, nursing home admissions, and low-quality care. They also may lose the ability to live independently at home. BID-Milton 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			
Goal	**Target Population**	**Programmatic Objectives**	**Partners**
Goal 1: Educate on falls prevention	• Older Adults	• Prevent falls in the community	• YMCA • Council on Aging • South Shore Elder Services
Goal 2: Reduce isolation of older adults	• Older Adults	• Decrease isolation of older adults • Preventing unnecessary utilization due lack of access to services	• SNFs • Council of Aging
Goal 3: Support older adults and caregivers to age in place	• Older Adults	• Increase older adult capacity to continue aging at home	• South Shore Elder Services
Goal 4: Increase access to palliative care	• Older Adults	• Educate individuals on palliative care options available	• VNA Care • APG • Hospice

Community Health Improvement Plan Framework



- Raise awareness and educate public on mental health issues, cancer and chronic disease prevention
- Reduce tobacco use
- Provide access to physical activity opportunities
- Increase access to healthy food
- Build community capacity to address chronic health needs

- Improve chronic disease management
- Continue chronic disease screenings
- Continue cancer screenings
- Increase and educate number of providers able to support chronic disease management

- Reduce burden of opioid use
- Increase crisis management within community and improve connections between regional providers
- Increase awareness of and assessment of hoarding
- Provide culturally sensitive educational information on behavioral health care options

- Educate on the prevention of falls
- Reduce isolation of older adults
- Support older adults and caregivers to age in place
- Educate community to palliative care options.