

FY26-FY28 Implementation Strategy



Implementation Strategy

About the 2025 Hospital and Community Health Needs Assessment Process

Beth Israel Deaconess Hospital-Milton (BID Milton) is a community hospital for the southern metro Boston region. The hospital has 102 licensed inpatient beds with more than 950 employees and over 640 clinicians on active medical staff. With close ties to Beth Israel Deaconess Medical Center, one of the region's leading academic medical centers, BID Milton offers a full range of services, including orthopedics, urology, surgical services and digestive health.

The Community Health Needs Assessment (CHNA) and planning work for this 2025 report was conducted between June 2024 and September 2025. It would be difficult to overstate BID Milton's commitment to community engagement and a comprehensive, data-driven, collaborative, and transparent assessment and planning process. BID Milton'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-Milton's partners and community residents, and a thoughtful prioritization, planning, and reporting process. Special care was taken to include the voices of community residents who have been historically underserved, such as those with limited resources, individuals who speak a language other than English, and those who experience barriers and disparities due to their race, ethnicity, gender identity, age, disability status, or other personal characteristics.

BID Milton collected a wide range of quantitative data to characterize the communities served across the hospital's Community Benefits Service Area (CBSA). BID Milton also gathered data to help identify leading health-related issues, barriers to accessing care, and service gaps. Whenever possible, data were 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 level 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, evidence-informed Implementation Strategy (IS.). Between June 2024 and February 2025, BID Milton conducted 15 one-on-one interviews with collaborators in the community, facilitated five focus groups with segments of the population facing the greatest health-related disparities, administered a community health survey involving over 600 600 residents, and organized a community listening session. In total, the assessment process collected information from more than 700 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. Accordingly, using an interactive, anonymous polling software, BID Milton'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 Milton's IS. This prioritization process helps to ensure that BID Milton 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 BID Milton'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 Milton's IS is 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 are 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 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-Milton'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 Milton is committed to assessing information and updating the plan as needed.

Community Benefits Service Area

BID Milton's CBSA includes the three municipalities of Milton, Quincy, and Randolph, located to the south of the City of Boston. 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 BID Milton'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 Milton 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. BID Milton is equally committed to serving all patients, regardless of their health, socioeconomic status, insurance status, and/or their ability to pay for services.

BID Milton's CHNA focused on identifying the leading community health needs and priority populations living and/or working within its CBSA. In recognition of the health disparities that exist for some residents, the hospital focuses the bulk of its community benefits resources on improving the health status of those who face health disparities, experience poverty, or who have been historically underserved.

By prioritizing these cohorts, BID Milton 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 Milton

Community Benefits Service Area

- **H** Beth Israel Deaconess Hospital-Milton
- 1 Beth Israel Deaconess Milton Radiology at Quincy

Prioritized Community Health Needs and Cohorts

BID Milton 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 overall 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 Milton Priority Cohorts





Low-Resourced Populations



Older Adults



Racially, Ethnically, and Linguistically Diverse Populations



Individuals Living with Disabilities

Community Health Needs Not Prioritized by BID Milton

It is important to note that there are community health needs that were identified by BID Milton's assessment that were not prioritized for investment or included in BID Milton's IS. Specifically, strengthening the built environment (i.e., improving roads/sidewalks) was identified as community needs but were not included in BID Milton's IS. While this issue is important, BID Milton's CBAC and senior leadership team decided that this issue was 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 Milton recognized that other public and private organizations in its CBSA and the Commonwealth were better positioned to focus on this issue. BID Milton remains open and willing to work with community residents, other hospitals, and other public and private partners to address this issue, particularly as part of a broad, strong collaborative.

Community Health Needs Addressed in BID-Milton's IS

The issues that were identified in the BID Milton CHNA and are addressed in some way in the hospital's IS are housing issues, transportation, economic insecurity, access to healthy and affordable food, language and cultural barriers, navigating a complex health care system, health insurance and cost barriers, long wait times, depression, anxiety, stress, youth mental health, social isolation among older adults, substance use, conditions associated with aging, diabetes, community-based prevention and education, and caregiver support.

BID Milton Community Health Priority Areas

Equitable Access to Care Social Determinants of Health and Substance Use Complex and Chronic Conditions Chronic Conditions

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 full provider panels, which prevented providers from accepting new patients, long wait lists, and an inherently complicated health care system that was 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 Milton 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 Milton and/or its partners to improve the health of those living in its CBSA. Additionally, BID Milton works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, BID Milton supports residents in its CBSA by providing free or discounted care to individuals who are low-resourced and unable to pay for care and services. Moving forward, BID Milton will continue to commit resources through the same array of direct, in-kind, or leveraged 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	SAMPLE METRICS	IDENTIFIED PARTNERS
Expand and enhance access to health care services by strengthening existing service capacity and connecting patients to health insurance, essential medications, and financial counseling.	Low-resourced populations Racially, ethnically, and linguistically diverse populations Older adults Individuals living with disabilities	 Health insurance eligibility and enrollment assistance activities Financial counseling activities Programs and activities to support culturally/ linguistically competent care and interpreter services Expanded primary care and medical specialty care services for Medicaid-covered, insured, and underinsured populations 	 # of sessions conducted # of patients assisted # of encounters (in person, VRI, telephone) # of languages provided # of practices providing primary care # of new patients served # of new providers added 	BILH clinical service providers Hospital-based activities
Advocate for and support policies and systems that improve access to care.	All priority populations	Advocacy activities	• # of policies supported	• Hospital- activities

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 Milton 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 stability.

Resources/Financial Investment: BID Milton 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 Milton and/or its partners to improve the health of those living in its CBSA. Additionally, BID Milton works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, BID Milton supports residents in its CBSA by providing free or discounted care to individuals who are low-resourced and unable to pay for care and services. Moving forward, BID Milton will continue to commit resources through the same array of direct, in-kind, or leveraged expenditures to carry out its community benefits mission.

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	SAMPLE METRICS	IDENTIFIED PARTNERS
Support programs and activities that promote healthy eating and active living by expanding access to physical activity and affordable, nutritious food.	All priority populations	Food access, nutrition support, and education programs and activities	Pounds of food distributed # of people served	Private, non-profit, and health- related agencies
Support programs and activities that assist individuals and families experiencing unstable housing to address homelessness, reduce displacement, and increase home ownership.	Low-resourced populations Older adults Individuals living with disabilities	Housing assistance, navigation, and resident support activities Community investment and affordable housing initiatives	 # of families and individuals prevented from homelessness Amount of rental assistance provided % of people referred to additional services 	Housing support and community development agencies

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	SAMPLE METRICS	IDENTIFIED PARTNERS
Provide and promote career support services and career mobility programs to hospital employees and employees of other community partner organizations and community residents.	• All priority populations	Career advancement and mobility programs Youth employment and internship programs	 # of students or people reached # of hours # of student participants in each internship # of hours provided by students # of students hired for positions at hospital # of preceptor staff hours # of employee participants # hired # of programs/ classes held # who obtained employment at BILH 	Local primary and secondary schools Vocational schools Hospital-based activities
Support programs and activities that foster social connections and strengthen community cohesion and resilience.	• Older adults	Community connection and social engagement activities	• # of volunteers • # of hours	Older adult services agencies
Support community/ regional programs and partnerships to enhance access to affordable and safe transportation	 Older adults Low- resourced populations Individuals living with disabilities 	Transportation and ride share assistance programs	# of rides provided# of people served	Older adult services agencies
Advocate for and support policies and systems that address social determinants of health.	All priority populations	Advocacy activities	• # of policies supported	• Hospital- based activities

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.

In addition to the overall burden and prevalence of mental health issues, residents identified a need for more providers and treatment options. Those who participated in the assessment also reflected on the difficulties individuals face when navigating the behavioral health system.

Substance use remained a major issue in the CBSA, with ongoing concern about opioids and alcohol. It was also recognized as closely connected to other community health challenges like mental health and economic insecurity.

Resources/Financial Investment: BID Milton 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 Milton and/or its partners to improve the health of those living in its CBSA. Additionally, BID Milton works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, BID Milton supports residents in its CBSA by providing free or discounted care to individuals who are low-resourced and unable to pay for care and services. Moving forward, BID Milton will continue to commit resources through the same array of direct, in-kind, or leveraged expenditures to carry out its community benefits mission.

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	SAMPLE METRICS	IDENTIFIED PARTNERS
Support mental health and substance use education, awareness, and stigma reduction initiatives.	• All priority populations	 Health education, awareness, and wellness activities for children and youth Medication disposal programs 	# of people served# of referralsLbs of medication disposed of	 Hospital-based activities Local primary and secondary schools
Support activities and programs that expand access, increase engagement, and promote collaboration across the health system so as to enhance high-quality, culturally and linguistically appropriate services.	All priority populations	 Programs and activities with community health workers, recovery coaches, and peer support workers Crisis intervention and early response programs and activities Expand access to mental health and substance use services for individuals and families Primary care and behavioral health integration and collaborative care programs Health education, awareness, and wellness activities for all ages Participation in community coalitions 	# of people served # of referrals made # of classes, trainings, and activities # of clinical practices supported # of community meetings attended Increased knowledge about how to support someone experiencing mental health challenges	Clinical health service providers Private, non-profit, health-related agencies Hospital-based activities
Advocate for and support policies and programs that address mental health and substance use.	• All priority populations	Advocacy activities	• # of policies supported	Hospital-based activities

Priority: Chronic and Complex Conditions

In the Commonwealth, chronic conditions like cancer, heart disease, chronic lower respiratory disease, and stroke account for four of the six leading causes of death statewide, and it is estimated that there are more than \$41 billion in annual costs associated with chronic disease. Perhaps most significantly, chronic diseases are largely preventable despite their high prevalence and dramatic impact on individuals and society.

Resources/Financial Investment: BID Milton expends substantial resources 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 Milton and/or its partners to improve the health of those living in its CBSA. Additionally, BID Milton w works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, BID Milton supports residents in its CBSA by providing free or discounted care to individuals who are low-resourced and unable to pay for care and services. Moving forward, BID Milton will continue to commit resources through the same array of direct, in-kind, or leveraged expenditures to carry out its community benefits mission.

Goals: 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	SAMPLE METRICS	IDENTIFIED PARTNERS
Support education, prevention, and evidence-based chronic disease treatment and self-management support programs for individuals at risk for or living with complex and chronic conditions and/or their caregivers.	Low-resourced populations Older adults Racially, ethnically, and linguistically diverse populations Individuals living with disabilities	 Chronic disease management, treatment, and self-care support programs Chronic disease, fitness, nutrition, and healthy living programs Speakers Bureau programs Cancer screening programs 	 # of people served # of classes, activities, classes organized 	Private, non- profit, health- related agencies
Advocate for and support policies and systems that address those with chronic and complex conditions.	All priority populations	Advocacy activities	• # of policies supported	• Hospital- based activities

General Regulatory Information

Contact Person:	Laureane Marquez, Community Benefits/Community Relations Manager	
Date of written report:	June 30, 2025	
Date written report was adopted by authorized governing body:	September 15, 2025	
Date of written plan:	June 30, 2025	
Date written plan was adopted by authorized governing body:	September 15, 2025	
Date written plan was required to be adopted:	February 15, 2026	
Authorized governing body that adopted the written plan:	Beth Israel Deaconess Hospital- Milton Board of Trustees	
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?	☑ Yes □ No	
Date facility's prior written plan was adopted by organization's governing body:	September 12, 2022	
Name and EIN of hospital organization operating hospital facility:	Beth Israel Deaconess Hospital- Milton: 04-2103604	
Address of hospital organization:	199 Reedsdale Road Milton, MA 02186	

Beth Israel Lahey Health Beth Israel Deaconess Milton