

## **APPENDIX 4**

### **FACTOR 6 SUPPLEMENTAL DOCUMENTS**

## **APPENDIX 4.1**

### **CHI NARRATIVE**

**Beth Israel Deaconess Hospital - Milton DoN  
Community Health Initiative Narrative**

**A. Community Health Initiative Monies**

The breakdown of Community Health Initiative (“CHI”) monies for the Proposed Project is as follows. Please note, all totals are presented in the order calculated, beginning with the Maximum Capital Expenditure (“MCE”).

	<b>Total</b>	<b>Description</b>
<b>MCE</b>	\$1,589,750	
<b>CHI Monies</b>	\$79,487.50	(5% of Maximum Capital Expenditure)
<b>Administrative Fee</b>	\$3,179.50	(4% of the CHI Monies, retained by Applicant)
<b>Remaining Monies</b>	\$76,308	(CHI Monies minus the Administrative fee)
<b>Statewide Initiative</b>	\$7,630.80	(10% of remaining monies, paid to State-wide fund)
<b>Local Initiative</b>	\$68,677.20	(90% of remaining monies)
<b>Evaluation Monies</b>	\$6,867.72	(10% of Local Initiative Monies, retained by Applicant)
<b>CHI Monies for Local Disbursement</b>	\$61,809.48	

**B. Overview and Discussion of CHNA/DoN Processes**

The Community Health Initiative (“CHI”) processes and community engagement for the proposed Determination of Need (“DoN”) Project<sup>1</sup> will be conducted by Beth Israel Deaconess Hospital – Milton (“BID-M” or the “Hospital”). BID-M is a 100-bed acute care hospital primarily serving Milton, Quincy, and Randolph (*hereinafter referred to as the Primary Service Area*). The Hospital provides inpatient and outpatient health services, 24-hour emergency services, and offers more than 450 physicians on staff. In addition to its commitment to clinical excellence, BID-Milton is committed to being an active partner and collaborator with the communities it serves. To that end, the Hospital conducts a Community Health Needs Assessment (“CHNA”) in the Hospital’s Primary Service Area every three years. The Hospital is currently conducting a CHNA and anticipates it will be approved by the Hospital’s Board in the fall of 2022.

The CHNA serves to:

- Assess community health need, defined broadly to include health status, social determinants, environmental factors, and service system strengths and weaknesses;
- Engage the community, including local health departments, service providers across sectors and community residents, as well as BID-Milton leadership and staff; and
- Identify the leading health issues and the population segments most at-risk based on a review of the quantitative and qualitative information gathered by the assessment

BID-M utilizes a participatory, collaborative approach to carry out each CHNA and is committed to exploring health in its broadest context. Throughout the CHNA process, BID-M will rely on the

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<sup>1</sup> This Application requests approval for the acquisition of one (1) computed tomography scanner to be located on the Hospital’s main campus.

input and oversight of a Steering Committee, its standing Community Benefits Advisory Committee (“CBAC”) and key Hospital leadership. Accordingly, the CHNA report will illustrate key findings of the assessment process, which continues to explore a range of health behaviors and outcomes; social and economic issues; including the social determinants of health; health care access and gaps; and strengths of existing resources and services.

### C. Advisory Committee Duties

BID-M is committed to a transparent and community engaged process with respect to its CHNA and this CHI. The Hospital’s CBAC membership intentionally fulfills all sector requirements outlined in the CHI guidelines and will serve as the decision-making body for this CHI. As outlined in the CBAC’s Charter, its scope of work will include:

- Assisting BID-M staff with appropriate engagement with residents from targeted communities and community partners around the CHI.
- Determining the Health Priority(ies) for CHI funding based upon the needs identified in the 2022 CHNA/CHIP and in alignment with the Department of Public Health’s Health Priorities and the Executive Office of Health and Human Services’ Focus Areas.
- Selecting strategies to address the identified Health Priorities<sup>2</sup>.
- Advising BID-M staff and leadership on the solicitation process and awardee selection.

### D. Timeline for CHI Activities

Given the Hospital is in the process of conducting a new CHNA, the timeline may ultimately be longer than the timeline set forth in the Department’s CHI Guidelines. However, the Applicant asserts using the 2022 CHNA will be more beneficial to the community because it will provide a more current foundation on which to base the CHI. The timeline for CHI activities is as follows:

- Six weeks post-approval: The CBAC will begin meeting and reviewing the 2022 draft CHNA to commence the process of selecting Health Priorities.
- Three to four months post-approval: The CBAC will select the Health Priorities for funding.
- Four to five months post-approval: The CBAC participates in a Conflict of Interest disclosure and eligible CBAC members select the CHI strategies.
- Five to six months post-approval: The CBAC advises on the funding method to use and assists with the development of parameters for funding and evaluation.
- Seven – nine months post-approval: Funding decisions are made
- Ten – twelve months post approval: Disbursement of funds begins.
- Twelve months to four and a half years post-approval: Strategies are implemented.
- Four and half to five years post-approval: Evaluation of funded projects.

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<sup>2</sup> Prior to the selection of Health Priority strategies, BID-M will institute a formal Conflict of Interest disclosure process for all CBAC members in order to determine which members can advise on the determination of CHI strategies.

E. Administrative Monies

Applicants submitting a Tier 1 CHI are eligible to retain a four percent (4%) administrative fee. Accordingly, BID-M is requesting \$3,179.50 in administrative funding. These monies will support promotion of meetings, interpretation/translation, community engagement, stipends for community resident participation, additional staff time for these efforts.

F. Evaluation Overview

BID-M is seeking to use 10% of local CHI funding (\$6,867.72) for evaluation efforts. These monies will allow BID-M to retain the expertise of the BILH Director of Evaluation and Data to develop appropriate evaluation metrics of the CHI-funded projects.

**APPENDIX 4.2**  
**CHNA/CHIP SELF-ASSESSMENT**



# Massachusetts Department of Public Health

## Determination of Need

### Community Health Initiative

### CHNA / CHIP Self Assessment

Version: 8-1-17

This self-assessment form is to understand the Community Engagement process that has led/ will lead to the identification of priorities for community health planning processes. It is being used to demonstrate to DPH that an existing community health planning process adequately meets DPH standards for community engagement specific to Determination of Need, Community Health Initiative purposes.

This form will provide the basic elements that the Department will use to determine if additional community engagement activities will be required. When submitting this form to DPH, please also submit your IRS Form 990 and Schedule H CHNA/CHIP and/or current CHNA/CHIP that was submitted to the Massachusetts Attorney General's Office. Additionally, the Applicant is responsible for ensuring that the Department receives Stakeholder-Assessments from the stakeholders involved in the CHNA / CHIP process.

**All questions in the form, unless otherwise stated, must be completed.**

Approximate DoN Application Date:  DoN Application Type:

What CHI Tier is the project?  Tier 1  Tier 2  Tier 3

## 1. DoN Applicant Information

Applicant Name:

Mailing Address:

City:  State:  Zip Code:

## 2. Community Engagement Contact Person

Contact Person:  Title:

Mailing Address:

City:  State:  Zip Code:

Phone:  Ext:  E-mail:

## 3. About the Community Engagement Process

Please indicate what community engagement process (e.g. the name of the CHNA/CHIP) the following form relates to. This will be use as a point of reference for the following questions and does not need to be a fully completed CHNA or implemented CHIP. (please limit the name to the following field length as this will be used throughout this form):

#### 4. Associated Community Health Needs Assessments

In addition to the above engagement process, please list Community Health Needs Assessments and/or Community Health Improvement Planning Processes, if any that the Applicant been involved with in the past 5 years (i.e. CHNA/CHIP processes not led by the Applicant bur where the Applicant was involved?)

(Please see page 22 of the Community-Based Health Initiative Guidelines for reference <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>)

Add/ Del Rows	Lead Organization Name / CHNA/CHIP Name	Years of Collaboration	Name of Lead Organizer	Phone Number	Email Address of Lead Organizer
<input type="checkbox"/> <input type="checkbox"/>	Milton Substance Abuse Prevention Coalition/2019 MSAPC Community Assessment Report	2019	Laurie Stillman	6177211662	lstillman@verizon.net
<input type="checkbox"/> <input type="checkbox"/>	Blue Hills Regional Coordinating Council/Blue Hills RCC Assessment and Action Plan	2020	Ashley Stockwell	617 4718400 x235	astockwell@baystatecs.org

**5. CHNA Analysis Coverage**

Within the BIDMilton FY22 CHNA/IS , please describe how the following DPH Focus Issues were analyzed DoN Health Priorities and Focus Issues (please provide summary information including types of data used and references to where in the submitted CHNA/CHIP documents these issues are discussed):

5.1 Built Environment

See Supplemental Information

5.2 Education

See Supplemental Information

5.3 Employment

See Supplemental Information

5.4 Housing

See Supplemental Information

5.5 Social Environment

See Supplemental Information

5.6 Violence and Trauma

See Supplemental Information

5.7 The following specific focus issues

a. Substance Use Disorder

See Supplemental Information

b. Mental Illness and Mental Health

See Supplemental Information

c. Housing Stability / Homelessness

See Supplemental Information

d. Chronic Disease with a focus on Cancer, Heart Disease, and Diabetes

See Supplemental Information

**6. Community Definition**

Specify the community(ies) identified in the Applicant's BIDMilton FY22 CHNA/IS

Add/Del Rows	Municipality	If engagement occurs in specific neighborhoods, please list those specific neighborhoods:
<input type="checkbox"/> + <input type="checkbox"/> -	Milton	
<input type="checkbox"/> + <input type="checkbox"/> -	Quincy	
<input type="checkbox"/> + <input type="checkbox"/> -	Randolph	

## 7. Local Health Departments

Please identify the local health departments that were included in your BIDMilton FY22 CHNA/IS . Indicate which of these local health departments were engaged in this BIDMilton FY22 CHNA/IS . For example, this could mean participation on an advisory committee, included in key informant interviewing, etc. (Please see page 24 in the Community further description of this requirement <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>.)

Add/Del Rows	Municipality	Name of Local Health Dept	Name of Primary Contact	Email address	Describe how the health department was involved
<input type="checkbox"/> + <input type="checkbox"/> -	Milton	Milton Board of Health	Caroline Kinsella	ckinsella@townofmilton.org	Caroline Kinsella represents the Milton Board of Health on BID Milton's Community Benefits Advisory Committee which participated in the BIDMilton FY22 CHNA /IS and included in key informant interviewing
<input type="checkbox"/> + <input type="checkbox"/> -	Quincy	Quincy Health Department	Marli Cassli	mcassli@quincyma.gov	Marli Cassli was involved in the BIDMilton FY22 CHNA/IS as a key informant interview
<input type="checkbox"/> + <input type="checkbox"/> -	Randolph	Board of Health	Gerard Cody	gcody@randolph-ma.gov	Gerard Cody and his team participated in the BIDMilton FY22 CHNA/IS through a key informant interview

## 8. CHNA / CHIP Advisory Committee

Please list the community partners involved in the CHNA/CHIP Advisory Committee that guided the BIDMilton FY22 CHNA/IS . (please see the required list of sectorial representation in the *Community Engagement Standards for Community Health Planning Guidelines* <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>) Please note that these individuals are those who should complete the *Stakeholder Engagement Assessment* form. It is the responsibility of the Applicant to ensure that DPH receives the completed *Stakeholder Engagement Assessment* form:

Add/Del Rows	Sector Type	Organization Name	Name of Primary Contact	Title in Organization	Email Address	Phone Number
	Municipal Staff	Milton Council on Aging	Christine Stanton	Director	cstanton@townofmilton.org	6178984892
	Education	Quincy Public Schools	Rita Bailey	Coordinator Health Services	ritabailey@quincypublicschools.com	6179848899
	Housing	Milton Housing Authority	Brian Tatro	Executive Director	milt.ha@comcast.net	6176982169
	Social Services	Interfaith Social Services	Richard Doane	Executive Director	rdoane@interfaithsocialservices.org	6177736203 ext. 17
	Planning + Transportation	Metropolitan Area Planning Council	Heidi Stucker	Assistant Director of Public Health	hstucker@mapc.org	6179330739
	Private Sector/ Business	Randolph Chamber of Commerce	Jeanette Travaline	Executive Director	edirector@connect24ba.com	7819636862
	Community Health Center	Manet Community Health Center	Cynthia Sierra	Chief Executive officer	csierra@manetchc.org	6174044101

Add/Del Rows	Sector Type	Organization Name	Name of Primary Contact	Title in Organization	Email Address	Phone Number
	Community Based Organizations	South Shore YMCA	Katelyn Szafor	Associate Executive Director/ Medical Wellness Director	kszafor@ssymca.org	8574034706
<input type="checkbox"/> <input type="checkbox"/>	Local Public Health Departments/Boards of Health	Milton Health Department	Caroline Kinsella, BSN, RN-RS	Public Health Director	ckinsella@townofmilton.org	6178984883
<input type="checkbox"/> <input type="checkbox"/>	Additional municipal staff (such as elected officials, planning, etc.)	Town of Randolph	Michelle Tyler	Director of Planning	mt Tyler@randolph-ma.gov	7819610936
<input type="checkbox"/> <input type="checkbox"/>	Additional municipal staff (such as elected officials, planning, etc.)	City of Quincy	Melissa Horr Pond	Senior Principal Planner	mhorr@quincyma.gov	6173761053
<input type="checkbox"/> <input type="checkbox"/>	Social Services	Quincy Community Action Program	Kristen Schlapp	Chief Operating Officer	kschlapp@qcap.org	6176575374
<input type="checkbox"/> <input type="checkbox"/>	Community-based organizations	Quincy Asian Resources	Tina Ho	Integrated Service Lead of Family & Community Services	tina@quincyasianresources.org	6174722200
<input type="checkbox"/> <input type="checkbox"/>	Community-based organizations	Aspire Health Alliance	Marian Girouard-Spino	Chief Sytem Integation and Quality Officer	mgirouard@aspirehealthalliance.org	6179210743
<input type="checkbox"/> <input type="checkbox"/>	Social Services	Baystate Community Services	Daurice Cox	Chief Executive Officer	dcox@baystatecs.org	6174718400 x114
<input type="checkbox"/> <input type="checkbox"/>	Social Services	South Shore Elder Services	Tim Carey	Director of Program Development	tcarey@sselder.org	7818483939 x320
<input type="checkbox"/> <input type="checkbox"/>	Community-based organizations	First Baptist Church Randolph	Rev. Baffour Nkrumah-Appiah	Senior Pastor	pastorbaffour@fbcrandolph.net	7819636377

## 8a. Community Health Initiative

For Tier 2 and Tier 3 CHI Projects, is the the Applicant's CHNA / CHIP Advisory Board the same body that will serve as the CHI advisory committee as outlined in the Table 1 of the Determination of Need Community-Based Health Initiative Guideline (<http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-chi-planning.pdf>)?

Yes  No

## 9. Engaging the Community At Large

Thinking about the extent to which the community has been or currently is involved in the BIDMilton FY22 CHNA/IS, please choose one response for each engagement activity below. Please also check the box to the left to indicate whether that step is complete or not. (For definitions of each step, please see pages 12-14 in the *Community Engagement Standards for Community Health Planning Guidelines* <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>).

	Inform	Consult	Involve	Collaborate	Delegate	Community - Driven / -Led
<input checked="" type="checkbox"/> Assess Needs and Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please describe the engagement process employed during the "Assess Needs and Resources" phase.	See Supplemental Information					
<input checked="" type="checkbox"/> Focus on What's Important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please describe the engagement process employed during the "Focus on What's Important" phase.	See Supplemental Information					
<input checked="" type="checkbox"/> Choose Effective Policies and Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please describe the engagement process employed during the "Choose Effective Policies and Programs" phase.	See Supplemental Information					
<input checked="" type="checkbox"/> Act on What's Important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please describe the engagement process employed during the "Act on What's Important" phase.	See Supplemental Information					
<input checked="" type="checkbox"/> Evaluate Actions	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please describe the engagement process employed during the "Evaluate Actions" phase.	See Supplemental Information					

## 10. Representativeness

Approximately, how many community agencies are currently involved in BIDMilton FY22 CHNA/IS within the engagement of the community at large?

Agencies

Approximately, how many people were engaged in the process (please include team members from all relevant agencies and independent community members from the community at large)?

Individuals

Please describe the diversity of the people who have been engaged in the process both within the CHNA/CHIP Advisory Committee and the community at large. Explicitly describe how the process included diverse representation from different groups/individuals with varied gender, sexual orientation, race/ethnicity, disability status, international status and age. Please see page 10 and Appendix A of the *Community Engagement Standards for Community Health Planning Guideline* (<http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>) for further explanation of this.

Please describe the type of representation that was/is employed in the community engagement process and the rationale for that type of representation. For more information on types of representation and representativeness, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines* (<http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>). Please include descriptions of both the Advisory Board and the Community at large.

See Supplemental Information

To your best estimate, of the people engaged in BIDMilton FY22 CHNA/IS \_\_\_\_\_ approximately how many: Please indicate the number of individuals.

Number of people who reside in rural area	0
Number of people who reside in urban area	1,000
Number of people who reside in suburban area	4,000

## 11. Resource and Power Sharing

For more information on Power Sharing, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines* (<http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>).

*By community partners, we mean agencies, organizations, tribal community, health departments, or other entities representing communities.*

*By Applicant partners, we mean the hospital / health care system applying for the approval of a DoN project*

	Community Partners	Applicant Partners	Both	Don't Know	Not Applicable
Which partner hires personnel to support the community engagement activities?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who decides the strategic direction of the engagement process?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who decides how the financial resources to facilitate the engagement process are shared?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who decides which health outcomes will be measured to inform the process?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 12. Transparency

Please describe the efforts being made to ensure that the engagement process is transparent. For more information on transparency, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines*.

See Supplemental Information

## 13. Formal Agreements

Does / did the BIDMilton FY22 CHNA/IS \_\_\_\_\_ have written formal agreements such as a Memorandum of Agreement/ Understanding (MOU) or Agency Resolution?

- Yes, there are written formal agreements
  No, there are no written formal agreements

Did decision making through the engagement process involve a verbal agreement between partners?

- Yes, there are verbal agreements
  No, there are no verbal agreements

In a few sentences, can you describe the nature of the verbal agreement?

BIDMilton agreed to share data for the Town of Randolph from its FY2022 CHNA/IS with Signature Healthcare Brockton Hospital.

**14. Formal Agreement Specifics**

Thinking about your MOU or other formal agreement(s), does it include any provisions or language about:

	Yes	No	Don't Know	Doesn't Apply
Distribution of funds	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Objectives	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear Expectations for Partners' Roles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear Decision Making Process (e.g. Consensus vs. Voting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflict resolution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Conflict of Interest Paperwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

## 15. Document Ready for Filing

When the document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit. Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to DPH" button.

**This document is ready to file:**

Date/time Stamp:

E-mail submission to DPH

E-mail submission to Stakeholders and CHI Advisory Board

When providing the Stakeholder Assessment Forms to the community advisory board members(individuals identified in Section 8 of this form), please include the following information in your correspondence with them. This will aid in their ability to complete the form:

- A) Community Engagement Process: BIDMilton FY22 CHNA/IS
- B) Applicant: Beth Israel Lahey Health, Inc
- C) A link to the DoN CHI Stakeholder Assessment

**APPENDIX 4.2(a)**

**SELF-ASSESSMENT SUPPLEMENT**

## **BID-M Supplemental Information to the CHNA/CHIP Self-Assessment Form**

This narrative is to supplement information contained in the *Community Health Initiative (CHI) CHNA/CHIP Self-Assessment Form*.

- 1. DoN Applicant Information – See Self-Assessment Form**
- 2. Community Engagement Contact Person - See Self-Assessment Form**
- 3. About the Community Engagement Process - See Self-Assessment Form**
- 4. Associated Community Health Needs Assessments - See Self-Assessment Form**

### **Introduction**

During Fiscal Year 2022 Beth Israel Deaconess Hospital-Milton (“BID-M”) is funding, conducting, and collaborating on a comprehensive and inclusive community health needs assessment, prioritization process and drafting of an implementation strategy. This effort engages multiple community residents, as well as a wide range of other stakeholders, including service providers, community advocates, local public officials, faith leaders, and representatives from community-based organizations.

Lessons from the Hospital’s previous CHNA in FY19 have been incorporated into the FY22 CHNA design and process. In the spring and summer of FY21, BID-M undertook significant efforts to engage with its Community Benefits Advisory Committee (CBAC<sup>1</sup>) and other community stakeholders, to outline and strategize for the FY 22 CHNA in order to maximize opportunities to engage and seek input from priority populations.

With the CBAC’s guidance, the FY22 CHNA’s guiding principles are rooted in equity, collaboration, engagement, and capacity building. The CHNA process ensures that the Hospital works toward the systemic, fair, and just treatment of all people to engage with cohorts most impacted by COVID –19. BID-M will leverage resources to achieve greater impact by working with community residents and organizations; intentionally outreach to and interact with hardly reached populations; including but not limited to people impacted by trauma, people with disabilities and communities most impacted by inequities. BID-M will also build community cohesion and capacity by co-leading Community Listening sessions and training community residents on facilitation.

- 5. Within the BID-M FY22 CHNA/IS please describe how the following DPH Health Priorities and Focus Issues were analyzed (please provide summary information including types of data used and references to where in the submitted CHNA/CHIP documents these issues are discussed).*

### **5.1 Built Environment**

BID-M is using a multifaceted approach to conduct its FY 22 CHNA/IS processes. Such efforts include extensive community engagement with residents, public health, municipal and community-based stakeholders and organizations. The guiding principles for BID-M's FY 22 CHNA/IS process are equity, collaboration, engagement, and capacity building.

A triangulation of secondary and primary qualitative and quantitative data is building the foundation for identifying emerging needs need and laying the cornerstone for a community-engaged and participatory prioritization process. Such efforts include key informant interviews, focus groups, surveys, and community

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<sup>1</sup> The CBAC is the body that will oversee current and future CHNA cycles and Community-based HealthInitiatives.

listening sessions. BID-M's CHNA process will look at specific data indicators related to the built environment such as modes of transportation and the percentage of the population with limited access to healthy food. The CHNA will reference the following sources for secondary data: County Health Rankings; American Community Survey (U.S. Census Bureau).

## 5.2 Education

The same multi-faceted approach with a triangulation of data is used to analyze the education issues. Specific data indicators related to education that will be evaluated include the educational attainment of adults 25 years and older and percent of students across grades 9-12 who graduate. The CHNA will reference the following sources for secondary data: American Community Survey (U.S. Census Bureau); School and District Profiles, Massachusetts Department of Elementary and Secondary Education, 2020-2021.

## 5.3 Employment

The same multi-faceted approach with a triangulation of data is used to analyze the employment issues. BID-M's CHNA process will look at specific data indicators related to employment, including the unemployment rate, the percentage of families living below the federal poverty line, median household income, and the percentage of employed residents who have either experienced job loss or a reduction in work hours. In addition to the primary data sources of Key Informant Interviews, Focus Groups, and Community Surveys, the CHNA will reference the following sources for secondary data: American Community Survey (U.S. Census Bureau); MA Labor Market Information, 2020-2022; Massachusetts Department of Public Health COVID 19 Community Impact Survey.

## 5.4 Housing

The same multi-faceted approach with a triangulation of data is used to analyze the housing issues, including median housing costs for both renters and owners and residents whose housing costs are 35% or more than household income. In addition to the primary data sources of Key Informant Interviews, Focus Groups, and Community Surveys, the CHNA will also reference the American Community Survey (U.S. Census Bureau) for secondary data.

## 5.5 Social Environment

The same multi-faceted approach with a triangulation of data is used to analyze the social environment issues. Data from FY22 CHNA survey responses will focus on the percentage of respondents who report being satisfied with quality of life in community and the percentage of respondents who report that the community has good access to resources. Secondary data sources from the American Community Survey (U.S. Census Bureau) will also look at the population growth and changes over time.

## 5.6 Violence and Trauma

The same multi-faceted approach with a triangulation of data is used to analyze the violence and trauma issues, including property crime rates and rate of offenses known to law enforcement. Data from the Federal Bureau of Investigation, Offenses Known to Law Enforcement, 2016 will be referenced.

## 5.7 EOHHS Focus Issues

### *a. Substance Use Disorder*

The same multi-faceted approach with a triangulation of data is used to analyze substance use disorders. Key data indicators will include FY19 inpatient discharges and FY19 Emergency Department Volume. Preliminary data from Key Informant Interviews, Focus Groups, and Community Surveys indicated that participants voiced concerns about substance use, especially in relation to mental health and access to services. In addition to the primary data sources of Key Informant Interviews, Focus Groups, and Community Surveys, the CHNA will also reference Center for Health Information and Analysis (CHIA) Massachusetts Inpatient Discharges and Emergency Department Volume.

### *b. Mental Illness and Mental Health*

The same multi-faceted approach with a triangulation of data is used to analyze mental illness and mental health issues. Key data indicators will include FY19 inpatient discharges and FY19 Emergency Department Volume. Preliminary data from Key Informant Interviews, Focus Groups, and Community Surveys indicated that participants voiced concerns about mental health for youth and adults. In addition to the primary data sources of Key Informant Interviews, Focus Groups, and Community Surveys, the CHNA will also reference Center for Health Information and Analysis (CHIA) Massachusetts Inpatient Discharges and Emergency Department Volume and Massachusetts Department of Public Health COVID 19 Community Impact Survey.

### *c. Housing Stability / Homelessness*

The same multi-faceted approach with a triangulation of data is used to analyze the housing stability/homelessness issues, including median housing costs for both renters and owners and residents whose housing costs are 35% or more than household income. In addition to the primary data sources of Key Informant Interviews, Focus Groups, and Community Surveys, the CHNA will also reference the American Community Survey (U.S. Census Bureau) for secondary data.

### *d. Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes*

The same multi-faceted approach with a triangulation of data is used to analyze the chronic disease issues, the percent of adults who are considered obese and the percentage of adults aged 18 and older diagnosed with diabetes. In addition to the primary data sources of Key Informant Interviews, Focus Groups, and Community Surveys, the CHNA will also reference the Behavioral Risk Factor Surveillance System, 2019 for secondary data.

## **6. Community Definition – See Self-Assessment Form**

## **7. Local Health Departments – See Self-Assessment Form**

## **8. CHNA/CHIP Advisory Committee - See Self-Assessment Form**

BID-M believes in the importance of resident voices are represented during engagement and community health needs assessment and prioritization processes. The BID-M CBAC currently has the following residents on its committee:

- Vicki McCarthy, Milton resident, 617-407-4020
- Christine Tangishaka, Randolph resident, 617-291-6755

## **8a. Community Health Initiative**

BID-M will invest funds from this CT Scanner DoN CHI into the health priorities determined by the CBAC during meetings that will be held in March, May and June and possibly September 2022 and as approved by the Massachusetts Department of Public Health (“DPH”).

## **9. Engaging the Community at Large**

*Thinking about the extent to which the community has been or currently is involved in the, BID-M FY22 CHNA/IS please choose one response for each engagement activity below. Please also check the box to the left to indicate whether that step is complete or not. (For definitions of each step, please see pages 12-14 in the Community Engagement Standards for Community Health Planning Guidelines*

*<http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>*

### ***Assess Needs and Resources –Collaborate***

BID-M made an intentional effort to engage with community residents as well as a wide range of other stakeholders including social service providers, local public health officials, faith-based leaders, community advocates and representatives of community-based organizations and businesses through interviews, focus groups and surveys. Surveys were translated into 12 different languages including simplified and traditional Chinese, Vietnamese, Haitian Creole, and Spanish and were also made available as paper copies. Physical copies were delivered to local organizations and also distributed by community partners to reach those residents with limited internet access or transportation.

Beth Israel Lahey Health also engaged a social media firm with expertise in marketing and engaging BIPOC and LEP individuals, to promote engagement with the survey. The firm utilized three types of marketing channels to target diverse audiences during their peak media consumption, including diverse print publications, precision audio, and digital advertising.

Key informant interviews were conducted with municipal, public health and other community leaders. Interviews focused on populations that had previously not been engaged during past CHNA's including the homeless community, and LGBTQIA community. The hospital also held three focus groups to garner more detailed information from youth, Asian immigrants and English language learners. Participants were offered \$50 Visa gift cards in exchange for their time. A more comprehensive outline will be included in the FY2022 CHNA.

### ***Focus on What's Important – Collaborate***

BID-M will hold two Community Listening sessions in January/February 2022. Due to rising COVID rates, these sessions will be held virtually. The listening sessions will be co-hosted by community partners and breakout groups will be facilitated by "community champions," residents or trusted community leaders who can encourage participation. Invitations will be sent through CBAC members, community partners, and some paid media intended to engage with populations that have historically been hard to reach. More detailed information will be outlined in the FY2022 CHNA.

### ***Choose Effective Policies and Programs- Collaborate***

One of the discussion topics at the Community Listening sessions will focus on effective policies and programs. This feedback will be brought to the CBAC meeting in March 2022 for discussion and prioritization by the CBAC members. Given the feedback received, BID-M will look to implement

programs/policies with community partners that are evidence-based/evidence-informed. More detailed information will be outlined in the FY2022 CHNA.

### ***Act on What's Important – Collaborate***

One of the discussion topics during the Community Listening sessions will be prioritizing the unmet health needs in the community benefits service area. The hospital will be looking to residents for feedback on key topics and any needs that may have been missed during the initial data collection. Residents will be asked to rank order and prioritize the identified needs. This feedback will be brought to the CBAC meeting in March 2022 for discussion and incorporation into the Implementation Strategy. More detailed information will be outlined in the FY2022 CHNA.

### ***Evaluate Actions – Involve***

Once the needs have been identified and prioritized, and potential solutions have been discussed and added to the Implementation Strategy, BID-M will propose methods to evaluate the actions in the Implementation Strategy, which will be reviewed by the CBAC and the BID-M Board of Trustees. BID-M has and will continue to build CBAC, staff and community evaluation capacity. More detailed information will be outlined in the FY2022 CHNA.

## **10. Representativeness**

*(a) Please describe the diversity of the people who have been engaged in the process both within the CHNA/CHIP Advisory Committee and the community at large. Explicitly describe how the process included diverse representation from different groups/individuals with varied gender, sexual orientation, race/ethnicity, disability status, international status and age. Please see page 10 and Appendix A of the Community Engagement Standards for Community Health Planning Guideline (<http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>)*

The guiding principles for BID-M's FY 22 CHNA/IS process were equity, collaboration, engagement, and capacity building. The hospital's community outreach goals for the CHNA included reaching a diverse audience.

The Community Benefits Advisory Committee represents a diverse group of organizations including local health departments, schools, social service agencies, mental health providers, community-based organizations and community residents. The CBAC has a formal charter that specifies its role and responsibilities, which include the following:

- Provide input to hospital leadership when designing the CHNA, Implementation Strategy (IS), and the BID Milton Community Benefits Mission Statement;
- Guide BID Milton's triennial CHNA, in coordination with local and regional community health efforts, to identify the most pressing health needs in BID Milton's Community Benefits Service Area (CBSA)
- Assist BID-M in fulfilling DPH Determination of Need (DoN) requirements for ongoing and future DoN-related initiatives, including any CHI.
- Advise BID-M on Community Benefits programming by reviewing BID Milton Community Benefits regulatory reports.

As critical liaisons with the community, the CBAC has been very involved in engaging organizations and residents throughout the CHNA process. The CBAC has placed significant effort and emphasis to engage

hardly reached populations and/or those most impacted by inequities to ensure their interests are represented.

In addition, these populations are engaged throughout the CHNA, particularly during the survey. The survey was translated into Armenian, Cape Verdean, Simplified Chinese, Traditional Chinese, Haitian, Hindi, Khmer, Portuguese, Russian, Spanish, and Vietnamese, and was promoted to diverse populations through media outreach by a social media firm that BILH engaged for this purpose.

Working with community partners, such as the Councils on Aging, the traveling meals program, housing authorities and other community-based organizations that serve hardly reached populations such as seniors, was the method BID-M used to reach groups who may face inequities. For the focus groups, outreach through organizations that directly assist the Asian and immigrant residents of Quincy, Milton and Randolph allowed BID-M to engage with this population in their own language. To engage youth, the hospital worked with local youth groups and the public schools. In addition, the hospital engaged English language learners through English for Speakers of Other Languages classes at local organizations and public schools.

*(b) Please describe the type of representation that was/is employed in the community engagement process and the rationale for that type of representation. For more information on types of representation and representativeness, please see Appendix A from the Community Engagement Standards for Community Health Planning Guidelines (<http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>). Please include descriptions of both the Advisory Board and the Community at large.*

BID-M strives to engage the community throughout the CHNA process. The guiding principles for BID-M's FY 22 CHNA/IS process were equity, collaboration, engagement, and capacity building.

The CBAC consists of representatives from local health departments, municipal staff, education, housing, social services, transportation/planning, private sectors, community health centers, and community-based organizations and community residents. The CBAC was involved in each step of the CHNA planning and execution and will be involved in the strategy development. Engaging these community members in each step ensures a transparent process. The CBAC was essential in helping the hospital identify key members of the community who could assist in and participate throughout the CHNA process

In addition, BID-M is a member of several coalitions and regional task forces comprised of many community-based organizations and municipal staff including the Blue Hills Regional Coordinating Council, The Milton Coalition and the Randolph Community Wellness Project. BID-M relied on engaging these groups to assist with community outreach for the surveys, focus groups and listening sessions. Key informant interviews were conducted with municipal or trusted community-based leaders and others in the community who serve or represent hardly-reached populations.

## **11. Resource and Power Sharing - See Self-Assessment Form**

## **12. Transparency**

*Please describe the efforts being made to ensure that the engagement process is transparent. For more information on transparency, please see Appendix A from the Community Engagement Standards for Community Health Planning Guidelines.*

BID-M involved the Community Benefits Advisory Committee in each step of the planning, execution and strategy development for the CHNA. Engaging these community members in each step ensures a transparent process. The hospital undertook a community engagement planning process with the CBAC in advance of the CHNA (March and June 2021 meetings) to identify hard-to reach populations, and then continued this engagement throughout the data collection, feedback, prioritization and strategy development.

In addition, the FY2022 CHNA process was presented at the hospital's Annual Public Community Benefits meeting in September 2021. This meeting was widely promoted and all community members were invited to attend. Sharing and discussing this process at the annual public meeting, before BID-M began the FY 22 CHNA/IS, enabled the hospital to promote the process, obtain input on the process, and request assistance with reaching hardly reached cohorts. The hospital also invited comments and suggestions at the public meeting, thereby underscoring BID-M's commitment to a transparent and engaged process.

Finally, the hospital focused on capacity building as a means of equity and transparency, by welcoming residents to co-facilitate focus groups and community listening sessions. These steps, partnered with community engagement throughout the data collection, prioritization and planning through interviews, surveys, focus groups and listening sessions ensure a transparent process that engages the community.

## **13. Formal Agreements**

*Does / did the FY 22 CHNA/IS have written formal agreements such as a Memorandum of Agreement/ Understanding (MOU) or Agency Resolution?*

BID Milton has an agreement, known as a "charter", with members serving on its Community Benefits Advisory Committee. The Community Benefits Advisory Committee works in collaboration with BID Milton's hospital leadership, including the hospital's governing board and senior management, to support BID Milton's Community Benefits mission to serve its patients compassionately and effectively, and to create a healthy future for them, their families, and BID Milton's community. The Community Benefits Advisory Committee provides input into the development and implementation of BID Milton's Community Benefits programs in furtherance of BID Milton's Community Benefits mission.

As stated above, through active and engaged participation, the Community Benefits Advisory Committee shall assist and advise BID Milton with ongoing community engagement activities and Community Benefits efforts. In doing so, the Community Benefits Advisory Committee:

Provides input to hospital leadership when designing the Community Health Needs Assessment (CHNA), Implementation Strategy (IS), and the BID Milton Community Benefits Mission Statement;  
Guides BID Milton's triennial CHNA, in coordination with local and regional community health efforts, to identify the most pressing health needs in BID Milton's Community Benefits Service Area (CBSA);  
Assists BID Milton in fulfilling Massachusetts Department of Public Health (DPH) Determination of Need (DoN) requirements for ongoing and future DoN-related initiatives, including any Community-Based Health Initiative. This may include providing input to the Allocation Committee and evaluators about

metrics used, grantee data, and overall progress of Advisory Committee efforts. These efforts help BID Milton maximize sustainable change, monitor the impact of community investments, and achieve the greatest impact on upstream root causes that influence health and health equity in BID Milton's CBSA; Considers and evaluates options for pooled funding and/or other opportunities for leveraging resources and collaborating across different health care systems; Participates in and enhance community engagement throughout BID Milton's CBSA, including, but not limited to, BID Milton's annual Community Benefits public meeting, BID Milton Community Benefits activities, the BID Milton CHNA, and current and future DoN initiatives; and

Advises BID Milton on Community Benefits programming by reviewing BID Milton Community Benefits regulatory reports.

**14. Formal Agreement Specifics – See Self-Assessment Form**