Beth Israel Lahey Health

2025 Community Health Needs Assessment

Letter from Executive Leadership

ANN-ELLEN HORNIDGE
Chair, Board of Trustees

KEVIN TABB, MD
President & CEO

JUAN FERNANDO LOPERA
Chief Community and Health Impact Officer

Since its formation in 2019, Beth Israel Lahey Health (BILH) has brought together caregivers, clinicians, and staff in a shared commitment to delivering high-quality, compassionate care and to improve the health and wellness of the communities we serve. United by a shared mission, our more than 36,000 employees work every day to expand access to care, drive innovation, and strengthen partnerships with local organizations that are vital to individual and community well-being.

BILH encompasses a wide range of services—from academic medical centers and teaching hospitals to community hospitals, behavioral health programs, home care, primary care, and urgent care. The breadth and depth of our approach to care allow us to meet individuals where they are, providing coordinated care across the full continuum of health.

As a health system, we are deeply committed to understanding and meeting the needs of the people and communities we serve. In 2025, BILH conducted its second system-wide Community Health Needs Assessment (CHNA) in collaboration with local community organizations, faith-based organizations, health centers, and community residents. This report summarizes key findings from that assessment, highlighting both assets and strengths within the community we serve, as well as areas for potential investment and improvement.

Informed by data, community voices, and local expertise, the CHNA findings guided each hospital and its Community Benefits Advisory Committee in selecting priority health issues and populations experiencing disproportionate health challenges. At the system level, the BILH leadership team and the BILH Board of Trustees Community Benefits Committee identified overarching priorities to help align our investments and deepen impact across the region.

Over the past three years, BILH hospitals have invested more than $480 million in charity care, community health programs, and initiatives aimed at improving access to essential services. These investments reflect our belief that strong communities are essential to strong health systems—and that our role extends beyond hospital walls.

We are proud to continue this work in collaboration with our community partners, including local service providers, public health departments, social service agencies, and other organizations committed to improving community health. Together, we will build on our shared strengths, respond to evolving needs, and create healthier futures for the individuals, families and the communities who rely on us.

ANN-ELLEN HORNIDGE
Chair, Board of Trustees
Beth Israel Lahey Health

KEVIN TABB, MD
President & CEO
Beth Israel Lahey Health

JUAN FERNANDO LOPERA
Chief Community and Health Impact Officer
Beth Israel Lahey Health

Letter from the Vice President, Community Benefits & Community Relations

Nancy Kasen
Vice President, Community Benefits & Community Relations

This 2025 Beth Israel Lahey Health (BILH) Community Health Needs Assessment (CHNA) Report reflects the culmination of an extensive and collaborative effort across our system. The work was made possible by the dedication of BILH Community Benefits staff, hospital leadership, community partners, and the thousands of residents who contributed their time and insights.

In alignment with BILH's mission to improve health outcomes and expand access to high-quality care, this system-wide CHNA represents a coordinated, community-informed approach to identifying the most pressing health needs across our service area. Each hospital's Community Benefits Advisory Committee played a key role in guiding local engagement and ensuring that community voices were at the center of this process. All hospitals followed a common methodology grounded in core principles that continue to guide BILH's Community Benefits efforts: Equity, Accountability, Community Engagement, and Impact.

To inform the assessment, we engaged with over 10,000 community residents and partners through 55 focus groups, 162 interviews, 11 community listening sessions, and a broad-reaching community health survey. This work was conducted in partnership with hundreds of community-based organizations, including affiliated community health centers, safety net hospitals, and local service agencies. We also provided tools and training to support shared learning and meaningful participation, including facilitation workshops and co-leadership opportunities for community residents.

The data collected through this process shed light on a wide range of health-related challenges, including the influence of social and economic conditions, barriers to accessing timely and coordinated care, and the increasing demand for behavioral health and chronic disease management services. Each hospital used these findings to identify priority populations and issues for its Community Benefits Service Area and to inform the development of tailored Implementation Strategies that leverage existing partnerships and resources.

As part of BILH's strategic planning process, the Community Health Needs Assessment findings were reviewed by the BILH CHNA Management Advisory Group (MAG), a system-wide team of senior leaders, and the BILH Board of Trustees Community Benefits Committee. Based on their recommendations and guidance, BILH has prioritized community mental health as a system-level focus—recognizing the significant gaps in access to mental health services and the opportunity to advance solutions in collaboration with our communities.

This report outlines our collective approach, key findings, and system-level strategy, while each BILH hospital's website includes more detailed CHNA reports and Implementation Strategies. These resources will serve as the foundation for our work over the next three years as we continue to invest in programs and partnerships that promote health and well-being across the region.

We are grateful to all who contributed to this effort and look forward to continuing our shared work to create healthier communities—through connection, collaboration, and a shared commitment to making a lasting difference.

NANCY KASEN
Vice President, Community Benefits & Community Relations
Beth Israel Lahey Health

Acknowledgments

This Beth Israel Lahey Health (BILH) 2025 Community Health Needs Assessment (CHNA) Report is the culmination of a highly collaborative process that began in June 2024. At the foundation of this endeavor is a desire to engage and gather input from community residents, community-based organizations, clinicians, local health officials, elected and appointed leaders, BILH leadership, and partners throughout the health system's Community Benefits Service Area. Substantial efforts were made to provide community residents with opportunities to participate, with an intentional focus on engaging populations who have been historically underserved.

BILH was created because it was clear that something different is needed in health care. The system brings together academic medical centers and teaching hospitals, community and specialty hospitals, more than 5,900 physicians, and over 36,000 employees in a shared mission to expand access to great care close to home, and advance the science and practice of medicine through ground breaking research and education.

One element of the health system's value lies in the connections that its hospitals and partners have with the communities they serve and with the community-based health and social service organizations with which they collaborate. BILH extends its sincere appreciation to everyone who invested their time, effort, and expertise to develop each hospital's CHNA report and Implementation Strategy, which are the core outcomes of this work. This system-level report summarizes the assessment and planning activities that occurred across the system and presents key findings, community health priorities and proposed strategic initiatives for the system.

BILH would like to acknowledge the commitment and work of the BILH Board of Trustees Community Benefits Committee, the BILH Community Health Needs Assessment Management Advisory Group, and all 11 hospital Community Benefits Advisory Committees. These groups have been instrumental in the process and provided guidance with respect to community benefits and opportunities for community health impact across the system.

Finally, BILH thanks the community residents who contributed to this process. From the beginning of the assessment, thousands of community stakeholders throughout the health system's Community Benefits Service Area shared their needs, lived experiences, and expertise through interviews, focus groups, surveys, and community listening sessions. This assessment and planning work would not have been possible without their input.

Beth Israel Lahey Health Board of Trustees Community Benefits Committee

Mary Anna Sullivan, MD, Committee Chair, BILH Board of Trustees

Arese Carrington, MD, MPH, Beth Israel Deaconess Medical Center Trustee Advisory Board

Jose de la Rosa, MSBA, Beth Israel Deaconess Medical Center Leadership Board

Jane Edmonds, JD, Lahey Hospital & Medical Center Board of Trustees

Betty Francisco, JD, BILH Board of Trustees

Ann-Ellen Hornidge, JD, BILH Board of Trustees

Nate Horwitz-Willis, DrPH, BID Plymouth Board of Trustees

Raynard Kington, MD, PhD, BILH Board of Trustees

Karen McAlmon, MD, FAAP, Winchester Hospital Board of Trustees

Daniel McCullough, MD, MPhil, FAAFP, FASAM, BILH Board of Trustees

Margaret McKenna, JD, BILH Board of Trustees

Nancy Norman, MD, MPH, BILH Board of Trustees

Kevin Tabb, MD, BILH Board of Trustees

Jane Walsh, MBA, BILH Board of Trustees

2025 Beth Israel Lahey Health Community Health Needs Assessment Management Advisory Group

Nnamdi Alozie, Vice President, Strategy and Business Development, BILH

Nicole DeVita, Chief Operating Officer, BILH Performance Network

Jennifer Cullen, President, BILH Behavioral Services

Jennifer Gizmunt, President, BILH Continuing Care

Vanessa Hill, Vice President, Marketing, Brand, and Digital Strategy, BILH

Nancy Kasen, Vice President, Community Benefits and Community Relations, BILH

Erin Kelly-Clabaugh, Vice President, Institutional Giving and Transformational Gift Strategy, BILH

Dr. Nicolas Nguyen, Chief Medical Officer and Senior Vice President, BILH Primary Care

Adelline Ntatin, Vice President, Health Equity, BILH

Victoria Serues, Assistant Vice President, Philanthropy Communications, BILH

Table of Contents

Introduction and Purpose

All state-licensed, nonprofit hospitals in the United States are required to conduct a Community Health Needs Assessment (CHNA) every three years, focusing on the communities they serve. They must also develop an Implementation Strategy that outlines how the hospital will collaborate with community partners to address the identified needs. This federal requirement was established by the 2010 Patient Protection and Affordable Care Act and is overseen by the Internal Revenue Service. Attorney General's Offices in both Massachusetts and New Hampshire introduced voluntary Community Benefits Guidelines which complement the federal mandate by adding rigor and specificity to the process.

While the assessment and planning process is a requirement for licensed hospitals that are part of BILH, BILH's commitment to this process, at both the hospital level and across the system, far exceeds federal and state requirements. The triennial CHNA and planning process is an integral part of BILH's population health and community engagement activities and is essential to the organization's commitment to promoting health, enhancing access, and delivering the best care to the people and families in the communities it serves.

BILH took the unique approach of designing and implementing a highly coordinated system-wide CHNA and prioritization process across each of the system's 11 licensed hospitals. The assessment findings contained in each hospital's CHNA report, along with the hospital's associated Implementation Strategy, provides vital information that BILH's hospitals and community partners will use to help ensure that services and programs are appropriately focused, address unmet community needs, and are delivered in ways that are responsive to the communities they serve. Further, this approach allows BILH to identify opportunities for alignment and the leveraging of resources to achieve greater impact. The assessment and planning activities also provide a critical opportunity for BILH and its hospitals to engage their communities and strengthen the partnerships that are essential to BILH's success now and in the future.

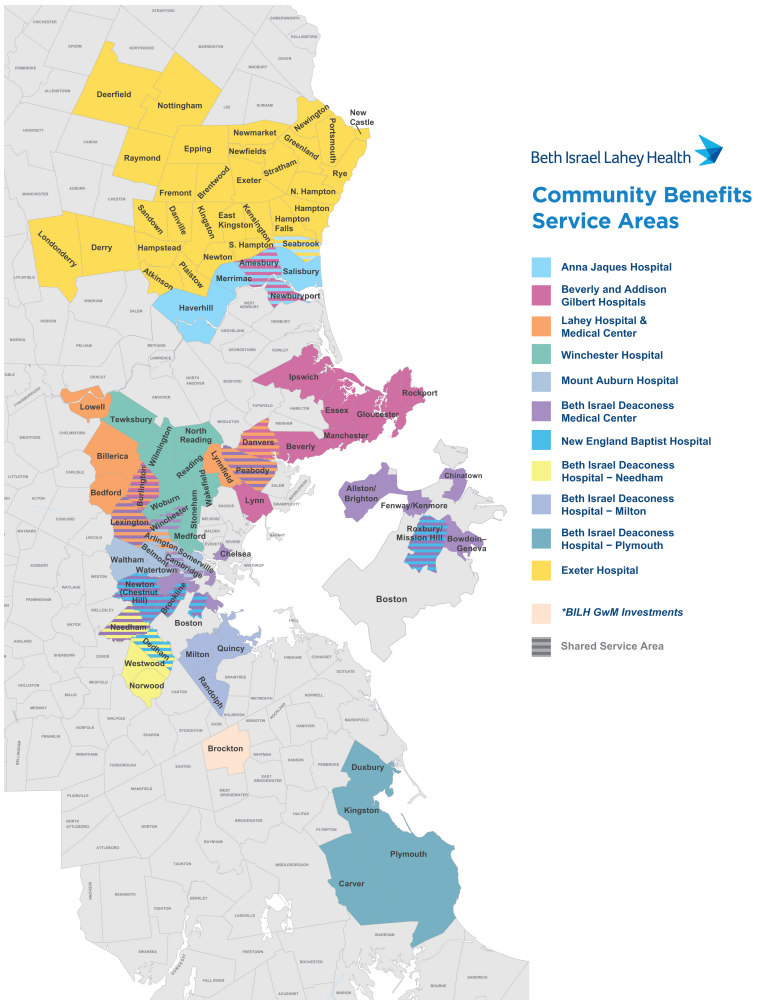
BILH is committed to promoting the health and well-being of individuals and communities by addressing health disparities and advancing health equity. Achieving health equity—defined as the opportunity for all people to attain their highest level of health—requires sustained efforts to reduce avoidable differences in health outcomes that stem from social, economic, and environmental conditions. During the assessment process, particular attention was given to understanding the needs of populations who experience a greater burden of health challenges due to longstanding and complex societal factors. The strategies developed through the CHNA and related planning efforts are designed to support the geographic, demographic, and socioeconomic groups most at risk, including those with physical and behavioral health needs.

Community Benefits Service Area

BILH's primary service area includes over 100 cities and towns across eastern Massachusetts and southeastern New Hampshire. With respect to BILH's community benefits activities and the CHNA, the service area is defined in a more focused way. The BILH Community Benefits Service Area—made up of the individual Community Benefits Service Areas from each of its 11 licensed hospitals—includes 80 municipalities and six Boston neighborhoods. Focusing the geographic area enhances BILH's opportunities for collaboration and alignment with respect to addressing unmet need and maximizing impact on community health priorities.

The municipalities and neighborhoods that make up BILH's Community Benefits Service Area 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 and semi-rural). There is also diversity with respect to community needs. Within the BILH Community Benefits Service Area, some populations have more consistent access to care and experience better health outcomes, while others face pronounced challenges related to access, social conditions, and overall health. To maximize the impact of its community benefits investments and promote health equity, BILH focuses resources on individuals and communities experiencing the most significant barriers to health and well-being.

Figure 1: BILH Community Benefits Service Area



Summary Approach and Methods

BILH's Community Benefits staff and hospitals' Community Benefits Advisory Committees dedicated countless hours to ensure a sound, objective, and inclusive assessment and planning process. The approach involved extensive quantitative and qualitative data collection and substantial efforts to engage community residents and a thoughtful prioritization and planning process.

This system-wide effort was informed by a series of guiding principles that served as a roadmap for BILH and hospital staff and helped ensure an equitable, accountable, engaged and intentional process that built community capacity and fostered community cohesion. This highly coordinated, system-wide effort added rigor to the hospitals' assessments and planning processes, promoted alignment across hospital efforts and strengthened relationships between and among BILH hospitals, community partners and the community at large. Following is a discussion of how these guiding principles were applied in BILH's CHNA and planning efforts.

Figure 2: BILH Community Health Needs Assessment Guiding Principles

Equity:

Apply an equity lens to achieve fair and just treatment so that all communities and people can achieve their full health and overall potential.

Accountability:

Hold each other to efficient, effective and accurate processes to achieve our system, department and communities' collective goals.

Community Engagement:

Collaborate meaningfully, intentionally and respectfully with our community partners and support community initiated, driven and/or led processes especially with and for populations experiencing the greatest inequities.

Impact:

Employ evidence-based and evidence-informed strategies that align with system and community priorities to drive measurable change in health outcomes.

Equity. BILH is committed to promoting health and well-being for all individuals and communities it serves, addressing health disparities, and working to achieve health equity. Throughout the assessment process, efforts were made to understand the needs of populations that are disproportionately impacted by social, economic, and environmental factors, face disparities in health-related outcomes, and are historically underserved. The Implementation Strategies developed as a result of this process focus on reaching the geographic, demographic, and socioeconomic segments of populations that are most at risk, as well as those with physical and behavioral health needs.

Engagement. BILH recognizes that authentic community engagement is critical to assessing community need, identifying the leading community health issues, prioritizing segments of the population most at-risk and crafting a collaborative and evidenced-informed Implementation Strategy. The assessment and planning approach involved extensive efforts to engage community residents through interviews, focus groups, community listening sessions, and a community health survey. Throughout this effort, great care was taken to engage and gather information from segments of the population that are historically underserved (e.g., individuals who speak a language other than English, youth, individuals living with a disability).

Capacity Building. BILH staff at the system and individual hospital-levels are committed to developing relationships with community partners that support sustained, responsive, and long-term partnerships. These relationships are critical to promoting collaboration, fostering community cohesion, and building community capacity. During the assessment and planning process, BILH staff engaged community residents and representatives from community-based organizations to help facilitate engagement activities. For the focus groups and community listening sessions, BILH hosted two training sessions on best practices for facilitation. Following this training, dozens of community members across BILH's Community Benefits Service Area helped to implement 55 focus groups and 11 community listening sessions. Residents were paid when acting as community facilitators. These activities were vital to BILH's needs assessment effort.

Intentionality. BILH is committed to conducting CHNAs that are comprehensive and objective with respect to engaging the community and gathering input on community need, barriers to access, and service gaps. BILH also understands the importance of being clear about its ability to respond to issues and its intentions with respect to investment. Care was taken to clearly communicate about barriers that prevent BILH from addressing issues that, while important, are beyond the system's scope. BILH's commitment to assessment and community engagement, combined with its commitment to clear communication, is critical to effective partnership, building trust, and maximizing the impact of its resources.

Figure 3: Core Activities of the Community Health Needs Assessment

The core activities of the 2025 CHNA process are provided above and detail the activities that BILH's hospitals conducted to respond to the federal and state guidance.

Whenever possible, BILH hospitals collaborated with one another, with hospitals outside of the health system, and with other community partners to conduct their assessments. For example, Beth Israel Deaconess Medical Center's CHNA includes information from two other collaborative assessment and planning efforts in which the medical center is involved: the Boston Community Health Collaborative's Community Health Needs Assessment—which involves nearly all of Boston's teaching hospitals and other community-based providers — and the North Suffolk Public Health Collaborative's integrated community health needs assessment in Chelsea, which involves the major service providers in Chelsea, Everett, and Revere. BILH hospitals also made special efforts to collaborate with their local "safety net" partners. For example, Mount Auburn Hospital collaborated with Cambridge Health Alliance, and Lahey Hospital and Medical Center collaborated with the Greater Lowell Health Alliance.

At the system level, considerable time and effort was invested to ensure an engaged, integrated, and collaborative assessment and planning effort in ways that increased efficiency, added rigor, promoted alignment, strengthened partnerships, and reduced burden for those who participated in the CHNA.

The Community Benefits and Community Relations leadership team fostered communication, collaboration, and integration across all 11 hospitals, including the sharing of tools and best practices, and building community and staff capacity that led to increased efficiency and quality of the effort overall.

Summary Approach

Figure 4 describes the oversight and advisory committee structures, data collection and community engagement methods, as well as the prioritization, planning and reporting efforts that were part of BILH's overall CHNA and Implementation Strategy process.

Oversight and Advisory Committees

Each of BILH's 11 licensed hospitals implemented the system-wide CHNA and planning methods within their own community, using shared tools and processes to ensure consistency across the system. These efforts were led by the hospitals' Community Benefits and Community Relations staff, with the support and involvement of the hospitals' senior leadership teams, Community Benefits Advisory Committees, local partners, and Boards of Trustees. These oversight and engagement structures are part of the federal and state requirement and help to ensure that the assessments draw information from their communities, are properly tailored to the communities in which the hospitals operate and strengthen the community partnerships that are vital to their success. BILH was established to unify its hospitals under a coordinated system, enabling them to share expertise and resources to better serve communities than they could individually. Collaboration between the hospitals and the system helps to ensure that activities are

Figure 4: BILH Community Health Needs Assessment Phases and Activities

Phase I: Preliminary Assessment & Engagement	Phase II: Focused Engagement	Phase III: Strategic Planning & Reporting
Engagement with CBACs*	Additional interviews with collaborators	Facilitation of community listening sessions to present and prioritize findings
Collection and analysis of quantitative data	Facilitation of focus groups with community residents and community-based organizations	Selection of system-wide priority with BILH Community Benefits Committee
One-on-one and small group interviews with collaborators in the Community Benefits Service Area	Dissemination of community health survey, focusing on resident engagement	Draft and finalization of CHNA reports and Implementation Strategy documents
Evaluation of community benefits activities	Presentation of findings and prioritization with CBACs and hospital leadership	Presentation of final reports to CBACs and hospital leadership
Preliminary analysis of key themes	Compilation of resource inventories	Presentation to hospitals' Boards of Trustees
Engagement with the CHNA Management Advisory Group and BILH Community Benefits Committee	Presentation of findings with the CHNA Management Advisory Group and BILH Community Benefits Committee	Distribution of results via hospital websites

*Community Benefits Advisory Committees

well-coordinated and promotes alignment and integration of the assessment and planning efforts. Following are descriptions of the oversight and advisory structures that help to ensure local input while supporting coordination, integration, and alignment across the system.

Community Benefits Advisory Committees

Each hospital has its own Community Benefits Advisory Committee comprised of representatives from community-based organizations, clinical service providers, public officials, public health and health departments, municipal leadership, businesspeople, advocacy organizations, community health centers, academic researchers, community residents, and hospital leaders. Each Community Benefits Advisory Committee met five times during the assessment and planning process and were responsible for overseeing the assessment approach, vetting findings and prioritizing the leading community health issues and population segments most in need. Each Community Benefits Advisory Committee also reviewed and provided input on their hospital's Implementation Strategy.

Community Health Needs Assessment Management Advisory Group

The BILH CHNA Management Advisory Group, comprised of senior leaders from system departments and business units, was responsible for recommending community benefits system priorities, strategies, and metrics to the BILH Board of Trustees Community Benefits Committee. Over the course of two meetings, the BILH CHNA Management Advisory Group was responsible for:

- Reviewing key themes and findings from the assessment.
- Exploring and cataloging opportunities for alignment between emerging community health priorities and existing BILH initiatives and strategies.
- Recommending system priorities and strategies to the BILH Board of Trustees Community Benefits Committee.

BILH Board of Trustees Community Benefits Committee

The Community Benefits Committee is a standing committee of the BILH Board of Trustees. The Committee met five times over the course of the CHNA and was responsible for:

- Providing guidance and recommendations on the process to conduct the CHNA and to identify and address community health priorities.
- Ensuring that the system and its hospitals had strategies in place to meet the health care (including behavioral health) needs of at-risk, underserved, uninsured, and government payer patients in the Community Benefits Service Area.
- Ensuring appropriate monitoring and reporting of data to regulatory agencies.
- Providing guidance to ensure alignment and compliance with regulatory requirements and strategic efforts of the system as a whole; and
- Ensuring communication between the BILH Board of Trustees and the boards of BILH's individual hospitals regarding compliance with community benefits requirements.

Data Collection and Community Engagement Methods

Quantitative Data Collection

BILH collected objective, quantitative data to characterize the populations and communities across BILH's Community Benefits Service Area (Figure 5). The hospitals also gathered quantitative data on health status to develop a comprehensive understanding of the leading health-related issues. Whenever possible, data was collected for specific geographic, demographic, or socioeconomic segments of the population to identify disparities and clarify the needs for specific communities or population segments.

Qualitative Data Collection and Community Engagement

BILH recognizes that authentic community engagement is critical to assessing community need, identifying community health priorities, prioritizing segments of the population most at risk and crafting collaborative and evidence-based/informed Implementation Strategies. Accordingly, in collaboration with its assessment and community engagement partners, BILH applied the Massachusetts Department of Public Health's Community Engagement Standards for Community Health Planning as a guide (Figure 6). The Community Benefits and Community Relations teams at each hospital employed a variety of strategies to ensure that community members were informed, consulted, involved, and empowered throughout the assessment process using a multi-pronged approach to community engagement. The BILH Community Benefits and Community Relations team made intentional efforts to offer multiple opportunities for community participation in the CHNA, aiming to gather broad input from a diverse range of stakeholders across the service area.

Figure 5: Quantitative Data Sources

Demographic, SES* & SDOH** Data	Commonwealth/National Health Status Data	Hospital Utilization Data	Municipal Data Sources
Age, SOGI***, race, ethnicity	Vital statistics	Inpatient discharges	Public school districts
Poverty, employment, education	Behavioral risk factors	Emergency department discharges	Local assessments and reports
Crime/violence	Disease registries		
Food access	Substance use data		
Housing/transportation	MDPH Community Health Equity Survey		

*Socioeconomic status **Social determinants of health ***Sexual orientation and gender identity

These efforts garnered an understanding of the underlying issues and challenges facing residents, service providers, public officials, and other stakeholders. All BILH hospitals conducted interviews that captured information from a range of individuals. Additionally, focus groups were convened with segments of community residents (e.g., youth, older adults, English language learners, individuals who identify as LGBTQIA+, residents of affordable housing) BILH also disseminated a community health survey, based on the U.S. Prevention Institute and the U.S. Office of Minority Health Tool for Health & Resilience In Vulnerable Environments (THRIVE), to capture information from the public at-large, including hard-to-reach and isolated population segments. BILH hospitals also held community listening sessions designed to gather information from the community-at-large, especially residents.

In total, more than 10,000 residents, service providers, public officials, and other partners were engaged across the BILH Community Benefits Service Area. Figure 7 shows the breadth of the types of stakeholders and population segments engaged in this work. Figure 8 provides details on the magnitude of the specific activities.

More detailed descriptions of needs assessment activities can be found in individual CHNA reports on each BILH hospital's website.

Prioritization and Planning

Throughout the community health needs assessment, each Community Benefits Advisory Committee received updates on the process and key findings. Community Benefits Advisory Committee members shared insights on how to improve the assessment process and vet and comment on preliminary findings. Following the community listening sessions, at which community residents and partners prioritized needs, the results were presented and discussed with each hospital's Community Benefits Advisory Committee. Each committee was asked to prioritize a set of community health priorities and populations that emerged from the listening session. These priorities were shared with each hospital's senior leadership team for further input and approval. Federal regulation requires that the hospital assessment and planning process prioritize local needs. As a result, the hospital Implementation Strategies reflect local hospital initiatives, focused on the hospital's prioritized community needs.

Common themes emerged across all hospitals; these themes were shared with the BILH CHNA Management Advisory Group and the BILH Board of Trustees Community Benefits Committee. The BILH Board of Trustees Community Benefits Committee is ultimately responsible for selecting system-wide priorities that promote alignment and collective action across the system and maximize impact of community benefits investments.

Figure 6: Massachusetts Department of Public Health Community Engagement Standards for Community Health Planning

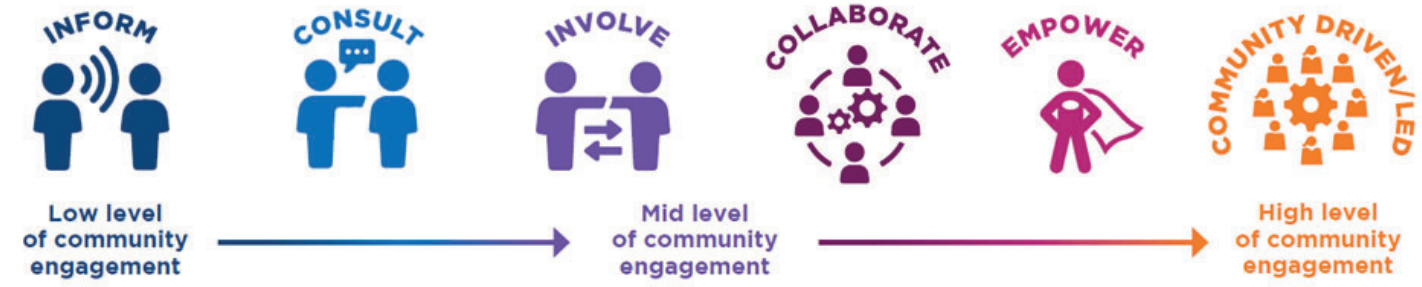


Figure 7: Populations Engaged in BILH Community Health Needs Assessments

Service Provider Categories	Population Categories
Social service agencies	Individuals living in affordable housing
Business sector/employers	Immigrants and refugees
Clinical providers (primary care, behavioral health, medical specialty care)	Individuals diagnosed with a behavioral health condition
Community and neighborhood activists and advocates	Individuals living with disabilities
Educators	Individuals impacted by violence and/or incarceration
Older adult services agencies	Individuals who are unhoused or unstably housed
Elected and appointed officials	Individuals who identify as Black, Indigenous, or People of Color (BIPOC)
Faith-based organizations	Individuals who identify as lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual (LGBTQIA+)
Health and public health collaboratives	Individuals with limited economic resources
Housing agencies	Individuals who speak a language other than English
Police, fire, and first responders	Older adults
Public health officials	Parents and caregivers
Transportation services	Individuals with chronic and/or complex conditions
Youth-focused organizations	Youth

Figure 8: Community Engagement Methods

9,728 BILH Community Health Survey respondents

162 Interviews with community partners

55 Focus groups with population and provider segments

55 Meetings with hospital Community Benefits Advisory Committees

11 Listening sessions with community residents

11 Meetings hosted by each hospital and open to the public

5 Meetings with the BILH Board of Trustees Community Benefits Committee

2 Meetings with the BILH CHNA Management Advisory Group

Summary of Key Themes

Community Characteristics

Age

Age is a key determinant of individual and community health and shapes health risks, needs, and access to care across the life course. While many young people are generally healthy, some experience challenges related to physical health, behavioral health, and social well-being. Among adolescents aged 15-19 in the United States, the leading causes of death are unintentional injuries, homicide, and suicide.[1] Older adults are at a higher risk of experiencing physical and mental health challenges and are more likely to rely on immediate and community resources for support compared to young people.[2]

Figure 9: Concerns For Youth/Adolescents and Older Adults

Youth/Adolescents	Older Adults
Mental health, including depression, anxiety, chronic stress, and behavioral issues Substance use, including vaping and alcohol use LGBTQIA+ specific issues	Mental health, including social isolation and depression Barriers to care, including costs, health insurance, transportation, and technological barriers Chronic and complex conditions Economic insecurity

Data Highlights: Age[3]

- The median age is higher than the Commonwealth in many communities in BILH's Community Benefits Service Area, especially in the Community Benefits Service Areas of Anna Jaques Hospital, Beverly and Addison Gilbert Hospitals, Beth Israel Deaconess Hospital-Plymouth, and Exeter Hospital.
- The median age is higher than the state of New Hampshire (43.4 years) in Rockingham County, New Hampshire (44.8 years).

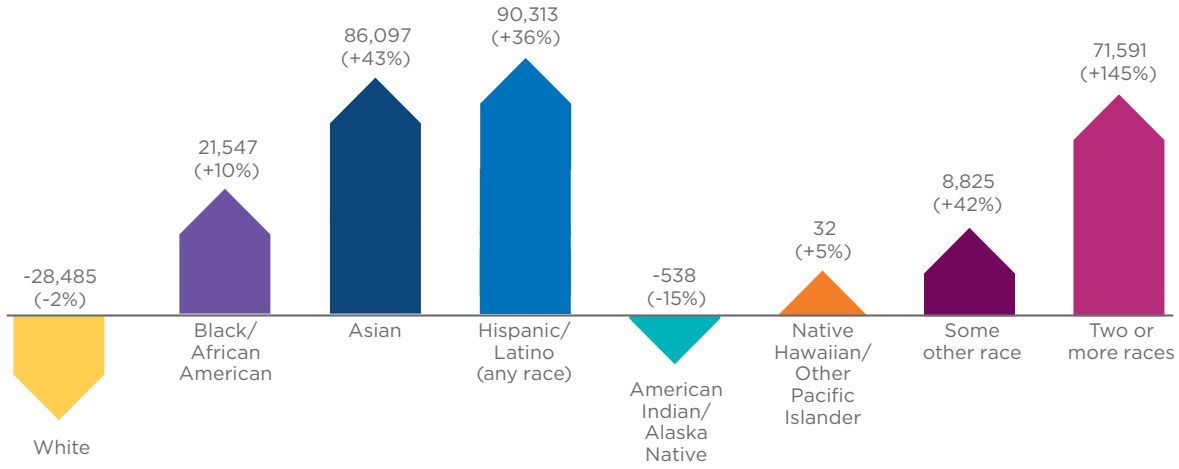
Race and Ethnicity

Racially, ethnically, and culturally diverse populations and individuals who speak languages other than English experience disparities in health outcomes and access to care.[4] This includes people of color, immigrants, refugees, and those who are undocumented. Language barriers, mistrust, difficulty navigating an unfamiliar health system, lack of health literacy, and providers' lack of cultural competency were identified as factors that affect if, when, and how individuals seek and receive care. The burden of these disparities is greater in the more urban and diverse communities, including Boston, Cambridge, Chelsea, Haverhill, Lowell, Lynn, Quincy, Randolph, and Somerville, but are also felt in smaller and more homogenous communities that have pockets of diversity.

Data Highlights: Race/Ethnicity[7]

- Communities with significantly high percentages of Black/African American residents compared to the Commonwealth (7%) as a whole: Randolph (42%), Boston (22%), Milton (15%), Lynn (12%), Cambridge (11%), and Lowell (11%).
- Communities with significantly high percentages of Hispanic/Latino residents compared to the Commonwealth as a whole (13%): Chelsea (65%), Lynn (43%), Haverhill (26%), Boston (19%), Lowell (19%), and Waltham (18%).
- Communities with significantly high percentages of Asian residents compared to the Commonwealth (7%) as a whole: Lexington (33%), Quincy (29%), Lowell (21%), Belmont (20%), Cambridge (20%), Brookline (18%), Newton (17%), Bedford (16%), Winchester (16%), Burlington (14%), Randolph (13%), Waltham (13%), Arlington (12%), Medford (12%), Somerville (12%), Watertown (12%), Needham (11%), and Boston (10%).
- Between 2010 and 2020, the percentage of white residents in BILH's Community Benefits Service Area decreased by 2%. There was an increase across all other census categories, with the exception of American Indian/Alaska Native residents.[5]

Figure 10: Population Change by Race/Ethnicity, 2010 to 2020[5]



Gender Identity and Sexual Orientation

Individuals who identify as lesbian, gay, bisexual, transgender, queer/questioning, intersexual, and/or asexual (LGBTQIA+) face issues of disproportionate violence and discrimination, socioeconomic inequality, and health disparities.[6] In Massachusetts, 9% of adults identify as LGBT or some other identity (LGBT+).[7] Interviewees, focus group and listening session participants, and survey respondents from nearly all hospital Community Benefits Service Areas report that there is a need for affirming care that recognizes the significant impacts that gender identity and sexual orientation have on health and holistically attends to social, mental, and physical needs.

Data Highlights: Gender Identity and Sexual Orientation

- Approximately 8% of Boston adults identify as lesbian, gay, bisexual or transgender; percentages in the neighborhoods that are part of BIDMC's Community Benefits Service Area are similar to the city overall (11% in Allston/Brighton, 8% in Dorchester, 7% in Fenway/Kenmore and 7% in Roxbury.)[8] Data is not available at the municipal level in other hospital Community Benefit Service Areas.
- In a focus group with LGBTQIA+ individuals in Mount Auburn Hospital's Community Benefits Service Areas, participants shared many concerns, including mental health struggles (e.g., anxiety, social isolation), lack of training among health care providers, misinformation about gender-affirming care, the use of harmful language in health care interactions, and stigma and biases against the community.

Social Determinants of Health

Economic Stability

Economic stability is affected by income/poverty, financial resources, employment, and work environment, which allow people the ability to access the resources needed to lead a healthy life.[9] Lower-than-average life expectancy is highly correlated with low-income status.[10] Those who experience economic instability are also more likely not to have health insurance or to have health insurance plans with limited benefits. Research has shown that those who are uninsured or have limited health insurance benefits are substantially less likely to access health care services.[11]

Economic insecurity is a concern in many Community Benefits Service Areas, regardless of whether the area is urban, non-urban, or considered to be affluent. Lack of gainful and reliable employment, inability to pay for health care services and copays, and inability to pay for transportation to receive health services were all identified as barriers to care. The COVID-19 pandemic magnified many existing challenges related to economic insecurity; though the pandemic has receded, individuals and communities continue to feel the impacts of job loss and unemployment, which contribute to ongoing financial hardship. Even for those who are employed, earning a livable wage remains essential for meeting basic needs and preventing further economic insecurity. While the median household income in most municipalities is higher than in the Commonwealth overall, and is higher in Rockingham County compared to New Hampshire, there are individuals and families living in poverty in every community.

Data Highlights: Economic Insecurity

- The percentage of individuals living with income below the federal poverty level is significantly high in Chelsea (21%), Boston (17%), Lowell (16%), Lynn (14%), and Cambridge (12%) compared to the Commonwealth overall (10%).[3]
- Median household income in Rockingham County ($113,900) was 19% higher than the state of New Hampshire ($95,600).[3]
- 36% of respondents to the Massachusetts Department of Public Health's Community Health Equity Survey indicated that they had trouble paying for basic needs within the past year. Percentages were even higher among respondents who had a mental health disability (71%), identified as transgender (63%), non-binary (60%), Black/African American (56%), Hispanic/Latino (56%), queer (56%), Middle Eastern or North African (48%), spoke a language other than English (47%), or were born outside the United States (41%).

Housing

Issues related to housing, including affordability and homelessness, are leading barriers to health and well-being across BILH's Community Benefits Service Area.

Lack of affordable housing and poor housing conditions contribute to a wide range of health issues, including respiratory diseases, lead poisoning, infectious diseases, and poor mental health. At the extreme are those without housing, including those who are unhoused or living in unstable or transient housing situations. This population is more likely to delay medical care and have mortality rates up to four times higher than those who have secure housing.[12] Adults who are unhoused or living in unstable situations are more likely to experience mental health issues, substance use, intimate partner violence, and trauma; children in similar situations may have difficulty in school and are more likely to exhibit antisocial behavior.[13]

> "Housing quantity and quality is an issue. It's difficult to find affordable apartments, but we also have housing that doesn't meet health or safety codes. People who are marginalized don't want to call an agency to improve their housing, because they fear they'll lose it. People are living in difficult and poor conditions."
>
> BILH Interviewee

Across BILH's Community Benefits Service Area, interviewees, and focus group and listening session participants expressed concern over the limited options for affordable housing, which many characterized as a crisis. Specific concerns included the increasing housing and rental prices, high percentages of cost-burdened owners and renters, and concerns for the ability of older adults on fixed incomes to remain in their homes. Research shows that a lack of affordable housing limits opportunities to increase earnings.[13]

Data Highlights: Housing

- Approximately 23% of Commonwealth residents and 20% of New Hampshire households in owner-occupied housing units (with a mortgage) spend more than 35% of their total household income on housing costs. Compared to the Commonwealth, percentages were significantly higher in Chelsea (36%), Carver (32%), Quincy (29%), Lowell (28%), and Plymouth (27%).[3]
- 52% of BILH Community Health Survey respondents chose "more affordable housing" as one of the things they'd like to improve in their community (the most popular response).
- 23% of BILH Community Health Survey respondents reported that they had trouble paying for costs associated with housing (e.g., rent, mortgage, taxes, insurance) sometime within the past 12 months.
- More than 5,000 students (approximately 10% of the district) attending Boston Public Schools in the 2023-2024 school year experienced homelessness.[14]

Food Insecurity

Issues related to food insecurity, food scarcity, and hunger are risk factors for poor health for adults and children. Throughout BILH's Community Benefits Service Area, most residents have adequate access to grocery stores. Individuals engaged throughout the assessment process were more concerned with the affordability, quality, and nutritional value of food offerings. Research shows that several factors influence healthy eating, including the quality and price of fruits and vegetables, marketing of unhealthy food, and limited education of how to prepare healthy foods.

Many communities rose to meet food insecurity challenges during the pandemic; food pantries expanded their capacity, new food-related programs were launched, and organizations worked collaboratively across sectors to ensure that individuals (particularly youth and older adults) and families had access to food during a time of heightened economic insecurity. Interviewees engaged in the assessment shared that demand has continued to rise since the pandemic, and there was still a need for funding and support to maintain these community resources.

Data Highlights: Food Insecurity

- The percentage of households who received Supplemental Nutrition Assistance Program (SNAP) benefits in the past year is significantly higher in Lynn (29%), Lowell (25%), Chelsea (24%), Randolph (22%), Haverhill (21%), and Boston (19%) compared to the Commonwealth overall (14%).[3]
- The percentage of households who received SNAP benefits in the past year is significantly lower in Rockingham County (3.5%) compared to the state of New Hampshire (6%).[3]
- 22% of BILH Community Health Survey respondents identified "better access to healthy food" as something they would like to see improve in their community.

Transportation

Lack of access to affordable and reliable transportation is an issue in non-urban communities that are not as well served by systems of public transport. Lack of transportation has an impact on access to health care services and is a determinant of whether an individual or family can access basic resources. Access to affordable and reliable transportation widens opportunity and is essential to addressing poverty and unemployment; it allows access to work, school, healthy foods, recreational facilities, and other community resources.

There is limited quantitative data to characterize issues related to transportation. Many interviewees, focus group participants and survey respondents reported that lack of transportation was a critical barrier to accessing care and community and social services (e.g., senior centers, community centers, grocery stores) and impeded the ability to socialize, especially for older adults without access to a personal vehicle. Transportation was also a limiting factor for low-resource individuals and families in that it hindered one's ability to get to work, school, and childcare in a timely and efficient manner.

Data Highlights: Transportation

- 30% of BILH Community Health Survey respondents chose "better access to public transportation" as one of the things they'd like to improve in their community.
    - » Percentages are higher among respondents who spoke a language other than English (97%) compared to English speakers (31%).
    - » Percentages are higher among respondents living with a disability (33%) compared to individuals without a disability (29%).

Violence

Domestic/interpersonal violence, community violence and the impacts of trauma are issues of concern, particularly in Community Benefits Service Areas of hospitals in Boston (Beth Israel Deaconess Medical Center and New England Baptist Hospital). These issues impact health on many levels, from death and injury to emotional trauma, anxiety and isolation, and adversely impact social cohesion within a community.

Data Highlights: Violence

- 18% of BILH Community Health Survey respondents chose "lower crime and violence" as one of the things they'd like to improve in their community.
    - » Percentages are higher among respondents who spoke a language other than English (92%), were under 18 years of age (43%), were born outside of the United States (24%), or identified as a race/ethnicity other than white (23%).

"There are issues of violence and discrimination in our neighborhoods. COVID led to an increase in anxiety, stress, and physical violence which has had impacts. People are dealing with safety issues and concerns. We are seeing an increase in dangerous behaviors, from hate crimes to voter suppression."

BILH focus group participant

Systemic Factors

Capacity of Health Care Workforce

Community residents across BILH's Community Benefits Service Area reported difficulty accessing medical services across the service spectrum, including primary care, behavioral health care, and medical specialty services services. Many individuals engaged in the assessment reported issues caused by inadequate workforce capacity, including long waiting lists and providers not accepting new patients due to full patient panels.

Many of the communities in BILH's Community Benefits Service Area have strong systems of safety net providers, however there are many low-income, Medicaid-insured, uninsured, and other segments who struggle to access primary care, specialty care services, and the continuum of behavioral health care services. Issues that impede the ability of individuals to access these services include insurance coverage, shortages of providers (particularly providers that are bilingual), costs of care, and challenges navigating the health system.

> "The demand-to-access ratio is so skewed right now. I think you'll see this at any healthcare institution. I know of a clinic that is booking out until December of 2025 for new patients and has a wait list of over 100 patients seeking something sooner."
>
> BILH Interviewee (interviewed in November 2024)

Data Highlights: Capacity of Health Care Workforce

- 20% of BILH Community Health Survey respondents reported that health care in the community does not meet people's physical health needs.
- 30% of BILH Community Health Survey respondents selected "can't get an appointment" as the barrier that prevents them from getting needed health care (the top response).

Navigating the Health Care System

Many barriers to care are linked to difficulties navigating the health care system— understanding insurance coverage and costs, language and cultural barriers, lack of transportation, lack of health literacy, and lack of access to technological resources.

> "We aren't doing enough to help patients know what they are doing with their health care. They just go back to the hospital. Having help with coordinating care would be huge."
>
> BILH Interviewee

The complexity of health insurance and health care systems overall was frequently identified as a barrier to care. New England has a wealth of world-class medical providers, facilities, and resources; despite this, interviewees and focus group participants reported that segments of the population—namely individuals best served in a language other than English, immigrants and refugees, individuals living with disabilities, and individuals with limited economic resources—struggle to know what services are available and how to access them.

Health Insurance

Both Massachusetts and New Hampshire have relatively high rates of health insurance coverage compared to national averages. However, individuals in both states face challenges enrolling in, understanding, and maintaining their health insurance. These challenges are particularly pronounced among individuals who speak a language other than English and encounter language and cultural barriers when navigating the health system; older adults who must navigate the complexities of Medicare and, for those with limited incomes, Medicaid (MassHealth in Massachusetts and NH Medicaid in New Hampshire); and those who do not quality for public insurance or assistance programs and struggle to afford the rising cost of health care premiums.

Even among those who are insured, coverage does not always meet all health care needs. For individuals enrolled in Medicaid, whether through MassHealth or NH Medicaid, there may be a limited number of specialty providers who accept their insurance or who cap the number of visits covered, making it difficult to access timely, comprehensive care.

Data Highlights: Health insurance

- Compared to the Commonwealth overall (2.6%), the percentage of the population without health insurance is significantly higher in Lowell (4%), Quincy (4%), and Boston (3%).[3]
- Compared to the state of New Hampshire (5.5%), the percentage of the population without health insurance is significantly lower in Rockingham County (4.4%).[3]

Climate Change and Environmental Sustainability

Climate change and sustainability are critical considerations for community health, as environmental factors significantly influence air quality, water safety, food security, access to health car services, and the spread of infectious diseases. While the community at large may not have prioritized this topic in the assessment process, it represents an emerging need with the potential for severe, long-term health impacts if left unaddressed. Notably, research consistently shows that children, socially vulnerable people, older adults, people with chronic conditions, and individuals living with disabilities face disproportionately higher risks and burdens from the effects of climate change.[15]

Data Highlights: Climate Change and Environmental Sustainability

- The 2022 Massachusetts Climate Change Assessment identified many potential impacts of climate change in the Commonwealth:[16]
    - » Increasing temperatures will increase power outages, which may lead to higher rates of food contamination, changes in food production, and supply chain disruptions. Temperature change is also associated with a broad range of impacts on mental health and overall well-being.
    - » Degraded air quality will lead to over 100 additional asthma cases annually by 2030.
    - » Effects from flooding may delay access to emergency health and first responder services, leading to a doubling effect on mortality and morbidity by 2050.
- The 2021 New Hampshire Climate Assessment predicts that temperatures in the state are likely to continue to rise throughout the 21st century, leading to an increase in extreme heat days. The state will also likely see an increase in extreme precipitation events, which will have an impact on individuals and communities.[17]

Health Status and Outcomes

Mortality

Deaths from all causes (all-cause mortality), deaths before the age of 75 (premature mortality) and disease-specific mortality rates (e.g., deaths due to cancer, deaths due to heart disease) are higher in some municipalities compared to statewide averages in both Massachusetts and New Hampshire. Chronic and complex conditions such as diabetes, heart disease, cancer, and respiratory diseases, were not consistently raised as top concerns by interviewees, focus group participants, or listening session attendees. Nevertheless, these conditions remain among the leading causes of death in both states.

Data Highlights: Mortality

- Life expectancy at birth is 80.6 years of age in the Commonwealth. Among municipalities, life expectancy is lower than the Commonwealth in Lowell (77.7), Chelsea (78), Lynn (78.3), Salisbury (79), Carver (79.1), Quincy (79.3), Haverhill (79.7), Beverly (79.8), Amesbury (79.9), Norwood (80), Gloucester (80.2), Somerville (80.2), Tewksbury (80.2), Dedham (80.3), Wakefield (80.4), Woburn (80.4), and Medford (80.5).[18]
- The leading causes of death in New Hampshire include cancer, heart disease, and chronic lower respiratory disease.[19]

Risk Factors

Chronic disease risk factors (e.g., high blood pressure, physical inactivity, poor nutrition, tobacco/alcohol use) are known contributors to the leading causes of death, like heart disease, cancer and stroke. Engaging in healthy behaviors and limiting the impacts of these risk factors is known to improve overall health status and well-being and reduces the risk of illness and death from chronic conditions.

The assessment collected quantitative information related to tobacco use, alcohol use, physical activity, and nutrition. While these issues were not prioritized by most interviewees, focus group and listening session participants, and survey respondents, addressing the risk factors for chronic disease is at the heart of community health work.

Data Highlights: Risk Factors

- When asked to name the things they would most like to improve about their community, 22% of BILH Community Health Survey respondents chose “better access to healthy foods” and 16% chose “better parks and recreation.”
- 33% of adults in New Hampshire and 31% of adults in Massachusetts have been diagnosed with high blood pressure.[20]
- 22% of adults in Massachusetts and 21% of adults in New Hampshire report doing no physical activity or exercise, outside of their regular job, in the past 30 days.[21]

Mental Health

Mental health is a leading community health issue in all hospital Community Benefits Service Areas. Mental health issues underlie many health and social concerns and their impacts were discussed in nearly all interviews, focus groups and listening sessions across BILH’s Community Benefits Service Area. Clinical service providers and community residents discussed the burden of mental health issues, specifically the prevalence of depression and anxiety, for all segments of the population, but especially for youth. Specific concerns for youth include depression, anxiety, chronic stress, behavioral issues, and suicidality. These issues were exacerbated by the pandemic, as personal and social lives, household dynamics, and schooling were upended. These effects are still being felt, even years later.

> “I’m stunned and concerned about all of the young adults who say they have a therapist, a diagnosis, and a supportive family, and still don’t feel worthy. Even kids with support systems say they aren’t able to manage. The suicide rates scare me. We really need to pay attention to this.”
>
> BILH interviewee

Many interviewees and focus group and listening session participants identified similar mental health issues for the general adult population – specifically depression, anxiety, and chronic stress.

Social isolation among older adults is a concern. While there are many active senior centers and Councils on Aging

throughout BILH's Community Benefits Service Area, it may be difficult for older adults to attend activities or utilize services because of transportation or mobility issues.

One notable improvement from the 2022 Community Health Needs Assessment was a decrease in mental health stigma. Individuals engaged in the assessment noted an increase in programs that provided mental health treatment and support, and a willingness to discuss mental health concerns, especially among young adults.

"Older adults are socially isolated and so lonely. There are folks in our community who feel disconnected, and need help and support."

BILH interviewee

Data Highlights: Mental Health

- 53% of BILH Community Health Survey respondents chose "mental health issues (anxiety, depression, etc.) as one of the top five issues that matters most in their community (the top response).
- 35% of BILH Community Health Survey respondents reported that the health care system in their community does not meet the community's mental health needs.
    - » Percentages are higher among individuals who speak a language other than English (51%) and those who identify as a race/ethnicity other than white (47%).
    - » Percentages are higher among residents that identify as LGBTQIA+ (49%).
    - » Percentages are higher among individuals living with a disability (43%).
    - » Percentages are higher among individuals under 18 (49%) and over 65 (38%).

Substance Use

Leading substance use issues were opioids, alcohol misuse and marijuana. Behavioral health providers reported that individuals struggle to access behavioral health services, including rehabilitation and detoxification, inpatient and outpatient treatment, counseling and supportive services. Many interviewees, focus group, and listening session participants reported a need for holistic treatment services that address common co-occurring issues, including mental health conditions and issues around housing and economic insecurity. There were also concerns about the stigma associated with substance use, both in communities and among health care providers.

Interviewees, focus group and listening session participants and survey respondents shared concerns about the traumatic effect the opioid epidemic has had on individuals, families, caregivers, and entire communities.

Individuals also reported an increase in the use of alcohol and marijuana among adults and youth.

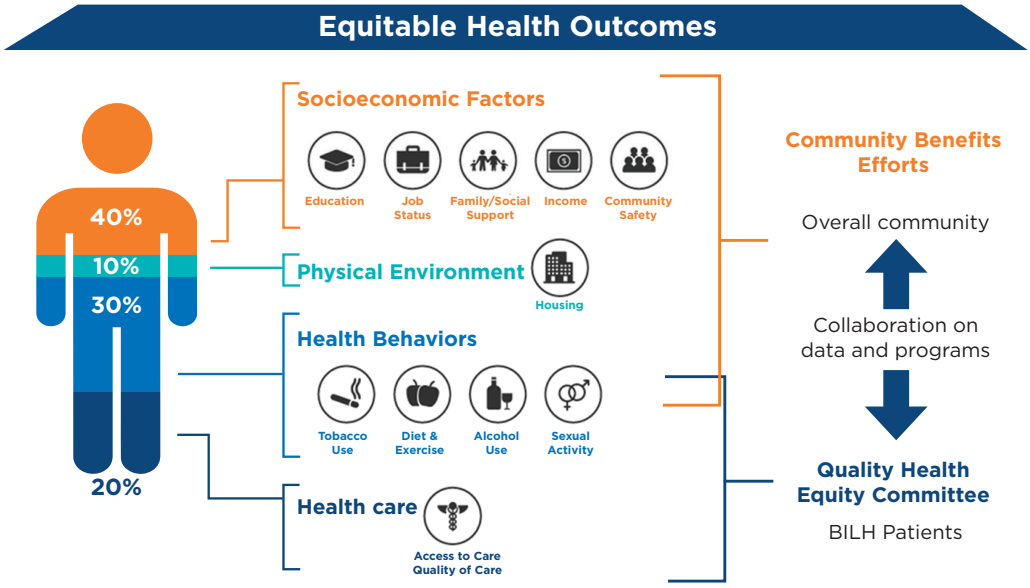
Data Highlights: Substance Use

- The rate of emergency department discharges due to substance use disorders among those aged 18-44 is higher than the Commonwealth overall (2,079 per 100,000) in Lowell (3,854), Mission Hill (3,724), Haverhill (3,664), Gloucester (3,134), Lynn (2,919), Salisbury (2,352), Beverly (2,133), Chelsea (2,125), and Peabody (2,110).[22]
- In Rockingham County, 17% of adults reported binge alcohol use (defined as consuming 5 or more drinks for men, or 4 or more drinks for women, on a single occasion), compared to 16% for the state of New Hampshire overall.[23]

Community Health Priorities and Implementation Strategies

BILH and its hospitals are committed to promoting health, enhancing access, addressing disparities, and delivering the best care for those who live throughout its Community Benefits Service Area. BILH's community benefits activities are an integral part of this commitment.The CHNA results underscore what is widely recognized - that only 20% of what influences the health of a community is related to health care, with the other 80% related to socioeconomic factors, conditions in the physical environment, and personal health behaviors. BILH is dedicated to working towards health equity for all and is actively engaged in eradicating disparities in access, care experiences, and health outcomes within its diverse patient population.

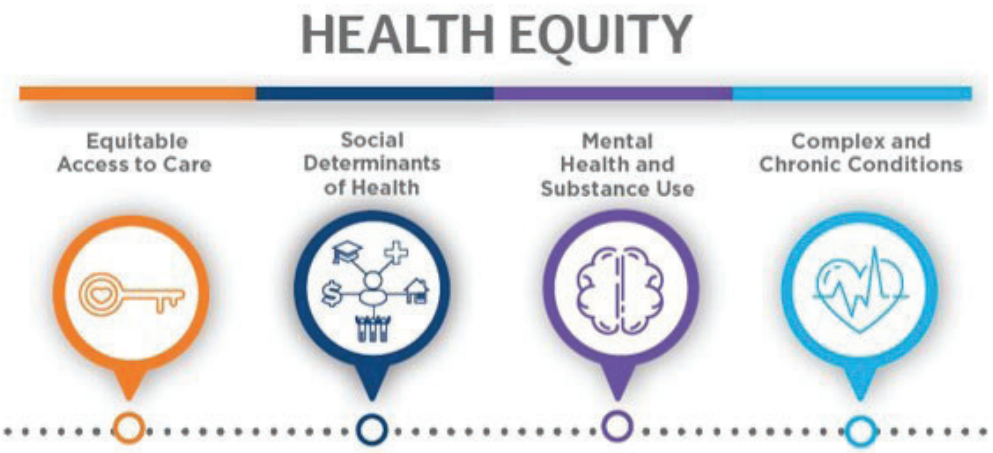
Figure 11: Factors that influence population health



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014) [Adapted from the Bridgespan Group]

Reinforcing that the bulk of health outcomes are due to socioeconomic factors, physical factors, and health behaviors, the local hospitals' Community Benefits Advisory Committees, community residents, and other local partners prioritized the following community health issues: equitable access to care, social determinants of health, mental health and substance use, and chronic and complex conditions. Underlying all four of these priorities was a common thread of health equity. Local hospitals' Community Benefits Advisory Committees recognized that issues of equity affect people's ability to get the care and services they need, when and where they need them.

Figure 12: BILH Hospital Priority Areas



BILH Community Benefits and Community Relations staff, in close collaboration with hospital senior leadership teams and Community Benefits Advisory Committees, were responsible for reviewing the CHNA findings and identifying segments of the population most impacted by health status issues and/or experiencing health-related disparities. All 11 BILH hospitals prioritized older adults, youth, and low-resourced populations. Ten of the 11 hospitals prioritized racially, ethnically, and linguistically diverse populations and individuals living with disabilities. Five hospitals prioritized LGBTQIA+ populations. Additionally, one hospital prioritized individuals and families affected by violence and/or incarceration.

Implementation Strategies

Federal and state guidelines require local hospitals to develop an Implementation Strategy that details how the hospital plans to accomplish its community benefits mission and address the needs and priorities identified by the assessment. The hospitals' Implementation Strategies identify the specific community health needs and population segments that were prioritized during the assessment process and outline the hospitals' plans to address each of the prioritized needs. The Implementation Strategies are a critical component of the assessment and planning process, as they facilitate collaboration and collective action at the local level.

Community benefits information, including individual hospital CHNA reports and full Implementation Strategies, can be accessed using the following links:

- Anna Jaques Hospital
- Beth Israel Deaconess Hospital-Milton
- Beth Israel Deaconess Hospital-Needham
- Beth Israel Deaconess Hospital-Plymouth
- Beth Israel Deaconess Medical Center
- Beverly and Addison Gilbert Hospitals
- Exeter Hospital
- Lahey Hospital & Medical Center
- Mount Auburn Hospital
- New England Baptist Hospital
- Winchester Hospital

A summary of goals and strategies from across BILH hospitals is included below.

Equitable Access to Care

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.

- Expand and enhance access to health care services by strengthening existing service capacity and connecting patients to health insurance, essential medications, and financial counseling.
- Advocate for and support policies and systems that improve access to care.

Social Determinants of Health

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.

- Support programs and activities that promote healthy eating and active living by expanding access to physical activity and affordable, nutritious food.
- Support programs and activities that assist individuals and families experiencing unstable housing to address homelessness, reduce displacement, and increase home ownership.
- Provide and promote career support services and career mobility programs to hospital employees and employees of other community partner organizations.
- Support programs and activities that foster social connections, strengthen community cohesion and resilience, and address public safety concerns and impacts of violence.
- Support community/regional programs and partnerships to enhance access to affordable and safe transportation.
- Advance environmental sustainability and climate resilience by reducing carbon emissions, conserving natural resources, strengthening community and infrastructure preparedness for climate-related disruptions, and addressing the health impacts of climate change, with a focus on support for those most affected.
- Advocate for and support policies and systems that address social determinants of health.

Mental Health and Substance Use

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.

- Support mental health and substance use education, awareness, and stigma reduction initiatives.
- 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.
- Advocate for and support policies and programs that address mental health and substance use.

Complex and Chronic Conditions

Goal: 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.

- Support education, prevention, and evidence-based chronic disease treatment and self-management support programs for individuals at risk for or living with chronic conditions and/or their caregivers.
- Promote maternal health equity by addressing the complex needs that arise during the prenatal and postnatal periods, supporting access to culturally responsive care, meeting social needs, and reducing disparities in maternal and infant outcomes.
- Advocate for and support policies and systems that address those with chronic and complex conditions.

Each of the 11 hospitals' assessment and planning processes were designed to identify and prioritize community health needs at the local hospital level. In addition, Community Benefits staff worked to support the planning process, to identify opportunities to support alignment, and enhance the impact of community benefits investments across the system. The BILH CHNA Management Advisory Group, comprised of senior leadership across the system, met twice throughout the assessment and planning process to review assessment findings and explore potential alignment between emerging community health priorities and existing BILH initiatives.

After considerable review, thought, and discussion, the BILH Board of Trustees Community Benefits Committee agreed that community mental health should continue to be the system-wide priority, building on efforts from previous years. The BILH Board of Trustees Community Benefits Committee agreed that the emphasis of these efforts should be focused on reducing substance use stigma and working with partners to address mental health in community-based settings, with an emphasis on youth.

While it will take some time for BILH and its partners to determine specific community benefits investments. BILH is committed to leveraging its considerable behavioral health resources and expertise and working with BILH's network of hospitals and behavioral health partners to address the burden of mental health issues identified through the CHNA process.

References

1. Centers for Disease Control and Prevention. (2023). Adolescent health. Retrieved from https://www.cdc.gov/nchs/fastats/adolescent-health.htm
2. World Health Organization. Ageing and health. Retrieved from https://www.who.int/news-room/fact-sheets/detail/ageing-and-health
3. U.S. Census Bureau, American Community Survey, 2019-2023
4. Ndugga, N., Hill, L., and Artiga, S. (2024). Key data on health and health care by race and ethnicity. Retrieved from https://www.kff.org/key-data-on-health-and-health-care-by-race-and-ethnicity/
5. U.S. Census Bureau, Decennial Census, 2010 and 2020
6. Dawson, L., Long, M., Frederiksen, B. (2023). LGBT+ people's health status and access to care. Kaiser Family Foundation. Retrieved from https://www.kff.org/report-section/lgbt-peoples-health-status-and-access-to-care-issue-brief/
7. Cahill, S., Crebase, W., and Knox, M.S. (2025). LGBTQ+ people in Massachusetts. Retrieved from https://www.tbf.org/-/media/tbf/reports-and-covers/2025/lgbtq-people-in-massachusetts_corrected_2025.pdf
8. Boston Behavioral Risk Factor Surveillance System (2010, 2013, 2015, 2017). Boston Public Health Commission.
9. Healthy People 2030. Economic stability. Retrieved from https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability
10. Chetty, R., Stepner, M., Abraham, S. (2016). The association between income and life expectancy in the United States, 2001-2014. The Journal of the American Medical Association, 315(16), 1750-1766. DOI: 10.1001/jama.2016.4226
11. National Center for Health Statistics. (2017). Health insurance and access to care. Retrieved from https://www.cdc. gov/nchs/data/factsheets/factsheet_hiac.pdf
12. Krieger, J. and Higgins, D.L. Housing and Health: Time Again for Public Health Action. American Journal of Public Health, vol. 92, no. 5, 2002, 758–768.
13. Kottke, T., Abariotes, A., and Spoonheim, J.B. Access to Affordable Housing Promotes Health and Well-Being and Reduces Hospital Visits. The Permanente Journal, vol. 22, 2018, 17–79.
14. United Way of Massachusetts Bay, Boston College School of Social Work, Rennie Center. Supporting student housing stability in Massachusetts: A policy guide. Retrieved from https://www.renniecenter.org/sites/default/files/2024-09/Supporting%20Student%20Housing%20Stability%20in%20Massachusetts%20A%20Policy%20Guide.Final_.pdf
15. United States Environmental Protection Agency. Climate change and human health: Who's most at risk? Retrieved from https://www.epa.gov/climateimpacts/climate-change-and-human-health-whos-most-risk#risk
16. Massachusetts Executive Office of Energy and Environmental Affairs. 2022 Massachusetts Climate Change Assessment. Retrieved from https://www.mass.gov/doc/2022-massachusetts-climate-change-assessment-december-2022-volume-i-executive-summary/download
17. University of New Hampshire: The Sustainability Institute. New Hampshire Climate Assessment 2021. Retrieved from https://scholars.unh.edu/cgi/viewcontent.cgi?article=1071&context=sustainability
18. Centers for Disease Control and Prevention and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project, 2010-15.
19. Centers for Disease Control and Prevention. (2024). National Center for Health Statistics: CDC WONDER
20. America's Health Rankings. (2023). High blood pressure in Massachusetts. Retrieved from https://americashealthrankings.org/explore/measures/Hypertension/MA
21. America's Health Rankings. (2023). Physical inactivity in Massachusetts and New Hampshire. Retrieved from https://www.americashealthrankings.org/explore/measures/Sedentary/MA
22. Massachusetts Center for Health Information and Analysis, 2024
23. New Hampshire Department of Health and Human Services. (2023). Retrieved from https://wisdom.dhhs.nh.gov/wisdom/dashboard.html?topic=alcohol-misuse&subtopic=misuse-among-adults&indicator=binge-alcohol-use-among-adults

Beth Israel Lahey Health