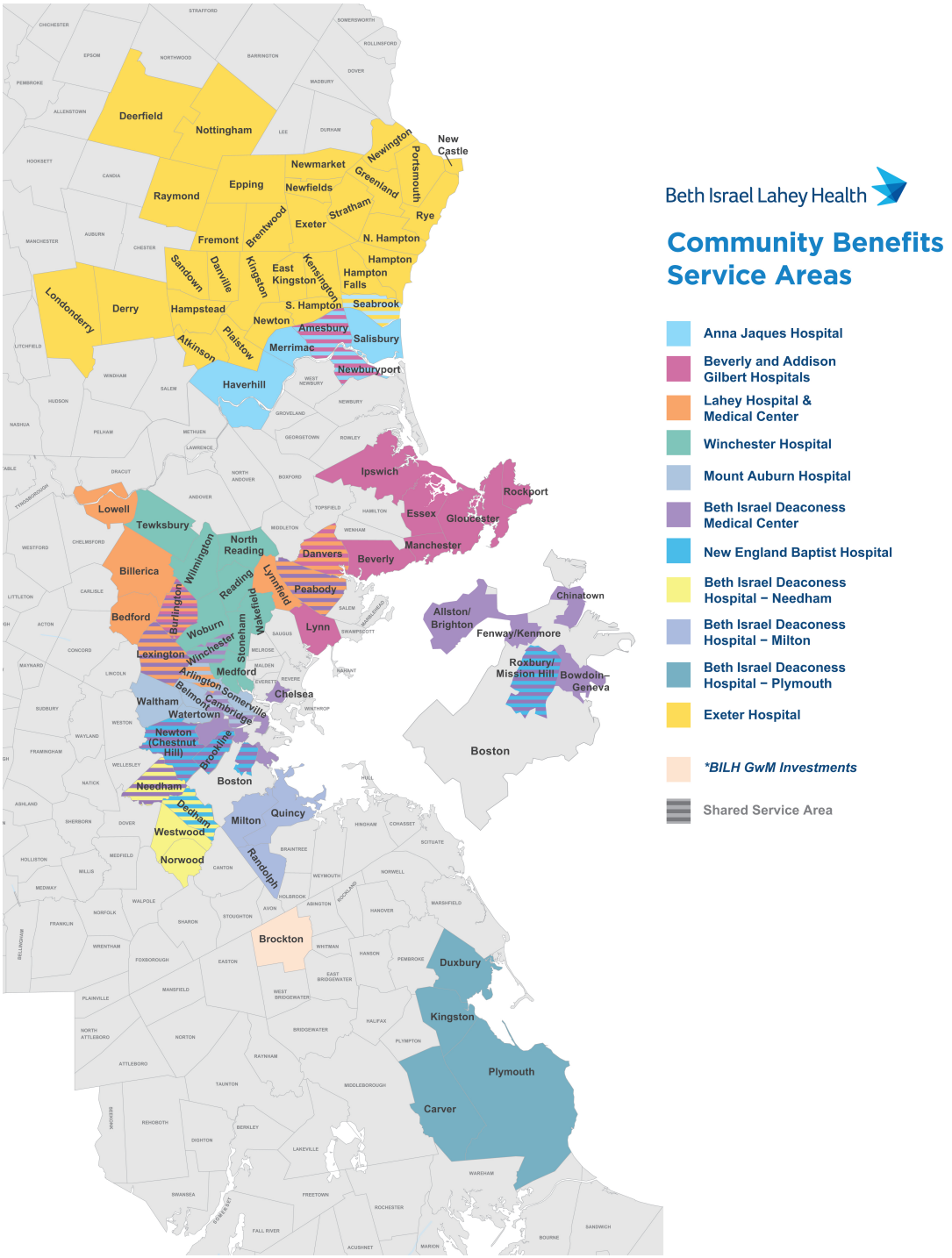
Beth Israel Lahey Health

FY26-FY28
Community Benefits Strategy

Beth Israel Lahey Health (BILH) 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 Community Health Needs Assessment (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.

Figure 1: BILH Community Benefits Service Area



BILH Community Health Needs Assessment

The triennial CHNA and planning process are integral parts of BILH's population health and community engagement activities. All of these initiatives are 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. This system-wide effort was informed by guiding principles that serve as a roadmap for the entire organization and help to ensure an equitable, accountable, engaged, and intentional process that built community capacity and fostered community cohesion.

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.

BILH's dedication and commitment to the communities it serves and to partnership—both across its system and with its community partners, including local service providers, public health departments, social service agencies, community health centers, and other community stakeholders—will remain strong and continue to be the cornerstones of its ability to make a difference for patients, families, and communities in the years to come.

Throughout the CHNA process, each BILH hospital assessed the community health needs of its Community Benefits Service Area (CBSA) by reviewing secondary data and engaging community leaders and residents in interviews, focus groups, surveys, and listening sessions.

BILH Blueprint 2030

Blueprint 2030 is a bold plan that outlines BILH's vision and action plan for the future and BILH's commitment to the patients and communities it serves. Importantly, Blueprint 2030 includes a number of strategies to address the needs of the communities with the highest social risk factors, particularly due to mental health and economic instability. Specifically, it identifies five strategic priorities for community impact:

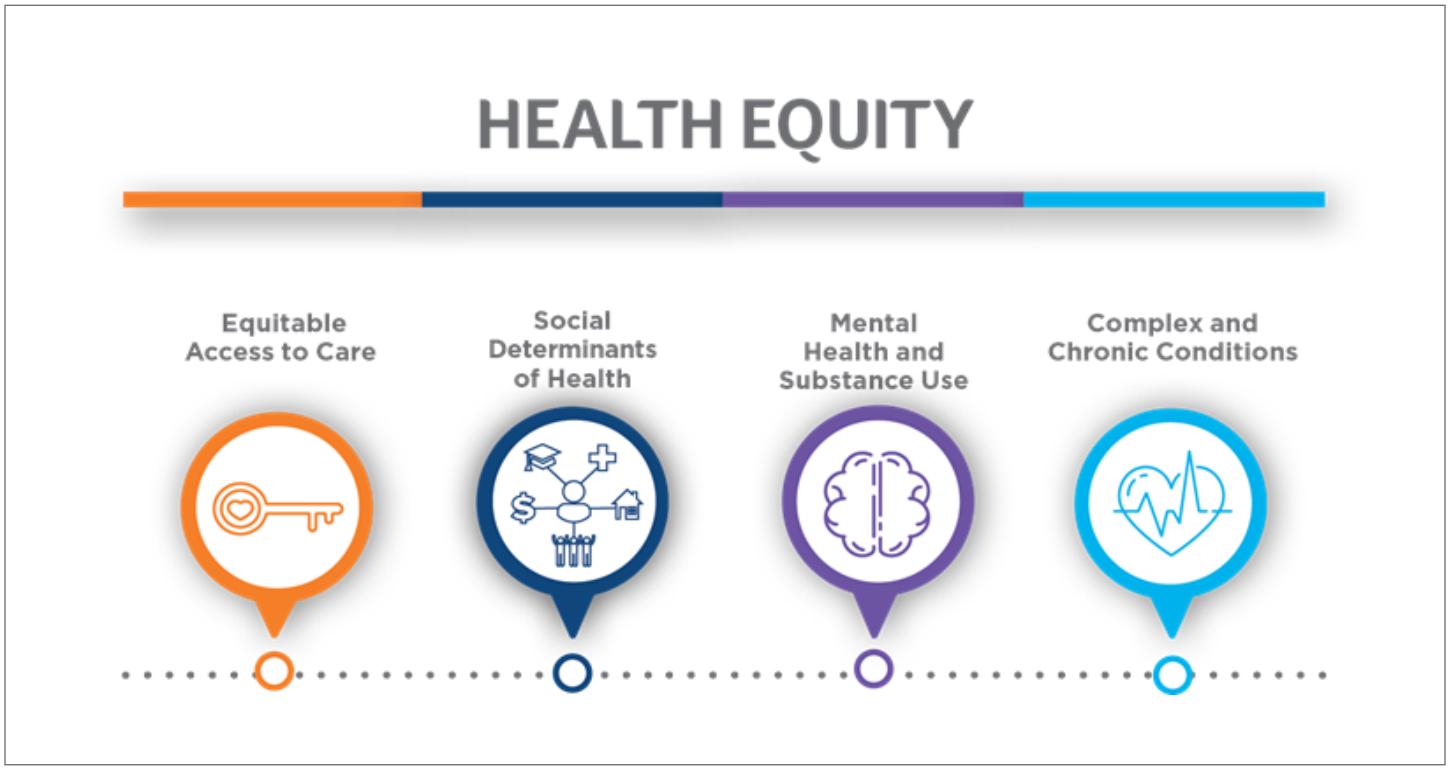
- Comprehensive and standardized screening for the Social Determinants of Health, integrated into the electronic medical record.
- Integrated, system-wide social services platform and dedicated staff to match patients with resources.
- Scalable investment in top Social Determinants of Health domains (e.g., food, housing, etc.).
- Expanded behavioral health and mental health services within the BILH CBSA with high social risk factors.
- Multicultural, multilingual behavioral health and mental health telehealth services.

BILH Community Benefits Prioritization and Strategy

Each BILH hospital, working with their Community Benefits Advisory Committees (CBACs), prioritized the needs identified through the CHNA and developed a three-year Implementation Strategy. While each hospital's Implementation Strategy is focused on addressing the most pressing needs in their local community, the Community Benefits staff worked to align strategies, identify common themes, and adopt or design standard approaches across the system, as appropriate. Over time, such alignment will enhance efficiency and program effectiveness at the hospital and system levels and create opportunities for greater impact of local and system-level community initiatives and investments.

Seeking to promote alignment and foster greater impact at the system-level, the Community Benefits staff also shared common themes with the BILH CHNA Management Advisory Group and the BILH Board of Trustees Community Benefits Committee. Among all of the community health priorities (see Figure 3), the BILH Board of Trustees Community Benefits Committee was ultimately responsible for selecting a single system-wide priority for collective action. 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. For more in-depth information on process, methods, and findings, please see the 2025 BILH Community Health Needs Assessment report.

Figure 3: Community Health Priority Areas Across BILH Hospitals



The BILH Community Benefits Strategy draws upon the commonalities and strengths of the individual hospitals' Implementation Strategies, the community mental health system priority, and the BILH Blueprint 2030 strategic plan's community impact priorities. The following Community Benefits Strategy summarizes the actions that BILH and its hospitals will undertake over the next three years to support impactful and evidence-based/evidence-informed strategies, and move BILH's community benefits work more upstream by focusing on the root sources and causes of health status. The Community Benefits Strategy is organized around the four priorities identified across the hospitals' CHNAs to drive impact at the local hospital and system levels. All four priorities are anchored to health equity, the attainment of the highest level of health for all people, and ensuring that initiatives focus on reaching the geographic, demographic, and socioeconomic segments of populations most at risk, as well as those with physical and behavioral health needs.

Table 1 (below) contains a summary of the BILH Community Benefits goals and expected outcomes. Following the table are more details about the action steps that BILH and its hospitals and business units will take to achieve these goals, engage communities, and ultimately promote health, enhance access, address disparities, and deliver the best care for those who live within the BILH CBSA.

Equitable Access to Care	Social Determinants of Health	Mental Health and Substance Use	Chronic and Complex Conditions
Goal	**Goal**	**Goal**	**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.	Enhance the built, social, and economic environments where people live, work, play, and learn in order to improve health and quality-of-life outcomes.	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.	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.
Expected Outcomes	**Expected Outcomes**	**Expected Outcomes**	**Expected Outcomes**
• Increase access to health care services for priority cohorts. • Increase access to programs and activities that support culturally and linguistically competent care. • Increase access to primary care and medical specialty care.	• Increase knowledge of resources to address health-related social needs among patients. • Increase housing stability among participants in community benefits programs. • Increase access to food resources among participants in community benefits programs. • Increase community capacity to address local needs.	• Increase referrals and access to timely mental health and substance use services. • Increase screening, assessment, and engagement in appropriate treatment. • Increase youth resiliency skills. • Decrease mental health and substance use stigma.	• Increase chronic disease management and reduce disparities for metabolic diseases. • Decrease time between abnormal cancer finding and treatment. • Decrease disparities in maternal health outcomes.

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.

Expected Outcomes:

- Increase access to health care services for priority cohorts.
- Increase access to programs and activities that support culturally and linguistically competent care.
- Increase access to primary care and medical specialty care.

BILH will achieve this by:

1. Expanding and enhancing access to health care services by strengthening existing service capacity and connecting patients to health insurance, essential medications, and financial counseling.

   Actions:
   - Disseminate information on hospital financial counselors, health insurance options, transportation, and pharmacy programs to all patients.
   - Facilitate primary and specialty care access to Medicaid covered, uninsured, and underinsured individuals.

2. Advocating for and supporting policies and systems that improve access to care.

   Actions:
   - Identify and support relevant local, state, and federal policies that increase access to health 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.

Expected Outcomes:

- Increase knowledge of resources to address health-related social needs among patients.
- Increase housing stability among participants in community benefits programs.
- Increase access to food resources among participants in community benefits programs.
- Increase community capacity to address local needs.

BILH will achieve this by:

1. Supporting programs and activities that promote healthy eating and active living by expanding access to physical activity and affordable, nutritious food.

   Actions:
   - Provide support for farmers markets, food pantries, and community-supported agriculture shares.
   - Install hydroponic container farming programs to bring fresh produce to urban and/or food insecure communities.

2. Supporting programs and activities that assist individuals and families experiencing unstable housing to address homelessness, reduce displacement, and increase home ownership.

   Actions:
   - Partner with and provide grant support to organizations that address homelessness, flexible funding for emergent housing needs, and housing instability.

3. Providing and promoting career support services and career mobility programs to hospital employees and employees of other community partner organizations.

   Actions:
   - Partner with local community-based organizations and career centers to promote community hiring.
   - Invest in pipeline programs to strengthen the local workforce and address underemployment.
   - Provide citizenship classes, one-on-one career and academic advising, and English as a second or other language classes.

4. Supporting programs and activities that foster social connections, strengthen community cohesion and resilience, and address public safety concerns and impacts of violence.

   Actions:
   - Partner with local community-based organizations to promote community healing, violence prevention, community safety, and social engagement.

5. Supporting community/regional programs and partnerships to enhance access to affordable and safe transportation.

   Actions:
   - Partner with local community-based organizations and local/regional public transit agencies to improve public transit and mobility enhancement programs.

6. Advancing environmental sustainability and climate resilience by reducing carbon emissions, conserving natural resources, strengthening community and infrastructure preparedness for climate-related disruptions, and address the health impacts of climate change, with a focus on support for those most affected.

   Actions:
   - Identity and support activities that promote sustainability and environmental health.

7. Advocating for and supporting policies and systems that address the social determinants of health.

   Actions:
   - Identify and support relevant local, state, and federal policies that address the 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.

Expected Outcomes:

- Increase referrals and access to timely mental health and substance use services.
- Increase screening, assessment, and engagement in appropriate treatment.
- Increase youth resiliency skills.
- Decrease mental health and substance use stigma.

BILH will achieve this by:

1. Supporting mental health and substance use education, awareness, and stigma reduction initiatives.

   Actions:
   - Engage with primary care clinics, faith-based organizations, YMCAs, elder services agencies, and other community organizations to support outreach, raise awareness, and promote engagement in care.
   - Enhance relationships and partnerships with schools, youth-serving organizations, and other community partners to increase resiliency, coping and prevention skills to implement evidence-based activities and curricula for youth and families.
   - Support education and training on Screening, Brief Intervention, Referral to Treatment (SBIRT), Question, Persuade, Refer (QPR™), Mental Health First Aid™, and/or other evidence-based programs.

2. Supporting activities and programs that expand access, increase engagement, and promote collaboration across the health system to enhance high-quality culturally and linguistically appropriate services.

   Actions:
   - Collaborate with clinical and non-clinical partners in the community to support those with mental health and substance use issues to access and engage in the screening, assessment, treatment, and recovery support services they need, when and where they need them.
   - Promote programs and activities with community health workers, recovery coaches, behavioral health navigators, and peer support workers that provide navigation assistance.

3. Advocating for and supporting policies and programs that address mental health and substance use.

   Actions:
   - Amplify current resources to access mental health and substance use services and supports to normalize conversation to help reduce stigma.
   - Support education and training opportunities to build skills to identify, understand, and effectively refer individuals experiencing mental health and substance use issues for appropriate treatment and assistance.
   - Build capacity of communities to provide mental health and substance use navigation services by providing funding to organizations for community-based behavioral health navigators.

Chronic and Complex Conditions

Goal: Improve health outcomes and reduce disparities for individuals at risk of 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.

Expected Outcomes:

- Increase chronic disease management and reduce disparities for metabolic diseases.
- Decrease time between abnormal cancer finding and treatment.
- Decrease disparities in maternal and infant health outcomes.

BILH will achieve this by:

1. Supporting education, prevention, and evidence-based chronic disease treatment and self-management support programs for individuals at risk for or living with chronic conditions.

   Actions:
   - Implement culturally and linguistically-oriented programs to address chronic disease, specifically diabetes and hypertension.
   - Offer culturally and linguistically-oriented cancer screenings and navigation to needed appointments.
   - Ensure older adults have access to coordinated health care, supportive services and resources that support overall health and the ability to age in place.
   - Offer opportunities for community members to decrease their risk of developing and/or improve their management of complex and chronic conditions.

2. Promoting 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 health outcomes.

   Actions:
   - Offer culturally responsive pre- and postnatal case management and care coordination programs.

3. Advocating for and supporting policies and systems that address those with chronic and complex conditions.

   Actions:
   - Identify and support local, state, and federal policies that address chronic and complex conditions.

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