Community Health Priorities and Priority Population Segments

This section provides a summary of the priority issues and priority populations that were identified through BIDMC's Boston CHNA-CHIP Collaborative assessment and planning processes. A full Implementation Strategy (IS), with goals, priority populations, objectives, strategies, metrics, and partners, may be found in Appendix F.

Core Implementation Strategy (IS) Planning Principles and State Priorities

In developing the IS, care was taken to ensure that BIDMC's community health priorities were aligned with the Commonwealth of Massachusetts priorities set by MDPH and the MA AGO (Table 21). Care was also taken to ensure that the IS was aligned with broader principals drawn from the Commonwealth's Community Benefits Guidelines and the literature on how to best promote community health improvement and prevention efforts.

Table 21: Massachusetts Community Health Priorities

Community Benefits Priorities	Determination of Need Priorities
• Housing stability and homelessness • Mental illness and mental health • Substance Use Disorders • Chronic disease, with a focus on cancer, heart disease, and diabetes	• Built environments • Social environments • Housing • Violence • Education • Employment

Priority Populations

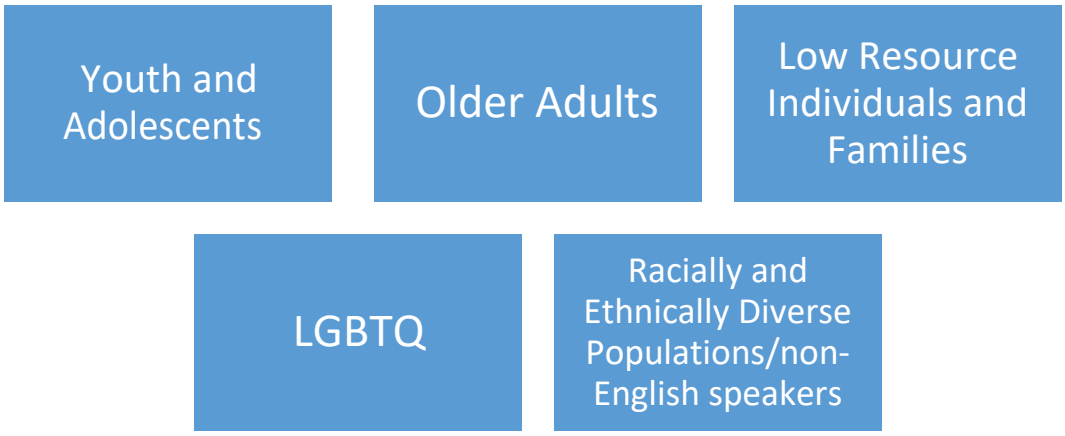
BIDMC is committed to improving the health status and well-being of all residents living throughout its CBSA. Certainly all geographic, demographic, and socioeconomic segments of the population face challenges of some kind that can hinder their ability to access care or maintain good health. Regardless of age, race/ethnicity, income, family history, or other characteristics, everyone is impacted in some way by health-related risks. With this in mind, BIDMC's IS includes activities that will support residents throughout its CBSA, across all segments of the population.

In recognition of the considerable health disparities that exist in some communities, BIDMC focuses the bulk of its Community Benefits resources on improving the health status of low income and underserved populations living in the city of Chelsea and the Boston neighborhoods of Allston/Brighton, Bowdoin/Geneva, Chinatown, Fenway/Kenmore, and Roxbury/Mission Hill.

While there are certainly segmentsof the populations in Brookline, Chestnut Hill, Lexington, and Needham that are vulnerable and underserved, the greatest disparities exist in Chelsea and Boston. In order to maximize the impact of its Community Benefits resources, BIDMC's Community Benefit Committee (CBC) voted to prioritize and focus BIDMC's attentionon themore urban, high-need communities in BIDMC's CBSA.

Based on the findings from the breadth of BIDMC's assessment activities, further efforts were made to prioritize certain population segments by race/ethnicity, socio-economic status, and other factors. More specifically, the CBC and the CBSLT voted to prioritize youth and adolescents, older adults, low-resource individuals and families, LGBTQ populations, racially/ethnically diverse populations, and limited-English speakers.

Figure 38: BIDMC Priority Populations 2020-2022



Following is a summary of the factors that led BIDMC's CBC and CBSLT to prioritize these population segments.

Youth and Adolescents

Youth and adolescents were identified as among the most vulnerable and at-risk populations in the CBSA. Participants' reasons for believing this group should be prioritized varied, but centered on the impacts of mental health and substance use. Adolescence is a critical transitional period that includes biological and developmental milestones that are important to establishing long-term identity and independence but can lead to conflict, isolation and tension between adolescents and parents or caregivers. During this time, young people may struggle to access health education and information, social services, or may be seen by providers that misunderstand the needs of those in this age group. Although adolescents are generally healthy, many do struggle with health and social issues, such as obesity (e.g., poor nutrition and lack of physical activity), mental health (e.g., depression, anxiety, stress), substance use (e.g., cigarettes/vaping, marijuana, alcohol, opiates), sexually transmitted infectious, and injuries due to accidents.

Older Adults

Chronic disease, social isolation/lack of family support, living on fixed incomes, affordable housing, and transportation were identified as significant issues for the older adult population. In the U.S. and the Commonwealth, older adults are among the fastest growing age groups.

Chronic/complex conditions are the leading cause of death among older adults, and older adults are more likely to develop chronic illnesses such as hypertension, diabetes, COPD, congestive heart failure, depression, anxiety, Alzheimer's disease, Parkinson's disease and dementia than younger adult cohorts. By 2030, the CDC and the Healthy People 2020 Initiative estimate that 37 million people nationwide, 60% of the older adult population ages 65 years and over will need to manage more than one chronic medical condition. Significant proportions of this group experience hospitalizations, are admitted to nursing homes, receive home health services, and/or require health and social supports in community-based settings. Addressing these concerns demands a health and social service system that is robust, diverse, and responsive.

Low Resource Individuals and Families

Key informants, focus group participants, and BIDMC leadership discussed the challenges that individuals and families face when they are forced to decide between housing, health care, transportation, childcare, food, and other essentials. These choices often lead to missed care or delays in care, due to either the direct costs of care (co-pays and deductibles) or the indirect costs of transportation, childcare, or missed wages. There was near consensus that lack of affordable and high-quality housing was a leading issue in BIDMC's CBSA. Participants also spoke of the intense challenges that many moderate-income individuals and families face due to the high cost of living, combined with the fact that most of those in the middle-income group are not eligible for public programs like Medicaid, food stamps, Healthy Start, and other subsidized services.

LGBTQ

Massachusetts has the second largest LGBTQ population of state in the nation (5%). While societal acceptance of the LGBTQ community has increased greatly over the past few decades, this population still faces discrimination and health disparities. The LGBTQ community continues to face issues of disproportionate violence and discrimination, socioeconomic inequality, and health disparities.

The LGBTQ population is a large and diverse population, though there is a tendency to view LGBTQ as a monolithic identity, some experience greater disparities than others do. In Massachusetts, transgender residents experience higher rates of poverty, unemployment, and homelessness compared to those who are not transgender. [40]

The Human Rights Campaign Foundation continues to recognize BIDMC as a "Leader in LGBTQ Healthcare Equality" – meaning the institution consistently demonstrates its deep commitment to LGBTQ patients and families. BIDMC is committed to providing equitable care for all and will continue to uphold non-discrimination policies for LGBTQ patients and employees, equal visitation for same-sex partners and parents, and LGBTQ health education for staff members.

Racially and Ethnically Diverse Populations and Limited-English Speakers

As referenced throughout this report, there are significant disparities in health care access, health outcomes, and barriers to care by race, ethnicity, place of origin, and language ability. These disparities

[40] Equality and Equity Report

are especially prevalent in Boston and Chelsea where there is a greater percentage of non-White residents, foreign-born individuals, and non-English speakers. These disparities create and contribute to generational patterns of inequity and injustice.

BIDMC is committed to working to address these inequities. BIDMC commits to continuing to engage, collaborate, and empower individuals in these communities and to break down the barriers that impede people from accessing high quality and affordable healthcare.

Community Health Priority Areas

BIDMC's Boston CHNA-CHIP Collaborative assessment is a population-based assessment. The goal was to engage the community and compile quantitative and qualitative information to identify the leading health-related issues affecting individuals in the CBSA, including social determinants of health, service gaps, and barriers to care. The priorities that have been identified have been framed broadly to ensure that the full breadth of unmet needs and community health issues are recognized. These priorities were identified through an integrated and thorough review of all of the quantitative and qualitative information captured across all of the components of BIDMC's CHNA. The priorities have been identified to maximize impact, reduce disparities, and promote collaboration and cross-sector partnership.

During the later stages of the CHNA process, significant efforts were made to vet the priority issues with leadership and the community-at large, through meetings with the CBC and the CBSLT. BIDMC is confident that these priorities reflect the sentiments of those who were involved in the assessment and community engagement processes. Based on the findings from the breadth of BIDMC's CHNA activities, the CBC and the CBSLT voted to prioritize 1) Social determinants of health, 2) Chronic/complex conditions and their risk factors, 3) Access to care, and 4) Mental health and substance use.

Figure 39: BIDMC Priority Areas 2020-2022

The community health priorities that have been prioritized by the CHNA in Figure 37 above are described in detail in the next section of this report, along with a listing of the goals related to these priority areas that BIDMC's Community Benefits staff, the CBC, and CBSLT believe will drive achievement. The objectives and strategic initiatives, by priority area, that will be part of BIDMC's Implementation Strategy are included in BIDMC's Summary Implementation Strategy, included in Appendix F

Community Health Needs not Prioritized by BIDMC's CBC

It is important to note that there are community health needs that were identified by BIDMC's assessment that, due to the limited burden that these issues present and/or the feasibility of having an impact in the short- or long-term on these issues, were not prioritized for investment. Namely, transportation and education were identified as community needs but these issues were deemed by the CBC and the CBSLT to be outside of BIDMC's primary sphere of influence and have opted to allow others in its CBSA, the Greater Boston region, and the Commonwealth to focus on these issues. This is not to say that BIDMC will not support efforts in these areas. BIDMC remains open and willing to work with hospitals across Beth Israel Lahey Health's network, with COBTH, and other public and private partners to address these issues, particularly as part of a broad, strong collaborative.

BIDMC Implementation Strategy & Community Benefits Resources

BIDMC's current 2017-2019 Implementation Strategy was developed in 2016 and addresses all of the priority areas identified by this CHNA. Certainly, this CHNA has provided new guidance and invaluable insight on the characteristics of the population, social determinants of health, barriers to care, and leading health issues that has informed and allowed BIDMC to update its current Implementation Strategy.

Included below, organized by priority area are the core elements of BIDMC 2020 – 2022 Implementation Strategy. The content of the strategy is designed to address the underlying social determinants of health, barriers to care, and promote health equity. The content is also designed to address the leading community health priorities, including activities geared to health education and wellness (primary prevention), identification, screening, and referral (secondary prevention), and disease management and treatment (tertiary prevention – including access to care, self-management support, harm reduction, treatment of acute illness, and recovery).

Below is a brief discussion of the resources that BIDMC will invest to address the priorities identified by the CBC and CBSLT. Following the discussion of resources are summaries of each of the selected priority areas and a listing of the goals that have been established for each priority area.

Community Benefits Resources

BIDMC expends substantial resources on its community benefits program to drive achievement on the goals and objectives in its current Implementation Strategy. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by BIDMC or its partners to improve the health of those living in its CBSA. Additionally, BIDMC works on its own or with its partners to leverage funds through public or private grants and other funding sources. Finally, BIDMC supports residents in its CBSA by providing "charity" care to low income individuals who are deemed unable to pay for care and services provided at its service sites. Moving forward, BIDMC will commit resources in amounts comparable to if not more than what has historically been expended through the same array of direct, in-kind, leveraged, or "charity" care expenditures.

BIDMC and its leadership is committed to community benefits budget planning which ensures the funds and resources available to carry out its community benefits mission and to implement activities to address the needs identified by this CHNA. Recognizing that community benefits planning is ongoing and will change with continued community input, BIDMC's Implementation Strategy will evolve. Circumstances may change with new opportunities, requests from the community, community and public health emergencies, and other issues may arise, which may require a change in the IS or the strategies documented within it. The CBC, the CBSLT, and BIDMC's Board of Trustees are committed to assessing information and updating the plan as needed.

Following are brief descriptions of each priority area, along with the goals that were established by BIDMC to respond to the CHNA findings and the planning process. Please refer to the Implementation Strategy (IS) for more details.

PRIORITY AREA 1: SOCIAL DETERMINANTS OF HEALTH

According to the World Health Organization, the social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.[41] Quantitative and qualitative data from all aspects of BIDMC's CBSA CHNA showed clear geographic and demographic disparities related to the leading social determinants of health (e.g., economic stability, housing, transportation, violence, food access, education, and community cohesion). These issues influence and define quality of life for many segments of the population in BIDMC's CBSA. Housing, poverty, transportation, violence, and food access were identified as having a particularly substantial impact on residents in living in Boston and Chelsea.

Figure 40: PRIORITY AREA 1: SOCIAL DETERMINANTS OF HEALTH

Priority Area 1: Social Determinants of Health
Goal 1: Promote Healthy Neighborhoods (Healthy Eating, Active Living, Other Healthy Behaviors, Health-related Programs/Policies)
Goal 2: Promote Violence Prevention (Safe Neighborhoods and Community Cohesion)
Goal 3: Promote Affordable Housing
Goal 4: Promote Home Ownership
Goal 5: Support Workforce Development and Creation of Employment Opportunities
Goal 6: Promote Environmental Sustainability

PRIORITY AREA 2: CHRONIC / COMPLEX CONDITIONS & THEIR RISK FACTORS

Based on a review of the quantitative data compiles for this assessment, heart disease, stroke and cancer are by far the leading causes of death in the nation, the Commonwealth, and in BIDMC's CBSA. Roughly 7 in 10 deaths can be attributed to these three conditions. If you include respiratory disease (e.g., asthma, Congestive heart failure, and COPD) and diabetes, which are in the top 10 leading causes across nearly all geographies than one can account for the vast majority of causes of death. All of these

[41] https://www.who.int/social_determinants/sdh_definition/en/ (Accessed on August 9, 2019)

conditions are generally considered to be chronic and complex and can strike early in one's life, quite often ending in premature death. In this category, heart disease, diabetes, and hypertension were thought to be of the highest priority, although cancer was also discussed frequently in the focus groups and forums. There are also a number of communities within the CBSA that have higher rates of certain types of cancer than the Commonwealth overall. It is also important to note that the risk and protective factors for nearly all chronic/complex conditions are the same, including tobacco use, lack of physical activity, poor nutrition, obesity, and alcohol use.

Although treating these illnesses requires a range of clinical interventions, there is a great deal of overlap with respect to the potential community interventions. Population-level responses to chronic and complex conditions all require community based education, screening, self-management support, timely access to treatment, and seamless coordination of follow-up services.

Figure 41: PRIORITY AREA 2: CHRONIC/COMPLEX CONDITIONS AND THEIR RISK FACTORS

Priority Area 2: Chronic/Complex Conditions and their Risk Factors
Goal 1: Improve Chronic Disease Management
Goal 2: Reduce cancer disparities (access to screening and treatment)
Goal 3: Support Older Adults to Age in Place

PRIORITY AREA 3: ACCESS TO CARE

The Greater Boston Area, including BIDMC's CBSA, has one of the strongest and most comprehensive healthcare systems in the world. This system is expansive and spans the full healthcare continuum, including outreach and screening services, primary care medical, and medical specialty care services. There are no absolute gaps in services across the continuum, even for low income and racially/ethnically diverse populations that often struggle with access to health care services. This does not mean, however, that everyone in BIDMC's CBSA receives the highest quality services when they want it and where they want it. In fact, despite the overall success of the Commonwealth's heath reform efforts, data captured for this assessment shows that segments of the population, particularly low income, racially/ethnically diverse populations, and those with limited or no English language skills face significant barriers to care. These segments as well as others struggle to access services or navigate the health system due to lack of insurance, cost, transportation, cultural/linguistic barriers, the general complexity of the system, and shortages of providers willing to serve Medicaid or low income, uninsured patients.

Figure 42: PRIORITY AREA 3: ACCESS TO CARE

Priority Area 3: Access to Care
Goal 1: Increase Access to Quality Medical Services, Including Primary Care, OB/GYN, and Specialty Care, as well as Urgent, Emergent and Trauma Care
Goal 2: Increase Access to Quality Oral Health Services
Goal 3: Promote Equitable Care and Support for those who face cultural and linguistic barriers
Goal 4: Promote Greater Health Equity and Reduce Disparities in Access for LGBTQ Populations

PRIORITY AREA 4: MENTAL HEALTH AND SUBSTANCE USE

There is a growing appreciation for the impact that mental health and substance use are having on individuals, families, and communities. These issues impact all segments of the population across BIDMC's CBSA and across all demographic segments. With respect to mental health, a review of the quantitative and qualitative data highlights the impact of depression, anxiety, and stress as well as bipolar disorder and other serious mental illnesses. Stigma and the impacts of racism and discrimination have also been shown to play a substantial role with respect to mental illness and access to preventive, treatment, and recovery services. With respect to substance use, the data highlights the impact of alcohol, opioids, and marijuana. The prevalence, incidence, and service utilization rates (inpatient hospitalization, emergency department visits, and public program utilization) are higher in a number of communities in BIDMC's CBSA when compared to benchmark data. Large proportions of the population are substantially impacted by mild to moderate mental health and substance use issues such as mild/moderate depression, anxiety and acute stress or alcohol and marijuana misuse, while smaller segments struggle acutely with severe mental illnesses or opioid addiction and alcoholism. Trauma is also a major factor with respect to mental health and substance use. Many of those who have experience trauma suffer acutely from formally diagnosed post-traumatic stress disorder (PTSD), while others either have milder, less substantial impacts, or have undiagnosed PTSD. Substance use or misuse is often a byproduct of mental illness. Isolation and depression in older adult segments was brought up in nearly every discussion that touched on elder health. Finally, there is a dramatic gap in capacity when it comes to mental health and substance use services, particularly for those who are non-English speakers, low income, covered by Medicaid, uninsured, or underinsured. Even those who are insured and have comprehensive benefits can find it challenging to find professionals willing to take their insurance. As a result, people often go without needed care due to linguistic access, cost, and/or provider shortages.

Figure 43: PRIORITY AREA 4: BEHAVIORAL HEALTH (Mental Health Care and Substance Use)

Priority Area 4: Mental Health and Substance Use
Goal 1: Increase Access to Quality Mental Health Care and Substance Use Services
Goal 2: Reduce burden of opioid use
Goal 3: Promote Behavioral Health Workforce Development and Increase Capacity