

Organization Information

Organization Name:	Beth Israel Deaconess Hospital-Needham
Address:	148 Chestnut Street
City, State, Zip:	Needham, Massachusetts 02492
Website:	www.bidneedham.org
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Contact Address: (Optional, if different from above)	148 Chestnut Street
City, State, Zip: (Optional, if different from above)	Needham, Massachusetts 02492
Organization Type:	Hospital
For-Profit Status:	Not-For-Profit
Health System:	Beth Israel Lahey Health
Community Health Network Area (CHNA):	West Suburban Health Network (Newton/Waltham)(CHNA 18),
Regions Served:	County-Norfolk, Dedham, Dover, Medfield, Needham, Newton, Wellesley, Westwood,

Mission and Key Planning/Assessment Documents

Community Benefits Mission Statement:

Beth Israel Deaconess Hospital-Needham (BID Needham or hospital) is a member of Beth Israel Lahey Health (BILH). BILH was established with an appreciation for the importance of caring for patients and communities in new and better ways. BILH brings together an exceptional array of clinical organizations spanning the full continuum of health care delivery, from academic and teaching hospitals, to community hospitals such as BID Needham, ambulatory and urgent care centers, behavioral health programs, and home care; in a shared mission to expand access to great care and advance the science and practice of medicine through groundbreaking research and education.

At the heart of BILH is the belief that everyone deserves high-quality, affordable health care and this belief is what drives us to work with community partners across the region to promote health, expand access, and deliver the best care in the communities BILH serves. BILH's Community Benefits staff are committed to working collaboratively with BILH's communities to address the leading health issues and create a healthy future for individuals, families, and communities.

The Board of Trustees, Board of Advisors, leadership and staff at Beth Israel Deaconess Hospital-Needham are dedicated to working in partnership with residents, community leaders, and civic, social and medical organizations in the communities the hospital serves. The hospital's commitment to the community benefit ideals also includes conducting periodic community health needs assessments, providing extensive opportunities for public input, assisting financially disadvantaged patients to obtain healthcare, and participating in ongoing evaluation processes. We believe that the cooperative and collaborative partnerships we develop through our Community Benefits programs will help us address the health and welfare needs of our community.

BID Needham's Community Benefits mission is fulfilled by: working with community partners to enhance knowledge of identified key health issues in the region and promoting available resources; enhancing access to care and providing financial counseling services to help vulnerable populations gain access to health care; planning and implementing community programs and services to improve public health, promote wellness, and to increase health literacy around chronic disease prevention and management, behavioral health and healthy aging. Beth Israel Deaconess Hospital-Needham's mission is supported by the hospital's commitment to personalized, excellent care for patients; a workforce committed to individual accountability, mutual respect and collaboration; and a commitment to maintaining financial health.

The following annual report provides specific details on how Beth Israel Deaconess Hospital-Needham is honoring its commitment and includes information on the hospital's Community Benefits Service Area (CBSA), community health priorities, target populations, and community partners, as well as detailed descriptions of its community benefits programs and their

impacts.

More broadly, the Beth Israel Deaconess Hospital-Needham's Community Benefits mission is fulfilled by:

-Involving Beth Israel Deaconess Hospital-Needham's staff, including its leadership, as well as community partners, in the community health needs assessment process and in the development, implementation, and oversight of the Implementation Strategy;

-Engaging and learning from residents throughout BID Needham's service area in all aspects of the community benefits process, including assessment, planning, implementation, and evaluation. In this regard, special attention is given to engaging diverse perspectives from those who are not patients of Beth Israel Deaconess Hospital-Needham and those who are often left out of these assessment, planning, and program implementation processes;

-Assessing unmet community need by collecting primary and secondary data (both quantitative and qualitative) to identify unmet health-related needs and to characterize those in the community who are most vulnerable and face disparities in access and outcomes;

-Implementing community health programs and services in Beth Israel Deaconess Hospital-Needham's Community Benefits Service Area that is geared towards improving current and future health status of individuals, families, and communities by removing barriers to care, addressing social determinants of health, strengthening the healthcare system, and working to decrease the burden of the leading health issues;

-Promoting health equity by addressing social and institutional inequities and racism, as well as ensuring that all patients are welcomed and received with respect and culturally responsiveness; and

-Facilitating collaboration and partnership within and across sectors (e.g., public health, health care, social service, business, academic, and community health) to advocate for, support, and implement effective health policies, community programs, and services.

Target Populations:

Name of Target Population	Basis for Selection
Beth Israel Deaconess Hospital-Needham's Community Benefits Service Area (CBSA) includes Dedham, Dover, Needham and Westwood. BID Needham's FY 2019 Community Health Needs Assessment (CHNA) findings, on which this report is based, clearly show that populations most in need are individuals with chronic or complex conditions, low to moderate income individuals and families, older adults, and youth. As a result, these populations have been identified and prioritized as the focus for community benefits efforts. Collectively, these geographic, demographic, and socio-economic population segments are Beth Israel Deaconess Hospital-Needham priority populations. While Beth Israel Deaconess Hospital-Needham is committed to improving the health status and well-being of those living throughout its entire service area, per the Commonwealth's updated community benefits guidelines, its' Implementation Strategy will focus on the most at-risk priority populations.	The priority population was selected based on community health needs assessments, public health data available from government (MDPH, Boston Public Health Commission, federal agencies) and private resources (foundations, advocacy groups), and from Beth Israel Deaconess Hospital-Needham's areas of expertise.

Publication of Target Populations:

Website

Community Health Needs Assessment:

Date Last Assessment Completed:

2019

Data Sources:

Community Focus Groups, Community Health Network Area, Hospital, Interviews, Other, Public Health Personnel, Surveys,

CHNA Document: [NEEDHAM CHNA FINAL FULL REPORT.PDF](#)

Implementation Strategy:

Implementation Strategy Document: [NEEDHAM CHIP REPORT TO AG.PDF](#)

Key Accomplishments of Reporting Year:

While Beth Israel Deaconess Hospital-Needham's most recent CHNA was completed during FY 2019, unless otherwise noted, the accomplishments highlighted in this report are based upon priorities identified and programs contained in the hospital's FY 2017-2019 Implementation Strategy (IS). Fiscal year 2019 was the final year of BID Needham's FY17-2019 Implementation Strategy.

Health Risk Factors & Primary Prevention

In the area of Health Risk Factors and Primary Prevention, the hospital focused on several areas of prevention including Mental Health, Substance Prevention, Chronic Disease Prevention and Access to Healthy Food.

Mental Health Risk Factors: Working with local schools, parenting groups and social service organizations, efforts focused on educational events for students and parents. Highlights included an anxiety speaker at a middle school parent conference, a "Life Skills" conference for high school seniors, a social-emotional conference for underserved youth, and scholarships for underserved residents to join a local parenting support and social network.

Substance Prevention Risk Factors: BID Needham continued to support the Substance Prevention Alliance of Needham (SPAN) with an annual grant to support substance prevention programming including alcohol-free events for students, curriculum-based resilience training for 8th graders, and parent education on Juuling. The hospital also continued to provide funding to New Year's Needham, in order to provide free access to the event for underserved residents.

Chronic Disease Prevention: Prevention efforts in this area revolved around partnerships with local senior living and health-focused organizations to provide speakers, activities and information for educational events. These included an annual speaker series at the Boston JCC and Healthy Kids Day at the Charles River YMCA, as well as health-focused speakers at Briarwood, North Hill, Fox Hill and local Councils on Aging.

Access to Healthy Food: BID Needham continued its partnership with The Needham Community Farm, Needham Bank and The Charles River Center to provide fresh produce and farm programming to residents in income-eligible housing in Needham. Additionally, grant support was provided to the Needham Farmer's Market and to Mass Bay Community College for their efforts to bring healthy food to residents. The hospital also participated in the pilot for "Nourishing Needham," a program highlighting healthy meal options at schools and local restaurants.

Physical Disease Management

To address the range of chronic and infectious diseases in the BID Needham service area, the Hospital focused on community education and programming, timely access to treatment and coordination of follow-up care.

Within the Hospital, efforts were made to improve education and follow-up care for patients with chronic diseases. The Hospital's Utilization Review Committee met monthly to evaluate readmission rates and discuss at-risk patients, and continued with a dedicated Congestive Heart Failure nurse to better serve patients at hospital discharge and reduce readmission rates. The Patient and Family Advisory Council (PFAC) continued to meet to look at readmission rates, as well as patient quality of care and access.

To ensure that patients are getting the proper care and coverage, BID Needham employs three Certified Application Counselors (CAC), available to help patients with insurance applications and renewals. The hospital also provided several ways to access to Interpreter Services, to ensure culturally competent access to care for residents.

Within the community, BID Needham continued the ongoing partnership with local EMT's to provide training and to restock their Basic Life Support vehicles with medications and supplies. A similar partnership with the Needham Public Schools provided epi-pens to the schools and awarded the schools a grant to purchase an AED and Stop the Bleed Kits.

Beth Israel Deaconess Hospital-Needham provided grants to several social service organizations to address disease management in the underserved population. Family Promise MetroWest's "Family Health Initiative" provides support to homeless parents, teaching them to be advocates for their families and to address the comprehensive health needs of their families; and Neighbor Brigade offers volunteer assistance for residents facing sudden crisis such as cancer diagnosis and treatment. The hospital also provided funding to the Charles River YMCA's Livestrong program for cancer patients and to the Charles River Center for an overhead lift system in their day-habilitation therapy treatment room for children and adults with developmental disabilities.

BID Needham also partnered with local organizations to host relevant, health-focused educational events for the community. These events included a presentation on the prevention of Lyme disease in Dover, three workshops for those with Alzheimer's and their caregivers, and chronic disease management classes and a hearing loss talk and screening at the Needham Council on Aging.

Behavioral Health

Behavioral Health continued to be a key area of focus for BID Needham this year, as the hospital worked to integrate behavioral health into care, reduce the burden of opioid use, and assist with enhanced care management.

BID Needham, Beth Israel Deaconess Healthcare, and Riverside Community Care completed a 27-month pilot program to provide a Licensed Social Worker (LICSW) at a local primary care office to offer free care and urgent interventions. Within the hospital, the partnership with Riverside Emergency Services continued, to evaluate and find care and placement for behavioral health patients that come into the Emergency Department. The hospital continued to offer Psychology consultations on the inpatient units and expanded its behavioral health staff with a Clinical Psychiatrist to provide weekday telephone support for providers.

Hospital efforts to address opioid misuse continued with the work of BID Needham's internal "Pain Management and Opioid Taskforce." Working on education and practices related to pain management and prescribing in order to reduce opioid misuse, this committee also maintained the prescription drug disposal kiosk and added a sharps disposal in the hospital lobby, as a safe way for the community to dispose of unwanted or unneeded prescription drugs.

Within the community, representatives from BID Needham participated in local coalitions to address mental health and substance use, including the Community Crisis Intervention Team (CCIT), the Youth Resource Network, and The Charles River Opioid Taskforce. Additionally, grants were awarded to support the Interface Mental Health Hotline in Needham and Medfield, and to CHNA 18 to provide mental health training to local librarians.

The Hospital supported several local behavioral health and substance use organizations to provide resilience training, screening, programming and support groups. These organizations included Walker, Riverside, Dodging Addiction for Amy, New England Veteran's Liberty House, Circle of Hope, Needham Steps Up, Plugged In and Take Back the Night.

Healthy Aging

The service area of BID Needham has a large population of older adults. The Hospital has focused on this population to reduce falls and isolation, increase access to care and services, and to improve care transitions.

To assist patients with getting to medical appointments, BID Needham supports a medical appointment transportation program through The Needham Community Council and provides taxi vouchers to those who need a ride home from the Hospital or medical appointments.

BID Needham, the Town of Needham, Needham Public Health and the Needham Council on Aging also partnered on a healthy aging initiative in Needham. This 5-year initiative offered personal training and fitness, evidence-based programs for balance, bone health and arthritis, men's and women's health groups, and social groups to reduce isolation.

Working with local Councils on Aging (COA) and other senior-focused organizations, the hospital continued to support programming, social opportunities and education that address healthy aging. Grants were awarded to the Dover COA to provide meals and other supports for Dover residents and to the Dedham COA for a fire prevention program for seniors in the community. In Westwood, BID Needham provided funding to the COA and HESSCO to pilot a Medical Nutrition Therapy (MNT) program. Grants were also awarded to VNA Care Network for their hospice counseling program and to Jog Your Memory for caregiver support to assist those caring for a family member with Alzheimer's disease.

BID Needham continued to support the Traveling Meals program in Needham, and to offer the senior population an opportunity to give back to the community through a volunteer program at the Hospital. Within the Hospital, Case Managers from BID Needham met with patients and families to discuss advanced care planning options and to complete Health Care proxy documents. BID Needham also continued the work of its Fall Prevention Committee.

Community Building

BID Needham continued to build relationships with community partners, provide resources in the community, and increase collaboration among community groups to address healthcare reform and reduce health disparity. The Hospital has representatives on the following community-based committees: Newton Needham Regional Chamber of Commerce, Community Crisis Intervention Team (CCIT), Local Emergency Planning Committee (LEPC), The Charles River Regional Opioid Taskforce, Youth Resource Network, Community Health Network Area (CHNA18) Steering Committee, and the SPAN Steering Committee. In addition, the hospital hosts an annual Community Benefits meeting and another meeting for local organizations to share ideas and partner on initiatives.

The hospital supports local businesses and organizations when possible and is committed to being a pillar in the community. Support was provided to community groups that afford the community with opportunities for good physical and mental health, including the Needham Boosters, Rotary Club, Needham Track Club and The Great Hall Concert Series.

Through BID Needham's "Street Team," more than 50 volunteers represented the hospital at community events. The hospital also welcomed students and promoted education, through a student volunteer program, school field trips, scout field trips and a summer camp program.

Plans for Next Reporting Year:

In FY 2019, Beth Israel Deaconess Hospital-Needham conducted a comprehensive and inclusive Community Health Needs Assessment (CHNA) that included qualitative and quantitative data collection, robust community engagement activities, and an inclusive prioritization process. BID Needham also partnered with the Needham Public Health Division as part of their PHAB accreditation process during the CHNA process. The hospital and Health Department held joint focus groups and collaborated on the community forum as part of the qualitative data collection process.

These activities were in full compliance with the Commonwealth's updated Community Benefits Guidelines for FY 2019. In response to the FY19 CHNA, Beth Israel Deaconess Hospital-Needham created its FY 2020-2022 Implementation Strategy on the following four priority areas. These three priority areas collectively address the broad range of health and social issues facing residents living in Beth Israel Deaconess Hospital-Needham's CBSA who face the greatest health disparities. These three priority areas are:

- 1) Social Determinants of Health and Access to Care;
- 2) Chronic/ Complex Conditions and their Risk Factors;
- 3) Mental Health and Substance Use

It should also be noted that these priority areas are aligned with the statewide health priorities identified by the Executive Office of Health and Human Services (EOHHS) in 2017 (i.e., Chronic Disease, Housing Stability/Homelessness, Mental Illness and Mental Health, and Substance Use Disorders). Beth Israel Deaconess Hospital-Needham's priorities are also aligned with the priorities identified by the Massachusetts Department of Public Health (DPH) to guide the Community-based Health Initiative (CHI) investments funded by the Determination of Need (DON) process, which underscore the importance of investing in the social determinants of health (i.e., built environment, social environment, housing, violence, education, and employment).

The FY 19 CHNA provided new guidance and invaluable insight on quantitative trends and community perceptions that are being used to inform and refine Beth Israel Deaconess Hospital-Needham's efforts. In completing the FY 2019 CHNA and FY 2020-FY 2022 Implementation Strategy, Beth Israel Deaconess Hospital-Needham, along with its other health, public health, social service, and community partners, is committed to improving the health status and well-being of all residents living throughout its CBSA. As discussed above, based on the assessment's quantitative and qualitative findings, including discussions with a broad range of community participants, there was an agreement that Beth Israel Deaconess Hospital-Needham's FY 2020-2022 IS should prioritize certain demographic, socio-economic and geographic population segments that have complex needs, face barriers to care and service gaps, as well as other adverse social determinants of health. These factors put these segments at greater risk, limit their access to needed services, and can often lead to disparities in health outcomes. More specifically, the FY 2019 CHNA identified the importance of supporting initiatives that targeted youth, older adults, low-to-moderate income individuals and families, and individuals with chronic/complex conditions.

Beth Israel Deaconess Hospital-Needham partners with dozens of community-based organizations and service providers to execute its Implementation Strategy, including public agencies, social service providers, community health organizations, academic organizations, and businesses. Through the hospital's participation with local and regional coalitions and taskforces, dedication to providing mini-grants to local community-based organizations, and partnerships with local social service organizations, BID Needham will provide training, community-based education and support services to address the needs identified in the CHNA, in addition to the Implementation Strategy initiatives highlighted below:

Social Determinants of Health and Access to Care:

- Enhance access to care and reduce the impact of social determinants
 - o Support farmers markets and food access initiatives that provide fresh, locally-grown produce to low to moderate income, underserved populations
 - o Provide enrollment counseling/ assistance and patient navigation support services to uninsured or underinsured residents to enhance access to care
 - o Provide linguistically and culturally appropriate health education and care management support
 - o Explore transportation access partnerships with regional transportation providers and other community partners to enhance access to affordable, safe, accessible transportation options
- Reduce elder falls and promote aging in place
 - o Organize Matter of Balance workshops for priority populations
 - o Support other elder service programming to encourage aging in place
 - o Continue 5-year commitment to address healthy aging, with Needham Public Health and Needham Council on Aging

Chronic/ Complex Conditions and Their Risk Factors:

- Enhance access to health education, screening, referral, and chronic disease management services in clinical and non-clinical settings
 - o Provide evidence-based health education on risk/protective factors, and self-management support programs through partnerships with community-based organizations
 - o Support screening, education, and referral programs in clinical and non-clinical settings
 - o Promote enhanced care transitions, care coordination and follow-up care programs targeting those with chronic/complex conditions after discharge from the Hospital
- Reduce the prevalence of tobacco use

- o Support smoking cessation programs geared to reducing tobacco, vaping and e-cigarette use
- o Provide community education on the risks of vaping and tobacco use

Mental Health and Substance Use:

- Educate about and reduce stigma associated with mental health and substance use issues
 - o Support mental health trainings in targeted community-based settings to raise awareness, reduce stigma, and educate residents and service providers about mental health and substance use
 - o Support community-based health education events and programming with community partners to raise awareness, and educate on risk/protective factors, and services available in the community
 - o Support substance use prevention programming and curriculum in local schools
- Enhance access to mental health and substance use screening, assessment, and treatment services
 - o Provide health insurance enrollment counseling/assistance and patient navigation support services to uninsured or underinsured residents and patients with mental health and substance use issues
 - o Support the Interface Mental Health Hotline, which provides education and referral services for those seeking mental health counseling services
 - o Explore partnerships to implement Peer Recovery Coach Programs geared to linking those with substance use/misuse issues to peer recovery coaches who provide recovery, case management, and navigation support
 - o Research implementation of a BID Needham Bridge Program for those suffering from substance use disorder that screens, identifies, assesses, initiates treatment, and links participants to long-term SUD services in the community
 - o Support the Community Crisis Intervention Team (CCIT), a partnership between hospital emergency departments, public safety officials, and behavioral health providers geared to reaching out to, referring, and engaging substance users/misusers in treatment
- Decrease the number of prescription drugs and other harmful drugs from the community
 - o Maintain Prescription Drug Disposal Kiosk in the lobby of the hospital to provide a safe place for the community to dispose of unwanted/ unneeded drugs
 - o Continue BID Needham Opioid Taskforce to decrease use of and prescribing of opioids in the hospital, and to educate patients on opioid use and alternatives for pain management

Self-Assessment Form: [Hospital Self-Assessment Form - Year 1](#)

Community Benefits Programs

Health Risk Factors & Primary Prevention - Needham Community Farm Mobile Market

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	BID Needham, Needham Bank, Charles River Center and Needham Community Farm continued a partnership to provide fresh, locally-grown produce to the underserved in Needham through a "Mobile Market." A weekly produce delivery was taken to Needham Housing Authority sites and distributed free of charge from June through October. A guide to storing, prepping and using produce, created by the nutrition team at BID Needham, was distributed with the produce. Translations for specific recipes are available in English, Chinese and Russian.
Program Hashtags	Community Education, Prevention,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Increase access to fresh produce for underserved residents in subsidized housing during the harvest season, through Needham Community Farm.	This program has grown consistently over the past three years, up 10% from FY18 to FY19, primarily through word of mouth between residents. 110 families received food through the mobile market at a value of more than \$9,100 during the 2019 harvest season.	Process Goal	Year 4 of 5

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Social Environment,
Health Issues	Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-

Nutrition,

Target Populations

- **Regions Served:** Needham,
- **Environments Served:** Suburban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All, needham
- **Language:** Chinese, English, Russian,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Needham Community Farm	https://www.needhamfarm.org/
Charles River Center	https://www.charlesrivercenter.org/
Needham Bank	https://www.needhambank.com/
Needham Housing Authority	http://www.needhamhousing.org/
Needham Community Council	http://needhamcommunitycouncil.org/

Health Risk Factors & Primary Prevention - Needham Community Farm Programming & Education

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	BID Needham, Needham Bank and the Needham Community Farm (NCF) continued an ongoing partnership to provide gardening programming and education in the Needham Housing Authority units at Linden Chambers (for elderly and disabled) and an after-school program at Captain Robert Cook (for families). The programs involve NCF staff who have built gardening beds and provide plants, seeds, supplies, education and growing support throughout the season to teach residents how to plan, plant, maintain and harvest from the garden.
Program Hashtags	Community Education, Prevention,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Increase access to healthy food and encourage increased use of fresh produce, through gardening programs at Needham Housing Authority sites during the harvest and growing seasons.	The program at Captain Robert Cook focused on making the gardens an inviting place for residents to learn about growing and eating vegetables. It engaged 20 youth and 15 adults in planting, maintaining and harvesting from the communal garden bed with weekly support from the farm. Two adult workshops were also hosted, with a focus on healthy eating. Harvests from the garden, in excess of 250 pounds of vegetables, were distributed to families from the neighborhood.	Process Goal	Year 4 of 5
Increase access to healthy food and encourage increased use of fresh produce, through gardening programs at Needham Housing Authority sites during the harvest and growing seasons.	At Linden Chambers, the program engaged 8 residents and provided 20 weeks of on-site gardening support, 50+ organic seed packets donated and 200+ organic vegetables starts donated.	Process Goal	Year 4 of 5

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Education, Social Environment,
Health Issues	Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Nutrition,
Target Populations	• Regions Served: Needham,

- **Environments Served:** Suburban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All, needham
- **Language:** English,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Needham Community Farm	https://www.needhamfarm.org/
Needham Bank	https://www.needhambank.com/
The Charles River Center	https://www.charlesrivercenter.org/
Needham Housing Authority	http://www.needhamhousing.org/
Needham Community Council	www.needhamcommunitycouncil.org

Health Risk Factors and Primary Prevention - Community Disease Prevention Education

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	BID Needham's staff and clinicians share their knowledge with the community to prevent chronic disease and encourage health lifestyles. Working together with local organizations such as The Greater Boston JCC, senior living facilities, Councils on Aging and Needham Community Education, we can educate their residents and members.
Program Hashtags	Community Education, Prevention,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Raise awareness and educate public on chronic disease prevention through a partnership with the Boston JCC and BIDMC to provide an annual series of health-focused talks.	The 2019 health series at the JCC featured talks on menopause, sleep, brain health, and exercising with joint pain. The talks were free and open to the community with 25-50 attending each talk. The hospital also provides a \$3,500 grant for chronic disease prevention programming.	Process Goal	Year 7 of 10
Raise awareness and educate families on chronic disease prevention and healthy living through Healthy Kids Day.	BID Needham participates annually in a community-wide education event for young children and families, called "Healthy Kids Day," through the Charles River YMCA. Children were given passports to stop at different health stations, learning about ways to be healthy including fitness, healthy eating, handwashing, and first aid. 250 people attended the event.	Process Goal	Year 5 of 10
Raise awareness and educate public on chronic disease prevention, through education at community fairs.	BID Needham has a presence at local community fairs and uses the opportunity to share information about chronic disease prevention, the importance of screenings and PCP visits, nutrition and exercise. The hospital attended fairs in Needham and Dover in FY19, with approximately 100 people taking information at each event.	Process Goal	Year 8 of 10
Raise awareness and educate public on chronic disease prevention through educational talks.	Hospital staff spoke at local senior living facilities including Fox Hill, North Hill, Briarwood and the Needham and Westwood Councils on Aging.	Process Goal	Year 8 of 10
Raise awareness and educate public on chronic disease prevention by serving on local	Staff from BID Needham serve on the Local Emergency Planning Committee (LEPC) in Needham. The hospital also	Outcome	Year 3 of

committees and coalitions that support resident health and safety.	convenes local organizations for two meetings per year to share resources and ideas for helping the community.	Goal	5
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EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Social Environment,
Health Issues	Health Behaviors/Mental Health-Physical Activity, Infectious Disease-Lyme Disease, Injury-First Aid/ACLS/CPR, Maternal/Child Health-Menopause, Social Determinants of Health-Nutrition,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Dedham, Dover, Needham, • Environments Served: Suburban, • Gender: All, • Age Group: All, • Race/Ethnicity: All, • Language: English, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Greater Boston JCC	https://www.bostonjcc.org/
Charles River YMCA	https://ymcaboston.org/charlesriver
Beth Israel Deaconess Medical Center	www.bidmc.org
Newton Needham Regional Chamber	https://www.nnchamber.com/
Dover Parks & Recreation	http://www.doverma.org/town-government/town-offices/parks-and-recreation/

Health Risk Factors and Primary Prevention - Community Nutrition Education & Access

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	BID-Needham's nutrition department is committed to providing nutrition and health information not only within the hospital, but also within the community. Cooking demonstrations, talks on healthy eating and lunches were done throughout the year to educate the community on how to integrate fresh, healthy food into your diet. The hospital also supports the Needham Farmer's Market, allowing fresh, locally-grown produce to be brought into Needham during the harvest season.
Program Hashtags	Community Education, Prevention,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Increase access to healthy food through cooking demonstrations and healthy eating talks.	The BID Needham nutrition team and clinicians presented at local senior organizations and held a community class through Needham (Adult) Community Education (NCE), to educate on the importance of eating healthy. The classes, "Energy Boosting Nutrition," "Eat Smart for a Healthy Heart," and "Keep Your Heart Healthy," were attended by nearly 100 people.	Process Goal	Year 3 of 10
Increase access to healthy food by supporting the Needham Farmer's Market.	The hospital provided funding to the Needham Farmer's Market in FY19, bringing fresh produce to Needham's town center every Sunday from mid-June to late October. The market accepts SNAP EBT cards.	Outcome Goal	Year 3 of 5

Raise awareness of the connection between healthy food intake and human and environmental health, by participating in "Nourishing Needham" week.	BID Needham was one of 16 organizations to participate in this program that highlights healthy meal options that meet nutritional criteria for the week. The effort was led by Needham Public Health and local partners included the Needham Public Schools and 13 local restaurants	Outcome Goal	Year 1 of 3
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EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Built Environment, Social Environment,
Health Issues	Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Nutrition,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Needham, • Environments Served: Suburban, • Gender: All, • Age Group: All, • Race/Ethnicity: All, • Language: All, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Needham Council on Aging	www.needhamma.gov/519/Council-on-Aging
Needham Farmers Market	https://homesharetours.com/needhamfarmersmarket-2/
Needham Public Health	https://www.needhamma.gov/85/Public-Health
Needham Community Education	www.needham.k12.ma.us/community_ed
Needham Public Schools	www.needham.k12.ma.us/

Health Risk Factors and Primary Prevention - Community Substance Prevention Programming

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	BID-Needham has partnered with several groups to support community programming around substance prevention and mental and emotional well-being.
Program Hashtags	Community Education, Prevention,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Promote youth substance prevention and mental and emotional well-being by providing funding and support for the SALSA program to teach middle school students resilience and refusal skills.	BID Needham provided funding for Students Advocating Life without Substance Abuse (SALSA) and their 8th grade resilience and refusal training in Needham Public Schools. This program, which has become part of the 8th grade curriculum, trains high school students to go into 8th grade classrooms and talk about the pressures of using substances, and how to say no. Students are taught refusal skills and have the opportunity to practice them in role play exercises with the high school students. 500 8th graders are taught each year by 100 high school students.	Outcome Goal	Year 5 of 10
Promote youth substance prevention and mental and emotional well-being through support of Needham High School's 5th Quarter program.	The hospital provided funding for the 5th Quarter program in Needham, allowing students to have a safe, fun and alcohol-free place to gather after games. 300 students attended each event, hosted after home football games, and provided pizza, games, music and prizes.	Process Goal	Year 5 of 5

Promote youth substance prevention and mental and emotional well-being by providing access to a safe and alcohol-free event on New Year's Eve.	BID Needham sponsors New Year's Needham annually, which provides more than 4,000 people a safe, substance-free celebration on New Year's Eve. The hospital's contribution provides admission buttons to approximately 100 people who could otherwise not afford to attend.	Process Goal	Year 3 of 5
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EOHHS Focus Issues	Substance Use Disorders,
DoN Health Priorities	Social Environment,
Health Issues	Social Determinants of Health-Education/Learning, Substance Addiction-Substance Use,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Needham, • Environments Served: Suburban, • Gender: All, • Age Group: Adults, Elderly, Teenagers, • Race/Ethnicity: All, • Language: All, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Needham Public Health	https://www.needhamma.gov/85/Public-Health
SPAN	https://www.spanneedham.org/
New Year's Needham	www.newyearsneedham.org/
SALSA (Students Advocating Life without Substance Abuse)	Not Specified

Health Risk Factors and Primary Prevention - CPR & First Aid Education

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	The hospital works with local nurses, EMTs, schools, local businesses, youth and parents in the community to train on CPR and first aid.
Program Hashtags	Community Education, Health Professional/Staff Training, Prevention,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Raise awareness and educate public on chronic disease prevention, by teaching CPR and first aid classes.	The hospital conducted CPR and first aid classes for the community, including a local parents group, a local business, students in the hospital summer camp program, emergency response workers and other community members. Approximately sixty-five community members (non-employees) were trained by BID Needham nurses in FY19.	Process Goal	Year 8 of 15

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Education, Social Environment,
Health Issues	Injury-First Aid/ACLS/CPR,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Dedham, Dover, Needham, Westwood, • Environments Served: Suburban, • Gender: All, • Age Group: Adults, Teenagers, • Race/Ethnicity: All,

- **Language:** English,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
The Bulfinch Group	www.bulfinchgroup.com/
Parent Talk	www.parenttalk.info/
Needham Community Education	www.needham.k12.ma.us/community_ed
Needham Public Schools	www.needham.k12.ma.us/

Health Risk Factors and Primary Prevention - In-Hospital Education

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	In order to educate staff, patients and the general community on health literacy, the hospital sets up information tables throughout the year with staff available to provide information and answer questions. Tables are set up in February for heart month, March for colorectal cancer awareness month and nutrition month, and in May for stroke month. In addition, the hospital displays information on digital screens throughout the hospital, and also posts this health information on the BID Needham website and social media accounts to increase visibility.
Program Hashtags	Community Education, Prevention,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Raise awareness and educate public on chronic disease prevention by holding annual information tables for hospital patients and the community on pertinent health topics.	Clinical staff provided information to staff, patients and the general community about heart health, colorectal cancer prevention and stroke prevention. Approximately 100 people stopped to get information at each event.	Process Goal	Year 10 of 20
Raise awareness and educate public on chronic disease prevention by staffing weekly education events in the hospital for National Nutrition Month, for hospital patients, staff and the community.	The nutrition team held a weekly information table during the month of March (National Nutrition Month) with samples, recipes and information on healthy eating. Each week had a different theme with easy, fresh and healthy foods. An estimated 150 people stopped by each table to get information.	Process Goal	Year 3 of 10
Raise awareness and educate public on chronic disease prevention, by promoting health-related events and information in the hospital.	BID Needham installed digital screens in public waiting areas of the hospital to increase communication to staff, patients and the general public about health-related community events, health tips and other hospital information. Visuals rotate on the screen on a daily basis.	Process Goal	Year 10 of 20

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	N/A,
Health Issues	Cancer-Colorectal, Social Determinants of Health-Nutrition,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Dedham, Dover, Needham, Westwood, • Environments Served: Suburban, • Gender: All, • Age Group: All, • Race/Ethnicity: All, • Language: English,

Partners:

Partner Name and Description	Partner Website
Sodexo	www.sodexousa.com/

Health Risk Factors and Primary Prevention - Mental Health Prevention Programming

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	BID-Needham partnered with local organizations such as SPAN-DS, Parent Talk and Needham Community Education to educate on mental health risk factors and healthy behaviors. These workshops were educational events that offered strategies to change behavior, engage in conversations and other techniques to address mental health.
Program Hashtags	Community Education, Prevention, Support Group,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Raise awareness and educate public on mental health issues by providing mental health education to parents of middle school students.	The hospital provided funding to the local PTC to support a Middle School Parent Conference. The keynote speaker talked on Anxiety in teens and provided parents with tools to talk with and help teens deal with anxiety. 140 parents attended the event.	Process Goal	Year 1 of 1
Raise awareness and educate public on mental health issues by working with Parent Talk to provide resources to parents of young children, which allow for positive experiences and good mental health.	BID Needham provided a scholarship fund to Parent Talk, a local organization for parents of young children. The organization provides a network for parents, along with programming and opportunities to play and connect. The organization was receiving requests from parents who wanted to be a part of this group but did not have the financial means to do so. In order to provide all parents with an equal opportunity, BID Needham set up a scholarship fund for the annual cost of membership to Parent Talk. Eight families were given a scholarship in FY19.	Process Goal	Year 3 of 5
Raise awareness and educate public on mental health issues by working with Westwood Youth & Family Services to provide education to local parents.	Westwood Cares and Westwood Youth and Family Services brought Jon Mattleman to educate local parents on "The Secret Life of Teens." Nearly 80 parents attended the workshop.	Process Goal	Year 1 of 5
Raise awareness and educate public on mental health issues by supporting the Needham Education Foundation and their grant program to provide mental health curriculum in schools.	The hospital provided financial support to Needham Education Foundation for their programming around mindfulness and sensory pathways.	Process Goal	Year 2 of 5
Raise awareness and educate public on mental health issues by providing mental health education to students.	The hospital provided grant support to Ripples of Hope for a 2020 Youth Conference; to Needham High School for a "Life Skills" Conference for seniors; and to Take Back the Night for their domestic violence and sexual assault education event.	Process Goal	Year 1 of 5

EOHHS Focus Issues	Mental Illness and Mental Health,
DoN Health Priorities	Social Environment,
Health Issues	Health Behaviors/Mental Health-Mental Health, Health Behaviors/Mental Health-Stress

Management,

Target Populations

- **Regions Served:** Needham, Westwood,
- **Environments Served:** Suburban,
- **Gender:** All,
- **Age Group:** Adults, Children, Teenagers,
- **Race/Ethnicity:** All,
- **Language:** English,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Parent Talk	www.parenttalk.info/
High Rock Pollard PTC	www.highrockpollardptc.org/
Needham Public Schools	http://www.needham.k12.ma.us/
Westwood Cares	www.westwoodcaresma.org
Westwood Youth & Family Services	www.townhall.westwood.ma.us/departments/youth-family-services
Needham Education Foundation (NEF)	www.nefneedham.org

Health Risk Factors and Primary Prevention - Support Hunger Relief

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	BID-Needham annually supports the Three Squares Ride for Food and the Ripples of Hope Turkey Trot. These events provide a large, organized fundraising activity for hunger relief organizations. Event sponsors, such as BID-Needham, cover the costs of the event so that the organizations are able to keep 100% of fundraising dollars. The hospital also supports the Greater Boston Food Bank and the Mass Bay 5K for Student Hunger Relief Fund.
Program Hashtags	Prevention,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Increase access to healthy food by supporting Three Squares Ride for Food.	BID Needham is an ongoing supporter of The Three Squares Ride for Food. The event has nearly 300 riders from 18 local hunger relief organizations, and raises over \$500,000 for these organizations. With funding from organizations such as BID Needham to cover the event costs, fundraisers are able to keep 100% of the money raised for their causes. The hospital also provides free first aid at the event.	Outcome Goal	Year 5 of 10
Increase access to healthy food by supporting the Greater Boston Food Bank.	BID Needham donates annually to The Greater Boston Food Bank, which provides access to food for the underserved in 190 Eastern Massachusetts cities and towns.	Outcome Goal	Year 3 of 3
Increase access to healthy food for underserved college students by supporting the Mass Bay Food Access Program.	The hospital provides funding to the Mass Bay Food Access Program, which was established in response to the increasing awareness of food insecurity among their student population, as 52% of students surveyed suffer from food insecurity.	Process Goal	Year 2 of 5

DoN Health Priorities	Social Environment,
Health Issues	Social Determinants of Health-Access to Healthy Food,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Dedham, Dover, Needham, Westwood, • Environments Served: Suburban, • Gender: All, • Age Group: All, • Race/Ethnicity: All, • Language: All, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Three Squares New England	https://www.threesquaresne.org/ride-for-food/
Ripples of Hope	http://www.ripplesofhope.org
Greater Boston Food Bank	https://www.gbfb.org/
Mass Bay Community College Food Resources	www.massbay.edu/snacc

Health Risk Factors & Primary Prevention - Reduce Tobacco Use

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	Recognizing the risks and prevalence of vaping, particularly among youth, the hospital will work with SPAN and the Needham Public Schools to offer education to students and parents about vaping to reduce tobacco use.
Program Hashtags	Community Education, Prevention,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Reduce tobacco and alcohol use by partnering with SPAN to educated parents and students on the risks of vaping.	BID Needham and the Substance Prevention Alliance of Needham (SPAN) brought Dr. Jonathan Winickoff to speak to the community/parents on "Juuling and Schooling," the realities of vaping among youth. This talk was paired with "Hidden in Plain Sight," a demonstration and mock set-up of a teen's bedroom, where parents could tour and learn about hidden dangers and risky behaviors associated with substance use. Approximately 100 people attended the event and toured the demonstration. The parent survey showed that parents left with a better understanding of how addicting vaping can be, and with tools and ideas about how to speak with their children about vaping.	Process Goal	Year 2 of 5

EOHHS Focus Issues	Substance Use Disorders,
DoN Health Priorities	Social Environment,
Health Issues	Substance Addiction-Smoking/Tobacco Use,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Needham, • Environments Served: Suburban, • Gender: All, • Age Group: Adults, Teenagers, • Race/Ethnicity: All, needham • Language: English, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Needham Public Schools	www.needham.k12.ma.us/
SPAN	www.spanneedham.org/

Health Risk Factors and Primary Prevention - Physical Activity

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	No
Program Description	In order to promote physical activity and encourage a healthy lifestyle, BID Needham supports local runs and walks, and promotes physical activity in the community.
Program Hashtags	Prevention,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Increase physical activity by supporting local road races where the community can be active.	BID Needham provided free first aid services and financial support to local road races that encourage the community to be active and also support local health organizations. These races include the BIGGSteps 5K, Great Bear Run, Charles River 5K and the Charles River YMCA Fourth of July Road Race.	Process Goal	Year 7 of 10

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Mental Illness and Mental Health,
DoN Health Priorities	Built Environment,
Health Issues	Cancer-Other, Chronic Disease-Overweight and Obesity, Health Behaviors/Mental Health-Physical Activity,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Needham, • Environments Served: Suburban, • Gender: All, • Age Group: All, • Race/Ethnicity: All, • Language: All, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Charles River YMCA	https://ymcaboston.org/charlesriver
Charles River Center	https://www.charlesrivercenter.org/
Sean D. Biggs Memorial Foundation	http://www.seandbiggsmemorialfoundation.org/
Needham Track Club	http://www.needhamtrack.org/

Physical Disease Management - Health Insurance Enrollment

Program Type	Access/Coverage Supports
Program is part of a grant or funding provided to an outside organization	No
Program Description	To ensure that patients are getting the proper care and coverage, BID Needham employs three Certified Application Counselors (CAC) who are available to help patients with

insurance applications and renewals.

Program Hashtags

Prevention,

Program Contact Information

Wendy Leong-Lum , 781-453-3841, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Improve access to care by providing assistance with insurance enrollment.	In FY19 our financial counselors successfully enrolled 89 patients in MassHealth. Financial assistance applications and information are available in English, Spanish, Chinese and Russian.	Process Goal	Year 7 of 10

EOHHS Focus Issues

Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,

DoN Health Priorities

Social Environment,

Health Issues

Social Determinants of Health-Access to Health Care,

Target Populations

- **Regions Served:** Dedham, Dover, Needham, Westwood,
- **Environments Served:** Suburban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** Chinese, English, Russian, Spanish,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Physical Disease Management - Reduce Incidence of Lyme Disease

Program Type

Total Population or Community-Wide Interventions

Program is part of a grant or funding provided to an outside organization

No

Program Description

The hospital partnered with local community groups in Dover, which has a high incidence rate of Lyme disease, to provide information on preventing tick bites and Lyme.

Program Hashtags

Community Education, Prevention,

Program Contact Information

Alyssa Kence, 781-453-5460, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Educate about the prevention of Lyme disease in Dover.	BID Needham hosted a talk at The Charles River School in Dover called "One Bite Can Save Your Life." More than 50 people attended this event. The talk was presented by Larry Dapsis, an Entomologist from The Cape Cod Cooperative Extension. The hospital also distributed insect repellent and information on how to prevent tick bites at this event and at The Dover Days town fair.	Process Goal	Year 3 of 3

EOHHS Focus Issues

N/A,

DoN Health Priorities

Social Environment,

Health Issues

Infectious Disease-Lyme Disease,

Target Populations

- **Regions Served:** Dover,
- **Environments Served:** Suburban,
- **Gender:** All,

- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** English,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Dover Park & Recreation	http://doverma.org/town-government/town-offices/parks-and-recreation/
Charles River School	https://www.charlesriverschool.org/
Cape Cod Cooperative Extension	www.capecodextension.org/ticks

Physical Disease Management - EMT Partnerships

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	BID Needham works closely with local EMT's to provide the best possible care in the community. The hospital provides training for local EMT's and works with the Needham Fire Department to provide medications and training.
Program Hashtags	Health Professional/Staff Training, Mentorship/Career Training/Internship, Prevention,
Program Contact Information	Leeann Wood, 781-453-5407, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Improve chronic disease management by training and partnering with first responders to care for stroke patients.	BID Needham has an ongoing partnership with local EMT's to train first responders and allow them to identify a stroke in the field. When the EMT alerts the hospital of a stroke patient coming in, the patient is met at the door by registration, a nurse and a physician and taken to CT scan. This process expedites care for stroke patients, ensuring that they receive life-saving care as soon as possible. BID Needham and local EMT's continued this partnership in FY19.	Outcome Goal	Year 7 of 10
Improve chronic disease management by partnering with the Needham Fire Department to provide medications and supplies for their vehicles.	The hospital's pharmacy restocks the medications needed for Needham Fire Department's Basic Life Support vehicles on a monthly basis. The hospital donated more than \$800 worth of medications in FY19 to the Needham Fire Department.	Process Goal	Year 4 of 10

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Social Environment,
Health Issues	Chronic Disease-Asthma/Allergies, Chronic Disease-Cardiac Disease, Chronic Disease-Hypertension, Chronic Disease-Stroke, Other-Emergency Preparedness, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Public Safety,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Needham, • Environments Served: Suburban, • Gender: All, • Age Group: All, • Race/Ethnicity: All, • Language: English, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
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Physical Disease Management - Family Health Initiative

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	BID Needham partnered with Family Promise MetroWest to support "The Family Health Initiative." This program empowers homeless parents who are part of the Family Promise program to become stronger health advocates while addressing the comprehensive health needs of their families. Services include education on accessing and maintaining health insurance, establishing primary care physicians, accessing mental health services and addressing all outstanding physical health needs, including dental care. Goals are set with case managers and reviewed on a weekly basis. This program reinforces the importance of regular health care, visits and screenings.
Program Hashtags	Health Screening, Prevention,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Improve chronic disease management by supporting "The Family Health Initiative" for homeless families through Family Promise MetroWest.	107 individuals in the Family Promise MetroWest program were supported with this initiative. Results included: 100% of uninsured families obtained health insurance; 100% of families secured a primary care physician for each family member; 100% of families who needed mental health services secured the services; 100% of families addressed outstanding medical and dental needs; 79% of families participated in health and safety training.	Process Goal	Year 4 of 10

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness,
DoN Health Priorities	Housing, Social Environment,
Health Issues	Chronic Disease-Overweight and Obesity, Health Behaviors/Mental Health-Mental Health, Other-Dental Health, Social Determinants of Health-Access to Health Care,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Dedham, Dover, Needham, Westwood, • Environments Served: Suburban, • Gender: All, • Age Group: Adults, Children, Infants, Teenagers, • Race/Ethnicity: All, • Language: English, Spanish, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Family Promise MetroWest	https://www.familypromisemetrowest.org/

Physical Disease Management - Reduce Readmissions

Program Type	Direct Clinical Services
Program is part of a grant or funding provided to an outside organization	No
Program Description	The hospital is working towards reducing readmission rates by meeting regularly to review readmissions and making changes to protocols and follow-up care as needed. The cardiology department has a nurse dedicated to follow-up with CHF patients, in order to reduce readmissions.

Program Hashtags	Health Professional/Staff Training, Health Screening, Prevention,
Program Contact Information	Greg McSweeney, 781-453-4511, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Improve care transitions for those with chronic health conditions, by employing a Congestive Heart Failure (CHF) nurse to follow up with patients.	BID Needham employs a CHF nurse for 36 hours a week. The nurse follows high risk CHF patients by making frequent calls to assess for symptoms, medication changes, tests or procedures that need to be done, education on prevention of CHF exacerbation, dietary teaching and referrals. The nurse also sees inpatients to ensure they are receiving proper care and review information with inpatient nursing.	Outcome Goal	Year 3 of 5
Improve care transitions for those with chronic health conditions, by reducing readmission rates.	BID Needham has a Utilization Review Committee that meets monthly to review all readmissions to the hospital within 30 days of discharge. The committee looks to identify specific causes for the readmission, such as discharge plans, care transitions and previous conditions. The committee reviews individual readmission, but also looks at trended data. The Committee identified CHF patients as a high priority area for review, and has two cardiologists on the committee who are tasked with reviewing all CHF	Outcome Goal	Year 2 of 5

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	N/A, Social Environment,
Health Issues	Cancer-Other, Chronic Disease-Cardiac Disease, Chronic Disease-Diabetes, Other-Senior Health Challenges/Care Coordination,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Dedham, Dover, Needham, Westwood, • Environments Served: Suburban, • Gender: All, • Age Group: All, • Race/Ethnicity: All, • Language: All, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Physical Disease Management - Interpreter Services

Program Type	Direct Clinical Services
Program is part of a grant or funding provided to an outside organization	No
Program Description	The hospital offers several options for Interpreter Services for patients. LanguageU is an Interpreter iPad on Wheels that allows patients immediate access to a face-to-face interpreter via video services. It also allows a patient who is deaf or hard of hearing to interact via video with an American Sign Language interpreter. Over the phone interpreting is offered via Pacific Interpreters, in over 180 languages and dialects. For patients who prefer an in-person service, the hospital can arrange this service in advance.
Program Hashtags	Not Specified
Program Contact Information	Jane East, 781-453-5252, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Improve access to care and physical disease management by offering culturally responsive care, including interpreter services.	LanguageU video remote interpretive services were accessed 1,028 times in FY19 at BID Needham, allowing ESL patients to access care in a culturally-competent way.	Outcome Goal	Year 6 of 30
Improve access to care and physical disease management by offering culturally responsive care, including interpreter services.	Face-to-face interpretations were used 112 times in FY19 at BID Needham, allowing ESL patients to access care in a culturally-competent way.	Outcome Goal	Year 20 of 30
Improve access to care and physical disease management by offering culturally responsive care, including interpreter services.	Telephonic interpretation sessions were used 1,169 times in FY19 at BID Needham, allowing ESL patients to access care in a culturally-competent way.	Outcome Goal	Year 15 of 30

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Social Environment,
Health Issues	Other-Cultural Competency, Social Determinants of Health-Access to Health Care,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Dedham, Dover, Needham, Westwood, • Environments Served: Suburban, • Gender: All, • Age Group: All, • Race/Ethnicity: All, • Language: All, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Language Line Pacific Interpreters	https://www.language.com/pacific_interpreters

Physical Disease Management - School Partnerships

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	BID Needham partners with the Needham Public Schools to ensure all students have access to the medication and medical supplies needed. The hospital provides annual donations of epi-pens to school nurse offices throughout the district. In FY19, the schools requested a one-time grant to update AED stations throughout the district with Stop the Bleed kits and tourniquets, and to add an additional AED at the high school.
Program Hashtags	Health Professional/Staff Training, Prevention,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Improve chronic disease management by providing local schools with essential medical supplies, enabling them to be prepared for emergency care.	The hospital provided a one-time grant to Needham Public Schools to update their medical supplies across the district. Stop the Bleed kits and tourniquets were purchased and added to all AEDs in the district (total 20). The school also purchased a new AED for the high school. The district now has the recommended supplies in the AED cabinets and staff can be trained for better preparation.	Outcome Goal	Year 1 of 1
Improve chronic disease			

management by providing local schools with essential medical supplies, enabling them to be prepared for emergency care.	BID Needham provides Epi-Pens to the Needham Public School Nurse Office for use in case of emergency.	Outcome Goal	Year 5 of 10
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EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Built Environment, Education,
Health Issues	Chronic Disease-Asthma/Allergies, Chronic Disease-Cardiac Disease,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Needham, • Environments Served: Suburban, • Gender: All, • Age Group: Children, Teenagers, • Race/Ethnicity: All, • Language: All, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Needham Public Schools	http://www.needham.k12.ma.us/

Physical Disease Management - Charles River YMCA Livestrong

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	BID Needham provides an annual grant to the Charles River YMCA for their LiveStrong Program. This program, for past or present cancer patients, helps develop and maintain cardiorespiratory fitness, muscular strength and endurance and flexibility and balance. It also connects local cancer patients and gives them strength and confidence as they recover.
Program Hashtags	Support Group,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Improve chronic disease management by supporting The Charles River YMCA's LiveStrong program.	BID Needham provided a grant to cover scholarships, which allow the YMCA to offer the program free of charge to cancer patients. Approximately 40 individuals participated in FY19, regaining strength and the ability to return to activity after cancer.	Outcome Goal	Year 2 of 5

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Social Environment,
Health Issues	Cancer-Breast, Cancer-Cervical, Cancer-Colorectal, Cancer-Lung, Cancer-Multiple Myeloma, Cancer-Other, Cancer-Ovarian, Cancer-Prostate, Cancer-Skin, Health Behaviors/Mental Health-Physical Activity,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Dedham, Dover, Needham, Westwood, • Environments Served: Suburban, • Gender: All, • Age Group: All, • Race/Ethnicity: All, needham • Language: English, • Additional Target Population Status: Not Specified

Partners:

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Partner Name and Description	Partner Website
Charles River YMCA	https://ymcaboston.org/charlesriver

Physical Disease Management - Charles River Center

Program Type	Direct Clinical Services
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	Charles River Center's Day Habilitation program serves 130 residents with intellectual disabilities. While BID-Needham has an ongoing partnership with the organization, a one-time grant was requested in FY19 to purchase an overhead lift system for the therapy treatment room within the day habilitation program. This lift prevents patient and caregiver injury by enabling staff to easily, comfortably, and safely, move patients from their wheelchairs onto treatment tables, and then back to the wheelchair.
Program Hashtags	Community Health Center Partnership,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Improve chronic disease management and access to care for those with developmental disabilities.	A one-time grant was provided to The Charles River Center (CRC) to purchase an overhead lift for their Day Habilitation Center. This lift provides a safe way to lift patients, provides dignity for the patients and decreases staff injury. CRC saw a decrease in injury from 4 injuries due to back trauma with 16 days missed and 4 weeks of restriction without the system, to two injuries with no days missed with the system. Approximately 40 patients use the lift for treatment.	Outcome Goal	Year 1 of 1

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Built Environment,
Health Issues	Social Determinants of Health-Access to Health Care,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Dedham, Dover, Needham, Westwood, • Environments Served: Suburban, • Gender: All, • Age Group: All, • Race/Ethnicity: All, • Language: All, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Charles River Center	https://www.charlesrivercenter.org/

Physical Disease Management - Neighbor Brigade

Program Type	Infrastructure to Support CB Collaboration
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	Neighbor Brigade organizes volunteers that can be mobilized to help residents facing sudden crisis, such as cancer diagnosis and treatment, to manage day-to-day tasks such as meal preparation, rides, and basic household chores. BID Needham partnered with this organization for the first time in FY19 to provide a grant to translate and distribute brochures into five languages.
Program Hashtags	Support Group,

Program Contact Information

Alyssa Kence, 781-453-5460, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Improve chronic disease management for those whom English is not their first language.	BID Needham provided a grant to the Dedham and Needham Chapters to print and distribute outreach brochures in 5 languages including English, Chinese, Japanese, Spanish and Portuguese, to enable non-English speakers to access their services.	Outcome Goal	Year 1 of 3

EOHHS Focus Issues

Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,

DoN Health Priorities

Social Environment,

Health Issues

Cancer-Breast, Cancer-Cervical, Cancer-Colorectal, Cancer-Lung, Cancer-Multiple Myeloma, Cancer-Other, Cancer-Ovarian, Cancer-Prostate, Cancer-Skin, Other-Cultural Competency, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Access to Healthy Food,

Target Populations

- **Regions Served:** Dedham, Needham,
- **Environments Served:** Suburban,
- **Gender:** All,
- **Age Group:** Adults,
- **Race/Ethnicity:** All,
- **Language:** Chinese, English, Portuguese, Russian, Spanish,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Neighbor Brigade	https://www.neighborbrigade.org/

Physical Disease Management - Alzheimer's Caregiver Workshop**Program Type**

Total Population or Community-Wide Interventions

Program is part of a grant or funding provided to an outside organization

No

Program Description

The hospital partnered with several community organizations including the Dover Council On Aging, Dover Church, Alzheimer's Association, Avita of Needham, Hebrew SeniorLife, and Jog Your Memory to offer three panel discussions for residents with Alzheimer's and their caregivers. BID Needham case managers attended to urge attendees to think about end of life and proxy care planning, and offered assistance with completing the forms

Program Hashtags

Community Education,

Program Contact Information

Alyssa Kence, 781-453-5460, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Improve chronic disease management by providing education and resources for those caring for family or friends with Alzheimer's.	Two sessions were held in Dover at the Dover Church. Attendance was 60 people. One session was held at BID Needham with 40 people in attendance.	Process Goal	Year 1 of 1

EOHHS Focus Issues

Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Mental Illness and Mental Health,

DoN Health Priorities

Social Environment,

Health Issues

Chronic Disease-Alzheimer's Disease, Health Behaviors/Mental Health-Mental Health,

Other-Senior Health Challenges/Care Coordination,

Target Populations

- **Regions Served:** Dedham, Dover, Needham, Westwood,
- **Environments Served:** Suburban,
- **Gender:** All,
- **Age Group:** Adults, Elderly,
- **Race/Ethnicity:** All,
- **Language:** English,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Alzheimer's Association of New Hampshire and Massachusetts	https://www.alz.org/manh
Avita of Needham	https://northbridgecos.com/avita-needham-assisted-living-memory-care/
The Dover Church	https://www.thedoverchurch.org/
Dover Council on Aging	http://doverma.org/town-government/town-offices/council-on-aging-2/
Hebrew SeniorLife	https://www.hebrewseniorlife.org/
Jog Your Memory 5K	http://www.jogyourmemory5k.org/

Behavioral Health - Integrated Behavioral Health Care

Program Type	Direct Clinical Services
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	BID Needham worked to integrate behavioral health into care, both in PCP offices and in the hospital. A partnership with Riverside and Beth Israel Deaconess Healthcare (BIDHC) provided a Licensed Social Worker (LICSW) at a local primary care office. Within the Hospital, BID Needham has several measures in place to provide for mental healthcare. A Psychologist is employed to provide consultations on the inpatient units, and in FY19, BID Needham also hired a Director of Clinical Liaison Psychiatry to provide weekday telephone support for providers, related to Psychiatry patient care issues. For behavioral health patients that come into the Emergency Department at BID Needham, the hospital has a referring partnership with Riverside to provide evaluations, care and placements.
Program Hashtags	Health Screening, Prevention,
Program Contact Information	Kathy Davidson, 781-453-3003, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Promote behavioral health integration by providing a behavioral health care at a Primary Care office.	During this 27-month program, BID Needham provided a grant that supported non-billable activities, free care, and urgent interventions for patients that have insurances that did not include Riverside in their panel. The social worker worked 33 hours per week, with a portion of the social worker's time being spent on consults with the Primary Care Physicians.	Outcome Goal	Year 3 of 3
Promote behavioral health integration through an Emergency Department partnership with Riverside.	For behavioral health patients that come into the Emergency Department at BID Needham, the hospital has a referring partnership with Riverside to provide evaluations, care and placements. 221 patients were seen through this partnership in FY19.	Outcome Goal	Year 14 of 20
Promote behavioral health integration by providing mental health services in the hospital.	A Psychologist is employed to provide consultations on the inpatient units. In FY19, a Director of Clinical Liaison Psychiatry was hired to provide weekday telephone support for providers.	Outcome Goal	Year 6 of 20

EOHHS Focus Issues	Mental Illness and Mental Health,
DoN Health Priorities	Social Environment,
Health Issues	Health Behaviors/Mental Health-Mental Health, Social Determinants of Health-Access to Health Care,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Dedham, Dover, Needham, Westwood, • Environments Served: Suburban, • Gender: All, • Age Group: All, • Race/Ethnicity: All, • Language: English, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Beth Israel Deaconess Healthcare	https://www.bidmc.org/centers-and-departments/bidhc-primary-care
Riverside Community Care	https://www.riversidecc.org/

Behavioral Health - Pain Management & Opioid Taskforce

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	The work of BID Needham's internal "Pain Management & Opioid Taskforce" continued to address pain management, prescribing practices and clinician education for the Hospital, in order to reduce opioid misuse. The team is made up of surgery, pharmacy, medical staff, physical therapy, anesthesiology, quality, case management and representatives from other clinical departments who can contribute to improving practices around opioid prescribing and education.
Program Hashtags	Community Education, Health Professional/Staff Training, Prevention,
Program Contact Information	Rebecca Stone, 781-444-4722, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Reduce the burden of opioid use and address prescribing at the hospital through a Pain Management & Opioid Taskforce.	In FY19, the Pain Management & Opioid Taskforce included educating clinicians about prescribing practicing, including patient fact sheets and non-opioid directives; creating pain and physical therapy resources and distributing to clinicians to educate on alternatives to opioids; conducting an on-going prescribing query to review and modify prescribing practices within the hospital; and creating a "comfort menu" offering opioid alternatives for inpatients.	Outcome Goal	Year 2 of 5

EOHHS Focus Issues	Substance Use Disorders,
DoN Health Priorities	Social Environment,
Health Issues	Substance Addiction-Opioid Use,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Dedham, Dover, Needham, Westwood, • Environments Served: Suburban, • Gender: All, • Age Group: All, • Race/Ethnicity: All, • Language: English, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Behavioral Health - Prescription Drug Disposal

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	No
Program Description	<p>The Hospital maintained the prescription drug disposal kiosk in the lobby, as a safe way for the community to dispose of unwanted or unneeded prescription drugs. Based on requests from the community, BID Needham also installed a sharps disposal kiosk in the same area.</p> <p>Hospital employees also volunteered, along with Needham Police, at the semi-annual DEA Drug Take Back Days in Needham, in April and October.</p>
Program Hashtags	Prevention,
Program Contact Information	Joe Giovangelo, 781-453-3640, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Reduce the burden of opioid use by providing a place for the public to dispose of unused and unwanted prescription drugs.	Nearly 320 pounds of prescription drugs were disposed of in FY19.	Process Goal	Year 2 of 10
Reduce the burden of opioid use by providing a safe place for the public to dispose sharps.	At the end of FY19 the hospital installed a sharps kiosk next to the prescription drug kiosk. Collection data will be shared in FY20.	Process Goal	Year 1 of 10

EOHHS Focus Issues	Substance Use Disorders,
DoN Health Priorities	Social Environment,
Health Issues	Substance Addiction-Opioid Use,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Dedham, Dover, Needham, Westwood, • Environments Served: Suburban, • Gender: All, • Age Group: All, • Race/Ethnicity: All, • Language: All, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Behavioral Health - Community Taskforce Participation

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	<p>BID Needham staff participate in local task forces directed at addressing mental health and substance use issues.</p> <p>The Community Crisis Intervention Team (CCIT) is a group of community partners consisting of health departments, first responders, local hospitals, schools and behavioral health organizations, with a goal to confidentially address chronic resident needs related to substance use disorders, mental health conditions and domestic</p>

violence.

Staff also participate in the Charles River Opioid Taskforce, created by Newton Wellesley Hospital to address the opioid crisis on a regional level.

The hospital is also participates in Needham's Youth Resource Network, comprised of representatives from numerous youth and family-serving organizations that come together monthly during the academic year to address specific needs of school-age youth and families that reside and/or attend public school in Needham.

Program Hashtags

Prevention,

Program Contact Information

Kathy Davidson, 781-453-3003, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Identify those at risk for mental health and substance use issues, and provide enhanced care management through participation in the Community Crisis Intervention Team.	The BID Needham Chief Nursing Officer and/or Chief Medical Officer participated in quarterly CCIT meetings. BID Needham shared emergency department data on behavioral health, substance use, violence (including domestic violence) and falls, to help the team track and address these issues in the community.	Outcome Goal	Year 3 of 10
Identify those at risk of opioid abuse and provide enhanced care and management through regional, multi-disciplinary taskforce.	Hospital pharmacy staff participated in the taskforce in order to identify ways to work together to address opioid misuse in the region.	Outcome Goal	Year 1 of 5
Identify those at risk and provide enhanced care management that will enable families to change their situation.	The hospital participated in Youth Resource Network roundtable discussions, which served 10 Needham families. The goal of the meeting is to identify specific needs and identify potential resources that will help the family and change their current situation.	Outcome Goal	Year 3 of 5

EOHHS Focus Issues

Housing Stability/Homelessness, Mental Illness and Mental Health, Substance Use Disorders,

DoN Health Priorities

Education, Employment, Housing, Social Environment, Violence,

Health Issues

Health Behaviors/Mental Health-Mental Health, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Domestic Violence, Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty, Social Determinants of Health-Violence and Trauma, Substance Addiction-Substance Use,

Target Populations

- **Regions Served:** Dedham, Dover, Needham, Westwood,
- **Environments Served:** Suburban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** English,
- **Additional Target Population Status:** Domestic Violence History,

Partners:

Partner Name and Description	Partner Website
Needham Division of Public Health	https://www.needhamma.gov/85/Public-Health
Riverside Community Care	https://www.riversidecc.org/
Needham Police Department	https://www.needhamma.gov/78/Police
Walker	www.walkercares.org
Needham Fire Department	https://www.needhamma.gov/63/Fire
Needham Public Schools	http://www.needham.k12.ma.us/

Newton Wellesley Hospital	https://www.nwh.org/
Needham Youth & Family Services	https://www.needhamma.gov/79/Youth-Family-Services

Behavioral Health - Interface Mental Health Hotline

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	<p>BID Needham continued the on-going partnership with Needham Public Health, The Kyle Shapiro Foundation, and William James College to provide a free mental health referral hotline to those who live and/or work in Needham. The "Interface" helpline offers callers an opportunity to work with a counselor who will provide matches to services, as well as provide information and resources about mental health and wellness.</p> <p>The hospital also contributed to the Interface program in Medfield, a new program for the community. While Medfield is a secondary Community Benefits service area for the hospital, the town has experienced an increase in teen suicide attempts and has a great need for the service.</p>
Program Hashtags	Prevention,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Identify those at risk and provide enhanced care management through assistance with finding mental health services.	Needham's Interface Helpline served approximately 150 cases in FY19. The majority of the calls were from parents calling on behalf of their children; however the helpline saw an increase in the number of adult callers. Anxiety was the top self-reported issue for callers.	Process Goal	Year 5 of 10
Identify those at risk and provide enhanced care management through assistance with finding mental health services.	Medfield's Interface program was funded in FY19, but will be effective in FY20.	Process Goal	Year 1 of 5

EOHHS Focus Issues	Mental Illness and Mental Health,
DoN Health Priorities	Social Environment,
Health Issues	Health Behaviors/Mental Health-Depression, Health Behaviors/Mental Health-Mental Health, Health Behaviors/Mental Health-Stress Management, Social Determinants of Health-Access to Health Care,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Medfield, Needham, • Environments Served: Suburban, • Gender: All, • Age Group: All, • Race/Ethnicity: All, • Language: Chinese, English, Haitian Creole, Portuguese, Spanish, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
William James College	https://www.williamjames.edu/
Kyle W. Shapiro Foundation	www.kwsfoundation.com
Needham Youth & Family Services	http://www.needhamma.gov/youth
Needham Public Health	https://www.needhamma.gov/85/Public-Health
Medfield Public Schools	https://www.medfieldcsp.org/
Medfield Coalition for Suicide	https://www.medfieldcsp.org/

Behavioral Health - Community Behavioral Health Support

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	The Hospital supported several local behavioral health organizations within the community to provide resilience training, screening, and programming for students and others in the community.
Program Hashtags	Health Professional/Staff Training, Mentorship/Career Training/Internship, Prevention,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street, Needham, MA, 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide enhanced care management through access to extracurricular activities for those experiencing significant behavioral, emotional and learning challenges.	BID Needham provided a \$2,500 grant to Walker for community-based extracurricular activities such as dance, soccer and karate, for students ages 5-14 and who are in their therapeutic residential programs. Approximately five children will be served through this grant.	Process Goal	Year 2 of 5
Identify those at risk and provide and enhanced care management through community screening and training programs focused on mental health.	The Hospital provided a \$4,000 grant to Riverside for their community mental health training, consultation and screening programs. These funds support the Gatekeeper suicide prevention training in local school districts for approximately 300 people, and Suicide Assessment and Intervention Training for Mental Health Professionals in the four BID Needham CBSA communities.	Process Goal	Year 1 of 5
Identify those at risk and provide and enhanced care management by supporting a one-on-one mentorship program for income-eligible high school students.	BID Needham supported the peer mentorship program, Needham Steps Up, with a \$500 grant. This organization pairs income-eligible high school students with experienced faculty and staff members to help them access the vital resources they need to successfully navigate high school.	Process Goal	Year 3 of 5
Identify those at risk and provide and enhanced care management through extracurricular programming for underserved students.	The hospital provided Plugged In Band program a \$1,000 grant, which will cover summer camp scholarships for 2 underserved students.	Process Goal	Year 2 of 5
Identify those at risk and provide and enhanced care management by supporting homeless college students.	BID Needham also granted \$500 to Circle of Hope to provide dignity bags to homeless college students in the MetroWest area.	Process Goal	Year 1 of 5
Identify those at risk and provide and enhanced care management by supporting local librarians to recognize and respond to behavioral health issues.	A \$2,000 grant to CHNA 18 provided mental health QPR training for local librarians. The event was hosted at Needham Public Library, but was attended by 60 staff members from area libraries.	Process Goal	Year 1 of 2

EOHHS Focus Issues	Mental Illness and Mental Health,
DoN Health Priorities	Education, Social Environment,
Health Issues	Health Behaviors/Mental Health-Mental Health,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Dedham, Dover, Needham, Westwood, • Environments Served: Suburban, • Gender: All, • Age Group: All, • Race/Ethnicity: All, needham

- **Language:** English,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Walker	http://www.walkercares.org/
Riverside Community Care	www.riversidecc.org
Needham Steps Up	https://www.needhamstepsup.com/
Plugged In Band	https://pluggedinband.org/
Circle of Hope	www.circleofhopeonline.org
CHNA 18	www.chna18.org
Needham Public Library	http://www.needhamma.gov/4747/Library

Behavioral Health - Community Substance Abuse Support

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	The Hospital supported local organizations which provide access to resources needed for recovery and addiction support.
Program Hashtags	Support Group,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Reduce the burden of opioid use by providing transitional housing for veterans suffering from addiction.	New England Veteran's Liberty House was awarded \$1,000 for their sober transitional housing program for veterans.	Process Goal	Year 2 of 5
Reduce the burden of opioid use by supporting those in recovery.	BID Needham supported "Dodging Addiction for Amy," an organization started by a hospital employee, with a \$250 grant to assist recovering addicts with housing costs for sober living facilities.	Process Goal	Year 3 of 5

EOHHS Focus Issues	Housing Stability/Homelessness, Substance Use Disorders,
DoN Health Priorities	Built Environment, Housing,
Health Issues	Substance Addiction-Alcohol Use, Substance Addiction-Opioid Use,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Dedham, • Environments Served: Suburban, • Gender: All, • Age Group: Adults, • Race/Ethnicity: All, • Language: English, • Additional Target Population Status: Veteran Status,

Partners:

Partner Name and Description	Partner Website
New England Veteran's Liberty House	https://nevlh.wordpress.com/
Dodging Addiction for Amy	https://www.facebook.com/dodgingaddictionforamy/

Healthy Aging - Transportation Assistance

Program Type	Access/Coverage Supports
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	<p>To assist patients with getting to medical appointments, BID Needham supported a medical appointment transportation program through the Needham Community Council, and provided taxi vouchers to patients who need a ride.</p> <p>The transportation program utilizes the ride-share service, Lyft, with The Community Council providing a concierge dispatch service operated by two staff members. Individuals requesting rides call the Needham Community Council and are scheduled with either a volunteer driver, if available, or a Lyft ride. The dispatcher relays logistics, such as car model and color, driver name, pick-up location, and estimated time of arrival, to the rider. When a Lyft ride is used, the dispatcher can track the ride and update the rider via phone as needed.</p>
Program Hashtags	Not Specified
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Increase access to transportation services through a medical appointment transportation program with the Needham Community Council.	The program has grown annually. In FY19, 408 rides were provided with a grant from BID Needham in the amount of \$3,500. A notable finding of riders who were surveyed through this program was that over 60% of these riders would have cancelled their medical appointment if it wasn't for the ride.	Process Goal	Year 3 of 5
Increase access to transportation services by providing taxi vouchers to those who need a ride to/from medical appointments at the hospital.	The hospital spent \$1,839 on taxi vouchers in FY19 and provided 73 rides to those who needed transportation home from the hospital.	Process Goal	Year 15 of 20

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Built Environment,
Health Issues	Social Determinants of Health-Access to Health Care, Social Determinants of Health-Access to Transportation,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Needham, • Environments Served: Suburban, • Gender: All, • Age Group: Adults, Elderly, • Race/Ethnicity: All, • Language: English, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Needham Community Council	http://needhamcommunitycouncil.org/

Healthy Aging - Needham Healthy Aging Initiative

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	Partnering with the Town of Needham, Needham Public Health and the Needham Council on Aging, the hospital dedicated more than \$31,000 of DON funds annually, for five

years, to a healthy aging initiative in Needham. The funding includes fitness training, health and balance classes, a multi-generational program, and other social groups and classes.

Funding for the fitness center provided access to personal trainers at the Senior Center's on-site fitness facility. This allowed residents to get advice on exercising to suit their specific health and wellness needs, ensured they know how to properly use the equipment and were exercising safely, and reduced barriers to exercising.

New programs were also piloted as part of this initiative, including "Bridging the Gap," an inter-generational program that brings together middle school youth with members of the Senior Center Community. This collaboration between the divisions of Youth and Family Services and Aging Services provides a monthly opportunity to gather and play pool and other games, have dinner, and engage in conversation, learning and laughter.

Due to planning and implementation schedules, approximately one-third of the funding was carried over to FY2020 for similar programming.

Program Hashtags

Community Education, Prevention, Support Group,

Program Contact Information

Alyssa Kence, 781-453-5460, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Reduce isolation of older adults by offering a social programming for aging adults.	Social programs such as art classes were offered as additional reasons for seniors visit the Center, to reduce isolation and encourage socializing. The classes were popular with 30+ people participating.	Process Goal	Year 1 of 5
Reduce falls in the community by providing access to fitness facilities and personal trainers for the aging population.	One third of the DON funding went to providing personal trainers at the Senior Center's fitness center, which saw an average of 45 users per day.	Process Goal	Year 1 of 5
Reduce falls in the community and support older adults and caregivers to age in place by providing health and balance classes for the aging population.	One third of the funding was used to offer free, on-going, evidence-based programs for balance, bone health and arthritis on a weekly basis; and for monthly men's and women's health groups. The classes average 15-25 people.	Process Goal	Year 1 of 5
Reduce isolation of older adults by offering a multi-generational program for adults and youth to interact.	The "Bridging the Gap" program was successful with both the youth and older adults, with 30 youth and adults participating.	Process Goal	Year 1 of 5

EOHHS Focus Issues

Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Mental Illness and Mental Health,

DoN Health Priorities

Built Environment, Social Environment,

Health Issues

Chronic Disease-Arthritis, Chronic Disease-Cardiac Disease, Chronic Disease-Diabetes, Chronic Disease-Hypertension, Chronic Disease-Overweight and Obesity, Chronic Disease-Stroke, Health Behaviors/Mental Health-Mental Health, Other-Senior Health Challenges/Care Coordination, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Nutrition,

Target Populations

- **Regions Served:** Needham,
- **Environments Served:** Suburban,
- **Gender:** All,
- **Age Group:** Elderly,
- **Race/Ethnicity:** All, needham
- **Language:** English,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Town of Needham/ Needham	https://www.needhamma.gov/519/Council-on-Aging

Council on Aging	
Needham Youth & Family Services	http://www.needhamma.gov/youth

Healthy Aging - Council on Aging Programming

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	<p>Local Councils on Aging are a wonderful resource for aging adults and a great community partner for the hospital. BID Needham supported programming at the Dover and Dedham Councils on Aging, to support aging adults to age in place.</p> <p>The Dover COA provided meals and other supports for aging Dover residents. The Dedham COA hosted a fire prevention program with the Dedham Fire Department and distributed CO Detectors with Smoke Detectors to attendees and other seniors in the community who requested them.</p>
Program Hashtags	Community Education,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Support older adults and caregivers to age in place by providing safety training and supplies.	The Dedham COA was granted \$1,500 for a fire prevention program, and provided approximately 40 CO Detectors with Smoke Detectors to seniors in the community.	Process Goal	Year 1 of 3
Support older adults and caregivers to age in place by providing meals and support services.	The Dover COA was provided a \$1,500 grant for meals and other supports for Dover residents.	Process Goal	Year 2 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness, Mental Illness and Mental Health,
DoN Health Priorities	Built Environment, Social Environment,
Health Issues	Health Behaviors/Mental Health-Mental Health, Other-Emergency Preparedness, Other-Senior Health Challenges/Care Coordination, Social Determinants of Health-Access to Healthy Food,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Dedham, Dover, • Environments Served: Suburban, • Gender: All, • Age Group: Elderly, • Race/Ethnicity: All, • Language: English, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Dover Council on Aging	http://doverma.org/town-government/town-offices/council-on-aging-2/
Dedham Council on Aging	https://www.dedham-ma.gov/departments/council-on-aging
Dedham Fire Department	https://www.dedham-ma.gov/departments/fire

Healthy Aging - Medical Nutrition Therapy

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside	Yes

organization	
Program Description	BID Needham provided funding to the Westwood Council on Aging (COA) and HESSO to pilot a Medical Nutrition Therapy (MNT) program. MNT is a comprehensive and holistic assessment of an older adults' nutrition that factors in medical conditions, functional abilities, and social supports. MNT is completed by a Registered Dietitian in individual sessions and includes referral to additional supports and resources, as well as follow-up as needed, in order to improve their opportunity to achieve their health and nutrition goals.
Program Hashtags	Community Education,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Improve care transitions for older adults with a Medical Nutrition Therapy program at the Westwood Council on Aging.	With an \$1,800 grant from BID Needham, the program served 48 individuals in FY19, and has a wait list of seniors in Westwood seeking the service. The program will continue in FY20.	Process Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Social Environment,
Health Issues	Chronic Disease-Cardiac Disease, Chronic Disease-Diabetes, Chronic Disease-Hypertension, Chronic Disease-Overweight and Obesity,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Westwood, • Environments Served: Suburban, • Gender: All, • Age Group: Elderly, • Race/Ethnicity: All, • Language: English, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Westwood Council on Aging	https://www.townhall.westwood.ma.us/government/boards-committees/council-on-aging
HESCO	https://hessco.org/

Healthy Aging - Bereavement & Counseling Services

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	The hospital partnered with and supported the hospice counseling program at the Stanley R.Tippett Home through VNA Care Network, to provide hospice bereavement and counseling services.
Program Hashtags	Community Education,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Increase access to palliative care through partnership with VNA Care Network.	BID Needham awarded a \$2,500 grant to VNA Care Network for their hospice counseling program, which provided 1,370 people hospice bereavement and counseling services in FY19.	Process Goal	Year 1 of 3

EOHHS Focus Issues	Mental Illness and Mental Health,
DoN Health Priorities	Social Environment,
Health Issues	Health Behaviors/Mental Health-Bereavement, Other-Senior Health Challenges/Care Coordination,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Dedham, Dover, Needham, Westwood, • Environments Served: Suburban, • Gender: All, • Age Group: Elderly, • Race/Ethnicity: All, • Language: English, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
VNA Care Network	https://vnacare.org/patients/stanley-r-tippett-home

Healthy Aging - Caregiver Grant Program

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	Jog Your Memory is a local non-profit that provides grants to help families and caregivers in our community who have a loved one suffering from Alzheimer's disease. BID Needham contributed to their caregiver grant program, which provides grants to local families to help caregivers with respite care costs, funding for tracking devices, music programs, in-home care, and other services that will provide relief.
Program Hashtags	Support Group,
Program Contact Information	Alyssa Kence, 781-453-5460, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Improve care transitions for older adults through caregiver support.	Jog Your Memory was awarded \$1,000 to support their caregiver grant program. Families may be given a grant up to \$2,500 per year to help cover costs associated with caring for a loved one with Alzheimer's disease.	Process Goal	Year 2 of 5

EOHHS Focus Issues	Mental Illness and Mental Health,
DoN Health Priorities	Social Environment,
Health Issues	Chronic Disease-Alzheimer's Disease, Health Behaviors/Mental Health-Mental Health, Other-Senior Health Challenges/Care Coordination,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Dedham, Dover, Needham, Westwood, • Environments Served: Suburban, • Gender: All, • Age Group: Adults, Elderly, • Race/Ethnicity: All, • Language: All, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Jog Your Memory 5K	http://www.jogyourmemory5k.org/

Healthy Aging - Traveling Meals

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	No
Program Description	BID Needham continued to support the Traveling Meals program in Needham, which provides healthy meals for home-bound seniors. The meals are made at BID Needham and delivered Monday-Friday from September to June to homebound seniors. BID Needham donated space in the Hospital's cafe, where volunteers package the meals for delivery.
Program Hashtags	Prevention,
Program Contact Information	Katie Laycock, 781-453-3000, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Support older adults and caregivers to age in place by providing meals to homebound seniors.	The Traveling Meals program prepared and delivered 7,390 healthy meals for home-bound seniors in FY19.	Process Goal	Year 8 of 10

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness, Mental Illness and Mental Health,
DoN Health Priorities	Built Environment, Social Environment,
Health Issues	Social Determinants of Health-Access to Healthy Food,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Needham, • Environments Served: Suburban, • Gender: All, • Age Group: Elderly, • Race/Ethnicity: All, • Language: English, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Needham Public Health Traveling Meals Program	https://www.needhamma.gov/399/Traveling-Meals

Healthy Aging - Senior Volunteer Program

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	No
Program Description	BID Needham offers the senior population an opportunity to give back to the community through a volunteer program at the Hospital. This experience provides social camaraderie with other volunteers, a positive outlet for helping others and a way to stay connected to the community. Volunteers are also provided with free parking during volunteer hours and a free lunch in The Trotman Family Glover Cafe.
Program Hashtags	Prevention,
Program Contact Information	Tracy Murphy, 781-453-5499, 148 Chestnut Street, Needham, MA 02492

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
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Reduce isolation of older adults through by offering a volunteer program at the hospital.	There are 65 volunteers in the older adult volunteer program.	Process Goal	Year 15 of 20
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EOHHS Focus Issues	Mental Illness and Mental Health,
DoN Health Priorities	Social Environment,
Health Issues	Health Behaviors/Mental Health-Mental Health,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Dedham, Dover, Needham, Westwood, • Environments Served: Suburban, • Gender: All, • Age Group: Adult-Elder, • Race/Ethnicity: All, • Language: English, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Expenditures

Total CB Program Expenditure **\$1,450,348.00**

CB Expenditures by Program Type	Total Amount	Subtotal Provided to Outside Organizations (Grant/Other Funding)
Direct Clinical Services	\$1,125,092.00	\$59,445.00
Community-Clinical Linkages	\$61,230.00	\$48,300.00
Total Population or Community-Wide Interventions	\$116,406.00	\$60,500.00
Access/Coverage Supports	\$85,880.00	\$3,500.00
Infrastructure to Support CB Collaborations Across Institutions	\$61,740.00	\$350.00

CB Expenditures by Health Need	Total Amount
Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes	\$1,095,108.00
Mental Health/Mental Illness	\$202,603.00
Housing/Homelessness	\$18,134.00
Substance Use	\$36,267.00
Additional Health Needs Identified by the Community	\$98,236.00

Other Leveraged Resources \$5,000.00

Net Charity Care Expenditures	Total Amount
HSN Assessment	\$581,972.61
HSN Denied Claims	\$105,411.14
Free/Discount Care	Not Specified
Total Net Charity Care	\$687,383.75

Total CB Expenditures: \$2,142,731.75

Additional Information	Total Amount
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Net Patient Service Revenue: \$100,008,000.00

CB Expenditure as Percentage of Net Patient Services Revenue: 2.14%

Approved CB Program Budget for FY2020: \$1,450,000.00

(*Excluding expenditures that cannot be projected at the time of the report.)

Comments (Optional):

Total Charity Care is \$6,276,860 and includes BID Needham's payment of \$687,383.75 to the Health Safety Net; \$2,991,063 in unreimbursed Medicare Services; \$2,515,413 in unreimbursed MassHealth Services; \$935,657 in bad debt; and \$83,000 in BID Needham's voluntary PILOT payment to the Town of Needham, which contributes to the health and well-being of individuals residing in its Community Benefits Service Area. Additionally, BID Needham paid \$50,745 to the Center for Health Information and Analysis (CHIA) and \$17,511 to the Health Policy Commission (HPC).

Optional Information

Hospital Publication Describing CB Initiatives: [Download/View Report](#)

Bad Debt: Not Specified

Bad Debt Certification: Not Certified

Optional Supplement: Not Specified