Beth Israel Deaconess Hospital
Milton

Community Health Needs Assessment & Implementation Strategy

Fiscal Years' 2014 – 2016

for

Beth Israel Deaconess Hospital - Milton

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BID-Milton
Community Health Needs Assessment & Implementation Strategy
2013-2015

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I. Executive Summary

Beth Israel Deaconess Hospital – Milton (BID-Milton) is committed to improving the health status of all those it serves and to addressing the health problems of the poor and other medically underserved populations, as well as nonmedical conditions that negatively impact the health and wellness of our community.

Community Benefits Program

Target populations for BID-Milton's Community Benefits initiatives are identified through a community input and planning process, collaborative efforts, and a CHA which is conducted every three years. The 2013 Community Health Assessment (CHA) focus on the towns of Braintree, Milton, and Randolph (referred to as the Milton region). Focusing BID-Milton's CHA on this geographic area facilitates the alignment of the hospital's efforts with community partners, specifically several community-based organizations.

Our target populations focus on medically-underserved and vulnerable groups of all ages in the Milton region, as follows:

- Children
- Elders Living in Public Housing
- Ethnic and Linguistic Minorities
- Individuals Who are Obese/Overweight
- Populations Living in Poverty
- Targeted Low Income Neighborhoods
- Underinsured/Uninsured
- Youth at Risk

BID-Milton's Community Benefits Program strives to meet and exceed the Schedule H/Form 990 IRS mandate to "promote health for a class of persons sufficiently large so the community as a whole benefits." Our programs mirror the five core principles outlined by the Public Health Institute in terms of the "emphasis on communities with disproportionate unmet health-related needs; emphasis on primary prevention; building a seamless continuum of care; building community capacity; and collaborative governance."

Beth Israel Deaconess Hospital-Milton (BID-Milton) is an 88-bed acute care hospital affiliated with Beth Israel Deaconess Medical Center (BIDMC) in Boston. In 2013, BID-Milton sought to undertake a community health assessment (CHA) of its catchment area, defined for the purposes of this report as Braintree, Milton, and Randolph (referred to as the Milton region). The purpose of the CHA was to provide an empirical foundation for future health planning as well as fulfill the community health assessment mandate for non-profit institutions put forth by the MA Attorney General and IRS. The overarching goals of the 2013 BID-Milton CHA were to:

- Identify the health needs and assets of the Milton region

- Understand how outreach activities can be more effectively coordinated and delivered across the institution and in collaboration with community partners

To this end, the CHA report provides an overview of the key findings of the community health assessment, which explores a range of health behaviors and outcomes, social and economic issues, health care access, and gaps and strengths of existing resources and services.

The Community Benefits Strategic Implementation Plan

The focus areas of this Community Benefits Strategic Implementation Plan align well with the priorities identified by the CHA processes, as noted below:

Priority Area 1
Access to Care: Insurance, cost, and navigating the health care system

Priority Area 2
Chronic disease: diabetes, cardiovascular disease, hypertension and high cholesterol

Priority Area 3
Substance Abuse: drug and alcohol use and the connection to mental health

Priority Area 4
Mental Health: resources to address the need for mental health services across the lifespan

Priority Area 5
Obesity: time, cost and education in preparing healthy meals and a lack of physical activity

Priority Area 6
Transportation: limited public transportation poses a barrier to access to care

All areas highlighted by the CHIP are being addressed by this 2013-2015 Community Benefits Plan. The issues addressed may be framed from a different perspective or may appear at a different hierarchical level of the plan, but the two plans are thematically consistent and intended to be implemented collaboratively and synergistically:

Community Benefits Priority Areas	Goal
Priority Area 1 **Access to Care: Insurance, cost, and navigating the health care system**	**Goal 1:** **Improve access to care that addresses the needs identified in our service population.**
Priority Area 2 **Chronic disease: diabetes, cardiovascular disease, hypertension and high cholesterol**	**Goal 2:** **Engage our community partners to focus chronic disease prevention and education efforts including congestive heart failure, diabetes and COPD to best impact vulnerable populations in our service area.**
Priority Area 3 **Substance Abuse: drug and alcohol use and the connection to mental health**	**Goal 3:** **Collaborate with community partners to focus substance abuse prevention efforts on the general population.**
Priority Area 4 **Mental Health: resources to address the need for mental health services across the lifespan**	**Goal 4:** **Collaborate with community partners to enhance community knowledge of mental health as a primary health issue and promote available mental health resources and supports.**
Priority Area 5 **Obesity: time, cost and education in preparing healthy meals and a lack of physical activity**	**Goal 5:** **Enhance community resources on nutrition counseling and education.**
Priority Area 6 **Transportation: limited public transportation poses a barrier to access to care**	**Goal 6:** **Support optimal use of transportation services available within our service area.**

Detailed action plans will be developed annually and tracked throughout the course of the year to monitor and evaluate progress and determine priorities for the next year. This plan is meant to be reviewed annually and adjusted to accommodate revisions that merit attention.

II. Community Benefits Mission

Community Benefits Mission Statement

Beth Israel Deaconess Hospital-Milton's community benefits mission is to provide free or low-cost programs that address unmet health and wellness needs of racially, ethnically and linguistically diverse communities of Milton, Randolph, Quincy, Dorchester, Hyde Park, Braintree and Canton, in a manner shaped by community input, aligned with hospital resources, and guided by our objective to delivery high quality care with compassion, dignity and respect.

The BID-Milton Community Benefits Mission was developed and recommended by the Community Benefits Steering Committee and approved by the Beth Israel Deaconess Hospital – Milton, Inc. Board of Directors.

III. Targeted Geography and Populations

BID-Milton aims to address both the letter and the spirit of the IRS Community Health Needs Assessment (CHNA) regulation in that it will be addressing the health needs and concerns of the region's most underserved populations. The IRS mandate gives hospitals flexibility in how they define the community discussed in the CHNA. The community could be defined by a specific geographic area or target populations (e.g., children, elderly), as long as the definition still captures the interests of more vulnerable groups such as the underserved, low income, or minority populations.

Geography

The 2013 Community Health Assessment (CHA) encompassed the BID-Milton catchment area, defined for the purposes of this report as Braintree, Milton, and Randolph (referred to as the Milton region). Focusing BID-Milton's CHA on this geographic area facilitates the alignment of the hospital's efforts with community and governmental partners, and several community-based organizations. This focus also facilitates collaboration with the Advisory Committee that will be implementing key strategies of the CHA so that future initiatives can be developed in a more coordinated approach.

Vulnerable Populations

Target populations for BID-Milton's Community Benefits initiatives are identified through a community input and planning process, collaborative efforts, and a CHA which is conducted every three years. Our target populations focus on medically-underserved and vulnerable groups of all ages. Our most vulnerable populations include socially isolated elderly, non-English speaking residents and low-income populations. These populations often encounter continued difficulties in accessing resources.

Key Findings

The following provides a brief overview of key findings that emerged from the Community Health Assessment:

Demographics

- **Population:** According to the U.S. Census, the population size of the Milton area has experienced growth proportionally similar to that of the state (2.5%). The town of Braintree experienced the largest increase in its population size with a 4.5% change.
- **Age Distribution:** Braintree, Milton, and Randolph had a larger proportion of seniors (65 years and over) compared to the state (13.7%); however, all three towns have experienced a decrease in their senior populations between 2000 and 2011–particularly in Milton (-12.8%). The proportion of the population under the age of 18 years old in each town is similar to that at the state level (21.8%), though slightly higher in Milton where near one in five residents are under the age of 18 (24.5%)
- **Racial and Ethnic Diversity:** Assessment participants described their community as diverse, specifically noting an increase in immigrant populations, which has precipitated the need for services and communications in languages other than English. While the community of Braintree was predominately White (85.2%), Randolph reported the most racial/ethnic diversity. Specifically, it had the largest Black (37.1%), Asian (12.4%), and Hispanic/Latino (6.4%) populations compared to the other towns in the region.
- **Educational Attainment:** Some participants noted that the region has a strong public school system. Quantitative data show that there is some variation in educational attainment across the region. Braintree had a higher percentage of college educated adult residents (22.4%) compared to the state (15.3%). The greatest proportion of Milton and Randolph adults reported having some college or an associate's degree (58.5% and 41.6%, respectively).
- **Income, Poverty, and Employment:** Several community dialogue and interview participants indicated that there is a confluence of populations with high and low incomes in the Milton region. Quantitative data indicate that the median household income in each of the cities/towns in the in the Milton region varied substantially. Milton ($104,713) had the highest median income in the region, while Randolph ($64,465) had the lowest in the region, below that of the state ($65,981).

Social and Physical Environment

- **Housing:** Community dialogue and interview participants reported high housing costs in the Milton region, which was noted as particularly challenging for single income households (e.g., elderly, single mothers). Quantitative data confirm these as the median monthly housing costs in the region are above those of the state ($1,362), ranging from $1,529 per month in Randolph to $2,100 per month in Milton.
- **Transportation:** Community dialogue and interview participants explained that public transportation was limited in their community and specifically

posed a barrier for seniors accessing medical care. Quantitative data depict a largely car-dependent region, which participants attributed to an underdeveloped public transportation system.

- **Crime and Safety:** Overall, participants described the Milton region as a low crime area and reported that they felt safe. Quantitative data show that violent and property crime rates differ across the Milton region. While violent and property crime rates in each city/town were below those of the state (423.9 and 2,402.1 per 100,000 population, respectively), they were lowest in Milton (95.7 and 1,835.5 per 100,000 population, respectively) and highest in Randolph (362.1 and 1,835.5 per 100,000 population, respectively).

Risk and Protective Lifestyle Behaviors

- **Healthy Eating, Physical Activity, and Overweight/Obesity:** Several community dialogue participants indicated that obesity was a major health concern for the community. They also noted existing barriers – such as lack of time to prepare healthy meals, the prohibitive cost of purchasing the necessary nutritious ingredients, and a lack of physical education in the schools – to attaining a healthful lifestyle. Quantitative data indicate that adult residents in the CHNA 20 region are slightly more likely to be overweight/obese(59.6%) than adults statewide (58.2%). Additionally, Randolph reported a higher percentage of overweight/obese adolescents (42.9%) than the state (33.4%).
- **Substance Use and Abuse:** Several interview participants expressed their concerns regarding drug and alcohol use in the community; they highlighted how drug use, and an observed increase in drug overdose, is directly connected to mental health issues prevalent in the community. Quantitative data show that overall admission rates to DPH funded treatment programs were highest in Braintree (1,337 admissions per 100,000 population), though below that of the state (1,589.9 per 100,000 population).

Health Outcomes

- **Mortality**: The age-adjusted mortality rates in the region vary by town, ranging from 625.5 deaths per 100,000 population in Milton to 759.6. deaths per 100,000 population in Braintree, which was above the statewide mortality rate of 675.1 deaths per 100,000 population. The leading causes of death in the Milton region are heart disease and cancer, consistent with Massachusetts as a whole.
- **Chronic Disease:** Community dialogue and interview participants reported chronic disease as an important health issue in the Milton region – particularly diabetes, cardiovascular disease, hypertension, and high cholesterol – and associated these conditions with obesity and aging. Quantitative data demonstrate that the prevalence of high blood pressure, heart disease, and diabetes among residents of CHNA 20 is similar to that of residents statewide.
- **Mental Health:** Community dialogue and interview participants expressed that mental health was a major issue and indicated that more resources are needed to address chronic and acute mental health issues. Though mental health issues were primarily discussed in the context of seniors and youth,

depression associated with socioeconomic stressors was described as affecting many age segments in the community.

- **Reproductive and Maternal Health:** Issues related to reproductive and maternal health were not discussed frequently in interview or community dialogue discussions, except occasionally related to youth. Data show that the percentage of teen pregnancies in the region ranged from 2.3% in Randolph to 3.3% in Braintree, well below what is seen statewide (6.0%).
- **Communicable Disease:** Communicable diseases did not emerge as a pressing health concern in the community. However, a few interview participants indicated that Lyme disease was prominent in the community. In the area of communicable disease, Milton and Braintree had lower rates gonorrhea and Chlamydia, compared to what is seen statewide; whereas, Randolph reported higher rates of gonorrhea and Chlamydia compared to the state

Access to Care

Access to care repeatedly emerged as an issue of concern among interview and community dialogue participants, specifically regarding insurance and cost and navigating the health care system.

- **Insurance and Cost:** Interview participants reported that some residents in the community struggle with lack of insurance coverage and the expensive cost of health care, even with insurance (e.g., co-pays). Underinsurance was described as having implications for sustaining and completing treatment.
- **Navigating the Health Care System:** Interview participants also discussed concerns around knowledge and availability of services. Uncoordinated care and computer literacy were described as posing particular challenges for seniors accessing the healthcare system.

Community Assets and Programs

Participants in community dialogues and interviews were asked to identify their communities' strengths and assets. The following key themes emerged from that discussion.

- **Community Based Programming and Resources:** Community dialogue and interview participants identified a wealth of community assets and programs in the Milton region, including access to supermarkets, walking trails, community centers, and summer programs with picnics and camps. Seniors were described as having access to Meals on Wheels, visiting clinicians, and exercise programs at local senior centers. The number of churches in the community was also seen as an asset.
- **Gaps in Programs and Services:** Despite a wealth of community resources, community dialogue and interview participants elucidated the need for effective communication between the hospital and the community, mental health services (e.g., support groups, trauma education), flexible doctor's office hours (e.g., evenings and weekends), as well as counselors, programs, and community centers for youth.

Community Suggestions for Future Programs and Services
Community dialogue and interview participants shared their suggestions around future programming and services.

- **Transportation:** Community dialogue and interview participants indicated that providing transportation for hospital services was paramount, especially for seniors who do not feel comfortable driving at night.
- **Community Outreach and Partnership:** A repeated theme raised by participants was the importance of increased outreach to the community by educating and communicating with the public (in multiple languages) and partnering with community organizations. Community engagement and cultural competency were viewed as critical aspects of health promotion and outreach.

IV. Background

BID-Milton's Community Benefits Program strives to meet and exceed the Schedule H/Form 990 IRS mandate to "promote health for a class of persons sufficiently large so the community as a whole benefits." Our planning process is data-led, evidence-based and demonstrates true community partnerships.

The BID-Milton's Community Benefits Program works closely with: medically underserved populations; neighborhood groups; local and state government officials; local and state Health Department staff and other community departments; faith-based organizations; advocacy groups; schools and other community-based organizations. In 2012, the Community Benefits Program supported initiatives in such areas as: improving access to affordable care, sports injury assessment, health issues for senior citizens, school partnerships to address nutrition education, job shadowing and skill development for high school students, health and wellness programs, and programs to address cardiovascular health.

These focus areas align well with the priorities identified by the CHA processes. All areas highlighted by the CHA are being addressed by this 2013-2015 Community Benefits Plan. The issues addressed may be framed from a different perspective or may appear at a different hierarchical level of the plan, but the two plans are thematically consistent and intended to be implemented collaboratively and synergistically.

V. Methods

The community health assessment utilized a participatory, collaborative approach to look at health in its broadest context. The assessment process included synthesizing existing data on social, economic, and health indicators in the region as well as information from two community dialogues conducted with community residents, and ten interviews with community stakeholders. Community dialogues and key informant interviews were conducted with individuals from across the three municipalities that comprise the Milton region, and with a range of people representing different audiences, including leaders in emergency response, education, health care, and social service organizations focusing on vulnerable populations (e.g., seniors). Ultimately, the qualitative research engaged approximately 30 people.

The BID-Milton Community Benefits Plan was developed by a team comprised of hospital leadership, patient advocacy, medical staff, public relations, and community representation. The group reviewed progress towards goals and objectives of the prior three year period, as well as the current data collected through the CHA, to help envision and define priority areas for the future. Based on this foundation, priority areas were identified and goals were defined. HRiA worked with the Community Benefits team to create objectives for each goal and drafted strategies to operationalize these objectives. Outcome indicators and a timeline were established for each priority area.

Summary of Community Needs
The following issues were identified in the CHA. These needs informed the priorities, goals, objectives, and strategies of the Community Benefits Plan.

Several overarching themes emerged from this synthesis of data, including:

- **Lack of transportation services in the region prevents residents from accessing services**. Residents of the Milton region explained that public transportation was limited in their community and specifically posed a barrier to seniors accessing medical care. To address transportation barriers for seniors, participants suggested the provision of a van service.
- **As seen nationally, healthy eating, physical activity and obesity are issues affecting residents in the Milton region**. While residents emphasized the importance of healthy eating and physical activity in maintaining a healthy weight, they noted existing barriers –such as lack of time to prepare healthy meals, prohibitive costs of purchasing necessary nutritious ingredients or gym memberships, and a lack of physical education in the schools – to attaining this healthful lifestyle. Though residents recognized efforts by various entities in the community to address these barriers, they emphasized the necessity of additional resources and improved access to existing ones.
- **Substance abuse and mental health were identified as pressing health concerns in the community, for which the current system was perceived as insufficient**. Mental health emerged as a major issue in the Milton region, especially for seniors and youth. Residents also highlighted the interconnectedness of substance abuse and mental health issues prevalent in the community. To address chronic and acute mental health issues as well as substance abuse, residents stated that more resources and improved access to existing resources are needed in the community.
- **Despite strong health care services in the region, vulnerable populations– such as the socially isolated elderly, non-English speaking residents and low-income populations– encounter continued difficulties in accessing resources**. Some community members struggled with lack of comprehensive insurance coverage and the expensive cost of health care, while underinsurance was described as having implications for sustaining care and completing treatment. A lack of coordinated care, as well as a shift to online communications from physicians, was described as posing particular challenges for seniors accessing health care. In addition, residents emphasized the need for services and materials in languages other than English.

- **There are several efforts currently underway in the Milton region working to meet the health and social service needs of residents**. Throughout discussions, interview and community dialogue participants recognized the wealth of community-based resources, including the services and outreach of BID-Milton. However, participants recommended improved communication and increased partnerships to achieve a collaborative approach towards health in the community.

The Community Benefit Plan

The summary of BID-Milton Priority Areas and Goals are listed below, followed by the detailed Community Benefit Action Plan. Detailed action plans will be developed annually and tracked throughout the course of the year to monitor and evaluate progress and determine priorities for the next year. This plan is meant to be reviewed annually and adjusted to accommodate revisions that merit attention.

VI. Priority Areas and Goals

Community Benefits Priority Areas	Goal
Priority Area 1 **Access to Care: Insurance, cost, and navigating the health care system**	**Goal 1: Improve access to care that addresses the needs identified in our service population.**
Priority Area 2 **Chronic disease: diabetes, cardiovascular disease, hypertension and high cholesterol**	**Goal 2: Engage our community partners to focus chronic disease prevention and education efforts including congestive heart failure, diabetes and COPD to best impact vulnerable populations in our service area.**
Priority Area 3 **Substance Abuse: drug and alcohol use and the connection to mental health**	**Goal 3: Collaborate with community partners to focus substance abuse prevention efforts on the general population.**
Priority Area 4 **Mental Health: resources to address the need for mental health services across the lifespan**	**Goal 4: Collaborate with community partners to enhance community knowledge of mental health as a primary health issue and promote available mental health resources and supports.**
Priority Area 5 **Obesity: time, cost and education in preparing healthy meals and a lack of physical activity**	**Goal 5: Enhance community resources on nutrition counseling and education.**
Priority Area 6 **Transportation: limited public transportation poses a barrier to access to care**	**Goal 6: Support optimal use of transportation services available within our service area.**

Priority 1: Access to Care

Priority 1: Access to Care **Improve access to care that addresses the needs identified in our service population.**		
Objective 1.1: **By September 2016, increase access to community-based medical and preventive services for individuals in our service area, particularly seniors.**		
Outcome Indicators:	**Target**	**Stretch**
• Number of seniors, patients and residents receiving information about public transportation	300	400
• Number of residents who receive health screenings	100	150
• Number of patients who receive insurance-enrollment assistance service through hospital	150	200
Strategies:	**Timeline: Year 1,2,3**	**BID-Milton Resources**
1.1.1: Improve access to care by promoting existing transportation options available within the BID-Milton service area. • Posters, flyers and mailings	1,2,3	Marketing & Communications
1.1.2: Increase access to health services through outreach programs. • Outreach fairs that provide information and resources • Meeting of community partners to share resources and information	1,2,3	Marketing & Communications + Staff
1.1.3: Increase access through collaboration with community groups to address access to care as a priority.	1,2,3	Marketing & Communications + Staff
1.1.4: Implement health screenings at the hospital and at off-site locations. • Blood screening and skin cancer screening	1,2,3	Marketing & Communications + Clinicians
1.1.5: Enroll patients in health insurance as a result of free assistance program offered through the hospital.	1,2,3	Patient Financial Services
Monitoring/Evaluation Approach: • Tracking/reporting/ patient services • End of year reports		

Priority 1: Access to Health Care **Improve access to care that addresses the needs identified in our service population.**		
Objective 1. 2: **By September 2016, provide education and prevention programs/opportunities that support community-based health literacy as a way to improve health and increase access to care for vulnerable populations.**		
Outcome Indicators:	**Target**	**Stretch**
• Number of individuals educated in health literacy related to mental illness, substance abuse, injury and insurance at a minimum of 10 community-based organizations.	200	250
• Number of youth and adults who receive information on community-based mental health and substance abuse treatment programs.	200	250
• Number of patient education inpatient lectures	4	6
• Participation in Patient Family Advisory Council (PFAC) meetings	5 Staff	6 Staff
Strategies:	**Timeline: Year 1,2,3**	**BID-Milton Resources**
1.2.1: Promote health literacy among youth and adults through Community Education Series. • Target and collaborate with a minimum of 10 community based organizations to deliver programming to a minimum of 200 individuals. • Schools, senior centers, councils on aging, cable television, faith community	1,2,3	Staff
1.2.2: Promote existing mental health and substance abuse services. • Social media, broadcast news, and print materials	1,2,3	Marketing & Communications + Staff + Community
1.2.3: On Call health educational articles.	1,2,3	Marketing & Communications
1.2.4: Participation in PFAC meetings that represents the BID-Milton service area	1,2,3	Staff
Monitoring/Evaluation Approach: • End of year reports, program attendance lists		

Priority 2: Chronic Disease

Priority 2: Chronic Disease **Engage our community partners to focus chronic disease prevention and education efforts including congestive heart failure, diabetes and COPD to best impact vulnerable populations in our service area.**		
Objective 2.1: By September 2016, increase community awareness of chronic disease prevention strategies.		
Outcome Indicators:	**Target**	**Stretch**
• Number of educational programs	3	5
• Number of participants at educational programs	300	400
• Number of patients screened	150	200
Strategies:	**Timeline: Year 1,2,3**	**BID-Milton Resources**
2.1.1: Implement health screenings at the hospital and off-site locations, including senior centers. • Blood screening • Referrals • Screening protocol	1,2,3	Marketing & Communications + Staff
2.1.2: Community Health Walk	1,2,3	Marketing & Communications + Staff
2.1.3: Diabetes Fair	1,2,3	Marketing & Communications + Staff
2.1.4: Conduct education program series using in-person and public access cable to include: • COPD • Smoking cessation • End of life care	1,2,3	Clinical Staff
Monitoring/Evaluation Approach: • Marketing & Communications data • Attendance sheets • Tracking/reporting/patient services		

Priority 3: Substance Abuse

Priority 3: Substance Abuse **Collaborate with community partners to focus substance abuse prevention efforts on the general population.**		
Objective 3.1: **By September 2016, increase awareness of substance abuse as a community health issue and programs and resources available for prevention and recovery.**		
Outcome Indicators:	**Target**	**Stretch**
• Number of educational programs and information materials	10	15
• Number of participants in educational programming events	400	500
Strategies:	**Timeline: Year 1,2,3**	**BID-Milton Resources**
3.1.1: Conduct Community education lecture series • Winter & Summer	1,2,3	Marketing & Communications + Staff
3.1.2: "On Call" education articles • Fall & Spring newsletters	1,2,3	Marketing & Communications + Staff
3.1.3: Collaborate with community agencies to promote services and information • Alcoholics Anonymous, Learn 2 Cope, Impact Quincy coalition • Public Health Nurses • Schools • Cable access • Pharmacies; prescription education	1,2,3	Marketing & Communications + Staff
3.1.4: Collaborate with Quincy District Attorney to conduct educational programming on substance abuse.	2	Staff
Monitoring/Evaluation Approach: • Marketing & Communications data • Attendance sheets		

Priority 4: Mental Health

Priority 4: Mental Health **Collaborate with community partners to enhance community knowledge of mental health as a primary health issue and promote available mental health resources and supports.**		
Objective 4.1: By September 2016, increase community awareness of mental health services and resources.		
Outcome Indicators:	**Target**	**Stretch**
• Number of promotional events	2	4
• Number of staff who participate with the local coalitions	1 staff	2 staff
Strategies:	**Timeline: Year 1,2,3**	**BID-Milton Resources**
4.1.1: Co-sponsor speaker series with South Shore Mental Health • Signs and symptoms of depression • Medications and chronic disease and mental health	1,2,3	Marketing & Communications + Staff
4.1.2: Enhance collaboration with community mental health agency and coalitions	1,2,3	Marketing & Communications + Staff
4.1.3: Compile and promote information about existing mental health services currently available for adults and adolescents	1	Marketing & Communications
Monitoring/Evaluation Approach: • End of year reports and attendance and records		

Priority 5: Obesity

Priority 5: Obesity **Enhance community resources on nutrition counseling and education.**		
Objective 5.1: By September 2016, provide educational opportunities for community education on nutrition.		
Outcome Indicators:	**Target**	**Stretch**
• Number of educational materials and programs	5	10
• Number of participants in educational programs and events	300	400
Strategies:	**Timeline: Year 1,2,3**	**BID-Milton Resources**
5.1.1: Promote Tai Chi and yoga classes to school age children.	1,2,3	Staff
5.1.2: Expand exercise programs and opportunities for school aged children and seniors through collaboration with schools and community resources. • YMCA	2,3	Staff
5.1.3: Community Health Walk	1,2,3	Marketing & Communications + Staff
5.1.4: Collaborate with schools to provide nutrition education and programming.	1,2,3	Staff
Monitoring/Evaluation Approach: • End of year reports and attendance and records		

Priority 6: Transportation

Priority 6: Transportation **Support optimal use of transportation services available within our service area.**		
Objective 6.1: By September 2016, promote and distribute 500 information materials about public transportation options in the BID-Milton service area.		
Outcome Indicators:	**Target**	**Stretch**
• Number of information materials about public transportation available in the BID-Milton service area	500	600
• Number of hospital promotional materials that include public transportation options	800	1000
Strategies:	**Timeline: Year 1,2,3**	**BID-Milton Resources**
6.1.1: Compile information on existing transportation options throughout the BID-Milton service area. • Caring Circle	1	Staff
6.1.2: Improve access to care by promoting existing public transportation options available within the BID-Milton service area. • Posters, flyers and mailings • Nursing homes, senior centers • Local cable	2	Marketing & Communications
Monitoring/Evaluation Approach: • Marketing & communications data		