Beth Israel Lahey Health
Lahey Hospital & Medical Center

2022 Community Health Needs Assessment

Acknowledgments

This 2022 Community Health Needs Assessment report for Lahey Hospital & Medical Center (LHMC) is the culmination of a collaborative process that began in September 2021. At the foundation of this endeavor was a desire to meaningfully engage and gather important input from residents, community-based organizations, clinical and social service providers, public health officials, elected/appointed officials, hospital leadership, and other key collaborators from throughout LHMC's Community Benefits Service Area. Substantial efforts were made to provide community residents with opportunities to participate, with an intentional focus on engaging cohorts who have been historically underserved.

LHMC appreciates all who invested time, effort, and expertise to develop this report and the Implementation Strategy. This report summarizes the assessment and planning activities and presents key findings, community health priorities, and strategic initiatives that are the results of this work.

LHMC thanks the LHMC Community Benefits Advisory Committee and the residents who contributed to this process. Hundreds of residents throughout LHMC's Community Benefits Service Area shared their needs, experiences, and expertise through interviews, focus groups, a survey, and community listening sessions. This assessment and planning process would not have been possible or as successful had it not been for the time and effort of the residents who engaged in this work.

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Introduction

Background

Lahey Hospital & Medical Center (LHMC) is a world-renowned tertiary medical center known for its innovative technology, pioneering medical treatment, and leading-edge research. LHMC includes two separate hospitals Lahey Hospital & Medical Center, located in Burlington, and Lahey Medical Center-Peabody (LMCP) and two licensed facilities: Lahey Hospital & Medical Center-Outpatient Rehabilitation Services at Danvers, and Lahey Outpatient Center-Lexington MRI Suite. Together, these entities are referred to as LHMC throughout this report. In 1923, Frank Lahey, MD, founded the group practice that would become LHMC. Since its first days as the Lahey Clinic, LHMC's mission has stayed the same: To coordinate all our patients' needs under one roof. Today, as a physician-led, nonprofit group practice, LHMC continues to put patients first, with more than 500 physicians and 5,000 nurses, therapists, and other support staff working together.

LHMC's Burlington, Massachusetts campus serves more than 3,000 patients per day through its 335-inpatient hospital beds, its ambulatory care center, 24-hour emergency department, and American College of Surgeons verified Level I trauma center. LHMC is a teaching hospital of Tufts University School of Medicine; the hospital provides quality health care in virtually every specialty and subspecialty, from primary care, to cancer diagnosis and treatment, to kidney and liver transplantation. It is a national leader in a number of health care areas, including stroke, weight management, and lung screenings.

LHMC's Peabody campus is a full-service community-based hospital and medical center, serving patients in the Peabody and north shore region of Massachusetts. The hospital features a 24-hour emergency department, an ambulatory surgery center, and 39 medical and surgical specialties for patients over 18. The hospital has a 10-bed inpatient unit for overnight hospitalizations, a full range of diagnostic imaging services, a lab for bloodwork, an on-site pharmacy, eye care, a hearing aid center, primary care providers, cancer treatment, a continence center, and orthopedic care.

LHMC is committed to being an active partner and collaborator with the communities it serves. In 2019, as part of a merger of two health systems in the greater Boston region, LHMC became part of Beth Israel Lahey Health (BILH) - system of academic medical centers, teaching hospitals, community hospitals, and specialty hospitals with more than 35,000 caregivers and staff who are collaborating in new ways across professional roles, sites of care, and regions to make a difference for our patients, our communities and one another. LHMC, in partnership with the BILH system, is committed to providing the very best care and strives to improve the health of the people and families in its Community Benefits Service Area (CBSA).

This 2022 Community Health Needs Assessment (CHNA) report is an integral part of LHMC's population health and community engagement efforts. It supplies vital information

that is applied to make sure that the services and programs that LHMC provides are appropriately focused, delivered in ways that are responsive to those in its CBSA and address unmet community needs. This assessment, along with the associated prioritization and planning processes, also provides a critical opportunity for LHMC to engage the community and strengthen the partnerships that are essential to its success now and in the future. The assessment engaged over 1,000 people from across the CBSA, including local public health officials, clinical and social service providers, community-based organizations, first responders (e.g., police, fire department, and ambulance officials), faith leaders, other government officials, and community residents.

The process that was applied to conduct the CHNA and develop the associated Implementation Strategy (IS) exemplifies the spirit of collaboration and community engagement that is such a vital part of LHMC's mission. Finally, this report allows LHMC to meet its federal and Commonwealth community benefits requirements per the federal Internal Revenue Service, as part of the Affordable Care Act, the Massachusetts Attorney General's Office, and the Massachusetts Department of Public Health.

Purpose

The CHNA is at the heart of LHMC's commitment to promoting health and well-being, addressing health disparities, and working to achieve health equity. Health equity - the attainment of the highest level of health for all people - requires focused and ongoing efforts to address the inequities and socioeconomic barriers to accessing care as well as the current and historical discrimination and injustices that underlie existing disparities. Throughout the assessment process, efforts were made to understand the needs of the communities that LHMC serves, especially the population segments that are often disadvantaged, face disparities in health-related outcomes, and who have been historically underserved.

Prior to this current CHNA, LHMC completed its last assessment in the summer of 2019 and the report, along with the associated 2020-2022 IS, was approved by the LHMC Board of Trustees on September 16, 2019. The 2019 CHNA report was posted on LHMC's website before September 30, 2019 and, per federal compliance requirements, made available in paper copy, without charge, upon request. The assessment and planning work for this current report was conducted between September 2021 and September 2022, and LHMC's Board of Trustees approved the 2022 report and adopted the 2023-2025 IS, included as Attachment E, on September 12, 2022.

Definition of Community Served

The federal government and the Commonwealth require that nonprofit hospitals engage their communities and conduct comprehensive CHNAs that identify the leading health issues, barriers to care, and service gaps for people who live and/or work within the hospital's designated CBSA. Understanding the geographic and demographic characteristics of LHMC's CBSA is critical to recognizing inequities, identifying priority cohorts, and developing focused strategic responses.

Description of Community Benefits Service Area

LHMC's CBSA includes the nine municipalities of Arlington, Bedford, Billerica, Burlington, Danvers, Lexington, Lowell, Lynnfield, and Peabody in Middlesex and Essex Counties in the MetroWest and Northeast portions of Massachusetts, in the suburbs of Boston.

These cities and towns are diverse with respect to demographics (e.g., age, race, and ethnicity), socioeconomics (e.g., income, education, and employment), and geography (e.g., urban, suburban). There is also diversity with respect to community needs. There are segments of LHMC's CBSA population that are healthy and have limited unmet health needs, and other segments that face significant disparities in access, underlying social determinants, and health outcomes. LHMC is committed to promoting health, enhancing access, and delivering the best care to all who live and/or work in its CBSA, regardless of race, ethnicity, language spoken, national origin, religion, gender identity, sexual orientation, disability status, immigration status, or age. LHMC is equally committed to serving all patients, regardless of their health, socioeconomic status, insurance status, and/or their ability to pay for services.

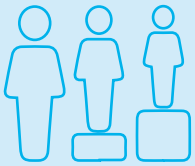
LHMC's CHNA focused on identifying the leading community health needs and priority cohorts living and/or working within the CBSA. The activities that will be implemented as a result of this assessment will support all of the people who live in the CBSA. However, in recognition of the health disparities that exist for some residents, LHMC focuses the bulk of its community benefits resources on improving the health status of those who face health disparities, experience poverty, or who have been historically underserved. By prioritizing these cohorts, LHMC is able to promote health and well-being, address health disparities, and maximize the impact of its community benefits resources. It should be noted that Danvers is also included in Northeast Hospital Corporation's CBSA; LHMC will not conduct community benefits activities in this municipality since it is supported by Northeast Hospital Corporation.

Assessment Approach & Methods

Approach

It would be difficult to overstate LHMC's commitment to community engagement and a comprehensive, data-driven, collaborative, and transparent assessment and planning process. LHMC's Community Benefits staff and Community Benefits Advisory Committee (CBAC) dedicated hours to ensuring a sound, objective, and inclusive process. This approach involved extensive data collection activities, substantial efforts to engage LHMC's partners and community residents, and a thoughtful prioritization, planning, and reporting process. Special care was taken to include the voices of community residents who have been historically underserved, such as those who are unstably housed or homeless, individuals who speak a language other than English, and those who experience barriers and disparities due to their race, ethnicity, gender identity, age, disability status, or other personal characteristics.

The CHNA and IS development process was guided by the following principles: equity, collaboration, engagement, capacity building and intentionality.

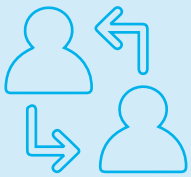


Equity:

Work toward the systemic, fair and just treatment of all people.

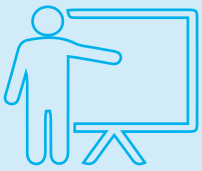
Collaboration:

Leverage resources to achieve greater impact by working with community residents and organizations.



Engagement:

Intentionally outreach to and interact with hardly reached populations; including but not limited to people impacted by trauma, people with disabilities, people most impacted by inequities and others.



Capacity Building:

Build community cohesion and capacity by co-leading community listening sessions and training community residents on facilitation.

Intentionality:

Be deliberate in requests for and use of data and information; be purposeful and work collaboratively to identify and leverage resources for maximum benefit.

The assessment and planning process was conducted between September 2021 and September 2022 in three phases, which are detailed in the table below:

Phase I: Preliminary Assessment & Engagement	Phase II: Focused Engagement	Phase III: Strategic Planning & Reporting
Engagement of existing CBAC	Additional interviews	Presentation of findings and prioritization with CBAC and hospital leadership
Collection and analysis of quantitative data	Facilitation of focus groups with community residents and community-based organizations	Draft and finalize CHNA report and IS document
Interviews with key collaborators	Dissemination of community health survey, focusing on resident engagement	Presentation of final report to CBAC and hospital leadership
Evaluation of community benefits activities	Facilitation of community listening sessions to present and prioritize findings	Presentation to LHMC's Board of Trustees
Preliminary analysis of key themes	Compilation of resource inventory	Distribution of results via LHMC website

In July of 2021, BILH hired John Snow, Inc. (JSI), BILH hired John Snow, Inc. (JSI), a public health research and consulting firm based in Boston, to assist LHMC and other BILH hospitals to conduct the CHNA. LHMC worked with JSI to ensure that the final LHMC CHNA engaged the necessary community constituents, incorporated comprehensive quantitative information for all communities in its CBSA, and fulfilled federal and Commonwealth community benefits guidelines.

Methods

Oversight and Advisory Structures

The CBAC greatly informs LHMC's assessment and planning activities. LHMC's CBAC is made up of staff from the hospital's Community Benefits Department, other hospital administrative/clinical staff, and members of the hospital's Board of Trustees. Perhaps more importantly, the CBAC includes representatives from:

- Local public health departments/boards of health
- Additional municipal staff (such as elected officials, planning, etc.)
- Education
- Housing (such as community development corporations, local public housing authority, etc.)
- Social services
- Regional planning and transportation agencies
- Private sectors
- Community health centers
- Community-based organizations.

These institutions are committed to serving residents throughout the region and are particularly focused on addressing the needs of those who are medically underserved, those experiencing poverty, and those who face inequities due to their race, ethnicity, spoken language, national origin, religion, gender identity, sexual orientation, disability status, age, or other personal characteristics.

Demographic, SES* & SDOH** Data	Commonwealth/National Health Status Data	Hospital Utilization Data	Municipal Data Sources
Age, SOGI***, race, ethnicity	Vital statistics	Inpatient discharges	Public school districts
Poverty, employment, education	Behavioral risk factors	Emergency department discharges	Local assessments and reports
Crime/violence	Disease registries		
Food access	Substance use data		
Housing/transportation	COVID-19 Community Impact Survey		

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

The involvement of LHMC's staff in the CBAC promotes transparency and communication, and ensures that there is a direct link between LHMC and the community's leading health and social service organizations. The CBAC meets quarterly to support LHMC's community benefits work and met six times during the assessment and planning process. During these meetings, the CBAC provided invaluable input on the assessment approach and community engagement strategies, vetted preliminary findings, and helped to prioritize community health issues and the cohorts experiencing or at-risk for health inequities.

Quantitative Data Collection

To meet the federal and Commonwealth community benefits requirements, LHMC collected a wide range of quantitative data to characterize the CBSA communities. LHMC also gathered data to help identify leading health-related issues, barriers to accessing care, and service gaps. Whenever possible, data was collected for specific geographic, demographic, and socioeconomic segments of the population to identify disparities and clarify the needs for specific communities. The data was tested for statistical significance whenever possible and compared against data at the regional, Commonwealth, and national levels to support analysis and the prioritization process. The assessment also included data compiled at the local level from school districts, police/fire departments, and other sources. A databook that includes all the quantitative data gathered for this assessment, including the LHMC Community Health Survey, is included in Appendix B.

Community Engagement and Qualitative Data Collection

Authentic community engagement is critical to assessing community needs, identifying the leading community health priorities, prioritizing cohorts most at-risk, and crafting a collaborative, evidence-informed IS. Accordingly, LHMC applied Massachusetts Department of Public Health's Community Engagement Standards for Community Health Planning to guide engagement.[1]

To meet these standards, LHMC employed a variety of strategies to help ensure that community members were informed, consulted, involved, and empowered throughout the assessment process. Between October 2021 and February 2022, LHMC conducted 20 one-on-one interviews with key collaborators in the community, facilitated four focus groups (one of which was conducted in collaboration with Northeast Hospital Corporation) with segments of the population facing the greatest health-related disparities, administered a community health survey involving more than 900 residents, and organized two community listening sessions. In total, the assessment process collected information from more than 1,000 community residents, clinical and social service providers, and other key community partners. Appendix A of this report contains a comprehensive community engagement summary detailing how these activities were conducted, who was involved, and what was learned. Also included in Appendix A are copies of the interview, focus group, and listening session guides, summaries of findings, and other related materials.

20 interviews

with community leaders

950 survey respondents

4 focus groups

- South East Asian youth
- LGBTQIA+ individuals
- Residents who speak Portuguese
- Youth in Danvers.

Inventory of Community Resources

Community Benefits staff created a resource inventory of services available to address community needs. The inventory includes resources across a broad continuum of services, including:

- Domestic violence
- Food assistance
- Housing
- Mental health and substance use

- Senior services
- Transportation.

The resource inventory was compiled using information from existing resource inventories and partner lists from LHMC. Community Benefits staff reviewed LHMC's prior annual report of community benefits activities submitted to the Massachusetts Attorney General's Office, which includes a listing of partners, as well as publicly available lists of local resources. The goal of this process was to identify key partners who may or may not be collaborating with LHMC. The resource inventory can be found in Appendix C.

Prioritization, Planning and Reporting

At the outset of the strategic planning and reporting phase of the project, community listening sessions were organized with the public-at-large, including community residents, representatives from clinical and social service providers, and other community-based organizations that provide services throughout the CBSA. This was the first step in the prioritization process and allowed the community to discuss the assessment's findings and formally identify the issues that they believed were most important, using an interactive and anonymous polling software. These sessions also allowed participants to share their ideas on existing community assets and strengths as well as the services, programs, and strategies that should be implemented to address the issues identified.

After the community listening sessions, the LHMC CBAC was engaged. The CBAC was updated on assessment progress and was provided the opportunity to vet and comment on preliminary findings. The CBAC then participated in their own prioritization process using the same set of anonymous polls, which allowed them to identify a set of community health priorities and population cohorts that they believed should be considered for prioritization as LHMC developed its IS.

After the prioritization process, a CHNA report was developed and LHMC's existing IS was augmented, revised, and tailored. When developing the IS, LHMC's Community Benefits staff retained community health initiatives that worked well and aligned with the priorities from the 2022 CHNA.

After drafts of the CHNA report and IS were developed, they were shared with LHMC's senior leadership team for input and comment. The hospital's Community Benefits staff then reviewed these inputs and incorporated elements, as appropriate, before the final 2022 CHNA report and 2023-2025 IS were submitted to LHMC's Board of Trustees for approval.

After the LHMC Board of Trustees formally approved the 2022 CHNA report and adopted 2023-2025 IS, these documents were posted on LHMC's website, alongside the 2019 CHNA report and 2020-2022 IS, for easy viewing and download. As with all LHMC CHNA processes, these documents are made available to the public whenever requested, anonymously and free of charge. It should also be noted that LHMC's Community Benefits staff have mechanisms in place to receive written comments on the most recent CHNA and IS, although no comments have been received since the last CHNA and IS were made available.

Questions regarding the 2022 assessment and planning process or past assessment processes should be directed to:

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Assessment Findings

This section provides a comprehensive review of the findings from this assessment. This section draws on quantitative data from a variety of sources and qualitative information collected from local public health officials, clinical and social service providers, community-based organizations, first responders (e.g., police, fire department, and ambulance officials), faith leaders, other government officials, and community residents engaged in supporting the health and well-being of residents throughout LHMC's CBSA. Findings are organized into the following areas:

- **Community Characteristics**
- **Social Determinants of Health**
- **Systemic Factors**
- **Behavioral Factors**
- **Health Conditions.**

Each section begins with a highlight of key findings. This introduction is followed by graphs and other data visuals. It is important to note that these five sections do not review all the findings collected during the assessment, rather they draw out the most significant drivers of health status and health disparities. A summary of interviews, focus groups, and community listening sessions and a databook that includes all of the quantitative data gathered for this assessment are included in Appendices A and B.

Community Characteristics

A description of the population's demographic characteristics and trends lays the foundation for understanding community needs and health status. This information is critical to recognizing health inequities and identifying communities and population cohorts that are disproportionately impacted by health issues and other social, economic, and systemic factors. This information is also critical to LHMC's efforts to develop its IS, as it must focus on population cohorts that face the greatest health-related challenges. The assessment gathered a range of information related to age, race/ethnicity, nation of origin, gender identity, language, sexual orientation, disability status, and other characteristics.

Based on the assessment, community characteristics that were thought to have the greatest impact on health status and access to care in the LHMC CBSA were issues related to age, race/ethnicity, language, and immigration status. While the majority of residents in the CBSA were predominantly white and born in the United States, there were non-white, people of color, immigrants, non-English speakers and foreign-born populations in all communities.

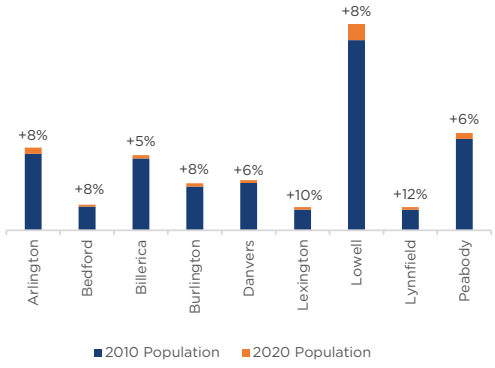
There was consensus among interviewees and focus group participants that older adults, people of color, recent immigrants, and non-English speakers faced systemic challenges that limited their ability to access health care services. While relatively small, these segments of the population were impacted by language and cultural barriers that limited access to appropriate services, posed health literacy challenges, exacerbated isolation, and may have lead to discrimination and disparities in access and health outcomes.

One issue to be noted was the lack of data available by gender identity and sexual orientation at the community or municipal level. Research shows that those who identify as lesbian, gay, bisexual, transgender, and/or queer/questioning experience health disparities and challenges accessing services.

Population Growth

Between 2010 and 2020, the population in LHMC's CBSA increased by 8%, from 348,158 to 374,763 people. Lynnfield saw the greatest percentage increase (12%) and Billerica saw the lowest (5%).

Population Changes by, Municipality, 2010 to 2020



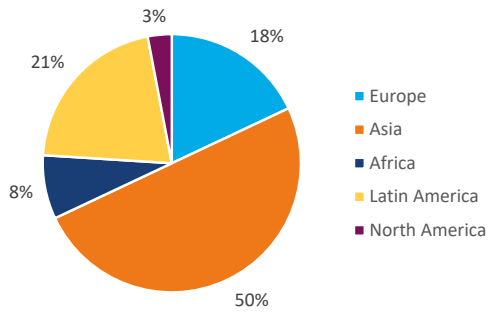
Source: US Census Bureau, 2010 and 2020 Decennial Census'

Nation of Origin

Immigration status is linked to health in many ways; individuals who are foreign-born are less likely to have access to health care and are more likely to forgo needed care due to fear of interacting with public agencies.[2]

20% of the LHMC CBSA population were foreign-born.

Region of Origin Among Foreign-Born Residents in the CBSA, 2016-2020



Source: US Census Bureau American Community Survey, 2016-2020

Language

Language barriers pose significant challenges to receiving and providing effective and high-quality health and social services. Studies show that health outcomes improve when patients and providers speak the same language.[3]

27% of LHMC CBSA residents 5 years of age and older spoke a language other than English at home and of those,

36% spoke English less than "very well."

Source: US Census Bureau American Community Survey, 2016-2020

Age

Age is a fundamental factor to consider when assessing individual and community health status. Older individuals typically have more physical and mental health vulnerabilities and are more likely to rely on immediate community resources for support compared to young people.

16%

of residents in the LHMC CBSA were 65 years of age or older. The proportion of older adults is expected to increase by 2030, which may have implications for the provision of health and social services.

28%

of residents in the LHMC CBSA were under 18 years of age.

Source: US Census Bureau American Community Survey, 2016-2020

Gender Identity and Sexual Orientation

Massachusetts had the second largest lesbian, gay, bisexual, transgender, queer/questioning, intersex and asexual (LGBTQIA+) population of any state in the nation. LGBTQIA+ individuals face issues of disproportionate violence and discrimination, socioeconomic inequality, and health disparities.

5%

of adults in Massachusetts identified as LGBTQIA+. Data was unavailable at the municipal level.

21%

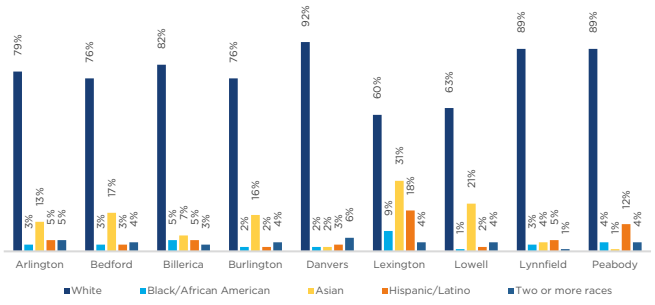
of LGBTQIA+ adults in Massachusetts were raising children.

Source: Gallup/Williams 2019

Race and Ethnicity

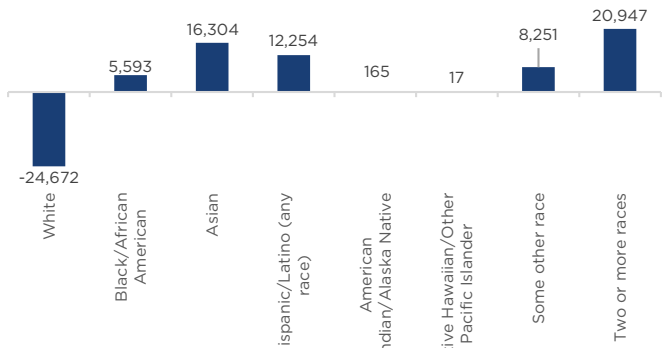
In the LHMC CBSA, the number of residents who identify as white has decreased since 2010, while there was an increase in other census categories. Individuals who participated in the assessment reported that they felt the CBSA was increasingly diverse, though the CBSA was predominantly white. Notably, Lexington had one of the highest percentages of Asian residents (31%) among all municipalities in the Commonwealth.

Race/Ethnicity by Municipality, 2016-2020



Source: US Census Bureau American Community Survey, 2016-2020

CBSA Population Changes by Race/Ethnicity, 2010 to 2020



Source: US Census Bureau, 2010 and 2020 Decennial Census'

Note: The US Census Bureau reported that the 2020 Decennial Census significantly undercounted Black/African American, American Indian or Alaska Native, Some Other Race alone, and Hispanic or Latino populations. The Census significantly overcounted the white, non-Hispanic white, and Asian populations.

Household Composition

Household composition and family arrangements may have significant impacts on health and well-being, particularly as family members act as sources of emotional, social, financial and material support.[4]

31% of LHMC CBSA households included one or more people under 18 years of age.

32% of LHMC CBSA households included one or more people over 65 years of age.

Source: US Census Bureau American Community Survey, 2016-2020

Social Determinants of Health

The social determinants of health are "the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks."[5] These conditions influence and define quality of life for many segments of the population in the CBSA. Research shows that sustained success in community health improvement and addressing health disparities relies on addressing the social determinants of health that lead to poor health outcomes and drive health inequities. economic insecurity, access to care/navigation issues, and other important social factors.[5]

There was limited quantitative data in the area of social determinants of health. Despite this, information gathered through interviews, focus groups, listening sessions, and the LHMC Community Health Survey reinforced that these issues had the greatest impact on health status and access to care in the region - especially issues related to economic stability, food insecurity/ nutrition, housing, and affordable childcare.

Interviewees, focus groups, listening session participants, and LHMC Community Health Survey respondents shared that there were populations in the LHMC CBSA who were resource insecure and living in poverty, but also shared that the increasingly high cost of living had impacts on those in middle and upper-middle income brackets. Food insecurity, food scarcity, and hunger were also identified as significant challenges, particularly for individuals and families experiencing economic insecurity. These issues were largely driven by issues related to job loss, the inability to find employment that paid a livable wage, or living on an inadequate, fixed income, which impacted the ability of individuals and families to eat healthy diets.

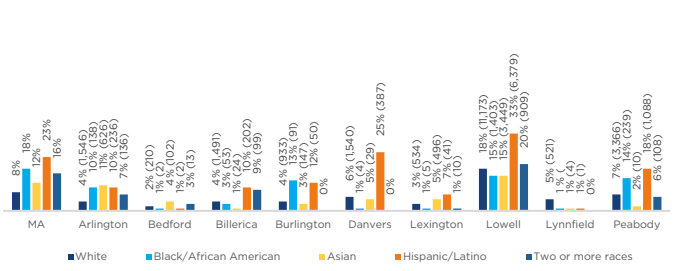
Interviewees, focus groups, and listening session participants also shared that access to safe and affordable housing was a major challenge for residents in the CBSA. This was particularly true for older adults, individuals living in poverty, and those living on inadequate fixed incomes. Participants also noted that there were individuals who were homeless or unstably housed in the CBSA, particularly in Lowell. Other social factors that were highlighted in more limited way during the assessment included lack of access to affordable childcare and domestic violence.

Economic Stability

Economic stability is affected by income/poverty, financial resources, employment and work environment, which allow people the ability to access the resources needed to lead a healthy life.[6] Lower-than-average life expectancy is highly correlated with low-income status.[7] Those who experience economic instability are also more likely to be uninsured or to have health insurance plans with limited benefits. Research has shown that those who are uninsured or have limited health insurance benefits are substantially less likely to access health care services.[8]

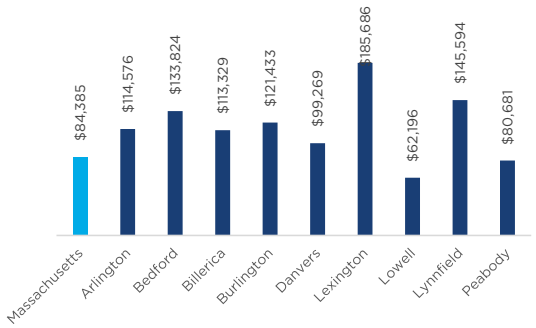
COVID-19 exacerbated many issues related to economic stability; individuals and communities were impacted by job loss and unemployment, leading to issues of financial hardship, food insecurity, and housing instability.

Percentage of Residents Living Below the Poverty Level, 2016-2020



Source: US Census Bureau American Community Survey, 2016-2020

Median Household Income, 2016-2020

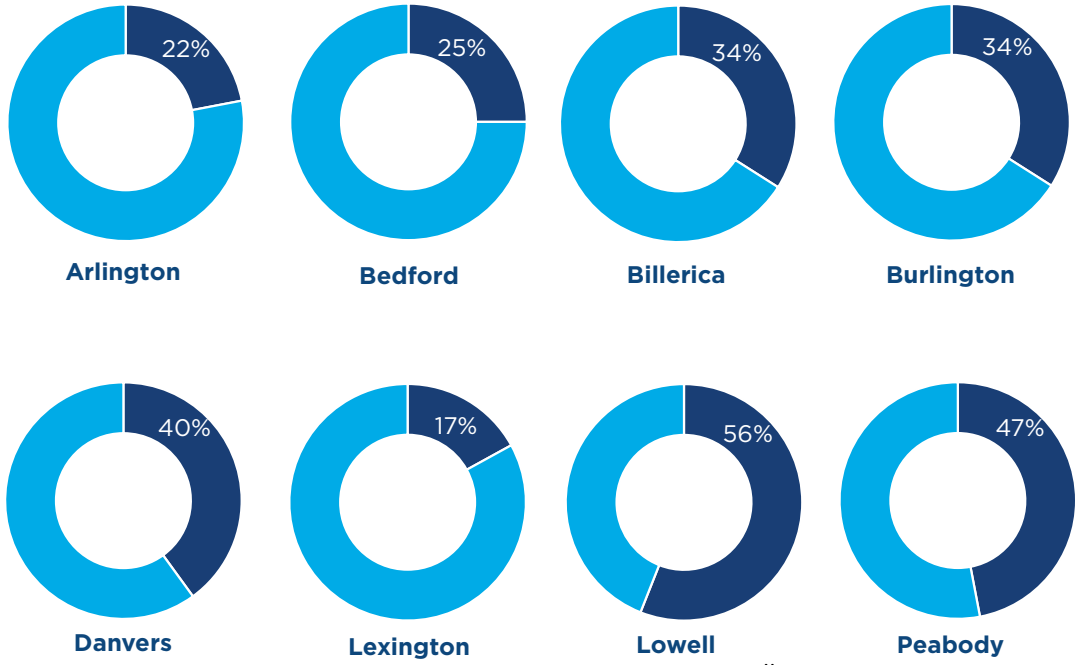


Source: US Census Bureau American Community Survey, 2016-2020

Across the LHMC CBSA, the percentage of individuals who lived below the poverty level tended to be higher among non-white cohorts. Research shows that racial disparities in poverty are the result of systemic racism, discrimination, and cumulative disadvantage over time.[9] Median household income is the total gross income before taxes, received within a one-year period by all members of a household. Median household income was higher than the Commonwealth overall in all LHMC CBSA municipalities except Lowell and Peabody.

The Massachusetts Department of Public Health (MDPH) conducted the COVID-19 Community Impact Survey in the fall of 2020 to assess emerging health needs, results of which indicate that community residents are concerned about their ability to pay their bills. Over a third of respondents in Billerica, Burlington, Danvers, Lowell, and Peabody reported that they were worried about paying one or more bills in the fall of 2020.

Percentage* Worried About Paying for One or More Type of Expenses/Bills in Coming Weeks (Fall 2020)



Data was suppressed in Lynnfield.

***Unweighted percentages displayed**

Source: MDPH COVID-19 Community Impact Survey, Fall 2020

Education

Research shows that those with more education live longer and healthier lives.[10] Patients with a higher level of educational attainment are able to better understand their health needs, follow instructions, advocate for themselves and their families, and communicate effectively with health providers.

92% of LHMC CBSA residents 25 years of age and older had a high school degree or higher.

47% of LHMC CBSA residents 25 years of age and older had a bachelor's degree or higher.

Source: US Census Bureau, American Community Survey, 2016-2020

Social Determinants of Health

Food Insecurity and Nutrition

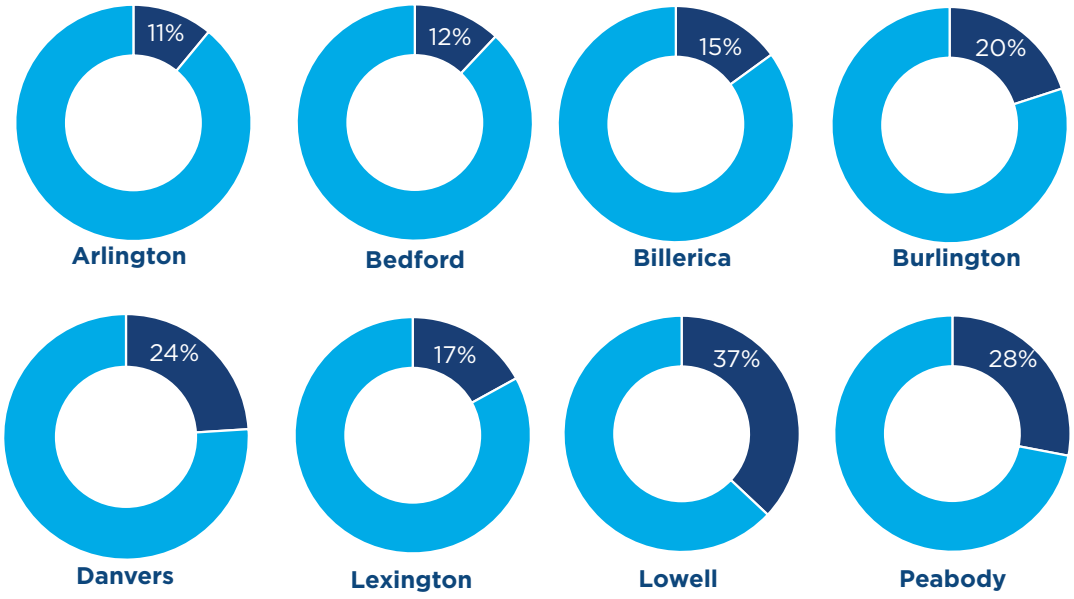
Many families, particularly families who are low-resourced struggle to access food that is affordable, high-quality and healthy. Issues related to food insecurity, food scarcity and hunger are factors contributing to poor physical and mental health for both children and adults.

While it is important to have grocery stores placed throughout a community to promote access, there are other factors that influence healthy eating, including quality and price of fruits and vegetables, marketing of unhealthy foods, and cultural appropriateness of food offerings. Food pantries and community meal programs have evolved from providing temporary or emergency food assistance to providing ongoing support for individuals, families, seniors living fixed incomes, and people living with disabilities and/or chronic health conditions.

10%

of LHMC CBSA households received SNAP benefits (formerly food stamps) within the past year. SNAP provides benefits to low-income families to help purchase healthy foods.

Percentage* Worried About Getting Food or Groceries in the Coming Weeks, Fall 2020



Data was suppressed in Lynnfield

***Unweighted percentages displayed**

Source: MDPH COVID-19 Community Impact Survey, Fall 2020

Neighborhood and Built Environment

The conditions and environment in which one lives have significant impacts on health and well-being. Access to safe and affordable housing, transportation resources, green space, sidewalks and bike lanes improve health and quality of life.[11]

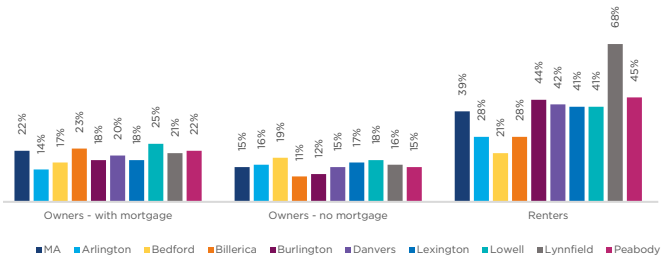
Housing

Lack of affordable housing and poor housing conditions contribute to a wide range of health issues, including respiratory diseases, lead poisoning, infectious diseases and poor mental health.[12] At the extreme are those without housing, including those who are unhoused or living in unstable or transient housing situations who are more likely to delay medical care and have mortality rates up to four times higher than those who have secure housing.[13]

Interviewees, focus groups, and survey respondents expressed concern over the limited options for affordable housing throughout the CBSA.

Compared to the Commonwealth overall, the percentage of owner-occupied housing units with a mortgage where owner costs are in excess of 35% of household income was higher in Billerica and Lowell. Among owner-occupied housing units without a mortgage, the percentage paying excess of 35% of household income was higher than the Commonwealth in Arlington, Bedford, Lexington, Lowell, and Lynnfield. Among renters, percentages were higher than the Commonwealth in all communities in the LHMC CBSA except Arlington, Bedford, and Billerica.

Percentage of Housing Units With Monthly Owner/ Renter Costs Over 35% of Household Income



Source: US Census Bureau American Community Survey, 2016-2020

When asked what they'd like to improve in their community,

40% of LHMC Community Health Survey respondents said "more affordable housing."

47% of LHMC Community Health Survey respondents said that housing in the community was not affordable for people with different income levels.

Transportation

Lack of transportation has an impact on access to health care services and is a determinant of whether an individual or family can access the basic resources that allow them to live productive and fulfilling lives. Access to affordable and reliable transportation widens opportunity and is essential to addressing poverty and unemployment; it allows access to work, school, healthy foods, recreational facilities, and other community resources.

Transportation was identified as a significant barrier to care and needed services, especially for older adults who no longer drove or who did not have family or caregivers nearby.

When asked what they'd like to improve in their community:

35% of LHMC Community Health Survey respondents wanted more access to public transportation.

10% of housing units in the LHMC CBSA did not have an available vehicle.

Source: US Census Bureau American Community Survey, 2016-2020

Roads/Sidewalks

Well-maintained roads and sidewalks offer many benefits to a community, including safety and increased mobility. Sidewalks allow more space for people to walk or bike, which increases physical activity and reduces the need for vehicles on the road. Respondents to the LHMC Community Health Survey prioritized these improvements to the built environment.

38% of LHMC Community Health Survey respondents identified a need for better roads.

37% of LHMC Community Health Survey respondents identified a need for better sidewalks and trails.

Systemic Factors

In the context of the health care system, systemic factors include a broad range of considerations that influence a person's ability to access timely, equitable, and high quality services. There is a growing appreciation for the importance of these factors as they are critical to ensuring that people are able to find, access, and engage in the services they need, communicate with clinical and social service providers, and transition seamlessly from one service setting to another. The assessment gathered information related to perceptions of service gaps, barriers to access (e.g., cost of care, health insurance status, language access, cultural competence), care coordination, and information sharing. The assessment also explored issues related to diversity, equity, and inclusion and the impacts of racism and discrimination.

Systemic barriers affect all segments of the population, but have a particularly significant impact on people of color, non-English speakers, recent immigrants, individuals with disabilities, older adults, the uninsured, and those who identify as LGBTQIA+.

Findings from the assessment highlighted the challenges that residents throughout the LHMC CBSA face with respect to accessing care. The most common concerns were related to workforce shortages that led to long wait-times and service gaps, which impacted people's ability to navigate the health care system and access services in a timely manner. This was particularly true with respect to primary care, behavioral health, medical specialty care, and dental care services.

Individuals participating in interviews, focus groups, and listening sessions also reflected on the high costs of care, including prescription medications, particularly for those who are uninsured or who have limited health insurance benefits. For individuals and families who are uninsured or have limited financial means, it can be extremely challenging to access the services they need to live a happy, productive, and fulfilling life.

Interviewees, focus groups, and listening session participants also identified linguistic and cultural barriers to care, and the need to ensure access to interpreter services and bi-lingual/bi-cultural clinical and social service providers. Many participants reflected on how difficult it was for some residents to schedule appointments, coordinate care, and find the services they needed. Interviewees, focus groups, and listening session participants discussed the need for tools to support these efforts, such as case managers, recovery coaches, and health care navigators. Those participating in the interviews, focus groups, and listening sessions also discussed the challenges that some segments of the population face with respect to accessing the internet, taking advantage of telehealth services, and technology resources, more generally.

Finally, interviewees and listening session participants reflected on the importance of cross-sector collaboration, care transitions, and service referrals. These issues lead to challenges navigating the health care system, coordinating care, and accessing services. In this regard, participants reflected on the need for resource inventories to support individuals and families to navigate the system and find the services they need. .

Racial Equity

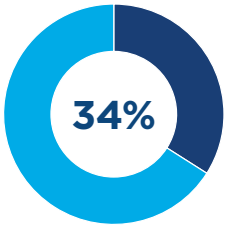
Racial equity is the condition where one's racial identity has no influence on how one fares in society.[14] Racism and discrimination influence the social, economic and physical development among Black, Indigenous and People Of Color (BIPOC), resulting in poorer social and physical conditions in those communities today.[15] Race and racial health differences are not biological in nature. However, generations of inequity create consequences and differential health outcomes because of structural environments and unequal distribution of resources.

Individuals reported that their communities were increasingly diverse in terms of race, ethnicity, sexual orientation, and gender identity. This diversity was identified as a strength. However, individuals expressed concerns about racism, discrimination, and varying levels of acceptance and recognition of diversity in the community. Experiencing racism and discrimination contributes to trauma, chronic stress, and mental health issues that ultimately impact health outcomes.

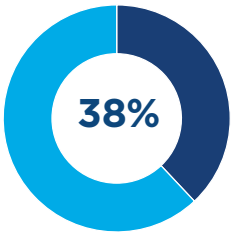
"I have seen families whose needs were not met due to language [barriers]. I also think there is a lack of sensitivity to the challenges these families face, and a lack of appreciation for their contributions to the community."

– LHMC Community Health Survey respondent

Among LHMC Community Health Survey respondents:



reported that built, economic and educational environments in the community were impacted by **systemic racism.**



reported that environments in the community were impacted by **individual racism.**

Accessing and Navigating the Health Care System

Interviewees, focus groups, and listening session participants identified a number of barriers to accessing and navigating the health care system. Many of these barriers were at the system level, meaning that the issues stemmed from the way in which the system did or did not function. System-level issues included providers not accepting new patients, long wait lists, and an inherently complicated health care system that was difficult for many to navigate.

There were also individual level barriers to access and navigation. Individuals may be uninsured or underinsured, which may lead them to forgo or delay care. Individuals may also experience language or cultural barriers - research shows that these barriers contribute to health disparities, mistrust between providers and patients, ineffective communication, and issues of patient safety.[16]

"There are no providers taking on new patients. I've been trying for over a year to find mental health help and therapy for my child, and I cannot. I also cannot find a PCP for myself. No one is taking new patients!"

-LHMC Community Health Survey respondent

Some providers began offering care via telehealth over the course of the pandemic to mitigate COVID-19 exposure and retain continuity of care. This strategy removed barriers for some but created new hardships for those who lacked technical resources or technical savvy to take advantage of such programs.[17]

Community Connections and Information Sharing

Interviewees described a strong sense of partnership and camaraderie among organizations and clinical and social service providers, borne out of a shared mission to ensure that community members have access to the care and services that they need. However, interviewees shared that it was difficult for community members to know what health-related resources were available, and how to access them. Interviewees also shared that many community organizations were working in silos, and there were more opportunities for information and resource sharing.

Behavioral Factors

The nation, including the residents of Massachusetts and LHMC's CBSA, face a health crisis due to the increasing burden of chronic medical conditions. Underlying these health conditions are a series of behavioral risk factors that are known to help prevent illness and are the early signs or contributors of the leading causes of death (e.g., heart disease, cancer, stroke and diabetes). According to the National Centers for Disease Control and Prevention, the leading behavioral risk factors include an unhealthy diet, physical inactivity and tobacco, alcohol, and marijuana use. Engaging in healthy behaviors and limiting the impacts of these risk factors is known to improve overall health status and well-being and reduces the risk of illness and death due to the chronic conditions mentioned.[18] When considering behavioral factors, the assessment reflected on a range of mostly quantitative information related to nutrition, physical activity, tobacco use and alcohol use. Those who participated in the assessment's community engagement activities were also asked to identify the health issues that they felt were most important. While these issues were ultimately not selected during the community's prioritization process, the information from the assessment supports the importance of incorporating these issues into LHMC's IS.

Nutrition

Adults who eat a healthy diet have increased life expectancy and decreased risk of chronic diseases and obesity; children require a healthy diet to grow and develop properly.[19] Access to affordable healthy foods is essential to a healthy diet.

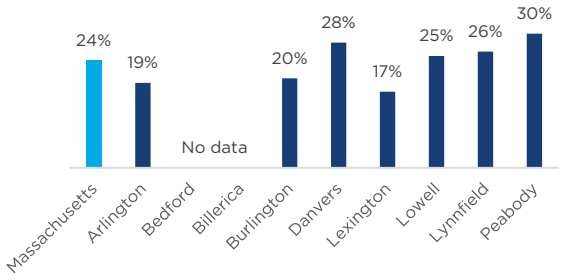
19% of LHMC Community Health Survey respondents said they would like their community to have better access to healthy food.

Physical Activity

Access to opportunities for physical activity was not identified as a significant need in the CBSA, though there was recognition that lack of physical fitness was a leading risk factor for obesity and a number of chronic health conditions.

The percentage of adults who were obese (with a body mass index over 30) was higher than the Commonwealth in Danvers, Lowell, Lynnfield, and Peabody. Data was unavailable for Bedford and Billerica.

Percentage of Adults Who Were Obese, 2019



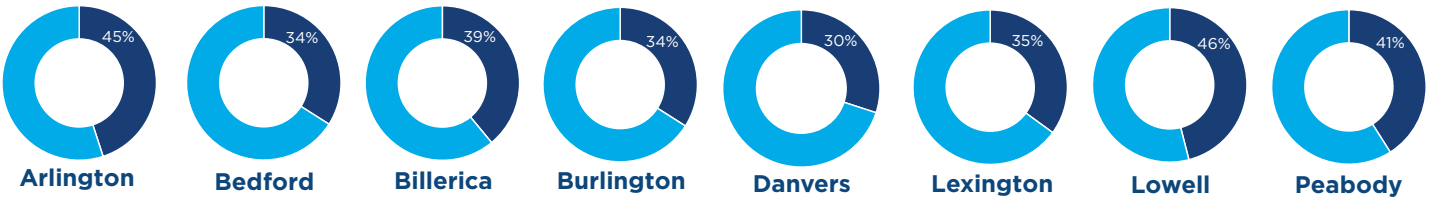
Source: Behavioral Risk Factor Surveillance System, 2019

Alcohol, Marijuana and Tobacco Use

Though legal in the Commonwealth for those aged 21 and older, long-term and excessive use of alcohol, marijuana, and tobacco can lead to the development and exacerbation of chronic and complex conditions, including high blood pressure, cardiovascular disease, and cancer.

Clinical service providers reported an increase in substance use and relapse since the onset of the pandemic, potentially caused by increased stress and isolation and lapses in treatment. In all LHMC CBSA communities, with the exception of Lynnfield where data was unavailable, more than 25% of respondents to the Massachusetts Department of Public Health COVID-19 Community Impact Survey reported that they used more substances than before the pandemic.

Percentage* of Substance Users Who Said They Used More Substances Since the Start of the Pandemic, Fall 2020



Unweighted percentages displayed** ***Data was suppressed in Lynnfield

Source: MDPH COVID-19 Community Impact Survey, Fall 2020

Health Conditions

The assessment gathered information related to the conditions that are known to be the leading causes of death and illness. These conditions include chronic and complex medical conditions as well as mental health and substance use disorders. As discussed in the introductory sections of this report, the assessment gathered quantitative data to assess the extent that these issues were a concern in LHMC's CBSA.

To augment and clarify this information, the assessment efforts included community engagement activities and specific requests for participants to reflect on the issues that they felt had the greatest impact on community health. Efforts were made to ensure that participants reflected on a broad range of issues, including chronic and communicable medical conditions and behavioral health issues.

Given the limitations of the quantitative data, specifically that it was often old data and was not stratified by age, race and ethnicity, the qualitative information from interviews, focus groups, listening sessions, and the LHMC Community Health Survey were of critical importance.

Mental Health

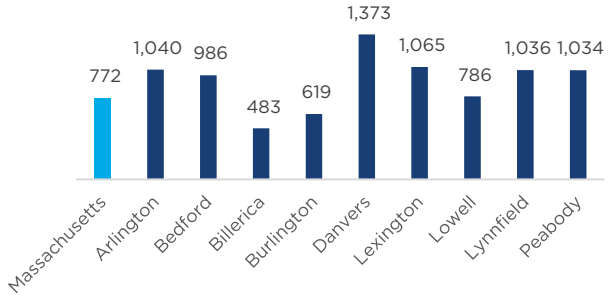
Anxiety, chronic stress, depression, and social isolation were leading community health concerns. There were specific concerns about the impact of mental health issues for youth and young adults, and social isolation among older adults. These difficulties were exacerbated by COVID-19.

In addition to the overall burden and prevalence of mental health issues, residents identified a need for more providers and treatment options, especially inpatient and outpatient treatment, child psychiatrists, peer support groups, and mental health services. Those who participated in the assessment also reflected on stigma, shame, and isolation that those with mental health challenges face that limit their ability to access care and cope with their illness.

Youth mental health was a critical concern in the LHMC CBSA, including the significant prevalence of chronic stress, depression, anxiety, and behavioral issues. These conditions were exacerbated over the course of the pandemic, because of isolation, uncertainty, remote learning, and family dynamics.

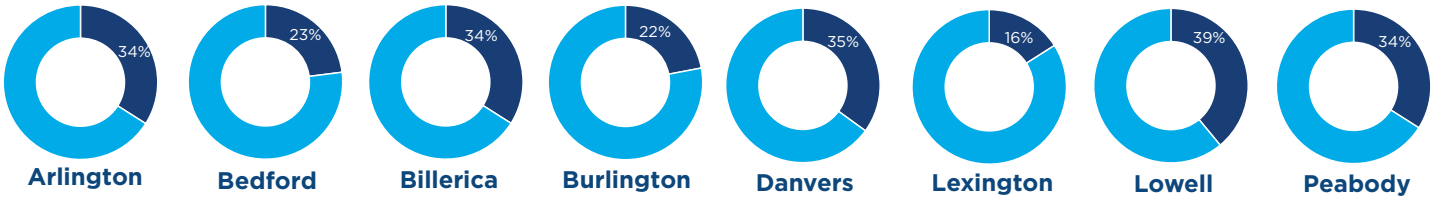
Inpatient discharge rates for mental health conditions among those under 18 years of age were higher than the Commonwealth in all CBSA communities except Billerica and Burlington.

Inpatient Discharge Rates (per 100,000) for Mental Health Conditions Among Those Under 18 Years of Age, 2019



Source: Center for Health Information and Analysis, 2019

Percentage* of Individuals with 15 or More Poor Mental Health Days in the Past Month (Fall 2020)



Data was suppressed in Lynnfield ***Unweighted percentages displayed**

Source: MDPH COVID-19 Community Impact Survey, Fall 2020

In all CBSA communities, except Lynnfield where data was suppressed, over 15% of residents who took MDPH's COVID-19 Community Impact Survey reported they had 15 or more poor mental health days in the past month.

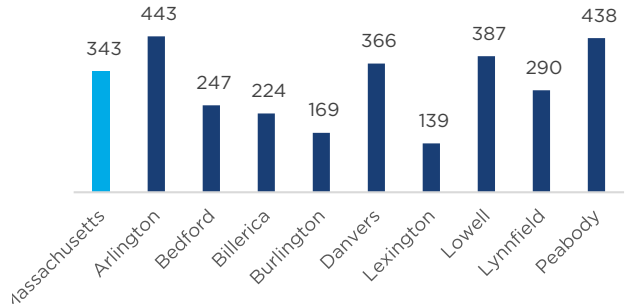
Health Conditions

Substance Use

Substance use continued to have impacts on the CBSA; the opioid epidemic was an area of concern and there was recognition of the links to other community health priorities (mental health, housing, homelessness). Interviewees, focus groups, and listening session participants identified stigma as a barrier to treatment and reported a need for programs that address co-occurring issues (e.g., mental health, homelessness), and more treatment options across the spectrum of care, including inpatient treatment, transitional housing, and recovery support services.

Emergency department discharge rates for substance use disorders among those under 18 years of age were higher than the Commonwealth in Arlington, Danvers, Lowell, and Peabody. Participants in a youth focus group identified vaping as a issue.

Emergency Department Discharge Rates (per 100,000) for Substance Use Disorders Among Those Under 18 Years of Age, 2019



Source: Center for Health Information and Analysis, 2019

Chronic and Complex Conditions

Chronic conditions such as cancer, diabetes, chronic lower respiratory disease, stroke and cardiovascular disease contribute to 56% of all mortality in Massachusetts and over 53% of all health care expenditures ($30.9 billion a year). Perhaps most significantly, chronic diseases are largely preventable despite their high prevalence and dramatic impact on individuals and society.[20]

Looking across four of the most common chronic and complex conditions, inpatient discharge rates among those 65 years of age and older were higher than the Commonwealth in many communities, particularly in Billerica, Burlington, Danvers, Lowell, and Peabody.

Inpatient Discharge Rates (per 100,000) for Chronic/Complex Conditions Among Those 65 Years of Age and Older, 2019

	MA	Arlington	Bedford	Billerica	Burlington	Danvers	Lexington	Lowell	Lynnfield	Peabody
Heart Disease	18,344	17,411	14,597	20,709	23,458	26,190	13,298	18,953	18,935	24,092
Diabetes	8,376	6,478	6,469	9,831	9,771	10,172	4,585	12,742	6,603	9,479
Asthma	1,596	1,557	1,756	1,746	2,036	2,363	1,276	1,440	1,897	2,424
COPD/Lung Disease	7,130	5,209	4,194	8,002	7,186	8,879	3,126	8,813	5,874	7,648

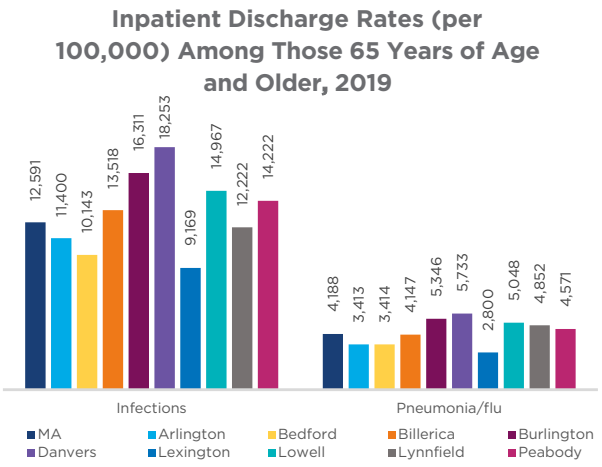
Source: Center for Health Information and Analysis, 2019

Communicable and Infectious Disease

Though great strides have been made to control the spread of communicable diseases in the U.S., they remain a major cause of illness, disability and even death - as evidenced by the COVID-19 pandemic. Though not named as a major health concern by interviewees or participants at listening sessions and focus groups, it is important to track data to prevent outbreaks and identify patterns in morbidity and mortality.

Data from the Center for Health Information and Analysis indicated that older adults in Burlington, Danvers, Lowell, and Peabody had higher inpatient discharge rates for both infections and flu/pneumonia compared to the Commonwealth overall.

Inpatient Discharge Rates (per 100,000) Among Those 65 Years of Age and Older, 2019



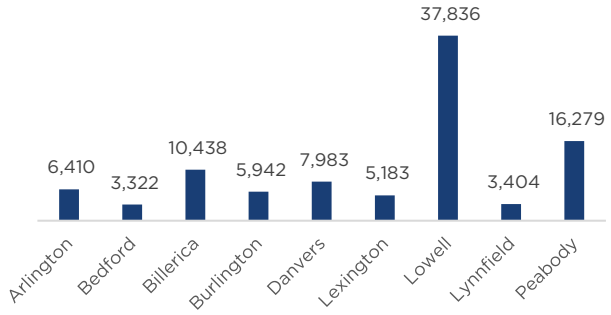
Source: Center for Health Information and Analysis, 2019

COVID-19

On March 11, 2020, the World Health Organization (WHO) declared the novel coronavirus a global pandemic. Society and systems continue to adapt and frequently change protocols and recommendations due to new research, procedures, and policies. Interviewees and focus group participants emphasized that COVID-19 was a priority concern that continued to directly impact nearly all facets of life, including economic stability, food security, mental health (stress, depression, isolation, anxiety), substance use (opioids, marijuana, alcohol), and one's ability to access health care and social services.

COVID-19 presents significant risks for older adults and those with underlying medical conditions because they face a higher risk of complications from the virus. Several interviewees described how COVID-19 exacerbated poor health outcomes, inequities, and health system deficiencies.

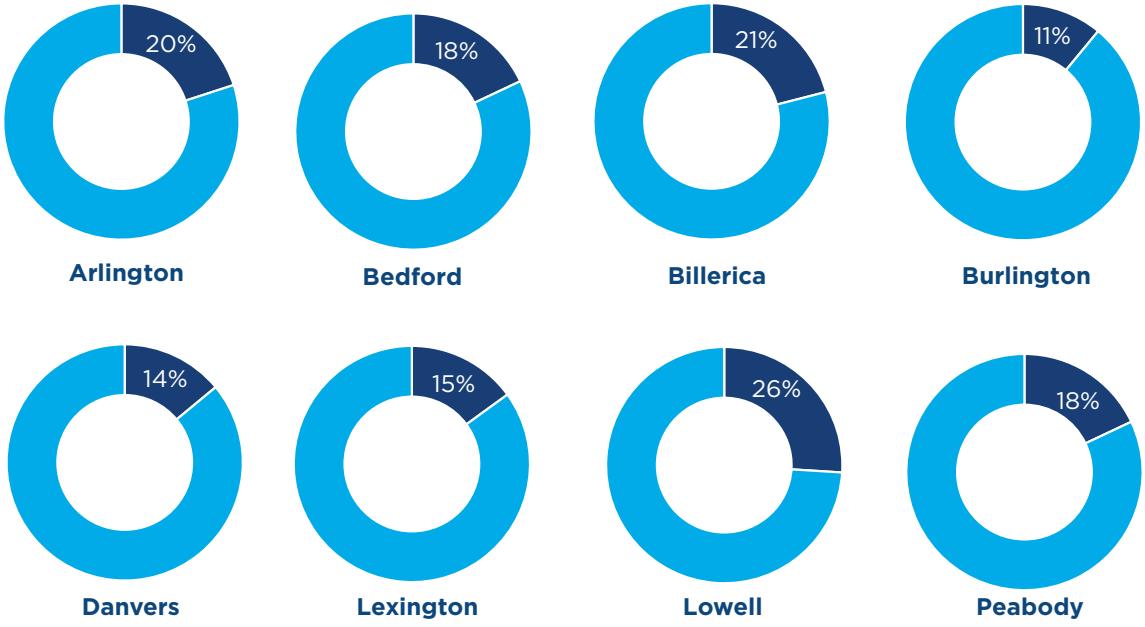
Total COVID-19 Case Counts Through July 7, 2022



Source: Massachusetts Department of Public Health, COVID-19 Data Dashboard

In most LHMC CBSA communities, close to or over 20% of MDPH COVID-19 Community Impact Survey respondents reported that they had not gotten the medical care they needed since July of 2020. Lapses in medical care may lead to increases in morbidity and mortality.

Percentage* Who Have Not Gotten the Medical Care They Need Since July 2020 (as of Fall 2020)



Source: MDPH COVID-19 Community Impact Survey, Fall 2020

Data was suppressed in Lynnfield.

***Unweighted percentages displayed**

Priorities

Federal and Commonwealth community benefits guidelines require a nonprofit hospital to rely on their analysis of their CHNA data to determine the community health issues and priority cohorts on which it chooses to focus its IS. By analyzing assessment data, hospitals can identify the health issues that are particularly problematic and rank these issues in order of priority. This data can also be used to identify the segments of the community that face health-related disparities or are disproportionately impacted by systemic racism or other forms of discrimination. Accordingly, using an interactive, anonymous polling software, LHMC's CBAC and community residents, through the community listening sessions, formally prioritized the community health issues and the cohorts that they believed should be the focus of LHMC's IS. This prioritization process helps to ensure that LHMC maximizes the impact of its community benefits resources and its efforts to improve health status, address disparities in health outcomes, and promote health equity.

The process of identifying the hospital's community health issues and prioritized cohorts is also informed by a review and careful reflection on the Commonwealth's priorities set by the Massachusetts Department of Public Health's Determination of Need process and the Massachusetts Attorney General's Office.

Massachusetts Community Health Priorities

Massachusetts Attorney General's Office	Massachusetts Department of Public Health
• Chronic disease - cancer, heart disease, and diabetes • Housing stability/homelessness • Mental illness and mental health • Substance use disorder.	• Built environment • Social environment • Housing • Violence • Education • Employment.
Regulatory Requirement: Annual AGO report; CHNA and Implementation Strategy	*Regulatory Requirement: Determination of Need (DoN) Community-based Health Initiative (CHI)*

Community Health Priorities and Priority Cohorts

LHMC is committed to promoting health, enhancing access, and delivering the best care for those in its CBSA. Over the next three years, LHMC will work with its community partners to develop and/or continue programming geared to improving overall well-being and creating a healthy future for all individuals, families, and communities. In recognition of the health disparities that exist for certain segments of the population, investments and resources will focus on improving the health status of the following cohorts within the community health priority areas.

LHMC Community Health Needs Assessment: Priority Cohorts

Youth

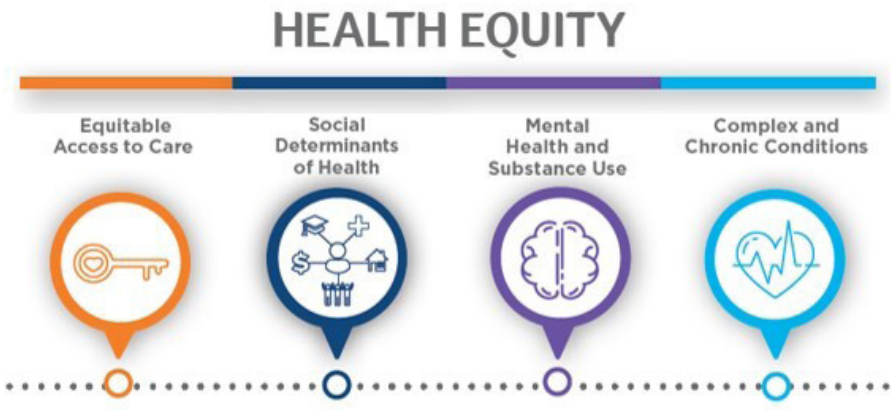
Low-Resourced Populations

Older Adults

LGBTQIA+

Racially, Ethnically and Linguistically Diverse Populations

LHMC Community Health Needs Assessment: Priority Areas



Community Health Needs Not Prioritized by LHMC

It is important to note that there are community health needs that were identified by LHMC's assessment that, were not prioritized for investment or included in LHMC's IS. Specifically, supporting education across the lifespan and strengthening the built environment (i.e., improving roads/sidewalks and enhancing access to safe recreational spaces/activities) were identified as community needs but were not included in the medical center's IS. While these issues are important, LHMC's CBAC and senior leadership team decided that these issues were outside of the medical center's sphere of influence and investments in others areas were both more feasible and likely to have greater impact. As a result, LHMC recognized that other public and private organizations in its CBSA and the Commonwealth to focus on these issues. LHMC remains open and willing to work with community residents, other hospitals, and other public and private partners to address these issues, particularly as part of a broad, strong collaborative.

Community Health Needs Addressed in LHMC's IS

The issues that were identified in the LHMC CHNA and are addressed in some way in the hospital IS are housing issues, food insecurity, transportation, economic insecurity, affordability/availability of childcare, build capacity of workforce, navigation of healthcare system, linguistic access barriers, digital divide/access to technology resources, diversify provider workforce, cost and insurance barriers, youth mental health, stress, anxiety, depression, isolation, lack of mental health education/ prevention, mental health stigma, racism/discrimination, culturally appropriate/competent health and community services, ageism, homophobia and transphobia, linguistic access/barriers to community resources/services, information sharing from hospital to community, resource inventory, and cross sector collaboration.

Implementation Strategy

LHMC's current 2020-2022 IS was developed in 2019 and addressed the priority areas identified by the 2019 CHNA. The 2022 CHNA provides new guidance and invaluable insight on the characteristics of LHMC's CBSA population, as well as the social determinants of health, barriers to accessing care, and leading health issues, which informed and allowed LHMC to develop its 2023-2025 IS.

Included below, organized by priority area, are the core elements of LHMC's 2023-2025 IS. The IS is designed to address the underlying social determinants of health and barriers to accessing care, as well as promote health equity. The content addresses the leading community health priorities, including activities geared toward health education and wellness (primary prevention), identification, screening, referral (secondary prevention), and disease management and treatment (tertiary prevention).

Below is a brief discussion of the resources that LHMC will invest to address the priorities identified by the CBAC and LHMC's senior leadership team. Following the discussion of resources are summaries of each of the selected priority areas and a listing of the goals that were established for each priority area.

Community Benefits Resources

LHMC expends substantial resources on its Community Benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by LHMC and/or its partners to improve the health of those living in its CBSA. Finally, LHMC supports residents in its CBSA by providing "charity" care to individuals who are low-resourced and are unable to pay for care and services. Moving forward, LHMC will continue to commit resources through the same array of direct, in-kind, leveraged, or "charity" care expenditures to carry out its Community Benefits mission.

Recognizing that Community Benefits planning is ongoing and will change with continued community input, LHMC's IS will evolve. Circumstances may change with new opportunities, requests from the community, community and public health emergencies and other issues that may arise, which may require a change in the IS or the strategies documented within it. LHMC is committed to assessing information and updating the plan as needed.

Following are brief descriptions of each priority area, along with the goals established by LHMC to respond to the CHNA findings and the prioritization and planning processes. Please refer to the Summary IS in Appendix E for more details.

Summary Implementation Strategy

EQUITABLE ACCESS TO CARE

Goal: Provide equitable and comprehensive access to high-quality health care services including primary care and specialty care, as well as urgent and emerging care, particularly for those who face cultural, linguistic, and economic barriers.

Strategies to address the priority:

- Provide and promote career support services and career mobility programs to hospital employees and encourage locally-focused recruitment and retention.
- Promote equitable care, health equity, health literacy, and cultural humility for patients, especially those who face cultural and linguistic barriers.
- Promote access to health care, health insurance and patient financial counselors for patients and community members who are uninsured or underinsured.

SOCIAL DETERMINANTS OF HEALTH

Goal: Enhance the built, social, and economic environments where people live, work, play, and learn in order to improve health and quality-of-life outcomes.

Strategies to address the priority:

- Provide advocacy or grant funding to support programs, policies, and initiatives that work to improve the health of the community.
- Advocate for and support policies and systems that improve the health of the communities.
- Collaborate with local community partners to support programs that strengthen the local workforce and address underemployment
- Promote collaboration, share knowledge, and coordinate activities with internal colleagues and external partners.
- Support programs that stabilize and promote access to affordable housing.
- Support education, systems, programs, and environmental changes to increase knowledge and access to affordable, healthy foods.

MENTAL HEALTH AND SUBSTANCE USE

Goal: Promote social and emotional wellness by fostering resilient communities and building equitable, accessible, and supportive systems of care to address mental health and substance use.

Strategies to address the priority:

- Enhance relationships and partnerships with schools, youth-serving organizations, and other community partners to build capacity and increase resiliency, coping, and prevention skills.
- Provide access to high-quality and culturally and linguistically appropriate mental health and/or substance use services through screening, monitoring, counseling, navigation, and treatment services.
- Improve systems for management and control of substance use disorder through education, reducing access to substances, and multidisciplinary efforts.
- Participate in multi-sector community coalitions to convene collaborators to identify and advocate for policy, systems, and environmental changes to increase resiliency, reduce substance use, and prevent opioid overdoses and deaths.

COMPLEX AND CHRONIC CONDITIONS

Goal: Improve health outcomes and reduce disparities for individuals at-risk for or living with chronic and/or complex conditions and caregivers by enhancing access to screening, referral services, coordinated health and support services, medications, and other resources.

Strategies to address the priority:

- Address barriers to timely cancer screening and follow-up cancer care through navigation.
- Provide preventive health information, services, and support for those at risk for complex and/or chronic conditions and support evidence-based chronic disease treatment and self-management programs.

Evaluation of Impact of 2020-2022 Implementation Strategy

As part of the assessment, LHMC evaluated its current IS. This process allows the hospital to better understand the effectiveness of their community benefits programming and to identify which programs should or should not continue. Moving forward with the 2023-2025 IS, LHMC and all BILH hospitals will review community benefit programs through an objective, consistent process using the BILH Program Evaluation and Assessment Tool. Created with Community Benefits staff across BILH hospitals, the tool scores each program using criteria focused on CHNA priority alignment, funding, impact, and equity to determine fit and inclusion in the IS.

Since 2020, many of the programs that would normally be conducted in-person were postponed or canceled because of COVID-19. When possible, programs were delivered virtually to ensure the community was able to receive services to improve their health and wellness.

For the 2020-2022 IS process, LHMC planned for a comprehensive strategy to address the prioritized health needs of the CBSA as outlined in the 2019 CHNA report. These strategies included grantmaking, in-kind support, partnerships, internal hospital programming, and charity care. Below is a summary of accomplishments and outcomes for a selection of community benefits programs for Fiscal Year (FY) 2020 and 2021. LHMC will continue to monitor efforts through FY 2022 to determine its impact on improving the health of the community and to inform the next IS. A more detailed evaluation is included in Appendix D.

Priority Area	Summary of Accomplishments and Outcomes
Mental Health and Substance Use	LHMC partners with the Burlington Police Department to provide a substance use coordinator. The coordinator provides essential outreach to persons identified by police as having substance use issues and provides support and coordinates referrals between multiple town and community agencies to ensure they receive essential services. 27 individuals were served in FY 21. LHMC partners with Burlington Youth & Family Services to help to provide funding for support groups, trainings for staff to enhance services, and clinical consultation services from behavioral health providers. There were over 3,000 visits to BYFS in FY 21. LHMC partners with Northshore Community Health Center to provide support for the Peabody Veteran's Memorial High School Student-Based Health Center. In FY 21, 195 unique individuals were served in 332 medical visits (319 onsite and 13 telehealth) and 958 behavioral health visits (182 onsite and 776 telehealth) between October 2020-June 2021. The top 3 diagnoses were Anxiety Disorder, Major Depressive Disorder, and Adjustment disorder
Chronic/ Complex Conditions and Their Risk Factors	LHMC provides support to the Greater Boston YMCA and the Metro North YMCA for their evidence-based Enhance Fitness Program. Over 75 older adults participated in the program and 100% reported an improvement in their overall health.
Social Determinants of Health and Access to Care	LHMC supports Minuteman Senior Services' Serving the Health Insurance Needs of Everyone (SHINE) program which provided 309 counseling sessions on insurance coverage for those 65+ and on Medicaid. LHMC partners with many organizations, including the Merrimack Valley Food Bank, Mill City Grows, and New Entry Sustainable Farming Project on programs such as farmers markets and community gardens to help to increase access to healthy food. In FY 21 over 43,000 pounds of free, fresh produce was offered to the community as a result of these programs.

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Appendices

Appendix A: Community Engagement Summary

Appendix B: Data Book

Appendix C: Resource Inventory

Appendix D: Evaluation of 2020-2022 Implementation Strategy

Appendix E: 2023-2025 Implementation Strategy

Appendix A:
Community Engagement Summary

Interviews

- Interview Guide
- Interview Summary

Beth Israel Lahey Health Community Health Assessment

Interview Guide

Please complete this section for each interview:

Date:	Start Time:	End time:
Name of Interviewee:		
Name of Organization:	Affiliate Hospital:	
Facilitator Name:	Note-taker Name:	
Did all participants agree to audio recording?		
Did anything unusual occur during this interview? (Interruptions, etc.)		

Thank you for taking the time to speak with me today. Beth Israel Lahey Health (BILH) and Hospital [and any collaborators] are conducting a community health needs assessment and creating an implementation plan to address the prioritized needs identified. For the first time, all 10 hospitals in the BILH system are conducting this needs assessment together. Our hope is that we will create a plan at the individual hospital level as well as the system level that will span across the hospitals.

During this interview, we will be asking you about the strengths and challenges of the community you work in and the populations that you work with. We also want to know what BILH should focus on as we think about addressing some of the issues in the community. The data we collect during the assessment is analyzed, prioritized, and then used to create an Implementation Strategy. The Implementation Strategy outlines how the Hospital and System will address the identified priorities in partnership with community organizations. For example, if social isolation is identified as a priority, we may explore partnering with Councils on Aging on programs to engage older adults, and support policies and system changes around mental health supports.

Before we begin, I would like you to know that we will keep your individual contributions anonymous. That means no one outside of this interview will know exactly what you have said. When we report the results of this assessment, no one will be able to identify what you have said. We will be taking notes during the interview, but your name will not be associated with your responses in any way. Do you have any questions before we begin?

If you agree, we would like to record the interview for note taking purposes to ensure that we accurately capture your thoughts and obtain exact quotes to emphasize particular themes in our final report. Do you agree?"

[*<u>if interviewee does not agree to be recorded, do not record the interview</u>]

Question	Direct Answer	Additional Information
Community Characteristics, Strengths, Challenges		
What communities/populations do you mainly work with?		
• How would you describe the community (or population) served by your organization?		
• How have you seen the community/population change over the last several years?		
What do you consider to be the community's (or population's) strengths?		
How has COVID affected this community/population?		
What are some of its biggest concerns/issues in general? What challenges does this community/population face in their day-to-day lives?		
Health Priorities and Challenges		
What do you think are the most pressing health concerns in the community/among the population you work with? Why?		
• How do these health issues affect the populations you work with? [Probes: In what way? Can you provide some examples?]		
We understand that there are differences in health concerns, including inequalities for ethnic and		

racial minority groups **/** the impacts of racism. Thinking about your community, do you see any disparities where some groups are more impacted than others?		
• What contributes to these differences?		
What are the biggest challenges to addressing these health issues?		
What barriers to accessing resources/services exist in the community?		
Community-Based Work		
What are some of the biggest challenges your organization faces while conducting your work in the community, especially as you plan for the post-COVID period?		
Do you currently partner with any other organizations or institutions in your work?		
Suggested Improvements		
When you think about the community 3 years from now, what would you like to see?		
• What would need to happen in the short term?		
• What would need to happen in the long term?		
How can we tap into the community's/population's strengths to improve the health of the community?		

In what way can BILH and [Hospital] work toward this vision? What should be our focus to help improve the health of the community/population?		
Thank you so much for your time and sharing your opinions. Before we wrap up, is there anything you want to add that you did not get a chance to bring up earlier?		

I want to thank you again for your time. Once we finish conducting survey, focus groups and interviews, we will present the data back to the community to help determine what we should prioritize. We will keep you updated on our progress and would like to invite you to the community listening sessions where we will present all of the data. Can we add you to our contact list? After the listening sessions, we will then create an implementation plan to address the priorities. We want you to know that your feedback is valuable, and we greatly appreciate your assistance in this process.

Lahey Hospital & Medical Center, Interview Summary
Community Health Needs Assessment 2021-2022

Interviewees

- Jacqueline Apsler, Executive Director, Domestic Violence Services Network Inc.
- Mercy Anampiu (Health Promotion and Education Manager) and Ruth Ogembo (Community Programs Director), Lowell Community Health Center
- Arlington Municipal Leaders
- Bedford Municipal Leaders
- Billerica Municipal Leaders
- Burlington Municipal Leaders
- Rob Dolan, Town Administrator, Lynnfield
- Corey Jackson, Executive Director, Citizens Inn, Inc.
- Danvers Town Leaders
- Ali Jacobs, Director of Programming, Mill City Grows
- Beth Kidd, Founder and Clinical Director, Place of Promise
- Jeffrey Kiel, President and CEO, Place of Promise
- Lexington Municipal Leaders
- Jay Linehan, President and CEO, Greater Lowell Community Foundation
- Father Paul McManus, Pastor, St. John's Church
- Peabody Municipal Leaders
- Raymond Porch, Director of Diversity, Equity, & Inclusion, Burlington Public Schools
- Peg Sallade, Substance Abuse Prevention Coordinator, A Healthy Lynnfield
- Stephen Strykowski, Chairman, Billerica Commission on Disability
- Eunice Ziegler, Lowell Housing Authority

Key Findings

Community characteristics

- Significant diversity between service area communities – by race, ethnicity, language, income, education
- Community residents are described as civic minded and engaged

Specific populations facing barriers

- Youth
- BIPOC
- Older adults
- Individuals with limited economic means
- LGBTQIA+
- Non English Speakers
- Immigrants

Social Determinants of Health

- Housing is a major concern – lack of affordable housing
- Economic insecurity – cost of living continues to rise; pandemic had significant impact on many people financially

    - "*I have a couple of residents who were on track and looking to buy a house, but they've lost their job within the past couple of months to layoffs."*
- Childcare is unaffordable
- Food insecurity

Mental health

- Significant prevalence of stress, anxiety, depression, isolation (especially among older adults) and behavioral issues that were exacerbated throughout the pandemic
    - Major emphasis on youth mental health
- Over the course of the pandemic, people reported that it was more difficult to find providers who were taking on new patients
- Mental health care unaffordable for many, even for those who have insurance
- Stigma
    - *"Lots of people have a hard time opening up about mental health."*

Access to care

- People face difficulties navigating the health care system, including insurance
    - Language and cultural barriers contribute to these difficulties
- Barriers include cost/insurance barriers, difficulty accessing services because of long wait times and lack of providers (especially over COVID)
    - This affects all sectors of healthcare system – primary care, behavioral health, dental care, specialties

Diversity, Equity, Inclusion

- Many new and established immigrant communities
- Lack of representation among health care providers – people could be better served by those who understand their language and culture
- People becoming more open and appreciative of dialogue around existence and impacts of racism and discrimination
- Need housing supports and social services that reflect economic diversity in the community

Community Connections & Info Sharing

- Hospital is a trusted source of information – what became clear during the pandemic is that there is a need for hospital to funnel information to municipalities for dissemination to community. This will help dispel misinformation
- There may be many community resources – but how do residents know about them?
- Community organizations working in silos – not working with one another

Resources/Assets

- Lots of open space
- Spirit of collaboration
- Strong business community
- Easy access to highways; easy to get around
- Cultural diversity

Focus Groups

- Focus Group Guide
- Focus Group Summary Notes

Beth Israel Lahey Health Community Health Assessment

Focus Group Guide

Opening: Thank you for participating in this discussion on health in your community. I'm going to review some information about the purpose and ground rules for the discussion, then we'll begin.

We want to hear your thoughts about things that impact health in your community. The information we collect will be used by Beth Israel Lahey Health to create a report about community health. We will share the results with the community in the winter and identify ways that we can work together to improve health and wellbeing. This is used to put together a plan that outlines how the Hospital and System will address the priorities in partnership with other community organizations.

We want everyone to have the chance to share their experiences. Please allow those speaking to finish before sharing your own comments. To keep the conversation moving, I may steer the group to specific topics. I may try to involve people who are not speaking up as much to share their opinions, especially if one or more people seem to be dominating the conversation. If I do this, it's to make sure everyone is included. We are here to ask questions, to listen, and to make sure you all have the chance to share your thoughts.

We will keep your identity and what you share private. We would like you all to agree as a group to keep today's talk confidential as well. We will be taking notes during the focus group, but your names will not be linked with your responses. When we report the results of this assessment, no one will be able to know what you have said. We hope you'll feel free to speak openly and honestly.

With your permission, we would like to audio record the focus group to help ensure that we took accurate notes. No one besides the project staff would have access to these recordings, and we would destroy them after the report is written. Does everyone agree with the audio recording?

If all participants agree, you can record the Zoom. If one or more person does not agree or are hesitant, do not record the focus group.

Does anyone have any questions before we begin?

Section One: Community Perceptions

1. To get started, let's talk about what affects our health. When you think about your community, what are some of the things that help you to be healthy?

2. What are some of the things that make it hard for you, and your community members, to be healthy?

3. Based on what you have shared, it sounds like [name 3-4 of the top factors that we brought up] impact health for you. Did I capture that correctly?

   If yes, move on to Section 2.

   If no, ask for clarification on key factors and come to consensus on the 3-4 factors that will shape the rest of the conversation)

   Let's talk more deeply about these concepts.

Section Two: Key Factors

In this section, ask participants to go more in depth about the factors they brought up in the previous section. For example, if they brought up the lack of affordable healthy foods, ask "are healthy foods available to some people, if so who? And why do you think they are not available to everyone?"

For each issue they identified:

- Are these (things that keep you healthy) available to everyone or just a few groups of people?

- Why do you think they (things that make it hard to be healthy) exist? / Why is this a challenge?

Section Three: Ideas and Recommendations

4. **Ideas:** Thinking about the issues we discussed today, what ideas do you have for ways hospitals can work with other groups or services to address these challenges?
    1. Based on what you shared in the beginning about the things that keep you healthy, what of the things you mentioned would you like to see more of?

5. **Priorities**: What do you think should be the top 3 issues that Hospitals and community organizations should focus on to make your community healthier?

LHMC Focus Group Summary: LGBTQIA+ Individuals

Date: 10/27/21	Start Time: 6pm	End time: 7pm
Group Name and Location: Rainbow Commission in Arlington (virtual meeting)		

Section 1: Community Perceptions	
Healthy: To get started, let's talk about what affects our health. When you think about your community, what are some of the things that help you to be healthy?	Provision of care that's responsive and considerate of LGBT community - Mental health important - Support groups that serve as safe spaces - Sexual health important (STI/STD testing) - Receiving appropriate referrals to specialists - Access to overall care, mental health, sexual health care that's affirming - Providers in the community with a baseline training for working with LGBT community and not adhering to status quo behaviors Community support and sense of safety - Support for the LGBT community from community at large - Safer spaces, notably in the workplace where people don't need to hide their identity Healthy Living Access - Exercise opportunities outdoors because of the pandemic - Healthy food options, or options in general at restaurants and other places

Unhealthy: What are some of the things that make it hard for you to be healthy?	COVID-19
	- reduced access to gyms / fitness
	- reduced access to doctor's office, fears of COVID-19 safety
	  - Postponed gender affirmation surgeries caused people to feel less positive about themselves
	  - Appointments resuming lately
	- generally higher levels of anxiety

	- Coupled with anxiety about an anti-LGBT presidency and administration - Less anxiety with a change of presidency - harder to meet others, socialize, more isolation Other Health Factors - Smoking, drug use - Being able to have a balanced died - Lack of sleep and working a lot/multitasking Healthcare-related Factors - Discrimination from providers, fear of rejection from providers - Lack of insurance or insurance coverage
Based on what you have shared, it sounds like [name 3-4 of the top factors that we brought up] impact health for you. Did I capture that correctly? *If yes, move on to Section 2.* *If no, ask for clarification on key factors and come to consensus on the 3-4 factors that will shape the rest of the conversation)* Let's talk more deeply about these concepts.	Top Factors 1. **Affirming care:** Providers that are better trained and equipped to work with LGBTQ+ communities, across care in all areas of health (mental health, sexual health); interactions with the healthcare system 2. **Supports in the community:** Isolation and mental health, active discrimination, US politics and hostility from administration 3. **Health factors**: food, exercise, substance use
<u>Section 2: Exploring Key Factors</u> Social networks/Trust. Racism.	
Is **affirming care, community support, healthy food, opportunities for**	Affirming Care ● Providers not learning or getting trained because the need for LGBTQ+ care isn't clear. Patients not coming out to their providers or being offered a

exercise available to everyone or just a few groups of people?	welcoming space to do so, creating a cycle where providers don't think they need to get trained or knowledgeable about LGBT communities. Assumptions that the LGTB community is small in number ● Providers raising awareness of their biases (cisgender, straight, etc) and just developing the mindset to ask and question status quo ● Creating signs of being welcoming (pronouns listed on name tags, etc) Health factors ● Opportunities for exercise ● Healthy food choices - limited by finances, access to stores or locations, availability at nearby stores
Why do you think they **(things that make it hard to be healthy)** exist? - Why is this a challenge?	● Easier for providers to work off assumptions than to actively learn and understand their biases ● LGBT support and existence is not a norm, but making it more of a status quo is important especially from the general community. Lots of negative viewpoints that requries a paradigm shift ○ Examples: assumptions that people are straight/cisgender doesn't promote inclusion
What are some examples of how these challenges impact someone's health?	● Community not seeking or trusting healthcare services
<u>Section 3: Ideas and Priorities</u>	
Ideas: - Thinking about what we have all talked about, what ideas do you have for ways hospitals can work with other groups or services to address the challenges of your community at this time? - Based on what you shared in the beginning about the things that	Healthcare: ● Frequent trainings for both providers and all other health center employees on the needs of the LGBT community ○ Making these efforts known so people are aware of the steps they are taking towards inclusive care ● Clearly explain and demonstrate anti-discrimination policies and efforts to be fair and nondiscriminatory ● Attention to caring for older LGBT folks ● Creating signs of a welcoming space (pronouns listed on name tags, etc) ● Creating opportunities to identify providers with interests, knowledge of LGBT

keep you healthy, what of the things you mentioned would you like to see more of?	issues ○ Ex. using alwayshealthplan search tool to filter out providers and connect with providers that meet patient preferences and needs. BILH does not have a comparable system for this ○ Doctors that are willing to be out, would allow patients to also connect Potential Partners: ● Fenway Health is a great local resource/model for LGBT care ● Boston Children's has gender identity program for adolescents ● Boston University Anti-Racism lab addresses intersections of race/gender
Priorities: - What do you think should be the top 3 issues service providers should focus on to make your community healthier?	● Difficult to prioritize given interrelatedness of issues, would prefer a holistic approach but if had to choose one area one person noted mental health and the need for more providers ● Focus on where hospital has the most agency and where they can work effectively at a systematic level ● Lobbying for more insurance coverage, for example services for people transitioning
<u>Section 4: Final Remarks & Closing</u>	
Are there other factors that influence your health that we have not discussed tonight that you feel are important?	● Support for nontraditional family structures ● Supporting families with children who are nonconforming or gender expansive ○ Allows parents environment to speak with providers about how to better support their children with gender and sexuality ○ Transform the health center to be a place where you can listen and be supported

LHMC Focus Group Summary: Danvers Youth

Date: 11/23/21	Start Time: 2:00pm	End time: 3:30pm
Group Name and Location: Danvers Cares – HS Student Group		

Turn on the audio recorder if ALL have consented.

Section 1: Community Perceptions	
Healthy: To get started, let's talk about what affects our health. When you think about your community, what are some of the things that help you to be healthy?	• Physical health • Good health system, lots of doctors, access to health care is very strong • Athletic activities • Lots of extracurricular opportunities • Access to healthy food - farm town, plenty of places available
Unhealthy: What are some of the things that make it hard for you to be healthy?	• Financial insecurity – Leads to unhealthy food, poor access to health care, housing challenges • No health insurance • MH challenges • Isolation, lack of social interaction • Social media, too much screen time, bullying • Shortage of MH therapists • School pressure / too much work / Life Balance • Race, social justice, and Equity • Bullying in school • Lack of accountability for bullying, racism, homophobia, bad behavior

<table>
<tr><td>Based on what you have shared, it sounds like [name 3-4 of the top factors that we brought up] impact health for you. Did I capture that correctly?

If yes, move on to Section 2.

If no, ask for clarification on key factors and come to consensus on the 3-4 factors that will shape the rest of the conversation)

Let’s talk more deeply about these concepts.</td><td>Top Factors
1. MH problems and limited access to services
2. Racism, social justice, and equity
3. Academic pressures / school-Life-social balance
4. Bullying in school
5. Substance use (Vaping especially)</td></tr>
<tr><td colspan="2"><u>Section 2: Exploring Key Factors</u>
In this section, ask participants to go more in depth about the factors they brought up in the previous section.</td></tr>
<tr><td>Are these (things that keep you healthy) available to everyone or just a few groups of people?</td><td></td></tr>
<tr><td>Why do you think they (things that make it hard to be healthy) exist?
- Why is this a challenge?</td><td></td></tr>
<tr><td>What are some examples of how these challenges impact someone's health?</td><td>MH problems and limited access to services
• Mental health problems a major problem in youth
○ Depression and anxiety
▪ “More kids absolutely hate school than like it.” Leads to depression
○ Stress
○ Grief
○ Not feeling understood</td></tr>
</table>

	○ Peer pressure/bullying ○ Racism and discrimination ○ Not feeling well supported ○ Social media - Danvers specific pages. Hateful and spiteful. Spread horrible rumors, all made up - Input on a google form ○ COVID has been really hard. Isolation, Zoom classes ○ Now with being in school have to wear masks all day. Attendance is low. Lots of depression anxiety, acting as if everything is back to normal but the academic pressures are intensve, lots of people failed classes, seniors are having to do their applications…many colleges acting as if nothing has changed since pre-COVID. “It’s awful and really stressful”. ○ "Unable to motivate yourself to do schoolwork. It’s very difficult for some reason.” ○ “Needing to Relearning and getting back into the habits.” ○ “We were always on our phones and social media. So hard to focus on anything that isn’t a screen.” ○ School - did not do a really good job. Perception that teachers didn’t care. • Major shortages and/or lack of access to therapists and MH services ○ “Social workers are available - but really hard to get therapy ○ Poor communication about what is available and how to access it ▪ “We have good mental health services - but communication/awareness of services is bad” ○ Very limited sense of privacy, which is a problem for those who don’t want their parents to know ▪ “The fact that teachers are mandatory reporters is a problem, it prevents people from wanting to open up and share what is going on.” ○ “OK if you have a broken arm or need an ice pack, but MH services are not available.” ○ Middle School “nightmare” for mental health services.

	- General feeling was that students were not looking for ”full therapy” in school but someone to talk to and help them to talk things through, help them to cope and perhaps recommend or link them to therapy outside of school. - School should be the first “layer of support” and then go to more support in the community. - needed the personal connection...I couldn’t do it last year -- don’t know family situation - COVID “Exacerbated” problem. Isolation and quarantine had a major impact **Racism, social justice, and equity** - Racism and discrimination is a HUGE problem. So much racist and discriminatory talk, especially among some kids. It’s really hurtful and painful. - Jokes and other language re: racist, sexuality, trans -- etc. - If someone popular says it, they won’t lose any friends. - Don’t get in trouble. - Tremendous issue with the language - anything that’s offensive or edgy -- cool to say -- not ok! - Lack of diversity at school among teachers and admin staff - Lack of attention to stopping students from doing it. No accountability. Kids just get away with it. “When students reach out about it, they won’t talk about it -- they don’t care. They just let it happen “Some kids got in trouble for defending people against discrimination. “yelled at for speaking about it” - Perception that teachers don’t care and aren’t “brave enough” to say something to students” “Hear at least 2 racist jokes a day” “Teachers are afraid of backlash” - Lots of issues in “real time” at school and its even work online - Sexual harassment happens a lot at school

	• Hockey players were the victims
	• Helpful to have groups like this to be able to talk about things -- we've been hearing disgusting things for so long, we're desensitized.
	
	Academic pressures / school-Life-social balance
	• Lots of pressure to succeed and do well and it's just really hard and many people at school and at home/parents do not understand or just want everything to be back to normal
	• Need more emphasis on learning, less on grades
	• Lack of appreciation for how hard it is for some kids.
	• Need to adapt school to different learning styles
	  ○ I do better writing stuff down -- being on a screen in school stresses me out.
	• It's hitting us all like a truck -- we are expected to go to college in 5 months
	• Self-worth and success is all based off of your grades. There is more to life than school and getting good grades
	• Hard for those who struggle with mental illness to attend school. Not fair to those struggling
	• Need flexibility, approach and balance between school, home, extracurricular and social life
	• Lots of emphasis is place on presentations and for many it's really hard to speak publicly
	  ○ insensitive to make people do it; punishment; inconsiderate to make them;
	• School too intensive about absences
	  ○ Mad at you for chronic absences. "Need to ask us WHY we are absent or late"? "Understand us, please!"
	  ○ Horrible that they go to parents first instead of kids -- BAD
	
	• Social media a problem
	  ○ It was easier to exist with no social media - you should be as ok as they were when they were younger. We shouldn't have all these issues.

	• Need more understanding and support from parents
	  ○ "Parents should see the 'realness' of our generation."
	  ○ "My mom doesn't believe in mental illness "
	• "Parents only see their own generation.
	
	Bullying in school
	• Lots of horrible language
	• Social media is a problem
	• No one is held accountable
	• (SEE ABOVE RE: RACE DISCUSSION)
	
	Substance Use - Vaping and Disciplinary
	• Vaping a problem
	• Other drugs are issues
	• Disciplinary system is ridiculous You get suspended and then you just stay alone at home, where you have more access to drugs.
	• PASS program…"you just hang out there" "so fun -- sat there and did nothing for 3 days"

<u>Section 3: Ideas and Priorities</u>	

Ideas:
- Thinking about what we have all talked about, what ideas do you have for ways hospitals can work with other groups or services to address the challenges of your community at this time?
- Based on what you shared in the beginning about the things that keep you healthy, what of the
	• ***Mental health***
	  ○ More education and awareness re: problem, destigmatize it, talk about it
	  ○ More education and workshops for parents
	  ○ More education, workshops, and training for teachers
	  ○ Increase access to treatment and counseling in school and outside of school
	  ○ More resources to let people know what to do and what services are available in school and in community
	  ○ Support navigating the system
	
	• ***Race, social justice and equity***
	  ○ *Need more diversity at school, people of color, gay/trans, etc.*
	  ○ *Need for opportunities to talk about what happened at the school with the*

things you mentioned would you like to see more of?	*"hockey team"* ○ More education and workshops for parents ○ More education, workshops, and training for teachers ○ Some administrators and teachers are trying but there needs to be more effort, more accountability, and more talking and processing ○ Stop this "Let's move on" dialogue. Need to talk, process, and learn from the past ○ Need to express that "we're not going to tolerate the bad behavior and horrible language anymore" ○ Great an anonymous reporting system – message box or google form ○ Develop real repercussions for those who go against the rules. ○ Higher expectations and hold people accountable • ***Substance Use - Vaping and Disciplinary*** ○ Need better, different disciplinary system. PASS program not working **Bullying in school** • Better rules and more accountability to following them • Education re: screen time and its impacts • Teachers need to be trained on how to intervene and hold students accountable for bad behavior
Priorities: - What do you think should be the top 3 issues service providers should focus on to make your community healthier?	● More discussion of issues of race and discrimination ● More awareness and understanding of mental health challenges in youth, academic pressure and need for life balance ● More MH services at school and in community ● Hold teachers and staff and students accountable for bad behavior
<u>Section 4: Final Remarks & Closing</u>	
Are there other factors that influence your health that we have not discussed tonight that you feel are important?	***None***

LHMC Focus Group Summary: Individuals who speak Portuguese
11/10 Igreja Comunidade de Cristo

Health	
What does being healthy mean to you? • What does it look like? • What does it feel like?	- being at peace - good family - experiencing love from another - healthy body, emotional, soul and mind - freedom to live the way you want to - free access to places - mental health - live and make choices - being able to receive care from those you love and love you - good mind - body free of pain - no depression
Healthy Factors	
What are some of the things that help you stay healthy? • Are there things in your community that help you stay healthy?	Similar to above.
Are the things that help you stay healthy available to everyone or just a few groups of people?	***N/A***
Of the things that you've named as helping to keep you healthy, which would you like to see more of?	***N/A***
Based on what you have shared, it sounds like [name 3-4 of the top factors that we brought up] impact health for you. Did I capture that correctly?	Top Factors 1. Educating community members by providing resources to community organizations, like churches, to do the education. Not holding events/programs in the hospital itself. Less likely for people to go. 2. More compassionate and caring mental health providers

	3. Insurance limitations
<u>Unhealthy Factors</u>	

What are some of the things that make it hard for you to be healthy?	- lack of specialty services
	- lack of compassionate care
	- language barrier
	- mental health is not well defined in the healthcare system
	- lack of holistic and comprehensive care
	- stress management
	  - people don't know they need help and when they do, they don't know where to go
	  - immigrants come to this country with a goal but they don't realize how the everyday tasks they do impacts their health in a negative way

Do these things (that make it hard for you to be healthy) affect everyone or just a few groups of people?	***N/A***
Why do you think the things that make it hard for you to be healthy exist?	***N/A***
<u>Section 3: Ideas and Priorities</u>	

Thinking about all that we have talked about, what ideas do you have for ways that hospitals can work with other groups to help make your community healthier?	1. Funding for churches to host educational programs.
	  a. For example, educating the community on what to look for when you're not doing well.
	  b. Educating the community on how to talk to your provider and how to advocate for yourself in the healthcare system.
	2. Information sharing initiative.
	  a. For example,concise educational campaigns on stress management in appropriate languages.

	b. resources, like pamphlets, available to the community c. A “Know Your Rights” campaign for immigrants 3. More psychiatrists and psychologists 4. Educating medical providers on how to be more compassionate a. For example, many educators in the public school system are being trained on how to interact with community members from different cultures. The healthcare system can learn from this model. 5. Education programs that encourage and support diverse youth to go into the medical field 6. More comprehensive and holistic mental health treatment 7. Address insurance issues. a. long waitlist for immigrants who have a certain insurance. 8. Create programs to support immigrant or first generation teenagers who are living in between cultures 9. Specific program for men who may have a different way of communicating and thinking through health issues
What do you think should be the top 3 issues that health service providers should focus on to make your community healthier?	1. Funding community organizations to educate community members 2. Launch educational campaigns 3. Educating medical providers on how to be compassionate
<u>Section 4: Final Remarks & Closing</u>	
Are there any other ideas you wanted to share before we leave today?	***N/A***

LHMC Focus Group Summary: South East Asian Youth

Date: 11/16/21	Start Time: 6pm	End time: 7pm
Group Name and Location: Saheli Youth Group		

Section 1: Community Perceptions	
Healthy: To get started, let's talk about what affects our health. When you think about your community, what are some of the things that help you to be healthy?	• Community support • Exercise and Good food • Strong Health system
Unhealthy: What are some of the things that make it hard for you to be healthy?	● Academic stress ● Mental health ● Stereotypes about Asian women ● Body image issues ● Financial stress for some families
Based on what you have shared, it sounds like [name 3-4 of the top factors that we brought up] impact health for you. Did I capture that correctly? *If yes, move on to Section 2.* *If no, ask for clarification on key factors and come to consensus on the 3-4 factors that will shape the rest of the conversation)*	Top Factors 1. Academic pressure, 2. Mental health stressors 3. Intergenerational and cultural conflict 4. Body image and self-esteem

Let's talk more deeply about these concepts.	
<u>Section 2: Exploring Key Factors</u> *In this section, ask participants to go more in depth about the factors they brought up in the previous section.*	
Are these **(things that keep you healthy)** available to everyone or just a few groups of people?	• Issues affect all Asian youth • Lots of discrimination and unhealthy stereotypes towards Asians and in particular Asian youthy
Why do you think they **(things that make it hard to be healthy)** exist? - Why is this a challenge?	***Not discussed***
What are some examples of how these challenges impact someone's health?	**Academic pressure** ● Too much pressure is placed on people of Asian dissent to succeed academically ● Pressure comes from parents, grandparents, and society ● Expected to become doctors and other professions held in high regard ● Leads to a lot of stress, anxiety, depression ● No life balance, too much work, not enough social or other extracurricular activities **Mental health stressors** ● Academic pressures ● Narrow vision of what success means ● No life balance ● Family pressure / intergenerational pressure ● Fighting against cultural norms ● Body image **Intergenerational and cultural conflict** ● Major challenge in youth

	● Fighting against stereotypes, particularly academic focus and expectations that they will excel at school ● Very narrow sense of success **Body image and self-esteem** ● Too much focus on being skinny, "classically" beautiful ● Leads to poor self-esteem, unhealthy eating ● Bullying and peer pressure
<u>Section 3: Ideas and Priorities</u>	
Ideas: - Thinking about what we have all talked about, what ideas do you have for ways hospitals can work with other groups or services to address the challenges of your community at this time? - Based on what you shared in the beginning about the things that keep you healthy, what of the things you mentioned would you like to see more of?	● More education and awareness around stereotypes and discrimination ● Need to develop healthier more well-rounded expectations and ideas about Asian culture and youth with respect to academics ● Need more education and communication campaigns about body image and what beauty and health means ● Interventions focused on reducing academic stress that include school teachers, administrators, and parents and other relatives
Priorities: - What do you think should be the top 3 issues service providers should focus on to make your community healthier?	● Academic pressure, ● Mental health stressors ● Intergenerational and cultural conflict
<u>Section 4: Final Remarks & Closing</u>	

Are there other factors that influence your health that we have not discussed tonight that you feel are important?	***None***

Community Listening Sessions

- Presentation from Facilitation Training for community partners
- Facilitation guide for listening sessions
- Listening Session presentation
- Priority vote results and notes from February 9, 2022 listening session
- Priority vote results and notes from February 16, 2022 listening session

John Snow Research and Training Institute, Inc.

Beth Israel Lahey Health

FACILITATION TRAINING

Best Practices on Inclusive Facilitation

October 07, 2021
Virtual Room

AGENDA

- What is facilitation?
- Inclusive facilitation
- Creating inclusive space
- Characteristics of a good facilitator
- Let's practice!

WHAT IS FACILITATION?

Facilitation is a dance, an artform.

INCLUSIVE FACILITATION

inclusive means including everyone

Provide space and identify ways participants can engage at the start of the meeting

Depending on the size of the group, ask participants to share their name, pronouns, and in one word describe how they're feeling today.

Dedicate time for personal reflection

Normalize silence. It’s okay if folks are quiet, don’t interpret as non-participation. Encourage people to take the time to reflect on the information presented to them.

Establish community agreements

Create common ground. This helps with addressing power dynamics that may be present in the space.

CREATING INCLUSIVE SPACE

move at the speed of trust

Identify ways to make people feel welcomed

We shouldn't assume everyone feels comfortable enabling their video. Make this an option as opposed to a request.

Design for different learning and processing styles

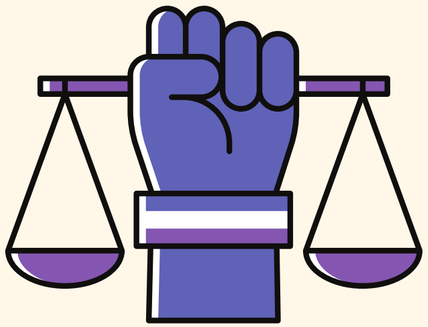
Support visual learners with a slideshow or other images. Real-time note-taking or tools that allow people to see how information is being processed and documented help each person stay engaged in the conversation.

Consider accessibility

Some folks may join through the dial in number, so consider walking through your agenda as if you were only on the phone. Consider language interpretation and closed captioning services.

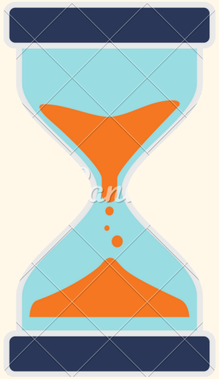
CHARACTERISTICS OF A GOOD FACILITATOR

Impartial



Active listener

Authentic



Patient

Enthusiastic

LET'S CONSIDER THE FOLLOWING

1

A participant seems to dominate the conversation.

2

A participant has a lot of experience in the topic but is too shy to share them in a group setting.

3

A participant is talking about something not related to the topic of discussion.

THANK YOU FOR YOUR PARTICIPATION!

Beth Israel Lahey Health

Feel free to send in any questions to **corina_pinto@jsi.com.**

BILH Community Listening Session: Breakout Discussion Guide

Session name, date, time: [Filled in by notetaker]
Community Facilitator: [Filled in by notetaker]
Notetaker: [Filled in by notetaker]

Mentimeter link:
Jamboard link:

Ground rules and introductions (5 minutes)

Facilitator: "Thank you for joining the Community Listening Session today. We will be in this small breakout group for approximately 45 minutes. Let's start with brief introductions and some ground rules for our time together. I will call on each of you. If you're comfortable, please share your name, your community, and one word to describe how you're feeling today. If you don't want to share, just say pass. I'll start. I'm ____ from ____ and today I'm feeling _____."
(Facilitator calls on each participant)

"Thanks for sharing. I'd like to start with some ground rules to be sure we get the most out of our discussion today:

- Make space and take space. We ask that you try to speak and listen in equal measure
- Be open to learning about experiences that don't match with your own
- What is said here stays here; what is learned here leaves here. [Notetaker's name] will be taking notes during our conversation today, but will not be marking down who says what. None of the information you share will be linked back to you specifically.

Are there other ground rules people would like to add for our discussion today?"

Question 1 (5 minutes)

Facilitator: What is your reaction to data and preliminary priorities we saw today?

- *Probe: Did anything from the presentation surprise you, or did this confirm what you already know?*
- *Probe: What stood out to you the most?*

Notes:

Question 2 (15 minutes)

Part 1: 10 minutes

Notetaker: *List preliminary priority areas from presentation in the Zoom chat.*

Facilitator: "We're going to move on to Question 2. Our notetaker has listed the preliminary priority areas from the presentation in our Zoom chat. Looking at this list – are there any priority areas that you think are missing?"

Notes on missing priority areas:

[After 5 minutes, the Meeting Host will pop into your Breakout Room to collect any additional priority areas.]

Part 2: 5 minutes

[Meeting host will send Broadcast message when it's time to move on to Part 2]

Facilitator: "We want to know what priority areas are most important to you. Right now, our notetaker is going to put a link into the Zoom chat. (Notetaker copies & pastes Mentimeter link: <<**https://www.menti.com/yqztahwt4c**>>. When you see that link, please click on it.

"Within this poll, we want you to choose the 4 priority areas that are most concerning to you. The order in which you choose is not important. We'll give you a few minutes to make your selections.

"If you're unable to access the poll, go ahead and put your top 4 priority areas into the chat, or you can say them out loud and we can cast your vote for you.

After a few minutes, the poll results will be screen shared to our group."

[Meeting Host will pop in to your room to ensure all votes have been cast. After confirmation, Meeting Host will broadcast poll results to all Breakout Groups]

Facilitator: "It looks like (A, B, C, D) are the top four priority areas for this session. Our Notetaker will type these into the Chat box so we can reference them during our next activity."

Question 3 (25 minutes)

Facilitator: "Next, we'd like to discuss how issues within these priority areas might be addressed. We know that no single entity can address all of these priorities, and that it usually takes many organizations and individuals working together. For each priority area we want to know about existing resources and assets – what's already working? – and gaps and barriers – what is most needed to be able to successfully address these issues."

Let's start with [Priority Area 1].

- What resources and assets exist to address this issue?
- What are the gaps and barriers within this priority area?

Let's move on to [Priority Area 2].

- What resources and assets exist to address this issue?
- What are the gaps and barriers within this priority area?

Let's move on to [Priority Area 3].

- What resources and assets exist to address this issue?
- What are the gaps and barriers within this priority area?

Let's move on to [Priority Area 4].

- What resources and assets exist to address this issue?
- What are the gaps and barriers within this priority area?"

Notetakers will be taking notes within Jamboard.

[Meeting Host will send a broadcast message when there are 2 minutes left in the Breakout Session]

Wrap Up (1 minute)

Facilitator: "I want to thank you all for sharing your experiences, perspectives, and knowledge. In a minute we're going to be moved back into the Main Zoom room to hear about some of the things discussed in the groups today, and to talk about the next steps in the Needs Assessment process. Is there anything else people would like to share before we're moved out of the breakout room?"

Notes:

LAHEY HOSPITAL & MEDICAL CENTER COMMUNITY LISTENING SESSION

February 9, 2022
February 16, 2022

Beth Israel Lahey Health

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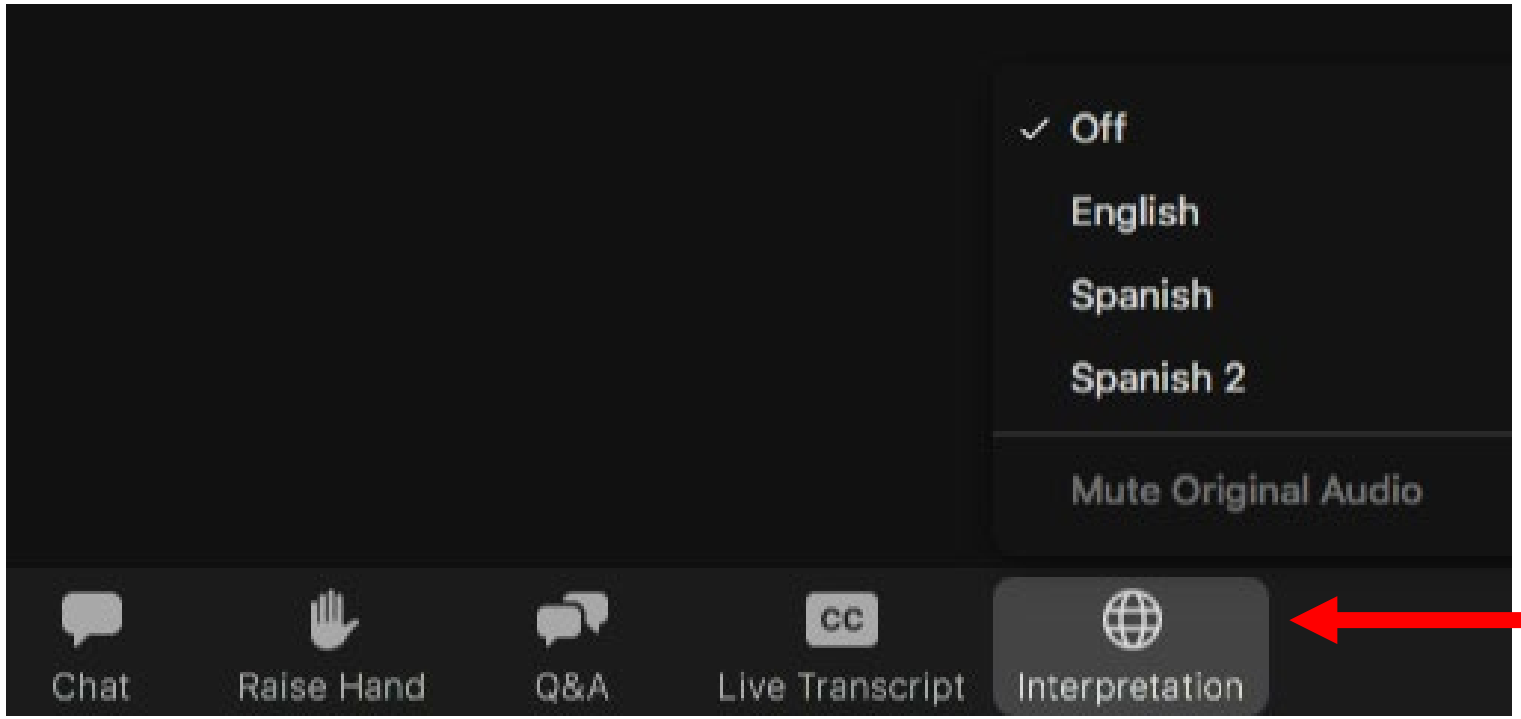

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LHMC Community Listening Session

Acknowledgements

LHMC Community Listening Session

Agenda

Time	Activity	Speaker/Facilitator
8:30-8:35	Opening remarks	JSI
8:35-8:40	Overview of assessment purpose, process, and guiding principles	Michelle Snyder, Regional Manager of Community Benefits/Community Relations, LHMC
8:40-8:50	Presentation of preliminary themes and data findings	JSI
8:50-9:55	Breakout Groups	Community Facilitators
9:55-10:00	Wrap up: Closing statements and next steps	Michelle Snyder

Assessment Purpose and Process

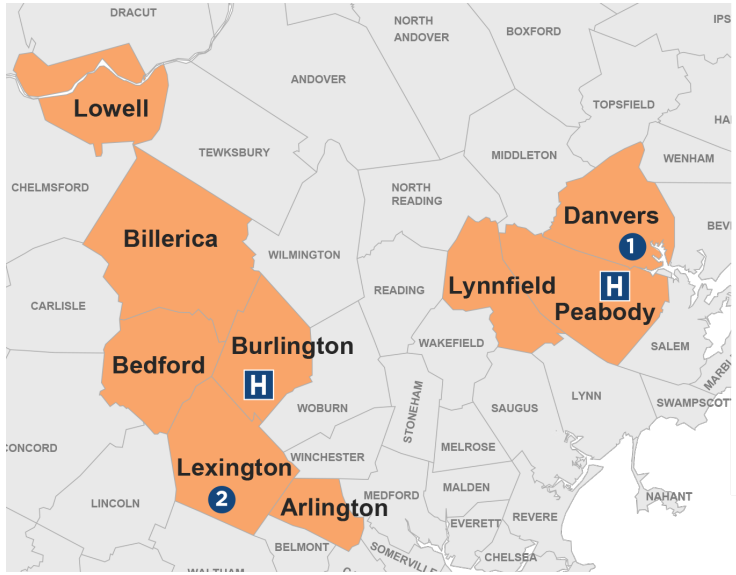
Assessment Purpose and Process

Purpose

Identify and prioritize the health-related and social needs of those living in the service area with an emphasis on diverse populations and those experiencing inequities.

- A **Community Health Needs Assessment (CHNA)** identifies key health needs and issues through data collection and analysis.
- An **Implementation Strategy** is a plan to address public health problems collaboratively with municipalities, organizations, and residents.

All non-profit hospitals are required to conduct a CHNA and develop an Implementation Strategy every 3 years



Beth Israel Lahey Health
Lahey Hospital & Medical Center

Community Benefits Service Area

- H Lahey Hospital and Medical Center
- H Lahey Medical Center-Peabody
- 1 Lahey Hospital and Medical Center-Outpatient Rehabilitation Services at Danvers
- 2 Lahey Outpatient Center-Lexington MRI Suite

Assessment Purpose and Process

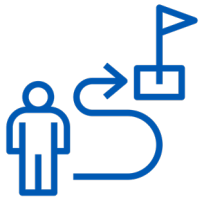
FY22 CHNA and Implementation Strategy Guiding Principles

Equity: Work toward the systemic, fair and just treatment of all people; engage cohorts most impacted by COVID-19

Collaboration: Leverage resources to achieve greater impact by working with community residents and organizations

Engagement: Intentionally outreach to and interact with hardly reached populations; including but not limited to people impacted by trauma, people with disabilities, communities most impacted by inequities, and others

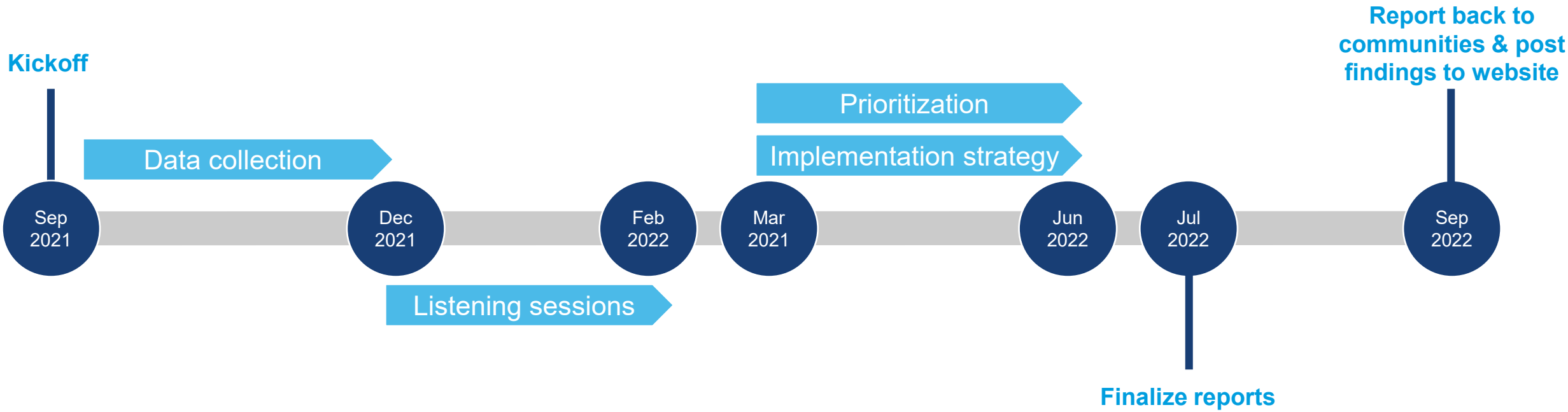
Capacity Building: Build community cohesion and capacity by co-leading Community Listening sessions and training community residents on facilitation



Intentionality: Be deliberate in our engagement and our request and use of data and information; be purposeful and work collaboratively to identify and leverage resources for maximum benefit

Assessment Purpose and Process

FY22 CHNA and Implementation Strategy Process

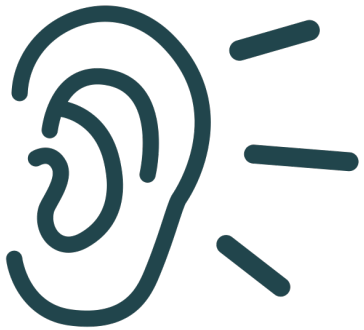


Assessment Purpose and Process

Meeting goals

Goals:

- Conduct listening sessions that are ***interactive, inclusive, participatory and reflective of the populations*** served by LHMC
- Present data for prioritization
- Identify opportunities for ***community-driven/led solutions and collaboration***



We want to hear from you.
Please speak up, raise your hand, or use the chat when we get to Breakout Sessions

Key Themes & Data Findings

CHNA Progress
Activities to date

Collection of secondary data, e.g.:

- ✓ Massachusetts Department of Public Health
- ✓ Center for Health Information and Analytics (CHIA)
- ✓ County Health Rankings
- ✓ Behavioral Risk Factor Surveillance Survey
- ✓ Youth Risk Behavior Survey
- ✓ US Census Bureau

20 **Key Informant Interviews**

950 **BILH Community Health Survey Respondents**

4 **Focus Groups**

-LGBTQIA+

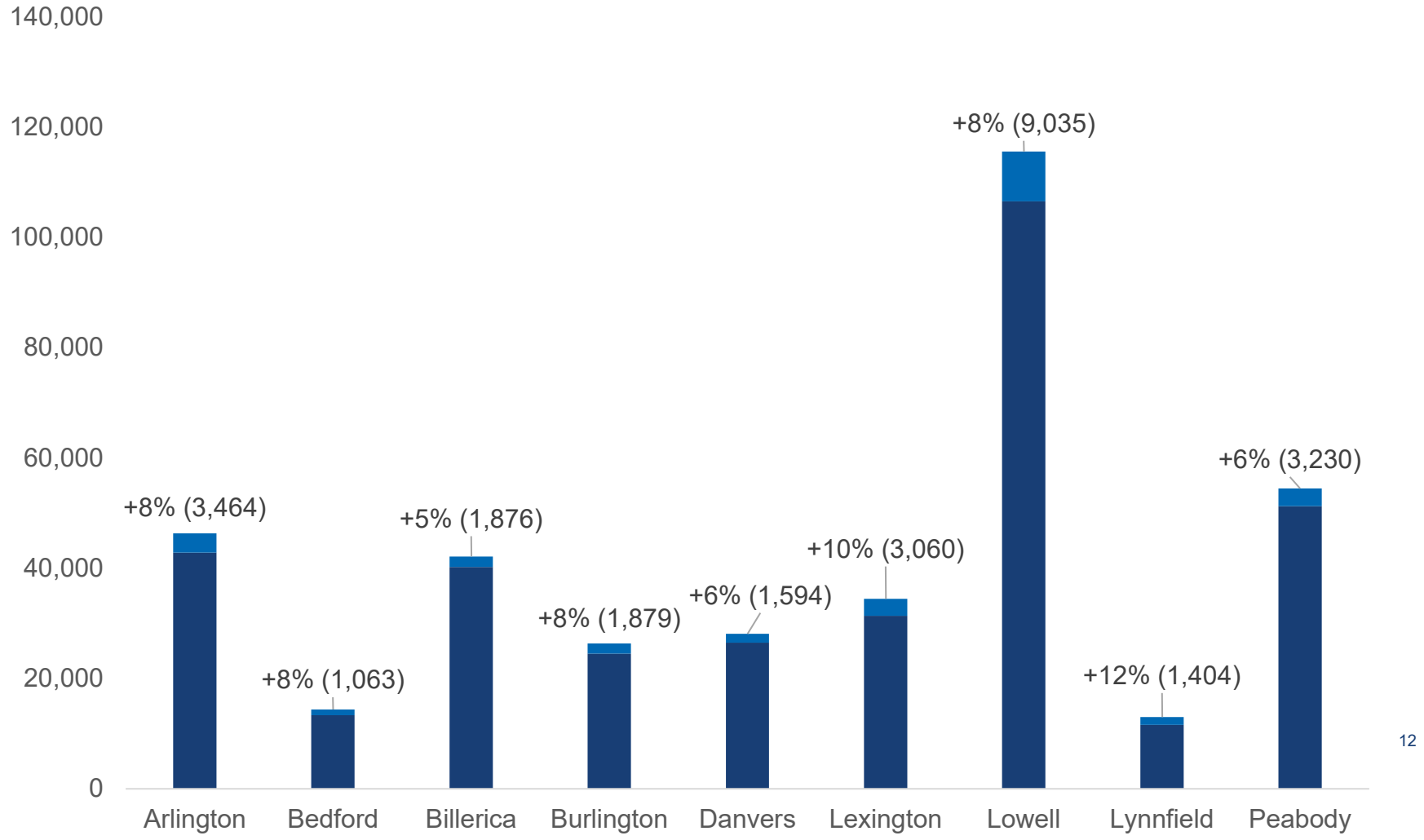
-South East Asian Youth

-Residents who speak Portuguese

-DanversCARES

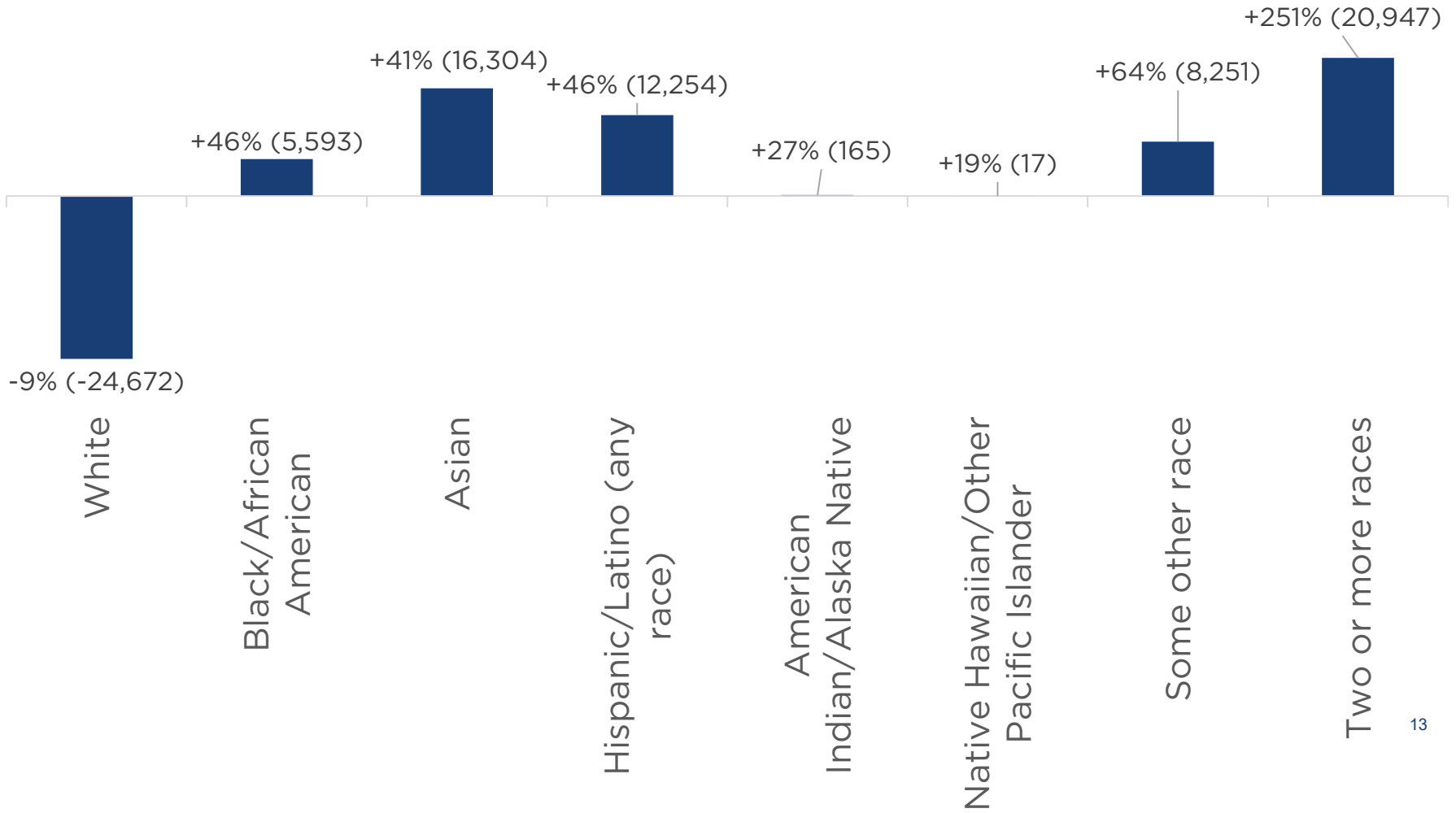
CHNA Progress

Population Change in Community Benefits Service Area 2010-2020



CHNA Progress

Race/Ethnicity Population Change in Community Benefits Service Area, 2010-2020

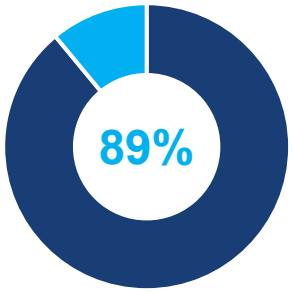


CHNA Progress
Service Area Strengths

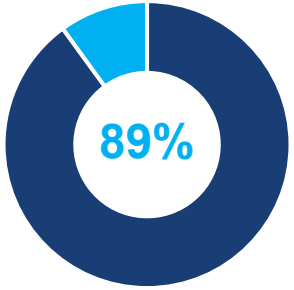
FROM INTERVIEWS & FOCUS GROUPS:

- Significant diversity between service area communities, in terms of income, race, ethnicity, education, language
- Engaged, civic-minded communities

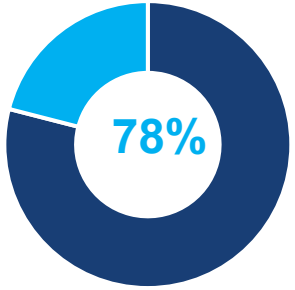
FROM LHMC COMMUNITY HEALTH SURVEY:



said they were **satisfied with the quality of life** in their community



said the community has **good access to resources**



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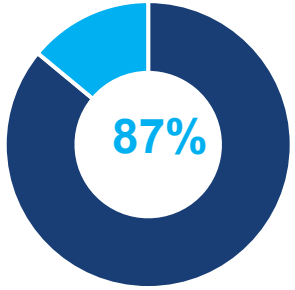


said the community is a **good place to raise kids**

CHNA Progress
Key themes

- Mental health
- Social determinants of health
- Access to care
- Diversity, equity, inclusion
- Community connections and information sharing

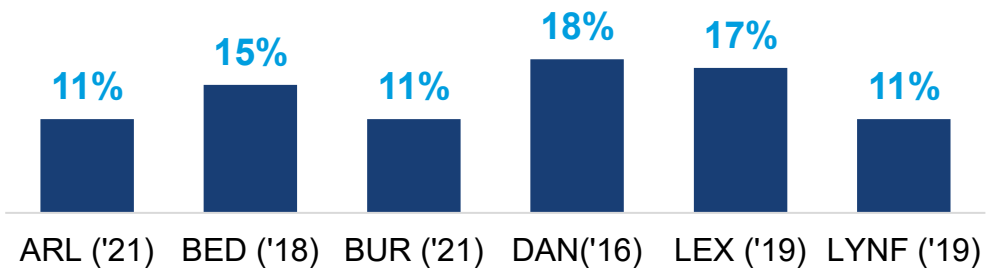
CHNA Progress
Key Themes: Mental Health (Youth)

Significant prevalence of stress, anxiety, depression, behavioral issues

- Exacerbated by Covid

Difficulty finding providers with availability, and affording care (most providers don't take insurance)

Percentage High Schoolers Reporting Suicidal Ideation



Data Source: Youth Behavior Survey. Data not available in all CBSA communities

"There are no providers taking on patients. I've been trying for over a year to find mental health help and therapy for my child, and I cannot. I also cannot find a PCP for myself. No one is taking new patients!"

– LHMC Community Health Survey respondent

CHNA Progress
Key Themes: Mental Health (Adult)

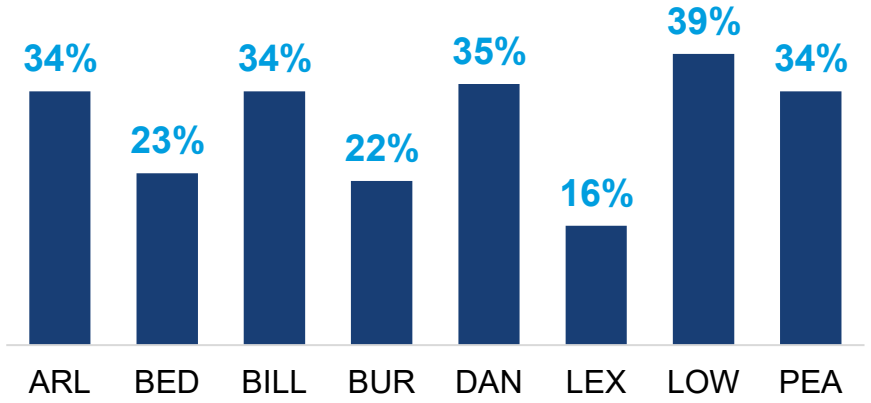
Mental health issues exacerbated by COVID – anxiety, stress, depression, isolation

15% of LHMC Community Health Survey respondents reported that, within the past year, they needed mental health care but were not able to access it. Many cited lack of providers taking new patients, long wait times, and lack of insurance coverage as barriers

"Mental health care is virtually impossible to navigate. Even with high-cost insurance, I cannot afford to better my own health while raising children. The system is set up so you pay a hefty premium and provided the minimum. I do not quality for Mass health or any other local services that help alleviate the financial burden."

– LHMC Community Health Survey Respondents

Percentage* with 15 or more poor mental health days in the past month (Fall 2020)



Data source: COVID-19 Community Impact Survey, MDPH

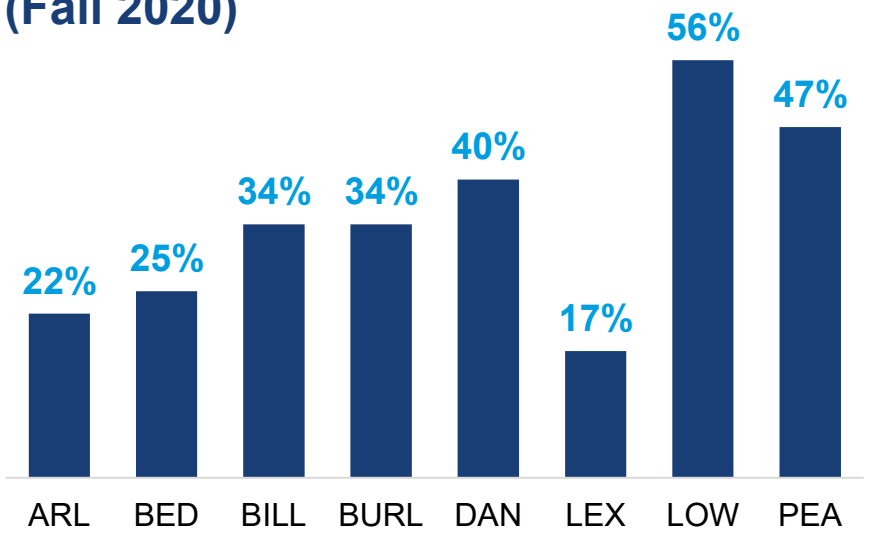
**Unweighted percentages displayed*

CHNA Progress
Key Themes: Social Determinants of Health

Primary concerns:

- Lack of affordable housing
- Economic insecurity/high cost of living
- Affordability/availability of childcare
- Food insecurity

Percentage* worried about paying for one or more type of expense/bills in the coming weeks (Fall 2020)



When asked what they'd like to improve in their community, **40%** of LHMC Community Health Survey respondents reported

"more affordable housing"
(#1 response)

"I have a couple of residents who were on track and looking to buy a house, but they've lost their job within the past couple of months to layoffs." ***– Key informant***

Beth Israel Lahey Health

Data source: COVID-19 Community Impact Survey, MDPH
**Unweighted percentages displayed*

CHNA Progress
Key Themes: Access to Care

Difficulty accessing care because of:

- Long wait times
- Lack of providers
- Cost/insurance barriers
- Language and cultural barriers

Difficulties navigating and understanding healthcare system and insurance

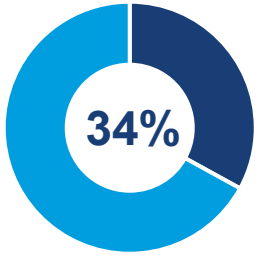
"[The healthcare system] doesn't have enough providers. They (community members) need multi-lingual providers and those can be difficult to find. So there are definitely gaps."

-Focus group participant

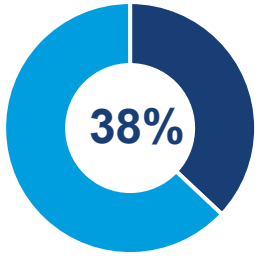
CHNA Progress
Key Themes: Diversity, Equity, and Inclusion

- Many new and established immigrant populations in several CBSA communities
- Despite increasing diversity in service area, there is a lack of representation among health care providers
- Need housing support and social services that reflect the economic diversity in the community

AMONG LHMC COMMUNITY HEALTH SURVEY RESPONDENTS:



34% agreed that the built, economic, and educational environments in the community are impacted by systemic racism



38% agreed that the community is impacted by individual racism

CHNA Progress
Key Themes: Community Connections & Information Sharing

- Municipalities looking to the Hospital as a trusted resource for health information and guidance, especially to dispel misinformation
- Difficult for community members to know what resources are available and how to access them
- Community organizations working in silos

Breakout Sessions

Reconvene

Wrap-up
LHMC Community Benefits

Michelle Snyder
Regional Manager, Community Benefits & Community Relations
Lahey Hospital & Medical Center
781-744-7907
Michelle.Snyder@bilh.org

Community Health & Community Benefits Information on website:
https://www.lahey.org/lhmc/lahey-promise/in-the-community/community-benefits-program/

Community Benefits Annual Meeting in June (More info TBD)

Thank you!

LHMC Community Benefits Advisory Committee Update

Michelle Snyder
Community Benefits Regional Manager

June 16th, 2022

Beth Israel Lahey Health

Updated Data-Engagement

Beth Israel Lahey Health

- Interviews increased by 1 (from 19 to 20)
- Focus groups increased by 1 (from 3 to 4)
- Survey response increased by 158 (from 792 to 950)

Updated Data-Survey

Beth Israel Lahey Health

- Population increases are the same; 8% increase overall, increase among all populations except white, where there was a decrease
- Percent that said community had good access to resources decreased 1% (from 90 to 89%)
- Percent that said community is a good place to grow old decreased 1% (from 79 to 78%)
- Percent that said community is a good place to raise kids increased 1% (from 86 to 87%)
- Percent that said they weren't able to access needed mental health services increased 1% from 14 to 15%
- Housing still #1 most-wanted improvement (40%)
- Percent that said community is impacted by systemic racism increased 1% from 33 to 34%
- Percent that said community is impacted by individual racism increased 1% from 37 to 38%

Next Steps

Beth Israel Lahey Health

- Annual Meeting 1:00 PM Tuesday, June 21st
- Thank you!!

Beth Israel Lahey Health

Appendix

CHNA Progress
Activities to date

Collection of secondary data,

e.g.:

- ✓ Massachusetts Department of Public Health
- ✓ Center for Health Information and Analytics (CHIA)
- ✓ County Health Rankings
- ✓ Behavioral Risk Factor Surveillance Survey
- ✓ Youth Risk Behavior Survey
- ✓ US Census Bureau

20 **Key Informant Interviews**

950 **Respondents**

4 **Focus Groups**

-LGBTQIA+

-South East Asian Youth

-Portuguese speaking community at Igreja Comunidade de Cristo

-Students with DanversCARES

CHNA Progress
BILH Community Health Survey Demographics

950 respondents

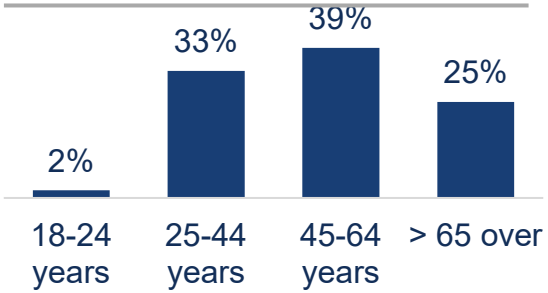
85% stated English is the primary language spoken in their home

80% of the respondents are women

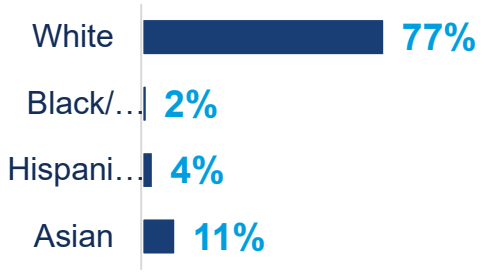
10% identify as having a disability

4% identified as lesbian, gay, or bisexual

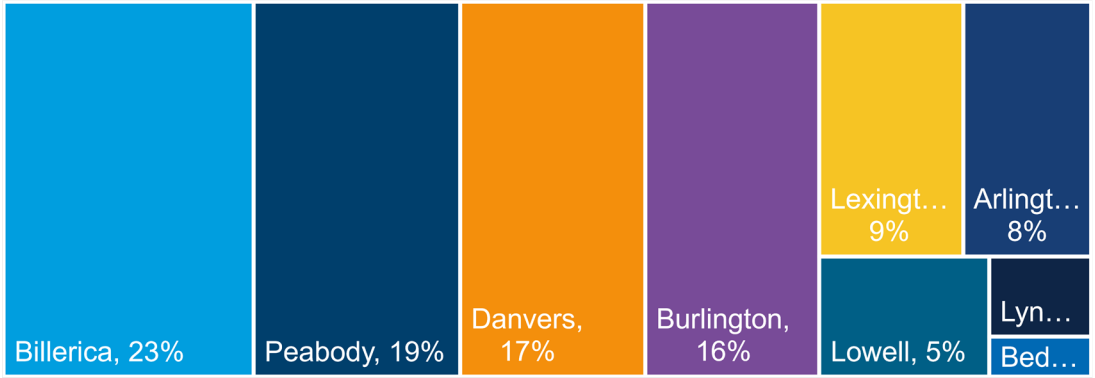
Age



Race/Ethnicity



Location



8% (74) surveys were completed in non-English languages

CHNA Progress

Key Informant Interviews & Focus Groups

Arlington:
Municipal leaders
Rainbow Commission

Bedford:
Municipal leaders

Billerica:
Municipal leaders
Disabilities Commission

Burlington:
Municipal leaders
Public Schools

Danvers:
Municipal leaders

Lexington:
Municipal leaders

Lowell:
Lowell CHC
Mill City Grows
Housing Authority
Greater Lowell Charitable Foundation*

Lynnfield:
Municipal leaders
Healthy Lynnfield
Public Schools*

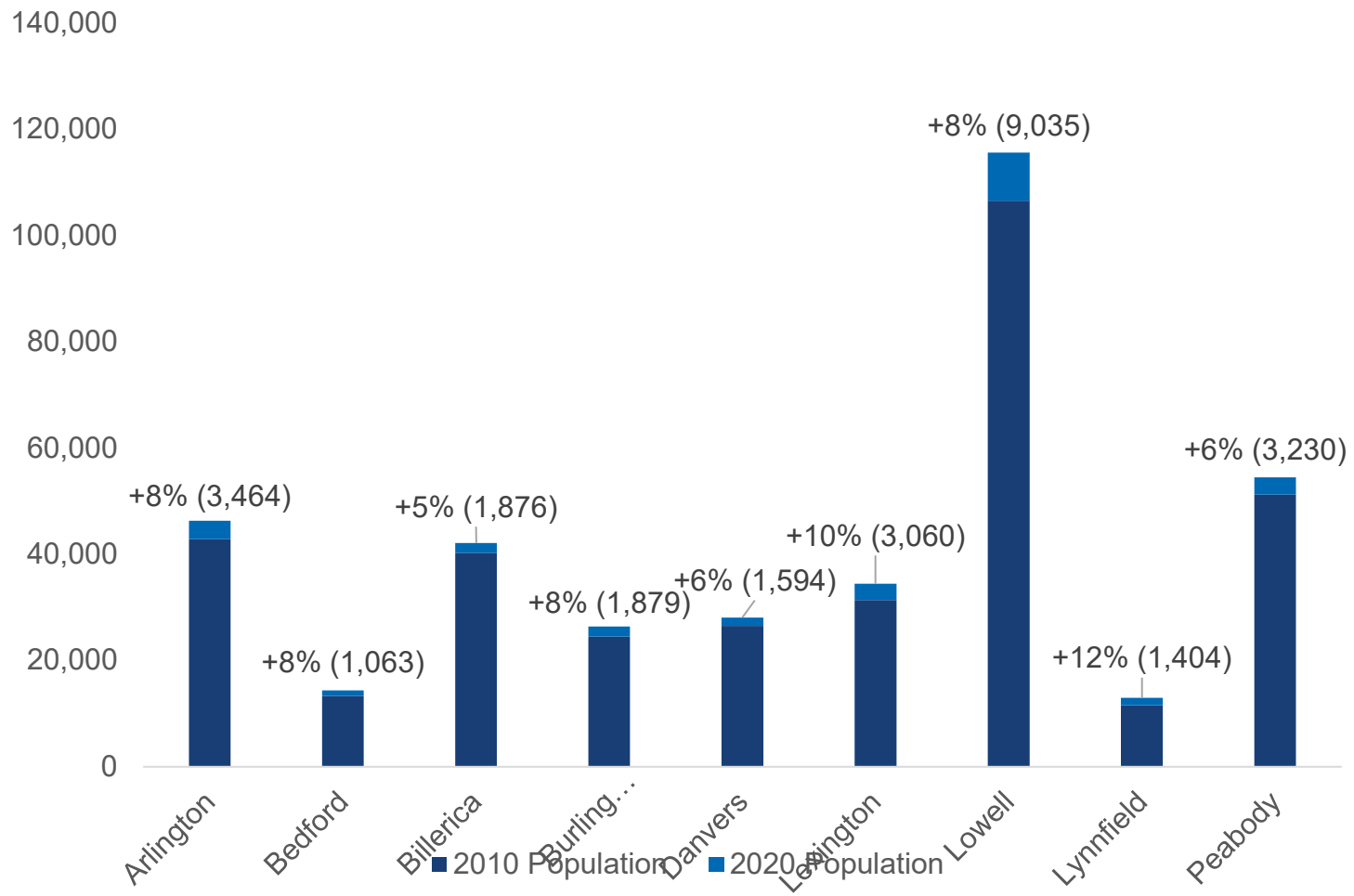
Peabody:
Municipal leaders

Regional:
Domestic Violence Services Network
Citizen Inn
St. John's Church
Place of Promise
Saheli
Igreja Comunidade de Cristo

*to be completed

CHNA Progress

Population Change in Community Benefits Service Area 2010-2020



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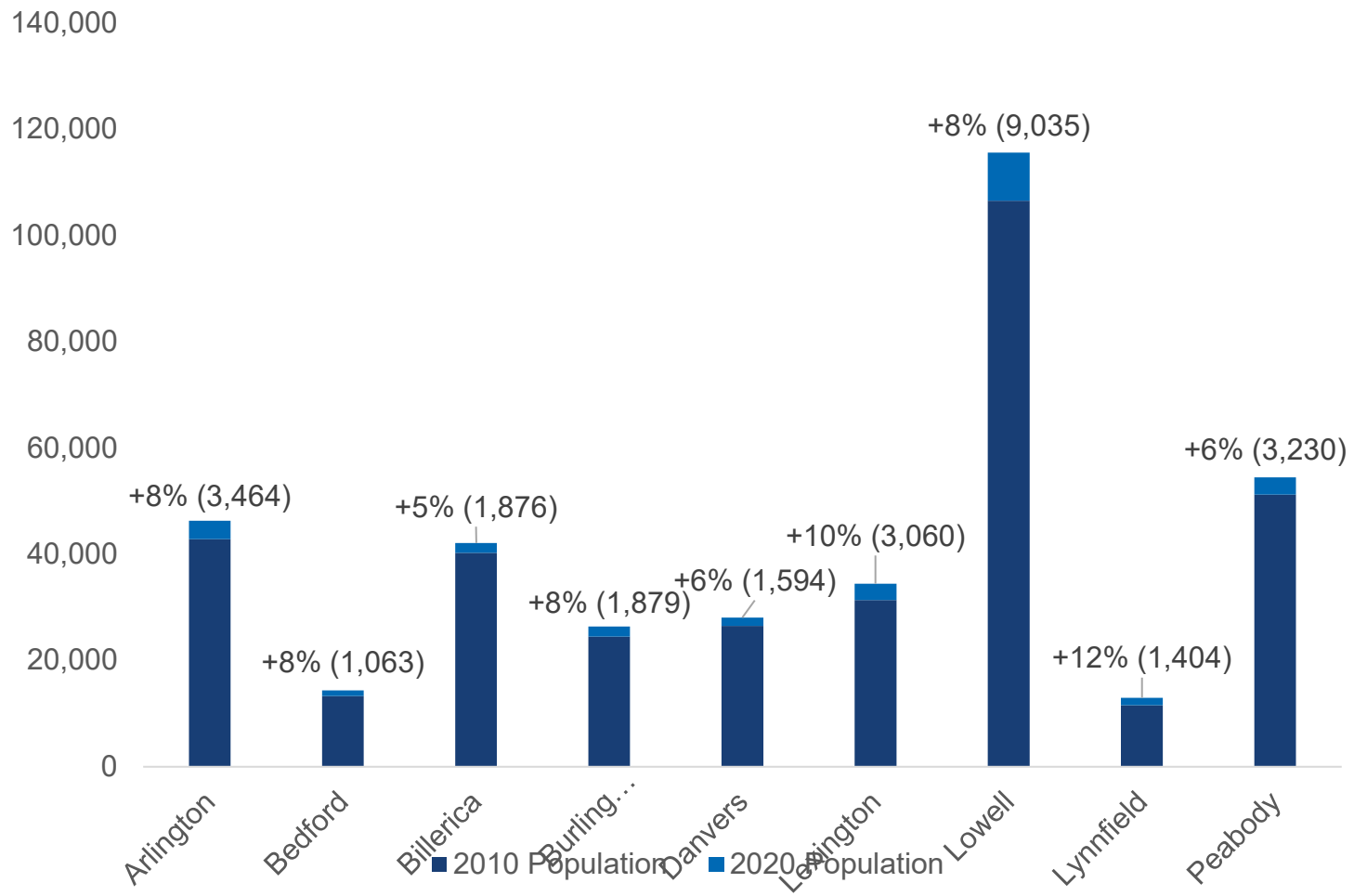
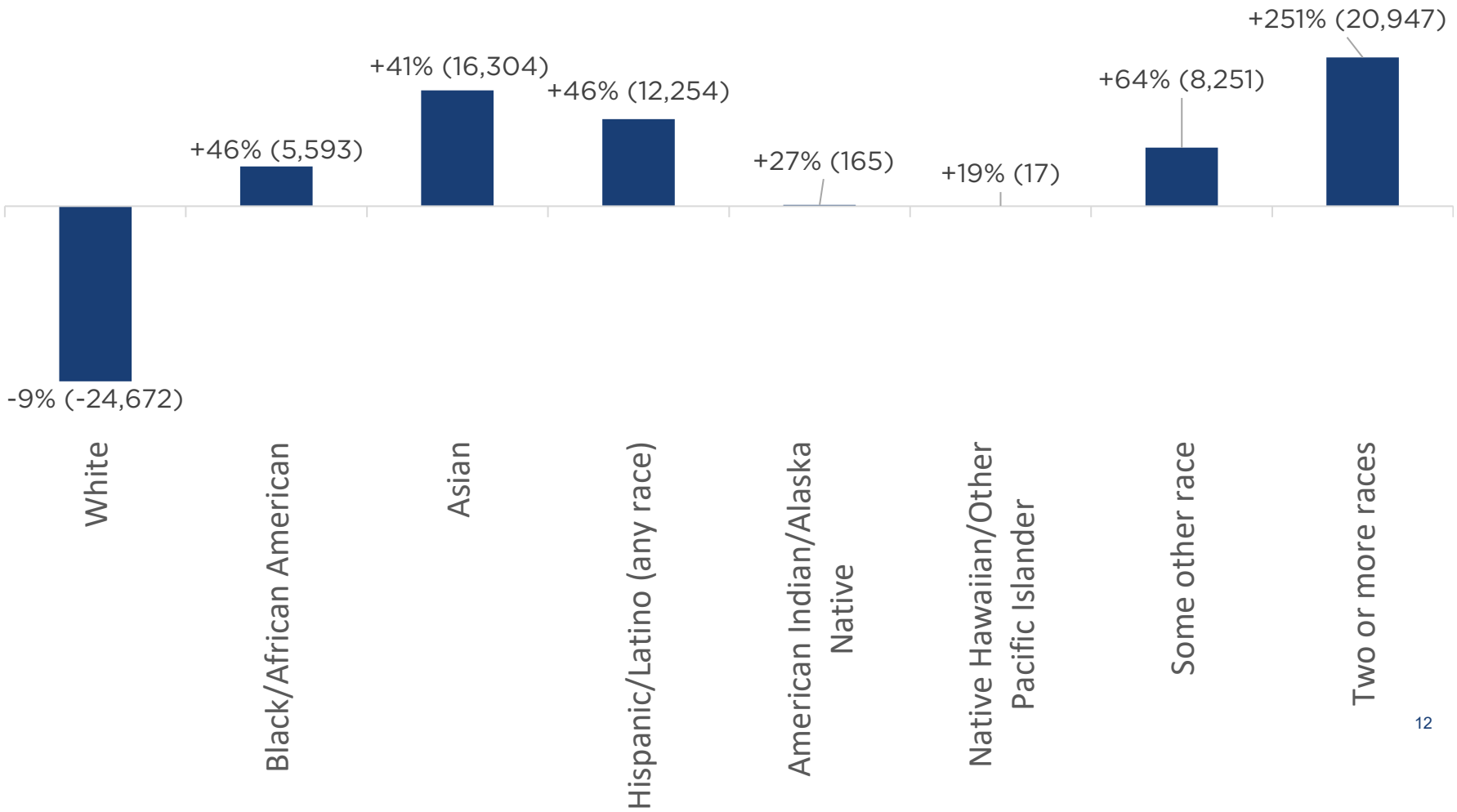


CHNA Progress

Race/Ethnicity Population Change in Community Benefits Service Area, 2010-2020

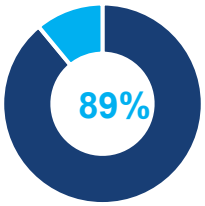


CHNA Progress
Service Area Strengths

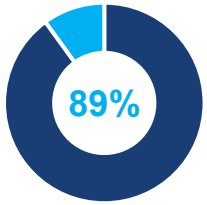
FROM INTERVIEWS & FOCUS GROUPS:

- Significant diversity between CBSA communities, in terms of income, race, ethnicity, education, language
- Engaged, civic-minded communities

FROM LHMC COMMUNITY HEALTH SURVEY:



said they were **satisfied with the quality of life** in their community



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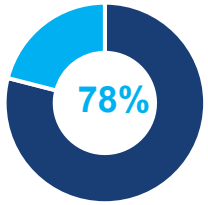

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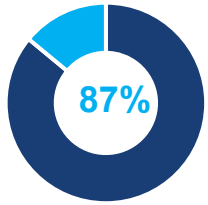

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CHNA Progress
Preliminary Themes: Mental Health (Youth)

- ✓ **Significant prevalence of stress, anxiety, depression, behavioral issues**
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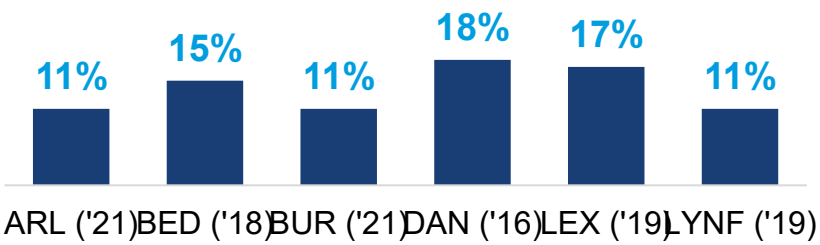
- ✓ **Difficulty finding providers with availability, and affording care (most providers don't take insurance)**

Percentage High Schoolers Reporting Suicidal Ideation



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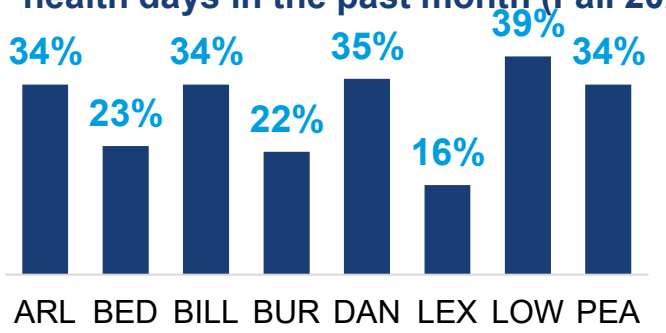

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CHNA Progress
Preliminary Themes: Social Determinants of Health

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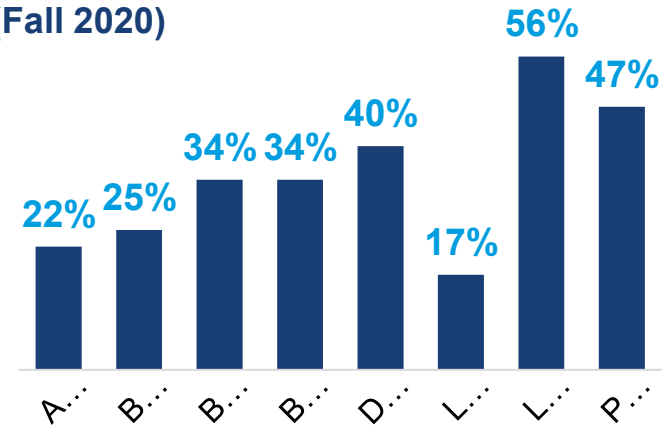

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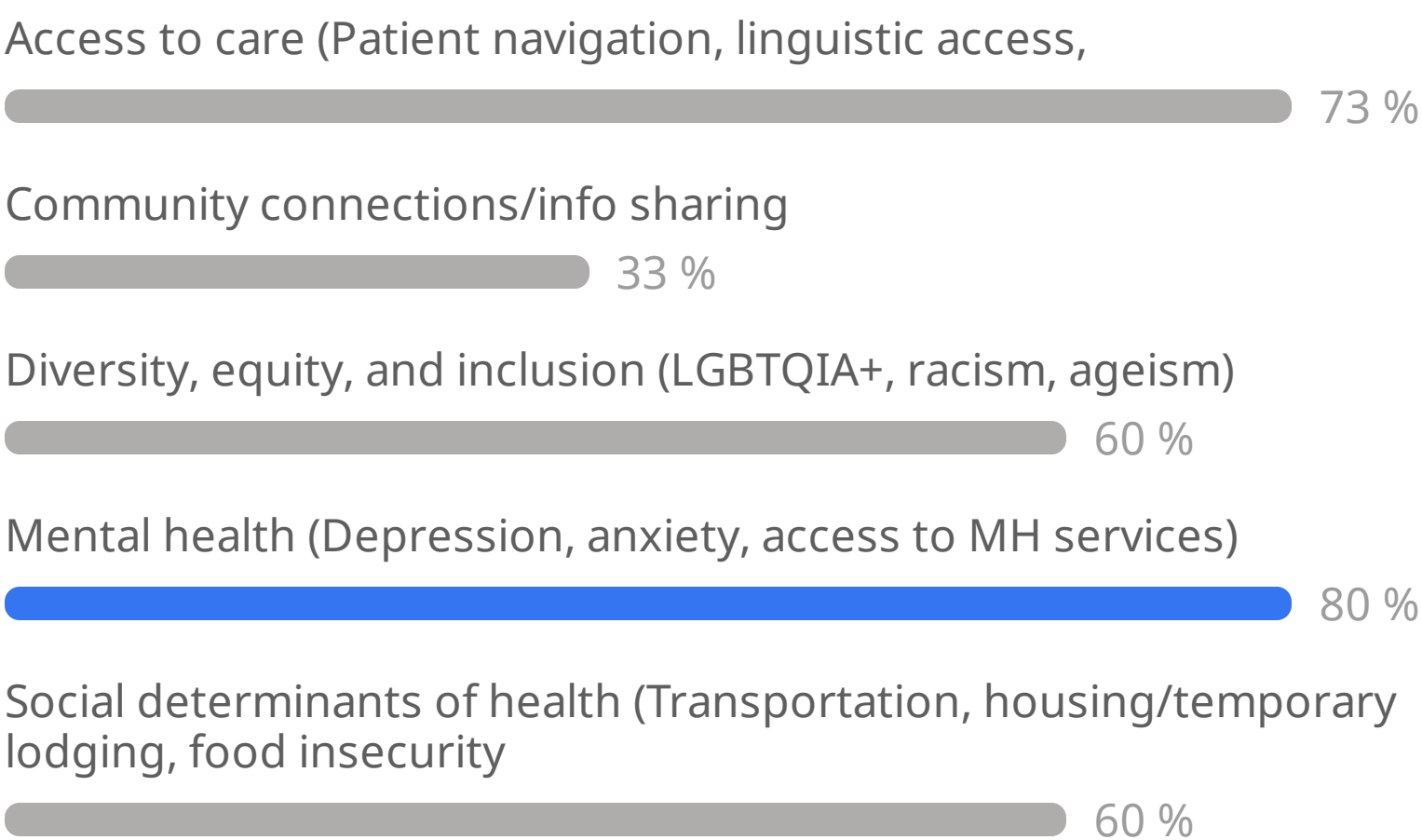
"I have a couple of residents who were on track and looking to buy a house, but they've lost their job within the past couple of months to layoffs." ***– Key informant***

February 9, 2022 Listening Session Priority Vote Results

(LHMC 2-9) Choose the 4 priority areas that are most important to you.

0 1 5

(1/2)



(LHMC 2-9) Choose the 4 priority areas that are most important to you.

0 1 5

(2/2)

Elder health (Home health care, ageism, transportation,

47 %

Chronic disease (Diabetes, heart disease, cancer)

47 %

February 9, 2022 Listening Session Notes

Priority Area 1: Mental Health

Resources/Assets

- Significant focus on MH nationally.
- burlington has advocates
- Lahey is an asset
- 
- mobile crisis intervention
- Beginning to embed MH staff in other units, such as PD.
- youth and family services department
- School health workers are getting trained in MH issues.
- mental health services for cancer patients
- chat and crisis lines: Samaritans and Samara-teens
- In Arlington, in the beginning of pandemic, residents given access to Interface by William James College

Gaps/Barriers

- Lack of mental health clinicians
- Need MH materials in different languages.
- Linguistic access is lacking. +1
- Access to health insurance that supports MH treatment. +1
- stigma in the community
- Great need for practitioners who understand different cultures, including LGBTQIA+ issues. I end up educating my practitioner.
- lack of resources for individuals that are homebound
- Pandemic has exacerbated all MH needs.
- lack of mental health providers
- lack of education in the community re: mental health
- telehealth is incredibly hard to navigate
- 

Priority Area 2: Access to care

Resources/Assets

Community orgs could be more a part of the team, this would improve transitions between stages of care, parts of caret, etc. Need someone who can navigate from community lens.

Track phones for patients

Mass Mobility

Sanborn Foundation provided transportation to cancer patients

Gaps/Barriers

lack of transportation services

Specific to Burlington: Had to go for emergency treatment. Went to urgent care thinking that I would get faster treatment, but I had to wait for a long time. Going to the ER is expensive.

Need a centralized resource info source.

need for more medical escorts

language barriers

high cost of medication

lack of primary care providers

lack of transportation

Important info not shared, i.e., that BILH only refers to four treatment centers for certain conditions.

Priority Area 3: Diversity, Equity, Inclusion

Resources/Assets

Network for Social Justice and other orgs are doing work to recognize unconscious bias, etc. These models can be leveraged. But has to become part of org culture, can't be one and done.

Lahey invites community members to lead initiatives, participate in panels, etc.

covid vax equity program in lowell health center

rainbow commission in arlington

towns should come together to "regionalize" language access services

arlington LGBTQ+ elders group

Schools have diversity groups

Lowell has a DEI committee

lexington started a diversity task force

Gaps/Barriers

Housekeeper, a minority, was told to be quiet, was ignored and put into a back room.

Hospitals will call her in (she is a LGBTQIA+ expert) for a training, but she doesn't see things changing. Need policies to change.

Workforces not only need to be diversified, diverse staff need to be respected and valued.

gap in data

Hard to tell which practitioners are safe to go to for particular groups (e.g., trans people).

language barrier, no access to a language line in arlington

Priority Area 4: Social determinants

Resources/Assets

Lahey has worked with CBOs to create affordable housing

food pantries

Collaborated with police department to organize food pantry stocked by local farmers

CBO's are such a critical resource. There is a rich history of orgs that understand SDOH.

arlington eats market

SNAP in Arlington

Farmers Markets co-sponsored by Lahey

Gaps/Barriers

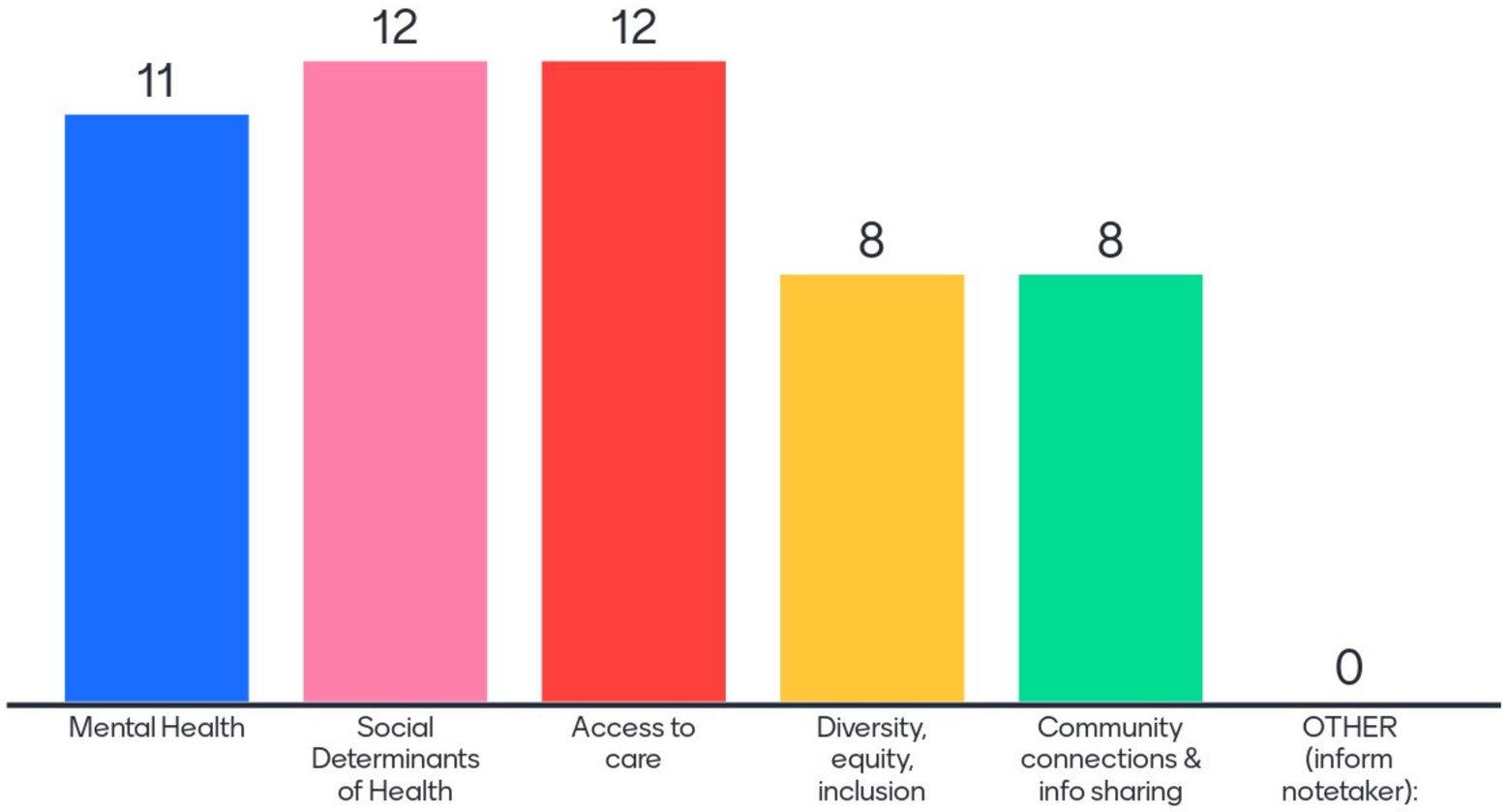
Make a greater effort to identify and support agencies that do direct work with the community

Hospitals don't need to recreate the wheel; partner with community based orgs instead.

Choose your top 4 priority areas.

Mentimeter

February 16, 2022 Listening Session Priority Vote Results



February 16, 2022 Listening Session Notes

Priority Area 1: Mental Health

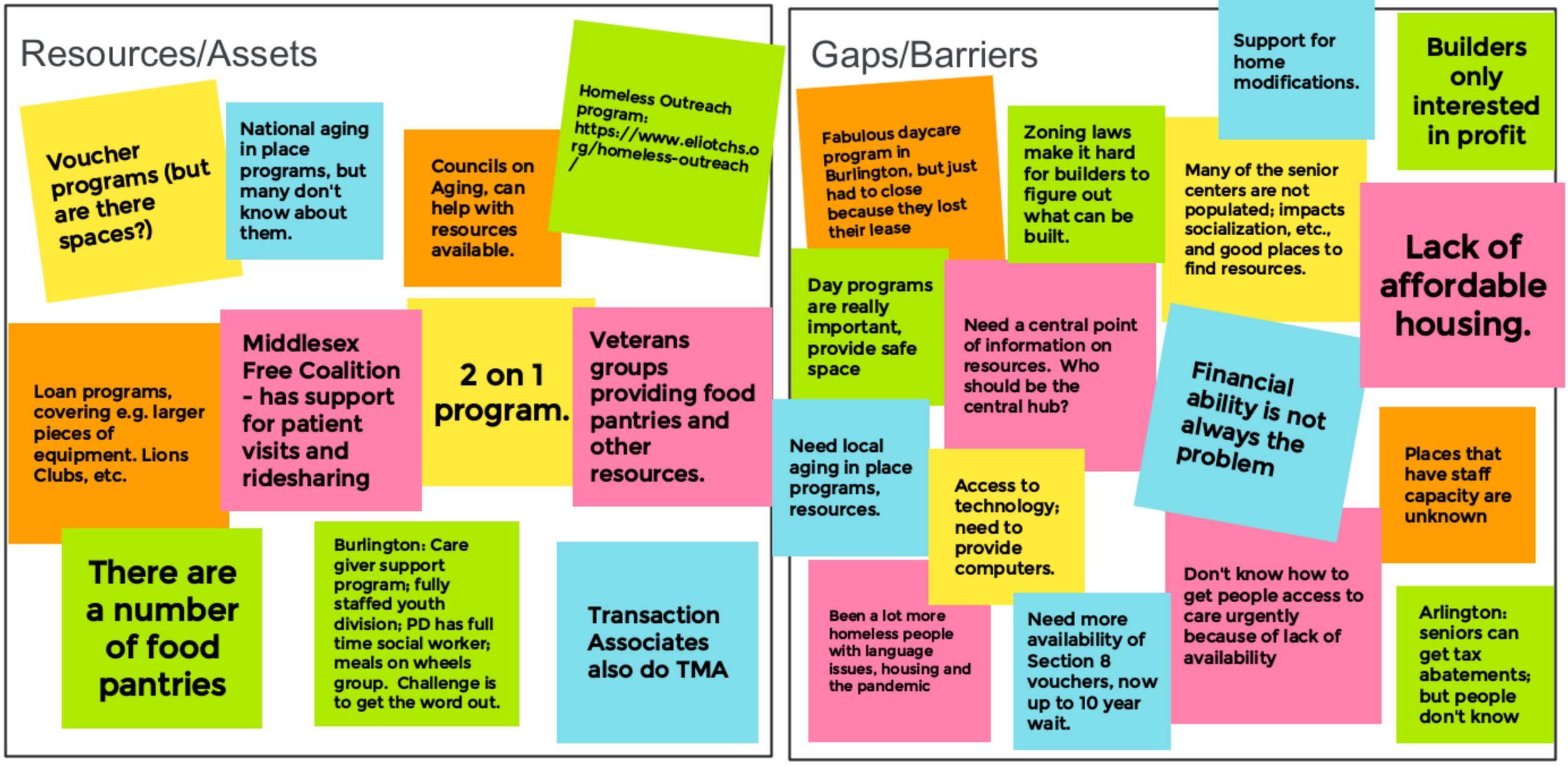
Resources/Assets

- Couple of online resources to help find therapists, regardless of insurance. National Association of Social Workers, Interfaith (run by a college). But are these local enough?
- Youth and Family Services Dept in Burlington and offer clinical services, hopeful for expansion
- School systems are contracting for more guidance counselors and providers in Burlington
- Harbor Counseling has expanded to all insurance instead of just MassHealth
- Therapeutic mentorship available for youth and families in crisis
- Community library has opened up an elder session, Memory Cafe.
- Contracting with Elliot to get connected with long term care

Gaps/Barriers

- Hard to find providers
- Shortage of PCP's especially to take new patients
- Lowell - serious homeless problem due to MH issues
- How to get the information.
- Lowell General is largest HC provider and does not have enough beds or clinicians for MH services
- Access to MH - need to know more about what kind of needs (new needs or existing)?
- Almost impossible to find a MH bed. A state problem?
- Insurance issues
- Usually a wait for providers at Lahey.
- Very few medicare providers who provide MH services.
- Fair number of people who have trouble getting out of their house. An aging in place issue.

Priority Area 2: Social Determinants of Health



Priority Area 3: Access to Care

Resources/Assets

SHINE counselors can help with health insurance info and resources.

Telehealth can do much, convenient, accessible. Hope it doesn't go away after pandemic.

Telehealth has improved care

Lahey moving location to parking accessible site.

Bringing resource to the people, e.g., podiatrists coming to seniors.

COA offers transport solutions to seniors; also have a ride share program (Burlington)

Mass Health insurance

Urgent cares that have popped up have relieved physicians and ER rooms

Transportation: Lexington goes through Burlington and helps people to get to care

Gaps/Barriers

Hard to get customer services on the phone for benefits and services

Transportation

Shortage of home visiting programs.

Lack of primary care providers

Wait lists, language barriers.

Lexington transportation ride service - catalytic converters were stolen

People/elderly who are computer illiterate cannot access care easily

Child care costs, esp in diverse and/or poorer areas.

Amount of paperwork to access care is beyond what people can handle.

Enrichment programs are important.

Not having translation/interpreter services

Priority Area 4: Diversity, Equity, Inclusion

Resources/Assets

Hired a DE officer at town level and at the school level (HS and middle school) to support schools.

Good leader at the Burlington Coalition (Martha Duffield)

Burlington Equity Coalition is very active and brings organizations together at the town level

Gaps/Barriers

Orgs work in silos and need to share info and resources

H1B visas for professionals outside of US have been halted, limiting diverse candidates

Priority Area 5: Community Connections/Info Sharing

Resources/Assets

- Middlesex Community College - the pipeline for information on health services is connected to the health system
- A group of outreach workers that meet regularly.
- The MA Behavioral Health Access - Community Service Agencies put out service availability lists
- Burlington: A once a month resource sharing meeting.
- Social media can be helpful, some towns are utilizing.
- Television stations can get out info (but for cable only good if community uses it)
- Robocalls to check in with people and follow up to make sure they are seen/heard
- Interpretation asserts--such as phones.
- HUD grant to help keep youth out of homelessness by connecting care providers
- Police and fire count bilingual ability as an asset among candidates.

Gaps/Barriers

- Not using newspapers. Plus language barrier.
- Massachusetts Behavioral Health Access: https://www.mabhaccess.com/Home.aspx
- Don't know how to access care. Need to call Department of Transitional Assistance for help for homeless shelter and to help clear debt. Communication is poor.
- Transportation is still a problem, expensive and not enough. +1

Appendix B:
Data Book

Secondary Data

Key

Significantly low compared to the Commonwealth based on margin of error

Significantly high compared to the Commonwealth overall based on margin of error

				Community Benefits Service Area									
	MA	Essex County	Middlesex County	Arlington	Bedford	Billerica	Burlington	Danvers	Lexington	Lowell	Lynnfield	Peabody	Source
Demographics													
Population													US Census Bureau, American Community Survey 2016-2020
Total Population	6,873,003	787,038	1,605,899	45,379	14,136	43,274	28,077	27,549	33,304	111,311	12,968	53,004	
Male	48.5%	48.2%	49.0%	46.8%	49.0%	50.5%	48.5%	46.7%	48.9%	49.4%	46.2%	46.9%	
Female	51.5%	51.8%	51.0%	53.2%	51.0%	49.5%	51.5%	53.3%	51.1%	50.6%	53.8%	53.1%	
Age Distribution													US Census Bureau, American Community Survey 2016-2020
Under 5 years (%)	5.2%	5.6%	5.3%	6.5%	3.7%	4.6%	4.5%	5.1%	3.8%	6.1%	7.0%	6.2%	
5 to 9 years	5.3%	5.5%	5.4%	5.4%	6.7%	4.5%	7.1%	4.9%	6.3%	5.8%	9.6%	4.0%	
10 to 14 years	5.7%	6.3%	5.6%	5.9%	8.2%	5.6%	4.4%	4.4%	10.3%	6.1%	7.4%	4.8%	
15 to 19 years	6.6%	6.5%	6.3%	5.0%	7.8%	6.0%	4.2%	6.2%	8.2%	6.9%	5.3%	5.4%	
20 to 24 years	7.1%	6.5%	7.0%	3.9%	4.3%	6.0%	5.0%	6.9%	3.2%	9.9%	5.3%	6.4%	
25 to 34 years	14.3%	12.4%	15.5%	15.7%	10.7%	15.0%	12.0%	13.0%	3.8%	17.0%	8.9%	11.7%	
35 to 44 years	12.2%	12.0%	13.2%	15.0%	13.5%	12.7%	13.0%	10.0%	11.6%	13.0%	12.3%	10.0%	
45 to 54 years	13.3%	13.8%	13.4%	13.5%	14.7%	15.9%	13.6%	13.3%	19.8%	11.8%	15.4%	13.6%	
55 to 59 years	7.1%	7.7%	7.0%	6.3%	7.9%	7.8%	7.2%	8.3%	7.5%	6.2%	7.3%	8.9%	
60 to 64 years	6.5%	6.6%	6.0%	6.6%	5.6%	6.4%	7.0%	6.4%	5.0%	5.8%	4.7%	6.4%	
65 to 74 years	9.5%	9.8%	8.7%	9.1%	8.3%	9.5%	10.6%	11.3%	11.3%	7.3%	9.1%	10.2%	
75 to 84 years	4.6%	4.6%	4.4%	4.9%	5.0%	4.4%	7.5%	6.2%	5.8%	2.7%	5.8%	6.3%	
85 years and over	2.4%	2.7%	2.3%	2.1%	3.7%	1.6%	3.9%	4.0%	3.4%	1.4%	1.8%	6.0%	
Under 18 years of age	19.8%	21.3%	19.8%	21.3%	23.6%	18.9%	18.7%	18.4%	27.0%	21.0%	27.0%	18.3%	
Over 65 years of age	16.5%	17.1%	15.3%	16.1%	17.0%	15.5%	22.0%	21.6%	20.5%	11.5%	16.7%	22.6%	
Race/Ethnicity													US Census Bureau, American Community Survey 2016-2020
White alone (%)	76.6%	78.2%	75.2%	78.5%	75.9%	81.7%	76.1%	91.7%	63.1%	60.3%	88.6%	89.0%	
Black or African American alone (%)	7.5%	4.3%	5.3%	3.0%	2.6%	5.0%	2.4%	1.9%	1.3%	8.9%	2.5%	3.5%	
Asian alone (%)	6.8%	3.4%	12.4%	12.9%	17.3%	7.2%	16.3%	2.1%	30.6%	21.2%	4.1%	1.3%	
Native Hawaiian and Other Pacific Islander (%) alone	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.3%	0.0%	0.0%	0.2%	0.0%	0.0%	
American Indian and Alaska Native (%) alone	0.2%	0.2%	0.2%	0.0%	0.1%	0.0%	0.2%	0.1%	0.0%	0.7%	0.0%	0.2%	
Some Other Race alone (%)	4.2%	9.1%	2.9%	1.0%	0.5%	3.1%	0.3%	1.3%	1.0%	4.3%	0.2%	2.5%	
Two or More Races (%)	4.8%	4.7%	4.0%	4.5%	3.6%	2.8%	4.3%	3.0%	4.0%	4.3%	4.6%	3.5%	

				Community Benefits Service Area									
	MA	Essex County	Middlesex County	Arlington	Bedford	Billerica	Burlington	Danvers	Lexington	Lowell	Lynnfield	Peabody	Source
Hispanic or Latino of Any Race (%)	12.0%	21.4%	8.1%	5.2%	3.1%	5.3%	1.5%	5.8%	1.9%	17.9%	1.2%	11.6%	
Race/Ethnicity of Students in Public Schools													School and District Profiles, Massachusetts Department of Elementary and Secondary Education, 2020-2021
African American (%)	9.3			3.4	6.4	5.4	7.3	2.4	3.9	7.9	1.9	3.9	
Asian (%)	7.2			13.1	19.6	9.2	17.9	2.4	41.8	28.2	7.0	2.0	
Hispanic (%)	22.3			6.2	7.5	7.9	6.8	8.8	4.8	35.0	5.8	18.7	
White (%)	56.7			69.9	60.7	74.1	63.8	83.8	42.2	24.8	82.0	73.0	
Native American (%)	0.2			0.1	-	0.1	0.2	0.1	0.1	-	-	0.2	
Native Hawaiian, Pacific Islander (%)	0.1			0.1	-	0.1	-	-	-	-	-	-	
Multi-Race, Non-Hispanic (%)	4.10			7.3	5.7	3.3	4.1	2.5	7.3	4.1	3.2	2.2	
Foreign-born	17.0%	17.5%	21.3%	18.6%	22.3%	13.9%	22.6%	9.9%	29.2%	26.7%	9.1%	15.6%	US Census Bureau, American Community Survey 2016-2020
Naturalized U.S. Citizen	54.2%	56.6%	50.2%	46.2%	59.5%	52.6%	54.1%	70.3%	58.9%	51.6%	86.9%	65.6%	
Not a U.S. Citizen	45.8%	43.4%	49.8%	53.8%	40.5%	47.4%	45.9%	29.7%	41.1%	48.4%	13.1%	34.4%	
Region of birth: Europe	20.0%	15.0%	18.8%	24.5%	23.2%	19.2%	17.6%	34.7%	16.3%	9.4%	26.8%	38.5%	
Region of birth: Asia	31.1%	16.0%	43.8%	56.9%	55.3%	45.8%	64.1%	14.8%	74.7%	51.8%	42.6%	7.3%	
Region of birth: Africa	9.3%	5.3%	7.2%	3.0%	3.7%	9.9%	8.9%	14.1%	1.9%	12.6%	0.7%	2.5%	
Region of birth: Oceania	0.3%	0.3%	0.5%	0.5%	0.0%	0.2%	1.8%	0.7%	0.3%	0.4%	0.7%	0.3%	
Region of birth: Latin America	36.7%	61.2%	26.9%	9.5%	7.7%	21.9%	4.5%	33.1%	3.8%	25.1%	18.4%	50.3%	
Region of birth: Northern America	2.5%	2.2%	2.8%	5.5%	10.1%	3.0%	3.1%	2.7%	3.1%	0.7%	11.0%	1.0%	
Language													US Census Bureau, American Community Survey 2016-2020
English only	76.1%	73.30%	73.4%	78.9%	76.7%	82.6%	76.5%	88.8%	64.1%	60.6%	90.0%	76.8%	
Language other than English	23.9%	26.70%	26.6%	21.1%	23.3%	17.4%	23.5%	11.2%	35.9%	39.4%	10.0%	23.2%	
Speak English less than "very well"	9.2%	11.20%	9.0%	6.0%	4.8%	5.4%	6.1%	3.6%	7.1%	18.0%	3.1%	9.6%	
Spanish	9.1%	17.70%	5.8%	3.1%	1.5%	4.1%	1.2%	3.1%	1.7%	12.0%	1.1%	8.0%	
Speak English less than "very well"	3.8%	8.00%	2.1%	0.6%	0.2%	0.7%	0.4%	1.1%	0.4%	5.4%	0.3%	4.2%	
Other Indo-European languages	9.0%	5.90%	11.7%	9.5%	9.7%	8.6%	14.2%	5.8%	11.8%	10.8%	5.8%	13.9%	
Speak English less than "very well"	3.0%	2.00%	3.6%	2.1%	1.3%	3.3%	3.1%	2.0%	1.3%	4.0%	1.7%	5.1%	
Asian and Pacific Islander languages	4.4%	2.10%	7.4%	7.6%	10.8%	3.2%	6.0%	0.6%	20.6%	14.3%	3.0%	0.9%	
Speak English less than "very well"	2.0%	0.90%	2.9%	3.1%	3.1%	1.2%	2.1%	0.1%	5.3%	7.9%	1.0%	0.2%	
Other languages	1.4%	1.10%	1.7%	1.0%	1.2%	1.4%	2.1%	1.8%	1.9%	2.3%	0.1%	0.4%	
Speak English less than "very well"	0.4%	0.30%	0.5%	0.2%	0.2%	0.1%	0.6%	0.4%	0.1%	0.7%	0.1%	0.1%	
Percent of public school student population that are English language learners (%)	10.5			4.1	4.5	1.7	5.0	1.3	8.1	24.0	2.4	9.3	Massachusetts Department of Elementary and Secondary Education, 2021-2022 (Selected populations)

				Community Benefits Service Area									
	MA	Essex County	Middlesex County	Arlington	Bedford	Billerica	Burlington	Danvers	Lexington	Lowell	Lynnfield	Peabody	Source
Employment													US Census Bureau, American Community Survey 2016-2020
Unemployment rate	5.1%	5.2%	4.2%	3.4%	6.5%	4.6%	2.0%	4.4%	3.5%	5.5%	3.2%	4.1%	
Unemployment rate by race/ethnicity													
White alone	4.5%	4.4%	3.9%	3.4%	6.3%	4.7%	2.3%	4.5%	3.2%	5.1%	3.4%	3.8%	
Black or African American alone	8.3%	5.4%	7.0%	1.7%	14.3%	1.2%	0.0%	0.0%	0.0%	6.1%	9.1%	0.0%	
American Indian and Alaska Native alone	10.7%	21.3%	12.1%	-	-	0.0%	-	-	0.0%	10.2%	-	100.0%	
Asian alone	4.2%	3.0%	4.1%	4.2%	4.7%	3.6%	1.3%	3.7%	4.7%	6.2%	0.0%	0.0%	
Native Hawaiian and Other Pacific Islander alone	5.4%	0.0%	14.6%	-	-	0.0%	0.0%	-	-	42.0%	-	-	
Some other race alone	8.3%	9.0%	5.7%	0.0%	0.0%	12.4%	0.0%	0.0%	0.0%	3.9%	4.2%	0.0%	
Two or more races	9.1%	13.2%	5.6%	1.9%	18.8%	4.1%	0.0%	6.3%	0.0%	5.1%	0.0%	17.3%	
Hispanic or Latino origin (of any race)	8.3%	9.2%	6.0%	3.5%	0.0%	7.8%	0.0%	12.7%	0.0%	9.1%	18.6%	4.7%	
Unemployment rate by educational attainment													
Less than high school graduate	9.7%	11.6%	7.8%	0.0%	0.0%	8.2%	0.0%	12.2%	0.0%	9.9%	35.4%	10.2%	
High school graduate (includes equivalency)	5.9%	5.6%	5.1%	7.5%	27.3%	5.6%	2.7%	4.9%	0.0%	6.5%	4.5%	4.6%	
Some college or associate's degree	4.5%	4.3%	4.0%	5.4%	8.0%	5.7%	0.9%	4.4%	5.6%	4.4%	9.5%	3.5%	
Bachelor's degree or higher	2.8%	2.9%	2.7%	2.1%	1.9%	2.0%	1.3%	3.8%	3.0%	3.1%	1.2%	2.2%	
Income and Poverty													US Census Bureau, American Community Survey 2016-2020
Median household income (dollars)	84,385	82,225	106,202	114,576	133,824	113,239	121,433	99,269	185,686	62,196	145,594	80,681	
Population living below the federal poverty line in the last 12 months													
Individuals	9.8%	10.1%	7.2%	5.5%	2.4%	4.3%	4.2%	6.1%	3.2%	17.3%	4.1%	7.7%	
Families	6.6%	7.3%	4.5%	3.9%	1.2%	1.9%	1.9%	4.2%	2.2%	12.6%	3.3%	5.4%	
Individuals under 18 years of age	12.2%	13.6%	7.6%	4.2%	2.0%	4.3%	3.0%	5.1%	2.5%	21.6%	7.2%	10.4%	
Individuals over 65 years of age	8.9%	9.7%	7.5%	11.0%	2.4%	7.2%	7.4%	7.2%	4.6%	15.3%	4.7%	9.0%	
Female head of household, no spouse present	20.5%	21.3%	16.2%	10.0%	6.8%	8.5%	6.3%	14.0%	18.6%	24.3%	15.3%	18.1%	
White alone	7.9%	8.1	6.0%	4.4%	2.0%	4.3%	4.4%	6.2%	2.6%	17.5%	4.5%	7.2%	
Black or African American alone	17.6%	17.1	14.6%	10.4%	0.6%	2.8%	13.3%	0.8%	1.2%	14.9%	0.6%	13.5%	
American Indian and Alaska Native alone	23.3%	34.2	26.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	-	0.0%	
Asian alone	11.8%	9	9.4%	10.7%	4.2%	0.8%	3.2%	5.1%	4.9%	15.1%	0.8%	1.5%	
Native Hawaiian and Other Pacific Islander alone	11.9%	29.9	14.6%	-	-	0.0%	0.0%	-	-	0.5%	-	-	

				Community Benefits Service Area									
	MA	Essex County	Middlesex County	Arlington	Bedford	Billerica	Burlington	Danvers	Lexington	Lowell	Lynnfield	Peabody	Source
Some other race alone	22.2%	21.7	14.7%	8.6%	3.8%	14.0%	1.1%	26.7%	3.8%	29.8%	4.2%	23.6%	
Two or more races	15.5%	14.7	8.7%	6.6%	2.6%	8.5%	0.2%	0.0%	0.8%	19.7%	0.0%	5.9%	
Hispanic or Latino origin (of any race)	23.0%	20.4	17.3%	10.1%	0.5%	9.8%	12.0%	24.7%	6.7%	32.9%	0.6%	17.8%	
Less than high school graduate	23.2%	23.6%	18.4%	20.2%	6.6%	9.1%	7.0%	17.0%	18.5%	26.7%	3.5%	12.4%	
High school graduate (includes equivalency)	11.7%	12.5%	10.6%	13.5%	6.7%	6.1%	4.7%	10.3%	7.4%	16.5%	4.7%	10.3%	
Some college, associate's degree	8.4%	8.1%	7.1%	10.4%	3.9%	3.7%	6.0%	6.6%	11.6%	10.5%	5.7%	5.8%	
Bachelor's degree or higher	3.9%	3.5%	3.5%	2.6%	1.7%	3.5%	4.2%	3.6%	2.1%	8.3%	2.0%	3.6%	
With Social Security	30.2%	31.8%	26.3%	23.6%	28.0%	28.1%	36.6%	32.8%	29.3%	24.7%	28.8%	39.7%	
With retirement income	19.3%	19.2%	17.4%	18.4%	21.2%	23.1%	24.2%	26.0%	20.3%	12.6%	21.4%	26.3%	
With Supplemental Security Income	5.9%	6.1%	4.0%	2.3%	1.8%	3.0%	2.7%	2.1%	1.2%	11.5%	2.9%	5.5%	
With cash public assistance income	2.8%	3.8%	2.0%	2.7%	0.4%	2.3%	0.7%	1.6%	1.4%	4.6%	1.0%	3.0%	
With Food Stamp/SNAP benefits in the past 12 months	11.6%	13.6%	6.7%	4.8%	1.2%	3.3%	3.7%	5.5%	2.0%	21.7%	1.7%	10.3%	
Public School Distric Students Who are Low Income (%)	36.6			9.1	10.6	21.1	15.2	20.7	6.7	63.3	9.4	37.4	Massachusetts Department of Elementary and Secondary Education, 2021-2022 (Selected populations)
Housing													US Census Bureau, American Community Survey 2016-2020
Occupied housing units	2,646,980	297,254	611,850	19,118	5,286	15,499	10,625	10,652	11,956	40,260	4,520	22,049	
Owner-occupied	62.5%	63.8%	62.1%	57.9%	72.0%	77.60%	75.00%	70.4%	81.7%	43.4%	85.2%	65.2%	
Renter-occupied	37.5%	36.2%	37.9%	42.1%	28.0%	22.40%	25.00%	29.6%	18.3%	56.6%	14.8%	34.8%	
Lacking complete plumbing facilities	0.3%	0.5%	0.3%	0.1%	0.0%	0.10%	0.10%	0.1%	0.2%	0.6%	0.3%	0.8%	
Lacking complete kitchen facilities	0.8%	1.1%	0.8%	0.9%	0.2%	0.50%	1.60%	1.8%	0.9%	1.3%	1.4%	3.4%	
No telephone service available	1.2%	1.4%	1.0%	1.4%	0.0%	0.50%	0.80%	4.3%	0.7%	1.4%	0.4%	1.6%	
Monthly housing costs <35% of total household income													
Among owner-occupied housing units with a mortgage	22.0%	23.9%	20.5%	13.7%	16.8%	23.1%	18.1%	20.4%	17.5%	24.8%	20.5%	22.0%	
Among owner-occupied units without a mortgage	15.2%	16.1%	15.4%	15.9%	19.4%	10.6%	11.5%	15.3%	17.0%	18.3%	16.2%	15.2%	
Among occupied units paying rent	39.1%	44.2%	35.1%	28.3%	20.7%	27.7%	43.5%	41.9%	40.9%	40.6%	67.5%	45.1%	
Number of eviction filings	37,500	6,200	5,400	47	No data	No data	46	172	31	1,200	13	286	Eviction Lab, 2018 Evictions
Access to Technology													US Census Bureau, American Community Survey 2016-2020
Among households													
Has smartphone	83.3%	82.8%	85.9%	83.9%	89.4%	86.0%	84.8%	78.7%	88.2%	78.5%	88.0%	78.6%	

				Community Benefits Service Area									
	MA	Essex County	Middlesex County	Arlington	Bedford	Billerica	Burlington	Danvers	Lexington	Lowell	Lynnfield	Peabody	Source
Has desktop or laptop	82.2%	79.8%	87.6%	89.9%	90.7%	90.9%	90.3%	81.7%	95.5%	71.4%	90.4%	78.2%	
Has tablet or other portable wireless computer	64.8%	65.1%	69.5%	69.0%	75.5%	74.8%	73.7%	65.9%	77.3%	55.6%	76.8%	61.9%	
No computer	7.4%	7.9%	5.8%	5.1%	3.0%	2.9%	5.4%	7.7%	3.1%	13.8%	5.4%	11.4%	
With broadband internet	88.2%	87.6%	91.3%	92.5%	96.0%	95.8%	93.7%	89.0%	96.5%	79.3%	92.9%	84.9%	
Transportation													US Census Bureau, American Community Survey 2016-2020
Mode of transportation to work for workers aged 16+													
Car, truck, or van -- drove alone	68.0%	73.7%	64.1%	54.7%	73.1%	82.4%	79.1%	81.0%	69.0%	75.6%	78.3%	84.2%	
Car, truck, or van -- carpooled	7.3%	8.4%	6.7%	5.1%	8.3%	4.9%	6.7%	6.1%	5.6%	9.1%	7.2%	7.2%	
Public transportation (excluding taxicab)	9.5%	5.2%	11.4%	18.0%	1.4%	3.2%	4.4%	2.7%	6.6%	3.3%	2.6%	3.1%	
Walked	4.8%	3.1%	4.9%	2.6%	1.8%	1.1%	1.1%	0.8%	2.2%	5.3%	0.2%	1.0%	
Other means	2.1%	2.0%	2.7%	4.6%	0.2%	0.6%	0.2%	0.8%	2.3%	1.8%	0.0%	1.4%	
Worked from home	8.3%	7.6%	10.2%	15.0%	15.1%	7.9%	8.5%	8.6%	14.3%	4.9%	11.8%	3.2%	
Mean travel time to work (minutes)	30	30.2	31.1	33.8	25.4	29.5	29.7	29	31.1	26.4	33.3	27.4	
Vehicles available among occupied housing units													
No vehicles available	12.2%	10.6%	10.5%	10.8%	4.2%	3.8%	3.3%	7.4%	4.1%	16.6%	4.3%	11.9%	
1 vehicle available	35.1%	34.1%	35.1%	46.7%	32.0%	22.4%	27.6%	33.3%	24.9%	39.5%	19.4%	32.9%	
2 vehicles available	36.1%	37.4%	38.6%	34.6%	42.0%	47.7%	47.0%	38.0%	54.1%	29.7%	54.4%	38.2%	
3 or more vehicles available	16.5%	18.0%	15.8%	7.9%	21.8%	26.1%	22.1%	21.2%	16.9%	14.2%	21.9%	17.0%	
Education													US Census Bureau, American Community Survey 2016-2020
Educational attainment of adults 25 years and older													
Less than 9th grade (%)	4.2%	5.5%	3.2%	1.4%	2.3%	1.7%	2.0%	1.8%	0.5%	9.8%	1.3%	5.3%	
9th to 12th grade, no diploma (%)	4.7%	4.8%	3.2%	1.6%	2.4%	4.1%	1.7%	4.7%	0.9%	7.3%	1.4%	3.9%	
High school graduate (includes equivalency) (%)	23.5%	24.5%	18.5%	11.6%	11.2%	28.6%	18.9%	24.0%	5.5%	31.8%	17.7%	29.9%	
Some college, no degree (%)	15.3%	16.3%	12.2%	8.9%	10.4%	18.4%	12.4%	15.3%	5.0%	16.5%	11.2%	17.1%	
Associate's degree (%)	7.7%	8.2%	5.9%	4.0%	5.7%	9.4%	6.5%	9.5%	3.1%	7.2%	9.0%	9.2%	
Bachelor's degree (%)	24.5%	24.3%	28.1%	30.4%	31.9%	24.1%	34.9%	28.8%	25.7%	16.4%	33.0%	22.9%	
Graduate or professional degree (%)	20.0%	16.4%	28.9%	42.1%	36.2%	13.8%	23.6%	15.9%	59.2%	10.9%	26.4%	11.7%	
High school graduate or higher (%)	91.1%	89.7%	93.7%	97.0%	95.3%	94.2%	96.3%	93.5%	98.6%	82.9%	97.3%	90.8%	
Bachelor's degree or higher (%)	44.5%	40.6%	57.1%	72.5%	68.0%	37.9%	58.5%	44.7%	84.9%	27.3%	59.5%	34.6%	
Educational attainment by race/ethnicity													
White alone													
High school graduate or higher	93.3%	93.0%	95.3%	97.3%	96.4%	94.8%	96.6%	93.7%	98.8%	87.4%	97.3%	91.9%	
Bachelor's degree or higher	46.3%	44.0%	57.7%	73.0%	65.9%	35.3%	52.9%	45.1%	83.8%	29.4%	57.7%	35.6%	
Black alone													

				Community Benefits Service Area									
	MA	Essex County	Middlesex County	Arlington	Bedford	Billerica	Burlington	Danvers	Lexington	Lowell	Lynnfield	Peabody	Source
High school graduate or higher	86.2%	85.8%	89.9%	98.9%	80.7%	95.5%	93.6%	91.4%	92.0%	92.3%	100.0%	90.5%	
Bachelor's degree or higher	27.6%	26.5%	36.1%	41.4%	55.2%	36.8%	70.7%	32.3%	83.2%	26.2%	42.4%	20.3%	
American Indian or Alaska Native alone													
High school graduate or higher	81.0%	66.3%	83.0%	100.0%	100.0%	47.6%	100.0%	-	100.0%	83.0%	-	76.7%	
Bachelor's degree or higher	21.9%	23.0%	18.5%	0.0%	0.0%	0.0%	0.0%	-	0.0%	6.3%	-	0.0%	
Asian alone													
High school graduate or higher	85.7%	85.1%	90.0%	95.8%	95.0%	93.0%	94.7%	80.1%	98.1%	69.2%	95.3%	92.3%	
Bachelor's degree or higher	61.8%	56.1%	70.4%	81.4%	83.7%	75.9%	81.2%	62.1%	87.4%	26.2%	89.3%	59.4%	
Native Hawaiian and Other Pacific Islander alone													
High school graduate or higher	89.1%	100.0%	95.3%	-	-	87.2%	100.0%	-	-	94.4%	-	-	
Bachelor's degree or higher	36.4%	65.2%	25.5%	-	-	0.0%	0.0%	-	-	28.9%	-	-	
Some other race alone													
High school graduate or higher	69.9%	62.9%	72.1%	81.0%	86.7%	80.7%	83.6%	86.0%	100.0%	67.7%	95.8%	60.7%	
Bachelor's degree or higher	15.7%	9.1%	20.2%	13.9%	13.3%	5.4%	83.6%	25.0%	88.7%	7.8%	20.8%	14.4%	
Two or more races													
High school graduate or higher	81.3%	78.8%	89.7%	100.0%	49.1%	94.4%	99.8%	100.0%	99.8%	83.1%	100.0%	83.7%	
Bachelor's degree or higher	34.9%	30.8%	52.7%	72.2%	33.0%	64.8%	87.1%	32.0%	88.1%	28.6%	100.0%	27.1%	
Hispanic or Latino Origin													
High school graduate or higher	72.4%	67.8%	77.8%	94.8%	89.4%	86.6%	85.2%	87.6%	99.8%	71.2%	98.8%	67.0%	
Bachelor's degree or higher	20.9%	13.6%	32.1%	48.4%	52.2%	18.3%	35.4%	44.6%	83.3%	12.7%	53.6%	17.7%	
4-Year Graduation Rate Among Public High School Students (%)	89.0			94.9	95.1	94.6	94.4	95.8	96.6	80.9	97.5	88.0	Massachusetts Department of Elementary and Secondary Education, 2020
Safety/Crime													Massachusetts Crime Statistics, 2021
Property Crimes Offenses (#)													
Burglary	9,592.0			32	10	24	18	19	19	202	2	49	
Larceny-theft	55,672.0			102	49	133	256	222	89	1190	67	364	
Motor vehicle theft	7,045.0			6	2	27	13	17	5	189	7	36	
Arson	312.0			0		2	2	1	0	3	0	2	
Crimes Against Persons Offenses (#)													
				0	0	0	0						
Murder/non-negligent manslaughter	151							0	0	6	1	0	
Sex offenses	4,171			6	4	8	15	13	2	44	1	22	
Assaults	67,690			97	11	132	124	230	74	1633	29	394	
Access to Care													

				Community Benefits Service Area									
	MA	Essex County	Middlesex County	Arlington	Bedford	Billerica	Burlington	Danvers	Lexington	Lowell	Lynnfield	Peabody	Source
Ratio of population to primary care physicians	960 to 1	1380 to 1	780 to 1										County Health Rankings, 2019
Ratio of population to mental health providers	140 to 1	160 to 1	160 to 1										County Health Rankings, 2021
Ratio of population to dentists	930 to 1	1090 to 1	980 to 1										County Health Rankings, 2020
Health insurance coverage among civilian noninstitutionalized population (%)													American Community Survey (U.S. Census Bureau), 2016-2020
With health insurance coverage	97.3%	97.0%	97.4%	98.8%	99.4%	98.0%	97.5%	98.3%	99.0%	95.3%	99.2%	97.2%	
With private health insurance	74.5%	71.9%	81.0%	87.7%	89.8%	85.8%	82.2%	83.3%	91.6%	58.1%	90.0%	76.4%	
With public coverage	36.1%	39.3%	28.5%	22.6%	23.3%	27.1%	31.3%	33.4%	22.6%	45.7%	23.2%	39.8%	
No health insurance coverage	2.7%	3.0%	2.6%	1.2%	0.6%	2.0%	2.5%	1.7%	1.0%	4.7%	0.8%	2.8%	

Key

Significantly low compared to the Commonwealth based on margin of error

Significantly high compared to the Commonwealth overall based on margin of error

				Community Benefits Service Area									
	Massachusetts	**Essex County**	**Middlesex County**	**Arlington**	**Bedford**	**Billerica**	**Burlington**	**Danvers**	**Lexington**	**Lowell**	**Lynnfield**	**Peabody**	Source
Overall Health													
Mortality rate (age-adjusted per 100,000)	654	671	574.2	532.9	505.5	589.9	526	778.1	392.2	837.5	602.9	622.7	Massachusetts Death Report, 2019
Premature mortality rate (per 100,000)	272.8	271.3	210.4	124.5			209.4	342.9	133.6	412.2	173	267.4	
Leading causes of death (counts)													
Cancer	12,584			84	39	68	44	69	47	184	23	120	
Heart Disease	11,779			76	29	60	57	89	45	165	29	161	
Chronic Lower Respiratory Disease	2,842			18	7	16	9	17	8	46	5	25	
Stroke	2,463			17	6	15	9	12	12	41	4	28	
Disability													US Census Bureau, American Community Survey 2016-2020
Percent of population with a disability	11.7%	12.0%	9.5%	8.6%	8.8%	9.0%	10.0%	11.9%	7.2%	13.0%	5.9%	16.0%	
Under 18	4.7%	4.7%	3.8%	1.6%	5.0%	3.3%	3.1%	4.1%	2.9%	5.6%	3.4%	2.8%	
18-64	8.9%	9.0%	6.6%	5.5%	5.0%	5.7%	5.8%	8.2%	4.6%	10.9%	2.6%	10.5%	
65+	31.3%	32.4%	29.3%	30.0%	28.2%	30.0%	27.2%	29.7%	20.1%	40.3%	20.7%	41.8%	
Healthy Living													
Adults over 18 with no leisure-time physical activity (age-adjusted) (%)	26	30	22										Behavioral Risk Factor Surveillance System, 2019
Adults who participated in enough aerobic and muscle strengthening exercises to meet guidelines (%)	22.2												Behavioral Risk Factor Surveillance System, 2019
Population with adequate access to locations for physical activity (%)	89	93	95										County Health Rankings, 2021
Adults who consumed fruit less than one time per day (%)	32.7												Behavioral Risk Factor Surveillance System, 2019
Adults who consumed vegetables less than one time per day (%)	15.5												Behavioral Risk Factor Surveillance System, 2019
Population with limited access to healthy foods (%)	4	4	3										USDA Food Environment Atlas, 2019
Total Population that Did Not Have Access to a Reliable Source of Food During Past Year (food insecurity rate) (%)	8.2												Feeding America, Map the Meal Gap, 2019
Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted) (%)	34	35	33										Behavioral Risk Factor Surveillance System, 2018
Mental Health													
Average number of mentally unhealthy days in past 30 days (adults)	4.2	4.4	4										County Health Rankings, 2019
Youth Risk Behavior Survey (YRBS)													Youth Risk Behavior Survey - Report years indicated
	2019			**2021**	**2018**		**2021**	**2016**	**2019**		**2019**		
% of students (grades 6-8) bullied on school property (%)	35.3			21.8 (ever)	20.1		22.1 (ever)	34.0	--		18.2 (ever)		
% of students (grades 6-8) bullied electronically (%)	15.2			11.6 (ever)	12.7		18.2 (ever)	23.0	--		27.6 (ever)		
% of students (grades 9-12) bullied on school property (%)	19.0			4.2	16.9		4.6	19.0	--		11.7		
% of students (grades 9-12) bullied electronically (%)	14.9			9.1	15.5		8.0	15.0	--		7.8		
% of students (grades 6-8) reporting self harm (%)	21			15.9	16.5		16.3	13.0	--		--		
% of students (grades 6-8) reporting suicide ideation (%)	11.3			15.4 (ever)	10.6		15.8	13.0	15.5		9.6		
% of students (grades 6-8) reporting suicide attempt (%)	5.0			2.2 (ever)	1.2		3.7	3.0	--		1.7		
% of students (grades 9-12) reporting self harm (%)	--			17.0	16.5		11.1	18.0	--		10.7		
% of students (grades 9-12) reporting suicide ideation (%)	17.2			11.0	15.0		10.6	18.0	16.6		10.7		
% of students (grades 9-12) reporting suicide attempt (%)	7.4			2.0	3.0		2.4	6.0	--		3.0		
Substance Use													
Admissions to DPH-funded treatment programs (count)	98944			202	0-100	499	105	287	0-100	2655	0-100	737	MA DPH, Bureau of Substance Abuse Services, 2017
Rate of injection drug user admissions to DPH-funded treatment program (%)	52.4			49	62.7	42.7	47.6	37.6	46.2	51.7	50	42.6	MA DPH, Bureau of Substance Abuse Services, 2017
Primary substance of use when entering treatment													MA DPH, Bureau of Substance Abuse Services, 2017
Alcohol (%)	32.8			34.2	25.4	34.7	38.1	39.4	26.9	31.3	31.8	28.9	
Crack/Cocaine (%)	4.1			3.5	-	2.6	-	-	-	3.7	-	4.3	
Heroin (%)	52.8			44.6	57.6	53.1	48.6	47	48.1	56.3	47	52.9	
Marijuana (%)	3.5				-	3.2		3.5	-	3.3	9.1	3.9	
Other Opioids (%)	4.6			3.5	-	4.6	-	5.2	-	3.8	-	6.5	
Other Sedatives/Hypnotics (%)	1.5			5	-	1.2	-	-	-	1.2	-	2.4	
Other Stimulants (%)	0.5			-	-	-	-	-	-	-	-	-	
Other (%)	0.3			-	-	-	-	-	-	0.4	-	-	
Adults who are current smokers (age-adjusted) (%)	12	14	12										Behavioral Risk Factor Surveillance System, 2019
Adults who report excessive drinking (binge or heavy drinking) (%)	22	23	23										Behavioral Risk Factor Surveillance System, 2019
Youth Risk Behavior Survey (YRBS)													Youth Risk Behavior Survey - Report years indicated
	2019			**2021**	**2018**		**2021**	**2016**	**2019**	**2016**	**2019**		
Students (grades 6-8) reporting lifetime alcohol use (%)	13.6			9.1	12.5		7.4	10.0	28.0	19.8	11.5		
Students (grades 6-8) reporting current alcohol use (%)	4.4			1.1	4.2		2.2	2.0	3.1	9.7	0.3		
Students (grades 9-12) reporting lifetime alcohol use (%)	--			39.0	49.2		36.8	57.0	56.0	49.7	44.4		

				Community Benefits Service Area									
	Massachusetts	Essex County	Middlesex County	Arlington	Bedford	Billerica	Burlington	Danvers	Lexington	Lowell	Lynnfield	Peabody	Source
Students (grades 9-12) reporting current alcohol use (%)	29.8			17.4	29.1		16.9	35.0	20.6	21.9	22.6		
Students (grades 6-8) reporting current binge alcohol use (%)	0.9			--	0.0		--	1.0	--	4.6	--		
Students (grades 9-12) reporting current binge alcohol use (%)	13.5			5.5	15.0		7.2	21.0	13.9	9.8	9.3		
Students (grades 6-8) reporting lifetime cigarette use (%)	5.2			1.1	3.1		1.1	3.0	1.3	8.2	1.0		
Students (grades 6-8) reporting current cigarette use (%)	--			0.0	0.7		0.2	0.0	0.3	3.6	0.0		
Students (grades 9-12) reporting lifetime cigarette use (%)	28.9			8.5	16.5		8.2	22.0	8.8	13.8	4.8		
Students (grades 9-12) reporting current cigarette use (%)	8.8			2.9	4.5		1.8	9.0	2.9	3.8	0.9		
Students (grades 6-8) reporting lifetime marijuana use (%)	7.0			0.7	3.5		1.8	3.0	1.1	9.3	1.0		
Students (grades 6-8) reporting current marijuana use (%)	3.0			0.1	1.5		0.5	1.0	0.5	4.3	1.0		
Students (grades 9-12) reporting lifetime marijuana use (%)	35.6			18.7	30.0		16.1	38.0	19.0	29.3	23.2		
Students (grades 9-12) reporting current marijuana use (%)	19.8			7.6	18.6		7.3	24.5	13.5	15.6	14.8		
Students (grades 6-8) reporting lifetime electronic tobacco use (%)	14.7			1.4	11.0		4.2	--	4.3	--	3.6		
Students (grades 6-8) reporting current electronic tobacco use (%)	--			0.4	7.1		1.1	2.0	1.8	--	1.7		
Students (grades 9-12) reporting lifetime electronic tobacco use (%)	42.2			19.6	34.2		20.2	--	24.8	--	29.0		
Students (grades 9-12) reporting current electronic tobacco use (%)	13.2			6.0	27.9		9.2	6.0	15.2	--	15.3		
Chronic Disease (more data on CHIA data tabs)													
Cancer mortality (all types, age-adjusted rate per 100,000)	149.92	143.41	140.37										Massachusetts Cancer Registry, 2014-2018
Cancer incidence (age-adjusted per 100,000)													
All sites	498.16	509.23	483.79										
Breast Cancer	176.35	178.01	189.2										
Cervical Cancer	5.5	5.8	4.66										
Coloretal Cancer	35.96	34.59	35.38										
Lung and Bronchus Cancer	61.41	62.27	54.88										
Prostate Cancer	108.84	109.42	106.55										
Risk factors													
Percent of Adults who are Obese (%)	24			19.6	-	-	20	28	17.4	25.4	25.7	301	Behavioral Risk Factor Surveillance System, 2018
Diagnosed diabetes among adults aged >=18 years (%)	8.6			5.8	-	-	6.4	6.9	5.7	10.5	6.1	7.9	Behavioral Risk Factor Surveillance System, 2018
Age-adjusted mortality due to heart disease per 100,000 population (%)	138.7												Massachusetts Department of Public Health, Population Health Information Tool, 2015
Adults ever told by doctor that they had angina or coronary heart disease (%)	4.7			4.1			4.4	4.8	3.8	6.5	4.3	5.5	Behavioral Risk Factor Surveillance System, 2017
Adults ever told by doctor that they had high blood pressure (age adjusted) (%)	26.8			22.8			23.7	25.8	21.9	29.7	29.7	27.5	Behavioral Risk Factor Surveillance System, 2017
Adults ever told by doctor that they had high cholesterol (age-adjusted) (%)	33.1			25.8			26.4	29.2	25.6	29	28.5	29.6	Behavioral Risk Factor Surveillance System, 2017
Reproductive Health													
Infant Mortality Rate (per 1,000 live births)	3.7	4.6	2.8										March of Dimes, 2019
Low birth weight (%)	7.4	6.8	7										March of Dimes, 2020
Mothers with late or no prenatal care (%)	3.9%	3.7	3.4										March of Dimes, 2020
Births to adolescent mothers (per 1,000 females ages 15-19)	8	11	4										National Center for Health Statistics, 2014-2020
Percent of mothers receiving publicly funded prenatal care 2016	38.60%												Massachusetts Births 2016
Women screened for postpartum depression within 6 months after delivery (%)													MDPH January 2016-December 2016
White (non-Hispanic)	13.60%												
Black (non-Hispanic)	9.70%												
Asian or Pacific Islander (non-Hispanic)	14.60%												
American Indian/Alaska Native (non-Hispanic)	10.30%												
Other race (non-Hispanic)	13.30%												
Unknown race	12.40%												
Less than a high school diploma	8.00%												
With a high school diploma or GED	9.30%												
Some College/Associate Degree	11.40%												
Bachelor Degree	14.10%												
Graduate Degrees	15.20%												
Among individuals who had a full-term birth	12.10%												
Among individuals who had a pre-term birth	11.50%												
Among individuals who are not married	9.70%												
Among individuals who are married	13.70%												
Frequency of self-reported postpartum depressive symptoms 2017													MDPH 2019. CY18 Summary of Activities Related to Screening for Postpartum Depression
Rarely/Never	61.4%												

				Community Benefits Service Area									
	Massachusetts	Essex County	Middlesex County	Arlington	Bedford	Billerica	Burlington	Danvers	Lexington	Lowell	Lynnfield	Peabody	Source
Often/Always	10.7%												
Sometimes	27.9%												
Communicable and Infectious Disease													
HIV prevalence	355	291	288										National Center for HIV/AIDS, Viral Hepatitis, STD, TB Prevention, 2019
STI infection cases (per 100,000)													Massachusetts Population Health Information Tool, 2018
Syphillis (case count)	1,164			7	0	7	Less than 5	Less than 5	Less than 5	28	Less than 5	Less than 5	
Gonorrhea (case count)	7,629			34	5	20	9	10	6	168	8	31	
Chlamydia	30,297				96	123	58	55	48	745	25	144	
Confirmed and probable Hepatitis B cases (per 100,000 population)	25.1												Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences. Hepatitis B Virus Infection 2020 Surveillance Report. https://www.mass.gov/lists/infectious-disease- data-reports-and-requests. Published February 2021
Rate of Hepatitis C (per 100,000)	97.9			26.4	No data	104.1	36.7	56.4	14.8	146.3	No data	43.4	Massachusetts Population Health Information Tool, 2018
Tuberculosis (case count)	204			Less than 5	Less than 5	0	Less than 5	0	Less than 5	7	0	1	Massachusetts Population Health Information Tool, 2018
Medicare enrollees that had annual flu vaccination (%)	56%	56											Mapping Medicare Disparities, 2019

*Suppressed

	Massachusetts	Essex County	Middlesex County	Community Benefits Service Area: Arlington	Bedford	Billerica	Burlington	Danvers	Lexington	Lowell	Lynnfield	Peabody	Source
COVID-19 Community Impact Survey													MDPH COVID-19 Community Impact Survey, updated November 2021. Note that these unweighted percentages represent rates of response of individuals that completed the survey in those geographies, and may not be represenative of those geographies as a whole.
% very worried about getting infected with COVID-19		34%	28%	27%	30%	24%	22%	32%	29%	41%	*	36%	
% ever been tested for COVID		48%	48%	43%	59%	48%	39%	50%	38%	46%	*	35%	
% who have not gotten the medical care they needed since July 2020		14%	19%	20%	18%	21%	11%	14%	15%	26%	*	18%	
% with 15 or more of poor mental health days in the past 30 days		33%	32%	34%	23%	34%	22%	35%	16%	39%	*	34%	
% of substance users who said they are now using more substances than before the pandemic		42%	42%	45%	34%	39%	34%	30%	35%	46%	*	41%	
% Worried about paying for 1 or more types of expense or bills in the coming few weeks		43%	31%	22%	25%	34%	34%	40%	17%	56%	*	47%	
% Worried about getting food or groceries in the coming weeks		26%	18%	11%	12%	15%	20%	24%	17%	37%	*	28%	
% Worried about getting face masks in the coming weeks		13%	11%	6%	10%	9%	8%	10%	8%	22%	*	11%	
% Worried about getting medication in the coming weeks		12%	10%	7%	10%	10%	9%	12%	11%	18%	*	15%	
% Worried about getting broadband in the coming weeks		13%	10%	4%	8%	8%	7%	17%	6%	22%	*	15%	
% of Employed residents who experienced job loss		8%	8%	7%	12%	8%	*	7%	*	13%	*	9%	
% of employed residents who experienced reduced work hours		12%	12%	15%	16%	17%	14%	13%	9%	15%	*	16%	
% Worried about paying mortgage, rent, or utilities related expenses		33%	21%	14%	14%	28%	21%	24%	9%	45%	*	40%	
% Worried they may have to move out of where they live in the next few months		19%	17%	10%	*	*	*	*	*	34%	*	19%	
Boston Indicators: COVID Community Data Lab													Boston Indicators
Unemployment claims (#) reported on 10/30/21	5,901												
Unemplyment rate as of 10/21/21	5.3%												
COVID-19 Layoff													Metropolitian Area Planning Council, The COVID-19 Layoff Housing Gap (October 2020)
Estimated number of households in need of assistance with no government aid (without any unmployment benefits)				285	80	385	195	330	140	1,644	111	754	
Unemployment claims (#)				1,469	407	2,015	1,009	1,434	723	6,122	499	3,119	

Community Health Needs Assessment - Lahey Hospital & Medical Center

Source: Center for Health Information and Analysis (CHIA) Massachusetts Inpatient Discharges and Emergency Department Volume
Patients aged 0-17, LHMC Community Benefits Service Area defined by BILH Community Benefits

		LHMC Community Benefits Service Area								
	MA	Arlington	Bedford	Billerica	Burlington	Danvers	Lexington	Lowell	Lynnfield	Peabody
All Cause										
FY19 Inpatient Discharges (all cause) rate per 100,000	1,735	1,503	1,585	1,815	1,519	2,216	1,251	2,074	1,741	2,253
Change in Inpatient Discharge Rate FY17 to FY19	-7%	-14%	55%	8%	-24%	32%	-5%	-10%	27%	10%
FY19 ED Volume (all cause) rate per 100,000	19,530	11,809	12,364	10,877	12,362	16,023	11,890	25,701	15,672	23,636
Change in ED Volume Rate FY17 to FY19	-1%	-18%	-6%	2%	1%	-1%	-13%	3%	-3%	17%
Chronic Disease										
Asthma										
FY19 Inpatient Discharges rate per 100,000	333	154	211	354	319	476	139	387	373	615
Change in Inpatient Discharge Rate FY17 to FY19	-12%	-67%	50%	11%	-23%	-7%	-44%	-7%	80%	37%
FY19 ED Volume rate per 100,000	2,481	1,328	1,057	1,532	1,651	2,051	1,374	3,170	2,073	2,806
Change in ED Volume Rate FY17 to FY19	2%	0%	15%	65%	42%	-18%	37%	33%	39%	1%
Diabetes Mellitus										
FY19 Inpatient Discharges rate per 100,000	53	51	0	24	19	92	15	46	41	125
Change in Inpatient Discharge Rate FY17 to FY19	7%	-38%	-100%	-50%	-88%	150%	-80%	-25%	-50%	140%
FY19 ED Volume rate per 100,000	117	31	176	35	75	92	0	163	124	219
Change in ED Volume Rate FY17 to FY19	-2%	-85%	400%	-63%	-33%	150%	-100%	14%	-25%	320%
Obesity										
FY19 Inpatient Discharges rate per 100,000	61	72	35	0	19	18	15	74	0	42
Change in Inpatient Discharge Rate FY17 to FY19	6%	133%	0%	-100%	-50%	0%	-75%	6%	0%	-60%
FY19 ED Volume rate per 100,000	81	31	35	24	0	18	15	85	0	10
Change in ED Volume Rate FY17 to FY19	0%	200%	0%	-50%	-100%	0%	-50%	175%	0%	-92%
Injuries and Infections										
Allergy										
FY19 Inpatient Discharges rate per 100,000	125	103	35	153	169	293	108	170	207	198
Change in Inpatient Discharge Rate FY17 to FY19	2%	11%	-67%	63%	-25%	100%	133%	26%	67%	36%
FY19 ED Volume rate per 100,000	1,874	1,987	1,479	1,567	2,157	2,655	1,961	1,339	2,570	4,610
Change in ED Volume Rate FY17 to FY19	-1%	38%	-33%	99%	77%	69%	-7%	7%	114%	163%
HIV Infection										
FY19 Inpatient Discharges rate per 100,000	1	10	0	0	0	0	15	0	0	10
Change in Inpatient Discharge Rate FY17 to FY19	18%	0%	0%	0%	0%	0%	0%	0%	0%	0%
FY19 ED Volume rate per 100,000	1	0	0	0	0	0	0	0	0	10
Change in ED Volume Rate FY17 to FY19	-23%	0%	0%	0%	0%	0%	0%	-100%	0%	0%
Infections										
FY19 Inpatient Discharges rate per 100,000	767	659	564	766	657	1,117	340	960	580	699
Change in Inpatient Discharge Rate FY17 to FY19	-2%	10%	78%	20%	-8%	69%	0%	-15%	17%	-11%
FY19 ED Volume rate per 100,000	7,457	2,780	3,311	2,816	3,414	5,310	2,440	9,954	4,602	9,857
Change in ED Volume Rate FY17 to FY19	4%	-18%	3%	-4%	1%	10%	-11%	3%	4%	34%
Injuries										
FY19 Inpatient Discharges rate per 100,000	345	278	70	448	338	293	216	372	166	344
Change in Inpatient Discharge Rate FY17 to FY19	-4%	59%	-78%	27%	50%	23%	-18%	-4%	33%	10%
FY19 ED Volume rate per 100,000	7,024	5,477	5,741	4,584	5,083	6,043	5,652	8,007	7,338	7,896
Change in ED Volume Rate FY17 to FY19	-8%	-9%	-9%	3%	-13%	-25%	-19%	-11%	-19%	-1%
Poisonings										
FY19 Inpatient Discharges rate per 100,000	85	31	70	71	56	110	77	128	166	63
Change in Inpatient Discharge Rate FY17 to FY19	-30%	-25%	0%	-25%	200%	200%	67%	-54%	300%	-33%

FY19 ED Volume rate per 100,000	501	319	176	283	319	1,062	216	449	373	2,295
Change in ED Volume Rate FY17 to FY19	32%	-38%	-29%	33%	42%	107%	-26%	26%	13%	307%
Pneumonia/Influenza										
FY19 Inpatient Discharges rate per 100,000	213	124	282	389	413	348	139	228	207	438
Change in Inpatient Discharge Rate FY17 to FY19	3%	-50%	167%	94%	0%	0%	80%	-8%	-17%	56%
FY19 ED Volume rate per 100,000	1,098	288	564	742	769	714	448	2,450	539	1,346
Change in ED Volume Rate FY17 to FY19	38%	17%	129%	40%	46%	11%	45%	53%	63%	26%
Sexually Transmitted Diseases										
FY19 Inpatient Discharges rate per 100,000	4	0	0	12	0	0	0	8	41	0
Change in Inpatient Discharge Rate FY17 to FY19	7%	0%	0%	0%	0%	-100%	0%	-33%	0%	0%
FY19 ED Volume rate per 100,000	35	10	0	0	0	37	0	50	0	31
Change in ED Volume Rate FY17 to FY19	15%	-50%	0%	0%	0%	0%	-100%	44%	-100%	0%
Other										
Attention Deficit Hyperactivity Disorder										
FY19 Inpatient Discharges rate per 100,000	141	113	141	82	19	311	185	166	124	282
Change in Inpatient Discharge Rate FY17 to FY19	-3%	-31%	300%	0%	-91%	240%	-8%	105%	0%	-25%
FY19 ED Volume rate per 100,000	588	618	352	412	394	751	309	898	415	636
Change in ED Volume Rate FY17 to FY19	17%	94%	-29%	9%	40%	-18%	-31%	80%	43%	-25%
Learning Disorders										
FY19 Inpatient Discharges rate per 100,000	135	165	106	389	263	92	108	135	83	167
Change in Inpatient Discharge Rate FY17 to FY19	12%	129%	0%	32%	100%	-55%	75%	3%	100%	-24%
FY19 ED Volume rate per 100,000	103	62	106	130	94	37	108	89	0	73
Change in ED Volume Rate FY17 to FY19	84%	200%	200%	450%	150%	-60%	600%	130%	0%	-36%
Mental Health										
FY19 Inpatient Discharges rate per 100,000	772	1,040	986	483	619	1,373	1,065	786	1,036	1,304
Change in Inpatient Discharge Rate FY17 to FY19	-5%	-28%	-10%	14%	-39%	70%	-17%	55%	67%	-3%
FY19 ED Volume rate per 100,000	2,592	2,244	2,571	1,744	1,669	2,783	2,285	3,851	1,658	2,107
Change in ED Volume Rate FY17 to FY19	5%	-52%	18%	-2%	56%	52%	-11%	59%	111%	25%
Substance Use Disorders										
FY19 Inpatient Discharges rate per 100,000	53	72	282	12	19	92	46	50	41	63
Change in Inpatient Discharge Rate FY17 to FY19	-8%	-36%	60%	-75%	0%	400%	-40%	63%	0%	20%
FY19 ED Volume rate per 100,000	343	443	247	224	169	366	139	387	290	438
Change in ED Volume Rate FY17 to FY19	-5%	-54%	75%	6%	125%	100%	-55%	-54%	40%	133%
Complication of Medical Care										
FY19 Inpatient Discharges rate per 100,000	229	93	35	354	150	220	139	321	83	209
Change in Inpatient Discharge Rate FY17 to FY19	-4%	-18%	-67%	-3%	-20%	200%	29%	32%	-33%	11%
FY19 ED Volume rate per 100,000	208	113	211	118	113	165	93	186	124	229
Change in ED Volume Rate FY17 to FY19	3%	-21%	200%	0%	20%	0%	-25%	-8%	0%	-4%

Community Health Needs Assessment - Lahey Hospital & Medical Center

Source: Center for Health Information and Analysis (CHIA) Massachusetts Inpatient Discharges and Emergency Department Volume
Patients aged 18-44, LHMC Community Benefits Service Area defined by BILH Community Benefits

		LHMC Community Benefits Service Area								
	MA	Arlington	Bedford	Billerica	Burlington	Danvers	Lexington	Lowell	Lynnfield	Peabody
All Cause										
FY19 Inpatient Discharges (all cause) rate per 100,000	6,072	5,362	4,977	5,493	5,764	6,058	2,733	6,824	5,130	6,490
Change in Inpatient Discharge Rate FY17 to FY19	0%	3%	13%	-10%	-3%	-2%	-13%	-3%	-16%	1%
FY19 ED Volume (all cause) rate per 100,000	25,053	10,930	11,989	14,990	14,589	18,636	7,142	33,556	12,604	26,427
Change in ED Volume Rate FY17 to FY19	-1%	-15%	-13%	-3%	-1%	3%	-10%	8%	2%	1%
Cancer										
Breast Cancer										
FY19 Inpatient Discharges rate per 100,000	32	43	48	19	22	43	31	40	52	46
Change in Inpatient Discharge Rate FY17 to FY19	-10%	-33%	-50%	-40%	-60%	-33%	0%	27%	0%	300%
FY19 ED Volume rate per 100,000	27	43	0	0	0	0	0	47	0	40
Change in ED Volume Rate FY17 to FY19	25%	500%	0%	-100%	-100%	-100%	-100%	-24%	-100%	75%
Colorectal Cancer										
FY19 Inpatient Discharges rate per 100,000	15	0	24	13	11	0	0	11	0	0
Change in Inpatient Discharge Rate FY17 to FY19	17%	-100%	0%	0%	-83%	0%	-100%	-55%	-100%	0%
FY19 ED Volume rate per 100,000	4	0	0	0	0	0	0	2	0	0
Change in ED Volume Rate FY17 to FY19	21%	0%	0%	0%	0%	0%	0%	-75%	0%	0%
GYN Cancer										
FY19 Inpatient Discharges rate per 100,000	41	7	48	63	22	11	21	19	26	40
Change in Inpatient Discharge Rate FY17 to FY19	11%	0%	0%	0%	100%	0%	100%	-18%	0%	600%
FY19 ED Volume rate per 100,000	30	7	0	6	0	0	0	38	26	23
Change in ED Volume Rate FY17 to FY19	23%	0%	0%	-50%	-100%	-100%	0%	125%	-50%	33%
Lung Cancer										
FY19 Inpatient Discharges rate per 100,000	26	14	0	13	22	21	0	17	0	40
Change in Inpatient Discharge Rate FY17 to FY19	3%	-33%	-100%	-60%	0%	-50%	-100%	-38%	0%	40%
FY19 ED Volume rate per 100,000	7	0	0	0	0	0	0	11	0	0
Change in ED Volume Rate FY17 to FY19	47%	0%	0%	0%	0%	0%	0%	150%	0%	0%
Prostate Cancer										
FY19 Inpatient Discharges rate per 100,000	1	0	0	0	0	0	0	2	0	0
Change in Inpatient Discharge Rate FY17 to FY19	-15%	-100%	0%	0%	0%	0%	-100%	0%	0%	0%
FY19 ED Volume rate per 100,000	0	0	0	0	0	0	0	2	0	0
Change in ED Volume Rate FY17 to FY19	150%	-100%	0%	0%	0%	0%	0%	0%	0%	0%
Other Cancer										
FY19 Inpatient Discharges rate per 100,000	304	136	24	201	614	354	135	304	365	474
Change in Inpatient Discharge Rate FY17 to FY19	2%	-44%	-94%	-18%	-5%	6%	-19%	27%	17%	-12%
FY19 ED Volume rate per 100,000	142	36	24	50	65	182	31	179	104	127
Change in ED Volume Rate FY17 to FY19	29%	25%	0%	0%	500%	42%	-50%	45%	300%	5%
Chronic Disease										
Asthma										
FY19 Inpatient Discharges rate per 100,000	745	450	407	672	679	826	321	681	521	954
Change in Inpatient Discharge Rate FY17 to FY19	-5%	3%	0%	-12%	3%	10%	15%	-3%	-5%	6%
FY19 ED Volume rate per 100,000	2,649	1,221	1,101	1,446	1,218	2,230	590	3,512	1,563	2,909
Change in ED Volume Rate FY17 to FY19	3%	14%	-41%	-11%	-31%	-13%	-30%	53%	20%	-4%
Congestive Heart Failure										
FY19 Inpatient Discharges rate per 100,000	124	64	96	75	22	75	21	147	286	58
Change in Inpatient Discharge Rate FY17 to FY19	14%	29%	100%	9%	-80%	75%	-60%	10%	-21%	-9%

FY19 ED Volume rate per 100,000	56	7	24	38	0	21	0	62	52	46
Change in ED Volume Rate FY17 to FY19	42%	0%	0%	0%	-100%	-33%	0%	107%	0%	33%
COPD and Lung Disease										
FY19 Inpatient Discharges rate per 100,000	136	50	24	138	43	86	41	136	286	174
Change in Inpatient Discharge Rate FY17 to FY19	-5%	250%	0%	-12%	-33%	-20%	33%	-35%	57%	25%
FY19 ED Volume rate per 100,000	127	21	24	69	43	21	52	249	52	69
Change in ED Volume Rate FY17 to FY19	16%	-40%	0%	10%	-33%	-71%	150%	24%	100%	-40%
Diabetes Mellitus										
FY19 Inpatient Discharges rate per 100,000	478	286	120	497	560	558	135	745	417	405
Change in Inpatient Discharge Rate FY17 to FY19	5%	21%	0%	4%	13%	53%	18%	29%	167%	37%
FY19 ED Volume rate per 100,000	1,167	493	359	534	614	708	300	1,613	443	1,232
Change in ED Volume Rate FY17 to FY19	7%	30%	-46%	-9%	-25%	-23%	7%	14%	31%	39%
Heart Disease										
FY19 Inpatient Discharges rate per 100,000	445	286	215	371	690	354	52	496	521	555
Change in Inpatient Discharge Rate FY17 to FY19	6%	33%	29%	-2%	83%	38%	-71%	-11%	18%	14%
FY19 ED Volume rate per 100,000	375	121	72	195	172	279	104	402	234	440
Change in ED Volume Rate FY17 to FY19	31%	-29%	0%	-6%	7%	8%	100%	17%	-25%	33%
Hypertension										
FY19 Inpatient Discharges rate per 100,000	606	314	479	528	690	665	155	724	286	659
Change in Inpatient Discharge Rate FY17 to FY19	1%	38%	150%	-6%	21%	0%	0%	5%	-27%	-14%
FY19 ED Volume rate per 100,000	1,838	693	646	974	1,282	1,244	393	2,460	651	1,886
Change in ED Volume Rate FY17 to FY19	8%	-24%	-27%	-9%	-1%	-17%	0%	11%	9%	-9%
Liver Disease										
FY19 Inpatient Discharges rate per 100,000	427	143	431	440	388	761	124	611	417	463
Change in Inpatient Discharge Rate FY17 to FY19	15%	-41%	125%	19%	-3%	294%	0%	33%	45%	10%
FY19 ED Volume rate per 100,000	185	79	191	119	22	161	41	402	182	168
Change in ED Volume Rate FY17 to FY19	25%	22%	100%	36%	-67%	25%	0%	33%	40%	21%
Obesity										
FY19 Inpatient Discharges rate per 100,000	919	386	383	767	787	1,104	166	1,088	469	1,064
Change in Inpatient Discharge Rate FY17 to FY19	6%	2%	0%	-10%	35%	32%	-43%	-3%	-10%	6%
FY19 ED Volume rate per 100,000	530	150	144	283	119	450	31	1,056	26	364
Change in ED Volume Rate FY17 to FY19	11%	-46%	-40%	15%	-66%	-18%	-70%	46%	-80%	-49%
Stroke and Other Neurovascular Diseases										
FY19 Inpatient Discharges rate per 100,000	71	21	96	107	97	0	62	134	0	150
Change in Inpatient Discharge Rate FY17 to FY19	9%	-50%	100%	21%	0%	-100%	20%	50%	-100%	100%
FY19 ED Volume rate per 100,000	28	21	0	13	43	32	0	36	0	17
Change in ED Volume Rate FY17 to FY19	11%	0%	0%	-33%	0%	-25%	-100%	31%	-100%	0%
Injuries and Infections										
Allergy										
FY19 Inpatient Discharges rate per 100,000	553	471	287	578	593	729	176	292	677	746
Change in Inpatient Discharge Rate FY17 to FY19	13%	74%	-29%	42%	28%	66%	-6%	17%	44%	47%
FY19 ED Volume rate per 100,000	3,482	3,027	3,374	3,142	4,267	5,329	1,760	1,345	4,714	8,688
Change in ED Volume Rate FY17 to FY19	44%	9%	104%	376%	539%	328%	70%	32%	596%	528%
Hepatitis										
FY19 Inpatient Discharges rate per 100,000	344	228	72	220	86	365	93	343	0	335
Change in Inpatient Discharge Rate FY17 to FY19	-4%	33%	-79%	-33%	-38%	62%	80%	-10%	-100%	-31%
FY19 ED Volume rate per 100,000	195	129	0	239	54	193	0	511	26	174
Change in ED Volume Rate FY17 to FY19	1%	6%	-100%	153%	-38%	6%	-100%	107%	0%	-14%
HIV Infection										
FY19 Inpatient Discharges rate per 100,000	44	57	0	25	54	32	21	64	0	6
Change in Inpatient Discharge Rate FY17 to FY19	2%	300%	-100%	0%	0%	0%	0%	-66%	0%	-83%
FY19 ED Volume rate per 100,000	102	43	24	75	54	21	0	341	26	75
Change in ED Volume Rate FY17 to FY19	11%	500%	-50%	1100%	400%	-33%	-100%	29%	0%	63%

Infections										
FY19 Inpatient Discharges rate per 100,000	1,534	693	1,101	1,810	1,218	2,091	476	1,945	1,328	1,834
Change in Inpatient Discharge Rate FY17 to FY19	2%	-12%	10%	5%	-24%	44%	-33%	-17%	4%	16%
FY19 ED Volume rate per 100,000	5,547	2,128	2,656	2,784	3,135	3,549	1,211	6,777	2,734	5,570
Change in ED Volume Rate FY17 to FY19	-6%	-17%	8%	-9%	11%	-9%	-30%	-2%	3%	-4%
Injuries										
FY19 Inpatient Discharges rate per 100,000	1,103	714	383	987	1,077	1,115	445	1,177	599	1,232
Change in Inpatient Discharge Rate FY17 to FY19	5%	18%	-45%	-27%	-14%	-8%	-10%	-3%	-38%	33%
FY19 ED Volume rate per 100,000	7,762	3,420	3,015	4,437	4,461	5,201	2,474	10,052	3,802	6,877
Change in ED Volume Rate FY17 to FY19	-4%	-15%	-26%	-11%	-5%	-17%	1%	-8%	-6%	-18%
Poisonings										
FY19 Inpatient Discharges rate per 100,000	189	114	168	113	97	161	62	234	130	289
Change in Inpatient Discharge Rate FY17 to FY19	-7%	-27%	40%	-42%	-40%	-12%	-45%	-31%	-17%	43%
FY19 ED Volume rate per 100,000	693	293	215	641	399	547	228	994	391	735
Change in ED Volume Rate FY17 to FY19	-8%	-40%	-61%	3%	-23%	-12%	0%	-7%	-29%	-19%
Pneumonia/Influenza										
FY19 Inpatient Discharges rate per 100,000	286	164	383	484	291	268	93	398	260	335
Change in Inpatient Discharge Rate FY17 to FY19	8%	21%	700%	22%	-4%	-14%	13%	-6%	-41%	16%
FY19 ED Volume rate per 100,000	588	178	287	409	442	429	197	977	208	683
Change in ED Volume Rate FY17 to FY19	27%	19%	50%	86%	37%	21%	27%	39%	167%	48%
Sexually Transmitted Diseases										
FY19 Inpatient Discharges rate per 100,000	80	79	0	19	108	75	10	145	26	81
Change in Inpatient Discharge Rate FY17 to FY19	-9%	-21%	-100%	-80%	67%	0%	0%	21%	0%	17%
FY19 ED Volume rate per 100,000	262	50	24	31	32	32	31	215	52	150
Change in ED Volume Rate FY17 to FY19	15%	-30%	0%	25%	-70%	-63%	0%	12%	100%	37%
Tuberculosis										
FY19 Inpatient Discharges rate per 100,000	9	0	0	6	54	0	0	17	26	6
Change in Inpatient Discharge Rate FY17 to FY19	-3%	-100%	0%	0%	400%	-100%	-100%	14%	0%	0%
FY19 ED Volume rate per 100,000	5	0	0	0	0	0	0	4	0	12
Change in ED Volume Rate FY17 to FY19	0%	0%	0%	0%	0%	0%	0%	-50%	0%	0%
Other										
Dementia and Cognitive Disorders										
FY19 Inpatient Discharges rate per 100,000	177	86	287	163	108	247	62	175	104	202
Change in Inpatient Discharge Rate FY17 to FY19	9%	-37%	200%	-19%	-44%	53%	50%	-17%	33%	13%
FY19 ED Volume rate per 100,000	201	129	335	195	108	129	104	289	26	150
Change in ED Volume Rate FY17 to FY19	-11%	-25%	133%	63%	-9%	-52%	150%	6%	-86%	-28%
Mental Health										
FY19 Inpatient Discharges rate per 100,000	4,382	3,027	4,618	3,029	3,329	4,825	1,874	3,859	2,422	4,702
Change in Inpatient Discharge Rate FY17 to FY19	5%	-7%	50%	-18%	10%	7%	13%	5%	-26%	9%
FY19 ED Volume rate per 100,000	7,907	3,120	3,637	4,330	3,049	8,310	2,122	12,813	4,141	7,953
Change in ED Volume Rate FY17 to FY19	16%	-16%	-45%	-12%	-30%	16%	-24%	43%	29%	8%
Parkinsons and Movement Disorders										
FY19 Inpatient Discharges rate per 100,000	41	64	96	6	43	54	21	45	26	52
Change in Inpatient Discharge Rate FY17 to FY19	-2%	80%	300%	-86%	33%	25%	100%	-36%	-67%	-25%
FY19 ED Volume rate per 100,000	95	43	24	50	22	118	72	66	130	145
Change in ED Volume Rate FY17 to FY19	-4%	-25%	0%	60%	0%	175%	250%	-3%	150%	14%
Substance Use Disorders										
FY19 Inpatient Discharges rate per 100,000	2,012	964	1,292	1,527	1,465	1,759	424	2,231	859	2,007
Change in Inpatient Discharge Rate FY17 to FY19	-2%	4%	29%	-16%	26%	-1%	11%	-6%	-27%	-10%
FY19 ED Volume rate per 100,000	8,347	2,584	3,111	5,242	3,847	5,951	1,708	13,053	3,073	9,139
Change in ED Volume Rate FY17 to FY19	0%	-31%	0%	2%	-21%	-5%	1%	52%	-11%	-15%
Complication of Medical Care										
FY19 Inpatient Discharges rate per 100,000	2,698	3,320	2,417	2,872	2,758	6,033	1,501	2,993	3,385	3,152

Change in Inpatient Discharge Rate FY17 to FY19	5%	9%	-1%	7%	-13%	-15%	-16%	4%	0%	0%
FY19 ED Volume rate per 100,000	582	350	407	434	550	3,469	155	502	313	787
Change in ED Volume Rate FY17 to FY19	14%	4%	6%	28%	104%	10%	-6%	4%	0%	48%

Community Health Needs Assessment - Lahey Hospital & Medical Center

Source: Center for Health Information and Analysis (CHIA) Massachusetts Inpatient Discharges and Emergency Department Volume
Patients aged 45-64, LHMC Community Benefits Service Area defined by BILH Community Benefits

		LHMC Community Benefits Service Area								
	MA	Arlington	Bedford	Billerica	Burlington	Danvers	Lexington	Lowell	Lynnfield	Peabody
All Cause										
FY19 Inpatient Discharges (all cause) rate per 100,000	9,762	5,685	6,446	8,559	9,212	10,707	4,037	14,256	6,807	10,017
Change in Inpatient Discharge Rate FY17 to FY19	0%	0%	8%	-1%	-7%	-1%	-18%	-3%	21%	-7%
FY19 ED Volume (all cause) rate per 100,000	24,003	10,586	11,311	14,526	15,977	17,594	7,970	38,211	12,349	24,338
Change in ED Volume Rate FY17 to FY19	2%	-7%	5%	4%	-5%	2%	-4%	4%	8%	4%
Cancer										
Breast Cancer										
FY19 Inpatient Discharges rate per 100,000	258	210	247	261	253	131	249	225	269	264
Change in Inpatient Discharge Rate FY17 to FY19	-5%	-7%	-50%	50%	-25%	-59%	33%	-22%	150%	-11%
FY19 ED Volume rate per 100,000	195	70	222	126	127	131	42	265	161	237
Change in ED Volume Rate FY17 to FY19	18%	13%	350%	100%	80%	-21%	-50%	24%	200%	75%
Colorectal Cancer										
FY19 Inpatient Discharges rate per 100,000	116	78	49	158	28	84	62	170	0	149
Change in Inpatient Discharge Rate FY17 to FY19	0%	-23%	0%	0%	-86%	-36%	-40%	8%	-100%	29%
FY19 ED Volume rate per 100,000	27	0	0	24	0	12	21	51	0	20
Change in ED Volume Rate FY17 to FY19	12%	-100%	0%	-40%	0%	-67%	0%	44%	0%	200%
GYN Cancer										
FY19 Inpatient Discharges rate per 100,000	182	202	99	126	225	95	62	249	27	237
Change in Inpatient Discharge Rate FY17 to FY19	-3%	44%	33%	-36%	0%	-33%	-57%	43%	-88%	-10%
FY19 ED Volume rate per 100,000	82	23	0	40	56	84	31	119	27	47
Change in ED Volume Rate FY17 to FY19	21%	-40%	-100%	0%	33%	40%	0%	15%	-67%	-22%
Lung Cancer										
FY19 Inpatient Discharges rate per 100,000	358	194	148	261	309	370	62	593	135	325
Change in Inpatient Discharge Rate FY17 to FY19	5%	-14%	-40%	-34%	69%	-3%	-83%	35%	-29%	-32%
FY19 ED Volume rate per 100,000	97	16	0	87	42	143	10	218	0	74
Change in ED Volume Rate FY17 to FY19	21%	100%	-100%	175%	200%	300%	-67%	62%	-100%	-45%
Prostate Cancer										
FY19 Inpatient Discharges rate per 100,000	133	101	74	119	127	119	0	111	81	203
Change in Inpatient Discharge Rate FY17 to FY19	-5%	-7%	-25%	-6%	-59%	67%	-100%	-18%	50%	3%
FY19 ED Volume rate per 100,000	60	109	0	40	28	12	0	67	27	14
Change in ED Volume Rate FY17 to FY19	30%	1300%	0%	400%	-50%	-80%	0%	13%	0%	-71%
Other Cancer										
FY19 Inpatient Discharges rate per 100,000	1,984	1,413	2,099	2,229	1,857	2,089	1,048	2,223	2,152	2,227
Change in Inpatient Discharge Rate FY17 to FY19	3%	-29%	29%	22%	-20%	-6%	-63%	-3%	45%	-18%
FY19 ED Volume rate per 100,000	597	163	247	356	408	788	176	1,092	457	528
Change in ED Volume Rate FY17 to FY19	27%	-16%	400%	80%	4%	38%	-15%	111%	113%	4%
Chronic Disease										
Asthma										
FY19 Inpatient Discharges rate per 100,000	1,051	691	667	933	999	1,110	353	1,396	592	1,313
Change in Inpatient Discharge Rate FY17 to FY19	-17%	17%	-13%	16%	13%	-24%	-19%	3%	-8%	-4%
FY19 ED Volume rate per 100,000	1,944	1,033	766	1,043	1,406	1,695	477	3,342	646	2,234
Change in ED Volume Rate FY17 to FY19	0%	19%	7%	-24%	-24%	5%	-29%	48%	-20%	3%
Congestive Heart Failure										
FY19 Inpatient Discharges rate per 100,000	1,292	645	593	822	1,139	1,707	384	2,211	807	1,232
Change in Inpatient Discharge Rate FY17 to FY19	10%	1%	60%	-7%	16%	35%	12%	19%	88%	-12%

FY19 ED Volume rate per 100,000	396	78	99	134	239	346	104	522	296	514
Change in ED Volume Rate FY17 to FY19	41%	-17%	100%	-35%	-6%	12%	100%	69%	267%	81%
COPD and Lung Disease										
FY19 Inpatient Discharges rate per 100,000	1,994	753	593	1,407	914	2,423	322	3,548	565	1,685
Change in Inpatient Discharge Rate FY17 to FY19	1%	-13%	-23%	-14%	-23%	29%	-37%	-6%	11%	-29%
FY19 ED Volume rate per 100,000	1,388	466	370	759	549	1,098	83	3,291	269	1,387
Change in ED Volume Rate FY17 to FY19	10%	33%	-32%	-19%	-17%	8%	-20%	23%	67%	-6%
Diabetes Mellitus										
FY19 Inpatient Discharges rate per 100,000	2,808	1,429	1,210	2,403	2,419	2,948	706	5,300	1,964	2,856
Change in Inpatient Discharge Rate FY17 to FY19	3%	8%	-6%	10%	2%	6%	-19%	4%	115%	-4%
FY19 ED Volume rate per 100,000	4,109	1,173	1,408	2,181	2,039	2,877	913	7,959	2,018	3,959
Change in ED Volume Rate FY17 to FY19	10%	-25%	-8%	-12%	-29%	16%	-25%	13%	92%	2%
Heart Disease										
FY19 Inpatient Discharges rate per 100,000	3,609	2,198	2,346	3,090	4,416	4,739	1,359	5,225	2,152	3,838
Change in Inpatient Discharge Rate FY17 to FY19	4%	34%	94%	18%	4%	30%	25%	-2%	82%	6%
FY19 ED Volume rate per 100,000	1,448	645	766	751	731	1,420	425	2,235	780	1,624
Change in ED Volume Rate FY17 to FY19	17%	46%	121%	-27%	-33%	-15%	-23%	16%	16%	3%
Hypertension										
FY19 Inpatient Discharges rate per 100,000	4,045	2,066	2,223	3,383	3,882	4,213	1,380	5,961	2,825	4,298
Change in Inpatient Discharge Rate FY17 to FY19	-2%	19%	1%	-4%	-7%	1%	-23%	-4%	11%	-12%
FY19 ED Volume rate per 100,000	7,878	2,874	2,865	4,291	4,698	5,658	1,671	12,772	3,793	8,298
Change in ED Volume Rate FY17 to FY19	10%	-13%	-6%	-5%	-29%	-2%	-25%	14%	31%	0%
Liver Disease										
FY19 Inpatient Discharges rate per 100,000	1,562	753	790	1,201	1,617	1,922	394	2,670	646	1,672
Change in Inpatient Discharge Rate FY17 to FY19	5%	1%	-14%	-8%	22%	30%	-39%	8%	9%	2%
FY19 ED Volume rate per 100,000	404	101	123	158	127	418	83	850	188	420
Change in ED Volume Rate FY17 to FY19	19%	0%	-38%	-13%	-40%	6%	-20%	12%	250%	38%
Obesity										
FY19 Inpatient Discharges rate per 100,000	2,410	1,157	988	2,300	1,899	2,542	467	3,251	1,829	2,714
Change in Inpatient Discharge Rate FY17 to FY19	5%	13%	3%	28%	21%	7%	-35%	6%	70%	-8%
FY19 ED Volume rate per 100,000	675	280	148	300	309	633	83	1,400	242	474
Change in ED Volume Rate FY17 to FY19	17%	-20%	-45%	-28%	-24%	-24%	-38%	63%	-40%	-49%
Stroke and Other Neurovascular Diseases										
FY19 Inpatient Discharges rate per 100,000	443	295	420	403	886	477	270	665	161	508
Change in Inpatient Discharge Rate FY17 to FY19	2%	31%	55%	6%	58%	3%	0%	-11%	-25%	1%
FY19 ED Volume rate per 100,000	119	39	25	32	42	131	73	131	54	162
Change in ED Volume Rate FY17 to FY19	6%	0%	-50%	33%	0%	22%	250%	14%	100%	26%
Injuries and Infections										
Allergy										
FY19 Inpatient Discharges rate per 100,000	1,314	746	939	940	1,041	1,850	560	692	1,238	1,685
Change in Inpatient Discharge Rate FY17 to FY19	20%	45%	36%	11%	-10%	63%	80%	6%	84%	63%
FY19 ED Volume rate per 100,000	4,000	3,611	3,828	4,236	5,612	6,111	2,594	1,270	4,331	10,200
Change in ED Volume Rate FY17 to FY19	59%	12%	269%	644%	625%	433%	136%	80%	847%	802%
Hepatitis										
FY19 Inpatient Discharges rate per 100,000	492	93	296	166	197	513	135	843	81	338
Change in Inpatient Discharge Rate FY17 to FY19	-19%	-50%	50%	-40%	-44%	8%	-59%	0%	-73%	-31%
FY19 ED Volume rate per 100,000	211	16	0	95	84	239	21	973	0	95
Change in ED Volume Rate FY17 to FY19	-11%	-60%	0%	-8%	50%	11%	0%	108%	-100%	-22%
HIV Infection										
FY19 Inpatient Discharges rate per 100,000	157	16	0	47	42	24	83	328	27	54
Change in Inpatient Discharge Rate FY17 to FY19	-7%	-67%	0%	-50%	-25%	-67%	0%	-28%	0%	-65%
FY19 ED Volume rate per 100,000	236	23	25	103	28	12	21	756	0	122
Change in ED Volume Rate FY17 to FY19	-3%	0%	0%	225%	-50%	-80%	-33%	40%	0%	80%

Infections										
FY19 Inpatient Discharges rate per 100,000	3,824	2,144	2,297	3,153	3,727	4,786	1,743	6,028	3,175	4,027
Change in Inpatient Discharge Rate FY17 to FY19	3%	0%	22%	-2%	-20%	-2%	-21%	-1%	74%	-9%
FY19 ED Volume rate per 100,000	3,618	1,483	1,704	1,920	2,180	2,196	1,152	5,269	1,803	3,269
Change in ED Volume Rate FY17 to FY19	-4%	-14%	8%	17%	-15%	6%	-17%	-4%	-12%	-10%
Injuries										
FY19 Inpatient Discharges rate per 100,000	3,425	2,190	2,445	3,074	3,516	4,452	1,443	3,940	2,637	4,034
Change in Inpatient Discharge Rate FY17 to FY19	6%	17%	13%	3%	5%	-1%	-32%	11%	44%	1%
FY19 ED Volume rate per 100,000	7,959	3,953	4,124	4,947	5,134	6,386	3,342	11,546	4,305	8,332
Change in ED Volume Rate FY17 to FY19	-2%	1%	1%	6%	3%	-2%	8%	-7%	-5%	2%
Poisonings										
FY19 Inpatient Discharges rate per 100,000	232	116	123	261	211	310	52	392	161	298
Change in Inpatient Discharge Rate FY17 to FY19	-7%	-17%	-17%	0%	15%	-21%	0%	-6%	20%	52%
FY19 ED Volume rate per 100,000	395	148	296	277	183	418	93	759	215	386
Change in ED Volume Rate FY17 to FY19	5%	-27%	71%	-8%	-43%	25%	80%	14%	60%	21%
Pneumonia/Influenza										
FY19 Inpatient Discharges rate per 100,000	1,135	482	568	822	1,308	1,420	384	2,073	673	1,157
Change in Inpatient Discharge Rate FY17 to FY19	8%	11%	-18%	-15%	33%	-2%	-30%	16%	56%	-8%
FY19 ED Volume rate per 100,000	555	264	247	411	506	382	228	973	350	569
Change in ED Volume Rate FY17 to FY19	11%	-8%	-9%	8%	57%	28%	-4%	20%	63%	8%
Sexually Transmitted Diseases										
FY19 Inpatient Discharges rate per 100,000	24	23	0	8	0	60	10	16	0	14
Change in Inpatient Discharge Rate FY17 to FY19	-3%	50%	-100%	0%	-100%	150%	-50%	-20%	0%	-80%
FY19 ED Volume rate per 100,000	38	23	0	0	14	0	31	40	27	20
Change in ED Volume Rate FY17 to FY19	5%	200%	0%	-100%	0%	-100%	0%	11%	0%	-40%
Tuberculosis										
FY19 Inpatient Discharges rate per 100,000	18	23	0	8	0	0	10	51	0	20
Change in Inpatient Discharge Rate FY17 to FY19	-3%	0%	0%	0%	-100%	0%	0%	-19%	0%	0%
FY19 ED Volume rate per 100,000	6	0	0	0	0	0	10	16	0	0
Change in ED Volume Rate FY17 to FY19	7%	0%	0%	0%	0%	0%	0%	-50%	0%	0%
Other										
Dementia and Cognitive Disorders										
FY19 Inpatient Discharges rate per 100,000	868	544	568	814	802	1,504	291	1,436	1,076	1,198
Change in Inpatient Discharge Rate FY17 to FY19	10%	-4%	53%	47%	21%	45%	-22%	16%	74%	44%
FY19 ED Volume rate per 100,000	325	132	148	182	98	442	114	613	188	257
Change in ED Volume Rate FY17 to FY19	-5%	-32%	-14%	44%	-30%	48%	-39%	25%	17%	65%
Mental Health										
FY19 Inpatient Discharges rate per 100,000	7,268	4,908	3,507	5,738	5,232	8,797	2,667	9,442	3,928	8,203
Change in Inpatient Discharge Rate FY17 to FY19	4%	37%	-12%	16%	-10%	1%	0%	6%	12%	9%
FY19 ED Volume rate per 100,000	6,209	1,615	2,173	3,778	2,644	6,613	1,266	12,796	2,394	6,721
Change in ED Volume Rate FY17 to FY19	17%	-15%	-12%	20%	-28%	8%	-7%	40%	17%	11%
Parkinsons and Movement Disorders										
FY19 Inpatient Discharges rate per 100,000	252	233	198	190	323	346	156	289	242	223
Change in Inpatient Discharge Rate FY17 to FY19	8%	131%	0%	-25%	-12%	7%	-32%	-26%	29%	-23%
FY19 ED Volume rate per 100,000	185	109	99	63	155	131	42	237	81	88
Change in ED Volume Rate FY17 to FY19	5%	0%	-64%	-33%	10%	0%	-43%	7%	0%	-24%
Substance Use Disorders										
FY19 Inpatient Discharges rate per 100,000	3,820	1,608	1,581	3,296	2,433	3,426	612	6,756	969	3,736
Change in Inpatient Discharge Rate FY17 to FY19	0%	0%	-16%	5%	-21%	0%	-39%	8%	-20%	0%
FY19 ED Volume rate per 100,000	7,619	2,252	2,025	4,371	3,910	4,715	716	15,787	1,641	7,350
Change in ED Volume Rate FY17 to FY19	3%	8%	-28%	5%	-3%	-9%	-41%	44%	-26%	-9%
Complication of Medical Care										
FY19 Inpatient Discharges rate per 100,000	1,870	1,328	1,334	1,612	2,068	2,745	664	2,429	1,560	2,254

Change in Inpatient Discharge Rate FY17 to FY19	7%	12%	17%	21%	11%	23%	-36%	-1%	29%	6%
FY19 ED Volume rate per 100,000	472	412	469	379	492	537	208	574	242	657
Change in ED Volume Rate FY17 to FY19	8%	112%	375%	85%	-3%	36%	-9%	-10%	-63%	106%

Community Health Needs Assessment - Lahey Hospital & Medical Center

Source: Center for Health Information and Analysis (CHIA) Massachusetts Inpatient Discharges and Emergency Department Volume
Patients aged 65+, LHMC Community Benefits Service Area defined by BILH Community Benefits

		LHMC Community Benefits Service Area								
	MA	Arlington	Bedford	Billerica	Burlington	Danvers	Lexington	Lowell	Lynnfield	Peabody
All Cause										
FY19 Inpatient Discharges (all cause) rate per 100,000	25,473	23,123	21,131	27,580	30,977	32,162	18,078	28,922	23,969	28,055
Change in Inpatient Discharge Rate FY17 to FY19	5%	15%	4%	6%	-6%	-3%	11%	-1%	2%	-4%
FY19 ED Volume (all cause) rate per 100,000	26,010	17,351	18,466	19,899	26,062	27,052	15,486	29,877	22,401	27,079
Change in ED Volume Rate FY17 to FY19	10%	-2%	-2%	9%	0%	13%	3%	18%	12%	0%
Cancer										
Breast Cancer										
FY19 Inpatient Discharges rate per 100,000	1,253	1,664	1,008	1,159	1,762	2,236	951	998	1,605	1,636
Change in Inpatient Discharge Rate FY17 to FY19	6%	111%	94%	-2%	-8%	40%	-22%	-3%	26%	17%
FY19 ED Volume rate per 100,000	480	192	65	140	235	655	169	613	292	428
Change in ED Volume Rate FY17 to FY19	42%	45%	100%	-9%	0%	32%	-24%	126%	33%	6%
Colorectal Cancer										
FY19 Inpatient Discharges rate per 100,000	271	263	130	321	529	287	234	271	219	278
Change in Inpatient Discharge Rate FY17 to FY19	2%	47%	-64%	44%	108%	38%	80%	19%	-25%	37%
FY19 ED Volume rate per 100,000	42	0	0	0	20	0	13	50	0	8
Change in ED Volume Rate FY17 to FY19	9%	-100%	-100%	-100%	0%	0%	0%	-30%	-100%	-75%
GYN Cancer										
FY19 Inpatient Discharges rate per 100,000	508	826	358	405	587	830	221	549	438	698
Change in Inpatient Discharge Rate FY17 to FY19	6%	73%	57%	-6%	-12%	21%	-26%	93%	-8%	9%
FY19 ED Volume rate per 100,000	145	132	33	42	98	112	26	185	73	113
Change in ED Volume Rate FY17 to FY19	47%	267%	-67%	-40%	0%	-50%	0%	333%	0%	15%
Lung Cancer										
FY19 Inpatient Discharges rate per 100,000	1,347	1,293	1,235	2,067	1,508	1,868	625	1,583	1,897	1,276
Change in Inpatient Discharge Rate FY17 to FY19	9%	21%	23%	25%	-4%	38%	14%	39%	108%	12%
FY19 ED Volume rate per 100,000	282	36	33	154	98	240	91	414	109	293
Change in ED Volume Rate FY17 to FY19	26%	-50%	-67%	-8%	-44%	-21%	-13%	53%	-40%	34%
Prostate Cancer										
FY19 Inpatient Discharges rate per 100,000	1,270	982	1,008	1,313	1,899	1,501	1,276	977	1,897	1,546
Change in Inpatient Discharge Rate FY17 to FY19	6%	-2%	-26%	12%	5%	-6%	46%	34%	21%	8%
FY19 ED Volume rate per 100,000	434	192	163	251	98	639	287	314	438	315
Change in ED Volume Rate FY17 to FY19	36%	60%	150%	-18%	-38%	11%	57%	26%	71%	14%
Other Cancer										
FY19 Inpatient Discharges rate per 100,000	7,146	7,352	6,664	7,974	10,202	9,709	6,030	5,840	9,230	9,554
Change in Inpatient Discharge Rate FY17 to FY19	13%	24%	20%	12%	11%	19%	11%	18%	56%	10%
FY19 ED Volume rate per 100,000	1,519	659	748	587	822	3,066	755	1,683	1,240	1,696
Change in ED Volume Rate FY17 to FY19	33%	31%	28%	-9%	27%	71%	71%	86%	70%	38%
Chronic Disease										
Asthma										
FY19 Inpatient Discharges rate per 100,000	1,596	1,557	1,756	1,746	2,036	2,363	1,276	1,440	1,897	2,424
Change in Inpatient Discharge Rate FY17 to FY19	-16%	8%	10%	-7%	-5%	-19%	3%	-9%	-9%	-18%
FY19 ED Volume rate per 100,000	1,257	946	1,105	1,229	1,175	1,405	794	1,576	949	1,486
Change in ED Volume Rate FY17 to FY19	8%	8%	-6%	-13%	-19%	-18%	-9%	71%	13%	-7%
Congestive Heart Failure										
FY19 Inpatient Discharges rate per 100,000	8,161	7,376	6,534	8,909	9,908	11,450	5,262	9,184	7,807	9,899
Change in Inpatient Discharge Rate FY17 to FY19	9%	26%	11%	14%	-2%	8%	26%	0%	8%	-2%

FY19 ED Volume rate per 100,000	1,705	958	1,268	1,592	2,624	2,938	860	1,612	2,444	2,657
Change in ED Volume Rate FY17 to FY19	34%	-8%	-13%	-8%	9%	32%	-15%	39%	81%	28%
COPD and Lung Disease										
FY19 Inpatient Discharges rate per 100,000	7,130	5,209	4,194	8,002	7,186	8,879	3,126	8,813	5,874	7,648
Change in Inpatient Discharge Rate FY17 to FY19	5%	21%	-5%	5%	-13%	-6%	35%	-1%	11%	-2%
FY19 ED Volume rate per 100,000	2,422	1,006	1,040	2,053	1,508	2,827	664	3,701	1,605	2,237
Change in ED Volume Rate FY17 to FY19	18%	-23%	-41%	-16%	-44%	7%	-4%	29%	63%	-13%
Diabetes Mellitus										
FY19 Inpatient Discharges rate per 100,000	8,376	6,478	6,469	9,831	9,771	10,172	4,585	12,742	6,603	9,479
Change in Inpatient Discharge Rate FY17 to FY19	5%	42%	31%	4%	-7%	7%	35%	0%	15%	5%
FY19 ED Volume rate per 100,000	5,867	3,089	2,666	4,385	5,678	5,541	2,175	8,600	4,706	6,357
Change in ED Volume Rate FY17 to FY19	18%	-13%	-32%	-9%	-13%	-1%	-25%	25%	19%	2%
Heart Disease										
FY19 Inpatient Discharges rate per 100,000	18,344	17,411	14,597	20,709	23,458	26,190	13,298	18,953	18,935	24,092
Change in Inpatient Discharge Rate FY17 to FY19	6%	41%	10%	17%	-9%	13%	28%	-1%	9%	5%
FY19 ED Volume rate per 100,000	3,975	2,467	2,276	2,765	3,779	6,883	1,732	4,100	3,247	5,119
Change in ED Volume Rate FY17 to FY19	16%	-18%	-34%	-30%	-41%	11%	-39%	25%	-14%	-15%
Hypertension										
FY19 Inpatient Discharges rate per 100,000	10,397	8,969	8,192	11,130	12,434	11,865	7,137	12,058	9,522	10,665
Change in Inpatient Discharge Rate FY17 to FY19	-1%	18%	5%	-5%	-17%	-12%	9%	2%	-12%	-9%
FY19 ED Volume rate per 100,000	12,665	8,203	7,867	9,133	11,670	13,111	6,747	14,440	10,106	12,571
Change in ED Volume Rate FY17 to FY19	14%	-12%	-27%	-5%	-19%	0%	-11%	17%	2%	-11%
Liver Disease										
FY19 Inpatient Discharges rate per 100,000	1,956	1,808	1,170	2,374	2,056	2,443	990	2,624	1,605	1,884
Change in Inpatient Discharge Rate FY17 to FY19	16%	50%	-8%	-6%	-1%	25%	23%	14%	110%	-10%
FY19 ED Volume rate per 100,000	258	96	130	70	176	383	104	635	73	158
Change in ED Volume Rate FY17 to FY19	36%	167%	33%	-55%	800%	100%	300%	178%	-71%	0%
Obesity										
FY19 Inpatient Discharges rate per 100,000	3,869	2,467	2,178	4,106	3,015	4,455	1,446	4,064	2,809	4,301
Change in Inpatient Discharge Rate FY17 to FY19	14%	63%	12%	8%	-7%	2%	39%	-1%	7%	17%
FY19 ED Volume rate per 100,000	367	84	33	265	196	447	39	556	182	128
Change in ED Volume Rate FY17 to FY19	26%	-59%	-75%	-30%	-63%	8%	-25%	32%	400%	-70%
Stroke and Other Neurovascular Diseases										
FY19 Inpatient Discharges rate per 100,000	2,064	2,407	1,853	2,430	2,996	2,395	1,641	2,068	2,262	2,071
Change in Inpatient Discharge Rate FY17 to FY19	5%	79%	12%	30%	0%	-9%	17%	-4%	-7%	2%
FY19 ED Volume rate per 100,000	380	168	163	168	59	607	169	364	219	293
Change in ED Volume Rate FY17 to FY19	10%	8%	67%	9%	-50%	36%	-19%	11%	-45%	-19%
Injuries and Infections										
Allergy										
FY19 Inpatient Discharges rate per 100,000	3,711	2,838	3,576	3,687	4,367	6,324	2,826	1,041	5,618	5,884
Change in Inpatient Discharge Rate FY17 to FY19	32%	55%	36%	80%	32%	88%	48%	49%	50%	99%
FY19 ED Volume rate per 100,000	5,138	6,562	5,949	6,745	10,574	9,965	6,304	770	10,215	13,112
Change in ED Volume Rate FY17 to FY19	88%	43%	173%	1689%	2060%	634%	186%	104%	2700%	1908%
Hepatitis										
FY19 Inpatient Discharges rate per 100,000	273	192	98	56	137	208	195	364	328	158
Change in Inpatient Discharge Rate FY17 to FY19	-3%	-24%	-25%	-33%	-13%	18%	150%	21%	350%	11%
FY19 ED Volume rate per 100,000	70	60	0	14	20	0	0	250	0	45
Change in ED Volume Rate FY17 to FY19	36%	-17%	0%	0%	0%	-100%	0%	289%	0%	0%
HIV Infection										
FY19 Inpatient Discharges rate per 100,000	53	48	33	0	39	0	0	78	0	0
Change in Inpatient Discharge Rate FY17 to FY19	2%	0%	0%	0%	0%	-100%	0%	-39%	0%	-100%
FY19 ED Volume rate per 100,000	47	0	0	28	0	16	0	178	0	0
Change in ED Volume Rate FY17 to FY19	34%	0%	0%	0%	0%	0%	0%	127%	0%	-100%

Infections										
FY19 Inpatient Discharges rate per 100,000	12,591	11,400	10,143	13,518	16,311	18,253	9,169	14,967	12,222	14,222
Change in Inpatient Discharge Rate FY17 to FY19	6%	22%	-3%	5%	-6%	9%	8%	1%	4%	0%
FY19 ED Volume rate per 100,000	4,213	2,539	2,341	2,737	4,073	3,897	2,344	4,792	3,539	3,940
Change in ED Volume Rate FY17 to FY19	3%	0%	11%	10%	18%	7%	10%	16%	8%	1%
Injuries										
FY19 Inpatient Discharges rate per 100,000	11,877	13,124	10,761	12,624	15,782	19,690	10,485	9,769	13,170	16,684
Change in Inpatient Discharge Rate FY17 to FY19	15%	30%	9%	4%	-7%	13%	22%	10%	24%	6%
FY19 ED Volume rate per 100,000	10,393	7,149	7,900	7,834	11,005	15,474	6,760	11,922	9,194	11,318
Change in ED Volume Rate FY17 to FY19	11%	3%	1%	3%	10%	18%	6%	18%	2%	-7%
Poisonings										
FY19 Inpatient Discharges rate per 100,000	281	216	195	447	411	367	104	328	255	263
Change in Inpatient Discharge Rate FY17 to FY19	7%	0%	100%	100%	62%	-23%	-20%	-31%	133%	-24%
FY19 ED Volume rate per 100,000	185	144	0	279	274	128	182	271	146	143
Change in ED Volume Rate FY17 to FY19	27%	0%	-100%	300%	133%	-20%	40%	73%	-20%	-5%
Pneumonia/Influenza										
FY19 Inpatient Discharges rate per 100,000	4,188	3,413	3,414	4,147	5,346	5,733	2,800	5,048	4,852	4,571
Change in Inpatient Discharge Rate FY17 to FY19	0%	-1%	-1%	-3%	-8%	-13%	21%	-10%	53%	-9%
FY19 ED Volume rate per 100,000	569	263	390	419	568	383	300	620	657	585
Change in ED Volume Rate FY17 to FY19	1%	-12%	-20%	-14%	-24%	-25%	-26%	-17%	50%	-16%
Sexually Transmitted Diseases										
FY19 Inpatient Discharges rate per 100,000	30	12	33	42	20	16	39	21	36	23
Change in Inpatient Discharge Rate FY17 to FY19	9%	0%	0%	0%	0%	-50%	200%	0%	-50%	50%
FY19 ED Volume rate per 100,000	5	0	0	0	0	0	0	0	0	8
Change in ED Volume Rate FY17 to FY19	0%	0%	0%	0%	0%	0%	0%	-100%	0%	0%
Tuberculosis										
FY19 Inpatient Discharges rate per 100,000	52	60	65	84	157	48	91	121	0	15
Change in Inpatient Discharge Rate FY17 to FY19	-11%	400%	0%	50%	60%	50%	0%	-41%	-100%	-33%
FY19 ED Volume rate per 100,000	6	0	0	0	20	0	13	43	0	0
Change in ED Volume Rate FY17 to FY19	13%	0%	0%	0%	-67%	0%	0%	200%	0%	0%
Other										
Dementia and Cognitive Disorders										
FY19 Inpatient Discharges rate per 100,000	6,264	6,179	4,649	5,781	7,950	9,661	5,014	5,926	6,749	7,258
Change in Inpatient Discharge Rate FY17 to FY19	6%	31%	1%	-5%	2%	-13%	20%	-9%	35%	-4%
FY19 ED Volume rate per 100,000	2,053	707	1,398	1,173	1,488	5,318	1,029	2,403	2,225	1,981
Change in ED Volume Rate FY17 to FY19	11%	-33%	-14%	-42%	-36%	17%	-16%	23%	9%	-15%
Mental Health										
FY19 Inpatient Discharges rate per 100,000	10,900	10,358	8,225	11,283	12,688	16,225	6,747	11,922	11,456	14,830
Change in Inpatient Discharge Rate FY17 to FY19	15%	37%	-12%	13%	8%	1%	25%	24%	21%	28%
FY19 ED Volume rate per 100,000	3,500	1,341	1,463	2,123	2,252	6,867	1,042	5,697	2,481	4,278
Change in ED Volume Rate FY17 to FY19	35%	-26%	-27%	-18%	-32%	31%	-34%	80%	51%	41%
Parkinsons and Movement Disorders										
FY19 Inpatient Discharges rate per 100,000	1,523	1,892	1,658	1,815	2,115	1,980	1,289	1,048	1,642	1,989
Change in Inpatient Discharge Rate FY17 to FY19	10%	42%	-9%	7%	-11%	-31%	11%	-19%	41%	0%
FY19 ED Volume rate per 100,000	602	347	520	545	470	1,006	391	528	401	510
Change in ED Volume Rate FY17 to FY19	11%	-17%	-53%	5%	-43%	5%	-6%	12%	-45%	-39%
Substance Use Disorders										
FY19 Inpatient Discharges rate per 100,000	2,956	2,263	2,016	3,770	2,683	3,258	821	4,599	839	2,454
Change in Inpatient Discharge Rate FY17 to FY19	13%	34%	7%	26%	-3%	0%	40%	30%	-21%	4%
FY19 ED Volume rate per 100,000	2,258	1,174	1,138	1,760	901	2,044	547	4,877	876	1,921
Change in ED Volume Rate FY17 to FY19	22%	-12%	46%	6%	-34%	52%	14%	204%	26%	3%
Complication of Medical Care										
FY19 Inpatient Discharges rate per 100,000	4,867	4,359	3,576	5,767	6,423	6,308	3,608	4,785	4,451	6,229

Change in Inpatient Discharge Rate FY17 to FY19	13%	32%	-4%	23%	21%	23%	9%	7%	0%	25%
FY19 ED Volume rate per 100,000	835	647	910	838	1,273	910	521	749	474	811
Change in ED Volume Rate FY17 to FY19	9%	4%	40%	15%	-4%	-5%	5%	0%	-28%	2%

Notes:

Population counts: Sg2 Claritas Demographic Data, 2021.

Data is broken out into four age groupings (0-17, 18-44, 45-64, 65+). One age group per tab.

Included data is a calculated rate of inpatient discharge or ED volume per 100,000 population, by town. Inpatient discharge and ED data retrieved from CHIA FY17 and FY19.

Categorization of the Health Conditions listed above determined by Sg2 CARE Family (ICD-9 and -10 diagnosis code to disease grouping)

Percent change based on rate per 100,000 in FY17 compared to rate per 100,000 in FY19, using identical Sg2 CARE Family definitions. Please note the % change in rate for some health conditions is large, likely due to small volumes or coding changes.

Volumes noted as <11 are supressed per CHIA cell suppression guidelines.

Community Health Survey

- LHMC Community Health Survey
  - Survey Output
  - Survey Distribution Channels

Beth Israel Lahey Health

Community Health Survey for Beth Israel Lahey Health
2022 Community Health Needs Assessment

Beth Israel Lahey Health and its member hospitals are conducting a Community Health Needs Assessment to better understand the most pressing health-related issues for residents in the communities we serve. It is important that each hospital gather input from people living, working, and learning in the community. The information gathered will help each hospital to improve its patient and community services.

Please take about 15 minutes to complete this survey. Your responses will be private. If you do not feel comfortable answering a question, you may skip it. Taking this survey will not affect any services that you receive. Findings from this survey that are shared back with the community will be combined across all respondents. It will not be possible to identify you or your responses. Thank you for completing this survey.

You will have the option at the end of the survey to enter a drawing for a $100 gift card

We have shared this survey widely. Please complete this survey only once.

Time in Community

1. We are interested in your experiences in the community where you spend the most time. This may be the place where you live, work, play, or learn.
   Please enter the zip code of the community in which you spend the most time.
   Zip code: _____

1. How many years have you lived in the selected community?
   - ❑ Less than 1 year
   - ❑ 1-5 years
   - ❑ 6-10 years
   - ❑ Over 10 years but not all my life
   - ❑ I have lived here all my life
   - ❑ I used to live here, but not anymore
   - ❑ I have never lived here

2. How many years have you worked in the selected community?
   - ❑ Less than 1 year
   - ❑ 1-5 years
   - ❑ 6-10 years
   - ❑ Over 10 years
   - ❑ I do not work here

3. If you do not live or work in the selected community, how are you connected to it?
   _____

Your Community

4. Please check the response that best describes how much you agree or disagree with each statement about your community.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
I feel like I belong in my community.	☐	☐	☐	☐	☐
Overall, I am satisfied with the quality of life in my community. (Think about things like health care, raising children, getting older, job opportunities, safety, and support.)	☐	☐	☐	☐	☐
My community is a good place to raise children. (Think about things like schools, day care, after school programs, housing, and places to play)	☐	☐	☐	☐	☐
My community is a good place to grow old. (Think about things like housing, transportation, houses of worship, shopping, health care, and social support)	☐	☐	☐	☐	☐
My community has good access to resources. (Think about organizations, agencies, healthcare, etc.).	☐	☐	☐	☐	☐

5. What are the most important things you would like to improve about your community? Please select up to 5 items from the list below.

- ☐ Better access to good jobs
- ☐ Better access to health care
- ☐ Better access to healthy food
- ☐ Better access to internet
- ☐ Better access to public transportation
- ☐ Better parks and recreation
- ☐ Better roads
- ☐ Better schools
- ☐ Better sidewalks and trails Cleaner environment
- ☐ Lower crime and violence
- ☐ More affordable childcare
- ☐ More affordable housing
- ☐ More arts and cultural events
- ☐ More effective city services (like water, trash, fire department, and police)
- ☐ More inclusion for diverse members of the community
- ☐ Stronger community leadership
- ☐ Stronger sense of community
- ☐ Other (_____)

Social + Cultural Environment

6. We are interested to know about your experiences finding support in your community. For each of the statements below, please check the response that best describes how much you agree or disagree with each statement.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
There are people and/or organizations in my community that support me during times of stress and need.	☐	☐	☐	☐	☐
I believe that all residents, including myself, can make the community a better place to live.	☐	☐	☐	☐	☐
During COVID-19, information I need to stay healthy and safe has been readily available in my community.	☐	☐	☐	☐	☐
During COVID-19, resources I need to stay healthy and safe have been readily available in my community.	☐	☐	☐	☐	☐

Natural + Built Environment

7. The natural and built environment impacts the health and wellbeing of people and communities. For each statement below, check the response that best describes how true you think the statement is.

	True	Somewhat true	Not at all true	I don't know
My community feels safe.	☐	☐	☐	☐
People like me have access to safe, clean parks and open spaces.	☐	☐	☐	☐
People like me have access to reliable transportation.	☐	☐	☐	☐
People like me have housing that is safe and good quality.	☐	☐	☐	☐
The air in my community is healthy to breathe.	☐	☐	☐	☐
The water in my community is safe to drink.	☐	☐	☐	☐
My community is prepared to protect ourselves during climate disasters, such as flooding, hurricanes, or blizzards.	☐	☐	☐	☐
During extreme heat, people like me have access to options for staying cool.	☐	☐	☐	☐

Economic + Educational Environment

8. The economic and educational environment impacts the health and wellbeing of people and communities. For each statement below, check the response that best describes how true you think the statement is.

	True	Somewhat true	Not at all true	I don't know
People like me have access to good local jobs with living wages and benefits.	☐	☐	☐	☐
People like me have access to local investment opportunities, such as owning homes or businesses.	☐	☐	☐	☐
Housing in my community is affordable for people with different income levels.	☐	☐	☐	☐
People like me have access to affordable childcare services.	☐	☐	☐	☐
People like me have access to good education for their children.	☐	☐	☐	☐

9. How much do you agree or disagree with the statements below?

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
The built, economic, and educational environments in my community are impacted by **systemic racism**. This is the kind of racism that happens when big institutions—like government, health care, housing, etc.—work in ways that provide resources and power to people who are white, and fewer or none to people of color. This kind of racism is aimed at whole groups of people instead of at individuals and is not always done on purpose.	☐	☐	☐	☐	☐
The built, economic, and educational environments in my community are impacted by **individual racism**. This is the racism that happens when one person (or group of people) has negative attitudes towards another person (or group of people)—because of the color of their skin, physical features, culture and/or language—and treats the other person/group badly/unfairly.	☐	☐	☐	☐	☐

Health + Access to care

10. The healthcare environment impacts the health and wellbeing of people and communities. For each statement below, check the response that best describes how true you think the statement is.

	True	Somewhat true	Not at all true	I don't know
Health care in my community meets the physical health needs of people like me.	☐	☐	☐	☐
Health care in my community meets the mental health needs of people like me.	☐	☐	☐	☐

11. In the last 12 months, did you ever need any of the following types of health care? Please check the response that best describes your experience.

	I needed this type of care and was able to access it.	I needed this type of care but was not able to access it.	I did not need this type of care.
Routine medical care	☐	☐	☐
Dental (mouth) care	☐	☐	☐
Mental health care	☐	☐	☐
Reproductive health care	☐	☐	☐
Emergency care for a mental health crisis, including suicidal thoughts	☐	☐	☐
Treatment for a substance use disorder	☐	☐	☐
Vision care	☐	☐	☐
Medication for a chronic illness	☐	☐	☐

12. For any types of care that you needed <u>but were not able to access</u>, select the reason(s) why you were unable to access care.

	Concern about COVID exposure	Unable to afford the costs	Unable to get transportation	Hours did not fit my schedule	Fear or distrust of health care system	No providers speak my language	Another reason not listed
Routine medical care	☐	☐	☐	☐	☐	☐	☐
Dental care	☐	☐	☐	☐	☐	☐	☐
Mental health care	☐	☐	☐	☐	☐	☐	☐
Reproductive health care	☐	☐	☐	☐	☐	☐	☐
Emergency care for a mental health crisis, including suicidal thoughts	☐	☐	☐	☐	☐	☐	☐
Treatment for a substance use disorder	☐	☐	☐	☐	☐	☐	☐
Vision care	☐	☐	☐	☐	☐	☐	☐
Medication for a chronic illness	☐	☐	☐	☐	☐	☐	☐

If you selected "Another reason not listed" in the table above, please explain why you were unable to get the care you needed:

_____

13. How much do you agree with the following statements?

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Healthcare in my community is impacted by systemic racism. This is the kind of racism that happens when big institutions—like government, health care, housing, etc.—work in ways that provide resources and power to people who are white, and fewer or none to people of color. This kind of racism is aimed at whole groups of people instead of at individuals and is not always done on purpose.	☐	☐	☐	☐	☐
Healthcare in my community is impacted by individual racism. This is the racism that happens when one person (or group of people) has negative attitudes towards another person (or group of people)—because of the color of their skin, physical features, culture and/or language—and treats the other person/group badly/unfairly.	☐	☐	☐	☐	☐

Experiences with Discrimination

14. It has been shown that experiencing discrimination negatively impacts the health and well-being of individuals and communities. In order to better understand these impacts, BILH would like to hear about your lived experience regarding discrimination. In the following questions, we are interested in the ways you are treated. To the extent that you are comfortable, can you tell us if any of the following happens to you, and if so, how often?

	Never	Less than once a year	A few times a year	A few times a month	At least once a week	Almost every day
You are not hired for jobs for unfair reasons, are unfairly fired, or are denied a raise.	☐	☐	☐	☐	☐	☐
You are unfairly stopped, searched, questioned, threatened, or abused by the police.	☐	☐	☐	☐	☐	☐
You receive worse service than other people at stores, restaurants, or service providers.	☐	☐	☐	☐	☐	☐
Landlords or realtors refused to rent or sell you an apartment or house.	☐	☐	☐	☐	☐	☐
Healthcare providers treat you with less respect or provide worse services to you compared to other people.	☐	☐	☐	☐	☐	☐

15. If you answered a few times a year or more, what do you think is the main reason for these experiences? You may select more than one.

- ☐ Ableism (discrimination on the basis of disability)
- ☐ Ageism (discrimination on the basis of age)
- ☐ Discrimination based on income or education level
- ☐ Discrimination based on the basis of religion
- ☐ Discrimination based on the basis of weight or body size
- ☐ Homophobia (discrimination against gay, lesbian, bisexual, or queer people)
- ☐ Racism (discrimination on the basis of racial or ethnic group identity)
- ☐ Sexism (discrimination on the basis of sex)
- ☐ Transphobia (discrimination against transgender or gender non-binary people)
- ☐ Xenophobia (discrimination against people born in another country)
- ☐ Don't know
- ☐ Prefer not to answer

16. Is there anything else you would like to share about the community you selected in the first question? If not, leave blank.

_____

_____

_____

Beth Israel Lahey Health

About You

The following questions help us to better understand how people of diverse identities and life experiences may have similar or different experiences of the community. You may skip any question you prefer not to answer.

17. What is your age?

- ☐ Under 18
- ☐ 18-24
- ☐ 25-44
- ☐ 45-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85 and over
- ☐ Prefer not to answer

18. What is your current gender identity?

- ☐ Genderqueer or gender non-conforming
- ☐ Man
- ☐ Transgender
- ☐ Woman
- ☐ Prefer to self-describe: _____

19. What is your sexual orientation?

- ❑ Bisexual
- ❑ Gay or lesbian
- ❑ Straight/heterosexual
- ❑ Prefer to self-describe: _____
- ❑ Prefer not to answer

20. Which of these groups best represents your race? You will have space to enter ethnicity in the next question. (Please check all that apply.)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic/Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Not listed above/Other: _____
- ☐ Prefer not to answer

21. What is your ethnicity? (You can specify one or more)

- ☐ African (specify_____)
- ☐ African American
- ☐ American
- ☐ Brazilian
- ☐ Cambodian
- ☐ Cape Verdean
- ☐ Caribbean Islander (specify_____)
- ☐ Chinese
- ☐ Colombian
- ☐ Cuban
- ☐ Dominican
- ☐ European (specify_____)
- ☐ Filipino
- ☐ Guatemalan
- ☐ Haitian
- ☐ Honduran
- ☐ Indian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Mexican, Mexican-American, Chicano
- ☐ Middle Eastern (specify_____)
- ☐ Portuguese
- ☐ Puerto Rican
- ☐ Russian
- ☐ Salvadoran
- ☐ Vietnamese
- ☐ Other (specify_____)
- ☐ Unknown/not specified

22. What is the primary language(s) spoken in your home? (Please check all that apply.)

- ☐ Armenian
- ☐ Cape Verdean Creole
- ☐ Chinese (including Mandarin and Cantonese)
- ☐ English
- ☐ Haitian Creole
- ☐ Hindi
- ☐ Khmer
- ☐ Portuguese
- ☐ Russian
- ☐ Spanish
- ☐ Vietnamese
- ☐ Other: _____
- ☐ Prefer not to answer

23. What is the highest grade or level of school that you have completed?
- ☐ Never attended school
- ☐ Grades 1 through 8
- ☐ Grades 9 through 11/ Some high school
- ☐ Grade 12/Completed high school or GED
- ☐ Some college, Associates Degree, or Technical Degree
- ☐ Bachelor's Degree
- ☐ Any post graduate studies
- ☐ Prefer not to answer

24. Are you currently:
- ☐ Employed full-time (40 hours or more per week)
- ☐ Employed part-time (Less than 40 hours per week)
- ☐ Self-employed (Full- or part-time)
- ☐ A stay at home parent
- ☐ A student (Full- or part-time)
- ☐ Unemployed
- ☐ Unable to work for health reasons
- ☐ Retired
- ☐ Other (specify_____)
- ☐ Prefer not to answer

25. How long have you lived in the United States?
- ☐ Less than one year
- ☐ 1 to 3 years
- ☐ 4 to 6 years
- ☐ More than 6 years, but not my whole life
- ☐ I have always lived in the United States
- ☐ Prefer not to answer

26. Have you served on active duty in the U.S. Armed Forces, Reserves, or National Guard?
- ☐ Never served in the military
- ☐ On active duty now (in any branch)
- ☐ On active duty in the past, but not now (includes retirement from any branch)
- ☐ Prefer not to answer

27. Do you identify as a person with a disability?
- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

28. How would you describe your current housing situation?
- ☐ I rent my home
- ☐ I own my home
- ☐ I am staying with another household
- ☐ I am experiencing homelessness or staying in a shelter
- ☐ Other (specify_____)
- ☐ Prefer not to answer

29. Are you the parent or caregiver of a child under the age of 18?
- ☐ Yes (Please answer question 30)
- ☐ No
- ☐ Prefer not to answer

30. If you are the parent or caregiver for a child under 18, please indicate the age(s) of the child(ren) you care for. (Please check all that apply.)
- ☐ 0-3 years
- ☐ 4-5 years
- ☐ 6-10 years
- ☐ 11-14 years
- ☐ 15-17 years

31. Many people feel a sense of belonging to communities other than the city or town where they spend the most time. Which of the following communities do you feel you belong to? (Select all that apply)
- ☐ My neighborhood or building
- ☐ Faith community (*such as a church, mosque, temple, or faith-based organization)*
- ☐ School community *(such as a college or education program that you attend, or a school that you child attends)*
- ☐ Work community *(such as your place of employment, or a professional association)*
- ☐ A shared identity or experience *(such as a group of people who share an immigration experience, a racial or ethnic identity, a cultural heritage, or a gender identity)*
- ☐ A shared interest group *(such as a club, sports team, political group, or advocacy group)*
- ☐ Another city or town where I do not live
- ☐ Other (Feel free to share: _____)

If you would like to be entered into the drawing to win a $100 gift card, please enter your name and the best way to contact you in the box (phone number or email). This information will not be used to identify your answers to the survey in any way. Please detach this sheet, and return the survey and this sheet to the place you picked it up.

First Name and Email or Phone:

If you would like to be added to an email list to hear about future Beth Israel Lahey Health hospital meetings or activities, please enter your email address below. This information will not be used to identify your answers to the survey in any way. Please detach this sheet, and return the survey and this sheet to the place you picked it up.

Email:

Thank you so much for your help in improving your community!

Next
Back
Done

LHMC Community Health Survey Output

Response Counts

Completion Rate:	**100%**	
	Complete	950

Totals: 950

Select a language.

Value	Percent	Responses
Take the survey in English	92.2%	870
参加简体中文调查	6.0%	57
參加繁體中文調查	0.5%	5
Participe da pesquisa em português	1.1%	10
Пройдите анкету на русском языке	0.1%	1
Responda la encuesta en español	0.1%	1

Totals: 944

How many years have you lived in the selected community?

Value	Percent	Responses
Less than 1 year	2.5%	24
1-5 years	17.2%	163
6-10 years	11.5%	109
Over 10 years but not all my life	51.4%	487
I have lived here all my life	13.7%	130
I used to live here, but not anymore	1.1%	10
I have never lived here	2.5%	24

Totals: 947

How many years have you worked in the selected community?

Value	Percent	Responses
Less than 1 year	3.4%	32
1-5 years	17.6%	163
6-10 years	11.5%	107
Over 10 years	27.7%	257
I do not work here	39.8%	369

Totals: 928

Please check the response that best describes how much you agree or disagree with each statement about your community.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Responses
I feel like I belong in my community. Count Row %	24 2.6%	48 5.2%	488 52.6%	345 37.2%	23 2.5%	928
Overall, I am satisfied with the quality of life in my community. (Think about things like health care, raising children, getting older, job opportunities, safety, and support.) Count Row %	23 2.4%	71 7.6%	469 49.9%	368 39.2%	8 0.9%	939
My community is a good place to raise children. (Think about things like schools, day care, after school programs, housing, and places to play) Count Row %	17 1.8%	49 5.3%	385 41.3%	423 45.3%	59 6.3%	933
My community is a good place to grow old. (Think about things like housing, transportation, houses of worship, shopping, health care, and social support) Count Row %	30 3.2%	125 13.3%	447 47.6%	283 30.1%	55 5.9%	940
My community has good access to resources. (Think about organizations, agencies, healthcare, etc.). Count Row %	15 1.6%	59 6.3%	467 50.1%	364 39.0%	28 3.0%	933
Totals Total Responses						940

What are the most important things you would like to improve about your community? Please select up to 5 items from the list below.

Value	Percent	Responses
Better access to good jobs	11.8%	110
Better access to health care	15.9%	148
Better access to healthy food	18.6%	174
Better access to internet	9.3%	87
Better access to public transportation	35.4%	330
Better parks and recreation	23.5%	219
Better roads	37.5%	350
Better schools	21.0%	196
Better sidewalks and trails	37.4%	349
Cleaner environment	17.9%	167
Lower crime and violence	11.8%	110
More affordable childcare	16.9%	158
More affordable housing	40.3%	376
More arts and cultural events	18.6%	174
More effective city services (like water, trash, fire department, and police)	8.5%	79
More inclusion for diverse members of the community	19.0%	177
Stronger community leadership	11.7%	109
Stronger sense of community	11.6%	108
Other	5.7%	53

For each of the statements below, please check the response that best describes how much you agree or disagree with each statement.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Responses
There are people and/or organizations in my community that support me during times of stress and need. Count Row %	28 3.0%	95 10.1%	472 50.1%	153 16.2%	195 20.7%	943
I believe that all residents, including myself, can make the community a better place to live. Count Row %	8 0.8%	29 3.1%	475 50.3%	424 44.9%	8 0.8%	944
During COVID-19, information I need to stay healthy and safe has been readily available in my community. Count Row %	13 1.4%	51 5.4%	464 49.1%	393 41.6%	24 2.5%	945
During COVID-19, resources I need to stay healthy and safe have been readily available in my community. Count Row %	16 1.7%	70 7.4%	486 51.4%	336 35.6%	37 3.9%	945
Totals Total Responses						945

For each statement below, check the response that best describes how true you think the statement is.

	True	Somewhat True	Not At All True	Don't Know	Responses
My community feels safe. Count Row %	627 66.4%	295 31.3%	15 1.6%	7 0.7%	944
People like me have access to safe, clean parks and open spaces. Count Row %	625 66.6%	260 27.7%	47 5.0%	7 0.7%	939
People like me have access to reliable transportation. Count Row %	384 41.0%	357 38.1%	120 12.8%	75 8.0%	936
People like me have housing that is safe and good quality. Count Row %	589 62.9%	280 29.9%	44 4.7%	23 2.5%	936
The air in my community is healthy to breathe. Count Row %	554 58.7%	296 31.4%	44 4.7%	49 5.2%	943
The water in my community is safe to drink. Count Row %	434 46.4%	314 33.5%	125 13.4%	63 6.7%	936
My community is prepared to protect ourselves during climate disasters, such as flooding, hurricanes, or blizzards. Count Row %	338 35.9%	309 32.8%	69 7.3%	225 23.9%	941
During extreme heat, people like me have access to options for staying cool. Count Row %	532 56.5%	240 25.5%	58 6.2%	111 11.8%	941
Totals Total Responses					944

For each statement below, check the response that best describes how true you think the statement is.

	True	Somewhat True	Not At All True	Don't Know	Responses
People like me have access to good local jobs with living wages and benefits. Count Row %	363 39.5%	344 37.4%	91 9.9%	122 13.3%	920
People like me have access to local investment opportunities, such as owning homes or businesses. Count Row %	369 39.7%	360 38.7%	127 13.7%	74 8.0%	930
Housing in my community is affordable for people with different income levels. Count Row %	105 11.2%	317 33.8%	440 47.0%	75 8.0%	937
People like me have access to affordable childcare services. Count Row %	111 12.2%	307 33.7%	199 21.8%	295 32.3%	912
People like me have access to good education for their children. Count Row %	478 51.8%	307 33.3%	42 4.6%	95 10.3%	922
Totals Total Responses					937

How much do you agree or disagree with the statements below?

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Responses
The built, economic, and educational environments in my community are impacted by **systemic racism.** This is the kind of racism that happens when big institutions—like government, health care, housing, etc.—work in ways that provide resources and power to people who are white, and fewer or none to people of color. This kind of racism is aimed at whole groups of people instead of at individuals and is not always done on purpose. Count Row %	135 14.6%	175 18.9%	304 32.9%	211 22.8%	100 10.8%	925
The built, economic, and educational environments in my community are impacted by **individual racism.** This is the racism that happens when one person (or group of people) has negative attitudes towards another person (or group of people)—because of the color of their skin, physical features, culture and/or language—and treats the other person/group badly/unfairly. Count Row %	117 12.6%	172 18.6%	284 30.7%	285 30.8%	67 7.2%	925
Totals Total Responses						925

For each statement below, check the response that best describes how true you think the statement is.

	True	Somewhat True	Not at all True	Don't Know	Responses
Health care in my community meets the physical health needs of people like me. Count Row %	558 59.7%	290 31.0%	40 4.3%	47 5.0%	935
Health care in my community meets the mental health needs of people like me. Count Row %	283 30.5%	314 33.8%	158 17.0%	173 18.6%	928
Totals Total Responses					935

In the last 12 months, did you ever need any of the following types of health care? Please check the response that best describes your experience.

	I needed this type of care and was able to access it.	I needed this type of care but was not able to access it.	I did not need this type of care.	Responses
Routine medical care Count Row %	810 86.4%	72 7.7%	55 5.9%	937
Dental (mouth) care Count Row %	770 82.7%	77 8.3%	84 9.0%	931
Mental health care Count Row %	236 25.3%	139 14.9%	557 59.8%	932
Reproductive health care Count Row %	172 18.5%	42 4.5%	718 77.0%	932
Emergency care for a mental health crisis, including suicidal thoughts Count Row %	67 7.2%	52 5.6%	815 87.3%	934
Treatment for a substance use disorder Count Row %	52 5.6%	30 3.2%	846 91.2%	928
Vision care Count Row %	651 69.7%	59 6.3%	224 24.0%	934
Medication for a chronic illness Count Row %	392 42.0%	43 4.6%	498 53.4%	933
Totals Total Responses				937

For any types of care that you needed but were not able to access, select the reason(s) why you were unable to access care.

	Concern about COVID exposure	Unable to afford the costs	Unable to get transportation	Hours did not fit my schedule	Fear or distrust of health care system	No providers speak my language	Another reason not listed	Responses
Routine medical care Count Row %	87 29.1%	35 11.7%	17 5.7%	46 15.4%	15 5.0%	3 1.0%	96 32.1%	299
Dental care Count Row %	74 25.1%	77 26.1%	10 3.4%	34 11.5%	13 4.4%	5 1.7%	82 27.8%	295
Mental health care Count Row %	33 11.5%	22 7.7%	8 2.8%	39 13.6%	12 4.2%	3 1.0%	169 59.1%	286
Reproductive health care Count Row %	26 12.2%	15 7.0%	8 3.8%	18 8.5%	12 5.6%	2 0.9%	132 62.0%	213
Emergency care for a mental health crisis, including suicidal thoughts Count Row %	21 9.8%	16 7.4%	10 4.7%	12 5.6%	12 5.6%	0 0.0%	144 67.0%	215
Treatment for a substance use disorder Count Row %	20 9.9%	11 5.4%	11 5.4%	13 6.4%	8 3.9%	2 1.0%	138 68.0%	203
Vision care Count Row %	42 18.3%	23 10.0%	7 3.0%	31 13.5%	7 3.0%	2 0.9%	118 51.3%	230
Medication for a chronic illness Count Row %	27 12.8%	18 8.5%	6 2.8%	17 8.1%	14 6.6%	2 0.9%	127 60.2%	211

	Concern about COVID exposure	Unable to afford the costs	Unable to get transportation	Hours did not fit my schedule	Fear or distrust of health care system	No providers speak my language	Another reason not listed	Responses
Totals								
Total Responses								299

How much do you agree with the following statements?

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Responses
Healthcare in my community is impacted by systemic racism. This is the kind of racism that happens when big institutions—like government, health care, housing, etc.—work in ways that provide resources and power to people who are white, and fewer or none to people of color. This kind of racism is aimed at whole groups of people instead of at individuals and is not always done on purpose. Count Row %	193 21.0%	202 22.0%	322 35.0%	143 15.5%	60 6.5%	920
Healthcare in my community is impacted by individual racism. This is the racism that happens when one person (or group of people) has negative attitudes towards another person (or group of people)—because of the color of their skin, physical features, culture and/or language—and treats the other person/group badly/unfairly. Count Row %	194 21.1%	199 21.6%	338 36.7%	149 16.2%	41 4.5%	921
Totals Total Responses						921

To the extent that you are comfortable, can you tell us if any of the following happens to you, and if so, how often?

	Never	Less than once a year	A few times a year	A few times a month	At least once a week	Almost every day	Responses
You are not hired for jobs for unfair reasons, are unfairly fired, or are denied a raise. Count Row %	705 79.9%	120 13.6%	41 4.6%	8 0.9%	1 0.1%	7 0.8%	882
You are unfairly stopped, searched, questioned, threatened, or abused by the police. Count Row %	819 90.8%	52 5.8%	21 2.3%	5 0.6%	2 0.2%	3 0.3%	902
You receive worse service than other people at stores, restaurants, or service providers. Count Row %	712 79.3%	97 10.8%	72 8.0%	12 1.3%	1 0.1%	4 0.4%	898
Landlords or realtors refused to rent or sell you an apartment or house. Count Row %	811 91.0%	46 5.2%	19 2.1%	11 1.2%	1 0.1%	3 0.3%	891
Healthcare providers treat you with less respect or provide worse services to you compared to other people. Count Row %	753 84.0%	78 8.7%	50 5.6%	10 1.1%	1 0.1%	4 0.4%	896
Totals Total Responses							902

What do you think is the main reason for these experiences? You may select more than one.

Value	Percent	Responses
Ableism (discrimination on the basis of disability)	8.6%	12
Ageism (discrimination on the basis of age)	25.0%	35
Discrimination based on income or education level	20.7%	29
Discrimination based on the basis of religion	8.6%	12
Discrimination based on the basis of weight or body size	20.0%	28
Homophobia (discrimination against gay, lesbian, bisexual, or queer people)	4.3%	6
Racism (discrimination on the basis of racial or ethnic group identity)	30.0%	42
Sexism (discrimination on the basis of sex)	20.0%	28
Transphobia (discrimination against transgender or gender non-binary people)	2.1%	3
Xenophobia (discrimination against people born in another country)	8.6%	12
Don't know	20.7%	29
Prefer not to answer	2.9%	4

What is your age?

Value	Percent	Responses
Under 18	0.1%	1
18-24	2.2%	21
25-44	32.7%	307
45-64	38.5%	362
65-74	14.6%	137
75-84	8.8%	83
85 and over	1.9%	18
Prefer not to answer	1.2%	11

Totals: 940

What is your current gender identity?

Value	Percent	Responses
Genderqueer or gender non-conforming	0.2%	2
Man	19.9%	186
Transgender	0.1%	1
Woman	79.7%	744
Prefer to self-describe:	0.1%	1

Totals: 934

What is your sexual orientation?

Value	Percent	Responses
Bisexual	2.7%	25
Gay or lesbian	1.6%	15
Straight/heterosexual	90.0%	832
Prefer to self-describe:	0.5%	5
Prefer not to answer	5.1%	47

Totals: 924

Which of these groups best represents your race? You will have space to enter ethnicity in the next question. Please select all that apply.

Value	Percent	Responses
American Indian or Alaska Native	0.5%	5
Asian	10.8%	101
Black or African American	1.8%	17
Hispanic/Latino	4.2%	39
Native Hawaiian or Other Pacific Islander	0.3%	3
White	77.4%	724
Not listed above/Other:	1.6%	15
Prefer not to answer	5.6%	52

What is your ethnicity? Please select all that apply.

Value	Percent	Responses
American	53.2%	471
Chinese	8.1%	72
European (specify):	21.2%	188
Other (specify):	6.7%	59
Unknown/Not specified	5.1%	45
African (specify):	0.3%	3
African American	1.1%	10
Brazilian	1.2%	11
Cambodian	0.5%	4
Caribbean Islander (specify):	0.1%	1
Colombian	0.1%	1
Cuban	0.1%	1
Dominican	1.0%	9
Filipino	0.5%	4
Haitian	0.3%	3
Honduran	0.1%	1
Indian	2.0%	18
Japanese	0.1%	1
Mexican, Mexican-American, Chicano	0.7%	6
Middle Eastern (specify):	1.5%	13
Portuguese	2.6%	23
Puerto Rican	1.8%	16
Russian	0.8%	7
Salvadoran	0.3%	3

What is the primary language(s) spoken in your home? Please select all that apply.

Value	Percent	Responses
Armenian	3.7%	34
Cape Verdean Creole	0.1%	1
Chinese (including Mandarin and Cantonese)	7.2%	66
English	85.2%	780
Haitian Creole	0.2%	2
Hindi	0.8%	7
Khmer	0.3%	3
Portuguese	1.9%	17
Russian	0.2%	2
Spanish	1.5%	14
Other (specify):	3.1%	28
Prefer not to answer	1.6%	15

What is the highest grade or level of school that you have completed?

Value	Percent	Responses
Grades 1 through 8	0.6%	6
Grades 9 through 11/ Some high school	0.3%	3
Grade 12/Completed high school or GED	9.2%	86
Some college, Associates Degree, or Technical Degree	25.1%	235
Bachelor's Degree	29.3%	275
Any post graduate studies	33.8%	317
Prefer not to answer	1.7%	16

Totals: 938

Are you currently:

Value	Percent	Responses
Employed full-time (40 hours or more per week)	50.6%	475
Employed part-time (Less than 40 hours per week)	13.6%	128
Self-employed (Full- or part-time)	4.5%	42
A stay at home parent	4.2%	39
A student (Full- or part-time)	0.3%	3
Unemployed	2.3%	22
Unable to work for health reasons	0.9%	8
Retired	22.0%	207
Other (specify):	1.1%	10
Prefer not to answer	0.5%	5

Totals: 939

How long have you lived in the United States?

Value	Percent	Responses
Less than one year	0.1%	1
1 to 3 years	1.8%	17
4 to 6 years	2.1%	20
More than 6 years, but not my whole life	14.0%	131
I have always lived in the United States	81.5%	765
Prefer not to answer	0.5%	5

Totals: 939

Have you served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Value	Percent	Responses
Never served in the military	95.6%	892
On active duty in the past, but not now (includes retirement from any branch)	2.6%	24
Prefer not to answer	1.8%	17

Totals: 933

Do you identify as a person with a disability?

Value	Percent	Responses
Yes	10.0%	93
No	87.2%	814
Prefer not to answer	2.8%	26

Totals: 933

How would you describe your current housing situation?

Value	Percent	Responses
I rent my home	19.6%	183
I own my home	72.5%	676
I am staying with another household	2.9%	27
I am experiencing homelessness or staying in a shelter	0.2%	2
Other (specify):	3.1%	29
Prefer not to answer	1.7%	16

Totals: 933

Are you the parent or caregiver of a child under the age of 18?

Value	Percent	Responses
Yes	39.7%	372
No	58.2%	545
Prefer not to answer	2.0%	19

Totals: 936

Please indicate the age(s) of the child(ren) you care for. Please select all that apply.

Value	Percent	Responses
0-3 years	17.9%	66
4-5 years	18.5%	68
6-10 years	46.5%	171
11-14 years	40.5%	149
15-17 years	29.3%	108

Which of the following communities do you feel you belong to? Please select all that apply.

Value	Percent	Responses
My neighborhood or building	65.0%	581
Faith community (such as a church, mosque, temple, or faith-based organization)	24.6%	220
School community (such as a college or education program that you attend, or a school that you child attends)	28.3%	253
Work community (such as your place of employment, or a professional association)	49.7%	444
A shared identity or experience (such as a group of people who share an immigration experience, a racial or ethnic identity, a cultural heritage, or a gender identity)	10.3%	92
A shared interest group (such as a club, sports team, political group, or advocacy group)	33.1%	296
Another city or town where I do not live	15.7%	140
Other (Feel free to share):	5.5%	49

Beth Israel Lahey Health

Survey Distribution Channels: Global View Communications

Engaging with Diverse Communities

Survey Campaign Dates: November 1, 2021 – November 15, 2021.

Connecting with our diverse communities to understand and address the most pressing health-related concerns for residents is priority for BILH. GVC have deployed a marketing campaign to reach our target populations through a three-phase approach. First is an online survey which is followed by a listening session and then an annual meeting.

Our Approach

Research was conducted to determine the diverse target audiences based on zip codes surrounding our 10 hospitals and then cross-referenced with the top 2-to-3 diverse populations and languages based on the largest cohorts. That research indicated the following audiences: Hispanic, Black/African American, Chinese, Haitian, Indian, and Cape Verdean.

Winchester Hospital	**Beverly/Addison Gilbert Hospital**	**Lahey Hospital and Medical Center**	**Anna Jaques Hospital**	**Beth Israel Deaconess Medical Center**
01801 01806 01807 01808 01813 01815 01864 01867 01876 01880 01887 01888 01889 01890 02155 02156 02180 02153	01901 01902 01903 01904 01905 01910 01915 01923 01929 01930 01931 01937 01938 01944 01965 01966 01949	02420 02421 02474 02475 02476 01850 01851 01852 01853 01854 01960 01961 01730 01731 01803 01805 01821 01822 01862 01865 01940	01830 01831 01832 01833 01834 01835 01860 01913 01950 01951 01952 01985 01969	02445 02446 02447 02173 02492 02467
Mt. Auburn Hospital	**New England Baptist**	**BID – Milton Hospital**	**BID - Needham Hospital**	**BID – Plymouth Hospital**
02138 02139 02140 02141 02142 02143 02144 02145 02238 02239 02451 02452 02453 02454 02455 02474 02472 02474 02475 02476 02477 02478 02479	02445 02446 02447 02467 02026 02027	02169 02170 02171 02186 02187 02269 02368	02492 02494 02026 02027 02030 02090	02330 02331 02332 02345 02355 02360 02361 02362 02364 02366 02381

Channels

GVC utilized three types of marketing channels to expand our reach. Diverse print publications, precision audio, and digital advertising.

1. Print

The following print publications were selected based on reach or hyper targeted audiences. Translation was used if the publication publishes in languages other than English.

A. El Mundo – Spanish Translation

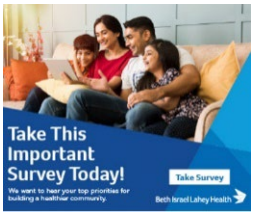
B. Sampan – Chinese Translation

C. Thang Long – Vietnamese Translation

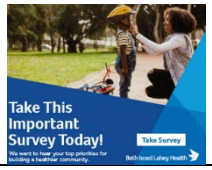
D. Bay State Banner – Black/African American, Cape Verdean/English

E. Chelsea Record – Hispanic/English

F. Indian New England – English (online only)



G. Haitian Reporter – English (online only)



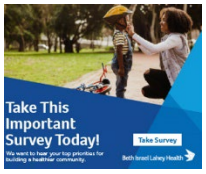
For the printed newspapers the publish dates are as follows:

Bay State	4-Nov
El Mundo	4-Nov
Sampan	5-Nov
Haitian Report (digital only)	2 weeks
Thang Long	2-Nov
India New England (digital only)	2 weeks
Chelsea	4-Nov

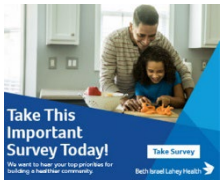
2. Digital Advertising

Digital ads will be served across various websites. GVC utilized a people-based marketing approach. The digital ads will be served up based on the zip codes provided and will include both English and translations based on user preferences. For social media and audio these ads run for a full 2 weeks from Nov 1 through Nov 15.

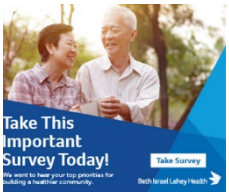
A. African American/Black, Haitian, Cape Verdean



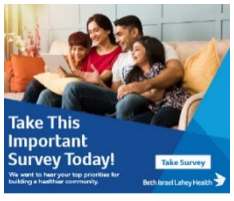
B. Hispanic



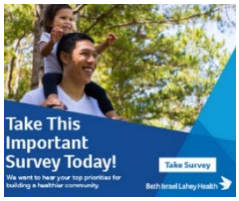
C. Chinese



D. Indian



E. Vietnamese



C. Precision Audio

GVC streamed :30 audio spots across multiple platforms (iHeart, NPF, PODcasts, Pandora, Spotify, etc.). GVC served up audio commercial voiceover for each hospital using zip codes. For social media and audio these ads run for a full 2 weeks from Nov 1 through Nov 15.

Sample audio script. Note: Script was customized for each of the 10 hospitals.
LHMC wants to hear what you think the most important health-related priorities are in our community. Please take an online survey at bilh.org/chna. Your responses will help to inform innovative solutions to improve the health of our community. Simply go to bilh.org/chna and fill out the survey. That's b-i-l-h.org/c-h-n-a.

Note: For social media and precision audio, this campaign is people based, so GVC is following each audience member and serving ad messaging where ever and whenever they are consuming online content (within the set frequency for the campaign).

For example, one person could be more active online early mornings – reading articles when he/she/they wake up; listening to streamed music while he/she/they commute – so GVC would then be sure to serve Mike his daily ad frequency during the times he is more active online, increasing the likelihood for click conversion with display ads – or in the case of audio, listening to the ad through to 100% completion. So basically going off of the targets media consumption.

Survey Distribution Channels: LHMC Community Partners

Organization	Promotion other than flyers or print (e.g., Social Media, Newsletter, other Electronic Publication, etc.)	Contact Person/Name	Title (if Applicable)
African Community Center of Lowell		Susanne Curry	Administrative Coordinator
Anthem Church		info@anthemchurch.life	N/A
Arlington Council on Aging (COA)		Kristine Shah	Director
Arlington Eats	x	Susan Dorson	Program Manager
Arlington Health Department	x	Christine Bongiorno	Director
Arlington Housing Authority	x	Jack Nagle	Executive Director
Arlington Recreation Dept.	x	Joe Connolly	Director of Recreation
Arlington Youth Counseling Center (AYCC)		Colleen Leger	Executive Director
Association of Black Citizens of Lexington		admin@abclex.org	N/A
Bay State Baptist Church		staff@baystatebc.org	N/A
Bedford Chamber of Commerce		Peter Bagley	Director
Bedford Council on Aging (COA)	x	Alison Cservenschi	Director
Bedford Library	x	Richard Callaghan	Director
Bedford Rec Department		Debra Squillini	Director
Bedford Schools		Philip Conrad	Superintendent
Billerica Boys & Girls Clubs		Michelle Vichot	Director
Billerica Commission on Disabilities		Stephen Strykowski	Commissioner
Billerica Public Library		Jan Hagman	Director
Boston Church of Christ		info@bostonchurch.org	N/A
Burlington Against Racism		Martha Duffield	President
Burlington Chamber of Commerce		Rick Parker	Executive Director
Burlington Council on Aging (COA)		Marge McDonald	Director
Burlington Islamic Center		info@icburlington.org	N/A
Burlington Public Library		Mike Wick	Director
Burlington Public Schools		Ray Porch	Director, DEI
Burlington Recreation Department		Kelly Lehman	Program Coordinator
Burlington School Department		Jennifer Knight	Director of Family and Community Engagement
Calvary Baptist Church		calvary@cbclowell.net	N/A
Calvary Christian Church		office@calvarychristian.church	N/A
Calvary United Methodist Church		office@calvaryarlington.org	N/A
Cambodian Mutual Assistance Association		Vichtcha Kong	Former Executive Director
Caritas Communities		Sarah Fendrick	Grants Manager
CCF Ministries		ccfoffice@ccfcca.com	N/A
Center Church		OFFICE@CENTERCHURCHPEABODY.COM	N/A
Centralville United Methodist Church		centralvilleumc@gmail.com	N/A
Centre Congregational Church		Office@Centre-Church.org	N/A
Chinese Americans of Lexington		contact@calexma.org	N/A
Chinese Bible Church of Greater Boston		info@cbcgb.org	N/A
Christ Church United UCC in Lowell		ccuoffice @wewelcomeall.org	N/A
Christ Jubilee International Ministries		info@christjubilee.com	N/A
Christ Revolution Church		info@christrevolutionchurch.com	N/A
Christian Church of God Door of Restoration		iddcpuertaderestauracion@gmail.com	N/A
Church of Our Redeemer		office@our-redeemer.net	N/A
Church of Our Saviour		church.of.our.saviour.arlington@gmail.com	N/A
Church of the Open Bible		mcallahan@cobma.org	N/A
Citizens Inn		Corey Jackson	Former Executive Director
City Leaders Lowell		City Manager Eileen Donahue	City Manager
City Leaders Peabody		Sharon Cameron	Public Health Director
Community Congregational Church		info.cccbillerica@gmail.com	N/A
Community Covenant Church		office@communitycovenantlive.org	N/A
Comunidade de Cristo		Reverend Claudio Lopes	N/A
Congregation Sons of Israel		peabodycsi.org@comcast.net	N/A
Congregation Tifereth Israel		info@ctipeabody.org	N/A
Cooperative Elder Services of Burlington		outreach@elderdayservices.org	N/A
Deeper Life Bible Church		dlbcboston@gmail.com	N/A
Domestic Violence Services Network		Jacqueline Aplser	Executive Director
Eliot Church		office@eliotlowell.org	N/A
Emmanuel House of Prayer - church		Emmanuelhouseofprayers@gmail.com	N/A
First Baptist Church		info@firstbaptistarlington.org	N/A
First Baptist Church		FBC1580@RCN.com	N/A
First Baptist Church of Bedford, Massachusetts		fbcbedford@fbcbedford.net	N/A
First Baptist Church of Lowell		contact@fblowell.com	N/A
First Baptist Church of Lowell		contact@fbclowell.org	N/A
First Church of Christ Scientist		christiansciencelowellma@gmail.com	N/A
First Church of Christ, Congregational		fchurchb2@verizon.net	N/A
First Congregational Church in Billerica		communications@fccbillerica.org	N/A
First Parish In Bedford		office@uubedford.org	N/A
First Parish in Lexington		Admin@FPLex.org	N/A
First Parish Unitarian Universalist	N/A	TellMeMore@firstparish.info.	N/A
First Parish Unitarian Universalist Church		uu-info@uubillerica.org	N/A
First United Baptist Church		FUBoffice@gmail.com	N/A
Follen Community Church		info@follen.org	N/A
Full Deliverance Church		FDCLowell@gmail.com	N/A
Fusion Church		hello@fusionlowell.org	N/A
Grace Chapel Lexington		info@grace.org	N/A
Greater Boston Church of Spiritualism		gbcsinfo@gmail.com	N/A
Greater Lowell Chamber of Commerce		Danielle McFadden	Director
Greater Lowell Charitable Foundation		James F. Linnehan Jr., Esq	Executive Director
Greater Lowell Health Coalition		Kerrie D'Entremont	Director
Greater Lowell YMCA		Kevin Morrissey	Director
Greater Lynn Senior Services		Valerie Parker Callahan	Director
Greek Orthodox Church, Peabody		Reverend Christopher Foustoukos	Reverend

Hancock United Church Of Christ		office@hancockchurch.org	N/A
Healthy Lynnfield		Peg Sallade	Director
Heroin Education Awareness Task Force (H.E.A.T)		Mike Higgins	Substance Abuse Coordinator
Highrock Covenant Church		arlington@highrock.org	N/A
Highrock Lexington Church		lexington@highrock.org	N/A
Holy Family Parish Office		holyfamilylowell@gmail.com	N/A
Holy Trinity Church		info@holytrinitylowell.net	N/A
Housing Corporation of Arlington		Jeff Katz	Interim Executive Director
Immaculate Conception Catholic Church		immaculate@iclowell.org	N/A
Indian Families Activites Association of Lexington		lexdesiz@gmail.com	N/A
International Church of God Worship Center		info@intlcog.org	N/A
ISSO Shri Swaminarayan Hindu Temple ISSO		bostonisso@gmail.com	N/A
Jain Sangh of New England		admin@jsne.org	N/A
Japanese Support Group of Lexington		jplexinfo@gmail.com	N/A
Kenyan Catholic Community and Friends Boston		kccfboston@gmail.com	N/A
Korean American Organization of Lexington		kolexington@gmail.com	N/A
Latinx Community Center for Empowerment, Lowell		Luz Vasudevan	Executive Director
Lawrence Street Primitive Methodist		lsclowell@gmail.com	N/A
Lexington Business Association		director@lexchamber.org	N/A
Lexington Community Coalition		lexcoalition@gmail.com	N/A
Lexington Human Rights Committee		humanrightscmte@lexingtonma.gov	N/A
Lexington Interfaith Food Pantry		lexfoodpantry@gmail.com	N/A
Lexington Pride Coalition		lexpridema@gmail.com	N/A
Lextinas		lextinas@outlook.com	N/A
LifeSign Church		Contact@lifesignministry.org	N/A
Lowell Community Health Center		Mercy Anampiu	Community Health Worker
Lowell Food Pantry		basic_needs@ccab.org	haroldmir1362@yahoo.com
Lowell Health Department		Joanne Belanger	Former Director
Lowell Housing Authority		Eunice Ziegler	Compliance Specialist
Lowell Masonic Center		ambassador@googlegroups.com	N/A
Lowell Portuguese Seventh-Day Adventist Church		iasd@massachusetts.usa.com	N/A
Lowell Public Library		Victoria Woodley	Director
Lowell Regional Transit Authority		customerservice@lrta.com	N/A
Lowell School Department		Joel Boyd	Superintendent
Lowell Transitional Living Center		Andrew McMahon	Executive Director
Lowellwatkhmer		vattkhmerlowell@gmail.com	N/A
Lutheran Church of the Savior		church@lcsavior.org	N/A
Lynnfield Council on Aging (COA)		Linda Naccara	Director
Lynnfield Health Department		Kristin Esposito McRae, RS	Nurse
Lynnfield Public Schools		Kristen Vogel	Superintendent
Lynnfield Recreation Department		Julie Mallett	Director
Mary Leach		Mary Leach	Manager, Internal Communications LHMC; Billerica Resident
Massachusetts Asian and Pacific Islanders for Health (MAP)		Andrea Machado	Program Manaer
Massachusetts Baptist Multicultural Ministries		MBMM@MBMM.ORG	N/A
Megan's House		info@themeganhouse.org	N/A
Merrimack Valley Food Pantry		Amy Pessia	Executive Director
Messiah Lutheran Church		pastor@mlcspirit.org	N/A
Metro North YMCA	x	Rob Lowell	Executive Director
Middlesex 3 Coalition	x	Stephanie Cronin	Executive Director
Middlesex Community College		Judy Burke	Executive Director, Institutional Advancement
Mill Church		info@millchurch.live	N/A
Mill City Church		mail@millcitychurch.net	N/A
Mill City Grows	x	Jessica Wilson	Executive Director, Institutional Advancement
Minuteman Senior Services		Kelly Magee-Wright	Executive Director
New Colony Baptist Church		secretary@newcolony.org	N/A
New Legacy Cultural Center		info@nlcc-ma.org	N/A
North Shore Community Action Programs		info@nscap.org	N/A
North Suburban Jewish Community Center		suec@nsjcc.org	N/A
North Suburban YMCA		John Feudo	Executive Director
Northeast ARC		Craig Welton	Chief Development Officer
NorthWest Suburban Health Alliance (CHNA 15)		Randi Epstein	Coordinator
Olivia's Market, Peabody		haroldmir1362@yahoo.com	N/A
OUT Metrowest Boston		Julie Blazar	Chief Communications Officer
Park Avenue Congregational Church		office@pacc-ucc.org	N/A
Pawtucket Congregational Church		CONTACT@PAWTUCKETCONGREGATIONALCHURCH.ORG	N/A
PCEA IMANI CHURCH		pceaimanichurch@yahoo.com	N/A
PCEA Neema Church Lowell		admin@pceaneemaboston.org	N/A
Peabody Chamber of Commerce		Beth Amico	Director
Peabody Council on Aging (COA)		Carolyn Wynn	Director
Peabody Little League		Gerald MacKillop	Board Member
People Helping People		Jane McIninch	Former Director
Pilgrim Congregational Church UCC		admin@pilgrimcongregational.org	N/A
Place of Promise		Beth Kidd	Clinical Director
Place of Promise		Jeffrey Kiel	Executive Director
Rainbow Coalition		Andy Sloan	N/A
Revival Church for the Nations		rcnlowell@gmail.com	N/A
Revival Church for the Nations		rcnpeabodysecretaria@gmail.com	N/A
Sacred Heart Catholic Church		Info@LexingtonCatholic.org	N/A
Saheli		Divya Chaturvedi	Executive Director
Saint Agnes Parish		info@cparl.org	N/A
Saint Brigid Church		Info@LexingtonCatholic.org	N/A
Saint Camillus Parish Arlington		info@cparl.org	N/A
Saint John's Episcopal Church		admin@saintjohns-arlington.org	N/A
Saint Matthew the Evangelist Parish		admin@billericacatholic.org	N/A
Saint Vasilios Greek Orthodox Church		irene@stvasilios.org	N/A
Shrinathji Haveli Lowell		info@vyoboston.org	N/A
South Congregational Church		mlanes@comcast.net	N/A

Spanish Church of the Nazarene		Edna6484@yahoo.com	N/A
Special Education Parent Advisory Council		presidents@lexsepta.org	N/A
Special Needs Arts Programs		info@snaparts.org	N/A
Sree Vijaya Kali Ashram		admin@siddhalalitha.org	N/A
St Anne's Episcopal Church		office@stanneslowell.org	N/A
St Anthony Catholic Church		STANTHONYLOWELL@AOL.COM	N/A
St Casimir's Parish		St.Casimir@stcasimirspncc.com	N/A
St George Greek Orthodox Church		INFO@STGEORGEGREEKLOWELL.ORG	N/A
St Margaret of Scotland Parish		christine@theholyrood.org	N/A
St Mark's Episcopal Church		stmarksburl@rcn.com	N/A
St Michael Catholic Church		parishoffice@bedfordcatholic.org	N/A
St Michael's Church		Saintmichaels@Comcast.Net	N/A
St Nicholas Greek Orthodox Church		office@stnicholaslex.org	N/A
St Patrick Catholic Church		stpatricklowell@comcast.net	N/A
St Paul Lutheran Church		parishadmin@stpaularlington.org	N/A
St Paul's Episcopal Church		office@stpaulslynnfield.org	N/A
St Rita's Parish		smsrmedia@gmail.com	N/A
St Theresa of Lisieux Church		admin@billericacatholic.org	N/A
St. Adelaide's Church		info@saintadelaide.org	N/A
St. Anne's Episcopal Church		stannesbillerica@gmail.com	N/A
St. Athanasius the Great Greek Orthodox Church		stathanasiusgoc@gmail.com	N/A
St. John's Church, Peabody		Father Paul McManus	Pastor
St. Paul's Episcopal Church		info@stpaulsbedford.org	N/A
Temple Emanuel of the Merrimack Valley		info@temv.org	N/A
Temple Emunah		office@templeemunah.org	N/A
Temple Isaiah		generalinfo@templeisaiah.net	N/A
Temple Ner Tamid of the North Shore		office@templenertamid.org	N/A
Temple Shalom Emeth		tse11@verizon.net	N/A
Temple Tiferet Shalom		Office@templetiferetshalom.org	N/A
The Glory Buddhist Temple		glorytemple91@yahoo.com	N/A
The North Shore Community Health Network (CHNA 13 & 14)		Bernadette Orr	Director of Family and Community Engagement
The Open Pantry of Greater Lowell		director@theopenpantry.org	N/A
The Presbyterian Church in Burlington, MA		office@burlingtonpres.org	N/A
Town Leaders Arlington		Christine Bongiorno	N/A
Town Leaders Bedford		Sarah Stanton	Town Manager
Town Leaders Billerica		Jean Bushnell	N/A
Town Leaders Burlington		Paul Sagarino	N/A
Town Leaders Lexington		Melissa Interess	Director of Lexington Health & Human Services
Town Leaders Lynnfield		Rob Dolan	Town Administrator
Transfiguration Greek Orthodox Church		info@transchurch.org	N/A
Trinity Baptist Church		trinitybaptist@rcn.com	N/A
United Church of Christ Congregational		UCCBurlington@gmail.com	N/A
Victory Chapel of Lowell		victorychapellowell@gmail.com	N/A
West Church of Peabody		office@westchurchpeabody.org	N/A
Youth Counseling Connection		Emily Hayes	Executive Director
낫아짐 교회 Nazazim Church		Contact@nazazim.org	N/A

Appendix C:
Resource Inventory

Lahey Hospital and Medical Center Community Resource List

Community Benefits Service Area includes: Arlington, Bedford, Billerica, Burlington, Danvers, Lexington, Lowell, Lynnfield, and Peabody

Health Issue	Organization	Brief Description	Address	Phone	Website
Statewide Resources	Department of Mental Health-Handhold program	Provides tips, tools, and resources to help families navigate children's mental health journey.			www.handholdma.org
	Executive Office of Elder Affairs	Provides access to the resources for older adults to live healthy in every community in the Commonwealth.	1 Ashburton Place 5th Floor Boston	617.727.7750	www.mass.gov/orgs/executive-office-of-elder-affairs
	MA 211	Available 24 hours a day, 7 days a week, Mass 211 is an easy way to find or give help in your community.		211 or 877.211.6277	www.mass211.org
	Massachusetts Elder Abuse Hotline	Hotline is available 24 hours a day or by phone. Older adult abuse includes: physical, sexual, and emotional abuse, caretaker neglect, financial exploitation and self-neglect. Elder Protective Services can only investigate cases of abuse where the person is age 60 and over and lives in the community.	1 Ashburton Place 5th Floor Boston	800.922.2275	www.mass.gov/orgs/executive-office-of-elder-affairs
	MA Women, Infants and Children (WIC) Nutrition Program	Provides free nutrition, health education and other services to families who qualify.		800.942.1007	www.mass.gov/orgs/women-infants-children-nutrition-program
	MassOptions	Provides connection to services for older adults and persons with disabilities.		800.243.4636	www.massoptions.org
	Massachusetts Substance Use Helpline	24/7 Free and confidential public resource for finding substance use treatment and recovery services.		800.327.5050	www.helplinema.org
	National Suicide Prevention Lifeline	Provides 24/7, free and confidential support.		800.273.8255	www.suicidepreventionlifeline.org
	Network of Care Massachusetts	Provides a searchable directory of over 5,000 Behavioral Health service providers in Massachusetts.			www.massachusetts.networkofcare.org

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Community Benefits Service Area includes: Arlington, Bedford, Billerica, Burlington, Danvers, Lexington, Lowell, Lynnfield, and Peabody

Health Issue	Organization	Brief Description	Address	Phone	Website
Statewide Resources	Project Bread Foodsource Hotline	Provides information about food resources in the community and assistance with SNAP applications by phone.		1.800.645.8333	www.projectbread.org/get-help
	SafeLink	Massachusetts' statewide 24/7 toll-free domestic violence hotline and a resource for anyone affected by domestic or dating violence.		877.785.2020	www.casamyrna.org/get-support/safelink
	SAMHSA's National Helpline	Provides a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families in need of mental health resources and/or information for those with substance use disorders.		800.662.HELP (4357)	www.samhsa.gov/find-help/national-helpline
	Supplemental Nutritional Assistance Program (SNAP)	Provides nutrition benefits to individuals and families to help subsidize food costs.		877.382.2363	www.mass.gov/snap-benefits-formerly-food-stamps
	Veteran Crisis Hotline	Free, every day, 24/7 confidential support for Veterans and their families who may be experiencing challenges.		800.273.8255	www.veteranscrisisline.net
Domestic Violence	Healing Abuse Working for Change	Provides support in Survivor Services, including advocacy, counseling, legal assistance, support groups and 24/7 Confidential Hotline.	27 Congress St Salem	978.744.8552 24/7 Hotline 800.547.1649	www.hawcdv.org
	REACH Beyond Domestic Violence	Provides support to survivors of domestic violence in four areas of intervention: safety and shelter; advocacy; education and prevention; community engagement.	PO Box 540024 Waltham	781.891.0724 Hotline: 800.899.4000	www.reachma.org

Lahey Hospital and Medical Center Community Resource List

Community Benefits Service Area includes: Arlington, Bedford, Billerica, Burlington, Danvers, Lexington, Lowell, Lynnfield, and Peabody

Health Issue	Organization	Brief Description	Address	Phone	Website
Domestic Violence	Saheli	Offers non-judgemental culturally sensitive services for domestic and sexual violence surviors from South Asia and the Middle East.	11 Bedford St Burlington	866.472.4354	www.saheliboston.org
Food Assistance	Arlington EATS Market	Provides food assistance to residents of Arlington.	74 Pleasant St Arlington	339.707.6757	www.arlingtoneats.org
	Bedford Food Pantry	Provides food assistance to residents of Bedford.	99 McMahon Rd Bedford	781.275.7727	www.bedfordfoodpantry.org
	Billerica Food Pantry	Provides food assistance to residents of Billerica.	70 Concord Rd Billerica	978.663.8433	www.billericacommunitypantry.com
	Haven from Hunger	Provides food assistance to residents of Peabody and Lynnfield.	71 Wallis St Peabody	978.531.1530	www.citizensinn.org/haven-from-hunger
	Lexington Interfaith Food Pantry	Provides food assistance to residents of Lexington.	6 Meriam St Lexington	781.861.5060	www.lexingtonfoodpantry.org
	MA Women, Infants and Children (WIC) Nutrition Program	Provides free nutrition, health education and other services to families in Massachusetts.		800.942.1007	www.mass.gov/orgs/women-infants-children-nutrition-program
	Merrimack Valley Food Pantry	Provides food assistance and personal care items to residents of the Merrimack Valley.	735 Broadway St Lowell	978.454.7272	www.mvfb.org
	The Open Pantry of Greater Lowell	Provides food assistance to residents of Greater Lowell.	13 Hurd St Lowell	978.453.6693	www.theopenpantry.org
	People Helping People Food Pantry	Provides food assistance to Burlington residents.	10 St. Marks Rd Burlington	781.270.6625	www.peoplehelpingpeopleinc.org
	Project Bread Foodsource Hotline	Provides referrals to food assistance programs in Massachusetts.		800.645.8333	www.projectbread.org/get-help
	Supplemental Nutritional Assistance Program (SNAP)	Provides food assistance to individuals and families in Massachusetts.		877.382.2363	www.mass.gov/snap-benefits-formerly-food-stamps

Lahey Hospital and Medical Center Community Resource List

Community Benefits Service Area includes: Arlington, Bedford, Billerica, Burlington, Danvers, Lexington, Lowell, Lynnfield, and Peabody

Health Issue	Organization	Brief Description	Address	Phone	Website
Housing Support	Arlington Housing Authority	Provides housing assistance programs to low-resource individuals and families.	4 Winslow St # 1 Arlington	781.646.3400	www.arlingtonhousing.org
	Bedford Housing Authority	Provides affordable, subsidized rental housing for low-resource individuals and families.	1 Ashby Place Bedford	781.275.2428	www.bedfordhousing.org
	Billerica Housing Authority	Provides affordable, subsidized rental housing for low-resource individuals and families.	16 River St Billerica	978.667.2175	www.billericahousing.org
	Burlington Housing Authority	Provides affordable, subsidized rental housing for low-resource individuals and families.	15 Birchcrest St Burlington	781.272.7786	www.burlington.org/572/burlington-housing-authority
	Citizens Inn, Inc.	Provides social service programs and housing resource assistance.	81 Main St Peabody	978.531.9775	www.citizensinn.org
	Community Teamwork Inc.	Provides services and programs that assist with family and children, finances, education and job training, food and nutrition, and housing and utilities.	155 Merrimack St Lowell	978.459.0551	www.commteam.org
	Family Promise North Shore Boston	Provides shelter, meals, job support and case management for people without housing.	330 Rantoul St Beverly	978.922.0787	www.familypromisensb.org
	House of Hope	Temporary shelter providing advocacy, emergency food and clothing for persons who are unhoused.	812 Merrimack St Lowell	978.458.2870	www.houseofhopelowell.org
	Housing Corporation of Arlington	Provides information and resources for low and moderate resource families and individuals in Arlington.	252 Massachusetts Ave Arlington	781.859.5294	www.housingcorparlington.org
	Lexington Housing Authority	Provides affordable, subsidized rental housing for low-resource individuals and families.	1 Countryside Village Lexington	781.861.0900	www.lexingtonhousing.org
	Lowell Housing Authority	Provides affordable, subsidized rental housing for low-resource individuals and families.	350 Moody St Lowell	978.364.5311	www.lhma.org
	Lowell Transitional Living Center	Provides assistance to individuals without housing for shelter, showers, laundry, and food.	205-209 Middlesex St Lowell	978.458.9888	www.ltlc.org

Lahey Hospital and Medical Center Community Resource List

Community Benefits Service Area includes: Arlington, Bedford, Billerica, Burlington, Danvers, Lexington, Lowell, Lynnfield, and Peabody

Health Issue	Organization	Brief Description	Address	Phone	Website
Housing Support	Lynnfield Housing Authority	Provides affordable, subsidized rental housing for low-resource individuals and families, older adults and persons with disabilities.	600 Ross Dr Lynnfield	781.581.5783	www.town.lynnfield.ma.us/lynnfield-housing-authority
	Mission of Deeds	Provides basic home essentials to those in need of assistance.	6 Chapin Ave Reading	781.944.9797	www.missionofdeeds.org
	North Shore Community Action Programs	Provides a wide range of social services for individuals and families in need of assistance.	119 Rear Foster St Peabody	978.531.0767	www.nscap.org
	Peabody Housing Authority	Provides affordable, subsidized rental housing for low-resource individuals and families.	75 Central St Peabody	978.531.1938	www.peabodyhousing.org
Mental Health and Substance Use	Arlington Youth Counseling Center	Provides a variety of high quality, innovative, and therapeutic outpatient and school-based mental health services including individual, group, and family counseling, psychiatric evaluation and medication management.	670R Mass Ave Arlington	781.316.3255	https://www.arlingtonma.gov/departments/health-human-services/arlington-youth-counseling-center-aycc/services
	Arbour Health System-Counseling Services Program	Provides therapy and individual treatment plans for individual, couple, family, and group counseling starting at age 5 as well as psychiatric services.	10 Bridge St Lowell	978.453.5736	www.arbourhealth.com
	Bedford Youth and Family Services	Offers counseling for children, adolescents, adults, and families, adult and youth information and referral, community education, substance use education, screening and diversion.	12 Mudge Way Bedford	781.275.7727	www.bedfordma.gov/youth-family
	Beth Israel Lahey Health (BILH) Behavioral Services	Provides high-quality mental health and addiction treatment for children and adults ranging from inpatient to community-based services.		978.968.1700	ww.nebhealth.org

Lahey Hospital and Medical Center Community Resource List

Community Benefits Service Area includes: Arlington, Bedford, Billerica, Burlington, Danvers, Lexington, Lowell, Lynnfield, and Peabody

Health Issue	Organization	Brief Description	Address	Phone	Website
Mental Health and Substance Use	Eliot Community Human Services	Provides services for people of all ages throughout Massachusetts through a continuum of services includes diagnostic evaluation, 24-hour emergency services, and crisis stabilization, outpatient and court-mandated substance-use prevention services; individual, group and family outpatient counseling, early intervention, specialized psychological testing; day, residential, social and vocational programs for individuals with developmental disabilities, outreach and support services for people experiencing houselessness.	125 Hartwell Ave Lexington	781.861.0890	www.eliotchs.org
	Family Continuity	Provides evidence-based, best practice therapies for individuals and families.	9 Centennial Dr, Ste. 202 Peabody	978.927.9410	www.familycontinuity.org
	LYFS (Lexington Youth and Family Services)	Provides walk-in, accessible crisis counseling services for Lexington teens who are experiencing suicidal thoughts. They are a resource for Lexington teens who are struggling, feeling stressed, anxious, depressed or just need a place to talk and get support.	7 Harrington Rd Lexington	781.862.0330	www.lyfsinc.org
	North Shore Veterans Counseling Services Inc.	Provides counseling services to Veterans.	45 Broadway St Beverly	978.921.4851	www.northshoreveterans.com
	Right Turn	Provides a broad range of evidence-based treatment programs for individuals, and families recovering from substance use disorders and co-occurring disorders.	440 Arsenal St Arlington	781.646.3800	www.right-turn.net
	Riverside Outpatient Center	Offers comprehensive mental health services for children and families.	6 Kimball Ln Ste 310 Lynnfield	781.246.2010	www.riversidecc.org

Lahey Hospital and Medical Center Community Resource List

Community Benefits Service Area includes: Arlington, Bedford, Billerica, Burlington, Danvers, Lexington, Lowell, Lynnfield, and Peabody

Health Issue	Organization	Brief Description	Address	Phone	Website
Mental Health and Substance Use	Triumph Center	Provides counseling, social skills groups, summer programming and psychological evaluation services for children, adolescents, young adults and families, as well as consultation and evaluations for schools and other institutions.	36 Woburn St Reading	781.942.9277	www.triumphcenter.net
Senior Services	Arlington Council on Aging	Provides services for older adults in Arlington including fitness, education, social services, recreation, and transportation.	27 Maple St Arlington	781.316.3400	www.arlingtonma.gov/departmetns/health-human-services/council-on-aging
	Bedford Council on Aging	Provides services for older adults in Bedford including fitness, education, social services, recreation, and transportation.	12 Mudge Way Bedford	781.275.6825	www.bedfordma.gov/council-on-aging
	Billerica Council on Aging	Provides services for older adults in Billerica including fitness, education, social services, recreation, and transportation.	25 Concord Rd Billerica	978.671.0916	www.billericacoa.org
	Burlington Council on Aging	Provides services for older adults in Burlington including fitness, education, social services, recreation, and transportation.	61 Center St Burlington	781.270.1950	www.burlington.org/509/council-on-aging
	Elder Services of the Merrimack Valley & North Shore	Provides programs and services which are available and accessible to meet the diverse needs and changing lifestyles of older adults.	300 Rosewood Dr Ste 200 Danvers	978.683.7747	www.esmv.org
	Greater Lynn Senior Services	Provides a broad range of services, including: information and referral; home care services; nutrition programs; transportation assistance; housing supports; clinical and protective services; programs designed to promote consumer engagement and better health and well-being.	8 Silsbee St Lynn	781.599.0110	www.glss.net
	Lexington Senior Center	Provides services for older adults in Lexington including fitness, education, social services, recreation, and transportation.	39 Marrett Rd Lexington	781.698.4840	www.lexingtonma.gov/human-services/senior-services

Lahey Hospital and Medical Center Community Resource List

Community Benefits Service Area includes: Arlington, Bedford, Billerica, Burlington, Danvers, Lexington, Lowell, Lynnfield, and Peabody

Health Issue	Organization	Brief Description	Address	Phone	Website
Senior Services	Lowell Senior Center	Provides services for older adults in Lowell including fitness, education, social services, recreation, and transportation.	276 Broadway St Lowell	978.674.4131	www.lowellma.gov/373/senior-center
	Lynnfield Council On Aging	Provides services for older adults in Lynnfield including fitness, education, social services, recreation, and transportation.	525 Salem St Lynnfield	781.598.1078	www.town.lynnfield.ma.os/council-aging
	Minuteman Senior Services	Provide supportive services for older adults and persons with disabilities.	26 Crosby Dr Bedford	781.272.7177	www.minutemansenior.org
	Peabody Council on Aging	Provides services for older adults in Peabody including fitness, education, social services, recreation, and transportation.	75R Central St Peabody	978.531.2254	www.peabodycoa.org
Transportation	Bedford Local Transit	Offers scheduled fixed runs to shopping malls and other stops in Bedford, Billerica, and Burlington, and also on-demand door-to-door service within Bedford.	12 Mudge Way Bedford	781.275.2255	www.bedfordma.gov/council-on-aging/pages/Bedford-local-transit
	Lexpress	Provide local bus service to Lexington residents.	39 Marrett Rd Lexington	781.861.1210	www.lexingtonma.gov/lexpress
	Lowell Regional Transit Authority (LRTA)	Provides public transportation to the Greater Lowell area.	115 Thorndike St Lowell	978.459.0164	www.lrta.com
	MBTA Bus	Provide local bus service to Boston.			www.mbta.com
	MBTA Commuter Rail Service	Lowell Line stops in Lowell, North Billerica, Wilmington, Woburn, Winchester, and Medford.			www.mbta.com
	The Ride (MBTA)	Provides a 365 days a year door-to door, shared-ride transportation to persons who are unable to use bus, subway or trolley transportation.			www.mbta.com/accessibility/the-ride

Lahey Hospital and Medical Center Community Resource List

Community Benefits Service Area includes: Arlington, Bedford, Billerica, Burlington, Danvers, Lexington, Lowell, Lynnfield, and Peabody

Health Issue	Organization	Brief Description	Address	Phone	Website
Additional Resources	Arlington Boys & Girls Club	Offers programs in Five Core Program Areas: The Arts, Health & Life Skills, Character & Leadership Development, Education & Career Development and Sports, Fitness and Recreation.	60 Pond Ln Arlington	781.648.1617	www.abgclub.org
	Billerica Boys & Girls Club	Offers programs in Five Core Program Areas: The Arts, Health & Life Skills, Character & Leadership Development, Education & Career Development and Sports, Fitness and Recreation.	19 Campbell Rd Billerica	978.667.2193	www.billericabgc.com
	YMCA of Greater Lowell	Offers a wide range of youth development programs, healthy living and fitness classes, and social responsibility outreach opportunities.	35 YMCA Dr Lowell	978.454.7825	www.greaterlowellymca.org
	YMCA of Metro North / Torigian Family YMCA	Offers a wide range of youth development programs, healthy living and fitness classes, and social responsibility outreach opportunities.	259 Lynnfield St Peabody	978.977.9622	www.ymcametronorth.org

Appendix D:

Evaluation of 2020-2022 Implementation Strategy

Lahey Hospital and Medical Center (LHMC)

Evaluation of 2020-2022 Implementation Strategy

Below are highlights of the work that has been accomplished since the last Implementation Strategy. For full reports, please see submissions to the Massachusetts Attorney General Community Benefits office (https://massago.onbaseonline.com/massago/1801CBS/annualreport.aspx).

Priority: Mental Health and Substance Use Disorder

Goal 1: Address the prevalence and impact, risk/protective factors, and access issues associated with mental health and substance use disorder			
Population	Objectives	Activities	Progress, Outcomes, and Impact
• Low-resource individuals and families • Older adults • Youth/adolescents • Individuals with chronic/complex conditions	Promote collaboration, share knowledge, and coordinate activities with internal colleagues and external partners	Support community-based health education events to raise awareness of and provide education about risk/protective factors and services available within the community (e.g., education series on vaping)	LHMC regularly partners with community organizations to provide speakers on a variety of topics to help to educate community members. Notably, LHMC partnered with Billerica Cable Access TV and the Billerica Council on Aging to provide a monthly educational series on heart health, diabetes prevention, and other topics.

Goal 1: Address the prevalence and impact, risk/protective factors, and access issues associated with mental health and substance use disorder			
Population	Objectives	Activities	Progress, Outcomes, and Impact
• Low-resource individuals and families • Older adults • Youth/adolescents	Explore opportunities for partnerships with community-based organizations to identify, screen, assess, and refer those with mental health and	• Provide financial resources to community-based partners to support evidence-based programs that address mental health and substance use disorder (e.g., funds to CHNAs, mini-grants)	LHMC Determination of Need (DoN) has funding supported over 80 programs, grants, and community initiatives to address community need per year. LHMC is a member community-based coalitions, such as Healthy Lynnfield, and helps

• Individuals with chronic/complex conditions	substance use disorder to treatment Reduce environmental risk factors associated with mental health or substance use issues	• Participate in collaborative or task forces that address mental health and/or substance use disorder • Enhance partnerships with elder service providers to identify older adults at risk for mental health and substance use issues and promote access to treatment (e.g., licensed independent social workers at senior centers/Councils on Aging (COAs) • Organize drug takeback opportunities at the hospital and with community-based partners (e.g., a medical disposal program)	to support programs and events to raise awareness of substance use prevention. LHMC supports community-based social workers, such as those at the Burlington Council on Aging which 3,389 encounters serving 926 people (including family members or caregivers) in FY21. LHMC operates a 24-hour medication collection kiosk and has collected and disposed of over 525 lbs. of medications in FY21.

Goal 1: Address the prevalence and impact, risk/protective factors, and access issues associated with mental health and substance use disorder			
Population	Objectives	Activities	Progress, Outcomes, and Impact
• Low-resource individuals and families • Older adults • Youth/adolescents • Individuals with chronic/complex conditions	• Reduce environmental risk factors associated with mental health or substance use issues • Increase access to appropriate mental health and substance use disorder treatment	• Support initiatives that help reduce environmental risk factors associated with developing mental health issues (e.g., hoarding, social isolation) • Enhance access to integrated behavioral health services • Provide support/referrals to individuals with mental health and/or substance use issues	• LHMC supports many Councils on Aging (COAs) with various events and programs that help to reduce social isolation, including exercise programs, senior farmer's markets, and events. LHMC also provides the funding for exercise programs at the Burlington COA that annually serve over 150 people in both a virtual and in-person setting. • LHMC along with all other BILH hospitals, supports increasing access to behavioral health services through primary care. 2,827 patients were served in FY 21.

• Low-resource individuals and families • Older adults • Youth/adolescents • Individuals with chronic/complex conditions	and support services • Enhance the ability of local providers and community partners to understand, anticipate, and respond to health needs and social determinants of health	• Provide education and support to providers and community partners to allow them to better understand and respond to emerging health needs and social determinants of health • Support efforts to assess the overall health of the community (e.g., a Youth Risk Behavior Survey)	• LHMC provides Hospital-Based Screening and Addiction Support. This includes providing screening, brief intervention, and referral to treatment (SBIRT) for persons presenting in the ED with an elevated blood alcohol level (BAL) or a positive CAGE screening; and instituting the Medication Assisted Treatment program (MAT) through the Emergency Department (ED) which can dispense, administer, and prescribe opioid agonist treatment (i.e., buprenorphine and/or methadone), including partial agonist treatment (buprenorphine), and offer treatment to patients after an opioid-related overdose. • LHMC supports the Middlesex League with a collaborative Youth Risk Behavior Survey. FY21 survey was administered to 7,337 middle school students and 8,852 high school students across 11 cities and towns.

Priority: Chronic/Complex Conditions and Risk Factors

Goal 1: Enhance access to health education, screening, and referral services in clinical and nonclinical settings			
Population	Objectives	Activities	Progress, Outcomes, and Impact
• Low-resource individuals and families Older adults Youth/adolescents Individuals with chronic/complex conditions	• Increase awareness of and education about the risks and protective factors associated with chronic and complex conditions • Support programs/activities in clinical and nonclinical settings that screen, educate, and refer patients for chronic/complex conditions and their risk factors	• Organize events and initiatives hosted and informed by clinical staff related to education and management of chronic/complex conditions and their risk factors (e.g., the women's lecture series) • Implement and expand evidence-based programs and screenings (e.g., breast cancer risk assessments, skin cancer awareness and prevention, falls prevention, an osteoporosis program, Matter of Balance)	• LHMC hosts an annual Women's Health Lecture Series that offers three educational sessions per year focused on women's health issues. In FY 21 366 people attended the lectures. • LHMC provides free breast cancer risk assessments at the Burlington, Lexington, and Peabody locations. In FY 21, there were 16,892 breast cancer risk assessments completed for for 17,303 unique individuals. 13% of patients screened across the system were identified as having a high lifetime risk of breast cancer and 25% were identified as having a high-risk mutation. • LHMC conducts a Bone Health and Osteoporosis Prevention program to help patients understand a diagnosis of osteopenia and/or osteoporosis, discusses treatment measures to improve bone health after a fracture, provides education on the types of exercises necessary to promote bone health and prevent falls, provides information on a healthful diet with important nutrients that contribute to bone health, and aims to reduce the burden of fragility fractures for the individual and community. In FY 21, 42 scans were completed and LHMC hosted 6 education sessions for 48 individuals.

Goal 1: Enhance access to health education, screening, and referral services in clinical and nonclinical settings			
Population	Objectives	Activities	Progress, Outcomes, and Impact
• Low-resource individuals and families • Older adults Youth/adolescents • Individuals with chronic/complex conditions	Enhance access to and promote equitable care for vulnerable individuals with chronic/complex conditions	Explore partnerships with community-based organizations that work with vulnerable populations to overcome barriers to care and engage in appropriate treatment	LHMC supports the Burlington Diabetes Care Program. This program provides assistance for Town of Burlington Employees who have a diagnosis of pre-diabetes or are diabetic. The program provides those who are identified with an annual foot exam, eye exam, and an A1C analysis, among other support services, every six months with no copays for participants. This program is intended to help offset the cost of these services to help to avoid serious chronic conditions often associated with diabetes and pre-diabetes.

Goal 2: Support individuals with or recovering from chronic/complex conditions and their caregivers			
Population	Objectives	Activities	Progress, Outcomes, and Impact
• Low-resource individuals and families • Older adults • Youth/adolescents • Individuals with chronic/complex conditions	Increase access to supportive services to reduce stress and anxiety, reduce negative symptoms and side effects, and increase overall wellbeing	• Partner with community-based organizations to increase opportunities for cancer survivors to engage in safe physical activities and reduce social isolation • Provide support and care navigation to individuals who are undergoing treatment for chronic/complex conditions and their families	• LHMC partners with the Greater Boston YMCA to host the Livestrong and PINK program sessions at their Woburn and Reading locations. Classes continued to operate virtually during the pandemic. • LHMC provides oncology navigation services for patients with a cancer diagnosis. RNs with oncology-specific clinical knowledge work with newly diagnosed cancer patients by offering individualized support and assistance with coordinated care through a holistic and collaborative approach that includes communication and coordination with the patient's family and/or caregivers along with a multidisciplinary team consisting of physicians, nurse practitioners, oncology nurses, and social workers.

Priority: Social Determinants of Health and Access to Care

Goal 1: Address the social determinants of health and access to care			
Population	Objectives	Activities	Progress, Outcomes, and Impact
• Low-resource individuals and families • Older adults • Youth/adolescents • Individuals with chronic/complex conditions	Increase partnerships and collaboration with community-based organizations to address the social determinants of health	Provide community health grants to support evidence-based programs that address issues associated with the social determinants of health	In FY20 and FY21, LHMC distributed 6 grants totaling over $100,000 into the community to address SDOH such as housing, food access, and transportation.

Goal 1: Address the social determinants of health and access to care			
Population	Objectives	Activities	Progress, Outcomes, and Impact
• Low-resource individuals and families • Older adults • Youth/adolescents • Individuals with chronic/complex conditions	• Increase partnerships and collaboration with community-based organizations to address the social determinants of health • Increase access to affordable and safe transportation options • Educate providers and community members about	• Participate in diverse, multisector collaboratives and task forces to address social determinants of health and risk factors • Support partnerships with regional transportation providers and community partners to enhance access to affordable and safe transportation • Provide enrollment counseling/assistance and patient navigation support services to uninsured and/or underinsured	• LHMC participates in numerous community organizations, including the Middlesex 3 Coalition which focuses on Transportation and Workforce Development in the Burlington region, and the Domestic Violence Initiative based in Burlington. • LHMC has partnered with the Peabody Council on Aging and Arlington Council on Aging to help to provide grants to support transportation programs that help to provide older adults with rides to medical appointments. • LHMC patient navigators assisted 81,700 patients in FY21 who had Medicaid coverage, presented as self-paying, and completed an application with a Financial Navigator, and who qualified for upgraded MassHealth coverage or otherwise required

• Low-resource individuals and families • Older adults • Youth/adolescents • Individuals with chronic/complex conditions	hospital and/or public assistance programs that can help identify and enroll individuals in appropriate health insurance plans and/or reduce their financial burden	residents to enhance access to care (e.g., patient financial counselors, the Serving Health Information Needs of Everyone program) • Provide community health grants to community partners to support evidence-based programs that address issues associated with access-to care issues	support navigating the financial components of their health care visit. • LHMC supports Minuteman Senior Services' SHINE program which provided 309 counseling sessions on insurance coverage for those 65+ and on Medicaid.

Goal 1: Address the social determinants of health and access to care			
Population	Objectives	Activities	Progress, Outcomes, and Impact
• Low-resource individuals and families • Older adults • Youth/adolescents • Individuals with chronic/complex conditions	• Work to help strengthen the local workforce • Increase awareness of domestic violence and promote links to services • Promote resilience and emergency preparedness • Increase access to affordable and nutritious foods	• Collaborate with local community partners to support job-training programs that strengthen the local workforce and address underemployment • Provide crisis intervention and education to staff to identify and respond to the needs of victims • Promote partnership with local first responders and community organizations	• LHMC partners with local colleges and universities on an internship program. In FY 21 there were 24 internships in radiology, nuclear medicine, and sonology. • For over twenty years, LHMC has served as the convener for the Domestic Violence Initiative, a Coalition of community organizations in Burlington focused on providing resources and interventions for people experiencing domestic violence. Meetings are held quarterly. In FY20, LHMC also facilitated a medical grand rounds to help providers identify and appropriately manage patients who might be victims of abuse from diverse cultures. • LHMC Trauma Department regularly partners with local first responders on trainings and education. In FY 20, three trainings were hosted at LHMC and over

• Low-resource individuals and families • Older adults • Youth/adolescents • Individuals with chronic/complex conditions		that are addressing domestic violence • Provide free training to first responders and community partners • Support community-based programs that address food insecurity and promote access to healthy foods • Support community-based organizations that provide counseling and coaching on obesity and exercise	50 community members were trained on hemorrhage control techniques. • LHMC partners with many organizations, including the Merrimack Valley Food Bank, Mill City Grows, and New Entry Sustainable Farming Project on programs such as farmers markets and community gardens to help to increase access to healthy food. In FY 21 over 43,000 pounds of free, fresh produce was offered to the community as a result of these programs. • LHMC partners with Mill City Grows on its community gardens program. In FY 21, 45% of program participants reported getting more exercise as a result of gardening.

Goal 1: Address the social determinants of health and access to care			
Population	Objectives	Activities	Progress, Outcomes, and Impact
• Low-resource individuals and families • Older adults • Youth/adolescents • Individuals with chronic/complex conditions	• Increase access to affordable and free opportunities for physical activity • Promote equitable care and support for those who face cultural and linguistic barriers • Ensure access to preventive measures, testing, screening and	• Support community-based initiatives to offer free or low-cost physical activity • Provide linguistically and culturally appropriate health education and care management and support community-based initiatives that are addressing this need • Support community and hospital-based activities	• In FY21, LHMC provided funding to the Burlington Council on Aging for a Senior Stretch program that operated both virtually and in-person and a Tai Chi Class. Overall, the classes served almost 150 older adults in Burlington. LHMC also provides support to the Greater Boston YMCA and the Metro North YMCA for their evidence-based Enhance Fitness Program. In FY 21 over 50 older adults participated in the program and 100% reported an improvement in their overall health • LHMC also partnered with the Burlington Recreation Department to provide an outdoor fitness court that is open and free to the community. In FY 21 there were

• Low-resource individuals and families • Older adults • Youth/adolescents • Individuals with chronic/complex conditions	treatment for those at-risk or exposed to COVID-19 and mitigate the impacts of the pandemic on the social determinants of health	that address the impacts of COVID 19 in the community	an estimated 13,205 users of the Burlington Fitness Court. • LHMC provided funding to the Lowell Community Health Center to support their interpreter services program. Interpretation is required in 44% of the health center's total encounters. • In FY 20, LHMC provided support to the City of Peabody's COVID-19 Testing efforts. 637 individuals were screened at 6 public events in FY20. Testing efforts continue into FY21.

Appendix E:
2023-2025 Implementation Strategy

Beth Israel Lahey Health
Lahey Hospital & Medical Center

FY23-FY25
Implementation Strategy

Implementation Strategy

About the 2022 Hospital and Community Health Needs Assessment Process

Lahey Hospital & Medical Center (LHMC) is a world-renowned tertiary medical center known for its innovative technology, pioneering medical treatment, and leading-edge research. LHMC includes two separate hospitals – Lahey Hospital & Medical Center, located in Burlington, and Lahey Medical Center-Peabody (LMCP) – and two licensed facilities: Lahey Hospital & Medical Center-Outpatient Rehabilitation Services at Danvers, and Lahey Outpatient Center-Lexington MRI Suite. Together, these entities are referred to as LHMC throughout this report. In 1923, Frank Lahey, MD, founded the group practice that would become LHMC. Since its first days as the Lahey Clinic, LHMC's mission has stayed the same: To coordinate all our patients' needs under one roof. Today, as a physician-led, nonprofit group practice, LHMC continues to put patients first, with more than 500 physicians and 5,000 nurses, therapists, and other support staff working together.

The assessment and planning work for this 2022 Community Health Needs Assessment (CHNA) report was conducted between September 2021 and September 2022. It would be difficult to overstate LHMC's commitment to community engagement and a comprehensive, data-driven, collaborative, and transparent assessment and planning process. LHMC's Community Benefits staff and Community Benefits Advisory Committee (CBAC) dedicated hours to ensuring a sound, objective, and inclusive process. This approach involved extensive data collection activities, substantial efforts to engage LHMC's partners and community residents, and a thoughtful prioritization, planning, and reporting process. Special care was taken to include the voices of community residents who have been historically underserved, such as those who are unstably housed or homeless, individuals who speak a language other than English, and those who experience barriers and disparities due to their race, ethnicity, gender identity, age, disability status, or other personal characteristics.

LHMC collected a wide range of quantitative data to characterize the communities served across the hospital's Community Benefits Service Area (CBSA). LHMC also gathered data to help identify leading health-related issues, barriers to accessing care, and service gaps. Whenever possible, data were collected for specific geographic, demographic, or socioeconomic segments of the population to identify disparities and clarify the needs of needs of specific communities. The data were tested for statistical significance whenever possible and compared against data at the regional, Commonwealth, and national levels to support analysis and the prioritization process. The assessment also included data compiled at the local level from school districts, police/fire departments, and other sources. Authentic community engagement is critical to assessing community needs, identifying the leading community health priorities, prioritizing cohorts most at-risk, and crafting a collaborative, evidence-informed Implementation Strategy (IS). Between October 2021 and February 2022, LHMC conducted 20 one-on-one interviews with key collaborators in the community, facilitated four focus groups with segments of the population facing the greatest health-related disparities (including one focus group in collaboration with Northeast Hospital Corporation), administered a community health survey involving more than 900 residents, and organized two community listening sessions. In total, the assessment process collected information from more than 1,000 community residents, clinical and social service providers, and other key community partners.

Prioritization and Implementation Strategy Process

Federal and Commonwealth community benefits guidelines require a nonprofit hospital to rely on their analysis of their CHNA data to determine the community health issues and priority cohorts on which it chooses to focus its IS. By analyzing assessment data, hospitals can identify the health issues that are particularly problematic and rank these issues in order of priority. Accordingly, using an interactive, anonymous polling software, LHMC's CBAC and community residents, through the community listening sessions, formally prioritized the community health issues and cohorts that they believed should be the focus of the hospital's IS. This prioritization process helps to ensure that LHMC maximizes the impact of its community benefits resources and its efforts to improve health status, address disparities in health outcomes, and promote health equity.

The process of identifying community health issues and prioritiy cohorts is also informed by a review and careful reflection on the Commonwealth's priorities set by the Massachusetts Department of Public Health's Determination

of Need process and the Massachusetts Attorney General's Office.

LHMC's IS is designed to address the underlying social determinants of health and barriers to accessing care, as well as promote health equity. The content addresses the leading community health priorities, including activities geared toward health education and wellness (primary prevention), identification, screening, referral (secondary prevention), and disease management and treatment (tertiary prevention).

The following goals and strategies are developed so that they:

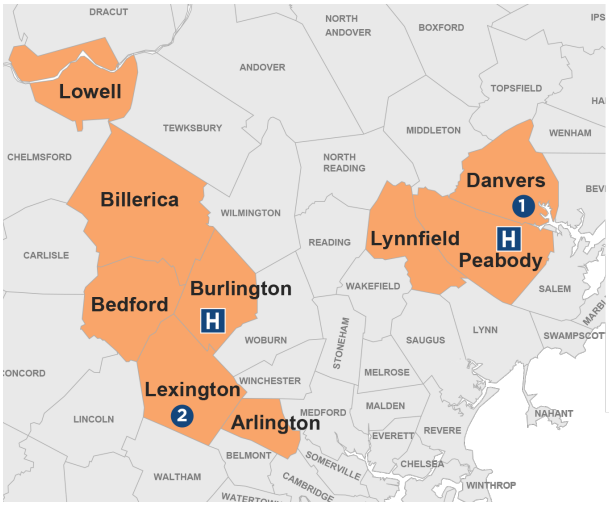
- Address the prioritized community health needs and/or populations in LHMC's CBSA
- Provide approaches across the up-, mid-, and downstream spectrum.
- Are sustainable through hospital or other funding.
- Leverage or enhance community partnerships.
- Have potential for impact.
- Contribute to the systemic, fair, and just treatment of all people.
- Could be scaled to other BILH hospitals.
- Are flexible to respond to emerging community needs.

Recognizing that community benefits planning is ongoing and will change with continued community input, LHMC's IS will evolve. Circumstances may change with new opportunities, requests from the community, community and public health emergencies, and other issues that may arise, which may require a change in the IS or the strategies documented within it. LHMC is committed to assessing information and updating the plan as needed.

Community Benefits Service Area

LHMC's CBSA includes nine municipalities in Middlesex and Essex Counties in the MetroWest and Northeast portion of Massachusetts, in the suburbs of Boston: Arlington, Bedford, Billerica, Burlington, Danvers, Lexington, Lowell, Lynnfield, and Peabody. It should be noted that Danvers is also included in Northeast Hospital Corporation's CBSA and is served through their community benefits program. These municipalities are diverse with respect to demographics (e.g., age, race, and ethnicity), socioeconomics (e.g., income, education, and employment), and geography (e.g., urban, suburban). There is also diversity with respect to community needs. There are segments of LHMC's CBSA population that are healthy and have limited unmet health needs, and other segments that face significant disparities in access, underlying social determinants, and health outcomes. LHMC is committed to promoting health, enhancing access, and delivering the best care to all who live and/or work in its CBSA, regardless of race, ethnicity, language spoken, national origin, religion, gender identity, sexual orientation, disability status, immigration status, or age. LHMC is equally committed to serving all patients, regardless of their health, socioeconomic status, insurance status, and/or their ability to pay for services.

LHMC's CHNA focused on identifying the leading community health needs and priority cohorts living and/or working within the CBSA. In recognition of the health disparities that exist for some residents, LHMC focuses the bulk of its community benefits resources on improving the health status of those who face health disparities, experience poverty, or who are marginalized due to their race, ethnicity, immigrant status, disability status, or other personal characteristics. By prioritizing these cohorts, LHMC is able to promote health and well-being, address health disparities, and maximize the impact of its community benefits resources.



Beth Israel Lahey Health
Lahey Hospital & Medical Center

Community Benefits Service Area

- H Lahey Hospital and Medical Center
- H Lahey Medical Center-Peabody
- 1 Lahey Hospital and Medical Center-Outpatient Rehabilitation Services at Danvers
- 2 Lahey Outpatient Center-Lexington MRI Suite

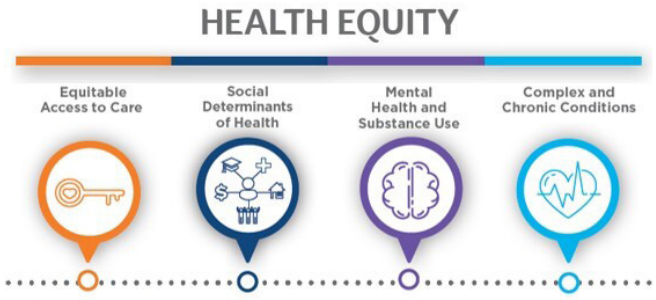
Prioritized Community Health Needs and Cohorts

LHMC is committed to promoting health, enhancing access, and delivering the best care for those in its CBSA. Over the next three years, the hospital will work with its community partners to develop and/or continue programming geared to improving overall well-being and creating a healthy future for all individuals, families, and communities. In recognition of the health disparities that exist for certain segments of the population, investments and resources will focus on improving the health status of the following priority cohorts within the community health priority areas.

LHMC Priority Cohorts

- Youth
- Low-Resourced Populations
- Older Adults
- Racially, Ethnically and Linguistically Diverse Populations
- LGBTQIA+

LHMC Community Health Priority Areas



Community Health Needs Not Prioritized by LHMC

It is important to note that there are community health needs that were identified by LHMC's assessment that were not prioritized for investment or included in LHMC's IS. Specifically, supporting education across the lifespan and strengthening the built environment (i.e., improving roads/sidewalks and enhancing access to safe recreational spaces/activities) were identified as community needs but were not included in the medical center's IS. While these issues are important, LHMC's CBAC and senior leadership team decided that these issues were outside of the medical center's sphere of influence and investments in other areas were both more feasible and likely to have greater impact. As a result, LHMC recognized that other public and private organizations in its CBSA and the Commonwealth to focus on these issues. LHMC remains open and willing to work with community residents, other hospitals, and other public and private partners to address these issues, particularly as part of a broad, strong collaborative.

Community Health Needs Addressed in LHMC's IS

The issues that were identified in the LHMC CHNA and are addressed in some way in the hospital IS are housing issues, food insecurity, transportation, economic insecurity, affordability/availability of childcare, build capacity of workforce, navigation of healthcare system, linguistic access barriers, digital divide/access to technology resources, cost and insurance barriers, youth mental health, stress, anxiety, depression, isolation, lack of mental health education/prevention, mental health stigma, culturally appropriate/competent health and community services, ageism, linguistic access/barriers to community resources/services, information sharing from hospital to community, resource inventory, and cross sector collaboration.

Implementation Strategy Details

Priority: Equitable Access to Care

Individuals identified a number of barriers to accessing and navigating the health care system. Many of these barriers were at the system level and stemmed from the way in which the system did or did not function. System-level issues included providers not accepting new patients, long wait lists, and an inherently complicated health care system that was difficult for many to navigate.

There were also individual-level barriers to access and navigation. Individuals may be uninsured or underinsured, which may lead them to forgo or delay care. Individuals may also experience language or cultural barriers - research shows that these barriers contribute to health disparities, mistrust between providers and patients, ineffective communication, and issues of patient safety.

Resources/Financial Investment: LHMC expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by LHMC and/or its partners to improve the health of those living in its CBSA. Finally, LHMC supports residents in its CBSA by providing "charity" care to individuals who are low-resourced and unable to pay for care and services. Moving forward, LHMC will continue to commit resources through the same array of direct, in-kind, leveraged, or "charity" care expenditures to carry out its community benefits mission.

Goal: Provide equitable and comprehensive access to high-quality health care services including primary care and specialty care, as well as urgent and emerging care, particularly for those who face cultural, linguistic, and economic barriers.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Provide and promote career support services and career mobility programs to hospital employees and encourage locally-focused recruitment and retention.	• Low-resourced populations • Racially, ethnically, linguistically diverse populations	• Career and academic advising • Hospital-sponsored community college courses • Hospital-sponsored English Speakers of Other Language (ESOL) classes	• # of employees who participated • # partnerships	BILH Workforce Development	Social Determinants of Health
Promote equitable care, health equity, and health literacy for patients, especially those who face cultural and linguistic barriers.	• Racially, ethnically, linguistically diverse populations • LGTBQIA+	• Interpreter Services • Lowell Community Health Center Keys to Health Equity Project: Language Supports	• # of patients assisted • # by top 3 languages	Lowell Community Health Center	Not Applicable

Goal: Provide equitable and comprehensive access to high-quality health care services including primary care and specialty care, as well as urgent and emerging care, particularly for those who face cultural, linguistic, and economic barriers.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Promote access to health care, health insurance, and patient financial counselors for patients and community members who are uninsured or underinsured.	• Youth/ adolescents • Older adults • Low-resourced populations • Racially, ethnically, linguistically diverse populations	• Patient Financial Counseling • Serving the Health Insurance Needs of Everyone (SHINE) Program • Primary Care Support • Peabody High School Student-Based Health Center • Provide community grants to support need • Explore ways to enhance care navigation within the community	• # people served • # people referred for services	• Minuteman Senior Services • Northshore Community Health Center • Peabody High School • BILH Primary Care	Not Applicable

Priority: Social Determinants of Health

The social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These conditions influence and define quality of life for many segments of the population in the LHMC CBSA. Research shows that sustained success in community health improvement and addressing health disparities relies on addressing the social determinants of health that lead to poor health outcomes and drive health inequities. The assessment gathered a range of information related to housing, food insecurity, economic insecurity, education, and other important social factors.

There is limited quantitative data in the area of social determinants of health. Despite this, information gathered through interviews, focus groups, listening sessions, and the LHMC Community Health Survey reinforced that these issues have the greatest impact on health status and access to care in the region - especially issues related to housing, food insecurity/nutrition, transportation, and economic instability.

Resources/Financial Investment: LHMC expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by LHMC and/or its partners to improve the health of those living in its CBSA. Finally, LHMC supports residents in its CBSA by providing "charity" care to individuals who are low-resourced and unable to pay for care and services. Moving forward, LHMC will continue to commit resources through the same array of direct, in-kind, leveraged, or "charity" care expenditures to carry out its community benefits mission.

Goal: Enhance the built, social, and economic environments where people live, work, play, and learn in order to improve health and quality of life.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Provide advocacy or grant funding to support programs, policies, and initiatives that work to improve the health of the community.	• Youth/ adolescents • Older adults • Low-resourced populations • Racially, ethnically, linguistically diverse populations • LGTBQIA+	• Peabody Council on Aging Transportation Support • Provide grants to support emerging community needs	• # of rides • # policies supported • Grant specific metrics	Peabody Council on Aging	Not Applicable
Advocate for and support policies and systems that improve the health of the communities.	• Youth/ adolescents • Older adults • Low-resourced populations • Racially, ethnically, linguistically diverse populations • LGTBQIA+	• Support relevant policies when proposed	• # of policies reviewed • # of policies supported	• BILH Government Affairs	Equitable Access to Care

Goal: Enhance the built, social, and economic environments where people live, work, play, and learn in order to improve health and quality-of-life outcomes.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/ WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Collaborate with local community partners to support programs that strengthen the local workforce and address undermployment.	• Youth/ adolescents • Older adults • Low-resourced populations • Racially, ethnically, linguistically diverse populations	• Radiology Internship Program	• # of internships provided • # of people employed from internship	• Bunker Hill Community College • Middlesex Community College • Regis College • -Massachusetts College of Pharmacy and Health Science	Not Applicable
Promote collaboration, share knowledge, and coordinate activities with internal colleagues and external partners.	• Youth/ adolescents • Older adults • Low-resourced populations • Racially, ethnically, linguistically diverse populations • LGBTQIA+	• Domestic Violence Initiative • Provide grant funding to support community collaboration	• # of programs funded • # of trainings • # of meetings • Sectors represented • # of partnerships developed • Increased communication among partners	To be identified	Not Applicable
Support programs that stabilize and promote access to affordable housing.	• Older adults • Low-resourced populations • Racially, ethnically, linguistically diverse populations	• Burlington Affordable Housing Coordinator • Provide grant funding to support community housing supports	• # referrals made • # people served • # housing support grants provided • # of people prevented from homelessness	Town of Burlington	Not Applicable
Support education, systems, programs, and environmental changes to increase knowledge and access to affordable, healthy foods.	• Older adults • Low-resourced populations • Racially, ethnically, linguistically diverse populations	• Merrimack Valley Food Bank Community Market Program • Mill City Grows Community Gardens Program • Cooking Up Good Health • Council on Aging Farmers Market Program	• Pounds of food distributed • # of individuals provided food and their demographics • # of garden beds • Increased gardening skills/ knowledge • # of cooking classes • Increased cooking skills • Decreased social isolation • Decreased food insecurity • Increased healthy food consumption	• Merrimack Valley Food Bank • Burlington Council on Aging • Billerica Council on Aging • Arlington Council on Aging • New Entry Sustainable Farming Project • Mill City Grows	Not Applicable

Priority: Mental Health and Substance Use

Anxiety, chronic stress, depression, and social isolation were leading community health concerns. There were specific concerns about the impact of mental health issues on youth and young adults, and social isolation among older adults. These difficulties were exacerbated by COVID-19.

In addition to the overall burden and prevalence of mental health issues, residents identified a need for more providers and treatment options, especially inpatient and outpatient treatment, child psychiatrists, peer support groups, and mental health services. Those who participated in the assessment also reflected on the stigma, shame, and isolation that those with mental health challenges face that limit their ability to access care and cope with their illness.

Substance use continued to have a major impact on the CBSA; the opioid epidemic continued to be an area of focus and concern, and there was recognition of the links and impacts on other community health priorities including mental health, housing, and homelessness. Interviewees and participants in focus groups and listening sessions identified stigma as a barrier to treatment and reported a need for programs that address common co-occurring issues (e.g., mental health issues, homelessness). Those participating in interviews, focus groups, and listening sessions also reflected on the tremendous need for more treatment options across the spectrum of care, especially in the areas of inpatient treatment, transitional housing, and other recovery support services.

Resources/Financial Investment: LHMC expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by LHMC and/or its partners to improve the health of those living in its CBSA. Finally, LHMC supports residents in its CBSA by providing "charity" care to individuals who are low-resourced and unable to pay for care and services. Moving forward, LHMC will continue to commit resources through the same array of direct, in-kind, leveraged, or "charity" care expenditures to carry out its community benefits mission.

Goal: Promote social and emotional wellness by fostering resilient communities and building equitable, accessible, and supportive systems of care to address mental health and substance use.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Enhance relationships and partnerships with schools, youth-serving organizations, and other community partners to build capacity and increase resiliency, coping, and prevention skills.	• Youth/ adolescents • Low-resourced Populations • Racially, ethnically, linguistically diverse populations • LGTBQIA+	Provide community grants or education to address need	Grant specific metrics	Middlesex League	Not Applicable

Goal: Promote social and emotional wellness by fostering resilient communities and building equitable, accessible, and supportive systems of care to address mental health and substance use.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Provide access to high-quality and culturally and linguistically appropriate mental health and/or substance use services through screening, monitoring, counseling, navigation, and treatment services.	• Youth/ adolescents • Older adults • Low-resourced populations • Racially, ethnically, linguistically diverse populations • LGTBQIA+	• BIILH Collaborative Care Model • Outpatient Behavioral Health Programs • Hospital-Based Addiction Support • Trauma Survivors Support Group	• # people served • # people referred to services • # support groups offered	BILH Behavioral Health Services	Not Applicable
Improve systems for management and control of substance use disorder through education, reducing access to substances, and multidisciplinary efforts.	• Youth/ adolescents • Older adults • Low-resourced populations • Racially, ethnically, linguistically diverse populations • LGTBQIA+	• LHMC Medication Disposal Program • Burlington Police Department Substance Use Coordinator • Burlington Council on Aging Outreach Workers • Burlington Youth and Family Services	• Pounds of medication and sharps collected • Policies implemented/ training for staff • Sectors represented • # of new partnerships developed • Increased communication among partners	Town of Burlington	Not Applicable
Participate in multi-sector community coalitions to convene collaborators to identify and advocate for policy, systems, and environmental changes to increase resiliency, reduce substance use, and prevent opioid overdoses and deaths.	• Youth/ adolescents • Older adults • Low-resourced populations • Racially, ethnically, linguistically diverse populations	• A Healthy Lynnfield • Middlesex District Attorney (DA) Opioid Task Force • Local substance use prevention coalitions	• Sectors represented • Amount of resources obtained • # of new partnerships developed • Skill-building/education shared • # new policies/protocols implemented	• A Healthy Lynnfield • Middlesex DA's Office	Not Applicable

Priority: Chronic and Complex Conditions

Chronic conditions such as cancer, diabetes, chronic lower respiratory disease, stroke, and cardiovascular disease contribute to 56% of all mortality in Massachusetts and over 53% of all health care expenditures ($30.9 billion a year). Perhaps most significantly, chronic diseases are largely preventable despite their high prevalence and dramatic impact on individuals and society.

Resources/Financial Investment: LHMC expends substantial resources on its community benefits program to achieve the goals and objectives in its IS. These resources are expended, according to its current IS, through direct and in-kind investments in programs or services operated by LHMC and/or its partners to improve the health of those living in its CBSA. Finally, LHMC supports residents in its CBSA by providing "charity" care to low-income individuals who are unable to pay for care and services. Moving forward, LHMC will continue to commit resources through the same array of direct, in-kind, leveraged, or "charity" care expenditures to carry out its community benefits mission.

Goal: Improve health outcomes and reduce disparities for individuals at-risk for or living with chronic and/or complex conditions and caregivers by enhancing access to screening, referral services, coordinated health and support services, medications, and other resources.

STRATEGIES	COHORT(S)	INITIATIVES TO ADDRESS THE PRIORITY	METRICS/WHAT WE ARE MEASURING	IDENTIFIED PARTNERS	SECONDARY PRIORITY
Address barriers to timely cancer screening and follow-up cancer care through navigation.	• Older adults • Low-resourced populations • Racially, ethnically, linguistically diverse populations	• Cancer Programs: Screening and Prevention • Oncology Nurse Navigator and Supportive Services for Cancer Patients	• # screenings • # of people served and their demographics • Reduced time between finding and treatment	American Cancer Society	Not Applicable
Provide preventative health information, services, and support for those at-risk for complex and/or chronic conditions and support evidence-based chronic disease treatment and self-management programs	Older Adults	• Burlington Diabetes Care Program • Bone Health Program • Tai Ji Quan: Moving for Better Balance • A Matter of Balance • Memory Café Program • Enhance Fitness Program • Provide support for community-based exercise classes	• # people served and their demographics • # of people with % falls reduction risk reduced • % increase in strength for older adults	• Town of Burlington • Metro North YMCA	Not Applicable

General Regulatory Information

Contact Person:	Michelle Snyder Regional Manager, Community Benefits/Community Relations
Date of written plan:	June 30, 2022
Date written plan was adopted by authorized governing body:	September 12, 2022
Date written plan was required to be adopted	February 15, 2023
Authorized governing body that adopted the written plan:	Lahey Hospital & Medical Center Board of Trustees
Was the written plan adopted by the authorized governing body on or before the 15th day of the fifth month after the end of the taxable year the CHNA was completed?	☑ Yes ☐ No
Date facility's prior written plan was adopted by organization's governing body:	September 16, 2019
Name and EIN of hospital organization operating hospital facility:	Lahey Clinic Hospital Inc 042704686
Address of hospital organization:	41 Mall Rd Burlington, MA 01805

Beth Israel Lahey Health
Lahey Hospital & Medical Center

lahey.org