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:

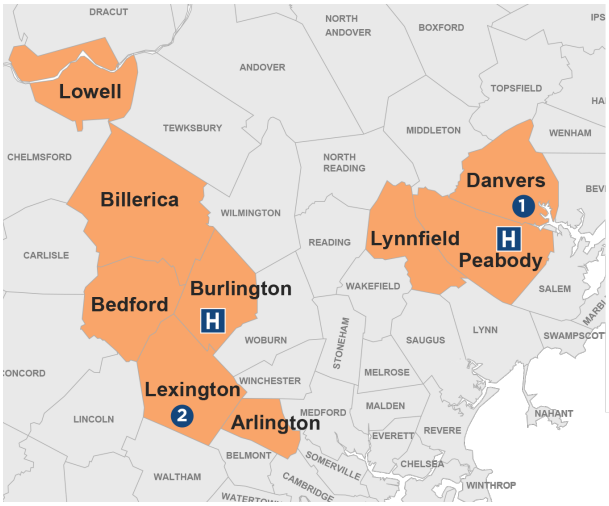
- Address the prioritized community health needs and/or populations in LHMC's CBSA
- Provide approaches across the up-, mid-, and downstream spectrum.
- Are sustainable through hospital or other funding.
- Leverage or enhance community partnerships.
- Have potential for impact.
- Contribute to the systemic, 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.



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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

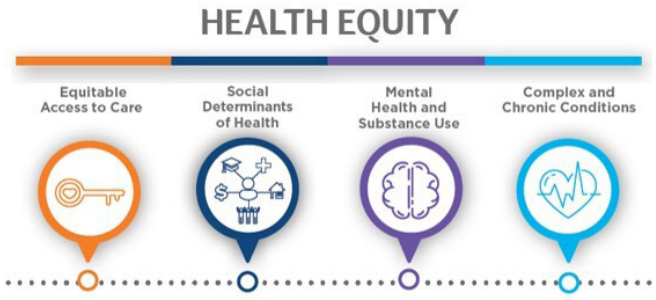
Prioritized Community Health Needs and Cohorts

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

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