**Hospital Self-Assessment Form - Year 1**

Note: This form is to be completed in the Fiscal Year in which the hospital completed its triennial Community Health Needs Assessment

**I. Community Benefits Process:**

1. Community Benefits in the Context of the Organization’s Overall Mission:

* Are Community Benefits planning and investments part of your hospital’s strategic plan?  Yes  No
  + If yes, please provide a description of how Community Benefits planning fits into your hospital’s strategic plan. If no, please explain why not.

Lahey Hospital & Medical Center (LHMC) is a member of Beth Israel Lahey Health (BILH). While LHMC oversees local Community Benefits programming and community engagement efforts, Community Benefits is under the purview of the BILH Chief Strategy Officer. This structure ensures that Community Benefits efforts, prioritization, planning and strategy align and/or are integrated with local hospital and system strategic and regulatory priorities.

1. Community Benefits Advisory Committee (CBAC):

* Members (and titles):  
  Stathis Antoniades, Chief Operating Officer, Lahey Hospital & Medical Center; Michael Bonfanti, JB Thomas Lahey Foundation; Eric Conti, Superintendent, Burlington Public Schools; President, Middlesex League Randi Epstein, Coordinator, Community Health Network Area 15; Christine Healey, Director, Community Benefits/Community Relations, Beth Israel Lahey Health; Peter Kilcommons, Finance, LHMC; Bruce MacDonald, Executive Director, Metro North YMCA; Michelle McCool Heatley, ACNO, Lahey Hospital & Medical Center; Linda McGoldrick, Lahey Hospital & Medical Center Board of Trustees; Lisa Neveling, Vice President, Business Development, Beth Israel Lahey Health; Michelle Snyder, Regional Manager, Community Benefits/Community Relations, Lahey Hospital & Medical Center; Andrew Villanueva, MD, Chief of Quality & Safety, Lahey Hospital & Medical Center; Kelly Magee Wright, Executive Director, Minuteman Senior Services
* Leadership:  
  David Longworth, MD President, Lahey Hospital & Medical Center; Stathos Antoniades, Chief Operating Officer, Lahey Hospital & Medical Center; Andrew Villanueva, MD Chief of Quality & Safety, Lahey Hospital & Medical Center; Patrick Aquino, MD, Psychiatry, Lahey Hospital & Medical Center; Michelle McCool Heatley, ACNO, LHMC; Lars Reinhold, MD, Interim Chief of Primary Care; Jane Edmonds, Board of Trustees Member; Richard Nesto, MD, Chief Medical Officer, Beth Israel Lahey Health; Deborah Costello, Chief Operating Officer; Home Health & Hospital; Lahey Health at Home; Hilary Jacobs, President, Beth Israel Lahey Health Behavioral Health Services; Leslie Sebba, MD, President & CMO, Lahey Clinical Performance Network; Theresa Giove, Executive Director, Urgent Care; Pauline Lodge, Senior Vice President, Business and Strategic Development, Beth Israel Lahey Health
* Frequency of meetings:  
  LHMC CBAC met in person three times during FY 2019 on May 6, 2019 June 25, 2019 August 5, 2019 and is provided with regular updates on Community Benefits Programs.

1. Involvement of Hospital’s Leadership in Community Benefits:

Place a checkmark next to each leadership group if it is involved in the specified aspect of your Community Benefits process:

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Review Community Health Needs Assessment* | *Review Implementation Strategy* | *Review Community Benefits Report* |
| Senior leadership |  |  |  |
| Hospital board |  |  |  |
| Staff-level managers |  |  |  |
| Community Representatives on CBAC |  |  |  |

For any check above, please list the titles of those involved and describe their specific role:

At LHMC, our belief that everyone deserves high-quality, affordable health care is at the heart of who we are and what drives our work with our community partners. The organizations that are now part of BILH have always been deeply committed to serving their communities. Working collaboratively with our community partners, our CBAC and the Community Benefits team, such commitment is shared by staff at all levels within LHMC:

Senior Leadership:

David Longworth, MD, LHMC President—Provided input on identifying CBSA, CHNA and Implementation Strategy, participated in Key Informant Interview

Stathos Antoniades, LHMC Chief Operating Officer—Participates on CBAC, provided input on identifying CBSA, CHNA and Implementation Strategy, participated in Key informant interview, participated in health priority/target population selection

Patrick Aquino, MD, Psychiatry, LHMC—Participated in key informant interview

Michelle McCool Heatley, LHMC ACNO-- Participates on CBAC, provided input on identifying CBSA, CHNA and Implementation Strategy, participated in Key informant interview, participated in health priority/target population selection

Hilary Jacobs, President Beth Israel Lahey Health Behavioral Services, Participated as a key informant interview.

Jill Lack, Vice President of Ambulatory and CBHI Services, BILH Behavioral Services, participated on the Lahey Health CHNA Project Advisory Committee which provided oversight and direction throughout the process.

Pauline Lodge, Senior Vice President, Business Development and Marketing, Participated as a key informant interview.

Lars Reinhold, MD, Interim Chief of Primary Care-- Participated in key informant interview

Andrew Villanueva, MD, LHMC Chief of Quality & Safety--Participates on CBAC, provided input on identifying CBSA, CHNA and Implementation Strategy, participated in Key informant interview, participated in health priority/target population selection

Hospital Board:

Ann Marie Connolly, Board Chair—reviews Community Benefits Report

Jane Edmonds, Board Member– provided input on CHNA

LHMC Board of Directors – reviewed, approved and adopted CHNA and Implementation Strategy LHMC Community Benefits Advisory Committee – oversaw CHNA and Implementation process

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Staff-level managers:

Christine Healey, BILH Director of Community Benefits/Community Relations-- designed, managed and conducted CHNA, managed prioritization process, drafted Implementation Strategy

Michelle Snyder, LHMC Regional Manager Community Benefits/Community Relations – designed, managed and conducted CHNA, managed prioritization process, drafted Implementation Strategy

Sandi Mackey, Director, Trauma Service Nursing LHMC—participated in key informant interview, reviewed data

Ursula Tice Alarcon, Director, Interpreter Services LHMC—participated in key informant interview

Wendy Hawkins, Project Manager, Market Analytics and Intelligence – Participated on Lahey Health CHNA Project Advisory Committeee which provided oversight and direction throughout the entire CHNA process.

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CBAC:

LHMC CBAC -guided community engagement process and selected/recommended priorities, reviews annual community benefits report (list of members above)

Other Community Representatives (not on CBAC):

Sharon Cameron, Public Health Director, City of Peabody, Participated on the Lahey Health CHNA Project Advisory Committee which provided oversight and direction throughout the entire CHNA process; also worked to administer the community health survey.

1. Hospital Approach to Assessing and Addressing Social Determinants of Health

* How does the hospital approach assessing community needs relating to social determinants of health? (150-word limit)   
  LHMC undertook a robust, collaborative and transparent assessment and planning process. The approach involved extensive quantitative (age, race, ethnicity, language, income, violence/crime, food access, housing, transportation, etc.) and qualitative (focus groups, community forums, community surveys) data collection and substantial efforts to engage community residents, with special emphasis on hidden population segments often left out of assessments. Additionally, the LHMC CBAC oversaw the assessment, vetted findings and prioritized leading health issues and the communities and cohorts most in need. LHMC Implementation Strategy reflects the hospital and the CBAC’s prioritization of the following social determinants of health including access to care, transportation, unemployment and food access.
* How does the hospital incorporate health equity in its approach to Community Benefits? (150-word limit)  
  LHMC and BILH are committed to health equity, the attainment of the highest level of health for all people, requires focused and ongoing societal efforts to address avoidable inequalities, socioeconomic barriers to care, and both historical and contemporary injustices. Throughout LHMC’s assessment process, the hospital worked to understand the needs of populations that are often disadvantaged, face disparities in health-related outcomes, and are deemed most vulnerable. LHMC’s Implementation Strategy that developed as a result of these processes focuses on reaching the geographic, demographic and socioeconomic segments of populations most at risk, as well as those with physical and behavioral health needs in the hospital’s community benefits service area.
* How does the hospital approach allocating resources to Total Population or Community-Wide Interventions? (150-word limit)  
  The LHMC Implementation Strategy includes a diverse range of programs and resources to addresses the prioritized needs within its community benefits service area. The majority of LHMC’s community benefits initiatives are focused on cohorts and sub-populations due to identified disparities or needs. LHMC’s strategies include promoting access by bringing programs such as farmers markets and exercise classes to local councils on aging, providing free falls prevention prevention programs in the community, and partnering with schools to conduct their Youth Risk Behavior Survey. Additionally, LHMC collaborates with many community partners to own, catalyze and/or support total population and commununity -wide interventions including building an outdoor fitness facility in partnership with the Burlington Recreation Department and partnering with YMCA’s on evidence-based survivorship and exercise programs.

**II. Community Engagement:**

1. Organizations Engaged in CHNA and/or Implementation Strategy

Use the table below to list the key partners with whom the hospital collaborated in assessing community health needs and/or implementing its plan to address those needs and provide a brief description of collaborative activities with each partner. Note that the hospital is not obligated to list every group involved in its Community Benefits process, but rather should focus on groups that have been significantly involved. Please feel free to add rows as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization** | **Name and Title of Key Contact** | **Organization Focus Area** | **Brief Description of Engagement** (including any decision-making power given to organization) |
|
| Mill City Grows | Jessica Wilson, Executive Director | Other | Organized and facilitated a focus group; assisted in survey distribution |
| Housing Corporation of Arlington | Pam Hallett, Director | Housing organizations | Organized and facilitated a focus group; assisted in survey distribution |
| Burlington High School | Eric Conti, Superintendent | Schools | Organized and facilitated a focus group; assisted in survey distribution; participated on CBAC |
| CHNA 15 and CHNA 13/14 | Randi Epstein, Coordinator; Bernadette Orr, Director | Local health community organizations (CHNAs) | Hosted community-wide listening sessions; assisted n survey distribution; participate on CBAC |

1. Level of Engagement Across CHNA and Implementation Strategy

Please use the spectrum below from the Massachusetts Department of Public Health[[1]](#footnote-1) to assess the hospital’s level of engagement with the community.



**For a full description of the community engagement spectrum, see page 11 of the Attorney General’s Community Benefits Guidelines for Non-Profit Hospitals.**

1. **Community Health Needs Assessment**

Please assess the hospital’s level of engagement in developing its CHNA and the effectiveness of its community engagement process.

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Level of Engagement** | **Did Engagement Meet Hospital’s Goals?** | **Goal(s) for Engagement in Upcoming Year(s)** |
| Overall engagement in assessing community health needs | Collaborate | The goal was met. | Not Applicable |
| Collecting data | Collaborate | In certain communities and with specific cohorts, LHMC was able to have community members/residents and organizations organize focus groups, community meetings, and assist in the distribution of community surveys. | Not Applicable |
| Defining the community to be served | Consult | LHMC worked with Senior Leadership and the CBAC to review the CBSA. CBAC members and community partners identified hard-to-reach cohorts and those facing disparities. | Not Applicable |
| Establishing priorities | Collaborate | The CBAC working with the CB staff and LHMC Senior Leadership prioritized health needs and recommended health priorities and priority cohorts. | Consult |

* For categories where community engagement did not meet the hospital’s goal(s), please provide specific examples of planned improvement for next year:

**LHMC remains committed to community engagement. During FY 19, LHMC undertook its triennial community health needs assessment and prioritization process. Guided by LHMC’s Community Benefits Advisory Committee and conducted in collaboration with community partners, this initiative employed a comprehensive community engagement process. In FY 20, the hospital will continue to work with its CBAC and community partners to engage the community including holding an annual public meeting. Additionally, LHMC will engage with our community by continuing and expanding its successful Community Grants Program, community benefits program collaboration, and continuing to participate on many boards and community groups, including both CHNA 15 and CHNA 13/14.**

1. **Implementation Strategy:**

Please assess the hospital’s level of engagement in developing and implementing its plan to address the significant needs documented in its CHNA and the effectiveness of its community engagement process.

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Level of Engagement** | **Did Engagement Meet Hospital’s Goals?** | **Goal(s) for Engagement in Upcoming Year(s)** |
| Overall engagement in developing and implementing filer’s plan to address significant needs documented in CHNA | Involve | Community forums, community meetings, focus groups and the CBAC worked with the CBLT to identify priorities and sub priorities. | Involve |
| Determining allocation of hospital Community Benefits resources/selecting Community Benefits programs | Inform | LHMC will work to better inform and consult with its CBAC on the proportion of CB resources allocated to different priorities | Consult |
| Implementing Community Benefits programs | Collaborate | 2019 was the last year of the LHMC FY 2017-2019 Implementation Strategy (IS). Over the course of the IS, LHMC has collaborated closely with many community partners on community benefits programs and is in regular communication with our partners on progress. LHMC will be contuing to collaborate closely with the community on new and existing programs for its FY 20-22 IS. | Collaborate |
| Evaluating progress in executing Implementation Strategy | Consult | 2019 was the last year of the LHMC FY 2017-2019 Implementation Strategy (IS). BILH Community Benefits will be hiring a Director of Evaluation which will work with all hospitals to build staff and community evaluation capabilities. LHMC will be collaborating with the community on evaluation of CB programming and the execution of the FY 20-22 IS. | Collaborate |
| Updating Implementation Strategy annually | Inform | 2019 was the last year of LHMC’s FY 2017-2019 Implementation Strategy (IS). LHMC will work with its CBAC, its community partners and the BILH Evaluator to review its IS and update, as appropriate at the end of FY 20. | Consult |

* For categories where community engagement did not meet the hospital’s goal(s), please provide specific examples of planned improvement for next year:

LHMC has a comprehensive implementation strategy to respond to identified community health priorities. The hospital engaged with CBAC, hospital leadership and the community to identify and select priorities for the new (FY 20-22) Implementation Strategy. While the Implementation Strategy (IS) was shared with the CBAC, the CBLT, adopted by the Board of Directors and widely distributed, delays in obtaining secondary data and the significant commitment to the comprehensive community engagement for the CHNA and the prioritization process, lead to less wider community engagement on the drafting of the implementation strategy. Going forward, LHMC will review the workplan and timeline of our triennial CHNA to allow more time for engagement and vetting of the IS.

During the FY 20 annual meeting, LHMC will make the IS available to participants, highlight new programs, priorities and activities, and seek input from the community. LHMC is also meeting with stakeholder groups in FY 20 to share the Community Health Needs Assesment and IS at their request and welcomes their feedback.

1. Opportunity for Public Feedback

Did the hospital hold a meeting open to the public (either independently or in conjunction with its CBAC or a community partner) at least once in the last year to solicit community feedback on its Community Benefits programs? If so, please provide the date and location of the event. If not, please explain why not.

LHMC held two public meetings as part of the CHNA process and shared Community Benefits Programs; one in collaboration with CHNA 15 and Emerson Hospital and one in collaboration with CHNA 13/14 and Beverly Hospital/Addison Gilbert Hospitl.

These meetings were held on March 7th, 2019 and May 2, 2019 respectively.

1. Best Practices/Lessons Learned

The AGO seeks to continually improve the quality of community engagement.

* What community engagement practices are you most proud of? (150-word limit)  
  LHMC is most proud of its long-standing partnerships with many community-based organizations and city and town agencies, the participation CBAC in the most recent CHNA/IS prioritization process, and the high degree of community engagement throughout the CHNA. The focus groups organized by our community partners allowed for us to hear directly from several segements of the population who are traditionally more difficult to reach, including individuals who live in low-to-moderate income housing, youth/adolescents and families.
* What lessons have you learned from your community engagement experience? (150-word limit)  
  Working collaboratively with other hospitals, community-based organizations, public health, LHMC enhances the level and quality of our community engagement efforts.

**III. Regional Collaboration:**

1. Is the hospital part of a larger community health improvement planning process?

Yes  No

* + If so, briefly describe it. If not, why?  
    LHMC is involved with the BILH system community health improvement planning process and has collaborated extensively with Winchester Hospital and Beverly/Addison Gilbert Hospitals on this and previous assessments.

1. If the hospital collaborates with any other filer(s) in conducting its CHNA, Implementation Strategy, or other component of its Community Benefits process (e.g., as part of a regional collaboration), please provide information about the collaboration below.

* Collaboration:  
  LHMC has collaborated extensively with Winchester Hospital and Beverly/Addison Gilbert Hospitals on this and previous assessments, sharing a joint project advisory committee, data, planning process and feedback. LHMC also collaborated with Emerson Hospital in a CHNA 15-hosted joint feedback session and shared data and community input.
* Institutions involved:  
  Beverly/Addison Gilbert Hospital, Emerson Hospital,and Winchester Hospital
* Brief description of goals of the collaboration:  
  The goal of the collaboration with Beverly/AGH and Winchester hospital are to ensure an alignments in the CHNA approach and goals across the hospitals service area. The goal of the collaboration with Emerson Hospital is to provide data /information across our shared geography in the CHNA 15 service area.
* Key communities engaged through collaboration:  
  Middlesex County; CHNA 15 Service Area
* If you did not participate in a collaboration, please explain why not:

1. “Community Engagement Standards for Community Health Planning Guideline,” Massachusetts Department of Public Health, *available at*: http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf. [↑](#footnote-ref-1)