

Attachment 13
Community Engagement
Self-Assessment



Massachusetts Department of Public Health

Determination of Need

Community Health Initiative

CHNA / CHIP Self Assessment

Version: 8-1-17

This self-assessment form is to understand the Community Engagement process that has led/ will lead to the identification of priorities for community health planning processes. It is being used to demonstrate to DPH that an existing community health planning process adequately meets DPH standards for community engagement specific to Determination of Need, Community Health Initiative purposes.

This form will provide the basic elements that the Department will use to determine if additional community engagement activities will be required. When submitting this form to DPH, please also submit your IRS Form 990 and Schedule H CHNA/CHIP and/or current CHNA/CHIP that was submitted to the Massachusetts Attorney General's Office. Additionally, the Applicant is responsible for ensuring that the Department receives Stakeholder-Assessments from the stakeholders involved in the CHNA / CHIP process.

All questions in the form, unless otherwise stated, must be completed.

Approximate DoN Application Date: 09/18/2020

DoN Application Type: Hospital/Clinic Substantial Capital Expenditure

What CHI Tier is the project? ☐ Tier 1 ☒ Tier 2 ☐ Tier 3

1. DoN Applicant Information

Applicant Name: Holyoke Medical Center

Mailing Address: 575 Beech Street

City: Holyoke

State: Massachusetts

Zip Code: 01040

2. Community Engagement Contact Person

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3. About the Community Engagement Process

Please indicate what community engagement process (e.g. the name of the CHNA/CHIP) the following form relates to. This will be use as a point of reference for the following questions and does not need to be a fully completed CHNA or implemented CHIP.

(please limit the name to the following field length as this will be used throughout this form):

2019 Holyoke Medical Center CHNA

4. Associated Community Health Needs Assessments

In addition to the above engagement process, please list Community Health Needs Assessments and/or Community Health Improvement Planning Processes, if any that the Applicant been involved with in the past 5 years (i.e. CHNA/CHIP processes not led by the Applicant but where the Applicant was involved?)

(Please see page 22 of the Community-Based Health Initiative Guidelines for reference <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>)

Add/ Del Rows	Lead Organization Name / CHNA/CHIP Name	Years of Collaboration	Name of Lead Organizer	Phone Number	Email Address of Lead Organizer
<input type="checkbox"/> <input type="checkbox"/>	Baystate Health System	2019	Annamarie Golden	413 794 7622	annamarie.golden@baystatehealth.org

5. CHNA Analysis Coverage

Within the 2019 Holyoke Medical Center CHNA , please describe how the following DPH Focus Issues were analyzed DoN Health Priorities and Focus Issues (please provide summary information including types of data used and references to where in the submitted CHNA/CHIP documents these issues are discussed):

5.1 Built Environment

2019 CHNA findings:

Transportation: Lack of affordable and reliable transportation is of concern to our lower income population in Holyoke. We also have an aging population that has transportation challenges or does not drive anymore. The lack of access to affordable transportation options limits some families' abilities to seek health care. Limited vehicle availability and fewer affordable transportation options afflict our cost-sensitive residents. Low-income households are limited to a shorter radius of travel compared to higher-income households, which limits their healthcare, employment, and education options. They have the lowest rates of single-occupancy vehicle use and the highest usage of less costly travel modes such as carpool, transit, bike, and walking. However, in areas where public transportation is inaccessible or infrequent, residents without access to vehicles aren't always able to see a doctor when they need to most. In Holyoke, 22% of homes do not have a vehicle to use for travel, in Chicopee, 11% of homes are without a vehicle, in South Hadley, 8% of homes are without a vehicle and in Holyoke Medical Center's primary service area, 12% of homes are without a vehicle.

To address this identified need, Holyoke Medical Center (HMC) has a robust transportation plan for the most vulnerable in the community. HMC offers door to door shuttles to and from the communities of Holyoke, Chicopee, South Hadley, and West Springfield. The door to door shuttles are for those who are not able to get to bus stops where HMC also has shuttles providing transportation. HMC provided over 4,000 door to door rides from January to December 2019.

HMC has two shuttles that go to various locations in the city of Holyoke. The bus stops are near public transit stops for convenience and there is one stop at the Holyoke Health Center, a Federally Qualified Health Center (FQHC) where many of our patients also receive services.

There were a few people who completed HMC's CHNA 49-question survey and indicated that transportation was an issue in getting to their doctor appointments. Even though HMC has robust transportation options, we plan to further explore transportation questions to determine what other barriers they face and how HMC can make it even easier for people to get to their medical appointments or tests and back home safely.

Access to Healthy Foods: Residents who live in a low access census tract, as identified by the United States Department of Agriculture (USDA), may be more likely to rely on processed, shelf stable food and less likely to eat fresh fruits and vegetables. In Holyoke, 1,319 children live a mile or more from a grocery store that sells fresh produce; in Chicopee there are 2,045 children; and South Hadley has 1,822 children. Seniors who live one mile or more from a grocery store selling fresh produce equates to 872 seniors in Holyoke, 1,437 seniors in Chicopee, and 1,756 seniors in South Hadley.

For vulnerable families, nutrition assistance can be the most effective stepping stone for stabilizing their economic situation and their health. SNAP (Supplemental Nutrition Assistance Program) helps families put more food on the table by increasing their food budget. SNAP also offers education on how to prepare healthy, low-cost meals and make healthier food choices. In Holyoke, 33% of total households receive SNAP benefits; 22% of total households in Chicopee; and 8% of total households in South Hadley. In Holyoke Medical Center's primary service area, there are 33% households receiving SNAP benefits. In the state of Massachusetts there are 12% of total households receiving SNAP benefits. However, there are still approximately 924 households below poverty not receiving SNAP in Holyoke; 1,142 households below poverty not receiving SNAP in Chicopee; and 478 households in South Hadley below poverty not receiving SNAP. There are 478 SNAP authorized stores in Hampden County and 98 stores in Hampshire County.

In HMC's CHNA survey, we asked about daily vegetable consumption. The results are that 1% of the population does not eat vegetables, 22% eat less than one cup of vegetables, 36% eat 1 to 2 cups of vegetables, 16% eat 2 to 3 cups of vegetables, 5% eat 3 to 4 cups of vegetables and 4% eat more than 4 cups of vegetables. People who filled out the survey also stated that the hours of the local farmers' market were not good or it was too far away, but 75 out of the almost 400 people who filled out the survey shopped at a farmers' market.

Environmental Exposures: Health is a function of place, access, and opportunity. Unfortunately, some residents do not have the opportunity to breathe clean, quality air. Components of outdoor air pollution are classified as cancer-causing agents (carcinogens), including diesel engine exhaust, solvents, metals, and dust. Even if overall cancer risk is low, it is life-changing for large population centers where many people are exposed. As with many other environmental exposures with a relatively small individual risk, large numbers of people exposed to air pollution may result in a significant number of cancers, such as lung cancer.

Air Quality: Individual lifetime cancer risk: 26.9 individual risk per million people in Holyoke Medical Center's primary service area; 27.5 individual risk per million people in Holyoke; 28.3 individual risk per million people in Chicopee; 27.1 individual risk per million people in South Hadley; and 25.7 individual risk per million people in Massachusetts.

Healthcare Access: People with comprehensive health insurance coverage are more likely to seek preventative care which prevents illnesses, diseases, and other health problems. Most health plans must cover a set of preventive services, such as screenings and immunizations, at no cost to the insured individual. While many employers offer health insurance to their employees, a substantial number of employers do not offer financially affordable plans or do not offer any insurance at all. For uninsured workers and their families, the costs of obtaining insurance coverage on their own can quickly become prohibitive.

In Holyoke's primary service area, there are 5,128 people without health insurance coverage which equates to about 3% of the population. There are 1,094 people in Holyoke who are without health insurance coverage which is about 3% of the population; 1,654 people in Chicopee without coverage which equates to 3% of the population; 351 people in South Hadley without health insurance coverage which is 2% of the population; and 189,470 people without coverage in Massachusetts which is about 3% of the population.

In HMC's CHNA survey, the top 5 environmental concerns were poor air quality, affordable housing, domestic violence, unemployment and unsafe neighborhoods. During the eight community workshops, many people talked about not having enough education around health issues for youth and for the senior population. The group discussed the need for affordable medications and described confusion around health insurance coverage. There was also some discussion that there is a need to have doctor's instructions in Spanish along with simplified instructions and terminology by providers for patients' understanding.

(Source: <https://dashboards.mysidewalk.com/hmc-chna/holyoke>, <https://dashboards.mysidewalk.com/hmc-chna/chicopee>, <https://dashboards.mysidewalk.com/hmc-chna/south-hadley>, <https://dashboards.mysidewalk.com/hmc-chna/hmc-primary-service-area>) USDA ERS Food Evnir. Atlas, <https://dashboards.mysidewalk.com/hmc-chna/environmental-social-context-0c2b7af3d1e>, 2019 CHNA Survey, Holyoke Medical Center, EPA NATA, <https://dashboards.mysidewalk.com/hmc-chna/environmental-social-context-0c2b7af3d1e>, <https://dashboards.mysidewalk.com/hmc-chna/community-voice>)

5.2 Education

Residents with more education are more likely to have jobs that provide health-promoting benefits such as health insurance, paid leave, and retirement. Conversely, people with less education are more likely to work in occupations with few benefits. Low-income residents who are struggling to access basic necessities, such as food and shelter, are unable to prioritize their education and long-term goals and are often stuck in a generational cycle of poverty.

Educational Attainment: Highest Level of Education Completed	Holyoke	Chicopee	South Hadley	HMC Primary Service Area	MA State Level
Less than 9th grade	9%	5%	1%	5%	5%
9th to 12th grade, no diploma	12%	10%	4%	8%	5%
High school degree	30%	34%	24%	29%	24%
Some college, no degree	19%	21%	18%	20%	16%
Associates degree	7%	12%	12%	10%	8%
Bachelor's degree	14%	12%	20%	16%	24%
Graduate degree	9%	7%	21%	11%	19%

The Holyoke Public Schools were put into receivership approximately 5 years ago by the State. There has been a great deal of effort to raise MCAS scores as well as graduation rates and to keep children in school with less absences. Representative Vega stated in the stakeholder interview that he would like to see more safe routes to school and supported bike programs and mental health support for youth within the school system.

In meeting with two groups of students at Holyoke's Vocational High School, their concerns were around peer pressure, bullying, lack of motivation in schools from students, school food, gang violence, discrimination on race, ethnicity and gender, issues with immigration status, foster care system, LGBTQ, and disclosure. They also mentioned vulnerable populations that included school system, juvenile system, homeless, LGBTQ, immigrants, people who experience bullying, and those who are economically disadvantaged/low income.

In HMC's CHNA survey, the top health issues for children 0-5 were dental hygiene, nutrition, enough sleep, bullying, mental health, asthma and drug abuse; ages 6-10 were bullying, nutrition, dental hygiene, sleep, drugs; ages 11 to 15 were bullying, nutrition, drug abuse, alcohol, tobacco, dental hygiene, and mental health; ages 16-19 were alcohol, drug abuse, sexually transmitted disease, reckless driving and speeding, suicide prevention, tobacco and eating disorders.

(Source: <https://dashboards.mysidewalk.com/hmc-chna/holyoke>, <https://dashboards.mysidewalk.com/hmc-chna/chicopee>, <https://dashboards.mysidewalk.com/hmc-chna/south-hadley>, <https://dashboards.mysidewalk.com/hmc-chna/hmc-primary-service-area>)

5.3 Employment

Job insecurity and lack of benefits associated with employment make residents more vulnerable to poor health. Unemployment may contribute to housing instability, unmet medical needs, and inability to purchase healthy foods. Additionally, health-harming stress can accompany the social and economic hardship caused by unemployment.

Poverty is both a cause and a consequence of poor health. Poverty increases the chances of poor health. Poor health, in turn, traps communities in poverty. The cost of doctors' fees, prescriptions, and transportation to reach a health provider can be devastating for families living in poverty. Conversely, families with higher incomes can more easily purchase healthy foods and pay for health services and transportation.

The median household income in Holyoke is \$40,656; in Chicopee it is \$49,434; in South Hadley it is \$70,457; and in Holyoke Medical Center's primary service area it is \$57,224. In Holyoke, 30% of residents are living in poverty; in Chicopee, 15% are living in poverty; in South Hadley, 10% are living in poverty and in Holyoke Medical Center's primary service area, 16% are living in poverty.

People living in poverty by race is:

American Indian	Holyoke 20%	Chicopee 0%	South Hadley no data
Asian	Holyoke 13%	Chicopee 11%	South Hadley 4%
Black	Holyoke 33%	Chicopee 30%	South Hadley 30%
Hawaiian/Pacific Islander	Holyoke 0%	Chicopee no data	South Hadley no data
Hispanic or Latino	Holyoke 45%	Chicopee 31%	South Hadley 20%
Some other race	Holyoke 35%	Chicopee 36%	South Hadley 65%
Two or more races	Holyoke 46%	Chicopee 29%	South Hadley 13%
White(not Hispanic/Latino)	Holyoke 10%	Chicopee 10%	South Hadley 9%

There are 1,588 employed people living in poverty in Holyoke; 1,612 employed people living in poverty in Chicopee; and 440 employed people living in poverty in South Hadley.

(Source: USCensus ACS 5-year, <https://dashboards.mysidewalk.com/hmc-chna/social-context>)

5.4 Housing

Housing should represent a place of safety, stability, and shelter and not a place of stress, strain, or insecurity. When residents struggle to afford a place to live, that financial strain makes it harder to make other healthy choices like eating a healthy diet or seeing a doctor when you're sick. Moreover, disruptive events like suddenly losing your home, can become the trigger for a snowball of negative impacts on health such as losing a job or health insurance, dropping out of school, or triggering mental health challenges.

There are 50% of rented homes where home rent is 30% of income in Holyoke; there are 48% of rented homes where the rent is 30% of income in Chicopee; there are 50% of rented homes where home rent is 30% of income in South Hadley; and in Holyoke Medical Center's primary service area, there are 48% of rented homes where home rent is 30% of income.

The conditions of our homes have the potential to significantly help or harm our health. Poor indoor air quality, lead paint, and other hazards place residents at risk for multiple health problems. Unfortunately, housing that is affordable for low and modest-income families is more likely to have hazardous conditions. Household safety has an even bigger impact on vulnerable populations who spend even greater amounts of time at home, such as very young children and the elderly.

Some of Holyoke's housing stock is aging rapidly. There are 7,856 housing units that were built in 1939 or earlier. There are 468 homes that are without complete kitchen facilities and 371 homes without complete plumbing. In Chicopee, there are 8,425 homes built prior to 1939, 189 homes without complete kitchen facilities, and 53 homes without complete plumbing. In South Hadley, there are 1,405 homes built prior to 1939, there are 91 homes with insufficient kitchen facilities and 0 homes without complete plumbing. In Holyoke Medical Center's primary service area, there are 25,894 homes built prior to 1939, 1,049 homes without complete kitchen facilities and 509 homes without complete plumbing.

Homeless Population: Approximately 85% of the total number of homeless people in Franklin, Hampshire, and Hampden Counties reside in Hampden County.

(Source: HUD Continuum of Care Homeless Assistance program Point-in-Time Count 2018, <https://dashboards.mysidewalk.com/hmc-chna/social-context>, US Census ACS 5-year, <https://dashboards.mysidewalk.com/hmc-chna/holyoke>, <https://dashboards.mysidewalk.com/hmc-chna/chicopee>, <https://dashboards.mysidewalk.com/hmc-chna/south-hadley>, <https://dashboards.mysidewalk.com/hmc-chna/hmc-primary-service-area>)

5.5 Social Environment

The Community Health Needs Assessment looks at social environmental needs with an eye towards language isolation, racism, poverty, gender discrimination, immigration status, and ageism.

Holyoke and surrounding communities are racially and ethnically diverse which is considered an asset for our area. Our schools continue to have a large number of English language learners and the schools are in the process of adding more dual language classrooms to accommodate children who need to learn English as well as those who would like to learn Spanish. Institutional racism was also part of the conversations in hopes of shedding light on the subject.

In general, when participants in the CHNA meetings were asked to share the assets that are in the community to combat these challenges, there seemed to be a well documented list of assets, however, funding can always be a challenge with not-for-profit organizations. Many people listed the community assets as follows: not for profits, public institutions like the library and after school programs, families and social supports, restorative justice group, equity teams, teen clinic, youth groups, churches and church events, access to outdoor play, parks, and public pools.

There was also discussion around a great deal of collaboration among organizations to support each other or to join forces for a common cause.

From the stakeholder meetings, it was found that the senior centers are dealing with seniors who face social isolation, mobility issues and need a great deal of education on a variety of health topics including depression and mental wellness. HMC also heard in our stakeholder meetings the desire for LGBTQ groups who need support and resources. The CHNA states that there is data to show that there are vulnerable populations and depending on community circumstances, these groups may face unique challenges to accessing healthcare, being active, or having a strong social support network.

In Holyoke, 25% of households are headed by a single female with children which equates to 2,360 families; 3% of households are headed by a single male with children which equates to 292 families; 6% of civilians who are veterans, or 1,717 veterans in Holyoke; 58% or 23,456 people of color; and 16% of Holyoke's population "speak English less than very well" which is 6,117 people over the age of 5 years old.

In Chicopee, 15% of families are single female with children; 4% of families have a male leading the household which equates to 496 men. Of Chicopee's population, 10% are veterans which equates to 4,264 people. Of Chicopee's population, 29% are people of color, which is 15,926 people; and 7% of the population speak English less than "very well" which is 3,522 people over the age of 5 years old.

In South Hadley, 7% of households are led by a single female with children or 302 women with children; 3% of households are led by a single male with children or 113 families. In South Hadley, 8% of the civilians over 18 years old belong to the Veteran population or 1,119 people. In South Hadley, 15% of the total population are people of color or 2,669 people. There are 2% of people over age 5 who speak English less than "very well" or 277 people.

In Holyoke Medical Center's primary service area, 14% of families have a single female with children or 6,237 families. There are 3% of families that are single male with children or 1,484 families; 8% of civilians are veterans or 11,799 people; 29% of the total population are people of color or 54,227 people. And lastly, 3% of the population speak English less than "very well" or 40,081 people.

(Source: <https://dashboards.mysidewalk.com/hmc-chna/holyoke>, <https://dashboards.mysidewalk.com/hmc-chna/chicopee>, <https://dashboards.mysidewalk.com/hmc-chna/south-hadley>, <https://dashboards.mysidewalk.com/hmc-chna/hmc-primary-service-area>, <https://dashboards.mysidewalk.com/hmc-chna/social-context>)

5.6 Violence and Trauma

Violent crime not only directly leads to injury, it could be harmful to mental health as well. Living near areas of high crime may increase rates of depression more than personal stress. Violent crime also increases the risk of behavioral problems, anxiety, aggression, and post-traumatic stress disorder among children. It can even put adults who grew up in high crime areas at greater risk for domestic abuse, substance use, unsafe driving, and risky sexual behavior.

Domestic violence was one of the top 5 Environmental concerns expressed in HHMC's CHNA survey. There were 22 people out of almost

400 who took the survey and stated that they did not feel safe emotionally were they currently lived.

The violent crime rate in Hampden County was 616 offenses per 100,000 people and in Hampshire County it was 271 offenses per 100,000 people.

In many of the stakeholder meetings and community workshops, one of the main concerns was childhood trauma. The Holyoke Boys and Girls Club, as well as the Chicopee Boys and Girls Club, both stated that many of the children walking in their doors are dealing with PTSD, anxiety, and trauma, whether it is seeing a family member being arrested, fires happening around their home, something traumatic has happened to them at an early age or they have been in a situation that has traumatized them where it is affecting their well-being. Participants expressed their concern over children dealing with depression, anger, low access to therapists, or stigma after getting a diagnosis.

(Source: HMC CHNA and data source is County Health Rankings,, <https://dashboards.mysidewalk.com/hmc-chna/environmental-social-context-12c59b3ef32f>)

5.7 The following specific focus issues

a. Substance Use Disorder

Tobacco Use: Smoking harms nearly every organ of the body, causes many diseases, and reduces the health of smokers in general. People who smoke or chew tobacco are more likely than nonsmokers to develop heart disease, stroke, and lung or oral cancers. E-cigarettes, which often contain high levels of nicotine derived from tobacco, may also contain harmful substances such as heavy metals. Media, peer acceptance, and underestimated risk may compel people to begin smoking. Addiction to nicotine causes people to continue smoking and makes it difficult to stop. Tobacco use was one of the top 5 Health concerns expressed in HMC's CHNA survey.

In Hampden County, 18% of adults smoke cigarettes and 14% of adults smoke in Hampshire County. The Massachusetts state average is 14%. Enlace de Familias, in their stakeholder meeting, expressed concern that many of their parents have concerns over their children or teens vaping.

Drinking among adults: In Hampden County, 20% of adults are excessively drinking and the rate is 24% of adults in Hampshire County.

Opioid Deaths: Health outcomes are influenced by the health care environment, social context, and behaviors. Deaths from overdose can be the result of multiple factors. However, increased education and safety can help reduce rates in the community. In Hampden County in 2018, there were 208 opioid overdose deaths and 36 opioid overdose deaths in Hampshire County.

In recent years, nonlinear upward trends in drug overdose death rates have been observed in the U.S., driven largely by increases in deaths due to heroin and synthetic opioids such as fentanyl, fentanyl analogs, and tramadol. Our primary service area has not been untouched by these issues. There was a sharp rise in opioid related EMS calls in the 2nd quarter of 2018.

In Hampden County in 2010, there were 50 opioid deaths; in 2012, it jumped to 59 deaths; in 2015, it jumped to 96 deaths; and in 2018, the number of opioid deaths jumped to 208 in Hampden County. In Hampshire County in 2010, there were 12 opioid deaths; in 2012, it went to 11 deaths; in 2015, there were 16 deaths; and in 2018, it jumped to 36 opioid deaths in Hampshire County.

(Source: County Health Rankings, Massachusetts Registry of Vital Records and Statistics, MDPH & Massachusetts office of the Chief Medical Examiner, Massachusetts Registry of Vital Records and Statistics, MDPH and Massachusetts Office of the Chief Medical Examiner, <https://dashboards.mysidewalk.com/hmc-chna/behavioral-factors-502e71cd9ef7>, <https://dashboards.mysidewalk.com/hmc-chna/living-better>)

b. Mental Illness and Mental Health

This was an area of concern for almost every group or person that participated in the CHNA process. Some adults in our community have chronic and/or severe mental health issues. Poor mental health influences a resident's ability to achieve and maintain physical health. Poor physical health may also negatively impact mental health and ability to participate in treatment. Mental health problems have many causes, some of which include poverty, grief, stress, disability, substance use, and loneliness.

Currently, there are 120 people to every one provider in Hampden County and 122 people to every one provider in Hampshire County.

According to the Public Health Institute of Western MA, Student Health Outcomes: Respondents felt sad or hopeless for two weeks in the past month

Asian	Multiracial	Hispanic/Latino/a	Other	White	Black/African American
41%	37%	32%	28%	27%	24%

In Hampden County, there have been 4.5 average days of people feeling mentally unhealthy and 4.3 days in Hampshire County where people have felt they have had mentally unhealthy days.

During HMC's CHNA Survey and stakeholder meetings, some of the concerns noted were as follows: Broad mental health challenges, low access to therapists for children, and addressing specific challenges for Puerto Rico evacuees who need mental health attention.

The participants in the CBO community workshop stated the following concerns: Teens were suffering from anxiety and youth with mental issues, especially anxiety, were vulnerable populations. The Vocational High School students who participated in the community workshops stated that depression, peer pressure, bullying, lack of motivation in schools, gang violence, discrimination, foster system, disclosure of coming out of the closet, LGBTQ issues, divorce, stereotyping, access to counseling, and child abuse were all areas of concern for the students: 31% of 8th grade students felt sad or hopeless for two weeks this past month; 41% of responding 8th grade students were Asian; 37% were multi-racial; 32% were Hispanic or Latino; 28% other; 27% White; and 24% Black or African American.

Income and poverty affect mental health and poverty is both a cause and consequence of poor mental health. Untreated mental illness can lead to struggles at work and substance abuse. There were 2,240 people in Hampden County who worked full time with income below poverty level and 716 people in Hampshire County.

(Source: from HMC CHNA and data source is County Health Rankings, Public Health Institute of Western MA, <https://dashboards.mysidewalk.com/hmc-chna/environmental-social-context-12c59b3ef32f>, <https://dashboards.mysidewalk.com/hmc-chna/behavioral-factors-b0d0146128b6>, <https://dashboards.mysidewalk.com/hmc-chna/health-outcomes-0235b42dcc03>. Public Institute of Western MA)

c. Housing Stability / Homelessness

Housing should represent a place of safety, stability and shelter and not a place of stress, strain, or insecurity. When residents struggle to afford a place to live, that financial strain makes it harder to make other healthy choices, like eating a healthy diet or seeing a doctor when you're sick. Moreover, disruptive events, like suddenly losing your home, can become the trigger for a snowball of negative impacts on health, such as losing a job or health insurance, dropping out of school, or triggering mental health challenges.

Housing and homelessness is a key concern for some participants who engaged in the CHNA. The City of Holyoke Board of Health expressed their concern for people who are hoarding and the stability in their home. They are charged to keep residents in homes that are safe to live in, but also must evict people who are hoarding for their own safety. They are concerned for the occupants' mental health finding that some occupants go right back to hoarding once their house has been cleaned out.

There are also long wait lists for public housing and senior living and people can go for many months, even years waiting to get an affordable apartment.

There are 50% of rented homes where 30% or more of a person's income goes to rent and 24% of owned homes require 30% or more of a person's income.

In Holyoke, rental costs for an apartment with no bedrooms costs approximately \$674; \$589 for a one bedroom; \$884 for a two bedroom; \$974 for a 3 bedrooms; \$856 for a four bedroom and \$871 for a five bedroom. In Chicopee, rental costs for an apartment with no bedrooms is \$502; a one bedroom is \$717; a two bedroom is \$973; a three bedroom is \$1,097; a four bedroom is \$1,334; and a five bedroom is \$1,602. In South Hadley, an apartment with no bedrooms is \$929; a one bedroom is \$795; a two bedroom is \$1,015; a three bedroom is \$1,169; and a four bedroom is \$1,580.

An estimated 85% of homeless people in Franklin, Hampshire, and Hampden Counties are located in Hampden County, which equates to approximately 2,718 people without homes.

Persons who are homeless living in sheltered homes are dealing with chronic substance abuse, are seriously mentally ill, veterans, victims of domestic violence, living with HIV/AIDS and there are some who are chronically homeless. In HMC's CHNA Survey, 35 people out of almost 400 stated that they were afraid of losing their housing.

(Source: US Census ACS 5-year, HUD, Continuum of Care Homeless Assistance Program Point-in time Count 2018, <https://dashboards.mysidewalk.com/hmc-chna/holyoke>, <https://dashboards.mysidewalk.com/hmc-chna/chicopee>, <https://dashboards.mysidewalk.com/hmc-chna/south-hadley>, <https://dashboards.mysidewalk.com/hmc-chna/hmc-primary-service-area>, HUD Continuum of Care Homeless Assistance program Point-in-Time Count 2018, HUD)

d. Chronic Disease with a focus on Cancer, Heart Disease, and Diabetes

We looked at how health outcomes are influenced by the health care environment, social context, and behaviors. Behaviors include dietary patterns, physical activity, inactivity, and medication use. These behaviors are influenced by the food and physical activity environment, education and skills and food marketing and promotion. Of the adult population in Hampden County, 29% is considered obese and 20% of the adult population in Hampshire County is considered obese.

Diabetes: Diabetes is a disease where our bodies have trouble regulating blood sugar through the use of insulin, a naturally-produced hormone that helps cells make use of the energy in food. Some environmental factors and genetics may increase a resident's likelihood of developing diabetes. It can often go undiagnosed and may lead to serious complications such as amputations or blindness.

In Hampden County, 11% of the population has diabetes and 8% and in Hampshire County, 8% has diabetes.

Respiratory Diseases: Asthma, COPD (Chronic Obstructive Pulmonary Disease), and pneumonia are all respiratory diseases that can make breathing difficult and trigger coughing, wheezing, and/or shortness of breath. For some people, chronic respiratory diseases like asthma are a minor nuisance. For others, respiratory diseases are a major problem that interferes with daily activities and may be life threatening.

In Hampden County, 18% of adults smoke; 14% in Hampshire County, and 14% across Massachusetts. In Hampden County, in 2015, 16.6% of the population were hospitalized for asthma per 100,000 people, and in the same year, 6.7% of the population were hospitalized for asthma per 100,000 people in Hampshire County.

Our findings showed that the leading causes of death were 13,042 people from cancer; 12,233 from heart disease; 2,920 from an injury; 2,552 from stroke; 2,546 from lower respiratory disease; 1,690 from Alzheimer's disease; 1,335 died influenza pneumonia; 1,267 people from nephritis; 995 from diabetes; and 753 from septicemia.

(Link: <https://dashboards.mysidewalk.com/hmc-chna/lifelong-health>, MDPH-Bureau of Environmental health <https://dashboards.mysidewalk.com/hmc-chna/health-outcomes-ed24db2068b5>, Registry of Vital Records and Statistics, MDPH, <https://dashboards.mysidewalk.com/hmc-chna/causes-of-mortality>)

6. Community Definition

Specify the community(ies) identified in the Applicant's 2019 Holyoke Medical Center CHNA

Add/Del Rows	Municipality	If engagement occurs in specific neighborhoods, please list those specific neighborhoods:
<input type="checkbox"/> <input type="checkbox"/>	Holyoke	South Holyoke with Community Based Organizations
<input type="checkbox"/> <input type="checkbox"/>	Holyoke	Churchill with Holyoke Housing Authority
<input type="checkbox"/> <input type="checkbox"/>	Holyoke	Downtown Holyoke with City Officials
<input type="checkbox"/> <input type="checkbox"/>	Holyoke	At the hospital with key staff and with our partner organizations; ie VNA, Hospice Life Care, River Valley Counseling Center
<input type="checkbox"/> <input type="checkbox"/>	Holyoke	Dean Vocational High School with Healthcare Students
<input type="checkbox"/> <input type="checkbox"/>	Holyoke	Dean Vocational High School with CNA students

Add/Del Rows	Municipality	If engagement occurs in specific neighborhoods, please list those specific neighborhoods:
<input type="checkbox"/> + <input type="checkbox"/> -	Holyoke	Council on Aging
<input type="checkbox"/> + <input type="checkbox"/> -	Chicopee	Willimansett with Boys and Girls Club of Chicopee
<input type="checkbox"/> + <input type="checkbox"/> -	Easthampton	Mayor Nicole Lachapelle
<input type="checkbox"/> + <input type="checkbox"/> -	Southampton	Council on Aging
<input type="checkbox"/> + <input type="checkbox"/> -	West Springfield	Council on Aging

7. Local Health Departments

Please identify the local health departments that were included in your 2019 Holyoke Medical Center CHNA . Indicate which of these local health departments were engaged in this 2019 Holyoke Medical Center CHNA . For example, this could mean participation on an advisory committee, included in key informant interviewing, etc. (Please see page 24 in the Community further description of this requirement <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>.)

Add/Del Rows	Municipality	Name of Local Health Dept	Name of Primary Contact	Email address	Describe how the health department was involved
<input type="checkbox"/> <input type="checkbox"/>	Holyoke	Holyoke Board of Health	Sean Gonsalves	gonsalvess@holyoke.org	HMC staff met with 3 of their staff, the Director at the time was Brian Fitzgerald (now retired) Sean Gonsalves (Current Director), and Deborah Schaier Public Health Nurse. Discussed the challenges that the city faced, asked who were at risk and how can HMC help.
<input type="checkbox"/> <input type="checkbox"/>	South Hadley	South Hadley Board of Health	Sharon Hart	shart@southhadleyma.gov	Met with the Board of Health, Town Administrator, Fire, and Police about health issues they face.

8. CHNA / CHIP Advisory Committee

Please list the community partners involved in the CHNA/CHIP Advisory Committee that guided the 2019 Holyoke Medical Center CHNA . (please see the required list of sectorial representation in the *Community Engagement Standards for Community Health Planning Guidelines* <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>) Please note that these individuals are those who should complete the *Stakeholder Engagement Assessment* form. It is the responsibility of the Applicant to ensure that DPH receives the completed *Stakeholder Engagement Assessment* form:

Add/Del Rows	Sector Type	Organization Name	Name of Primary Contact	Title in Organization	Email Address	Phone Number
<input type="checkbox"/> <input type="checkbox"/>	Municipal Staff	Holyoke Board of Health, new to group as of 9/8/20	Betsy Sullivan	Health Sanitarian	sullivanb@holyoke.org	4133225595
<input type="checkbox"/> <input type="checkbox"/>	Education					
<input type="checkbox"/> <input type="checkbox"/>	Housing	Holyoke Housing Authority	Justine Sabbs	Resident Services Coordinator	jsabbs@holyokehousing.org	413 539 2220
<input type="checkbox"/> <input type="checkbox"/>	Social Services	Salvation Army	Maria Flores	Program Coordinator	Maria.Flores@use.salvationarmy.org	413 532 6312
<input type="checkbox"/> <input type="checkbox"/>	Planning + Transportation					
<input type="checkbox"/> <input type="checkbox"/>	Private Sector/ Business					
<input type="checkbox"/> <input type="checkbox"/>	Community Health Center	Holyoke Health Center	Ann Poole	Director of Development and Public Health Programs	Ann.Poole@hkcinc.org	413 420 2200
<input type="checkbox"/> <input type="checkbox"/>	Community Based Organizations	One Holyoke CDC	Nayrobi Rosa-Soriano	Director of Community Engagement and Resident Services	nayrobi.rosa-soriano@oneholyoke.org	413 409 2004
<input type="checkbox"/> <input type="checkbox"/>	Community-based organizations	Boys and Girls Club	Conor Bevan	Director of Program Development	CBevan@hbhc.org	413 534 7366

Add/Del Rows	Sector Type	Organization Name	Name of Primary Contact	Title in Organization	Email Address	Phone Number
<input type="checkbox"/> <input type="checkbox"/>	Community-based organizations	YMCA of Greater Holyoke	Kathy Viens	Executive Director	kviens@holyokeymca.org	413 534 5631
<input type="checkbox"/> <input type="checkbox"/>	Community-based organizations	Providence Ministries for the Needy	Jennie Adamczyk	Interim Executive Director	jadamczyk@provministries.org	4135393440
<input type="checkbox"/> <input type="checkbox"/>	Community-based organizations	Holyoke Medical Center	John Kovalchik	Director ACO Operations	kovalchik_john@holyokeyhealth.com	413 534 2840
<input type="checkbox"/> <input type="checkbox"/>	Community-based organizations	Holyoke Medical Center	Cherelyn Roberts	Manager of Community Navigation/Call Center	roberts_cherelyn@holyokeyhealth.com	413 534 2521
<input type="checkbox"/> <input type="checkbox"/>	Community-based organizations	Holyoke Medical Center	Kathleen Anderson	Director of Community Benefits	anderson_kathleen@holyokeyhealth.com	413 534 2533
<input type="checkbox"/> <input type="checkbox"/>	Community-based organizations	Holyoke Medical Center	Melissa Perry	Director of Behavioral Health Nursing	perry_melissa@holyokeyhealth.com	413 534 2740

8a. Community Health Initiative

For Tier 2 and Tier 3 CHI Projects, is the the Applicant's CHNA / CHIP Advisory Board the same body that will serve as the CHI advisory committee as outlined in the Table 1 of the Determination of Need Community-Based Health Initiative Guideline (<http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-chi-planning.pdf>)?

☐ Yes ☒ No

For Tier 2 DON CHI Applicants: The CHI Advisory Committee is tasked with helping select DoN Health Priorities based on the CHNA / CHIP unless the Applicant is directed by DPH to conduct additional community engagement. If so, the advisory committee's role is to guide that additional work.

For Tier 3 DON CHI Applicants: The CHI Advisory Committee is to select DoN Health Priorities based on, **but not exclusive to**, the CHNA / CHIP. This includes the additional community engagement that must occur to develop the issue priorities.

Add/Del Rows	Sector Type	Organization Name	Name of Primary Contact	Title in Organization	Email Address	Phone Number
	Municipal Staff	Holyoke Board of Health	Betsy Sullivan	Health Sanitarian	sullivanb@holyoke.org	413 322 5595
	Education	Chicopee Public Schools	Amena Assaf	Nursing Supervisor	aassaf@cpsge.org	41359434 71
	Housing	Holyoke Housing Authority	Justine Sabbs	Resident Services Coordinator	jsabbs@holyokehousing.org	413 539 2220
	Social Services	Valley Opportunity Council	Steven Huntley	Executive Director	shuntley@valleyopp.com	413 563 9769
	Planning + Transportation	Holyoke Planning and Development 	Cynthia Esponosa	Senior Project Manager and Mass in Motion Coordinator	espinosac@holyoke.org	413 322 5575
	Private Sector/ Business	Victory Home Healthcare	Jacob Waah- invited	Owner of business		
	Community Health Center	Holyoke Health Center	Ann Poole	Director of Development and Public Health Programs	Ann.Poole@hhcinc.org	413 420 2200
	Community Based Organizations	Salvation Army	Maria Flores	Program Coordinator	Maria.Flores@use.salvationarmy.org	413 532 6312
 	Community-based organizations	One Holyoke CDC	Nayrobi Rosa-Soriano	Director of Community Engagement and Resident Services	nayrobi.rosa-soriano@oneholyoke.org 	413 409 2004
 	Community-based organizations	Boys and Girls Club	Conor Bevan	Director of Program Development	CBevan@hbhc.org	413 534 7366
 	Community-based organizations	YMCA of Greater Holyoke	Kathy Viens	Executive Director	kviens@holyokeymca.org	413 534 5631
 	Community-based organizations	Providence Ministries for the Neighboring 	Jennie Adamczyk	Interim Executive Director	jadamczyk@provministries.org	4135393440
 	Community-based organizations	Holyoke Medical Center	John Kovalchik	Director ACO Operations	kovalchik_john@holyokehealth.com	413 534 2840
 	Community-based organizations	Holyoke Medical Center	Cherelyn Roberts	Manager of Community Navigation/Call Center 	roberts_cherelyn@holyokehealth.com	413 534 2521
 	Community-based organizations	Holyoke Medical Center	Melissa Perry	Director of Behavioral Health Nursing	perry_melissa@holyokehealth.com	413 534 2740
 	Community-based organizations	Holyoke Medical Center	Kathleen Anderson	Director of Community Benefits 	anderson_kathleen@holyokehealth.com	413 534 2533

9. Engaging the Community At Large

Thinking about the extent to which the community has been or currently is involved in the 2019 Holyoke Medical Center CHNA, please choose one response for each engagement activity below. Please also check the box to the left to indicate whether that step is complete or not. (For definitions of each step, please see pages 12-14 in the *Community Engagement Standards for Community Health Planning Guidelines* <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>).

	Inform	Consult	Involve	Collaborate	Delegate	Community - Driven / -Led
<input checked="" type="checkbox"/> Assess Needs and Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Inform	Consult	Involve	Collaborate	Delegate	Community - Driven / -Led
<p>Please describe the engagement process employed during the "Assess Needs and Resources" phase.</p>	<p>HMC began with "Community Stakeholder" meetings in HMC's primary service area and conducted 20 interviews. Meetings were held with community based organizations, city officials, mayors and town manager, board of health, Housing Authority, Veteran's Affairs office, state officials and key departments within the hospital. The meetings held were to find out what they felt were challenges in the communities they serve and how HMC may be able to help.</p> <p>During this time, HMC's new Community Benefits Director was recruiting new members to the Community Benefits Advisory Committee. There were a total of eight community workshops that were held, and approximately 92 people participated. During the community workshops, HMC distributed HMC's CHNA Survey in English and Spanish. We discussed the communities in HMC's Primary Service Area, explained what a CHNA entails, distributed a copy of the CHNA from 2016 along with the Implementation Plan to give participants an idea of the content and reviewed the social determinants of health and health equity. HMC then asked each group the following questions:</p> <p>What are some of the biggest problems or concerns in your community? What keeps you or your family members up at night? Who are the most vulnerable groups of people in your community? What are the assets in your community that help people live healthier lives? What are community assets and who else should we be speaking to in the community?</p> <p>They also had the opportunity to choose which Social Determinants of Health were most important to them.</p> <p>In addition to the community workshops and Stakeholder meetings, HMC distributed the CHNA 49 question survey in English and Spanish both electronically and hard copies. HMC's CHNA Survey was distributed at all of the community workshops and electronically to organizations such as the Safe and Secure Youth Initiative's network of 30 or more organizations, and Holyoke Public Schools. It was also put on social media, added to HMC's website, and distributed to Holyoke, Chicopee, and South Hadley's city hall buildings, the Holyoke Public Library, Chicopee's homeless shelter, Holyoke and Chicopee Senior Centers, EnLace de Familias, Salvation Army of Greater Holyoke, and Holyoke Public School's Homeless Coalition. There were 387 people who responded to the survey.</p> <p>All of the information collected was shared with the Community Benefits Advisory Committee in order for them to decide on the priorities for the 2019 CHNA.</p> <p>When developing the goals for the Implementation Plan, HMC met with the Patient and Family Advisory Council to get their input and suggestions. HMC engaged MySidewalk, which allowed our Community Health Needs Assessment to become an on-line, interactive platform.</p>					
<input checked="" type="checkbox"/> Focus on What's Important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Inform	Consult	Involve	Collaborate	Delegate	Community - Driven / -Led
Please describe the engagement process employed during the "Focus on What's Important" phase.	HMC presented the findings of the stakeholder meetings, the community workshops and the survey at their July 30, 2019 Community Benefits Advisory committee meeting. We received questions, comments, and feedback from the committee to incorporate into the CHNA. The Community Benefits Advisory committee and the newly formed CHI committee will use these findings to guide the CHI process. The Allocation committee will also use these findings to guide their RFP process.					
<input type="checkbox"/> Choose Effective Policies and Programs						
<input type="checkbox"/> Act on What's Important						
<input type="checkbox"/> Evaluate Actions						

10. Representativeness

Approximately, how many community agencies are currently involved in 2019 Holyoke Medical Center CHNA within the engagement of the community at large?

40

Agencies

Approximately, how many people were engaged in the process (please include team members from all relevant agencies and independent community members from the community at large)?

492

Individuals

Please describe the diversity of the people who have been engaged in the process both within the CHNA/CHIP Advisory Committee and the community at large. Explicitly describe how the process included diverse representation from different groups/individuals with varied gender, sexual orientation, race/ethnicity, disability status, international status and age. Please see page 10 and Appendix A of *the Community Engagement Standards for Community Health Planning Guideline* (<http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>) for further explanation of this.

The Community Benefits Advisory Committee is a true representation of the communities that HMC serves. It is a reflection of our patient panel and Holyoke Medical Center's primary service area demographics. The Community Benefits Advisory Committee is diverse in ethnicity, age, and gender. The "public" community meetings we held to gather input for the CHNA were diverse in age, gender, sexual orientation, race/ethnicity, disability status, and international status.

HMC held one public meeting in South Holyoke, which is a neighborhood in Holyoke that has the most under performing school in the district and is a very transient neighborhood. A meeting was held with community based organizations at that location that are a reflection of the community.

Another public meeting was held with Holyoke Housing Authority's residents, including senior citizens, many with disabilities, and who spoke mostly Spanish through our translator. We also held two meetings at Dean Vocational High School and we met with two different groups of students. They were mostly Latino/a students.

HMC met with the South Hadley Council on Aging, Southampton Council on Aging, and West Springfield Council on Aging. One of the stakeholder meetings was with EnLace de Familias that supports a LGBTQ support group. We met with Mayor Alex Morse who helped coordinate a meeting with the Board of Health, Holyoke Police Department, Holyoke Fire Department/first responders, and Action Ambulance. HMC's primary goal was to engage representation from various age levels, backgrounds and race to make sure we had a true reflection of HMC's primary service area.

Please describe the type of representation that was/is employed in the community engagement process and the rationale for that type of representation. For more information on types of representation and representativeness, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines* (<http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>). Please include descriptions of both the Advisory Board and the Community at large.

As HMC looked at the Social Determinants of Health and the demographics that make up our primary service area, HMC included groups that would vary in age, ethnicity, local leaders, community residents, not-for-profits, and community based organizations that represent the population and local board of health as well as city and state officials who would have knowledge or experience in health or an understanding of the social determinants of health.

To your best estimate, of the people engaged in 2019 Holyoke Medical Center CHNA approximately how many: Please indicate the number of individuals.

Number of people who reside in rural area

Number of people who reside in urban area

Number of people who reside in suburban area

11. Resource and Power Sharing

For more information on Power Sharing, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines* (<http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>).

By community partners, we mean agencies, organizations, tribal community, health departments, or other entities representing communities.

By Applicant partners, we mean the hospital / health care system applying for the approval of a DoN project

	Community Partners	Applicant Partners	Both	Don't Know	Not Applicable
Which partner hires personnel to support the community engagement activities?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who decides the strategic direction of the engagement process?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who decides how the financial resources to facilitate the engagement process are shared?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who decides which health outcomes will be measured to inform the process?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Transparency

Please describe the efforts being made to ensure that the engagement process is transparent. For more information on transparency, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines*.

HMC's desire throughout the process was to be as transparent as possible in meeting with the people who participated in the community workshops, stakeholder meetings, and information sharing. HMC is committed to following the Department of Public Health's Community Engagement Standards and Community Health Planning Guidelines throughout the CHI process.

13. Formal Agreements

Does / did the 2019 Holyoke Medical Center CHNA have written formal agreements such as a Memorandum of Agreement/ Understanding (MOU) or Agency Resolution?

☒ Yes, there are written formal agreements

☐ No, there are no written formal agreements

Did decision making through the engagement process involve a verbal agreement between partners?

☐ Yes, there are verbal agreements

☒ No, there are no verbal agreements

14. Formal Agreement Specifics

Thinking about your MOU or other formal agreement(s), does it include any provisions or language about:

	Yes	No	Don't Know	Doesn't Apply
Distribution of funds	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Objectives	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear Expectations for Partners' Roles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear Decision Making Process (e.g. Consensus vs. Voting	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflict resolution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflict of Interest Paperwork	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Document Ready for Filing

When the document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit. Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to DPH" button.

This document is ready to file: ☒

Date/time Stamp: 09/18/2020 8:26 am

E-mail submission to DPH

E-mail submission to
Stakeholders and CHI Advisory Board

When providing the Stakeholder Assessment Forms to the community advisory board members (individuals identified in Section 8 of this form), please include the following information in your correspondence with them. This will aid in their ability to complete the form:

A) Community Engagement Process: 2019 Holyoke Medical Center CHNA

B) Applicant: Holyoke Medical Center

C) A link to the DoN CHI Stakeholder Assessment