Organization Information

Organization Name:	Massachusetts General Hospital
Address:	101 Merrimac Street
City, State, Zip:	Boston, Massachusetts 02114
Website:	massgeneral.org/cchi
Contact Name:	Joseph Betancourt, MD, MPH
Contact Title:	Senior Vice President, Equity & Community Health
Contact Department (Optional):	MGH Center for Community Health Improvement
Phone:	(617) 724-6835
Fax (Optional):	(617) 726-2224
E-Mail:	jbentancourt@mgh.harvard.edu
Contact Address: (Optional, if different from above)	101 Merrimac Street, Suite 603
City, State, Zip: (Optional, if different from above)	Boston, Massachusetts 02114

Organization Type:	Hospital
For-Profit Status:	Not-For-Profit
Health System:	Mass General Brigham
Community Health Network Area (CHNA):	Alliance for Community Health (Boston/Chelsea/Revere/Winthrop)(CHNA 19),
Regions Served:	Boston, Boston-Charlestown, Boston-East Boston, Boston-North End, Chelsea, Everett, Revere,

Mission and Key Planning/Assessment Documents

Community Benefits Mission Statement:
The MGH Center for Community Health Improvement (CCHI) collaborates with community and hospital partners to improve the health and well-being of the diverse communities we serve.

Target Populations:

Name of Target Population	Basis for Selection
Chelsea Community	Commitment to the Health Center communities served by MGH and to systematically marginalized populations.
Revere Community	Commitment to the Health Center communities served by MGH and to systematically marginalized populations.
Charlestown Community	Commitment to the Health Center communities served by MGH and to systematically marginalized populations.
East Boston Community	Commitment to systematically marginalized populations.

Publication of Target Populations:
Marketing Collateral, Website

Community Health Needs Assessment:

Date Last Assessment Completed:

2019

Data Sources:

Community Focus Groups, Hospital, Other, Surveys, MADPH, BPHC, DOE, YRBS, and ETO

CHNA Document: FINAL_20191016_CHNA-REPORT.PDF

Implementation Strategy:

Implementation Strategy Document: MGH CHIP 02072020_FINAL.PDF

Key Accomplishments of Reporting Year:

The following are highlights from each of our primary areas:
Youth Development and Education:
- 556 students (grades 3 through college) served in MGH Youth Scholars Program.
- 143 youth employed in Virtual Summer Jobs Program.
- 62 Roxbury middle school students mentored in science fair competition - a 100% increase in youth served from prior year (2020: 31 students; 2021: 62 students).
- 136 high school students participated in a paid summer internship; 85% reported professional development through summer program helped grow/enhance their skills.
- 100% MGH Youth Scholars graduated from high school; 100% matriculated to college.
- 188 youth (grades 9-12) participated in the Youth Healthcare Simulation Program - a program that deepens understanding of modern medicine and healthcare through simulated patient care experiences.

- 209 youth participated in the three coalitionsâ€™ youth groups developing leadership and advocacy skills.

Access to Care for Marginalized Populations:
- 124 pediatric patients served through MGH Pediatric Asthma Program to address asthma concerns; asthma-related activities including medication review and education on triggers and symptoms conducted mostly via telephonic encounters and limited home visits due to Covid-19.
- 72 patients referred to MGH Health Center Hep B Clinic; 59 patients evaluated, and 42 patients successfully treated with HCV medications.
- 586 new patients enrolled in a CHW navigation program in need of cancer screenings, specialty appointments or healthcare navigation, of which 80% (467) patients completed their goals.
- 6,268 patients provided with professional language and CHW services; 19,657 medical interpreter encounters completed.
- 307 patients identified with food insecurity and served by the Food for Families program.
- 272 families received civil legal services for areas such as housing appeals, disability benefits and citizenship; 643 appointments completed to support families receiving legal consultation/representation.

Multi-Sector Coalitions:
- Determination of Need (DoN) funding totaling $250,000 awarded to organizations focused on workforce development: Casa Myrna Vasquez, Madison Park Development Corp., and Women Encouraging Empowerment.
- Advocacy and passage of the Urban Farming Ordinance to allow Revere residents to keep bees and chickens once permitting process is established through the Revere Board of Health.
- 12 cannabis/vaping prevention workshops held with 300 middle schoolers in attendance through collaboration of the Teen Action Project and Youth Food Movement in Chelsea.
- 377 referrals completed through the Integrated Referral and Information System (IRIS) aimed to improve developmental health of children ages 0-5 years in Chelsea.
- The Charlestown Trauma Response Group responded and/or supported 73 community incidents, including fatal and nonfatal overdoses, community loss, and connections to needed services.

Substance Use Disorders:
- 616 patients in Chelsea, Everett, Revere, and Charlestown provided with supportive nursing case management and referred to counseling treatment services.
- 107 clients in recovery or struggling with addiction connected with resources and engaged into treatment.
- 51 providers certified to prescribe suboxone treatment across health centers.
- 17,984 contacts, 2,430 clinical encounters, and 1,403 buprenorphine prescriptions were completed for individuals with SUD through expanded mobile health program to improve access to harm reduction and clinical care for those at high risk of overdose.

Violence & Trauma:
- HAVEN, for survivors of intimate partner abuse, served 685 patients and community members last year
- VIAP (Violence Intervention Advocacy Program) served 144 victims of gun, knife or other physical violence
- 366 contacts completed to provide direct services and referrals to resources to victims of community violence including housing, mental health, and employment services.

Equity Focused Programs:
- MGH Transgender Health Program increased access to hormone therapy and primary care management by 25% compared to previous year; schedule modifications underway to increase new patient access appointments by 35%.
- MGH Comprehensive Sickle Cell Treatment Center successfully grown to care for a total of 120 patients within its first year of providing care.
- Continuing daily care for patients living with sickle cell disease throughout MGH at-large: on average, 4-6 patients receive infusions in the Yawkey Infusion Center, 3-4 patients in the Emergency Department, and 4-6 patients in inpatient medical units.
- $50,000 awarded to pilot pain management care for patients with sickle cell crisis through partnership with the Division of Palliative Care & Geriatric Medicine and the Comprehensive Sickle Cell Treatment Center.

COVID-19 Community Response:
- Expanded access for COVID-19 vaccination and testing services through MGH Mobile Van in key neighborhoods of Chelsea, Revere, Everett, Lynn and Boston; delivered over 5,000 PCR tests and over 1,000 rapid antigen tests; administered 7,156 vaccinations of which over 30% given in school-based clinics.
- Nearly 90% return-to-care rate for second vaccine dose.
- Care kits with masks, soap and hand sanitizer distributed to nearly all patients.
- Vaccination efforts concentrated among key demographics: 44.5% of individuals reported Hispanic ethnicity; 35.9% reported Spanish as primary language; 62% covered through public health insurance; and over 80% vaccinated individuals from targeted neighborhoods.
- Resiliency support provided to 488 pregnant women/young families impacted by adversity exacerbated by COVID-19 through the HUGS/Abrazos program.
- Increased screening for social determinants of health to surface needs among patients and connect with vital resources during ongoing pandemic.
- Up-to-date guidelines on COVID-19 infection control, testing, and vaccination tailored to needs of communities in key languages, promoted and broadcasted through key channels including MGH communication (social media, video recordings, etc.), coalition websites, and community events/partners.

Plans for Next Reporting Year:

In 2021-2022, MassGeneral Brigham will coordinate and align all community health initiatives across the system to achieve impact on the drivers of death and inequality. The Center for Community Health Improvement, which has served as the backbone to many of Mass General Hospitals community health initiatives, will work within this larger system to continue to identify issues that are linked to health outcomes and focus on areas that matter to the community. Heart disease, diabetes and substance use disorders are the drivers of death and inequity. We will continue to work with communities and the hospital to address these health issues as well as the health priorities identified through two community engagement processes that will support our Determination of Need filing. The data collected through this 2021-2022 community engagement data collection process will serve as the foundation for the Boston and North Suffolk Collaborative's joint 2022 Community Health Needs Assessment. Based on data collected from this 2021-2022 process, Mass General will work with our Community Advisory Board (CAB) and the Boston and North Suffolk Collaboratives to select priorities and strategies that will be funded by Determination of Needs (DoN) dollars.

Self-Assessment Form: Hospital Self-Assessment Update Form - Years 2 and 3

Community Benefits Programs

Asylum Clinic	
Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or	No

funding provided to an outside organization	
Program Description	Provides free forensic medical and psychologic evaluations to survivors of persecution seeking asylum in the United States and educates the medical community on caring for asylum seekers and refugees.
Program Hashtags	Community Education, Health Professional/Staff Training, Research,
Program Contact Information	Matthew Gartland

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Utilize research on the physical and psychological impact of trauma and violence on asylum seekers to determine greatest needs and advocate for more informed immigration policy.	We established research project and published papers in the prominent journal, Health Affairs, that will inform immigration policy that reflects prioritization of the well-being of asylum seekers.	Process Goal	Year 2 of 3
Train and recruit a multidisciplinary cohort of clinical volunteers to provide professional forensic psychological and physical evaluations to survivors of persecution through 2 hosted trainings.	Trainings were hosted in the spring and fall of 2021 in coordination with Harvard Medical School. We currently have 150+ active providers and trainees at MGH engaging with the clinic.	Outcome Goal	Year 2 of 3
Offer each asylum applicant the opportunity to connect with a resource navigator as needs are identified by our clinicians.	A program coordinator was hired for 2021. We will continue to offer this service in 2022.	Process Goal	Year 2 of 3
Establish a community stakeholder meeting in coordination to better understand the unique health and social needs of immigrants and asylum seekers.	The clinic hosted a community stakeholder meeting in October 2021. A group of participants of this meeting will serve on a Community Advisory Board to launch in 2022.	Process Goal	Year 2 of 3
Provide free forensic medical and psychological evaluations to survivors of persecution seeking asylum in the United States.	In 2021, 75 volunteer clinicians (MD, RN, NP, PA, PsyD, LICSW) at MGH performed 114 evaluations of asylum seekers residing in MA from 35 countries, speaking 16 languages.	Outcome Goal	Year 2 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Social Environment,
Health Issues	Other-Cultural Competency, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Domestic Violence, Social Determinants of Health-Uninsured/Underinsured,
Target Populations	• **Regions Served:** All Massachusetts, • **Environments Served:** All, • **Gender:** All, • **Age Group:** All, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** No **Program Description** The Boston Community engagement work aims to build trust within Boston communities and increase MGHs presence in Boston. Additionally, this work will develop new community partnerships in the areas related to SUDs, mental health, and workforce development along with increasing the capacity of existing Boston organizations. Staff will attend, support, and promote community events by providing health education and supplies at the events. **Program Hashtags** Community Education, Prevention, **Program Contact Information** Cindy Diggs, Community and Cultural Engagement Manager **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Support community events	Attended 14 events, reaching over 2000 people in Roxbury, Dorchester, and the Seaport. Events included: Juneteenth in Nubian Square, Roxbury Unity Parade, & Mental Health While Black.	Process Goal	Year 2 of 3
Support community events	Purchased & distributed 100 backpacks and school supplies for kids attending the Violence Prevention Fashion Show in Dorchester.	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Health Behaviors/Mental Health-Mental Health, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Violence and Trauma, **Target Populations**

- **Regions Served:** Boston, Boston-Dorchester, Boston-Roxbury,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Program Type Access/Coverage Supports **Program is part of a grant or funding provided to an outside organization** No **Program Description** The Boston Health Care for the Homeless Program delivers direct care in multidisciplinary teams in two hospital clinics and over 40 shelters and community sites throughout metropolitan Boston. MGH has been one of those sites for more than 30 years. In CY2021, BHCHP managed 1,163 primary care, mental health, and case management encounters for homeless individuals at MGH. **Program Hashtags** Community Health Center Partnership, Prevention, Research, **Program Contact Information** Jim Oâ€™Connell, MD, President BHCHP Telephone: 857-654-1006 **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Ensure access to care to patients living on the street through direct street outreach and access to the Thursday Street Team clinic at the MGH MWIU.	In CY21, 888 encounters at the Thursday street clinic, including telehealth & 364 encounters from street outreach. Contacts include PCPs, behavioral health providers, nurses & case managers visits.	Process Goal	Year 2 of 3
Promote services for housed Street Team patients through specialized clinics, home visits, and the use of medical respite as a supportive housing service.	In CY2021, medical and behavioral health clinicians and case managers made 356 home visits to 100 housed patients.	Process Goal	Year 2 of 3
Assure services for housed Street Team patients through specialized clinics, home visits, and the use of medical respite as a supportive housing service.	In CY21, 30% (30/100) of the patients seen in home visits were also admitted to our medical respite facility, the Barbara McInnis House, for the purpose of clinical stabilization and housing support.	Process Goal	Year 2 of 3
Foster further collaboration	Nursing liaison aided 56 homeless & formerly homeless pts in ED & 502 admitted pts, incl. Barbara McInnis House screens, discharge plans, monitor care, & boosting the link btwn acute & community care.	Process Goal	Year 2 of 3
Foster further collaboration between MGH, MGB, and BHCHP.	223 patients received integrated medical & behavioral care: 727 medical, 268 mental health, 72 case anagement, & 87 telemedicine contacts. Peer Recovery Coach had 1888 substance use-related contacts.	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Cancer-Other, Chronic Disease-Cardiac Disease, Chronic Disease-Diabetes, Chronic Disease-Hypertension, Health Behaviors/Mental Health-Depression, Infectious Disease-Hepatitis, Infectious Disease-HIV/AIDS, Infectious Disease-Sexually Transmitted Diseases, Substance Addiction-Substance Use, **Target Populations**

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Adult,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Disability Status, Domestic Violence History, Incarceration History, LGBT Status, Refugee/Immigrant Status, Veteran Status,

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** No **Program Description** In 2018, MGH pledged $1.3M to support the Mayor's Boston Youth Substance Prevention Strategic Plan. In developing the plan, the City, MGH and other partners placed an emphasis on ensuring that the strategic plan promote racial, ethnic, and economic equity. The community-based organizations in Boston focus on creating a healthier Boston, characterized by the absence of stigma, resilient youth, community-driven processes for creating change and shared responsibility across sectors to address substance misuse. **Program Hashtags** Prevention, **Program Contact Information** Dishon Laing, Youth Prevention Program Director, Office of Recovery Services **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Assist and support community coalitions with youth substance use prevention efforts in Boston.	In FY21, MGH supported 4 Boston organizations (Allston-Brighton Substance Abuse, Boston Asian Youth Essential Service, Project Right, and South Boston Action Council), awarding a total of $200,000.	Outcome Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Social Determinants of Health-Education/Learning, Social Determinants of Health-Public Safety, Substance Addiction-Opioid Use, Substance Addiction-Smoking/Tobacco Use, Substance Addiction-Substance Use, **Target Populations**

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Office of Recovery Services	https://www.boston.gov/departments/recovery-services

Program Type Direct Clinical Services **Program is part of a grant or funding provided to an outside organization** No **Program Description** MGH has partnered with the Boys and Girls Clubs of Boston (BGCB) to provide nursing staff and a community health specialist to the staff and youth

participants of the Boys and Girls Clubs of Boston. The staff focus on providing nursing services and health education to all of the Boys and Girls Clubs, as well as summer camps provided by BGCB. **Program Hashtags** Community Health Center Partnership, Health Professional/Staff Training, Prevention, **Program Contact Information** Grace Lichaa, MPH, BGCB Director of Healthy Lifestyles glichaa@bgcb.org **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Provide health education to members.	Dir. of Healthy Lifestyles worked w/ members & staff to focus on sexual health, substance use prevention, mental health, & other topics. Recent focus on mental health & stress in response to COVID-19.	Outcome Goal	Year 2 of 3
Provide afterschool and summer meals oversight	Staff were trained on food safety, USDA, and DOE regulations. Updates trainings and food safety regulations.	Process Goal	Year 2 of 3
Create healthier club cultures	Partnered with the Benson and Henry Institute to roll out the PART initiative focused on relaxation for our young people. Reinforced Health360 policies with reminders and best practices.	Outcome Goal	Year 2 of 3
Maintained safe Clubs providing additional support during COVID-19	Developed and trained staff on COVID-19 policies. Continued to provide COVID safe spaces and communicated with Boston's DPH about COVID-19 practices.	Outcome Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** N/A, **Health Issues** Chronic Disease-Asthma/Allergies, Chronic Disease-Diabetes, Health Behaviors/Mental Health-Mental Health, Health Behaviors/Mental Health-Responsible Sexual Behavior, Health Behaviors/Mental Health-Stress Management, Maternal/Child Health-Family Planning, Maternal/Child Health-Reproductive and Maternal Health, Other-Cultural Competency, Social Determinants of Health-Education/Learning, Social Determinants of Health-Nutrition, Substance Addiction-Smoking/Tobacco Use, Substance Addiction-Substance Use, **Target Populations**

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Children,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Hope and Comfort	http://hopeandcomfort.org/
Peer Health Exchange	https://www.peerhealthexchange.org/
Boston College School of Nursing	https://www.bc.edu/bc-web/schools/cson.html
Fresh Truck	www.freshtruck.org/
Dignity Matters	www.dignity-matters.org
Action for Boston Community Development Inc	Not Specified
One Love Foundation	https://www.joinonelove.org
Weston Ski Track	https://www.paddleboston.com/skitrack/skitrack.php

---

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** No **Program Description** Gun violence kills nearly 40,000 Americans every year; more than 100,000 people suffer non-fatal gunshot wounds, and the associated trauma affects hundreds of thousands more, making it a public health problem of epidemic proportions. Firearm-related injuries and deaths are the result of four types of violence: suicides, mass shootings, other homicides and assaults, and accidental shootings. While easy access to firearms is the common link for both homicide and suicide, each type of violence has distinct root causes and opportunities for intervention. Massachusetts General Hospital recently launched a hospital-based interdisciplinary and collaborative center dedicated to advancing the safety and health of children and adults through injury and gun violence prevention research, clinical care, education and community engagement. The Center is dedicated to working with community partners, public health researchers, public officials and community leaders across the region to better understand and combat violence. **Program Hashtags** Community Education, Health Professional/Staff Training, Research, **Program Contact Information** Dr. Peter Masiakos, 617-726-8839, pmasiakos@partners.org; Dr. Chana Sacks, csacks@partners.org **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Educate physicians & all members of the care team in the field of gun violence prevention, empowering healthcare providers with tools to discuss this issue with patients in a culturally competent way.	Simulation training sessions incorporated into residency training programs & expanded efforts to include medical students. A virtual reality educational program is also being created.	Process Goal	Year 2 of 3
Develop a partnership w/ Emerson College to explore the potential of multimedia to provide educational tools to reframe conversations about firearm-related violence & amplify the voice of survivors.	Launched 3-year partnership with Emerson College and the Louis D. Brown Peace Institute, through which students will use multimedia to reframe stories of gun violence and advocate for solutions.	Process Goal	Year 2 of 3
Develop and advance campaigns regarding safe firearm storage and recognizing warning signs.	Developed gun lock distribution program -gun locks are provided in primary care offices & other clinical sites. Plan to create a mode of assessing the use and success of this program.	Process Goal	Year 2 of 3
Develop a community based participatory research model to ensure the Centerâ€™s research efforts are designed to meet community needs.	The Center is exploring community-academic research partnerships to 1) improve resources available for survivors of firearm-related violence & 2) recognize older adults at risk for firearm suicide.	Process Goal	Year 2 of 3
Develop a mini-grant program to fund			

innovative gun violence prevention projects that align with the Center's mission of education, research, and community engagement.	Two projects have been awarded mini-grants and completed their 6-month check-ins. RFA for second round of mini-grants to come out February 2022.	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Violence, **Health Issues** Social Determinants of Health-Violence and Trauma, **Target Populations**

- **Regions Served:** All Massachusetts,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Emerson College Department of Visual and Media Arts	https://www.emerson.edu/academics/academic-departments/visual-media-arts
Louis D. Brown Peace Institute	http://www.ldbpeaceinstitute.org/
Home Base	Homebase.org

Program Type Access/Coverage Supports **Program is part of a grant or funding provided to an outside organization** No **Program Description** The MGH Center for Immigrant Health fosters excellence in clinical care, education, advocacy and research to improve the health and wellbeing of immigrants, across all departments and clinical sites at MGH and within the broader community. **Program Hashtags** Community Education, Community Health Center Partnership, Health Professional/Staff Training, **Program Contact Information** Fiona Danaher - Director, MGH Center for Immigrant Health, 125 Nashua Street, 8th floor **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Resource Development and Navigation: Provide outreach and guidance to help immigrant patients, staff, and their families navigate access to hospital and community resources.	Hired Immigrant Health Resource Specialist working on clinical consultations. Streamlining legal referrals; Collaborating on MGH Meds To Go; Facilitating referrals from Migrant Clinicians Network.	Process Goal	Year 2 of 3
Mental Health Programming: Develop mental health programming to address resettlement acculturation stressors, and trauma and isolation experienced by some members of the immigrant community.	Awarded Exec. Committee on Community Health grant to ID gaps/disparities in MH access in immigrant pts. Creating QI project to promote equity in MH access. Establishing MH workgroup & hiring LICSW.	Process Goal	Year 2 of 3
Food and Nutrition Program: Develop culturally informed nutrition programming to address food insecurity and risk factors for obesity.	Met with potential collaborators and establishing culturally/linguistically appropriate referral networks.	Process Goal	Year 2 of 3
Education: Work with immigrant and refugee health experts to develop & disseminate best practices through educational modules for staff and clinical electives for students/residents.	Hosted Know Your Rights training, benefits access talks, & programs for Migration is Beautiful campaign. Gave MGH staff info on best practices. Immigrant health elective for pediatrics residents.	Process Goal	Year 2 of 3
Inclusivity: Promote a welcoming environment at MGH that celebrates patients' and staff's diverse backgrounds and immigration histories.	Hosted annual week-long Migration is Beautiful campaign. Presented Ped. Grand rounds in Patient Experience Forum. Participated in DEI taskforces & underrepresented residency candidates in Med.	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** N/A, **Health Issues** Chronic Disease-Overweight and Obesity, Health Behaviors/Mental Health-Mental Health, Other-Cultural Competency, Other-Dental Health, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Access to Transportation, Social Determinants of Health-Affordable Housing, Social Determinants of Health-Domestic Violence, Social Determinants of Health-Education/Learning, Social Determinants of Health-Homelessness, Social Determinants of Health-Income and Poverty, Social Determinants of Health-Language/Literacy, Social Determinants of Health-Nutrition, Social Determinants of Health-Racism and Discrimination, Social Determinants of Health-Uninsured/Underinsured, Social Determinants of Health-Violence and Trauma, **Target Populations**

- **Regions Served:** All Massachusetts,
- **Environments Served:** Suburban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Lawyers for Civil Rights - Legal services and advocacy organization.	http://lawyersforcivilrights.org/
Harvard Immigrant and Refugee Clinical Program - Legal services organization.	https://hls.harvard.edu/dept/clinical/clinics/harvard-immigration-and-refugee-clinical-program/
American Immigration Lawyers Association - Professional association of immigration attorneys.	https://www.aila.org/

Migrant Clinicians Network - Referral and case management network for newly arrived immigrants and migrant workers.	https://www.migrantclinician.org/
MGH Asylum Clinic - Forensic medical and psychological evaluations for asylum seekers.	https://globalhealth.massgeneral.org/ourwork-items/asylumclinic/

Program Type Direct Clinical Services **Program is part of a grant or funding provided to an outside organization** No **Program Description** The Student Health Center (SHC) is a satellite of MGH Chelsea located at Chelsea High School (CHS) and provides comprehensive health care, including primary care and behavioral health, to students. In FY20, there were 277 active participants in the SHC, with 1,164 visits. **Program Hashtags** Community Health Center Partnership, Health Screening, Prevention, **Program Contact Information** Jordan Hampton, RN, MSN, CPNP **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Substance Use Prevention and Intervention.	Following SBIRT model, all patients screened for substance use using CRAFFT screening and received brief intervention using motivational interviewing and referral to treatment as needed.	Outcome Goal	Year 2 of 3
Improve health and educational outcomes for pregnant and parenting students.	Worked with CHS staff to create materials to educate students and staff about COVID19 and vaccine safety and efficacy. Assisted with reopening planning, prevention, testing, and vaccination efforts	Process Goal	Year 2 of 3
Promote student success through work training.	Coordinated internships at MGH Chelsea; Recruited 5 high school students as summer interns at MGH Chelsea through Jobs4Youth program. Hosted HMS pediatric residents in Adolescent Clinical rotation.	Outcome Goal	Year 2 of 3
Improve services for new arrivals from Central America.	Taught sex health for ~ 200 newly arrived ELL students. Participated in MGH Immigrant Health Coalition, Migration is Beautiful campaign, MGHfC DEI committee. Attended trainings on immigration issues.	Outcome Goal	Year 2 of 3
Promote Adolescent Sexual Health	Universal screen IPV. Member MGH Trans Action Group. Taught sex ed. in SPED & ELL classes. Presented on adol sex health to MGH pedi residents. Telemed services due to COVID spring 2020 - fall 2021.	Outcome Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Not Specified **Health Issues** Chronic Disease-Asthma/Allergies, Chronic Disease-Diabetes, Chronic Disease-Hypertension, Chronic Disease-Overweight and Obesity, Chronic Disease-Pulmonary Disease, Chronic Disease-Sickle Cell Disease, Health Behaviors/Mental Health-Bereavement, Health Behaviors/Mental Health-Depression, Health Behaviors/Mental Health-Immunization, Health Behaviors/Mental Health-Mental Health, Health Behaviors/Mental Health-Physical Activity, Health Behaviors/Mental Health-Responsible Sexual Behavior, Health Behaviors/Mental Health-Stress Management, Infectious Disease-Hepatitis, Infectious Disease-HIV/AIDS, Infectious Disease-Lyme Disease, Infectious Disease-Sexually Transmitted Diseases, Infectious Disease-Tuberculosis, Injury-Auto/Passenger Injuries, Injury-First Aid/ACLS/CPR, Injury-Other, Injury-Sports Injuries, Maternal/Child Health-Child Care, Maternal/Child Health-Family Planning, Maternal/Child Health-Parenting Skills, Maternal/Child Health-Reproductive and Maternal Health, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Access to Transportation, Social Determinants of Health-Affordable Housing, Social Determinants of Health-Domestic Violence, Social Determinants of Health-Education/Learning, Social Determinants of Health-Environmental Quality, Social Determinants of Health-Homelessness, Social Determinants of Health-Income and Poverty, Social Determinants of Health-Language/Literacy, Social Determinants of Health-Nutrition, Social Determinants of Health-Public Safety, Social Determinants of Health-Racism and Discrimination, Social Determinants of Health-Uninsured/Underinsured, Social Determinants of Health-Violence and Trauma, Substance Addiction-Alcohol Use, Substance Addiction-Driving Under the Influence, Substance Addiction-Opioid Use, Substance Addiction-Smoking/Tobacco Use, Substance Addiction-Substance Use, **Target Populations**

- **Regions Served:** Chelsea,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Teenagers,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** LGBT Status, Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Chelsea High School	http://www.chelseaschools.com/cps/high-school.htm
MGH Chelsea	http://www2.massgeneral.org/primarycareweb/primary_chelsea.htm

Program Type Access/Coverage Supports **Program is part of a grant or funding provided to an outside organization** No **Program Description** The program strives to improve management of asthma care for adolescent and pediatric patients and improve health outcomes through patient navigation, education, referrals to services, and collaboration within the health center and with outside agencies. Prior to FY21, goal statuses were only updated for one asthma coach who worked primarily within MGH Chelsea's health care center. Now, 2 asthma coaches provide their services to pediatric and adolescent patients of MGH Boston, Chelsea, Everett, Revere and Charlestown. Due to the COVID-19 pandemic, the asthma coaches have not been able to conduct as many home visits as the program previously did. Instead of home visits, the asthma coaches will conduct telephonic encounters. In addition to provide asthma-related care and education, our asthma coaches are also being trained to address any social determinants of health needs that the patient and their family may also be experiencing. **Program Hashtags** Community Education, Community Health Center Partnership, Prevention, **Program Contact Information** Anna Spiro, Pediatric Asthma Manager **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Work with pediatric patients and their families to address asthma concerns.	In FY21, 64 pediatric patients were enrolled in the Asthma Coach program and a total of 124 patients were served.	Outcome Goal	Year 2 of 3
Conduct home visits, office visits, and telephone calls with asthmatic patients when appropriate.	In FY21, there were 136 telephone calls, 3 home visits, and 1 office visit.	Process Goal	Year 2 of 3
Improve management of asthma care for adolescent and pediatric patients by conducting appropriate asthma-related activities.	Out of 132 encounters conducted with asthma activities, asthma coaches reviewed prescribed medications (N = 104) and provided patient education around triggers and symptoms (N = 80).	Process Goal	Year 2 of 3

Improve management of asthma care for adolescent and pediatric patients, especially patients of color.	Of the 124 patients served, 90 (73%) identify as Hispanic/Latino, Non-Hispanic Asian, Non-Hispanic Black, Non-Hispanic Multiracial.	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Chronic Disease-Asthma/Allergies, Social Determinants of Health-Education/Learning, Social Determinants of Health-Environmental Quality, **Target Populations**

- **Regions Served:** All Massachusetts,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Children,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Chelsea High School	https://www.chelseaschools.com/cps/schools/high-school.htm
La Colaborativa	https://la-colaborativa.org/
MGH ASIG Asthma Special Interest	www.partners.org/
Neighborhood Health Plan	http://nhp.org/Pages/home.aspx
MGPO	Not Specified

Program Type Community-Clinical Linkages **Program is part of a grant or funding provided to an outside organization** No **Program Description** Healthy Steps for Children provides timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families. Child development specialists in the Healthy Steps program conduct joint office visits with the pediatricians during well child checks for children between the ages of birth and three years. Healthy Steps is offered to all first-time parents bringing their newborns to MGH Revere for pediatric care. Healthy Steps services include extended well-child office visits, lactation support, child development telephone information line, parent groups, developmental screenings, written information materials for parents that emphasize prevention, links to community resources, and collaboration with Early Intervention. The Healthy Steps Specialists also utilize books and written materials provided by Reach Out and Read to promote early literacy and decrease screen time. The program also works with the Parents as Teachers (PAT) program to promote optimal early development by engaging parents and caregivers. During the COVID-19 pandemic, emphasis was placed on connecting families to concrete resources. HS specialists also provided lactation support and behavioral consults as needed. **Program Hashtags** Community Education, Community Health Center Partnership, Prevention, **Program Contact Information** Jennifer Bronsdon, Program Coordinator **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Provide timely well child care and developmental surveillance, to improve access for all patients and their families, and to provide additional developmental and behavioral information.	In FY21, Healthy Steps (HS) had 626 families with young children enrolled. HS specialists conducted joint office visits with pediatricians, both in-person and virtually.	Outcome Goal	Year 2 of 3
Provide home-visiting services to families of young children w/ multiple family stressors to focus on supporting family well-being, improving child development & enhancing parent-child interactions.	PAT Parent Educators provided home visits to 33 families & 50 children btwn 0-5 years; 63% of families had 3+ risk factors. 436 home visits conducted in person & virtually; 56 visits incl. fathers.	Process Goal	Year 2 of 3
Provide home-visiting services to families whose primary language is Spanish.	Spanish-speaking parent educator, a Licensed Mental Health Counselor, provided PAT home-visiting services to 8 Spanish-speaking families. Consulted with Spanish-speaking families not enrolled in PAT.	Outcome Goal	Year 2 of 3
Provide opportunities for families to attend group connections in order to get support from other parents	Seventeen virtual and socially-distanced in-person group connections were offered to families with young children during FY21.	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Health Behaviors/Mental Health-Immunization, Health Behaviors/Mental Health-Mental Health, Maternal/Child Health-Child Care, Maternal/Child Health-Parenting Skills, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty, **Target Populations**

- **Regions Served:** Boston-East Boston, Chelsea, Lynn, Revere, Winthrop,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** Arabic, English, Portuguese, Spanish,
- **Additional Target Population Status:** Disability Status, Domestic Violence History, Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
CAPIC Head Start	http://www.capicinc.org/Eng/E_HeadStart.html
Chelsea-Revere Family Network	http://www.capicinc.org/Eng/E_FamilyNetwork.html
Cradles to Crayon	http://cradlestocrayons.org/
Harbor Area EIP	http://www.talkreadplay.org
HAVEN	http://www.mghpcs.org/socialservice/programs/haven/
MGH Food for Families	https://www.massgeneral.org/community-health/cchi/programs/food-for-families
"Northeast Arc EI- North Shore "	http://www.ne-arc.org/services/early-intervention-2/

Raising a Reader MA	Not Specified

Program Type Community-Clinical Linkages **Program is part of a grant or funding provided to an outside organization** No **Program Description** The Hepatitis C program works to improve clinical care and increase the understanding of the Hepatitis C Virus (HCV) through provider and patient education, and community outreach activities. **Program Hashtags** Community Education, Health Screening, Prevention, **Program Contact Information** Ann-Marie Duffy-Keane **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Provide outreach to patients with Hepatitis C residing in Charlestown, Chelsea, Everett, and Revere.	59 patients with Hepatitis C received virtual outreach visits by a Community Health Worker (CHW) at each of the Health Centers and at community events.	Outcome Goal	Year 2 of 3
Provision of improved clinical care and access to care to Hepatitis C patients.	72 patients were referred to the MGH Health Center Hep C Clinics: 59 patients were evaluated; 42 patients were successfully treated with HCV medications.	Outcome Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Infectious Disease-Hepatitis, Infectious Disease-HIV/AIDS, Social Determinants of Health-Access to Health Care, Substance Addiction-Substance Use, **Target Populations**

- **Regions Served:** All Massachusetts,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Incarceration History, Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
MA State Laboratory	http://www.mass.gov/dph/bls

Program Type Community-Clinical Linkages **Program is part of a grant or funding provided to an outside organization** No **Program Description** The Office Based Addiction Treatment Program (Suboxone Program) provides nursing case management and support for patients with substance abuse disorders, specifically opioid addiction. This program provides an innovative approach to substance use disorder treatment within the primary care practice. **Program Hashtags** Community Education, Community Health Center Partnership, Health Screening, **Program Contact Information** Ann-Marie Duffy-Keane, **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
To provide supportive nursing case management.	In FY21, the program provided case management and support services to 129 patients from Chelsea, 40 patients from Everett, 170 patients in Revere, and 277 patients in Charlestown.	Outcome Goal	Year 2 of 3
To encourage patients to participate in individual or group counseling as part of their recovery process.	100% of patients (616) are referred to treatment with the health centers or the community.	Process Goal	Year 2 of 3
Increase the numbers of Primary Care Providers (PCP) who prescribe medication assisted treatment.	Currently there are 51 providers at the health centers who prescribe. MGH Charlestown - 12 PCPs, 1 NP; MGH Chelsea - 10 PCPs; MGH Everett - 5 PCPs; and MGH Revere - 23 PCP's.	Outcome Goal	Year 2 of 3

EOHHS Focus Issues Substance Use Disorders, **DoN Health Priorities** N/A, **Health Issues** Substance Addiction-Opioid Use, Substance Addiction-Substance Use, **Target Populations**

- **Regions Served:** Boston, Boston-Charlestown, Chelsea, Everett, Revere,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Adults,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Incarceration History, LGBT Status, Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
MA DPH Bureau of Substance Abuse Services	https://www.mass.gov/orgs/bureau-of-substance-addiction-services
North Suffolk Mental Health Association	Not Specified
Office Based Addiction Treatment with Buprenorphine Program-Boston Medical Center	http://www.bumc.bu.edu/care/clinical-programs/obat

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** No **Program Description** The Stay in Shape program provides curriculum-based health education on living a healthy life among school youth in MGH Health Center-served communities of Charlestown, Chelsea and Revere. In FY21, the program served 2 schools with a total of 25 participants who demonstrated knowledge and behavior improvement in these program learning objectives:
1 Practice deep-breathing to control daily stress
2 Eat at least 5 servings of vegetables and fruits a day
3 Set a healthy limit to daily entertainment screen time to no more than 2 hours
4 Spend at least 60 minutes/day on physical activity
5 Start every day with a healthy breakfast **Program Hashtags** Community Education, Community Health Center Partnership, Prevention, **Program Contact Information** Ming Sun, MPH,CHES **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame

Promote & nurture healthy daily-life habits among participants by delivering an evidence-informed health education curriculum in nutrition and health including stress management	In FY21, the program served 2 schools with a total of 25 participants who demonstrated knowledge and behavior improvement in some of the program learning objectives.	Process Goal	Year 2 of 3
Increase knowledge and behavior improvement in: Stress management techniques and healthy eating.	After participating in the program: Deep breathing increased to 66% to 90%. Eating fruits & vegetables 5x/day increased from 25% to 50%. Eating breakfast increased 66% to 80%.	Outcome Goal	Year 2 of 3
Increase knowledge and behavior improvement in: Limiting screen time and Exercise.	After participating in the program: More than 2 hours/day of screen time decreased from 71% to 50%. 60 minutes of physical activity everyday increased 42% to 50%.	Outcome Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Health Behaviors/Mental Health-Mental Health, Health Behaviors/Mental Health-Stress Management, **Target Populations**

- **Regions Served:** Boston-Charlestown, Chelsea, Revere,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Teenagers,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Chelsea High School	https://www.chelseaschools.com/cps/schools/high-school.htm
CirclePoint Bully Prevention Program	circlepointprogram.org
Clark Avenue Middle School	https://www.chelseaschools.com/cps/schools/clark.htm
Eugene Wright Middle School	https://www.chelseaschools.com/cps/schools/wright.htm
Harvard Kent Elementary	http://www.harvardkent.org/
MGH Dermatology Department	massgeneral.org
Revere High School	http://www.reverek12.org/reverehigh
Rumney Marsh Academy	http://www.reverek12.org/1/Home
Warren Prescott School	http://warrenprescott.com/

Program Type Community-Clinical Linkages **Program is part of a grant or funding provided to an outside organization** No **Program Description**
Connect to Wellness is a program under the MGH Center for Community Health Improvement that began in April 2017 and offers on-site health and social services to residents living in three apartment buildings surrounding the hospital campus.
Staff includes a registered nurse, community health worker, and community outreach coordinator. The Connect to Wellness program is a resource available to over 400 older and disabled adults who are living in these buildings (Beacon House, Blackstone Apartments, and Amy Lowell Apartments). The team spends one day per week at each location and offers services such as clinical office hours, informational sessions, and health promotion presentations. The objective of this community collaborative is to assist all residents in maintaining independence as they age in place by identifying social and health related needs and providing linkages to services. In FY21 the program focused on vaccine and supply (masks, sanitizer) distribution, addressing social isolation, and the tech divide among older adults. **Program Hashtags** Community Education, Health Screening, **Program Contact Information** Molly Vespa **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Provide health and social services to residents of Amy Lowell, Beacon House, and Blackstone Apartments.	In FY21 the Connect to Wellness team has engaged with 229 Boston residents from all three buildings' 85 from Beacon House, 88 from Amy Lowell, 89 from Blackstone.	Outcome Goal	Year 2 of 3
Support older adults' and adults with disabilities to live safely and independently in the community.	There were 877 total contacts made in FY21. There were 380 encounters by RN and 497 by CHW/OC.	Process Goal	Year 2 of 3
Provide older adults and adults with disabilities with on-site educational opportunities.	In FY21, started Zoom Coffee & Conversation, Donated 300 Board games from Hasbro, distributed 30 blanket-making kits.	Outcome Goal	Year 2 of 3
Improve older adults and adults with disabilities ability for self-health management and independence through education and health promotion.	In FY21, distributed 500 care kits, 500 summer kits, 150 supply kits, staffed 3 COVID and 2 flu vax clinics. Connect to Tech gave Amazon Fire devices (6 participants) w/ tutors from local HS students.	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** N/A, **Health Issues** Other-Senior Health Challenges/Care Coordination, Social Determinants of Health-Access to Health Care, **Target Populations**

- **Regions Served:** Boston-Beacon Hill,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Adults, Elderly,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Disability Status,

Partners:

Partner Name and Description	Partner Website
Amy Lowell Apartment	http://www.amylowellapartments.com/amy-lowell-apartments-boston-ma
Beacon House ? Rogerson	https://www.rogerson.org/site/beacon-house/

Communities	
Blackstone Apartments ? Preservation of Affordable Housing	http://www.blackstone-apts.com/
Boston Senior Home Care	http://bostonseniorhomecare.info/

Program Type Community-Clinical Linkages **Program is part of a grant or funding provided to an outside organization** No **Program Description** MGH Chelsea has an array of programs to build secure parent-child attachment, enrich child development, foster empathetic parenting, support families to reduce their stress, and build protective buffers for their children 0-6 years old and pregnant moms. We strongly believe that building the village for each family will provide children with a strong start in life. **Program Hashtags** Community Health Center Partnership, **Program Contact Information** Maria Yolanda Parra **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Create supportive relationships with families	Over a 1000 families served during FY21.	Process Goal	Year 2 of 3
Promote positive parent-child interaction.	All families are asked about parent-child opportunities to interact, share concerns and learn about information to enhance interaction	Process Goal	Year 2 of 3
Promote healthy childhood growth and development.	All families share about childhood growth and development and if necessary and parents are on agreement referrals are made to the respective Early Intervention Program.	Process Goal	Year 2 of 3
Enhancement of family functioning	All served families were provided with one or more community resources to address wants and needs shared.	Outcome Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Maternal/Child Health-Parenting Skills, **Target Populations**

- **Regions Served:** Boston, Cambridge, Chelsea, Everett, Malden, Medford, Revere, Somerville,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Chelsea Early Childhood Network	http://healthychelsea.org/early-childhood-initiative/
Chelsea-Revere Family Network	http://www.capicinc.org/Eng/E_FamilyNetwork.html
Early Learning Center- Adult Literacy English Classes	http://www.bu.edu/sed/community- outreach/programs/intergenerational- literacy/
Families and Children's Services of Greater Lynn	https://www.fcslynn.org/healthyfamilies.html
Harbor Area EIP	http://www.talkreadplay.org
Raising a Reader MA	Not Specified
The Boston Basics	https://boston.thebasics.org/

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** No **Program Description** Food for Families screens MGH Chelsea patients for food insecurity in the departments of Pediatrics, Obstetrics, and Adult Medicine. The program connects patients with local and federal food resources such as SNAP benefits (formerly known as Food Stamps), the WIC (Women, Infants, and Children) Program, food pantries, and community meal sites. Food for Families also coordinates the MGH Chelsea Food Pantry, which distributes food two days a week out of the health center. **Program Hashtags** Community Health Center Partnership, Prevention, **Program Contact Information** Yahaira Guzman, Program Coordinator **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Identify patients with food insecurity.	In FY21, 307 patients were served by the Food for Families program. 73% of patients served identify as Hispanic/Latino. 84% of patients served are insured through MassHealth.	Process Goal	Year 2 of 3
Out of 1,590 referrals to the Community Health Improvement team, 270 involved patients with food insecurity/food needs.	In FY21, 126 contacts were completed, of which 106 (84%) were for SNAP application assistance.	Outcome Goal	Year 2 of 3
Provide food to families through the MGH Chelsea food pantry and connect families in need to the food pantry.	In FY21, 315 families attended the MGH Chelsea food pantry. 38 new families registered for the food pantry.	Outcome Goal	Year 2 of 3
In FY20, 164 families attended the MGH Chelsea food pantry, receiving over 130,960 lbs. of food. 40 new families registered for the food pantry; 36 (90%) families were under 185% of the poverty level.	MGH Chelsea Food Pantry collaborated with the City of Chelsea to order over 2 million lbs. of food.	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Built Environment, **Health Issues** Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Nutrition, **Target Populations**

- **Regions Served:** Boston-East Boston, Chelsea, Everett, Malden, Revere,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,

- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Cooking Matters Massachusetts	http://cookingmatters.org/cooking-matters-massachusetts/
Department of Transitional Assistance, MA	http://www.mass.gov/eohhs/gov/departments/dta/
Chelsea Hunger Network	https://healthychelsea.org/chelsea-hunger-network/
UMass SNAP Outreach Program/DTA	https://ag.umass.edu/cafe/nifa-planned-extension-initiatives/supplemental-nutrition-assistance-education-program-snap-ed
City of Chelsea, Dept. of Community Development	https://www.chelseama.gov/housing-and-community-development-department

---

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** Yes **Program Description** Healthy Chelsea is a community coalition focused on improving the overall health of Chelsea residents of all ages. Our mission is to engage all sectors of the community to promote healthy choices and development, decrease the effects of toxic stress and prevent substance misuse through a variety of prevention, education, advocacy and policy efforts. Healthy Chelsea is currently comprised of approximately 75 community leaders, organizations, and residents. For more information, visit Healthy Chelsea's website at www.healthychelsea.org **Program Hashtags** Community Education, Mentorship/Career Training/Internship, Prevention, **Program Contact Information** Jennifer Kelly **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Improve the overall physical health of Chelsea residents, especially youth, by increasing opportunities for both healthy eating and active living throughout the community	Co-led the Food Assistance Pandemic Response team with 45 weekly meetings with avg. 14 providers in attendance. Bike & Ped committee successfully advocated for bike lanes.	Outcome Goal	Year 2 of 3
Increase youth engagement and empowerment in the schools, coalition and community.	Held 12 cannabis/vaping workshops to 300 middle schoolers. Engaged ~28 youth in the TAP & YFM Internships; topics incl. leadership & advocacy skills, mental wellness, food justice, & gardening skills.	Outcome Goal	Year 2 of 3
Improve the developmental health of children ages 0-5 years through a collective impact Improve the developmental health of children ages 0-5 years through a collective impact approach	Continued coordination of the Integrated Referral and Information System with 20 partners. IRIS shows when a client accessed a service-46% of the total referrals (377) were completed.	Outcome Goal	Year 2 of 3
Promote social and emotional wellness by fostering resilient communities and building equitable, accessible, and supportive systems of care	Youth led mental health campaign(@chelsea.wellness). Led Mental Health Pandemic Team-26 meetings to promote resources, share best practices, assess needs/trends, advocate for policy/system changes.	Outcome Goal	Year 2 of 3
Increasing community collaboration, communication and access to services	17,392 users visited Healthy Chelsea website where events/resources are promoted, including COVID info. Weekly newsletters sent out to 3,383 contacts (26% open rate) about upcoming events/resources	Outcome Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Built Environment, **Health Issues** Health Behaviors/Mental Health-Stress Management, Social Determinants of Health-Access to Healthy Food, Substance Addiction-Smoking/Tobacco Use, **Target Populations**

- **Regions Served:** Chelsea,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
CAPIC	www.capicinc.org/
Chelsea Chamber of Commerce	http://www.chelseachamberofcommerce.org/
Chelsea Collaborative	http://chelseacollab.org/
Chelsea Police Department	www.chelseapolice.com
Chelsea Public Schools	www.chelseaschools.com/cps/
City of Chelsea	www.ci.chelsea.ma.us
GreenRoots, Inc.	http://www.greenrootschelsea.org/
Mass in Motion	http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/mass-in-motion/
North Suffolk Mental Health Associates	www.northsuffolk.org/
ROCA	www.rocainc.org/
The Neighborhood Developers	www.theneighborhooddevelopers.org/
Aramark	https://www.aramark.com/

Boys & Girls Club (Jordan Club)	https://www.bgcb.org/find-your-%20club/jordan-club/
Cataldo Ambulance	http://cataldoambulance.com/
Chelsea Community Garden	http://chelseacommunitygarden.weebly.com/
Chelsea Housing Authority	http://www.chelseaha.com/
Chelsea Public Library	https://www.chelseama.gov/public-library
Chelsea-Revere Family Network	http://www.capicinc.org/Eng/E_FamilyNetwork.html
Dept. of Children and Families	https://www.mass.gov/orgs/massachusetts-department-of-children-families
FoodCorps	https://foodcorps.org/
Harbor Area Early Childhood Services	http://northsuffolk.org/services/early-childhood-services/
Health Care Resource Centers	https://www.hcrcenters.com/
MA Department of Public Health	https://www.mass.gov/orgs/department-of-public-health
MA DPH Bureau of Substance Abuse Services	https://www.mass.gov/orgs/bureau-of-substance-addiction-services
Massachusetts Farm to School	http://ag.umass.edu/nutrition
MassBike	https://www.massbike.org/
Metropolitan Area Planning Council	https://www.mapc.org/
MGH Chelsea	https://www.massgeneral.org/chelsea/
NorthBound Ventures	http://www.northboundventures.com/
Nurtury	http://www.nurturyboston.org/
Project Bread	http://www.projectbread.org/
Raising a Reader	https://raisingareaderma.org/
Salvation Army Chelsea	http://www.massachusetts.salvationarmy.org/MA/Chelsea
State Garden	http://stategarden.com/
Stop and Compare	http://www.stopandcompare.net/
KIND - Kids in Need of Defense	https://supportkind.org/
United Way	https://unitedwaymassbay.org/
WalkBoston	https://walkboston.org/
WIC MGH Chelsea	https://www.wicprograms.org/ci/ma-chelsea
Chelsea Community Connections Coalition	http://www.chelseaccc.org/
La Colaborativa	https://www.chelseacollab.org/
El Potro	http://elpotromexicangrill.com/chelsea/
Greater Boston Food Bank	https://www.gbfb.org/
SELAH Resource Center	https://www.facebook.com/SelahCDRC/
Revival International Center	Not Specified
Temple Emanuel	https://templeemmanuelofchelsea.org/
Chelsea Congregational Church	http://www.chelseafcc.com/index.html
MGH Food for Families	https://www.massgeneral.org/community-health/cchi/programs/food-for-families
St. Luke's	https://www.lukelucas.org/

Program Type Access/Coverage Supports **Program is part of a grant or funding provided to an outside organization** No **Program Description** The Healthy Families program at MGH Chelsea builds secure parent-child attachment, enriches child development, fosters empathetic parents, supports families to reduce their stress, and builds protective buffers for their children. Healthy Families America is a nationally- recognized, evidence-based home visiting program model designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment. Healthy Families America at MGH Chelsea is a home visitor service provided to first-time parents including those newly arrived in this country. The program runs from pregnancy through the childâ€™s third birthday. Bi-cultural home visitors go to the homes of high-risk pregnant women and new mothers and provide emotional and concrete support for the participants and families who are adjusting to a new culture and health care system. We aim to empower mothers in a culturally appropriate manner to help them find effective solutions and reduce parental stress. **Program Hashtags** Community Education, Community Health Center Partnership, Prevention, **Program Contact Information** Maria Yolanda Parra **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Create supportive relationships with families.	Home visitors conducted 1,901 home visits/virtual visits averaging 58 minutes each	Outcome Goal	Year 2 of 3
Promotion of positive parent-child interaction.	Positive interactions between parent and baby were observed with 84% of the families.	Outcome Goal	Year 2 of 3
Promotion of healthy childhood growth and development.	74% of children were screened using the Ages and Stages Questionnaire.	Outcome Goal	Year 2 of 3
Enhancement of family functioning.	87% of families report having insurance continuity; 83% screened for Post-Partum Depression.	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Maternal/Child Health-Child Care, Maternal/Child Health-Family Planning, Maternal/Child Health-Parenting Skills, Maternal/Child Health-Reproductive and Maternal Health, Social Determinants of Health-Education/Learning, **Target Populations**

- **Regions Served:** Boston-East Boston, Chelsea, Everett, Revere,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** Adult,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Chelsea/Revere Family Network	http://www.capicinc.org/
Raising a Reader	http://www.raisingareader.org/
Early Learning Center- Adult Literacy English Classes	http://www.bu.edu/sed/community- outreach/programs/intergenerational- literacy/
Early Learning Center- Harbor Area Early Intervention	http://www.talkreadplay.org/?q=content/harbor-area-early-intervention-program
Harbor Area Healthy Families Program- Families and Childrenâ€™s Services of Greater Lynn	https://www.fcslynn.org/healthyfamilies.html
Chelsea Early Childhood Network	http://healthychelsea.org/early-childhood-initiative/
The Boston Basics	https://boston.thebasics.org/
Harbor Area Early Childhood Services	http://northsuffolk.org/services/early-childhood-services/

Program Type Community-Clinical Linkages **Program is part of a grant or funding provided to an outside organization** No **Program Description** The program provides direct services to survivors of intimate partner abuse (patients, employees, community members) and training to MGH providers. **Program Hashtags** Community Education, Prevention, Support Group, **Program Contact Information** Debra Drumm, Director Haven at MGH Telephone: 617-726-7674 **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Provide direct services to survivors of intimate partner abuse.	685 survivors were served in FY21, with 436 new referrals made to HAVEN. Of 232 Brief Interventions, 41% were for outreach calls, 30% for safety planning, and 30% providing information.	Outcome Goal	Year 2 of 3
Provide direct services to survivors of intimate partner abuse.	In FY21, HAVEN advocates had 4,542 contacts with clients. 41% of contacts included emotional support; 24% were for safety planning; 20% were for DV education.	Outcome Goal	Year 2 of 3
Provide direct services to survivors of intimate partner abuse.	In FY21, HAVEN clients reported the following: 77% emotional abuse; 54% physical abuse; 28% isolation; 34% economic abuse; 27% surveillance; 18% property damage; 15% sexual abuse; and 15% stalking.	Outcome Goal	Year 2 of 3
Increase legal services for survivors of intimate partner abuse.	Through a partnership between MGH and Casa Myrna Vazquez, advocates consulted with a lawyer specializing in intimate partner violence 48 times in FY21.	Outcome Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Violence, **Health Issues** Social Determinants of Health-Domestic Violence, Social Determinants of Health-Violence and Trauma, **Target Populations**

- **Regions Served:** Boston, Chelsea, Revere,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Domestic Violence History, LGBT Status, Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Boston Regional DV Directors	Not Specified
Conference of Boston Teaching Hospitals DV Council	http://www.cobth.org/dom_violence.html
Greater Boston Legal Services Department of Justice Partnership	http://www.gbls.org/our-work/immigration
Jane Doe, Inc.	http://www.janedoe.org/
Casa Myrna	https://www.casamyrna.org/

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** No **Program Description** The Immigrant and Refugee School Program supports recently arrived refugees and immigrants and their families in integrating into public education. The program strives to serve as a key cultural advisor to all Chelsea Public schools, collaborate with medical and health providers, empower parents to be academic advocates for their children and motivate students to successfully complete high school and attend post-secondary schools. Through community referrals and collaboration, the program seeks to improve children's experience and integration in the community. Since 2015 the program has focused on newly arriving immigrant children from Central America. **Program Hashtags** Community Education, Community Health Center Partnership, **Program Contact Information** Ali Abdullahi, Immigrant and Refugee School Program Manager **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame

Provide a continuum of care across multiple settings to ensure the well-being of immigrants, refugees, and asylees in Chelsea.	In FY21, 49 students and family members in Chelsea Public Schools were served; Countries of origin include: El Salvador, Guatemala, and Honduras.	Process Goal	Year 2 of 3
Support refugee and newly arrived immigrant students transitioning into school.	In FY21, the Immigrant and Refugee School coordinator had 209 contacts with students and families.	Outcome Goal	Year 2 of 3
Address top concerns of refugee and newly arrived immigrant students transitioning into school.	In FY21, the top concerns addressed were school parent communication, registration, resources, and physical health.	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Social Determinants of Health-Access to Health Care, Social Determinants of Health-Education/Learning, Social Determinants of Health-Uninsured/Underinsured, **Target Populations**

- **Regions Served:** Chelsea,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Boys and Girls Club	http://www.bgcb.org/
CAPIC	www.capicinc.org
Catholic Charity Boston, International Institute of Boston	www.ccab.org www.iiboston.org
Chelsea Collaborative	http://www.chelseacollab.org/
Chelsea Public Schools	https://www.chelseaschools.com/cps/
DTA	www.mass.gov/eohhs/gov/departments/dta
MA Department of Public Health Refugee resettlement agencies	http://www.mass.gov/dph/refugee
REACH	Not Specified
ROCA	Not Specified
La Colaborativa	https://la-colaborativa.org/

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** No **Program Description** LINC provides civil legal services for all patients at the MGH HealthCare Center in Chelsea who are referred by their provider or by a community health worker. The program attorney, who is on-site two days a week, provides representation to low-income refugees and immigrants in areas such as disability benefits, housing appeals, guardianship, child support, and assisting in the naturalization process. The ultimate goal of LINC is to improve the health and well-being of low-income families by improving their environmental and social conditions of their families. **Program Hashtags** Community Health Center Partnership, **Program Contact Information** Laura Maslow-Armand, Esq., Lawyers for Civil Rights **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Provide representation to patient families for areas such as disability benefits, housing appeals, guardianship, child support, and the naturalization process.	In FY21, 272 families received civil legal services.	Outcome Goal	Year 2 of 3
Address the complex needs of patients challenged by race, immigration status, poverty, and disabilities.	In FY21, there were 643 appointments with LINC families.	Outcome Goal	Year 2 of 3
Engage in a broad range of advocacy and representation in close collaboration with the health care team.	The program attorney works with the healthcare team to engage in advocacy: representing patients in court; negotiating with landlords; appearing before administrative bodies to obtain public benefits.	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Social Determinants of Health-Affordable Housing, Social Determinants of Health-Environmental Quality, Social Determinants of Health-Homelessness, Social Determinants of Health-Income and Poverty, Social Determinants of Health-Uninsured/Underinsured, **Target Populations**

- **Regions Served:** Boston, Chelsea, Everett, Lynn, Malden, Medford, Revere, Somerville,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
CONNECT at TND	Not Specified
International Institute of Boston	http://iine.us/
Suffolk Law School Clinics	http://www.law.suffolk.edu/academic/clinical/contact.cfm

Volunteer Lawyers? Project	http://www.vlpnet.org
Lawyers for Civil Rights Boston	http://lawyersforcivilrights.org/

Program Type Direct Clinical Services **Program is part of a grant or funding provided to an outside organization** No **Program Description** MGH Community Health Associates' Living TOBACCO-FREE (LTF) program provides free tobacco cessation services and information to MGH patients and community members, in addition to advocating for tobacco policy reform. LTF also does primary prevention work in the communities by collaborating with other organizations. **Program Hashtags** Not Specified **Program Contact Information** Amy O'Malley, Population Health Manager **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Reduce smoking among MGH patients and community residents by offering free cessation coaching, consultation and information via MGH Living Tobacco-Free.	Total 653 referrals: Sent education and resource info to 653 referrals. Provided coaching & education to 265 patients.	Process Goal	Year 2 of 3
Respond to vaping epidemic by educating youth, school staff, parents, providers, and policy makers about vaping and publicizing resources.	Co-chaired state-wide & local working groups on e-cigs. Presented on vaping to 7 groups (aprx. 85 people). Created bilingual flyer re youth vaping nicotine & THC for 719 Charlestown & Revere parents.	Process Goal	Year 2 of 3
Ensure youth have access to resources and education for vaping cessation.	Worked with Revere High School (RHS) to implement substance diversion program. Collaborated with MGH Revere Cares to put posters w/resources for quitting in all RHS bathroom stalls.	Process Goal	Year 2 of 3
Educate community about relationship between smoking, vaping and Covid-19.	Developed and distributed flyer in 4 languages re Covid-19, vaping and smoking to 700 people in Revere. Distributed Attorney Gen'l info to 4 coalitions, 48+ representatives of organizations.	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Built Environment, **Health Issues** Substance Addiction-Smoking/Tobacco Use, **Target Populations**

- **Regions Served:** Boston-Charlestown, Chelsea, Everett, Revere, Winthrop,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Adult, Teenagers,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Massachusetts Tobacco Cessation & Prevention Program	http://www.mass.gov/eohhs/gov/departments/dph/programs/mtcp/
MGH Revere Cares Community Coalition	http://reverecares.org/
Revere Public Schools	http://www.reverek12.org/
Tobacco Free Mass	https://tobaccofreema.org/
MGH Stay in Shape Program	https://www.massgeneral.org/community-health/cchi/community-health-associates/stay-in-shape#:~:text=Stay%20in%20Shape%20is%20an,by%20Mass%20General%20HealthCare%20Centers
Charlestown Coalition	https://charlestowncoalition.org/
City of Revere	www.Revere.org

Program Type Access/Coverage Supports **Program is part of a grant or funding provided to an outside organization** No **Program Description** Provides professional language and community health worker services to MGH Chelsea patients. Program staff facilitates communication between limited English proficient patients and providers, serve as patient advocates, and help patients navigate the healthcare system. **Program Hashtags** Community Education, Community Health Center Partnership, **Program Contact Information** Silvestre Valdez, Manager **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Provides professional language and community health worker services to MGH Chelsea patients.	In FY21, approximately 6,268 patients were served. There are 16 staff members who offer 13 different languages.	Outcome Goal	Year 2 of 3
Meet the needs of existing and new patients at MGH Chelsea by bridging the language gap.	Medical Interpreters reported 19,657 encounters (video, phone, and in-person). Top 5 languages interpreted were: Spanish (66%), Portuguese (16%), Bosnian (5%), Arabic (3%), and Somali (2%).	Outcome Goal	Year 2 of 3
Address patients' social determinants of health by referring them to programs and needed services.	Medical Interpreters connected LEP patients to Community Health Worker programs, LINC (Medical-Legal Partnership), Healthy Families, Healthy Steps, HAVEN, as well as other community partners.	Outcome Goal	Year 2 of 3
Coordinate with local agencies to provide on-site, telephonic, and virtual interpreters for languages of lesser diffusion.	Language access partners reported 10,182 telephonic and virtual encounters.	Outcome Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Social Determinants of Health-Access to Health Care, Social Determinants of Health-Language/Literacy, **Target Populations**

- **Regions Served:** Boston-East Boston, Chelsea, Everett, Lynn, Revere,
- **Environments Served:** All,

- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Bosnian Community for Resource Development (Lynn)	http://www.bccrd.org/
CAPIC	http://www.capicinc.org/
Chelsea, Winthrop, Revere Elder Services	http://www.crwelderservices.org/default.asp
CONNECT at TND	Not Specified
INCA Relief	http://icnarelief.org/site2/
Jewish Vocational Services	http://www.jvs-boston.org/
Roca	http://www.rocainc.org/
Children Law Center of Massachusetts	http://www.clcm.org/
Massachusetts Coalition for the Homeless	http://www.mahomeless.org/
Parent Information Center Chelsea	https://www.chelseaschools.com/cps/parents.htm

---

Program Type Access/Coverage Supports **Program is part of a grant or funding provided to an outside organization** No **Program Description** Medical interpreters at Massachusetts General Hospital are nationally trained and certified to facilitate culturally sensitive care and access to hospital services for patients and families who have limited English proficiency or who are Deaf or Deaf/Blind. **Program Hashtags** Community Education, Community Health Center Partnership, Health Professional/Staff Training, Health Screening, Prevention, Research, **Program Contact Information** Chris Kirwan, Director; 617-726-6061 **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Provides professional language access services to MGH patients	Over the previous Fiscal Year MGH interpreter services had an increase of 23% in the number of encounters provided with in house staff providing interpretations in 51% of those encounters.	Outcome Goal	Year 2 of 3
Meet the needs of existing and new patients at MGH by bridging the language gap.	Saw a 24.5% rise in the #of patient appts. w/language access needs-a 100% increase since FY14. We are using tech. & resources to meet the needs. 60% of needs were captured with plans to increase that.	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Other-Cultural Competency, Other-Hearing, Social Determinants of Health-Access to Health Care, **Target Populations**

- **Regions Served:** Boston,
- **Environments Served:** Not Specified
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** English, Portuguese, Spanish,
- **Additional Target Population Status:** Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
La Colaborativa	https://la-colaborativa.org/

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** No **Program Description** Access to Resources for Community Health (ARCH) increases access to high-quality health information and resources among MGH-served communities of Charlestown, Chelsea, Everett, and Revere. ARCH website: www.arch-mgh.org **Program Hashtags** Community Education, Community Health Center Partnership, Prevention, **Program Contact Information** Ming Sun, MPH,CHES **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Improve access to health ed./promotion materials & services by compiling resources from MGH, local, state & national levels & promoting them to MGH Health Centers & communities served.	In FY21, website had 1,235 visits (pageviews) to the website and shared 19 ARCH messages of health education resources with 150 members on ARCH all-user list.	Outcome Goal	Year 2 of 3
Serve the needs for targeted or specialized health education resources and process such requests received from patients, the MGH Health Centers, and the communities.	In FY21, Developed a list with 36 resources on high blood pressure, a request from MGH Chelsea UAR CHWs Workgroup for Chronic Disease Management.	Process Goal	Year 2 of 3
Increase the number of high-quality resources featured in the ARCH website and the ARCH health education resource	In FY21, ARCH added 66 resources to website, acquired 3 new Harvard Special Health Reports (37 total reports), & responded to 11 requests for linking resources to the ARCH website.	Outcome Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Social Determinants of Health-Education/Learning, **Target Populations**

- **Regions Served:** Boston-Charlestown, Chelsea, Everett, Revere,
- **Environments Served:** Urban,

- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
CAPIC Head Start	http://www.capicinc.org/
Chelsea Senior Center	http://www.ci.chelsea.ma.us/Public_Documents/ChelseaMA_Elder/index
Jack Satter House	http://www.hebrewseniorlife.org/jack-satter-house
JFK Family Service Ctr	http://bostonabcd.org/john-f-kennedy-fsc.aspx
MGH Treadwell Library	http://www2.massgeneral.org/library/default.asp
Revere Elderly Affairs	http://www.revere.org/departments/elder-affairs

---

Program Type Direct Clinical Services **Program is part of a grant or funding provided to an outside organization** No **Program Description** The Family Planning Program provides confidential reproductive health services to adolescents, young women and men and ensures delivery of clinical family planning services at MGH Revere Pediatrics, MGH Revere School-Based Health Center, MGH Revere Adolescent Health Center, MGH Chelsea Pediatrics, and MGH Chelsea School-Based Health Center. **Program Hashtags** Community Health Center Partnership, Health Screening, **Program Contact Information** Ann-Marie Duffy-Keane **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
By subcontracting with Action for Boston Community Development Health Services, this program provides access to youth reproductive health services such as family planning, counseling, & education.	In FY21, the Family Planning Program served 368 patients with 905 visits across the 3 MGH program delivery sites, most were conducted virtually	Outcome Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** N/A, **Health Issues** Health Behaviors/Mental Health-Responsible Sexual Behavior, Maternal/Child Health-Family Planning, **Target Populations**

- **Regions Served:** Chelsea, Revere,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Teenagers,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Disability Status, Domestic Violence History, Incarceration History, Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
MGH Chelsea	http://www.massgeneral.org/chelsea/
Revere High School	http://www.reverek12.org/

Program Type Community-Clinical Linkages **Program is part of a grant or funding provided to an outside organization** No **Program Description** Healthy Steps for Children provides timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families. Child development specialists in the Healthy Steps program conduct joint office visits with the pediatricians during well child checks for children between the ages of birth and three years. Healthy Steps is offered to all first-time parents bringing their newborns to MGH Chelsea for pediatric care. Pediatricians are also able to refer their patients 0-3 who have had at least one well child visit to Tier 2 or Tier 3 services. Tier 2 services include short-term support services such as child development and behavior consults, care coordination and systems navigation, positive parenting guidance, and early learning resources. Tier 3 services are for families most at risk and include all Tier 2 services along with ongoing, preventive team-based well-child visits. Healthy Steps services include extended well-child office visits, lactation support, child development telephone information line, parent groups, developmental screenings, written information materials for parents that emphasize prevention, links to community resources, and collaboration with Early Intervention. HS specialists also provide lactation support and behavioral consults as needed. **Program Hashtags** Community Education, Community Health Center Partnership, Prevention, **Program Contact Information** Maria Yolanda Parra **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Provide timely well child care and developmental surveillance, to improve access for all patients and their families, and to provide additional developmental and behavioral information.	In FY21, Healthy Steps (HS) had 228 young children enrolled to Tier 2 and Tier 3 services. HS specialists conducted joint office visits with pediatricians, both in-person and virtually.	Outcome Goal	Year 2 of 3
Provide ongoing, preventive team-based well-child visits to all Tier 3 children.	In FY21, HS specialists provided 505 visits to Tier 3 children and their families.	Outcome Goal	Year 2 of 3
Provide child development and behavior consults (DnB) to Tier 2 children.	In FY21, HS specialists provided 265 DnB consults to Tier 2 children and their families.	Process Goal	Year 2 of 3
Refer children with developmental delay concerns to Early Intevention (EI) resources.	In FY21, 48 referrals to EI centers.	Outcome Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Health Behaviors/Mental Health-Immunization, Health Behaviors/Mental Health-Mental Health, Maternal/Child Health-Child Care, Maternal/Child Health-Parenting Skills, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty, **Target Populations**

- **Regions Served:** Boston-East Boston, Chelsea, Lynn, Revere,
- **Environments Served:** Urban,

- **Gender:** All,
- **Age Group:** Adults, Children,
- **Race/Ethnicity:** All,
- **Language:** English, Portuguese, Spanish,
- **Additional Target Population Status:** Disability Status, Domestic Violence History, Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
CAPIC Head Start	http://www.capicinc.org/Eng/E_HeadStart.html
Chelsea-Revere Family Network	http://www.capicinc.org/Eng/E_FamilyNetwork.html
Cradles to Crayon	http://cradlestocrayons.org/
Food for Families	http://www.massgeneral.org/cchi/services/treatmentprograms.aspx?id=1502
Harbor Area EIP	http://www.talkreadplay.org
HAVEN	http://www.mghpcs.org/socialservice/programs/haven/
"Northeast Arc EI- North Shore "	http://www.ne-arc.org/services/early-intervention-2/
Raising a Reader MA	Not Specified

Program Type Access/Coverage Supports **Program is part of a grant or funding provided to an outside organization** No **Program Description** The MGH Chelsea Complex Patient Population (CPP) Program is now known as the MGH Health Centers Comprehensive Community Health Worker (CHW) program as the Community Health Improvement (CHI) team has expanded from just MGH Chelsea to all MGH health centers. The Comprehensive program works with MGH health center patients who have barriers to accessing health care resources. Before expanding to all MGH health centers, most Comprehensive patients were immigrants or refugees, who have limited English proficiency, little social support, and/or not familiar with the US medical system. After expansion, the Comprehensive program is now also assisting English-speaking patients in need of health care system navigation. Comprehensive CHWs meet patients where they are at in their care, help create and accomplish goals, access hospital services, make and sustain lifestyle behavior changes, better manage chronic disease, and connect with community resources. The Comprehensive CHW work is a combination of work done by CHWs who assist with care management and community resources/social determinants of health (SDoH). The Comprehensive CHW work is essential for patients who have complex and/or multiple health issues such as patients who have been diagnosed with a chronic disease but lack transportation to attend appointments or mothers who recently immigrated needing help with schools for their children. Due to the complex nature of these cases, CHWs tend to work with these patients for a longer period. In FY21, 1, 338 patients from all MGH health centers screened positive for one or more SDoH needs. In FY2021, Mass General Brigham launched their United Against Racism (UAR) initiative. As part of the UAR initiative, more CHWs were employed to help health center and Boston patients with their SDoH needs. UAR CHWs have been assisting patients since July 2021 and since their area of work falls into Comprehensive CHW work, their data is also included in these data. **Program Hashtags** Community Education, Community Health Center Partnership, Prevention, **Program Contact Information** Sarah Oo, Director, Community Health Programs, Chelsea HealthCare Center **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Work with MGH patients to address barriers to care.	In FY21, the Comprehensive program was referred 1,588 new patients and worked with 2,276 in total.	Outcome Goal	Year 2 of 3
Contact patients to help patients achieve their goals and follow-up on patientsÃ¢â‚¬â„¢ progress.	CHWs conducted 7,413 telephone calls and discussed: better chronic disease management, financial assistance for medications, school advocacy for children with limited English proficiency, and more.	Process Goal	Year 2 of 3
Address the social determinants of health needs of patients.	The two social determinants of health that patients most needed assistance with were housing and food insecurity. CHWs provided resources to 511 patients for housing and 168 for food.	Outcome Goal	Year 2 of 3
Help patients reach their health goals and their providerÃ¢â‚¬â„¢s goals.	In FY21, 660 patients completed their goals and graduated from the CHW program.	Outcome Goal	Year 2 of 3
Increase the capacity of health services to provide culturally and linguistically relevant care and expand access to those services.	Through DON funding, awarded $535,000 to 5 organizations focused on CHWs, including ABCD, ChildrenÃ¢â‚¬â„¢s Services of Roxbury, English for New Bostonians, The Family Van, & Iglesia La Luz De Cristo.	Outcome Goal	Year 2 of 3

EOHHS Focus Issues Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, **DoN Health Priorities** N/A, **Health Issues** Chronic Disease-Asthma/Allergies, Chronic Disease-Cardiac Disease, Chronic Disease-Diabetes, Chronic Disease-Hypertension, Chronic Disease-Overweight and Obesity, Chronic Disease-Pulmonary Disease, Chronic Disease-Stroke, Health Behaviors/Mental Health-Mental Health, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Access to Transportation, Social Determinants of Health-Affordable Housing, Social Determinants of Health-Income and Poverty, Social Determinants of Health-Language/Literacy, Social Determinants of Health-Uninsured/Underinsured, **Target Populations**

- **Regions Served:** Boston-Charlestown, Chelsea, Everett, Lynn, Revere,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Program Type Access/Coverage Supports **Program is part of a grant or funding provided to an outside organization** No **Program Description** MGH Institute of Health Professions is an interdisciplinary graduate school in Boston that prepares its approximately 1,600 full- and part-time students to become skilled health care practitioners who are leaders in the clinical disciplines of nursing, genetic counseling, occupational therapy, physical therapy, physician assistant studies, speech-language pathology, health professions education, and rehabilitation sciences.

More than 125 faculty, a majority of whom are practicing clinicians, accomplish this mission by: integrating academic and clinical curricula; expanding and refining the scientific basis for health care through teaching, research, and scholarship; developing innovative educational methods; developing new models of practice to foster provision of effective, affordable, and ethical health care; and building collaboration with Charlestown and neighboring communities to improve health.

Incorporating classroom learning with research and clinical experience, the MGH Institute grants professional degrees to baccalaureate-educated individuals entering health care from another field, awards certificates of advanced study, and offers continuing education to practicing clinicians.

The Institute is accredited by the New England Commission of Higher Education (NECHE). www.mghihp.edu; www.facebook.com/MGHInstituteofHealthProfessions; Twitter@MGHInstitute; Instagram.com/mghinstitute **Program Hashtags** Health Professional/Staff Training, **Program Contact Information** Andrew Criscione, Community Engagement Manager, MGH Institute of Health Professions **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Provide pro-bono speech, aphasia, occupational therapy, physical therapy, and nursing services to area low-income residents while exposing students to needs of under-represented populations.	IHP students provide more than $1 million in faculty-supervised free health care to clients who need additional rehab after their insurance has expired.	Outcome Goal	Year 2 of 3
Volunteering in the Charlestown and Greater Boston communities.	More than 350 students each September spend a day at 60 non-profits during Community IMPACT Day. Several student clubs volunteer working with non-profits throughout the year.	Outcome Goal	Year 2 of 3
Treating patients at various health care settings.	Students assist patients (under faculty supervision) at locations that include hospitals, community health clinics, schools, medical practices, Native American reservations and/or foreign countries.	Outcome Goal	Year 2 of 3
Assist Harvard-Kent Elementary School (Charlestown) pupils to improve reading and educate them on the benefits of healthy eating and regular exercise.	Students from all the IHPÃ¢â‚¬â„¢s direct-entry academic programs work regularly with pupils as part of a formal working agreement between the two schools.	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Social Determinants of Health-Education/Learning, **Target Populations**

- **Regions Served:** Boston-Charlestown, Boston-Greater,
- **Environments Served:** Suburban, Urban,
- **Gender:** All,
- **Age Group:** Adult, Children,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Veteran Status,

Partners:

Partner Name and Description	Partner Website
Harvard-Kent Elementary School	https://www.bostonpublicschools.org/school/harvardkent-elementary-school

---

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** No **Program Description** MGH Youth Programs' mission is to provide youth (grades 3- college) with academic, life, and career skills to expand and enhance their educational and career options. Through the assistance of MGH administrators, faculty, and staff, who volunteer their time, the program provides youth with hands-on experiences, enrichment opportunities, career exploration, employment and mentorship relationships that are connected to Science, Technology, Engineering, and Math (STEM) education. COVID-19 greatly impacted the number of students that we have been to serve. In response to the pandemic, staff needed to pivot immediately from face-to-face programming held onsite at the hospital to virtual sessions held on Zoom. As part of the virtual Summer Jobs Program, students participated in professional development workshops, health equity/disparity discussions and college tours. Students also participated in a one-week, hands-on, intensive health & science curriculum through the Harvard MEDscience Program. Most students were paired with MGH professionals who served as mentors and fostered students career interests. MGH was a top summer employer for youth. **Program Hashtags** Mentorship/Career Training/Internship, **Program Contact Information** Christyanna Egun Director Boston Youth Partnerships Telephone: 617-724-2950 **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Serve 1000 youth participating in MGH Youth Programs throughout the academic year and summer months.	In FY21, a total of 556 youth (grades 3-college) were served in the MGH Youth Programs across all core and non-core programs.	Outcome Goal	Year 2 of 3
Employ Boston-area youth at MGH to enhance career experience and exploration	In FY21 MGH employed 143 youth. Students engaged in virtual learning program- virtual career exploration & professional development workshops. MGH was top employer for the Mayor's Summer Jobs Program.	Outcome Goal	Year 2 of 3
Engage MGH professionals to provide science fair mentoring support to 7th and 8th grade students from the James P. Timilty Middle School in Roxbury.	In FY21, 62 Timilty students participated in 6-week virtual MedScience program. 100% increase in youth served from FY20. Timilty is closing so focus to develop broader opportunities for more students.	Outcome Goal	Year 2 of 3
Ensure and support high school graduation, college matriculation, and continual college persistence for MGH Youth Scholars.	In FY21, 100% of MGH Youth Scholars graduated from high school, 100% matriculated to college. A total of 103 Youth Scholars Alumni are currently enrolled in college.	Outcome Goal	Year 2 of 3
Ensure and support successful college graduation for participants of the MGH Youth Scholars Program.	In FY21, 17 Youth Scholars Alumni graduated from college-majority of grads are employed full-time & 2 are in grad programs. In the past 10 years 270 Youth Scholars Alumni have graduated from college.	Outcome Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Education, **Health Issues** Social Determinants of Health-Education/Learning, **Target Populations**

- **Regions Served:** Boston, Chelsea, Revere,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Children, Teenagers,
- **Race/Ethnicity:** All,
- **Language:** English, Haitian Creole, Spanish,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Accelerated College Experiences	http://acceleratedcollegeexperiences.org
ACE: Turner Construction	http://www.turnerconstruction.com/about-us/community-involvement/youth-and-education
Big Brother Big Sisters of Mass Bay	http://www.bbbsmb.org
Blue Hills Boys & Girls Club (Dorchester)	http:/www.bgcb.org
BoSTEM	http://unitedwaymassbay.org/what-we-do/helping-kids-succeed-in-school/bostem-boston-stem-initiative/
Boston Private Industry Council	http://www.bostonpic.org/
Chelsea High School	http://www.chelseaschools.com/cps/high-school.htm
East Boston High School	http://www.bostonpublicschools.org/school/east-boston-high-school
Harvard Medical School Medscience Program	http://www.hmsmedscience.com/
Health Resources in Action	www.hria.org
National Student Leadership Conference	www.nslcleaders.org/
Posse Foundation	www.possefoundation.org
Tutors for All	http://www.tutorsforall.org/
Yawkey Boys and Girls Club	http://www.bgcb.org/locations_clubs_yawkey.cfm
McLean Hospital-College Mental Health	https://www.mcleanhospital.org/programs/college-mental-health-program
Horizon Educational Consulting	https://www.camb-ed.com/americas/article/279/adrian-mims
Becoming a Man (BAM)	https://www.youth-guidance.org/bam-
uAspire	https://www.uaspire.org/
Boston University	http://www.bu.edu/
"Dearborn STEM Academy "	https://www.bostonpublicschools.org/school/dearborn-middle-school
Revere High School	http://www.reverek12.org/reverehigh

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** No **Program Description** To serve low-income community residents more effectively, as well as meet the demand for critical hard-to fill roles in healthcare during the COVID-19 crisis, we transitioned from running community programs internally to collaborating with community-based organizations and state agencies to create and conduct pipeline training programs. This partnership model allowed us to increase the number of individuals we recruit and serve, as well as to create stronger talent pipelines thanks to the deep community connections of our CBO partners. To follow safety protocols, all training sessions were switched to the remote/blended format.

Patient Care Associate (PCA) Training Program is a 6-week free, training program for community residents to earn a nursing assistant certification and receive placement assistance in permanent PCA positions at Brigham and Womenâ€™s Hospital. The program was developed by Mass General Brigham Workforce Development in collaboration with HEART Consortium/Center for Community Health Education and Research and Service (CCHERS), Academy for Healthcare Training, as well as Brigham Health Talent Acquisition and Workforce Development. The syllabus is comprised of online clinical instruction, in-person skills practice sessions, as well as clinical training in a skilled nursing facility. The job readiness component is facilitated by Mothers for Justice and Equality and includes such topics as trauma informed job readiness, financial literacy, transitioning to hierarchical hospital employment, managing home-work balance. HEART/CCHEERS instituted a robust outreach and recruitment program to identify individuals who live in the target area (residents of public and publicly assisted housing living along the Southwest Corridor from Chinatown through the South End and Roxbury into Mission Hill and out to Jamaica Plain and Roslindale). HEART worked in collaboration with MGB and Brigham Health Workforce Development, Human Resources and Nursing teams to screen and assess potential applicants for CNA training, and participate throughout the decision-making process for enrollment, recognizing that MGB/Brigham Health has ultimate decision-making responsibility for each training enrollee in accordance with its policies and procedures, and as the potential employer for training candidates.
DTA Works â€“ Health Care Administrative Support Program was offered in partnership with the Massachusetts Department of Transitional Assistance and Project Hope. It prepares recipients of Transitional Aid to Families with Dependent Children (TAFDC) for successful entry or re-entry into the workforce through mentorship, a 6-week virtual job readiness training, and up to 6 months paid by the State internships within MGB. Successful program graduates are provided post-internship job placement assistance services and on-the-job support.
Health Care Environmental Service Worker Training Program is a 3-week intensive online training designed by BEST Hospitality Training in partnership with MGB Workforce Development and MGB Talent Sourcing Team to meet the growing need for environmental service aides during the COVID-19 crisis. Conducted by Best Hospitality Training, this program focuses on topics such as healthcare workplace environment/environmental service aide position and terminology, chemical safety, illness prevention, ergonomics, HIPPA, communication skills, customer service, conflict resolution, professionalism, interview skills and resume writing, and computer skills. Upon completion, program participants are assisted with placement in environmental service aide roles at MGB and other Boston area healthcare organizations. It is important to note that while the first cohort only resulted in 1 MGB hire, (due to availability of f/t roles), the trainees were hired by other Boston Hospitals, such as Boston Children's Hospital and BIDMC.
Spaulding PCA/CNA Program and Partners in Career and Workforce Development Training Program. It is a 5-week long program offered in conjunction with the Spaulding Rehabilitation Network and the Academy for HealthCare Training, where participants will earn dual Nursing Assistant and Home Health Aide certificates and receive placement assistance focusing on permanent PCA employment within Spaulding Rehabilitation Network. The program includes both classroom-based instruction and a hands-on clinical experience at a skilled nursing facility.
While we do not run PCWD program internally any longer, we continue working with the PCWD alumni to provide them with on the job assistance and academic/professional development coaching services. **Program Hashtags** Health Professional/Staff Training, Mentorship/Career Training/Internship, **Program Contact Information** MJ Ryan, Sr Director of Workforce Development and Economic Opportunity; Elena Kuyun, Community Program Manager **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
	Patient Care Associate Training Program enrolled 9 participants for the first pilot cohort that started on February 24, 2020. Due to COVID, the program was put on hold in March and then resumed in September as online instruction and in-person skills practice. 1 participant was placed in permanent unit coordinator position at BWH prior to the training restart, in April 2020 (with the starting salary of $16.24 per hour). 6 more participants finished their training and were placed as PCAs in October-December 2020. A new cohort of 9 started on November 9. DTA Works - Health Care Administrative Support Program start		

Provide low-income community residents with training, career coaching/case management, internships and job placement services which offer family- sustaining wages, generous benefits, and opportunities for advancement within Mass General Brigham while meeting managers' needs for highly skilled employees.	was delayed due to COVID till June 15, 2020. 8 individuals were enrolled in the program, all of them graduated and were placed in remote internships within MGB Corporate and Always Health on July 27. Interns are supported by MGB WFD with any question/issue on their internships, as well as they have regular case-management check-ins with Project Hope. Internships ended in February of 2021 and were assisted with job search for permanent roles within MGB. 2 participants were placed before March 31, 2021. Health Care Environmental Service Worker Training Program enrolled and trained 12 individuals in June 2020. Another cohort of 9 started their training in September 2020. Out of the two cohorts who graduated, 1 graduate was placed in full-time EVS position with the salary of $16 per hour and 3 more were placed in November 2020 with the average starting salary of $15.25 per hour. Spaulding PCA/CNA Program and Partners in Career and Workforce Development Training Program Out of 64 students graduating from SRN PCA program, 64 were placed with the average salary of $15.37 per hour. Our longest-standing PCWD program has served 702 since inception in 2004 with the latest current average starting salary (10/1/2018-09/30/2019): $16.92 per hour ($35,193 annually). This is the last placements period.	Outcome Goal	Year 2 of 3
Connect program graduates to Partners HealthCare and affiliate-based Workforce Development programs and resources.	Graduates are eligible to participate, after meeting employer-specific criteria, in onsite career development classes and initiatives from educational opportunities to advanced clinical training, career and academic coaching, and leadership development. Onsite classes offered within various MGB member institutions include: English for Speakers of Other Languages (ESOL); Adult Basic Education (ABE); pre-college; computer skills; management & leadership training as well as specific clinical & non-clinical advanced training opportunities. After six months of employment, graduates seeking career advancement opportunities are referred to the Mass General Brigham Career Coach who works with them one-on-one to set personal and professional goals and guide them as they work towards them. Community program graduates are also offered resources to advance in their career through Mass General Brigham Advancing Careers Through Education Program, which includes assessment, academic, and college readiness support.	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Education, Employment, **Health Issues** Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty, **Target Populations**

- **Regions Served:** All Massachusetts,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** Adults,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Project Hope	www.prohope.org
MA Department of Transitional Assistance	https://www.mass.gov/orgs/department-of-transitional-assistance
BEST Hospitality Training	https://besthtc.org/evsinfo/
Center for Community Health Education Research and Service/HEART	https://www.cchers.org/

Program Type Access/Coverage Supports **Program is part of a grant or funding provided to an outside organization** No **Program Description** The MGH CCHI Community Health Improvement (CHI) Patient Navigation team is based in MGH Chelsea HealthCare Center and serves patients from all MGH health centers. While there is no official Patient Navigation program of MGH CCHI, all work done by a CHW that facilitates a patient's journey through the healthcare system is considered Patient Navigation work. Patient Navigation can be Cancer Navigation work and/or System Navigation work. CHWs who help patients who need breast, cervical, colon, lung, or other types of cancer screening and help them through the cancer screening process at MGH can be considered Cancer Navigators. These Cancer Navigators also work with patients with abnormal findings and cancer diagnoses and help decrease barriers to timely follow-up care. CHWs who help patients who need to (1) schedule specialty appointments such as with Dermatology, Orthopedics, Cardiology, Neurology, Rheumatology, and other specialty departments, (2) schedule ultrasounds and non-cancer related screenings, and/or (3) need help registering for health insurance or signing up for the MGB telehealth platform called Patient Gateways are considered System Navigators. Also, some of MGH CCHI's Medical Interpreters team also serve as community health workers as system navigators. The work that they do helping patients navigating health insurance, pharmacy, and other healthcare needs is also captured in these data. The work done by Cancer and System Navigators is invaluable to high-risk and vulnerable patients who may have cultural or linguistic barriers to clinical healthcare. **Program Hashtags** Community Health Center Partnership, Health Screening, Prevention, **Program Contact Information** Ana Cabral **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Provide navigation assistance to vulnerable patients in need of breast, cervical, colorectal, lung and other types of cancer screening and/or follow-up on abnormal findings.	586 new patients were enrolled in a CHW navigation program (Cancer or Specialty).	Outcome Goal	Year 2 of 3

Early detection of colorectal cancer amongst patients served through screening.	Out of 257 patients referred for Cancer Navigation, 148 (58%) patients were referred for assistance with colon cancer screening.	Outcome Goal	Year 2 of 3
Connect vulnerable patient populations with Breast Cancer program.	In FY21, 467 (80%) patients completed their goals. Examples of completed goals: attending cancer screenings, scheduling specialty appointments, getting the COVID-19 vaccine, signing up for MassHealth.	Outcome Goal	Year 2 of 3

EOHHS Focus Issues Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, **DoN Health Priorities** N/A, **Health Issues** Cancer-Breast, Cancer-Cervical, Cancer-Colorectal, Cancer-Lung, Cancer-Other, Cancer-Ovarian, Cancer-Prostate, Social Determinants of Health-Access to Health Care, **Target Populations**

- **Regions Served:** Chelsea,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** Adult,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Program Type Direct Clinical Services **Program is part of a grant or funding provided to an outside organization** No **Program Description** Massachusetts General Hospital has been a designated refugee health assessment site since 2001, and the program receives funding from the Massachusetts Department of Public Health. The health status of new arrivals is monitored through the initial refugee health assessment (RHA). The assessment provides the opportunity for early identification of communicable and other conditions which, if undetected, can negatively impact public health as well as a refugee's wellbeing and ability to achieve self-sufficiency. **Program Hashtags** Health Screening, **Program Contact Information** Ali, Abdullahi, Manager of the Refugee and Immigrant Health Program **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Conduct refugee health assessments with refugees and asylees in Chelsea.	In FY21, 16 new refugees and asylees had refugee health assessments at MGH Chelsea. Countries of origin: 8 from Guatemala, 6 from El Salvador, 1 from Honduras and 1 from Cameroon.	Outcome Goal	Year 2 of 3
90% of patients will complete their two Refugee Health Assessment visits within 90 days of arrival in US.	80% of the 26 refugee & asylee pts. completed their 2 visits within 90 days of arrival. The avg. number of days from US entry to initial visit is 52. The 90-day timeframe is waived by DPH for 2021.	Outcome Goal	Year 2 of 3
Integrate patients into MGH Chelsea Complex Patient Population (CPP) Program to connect to services.	See Comprehensive CHW and Patient Navigation Programming AG reports.	Outcome Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Education, Social Environment, Violence, **Health Issues** Social Determinants of Health-Access to Health Care, Social Determinants of Health-Uninsured/Underinsured, **Target Populations**

- **Regions Served:** Chelsea, Revere,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
CAPIC	www.capicinc.org
Catholic Charity Boston	www.ccab.org
Chelsea School System	http://www.chelseaschools.com/cps/
International Institute of Boston	www.iiboston.org
MA Department of Public Health	http://www.mass.gov/dph/refugee
MA DTA	www.mass.gov/eohhs/gov/departments/dta
REACH	http://www.reachma.org/
Roca	http://rocainc.org
Kids in Need of Defense	https://supportkind.org/

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** No **Program Description** The Revere CARES Coalition strengthens the health of Revere by: Addressing priorities established by community members; utilizing an environmental approach; advocating for evidence-based, culturally competent strategies, programs and services; and increasing connectedness among individuals and organizations. **Program Hashtags** Prevention, **Program Contact Information** Sylvia Chiang **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Increase community capacity to make health-oriented environmental and system changes.	Revere on the Move advocated for the Urban Farming Ordinance-passed in 2021. Residents will be allowed to keep bees and chickens once permitting process is established through Revere Board of Health.	Process Goal	Year 2 of 3

Increase resiliency and social capital through community connections.	181 residents (increased from 114 in FY20) partook in 6,949 Union Capital hours attending events. $6,675 of rewards were earned by members, plus $3000 Network leader stipend.	Outcome Goal	Year 2 of 3
Increase youth engagement and empowerment in the schools, coalition and community.	~136 youth in groups, incl. Power of Know clubs, YHLC, & Alumni. YHLC joined in the 2021 Kick Butts Day: Youth Day of Action-met with state reps to share COVID impacts & advocate for social justice.	Outcome Goal	Year 2 of 3
Continue partnership and co-leadership of Revere on the Move (ROTM) with the Cityâ€™s Department of Healthy Community Initiatives	Through Revere CARES, held free gardening basic workshop & gave out 16 pot, soil, & tomato seedling to participants. With ROTM, established garden leadership & gave 20 raised garden beds to residents.	Process Goal	Year 2 of 3
Increase youth engagement and empowerment in the schools, coalition and community	Power of Know members earned $1K helping DPH w/ surveys. With the money, they beautified all 6 RHS staff bathrooms with new art, decorative element, and a message board of appreciation.	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Chronic Disease-Overweight and Obesity, Health Behaviors/Mental Health-Stress Management, Other-Cultural Competency, Social Determinants of Health-Affordable Housing, Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty, Substance Addiction-Smoking/Tobacco Use, **Target Populations**

- **Regions Served:** Revere,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
MGH Revere Healthcare Center	http://www.massgeneral.org/revere/
City of Revere	http://www.revere.org/
Revere Public Schools	http://www.revereps.mec.edu/
Revere School Committee	http://www.revereps.mec.edu/
Revere Police Department	http://www.reverepolice.org/
Revere Parks & Recreation Department	http://www.revererec.com/info/default.aspx
Revere Community School	http://www.revereps.mec.edu/communityschool
Revere Chamber of Commerce	http://www.reverechamber.org/
Revere Health Department	http://www.revere.org/
Revere Fire Department	http://www.revere.org/
Revere Beach Partnership	http://www.savetheharbor.org/index.php/en
Revere Journal	http://www.reverejournal.com/
CASA Winthrop	http://www.town.winthrop.ma.us/pages/WinthropMA_WebDocs/casa
CAPIC, Inc.	http://www.capicinc.org/
The Neighborhood Developers	http://www.theneighborhooddevelopers.org
Revere Youth in Action	http://www.theneighborhooddevelopers.org
Revere Board of Health	https://www.revere.org/departments/public-health-division#board
Revere Office of Community Health and Engagement	https://www.revere.org/departments/healthy-community-initiatives
Revere Office of Planning and Community Development	https://www.revere.org/business-development/community-development

---

Program Type Direct Clinical Services **Program is part of a grant or funding provided to an outside organization** No **Program Description** To serve Black patients and other people of color with sickle cell disease and advanced end-stage renal disease **Program Hashtags** Community Education, Community Health Center Partnership, Health Professional/Staff Training, **Program Contact Information** Josue Espinoza, Administrative Manager Endocrine Division; 617-724-7733 **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Bring at least 100 patients into care for sickle cell disease management	Goal achieved by December 2021	Outcome Goal	Year 2 of 3
Create education modules for physicians and providers, such as simulated environment	Two simulated environments and scenarios have been created and are in use continually.	Process Goal	Year 2 of 3
Develop partnership with Palliative Care to manage pain in patients with sickle cell crisis	Grant awarded to pilot this effort for $50k in Oct 2021	Process Goal	Year 2 of 3
Develop mechanism for transporting patients to and from hospital post-infusion of narcotics	Partnership with Circulation and Lyft established in November 2021 with funding from Bird Trust	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Chronic Disease-Sickle Cell Disease, Social Determinants of Health-Access to Transportation, Social Determinants of Health-Racism and Discrimination, **Target Populations**

- **Regions Served:** Boston, Cambridge, Chelsea, Lynn, Revere, Somerville,
- **Environments Served:** Suburban, Urban,
- **Gender:** All,
- **Age Group:** Adults,
- **Race/Ethnicity:** Black, Hispanic/Latino,
- **Language:** English, Haitian Creole, Spanish,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** No **Program Description** Smart Choices provides health and human services to Charlestown youth and families. The program also strengthens the capacity of Charlestown agencies to meet the health and human service needs of the committee. Participants engage in a variety of activities and utilize services such as social and emotional learning and counseling and an accessible, affordable Summer Day Camp Program. Smart Choices gives out a total of $280,000 in grants. **Program Hashtags** Community Education, Health Professional/Staff Training, Mentorship/Career Training/Internship, **Program Contact Information** Maria Doherty, 781-485-6134 **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Provide health and human service needs of the community	1,500-2,000 Charlestown residents served by local program support including food distribution to over 700 families. Seniors participated in Tai Chi, Zumba & aerobics.	Outcome Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Health Behaviors/Mental Health-Physical Activity, Social Determinants of Health-Access to Healthy Food, **Target Populations**

- **Regions Served:** Boston-Charlestown,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Charlestown Smart Choices Grant Program	www.massgeneral.org/cchi/

Program Type Access/Coverage Supports **Program is part of a grant or funding provided to an outside organization** No **Program Description** The MGH Substance Use Disorders (SUDs) initiative was developed in response to community health needs assessments in Chelsea, Revere and Charlestown, where residents identified substance use, particularly opioids, as the single greatest issue in their communities. The MGH SUDs initiative was designed to improve the quality, clinical outcomes, and value of addiction treatment for all MGH patients with SUDs while simultaneously reducing the cost of their care. To accomplish this mission, patients must have access to evidence-based treatment that is readily available and standardized across the system. The MGH initiative is focused on re-designing care across the system to meet this goal. **Program Hashtags** Physician/Provider Diversity, Prevention, **Program Contact Information** Elizabeth Powell **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Address barriers to accessing services for all SUDs patients.	Recovery coaches helped patients access treatment, provided emotional support, advocacy for legal issues, assistance with housing, transportation, GED programs, and education on overdose prevention.	Process Goal	Year 2 of 3
Addressing racial disparities to access and engagement in our urgent care Bridge Clinic.	Black pts engage in Bridge Clinic at lower rate than White pts. Engage consulting services & working to hire BIPOC providers, improve transportation & provide outreach care in underserved communities.	Outcome Goal	Year 2 of 3
Expand access to SUD treatment in primary care settings	50% of MGH primary care settings have SUD tx teams consisting of MDs, RNs, and recovery coaches. A new e-consultation tool will provide expert SUD consultation to PCPs in the remaining practices.	Process Goal	Year 2 of 3
Initiate treatment for opioid use disorder (OUD) across inpatient and outpatient settings.	Our data shows that across inpatient and outpatient settings associated with our SUDs Initiative, 42% of pts seen for OUD were initiated on buprenorphine with a mean continuous tx duration of 6 months	Outcome Goal	Year 2 of 3
Offer telehealth services in addition to in-person services for improved access to our urgent care Bridge Clinic.	40% of our total Bridge Clinic visits are done by telehealth.	Outcome Goal	Year 2 of 3

EOHHS Focus Issues Substance Use Disorders, **DoN Health Priorities** Social Environment, **Health Issues** Substance Addiction-Alcohol Use, Substance Addiction-Opioid Use, Substance Addiction-Substance Use, **Target Populations**

- **Regions Served:** Boston, Boston-Charlestown, Chelsea, Revere,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Adult,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Boston Health Care for the Homeless Program	https://www.bhchp.org/

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** No **Program Description** The Charlestown Coalition works to increase access to and resources for successful treatment and recovery from substance use disorders. The Charlestown Coalition also strengthens protective factors and decreases risk factors to prevent substance use and trauma. The coalition's mission is to advance communities and transform lives by developing and supporting activities that promote overall health and bring about change, helping to end the cycles of addiction, poverty, violence, and racism. Learn more about the coalition at their website: www.charlestowncoalition.org. The Charlestown Family Support Circle (CFSC) provides clinical case management and care coordination services to the community. The FSC Clinician is the central referral point for Charlestown families and residents, who have children and youth between the ages of 0 - 21 years old. The FSC Clinician will work with families to determine their strengths, needs, and goals, as well as provide families' referrals to appropriate services and treatment. Additionally, the FSC Clinician will remain with families until they are connected to community resources while also providing consistent, ongoing, community support. The program also works with Charlestown providers to improve care coordination. **Program Hashtags** Community Education, Community Health Center Partnership, Prevention, **Program Contact Information** Sarah Coughlin, Shannon Lundin **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Increase youth engagement and empowerment in the schools, coalition and community.	45 youth gave 175 kits to unhoused people, used restorative justice practices, engaged in Race Dialogues, cleaned Peace Park, volunteered at community fridge, & rallied for those at Mass & Cass.	Outcome Goal	Year 2 of 3
Identify needs and provide resources for substance use disorder services to Charlestown residents and drug court clients.	Navigator worked with 107 clients in recovery or struggling with addiction connecting them with needed resources, including getting into treatment. Worked with 13 recovery court participants.	Process Goal	Year 2 of 3
Trauma Response Team develops capable community responders to call upon when tragedies occur	73 community incidents were responded and/or supported by group, including fatal and nonfatal overdoses, community loss, and connections to needed services.	Outcome Goal	Year 2 of 3
Reduce social isolation and increase a stronger sense of community among Charlestown residents	In partnership with City Councilor Edwards & team, hosted monthly Race dialogues for community members to discuss topics of systematic racism, current climate of race & politics & how to create unity.	Process Goal	Year 2 of 3
The CFSC provides clinical case management, care coordination services, and stress management to families and individuals.	29 individuals/families provided w/ supportive case management & care coordination. Met with 90 Adult Learning Center students. 24 community residents & providers were connected to outgoing referrals.	Process Goal	Year 2 of 3

EOHHS Focus Issues Substance Use Disorders, **DoN Health Priorities** Social Environment, **Health Issues** Health Behaviors/Mental Health-Mental Health, Social Determinants of Health-Access to Health Care, Substance Addiction-Driving Under the Influence, Substance Addiction-Opioid Use, Substance Addiction-Smoking/Tobacco Use, Substance Addiction-Substance Use, **Target Populations**

- **Regions Served:** Boston-Charlestown,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Incarceration History,

Partners:

Partner Name and Description	Partner Website
Boston Alliance for Community Health	http://bostonalliance.org/
Boston Police Department Area A1: Community Service Office	http://www.cityofboston.gov/police/districts/a1.asp
Boston Public Health Commission	http://www.bphc.org/Pages/Home.aspx
Bunker Hill Housing Development	http://www.bostonhousing.org/en/HousingDevelopmentDetail.aspx?hid=103
Charlestown Adult Learning Center	https://bhacharlestownadulted.weebly.com/
Charlestown Boys & Girls Club	http://www.bgcb.org/our-location/charlestown-club/
Charlestown High School	http://boston.k12.ma.us/charlestown/
Charlestown Lacrosse and Learning Center	http://www.charlestownlacrosse.com/
Charlestown Mother's Association	http://www.charlestownmothersassociation.org/
Charlestown Neighborhood Council	http://www.charlestownneighborhoodcouncil.org/
Charlestown NEW Health	http://newhealthcharlestown.org/
Charlestown Recovery House	http://www.charlestownrecoveryhouse.org/
Charlestown residents	Not Specified
Charlestown YMCA	http://ymcaboston.org/charlestown
First Church	http://www.fccharlestown.com/
John F. Kennedy Family Service Center	http://www.bostonabcd.org/john-f-kennedy-fsc.aspx
Justice Resource Institute SMART Team	Not Specified
MGHCharlestown Health Center	http://www.massgeneral.org/charlestown/

MissionSafe Charlestown	http://www.missionsafe.org/home.asp
MOAR	http://www.moar-recovery.org/
North Suffolk Mental Health	http://northsuffolk.org/
Office of Recovery Services	https://www.boston.gov/departments/recovery-services
Peabody Properties/Mishawum Park Apartment Complex	http://www.peabodyproperties.com/cms/our-communities/view-all-communities/64-mishawum-park.html
Representatives from Elected Officials	Not Specified
Smart from the Start	http://smartfromthestartinc.org/
St. Catherine?s	http://stmarystcatherine.org/
The Gavin Foundation	http://www.gavinfoundation.org/
Warren Prescott K8 School	http://warrenprescott.com/
Winn Co./Charles Newtown	http://www.winncompanies.com/
Charlestown Division of the Municipal Court	https://www.mass.gov/locations/charlestown-division-boston-municipal-court
Charlestown Community Center	https://www.boston.gov/departments/boston-centers-youth-families/bcyf-charlestown
Harvard Kent Elementary School	http://www.harvardkent.org/

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** No **Program Description** The EASTIE Coalition works to strengthen protective factors and decrease risk factors to prevent substance use and abuse for youth, adults and families through education, prevention, and intervention strategies. **Program Hashtags** Community Education, Prevention, **Program Contact Information** Joanna Cataldo **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Facilitate communication and collaboration between community members, providers, patients, CCHI staff and other professionals.	Developed new EASTIE coalition website https://www.eastiecoalition.org/, featuring a section devoted to the various types of treatment available & how to access them.	Process Goal	Year 2 of 3
Participate in the East Boston Neighborhood Trauma Team to develop and implement responses to community violence incidents	Held bimonthly Peace Circles with local teen and adult residents, providers, and staff members from the District Attorney's Office. Peace Circles have rotated between virtual and in-person.	Process Goal	Year 2 of 3
Provide substance use prevention education to youth.	Hosted prevention workshops to ~150 Donald McKay middle school students. Worked with local YMCA to conduct workshop w/ 21 summer teen staff. Continued youth social media campaign development on vaping.	Outcome Goal	Year 2 of 3
Increase youth engagement and empowerment in the schools, coalition and community.	5 youth led outreach activities at the weekly farmer's market, incl. sharing prevention info, painting, & promotion of local events. Joined the EBHS STEAM event-reaching over 60 teens & 40 parents.	Process Goal	Year 2 of 3
Raise awareness about recovery and substance use disorders services available for East Boston residents.	Managed weekly HUB meetings with providers to decide strategies to support an individual at high risk of harm. Sponsored 5-part training series-over 25 people participated from Boston-based agencies.	Process Goal	Year 2 of 3

EOHHS Focus Issues Substance Use Disorders, **DoN Health Priorities** N/A, **Health Issues** Substance Addiction-Smoking/Tobacco Use, Substance Addiction-Substance Use, **Target Populations**

- **Regions Served:** Boston-East Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Boston Children?s Hospital	http://www.childrenshospital.org/
Boston Police Department	http://bpdnews.com/district-a-7
Boston Public Health Commission/Boston Recovery Services	http://www.bphc.org/Pages/default.aspx
East Boston Collaborative for Families	https://www.facebook.com/eastbostoncollaborative
East Boston Family Engagement Network	https://www.facebook.com/EastBostonFamilyEngagementNetwork/
East Boston High School	http://ebhsjets.net/
East Boston Neighborhood Health Center/Schoolbased Health Clinic	www.ebnhc.org
East Boston Times	http://www.eastietimes.com/
East Boston YMCA	http://ymcaboston.org/eastboston
EB/Salesian Boys and Girls Club	http://www.salesianclub.com/

El Heraldo	http://www.elheraldo.co/
Families First	http://www.families-first.org/
MGH Center for Community Health Improvement	http://www.massgeneral.org/cchi/
North Suffolk Mental Health Association	http://northsuffolk.org/
Peer Health Exchange	http://www.peerhealthexchange.org/our-sites/boston/
Soccer without Borders	http://www.soccerwithoutborders.org/boston
Donald McKay School	https://www.bostonpublicschools.org/school/mckay-k-
East Boston Community Soup Kitchen	http://www.ebkitchen.org/
MOAR	http://www.moar-recovery.org/
Excel Academy High School	https://www.excelacademy.org/
Boston Center for Youth and Families	Not Specified

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** No **Program Description** The Kraft Center for Community Health aims to catalyze innovative solutions to real world community health problems, execute solutions locally, and make them scalable and ready to spread nationally to improve health outcomes for disadvantaged populations throughout the Massachusetts and nationally. Current programming addresses addiction, cancer care inequities, obesity, and training initiatives in primary care and community health. The Center's mobile health program combines harm reduction, clinical services including medication-assisted treatment (MAT), data hotspotting, and mobility to bring addiction services to Boston's most vulnerable residents living with substance use disorder (SUD). The Center supports several cancer care equity projects, including a pilot funding opportunity for Greater Boston community health centers to implement innovative, sustainable programs to combat inequities in cancer care and outcomes. The Center's programming also addresses childhood obesity, where the First 1,000 Days program supports mother-father-infant triads from early pregnancy until the child's second birthday providing counseling to reduce risk of obesity and other chronic diseases. Finally, the Center continues its work in training initiatives in primary care and community health, supporting both a primary care fellow as well as a local intern. **Program Hashtags** Not Specified **Program Contact Information** Dr. Elsie Taveras, 617-726-8555

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Bring innovative programming to community-based settings to reduce inequities in cancer care and outcomes in Greater Boston.	NCI-funded grant supports a Kraft Center-led learning community for 25 health centers and implementation of a novel colorectal cancer screening pilot in 4 health centers.	Process Goal	Year 2 of 3
Expand and enhance mobile addiction programming to improve access to harm reduction services and clinical care including MAT for people with SUD at high risk for overdose.	Mobile model expanded to 5 sites across MA through state funding. As of 9/30/21, mobile teams made 17,984 contacts with people with SUD, 2,430 clinical encounters, & 1,403 buprenorphine prescriptions.	Outcome Goal	Year 2 of 3
Expand access to COVID-19 vaccination and testing through mobile health and strategic collaborations with community health centers.	Through an NIH RADx-UP grant, as of 12/7/21, the mobile team has provided 5,026 COVID vaccinations and 5,026 tests. As of 5/31/21, there were 85,751 tests administered in 5 partnering health centers.	Outcome Goal	Year 2 of 3
Support families facing health, economic, and other stressors due to the ongoing COVID-19 pandemic.	488 individual families have been referred to the HUGS/Abrazos program for services, and 396 patients have completed at least one touchpoint with a community health or social worker.	Outcome Goal	Year 2 of 3
Continue to promote community health leadership through training	Provided mentorship and community health training to 1 primary care fellow. Also hired and provided guidance to a local intern.	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Education, Social Environment, **Health Issues** Cancer-Breast, Cancer-Colorectal, Cancer-Other, Chronic Disease-Overweight and Obesity, Substance Addiction-Alcohol Use, Substance Addiction-Substance Use, **Target Populations**

- **Regions Served:** Boston, Boston-Brighton, Boston-Dorchester, Boston-Downtown, Boston-Fenway Kenmore, Boston-Roxbury, Chelsea, Everett, Lynn, Revere,
- **Environments Served:** Suburban, Urban,
- **Gender:** All,
- **Age Group:** Adults, Children, Infants,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Boston Health Care for the Homeless Program, clinical partner for the Kraft Center mobile health program, provides high quality care for homeless individuals and families in Greater Boston.	https://www.bhchp.org/
Boston Public Health Commission - AHOPE, harm reduction partner for mobile health program, is a harm reduction and needle exchange site providing a range of service to active injection drug users.	http://www.bphc.org/whatwedo/Recovery-Services/services-for-active-users/Pages/Services-for-Active-Users-AHOPE.aspx
GE Foundation, sponsor and thought partner for mobile health program, is committed to transforming our communities and shaping the diverse workforce of tomorrow by leveraging	https://www.ge.com/sustainability/philanthropy

the power of GE.	
Aetna Foundation	https://www.cvshealth.com/social-responsibility/cvs-health-foundation
MA DPH Bureau of Substance Abuse Services	https://www.mass.gov/orgs/bureau-of-substance-addiction-services
RIZE Massachusetts Foundation	https://www.rizema.org/
Tapestry Health	Not Specified
The Boston Foundation	https://www.tbf.org/
Trefler Foundation	https://treflerfoundation.org/
UMass Medical School	Not Specified

Program Type Direct Clinical Services **Program is part of a grant or funding provided to an outside organization** No **Program Description** provide gender-affirming primary care and specialty care. **Program Hashtags** Community Education, Health Professional/Staff Training, Health Screening, **Program Contact Information** Josue Espinoza, Administrative Manager Endocrine Division; 617-724-7733 **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Increase access to hormone and primary care management	Increase from previous year is 25%	Process Goal	Year 2 of 3
Increase new patient access appointments for pediatric and adult patients	Currently modifying schedules to allow for 35% increase in patients	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Social Determinants of Health-Access to Health Care, **Target Populations**

- **Regions Served:** All Massachusetts,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** Adults, Children, Elderly, Teenagers,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** LGBT Status,

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** No **Program Description** Mass General Hospital's Center for Community Health Improvement Youth Programs in partnership with the MGH's Learning Lab have created the Youth Healthcare Simulation Program which aims to collaborate with Boston Public Schools and community-based organizations to expose middle and high school students to medical simulated patient care experiences through 'patient scenarios' in an effort to promote broader awareness of science and a deeper understanding of modern medicine and healthcare. **Program Hashtags** Community Education, Mentorship/Career Training/Internship, Physician/Provider Diversity, **Program Contact Information** Christyanna Egun,Senior Director of Partnerships, Equity and Inclusion, 617 724-2950 **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Create and develop thought-provoking, hands-on simulation-based learning opportunities and demonstrations for Boston Public School students and community-based programs in the urban-core	In FY21, a total of 188 youth (grades 9-12) participated in the Vertex Simulation. Soft launch occurred on January 11 and we're currently working with internal Youth Programs with plans to expand to external partners in mid-February.	Process Goal	Year 2 of 3
Increase access & awareness for underserved students to Mass General's state-of-the-art Simulation Learning Laboratory where they will interact w/ diverse physicians & learn about healthcare careers.	Beginning to work on engaging & incorporating diverse MGH staff in the Youth Healthcare Simulation Program. On a 10-point scale, student's avg rating was 9.2 of how welcomed they felt by facilitators.	Process Goal	Year 2 of 3
Consistently evaluate the program and measure the impact and success of each cohort through a longitudinal study.	Work with CCHI's Evaluation & MGH's Learning Lab Research team to create an evaluation tool for the program - 95.68% of students said simulation "meets expectations" ; 89.68% would participate again.	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Social Determinants of Health-Education/Learning, **Target Populations**

- **Regions Served:** Boston-Greater,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Children, Teenagers,
- **Race/Ethnicity:** All,
- **Language:** English, Other, Spanish,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
MGH Center for Community Health Improvement	https://www.massgeneral.org/community-health/cchi/
MGH Learning Lab	https://www.massgeneral.org/education/learning-lab/
MGH Lab of Computer Science	http://www.mghlcs.org/

Vertex Foundation	https://www.vrtx.com/responsibility/vertex-foundation/

Program Type Community-Clinical Linkages **Program is part of a grant or funding provided to an outside organization** No **Program Description** The program provides direct services to victims of community violence (stab wounds, gunshot wounds, and assaults), most of whom have come through the MGH Emergency Department. The mission of the program is to assist victims of violence to recover from physical and emotional trauma and empower them with skills, services, and opportunities, so they can return to their communities, make positive changes in their lives, strengthen others who have been affected by violence, and contribute to building safer and healthier communities. VIAP is also a partner in the Boston Hospital Collaborative, a city-wide monthly working group of VIAP programs across the city. MGH VIAP saw the second highest number of patients in the city this past year, second to Boston Medical Center. **Program Hashtags** Community Education, Community Health Center Partnership, Prevention, **Program Contact Information** Debra Drumm, Director of HAVEN **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Connect and meet with victims of community violence while they are in the hospital and understand the types of violence experienced.	In FY21, 144 victims of community violence were served.	Outcome Goal	Year 2 of 3
Provide direct services and referrals to resources to victims of community violence (support and/or referrals for mental health, housing, employment, education, substance abuse, financial, and legal).	In FY21, 366 contacts were provided. These include emotional support, referrals to Victim's Compensation, safety planning, referrals to housing, education, and employment services.	Outcome Goal	Year 2 of 3
Provided internal and external trainings based on the challenges and strategies for addressing community violence.	VIAP provided trainings to hospital providers, including ED residents, nurses and social workers, and community programs. VIAP is also a member of the multidisciplinary gun violence coalition at MGH.	Process Goal	Year 2 of 3
Increased VIAP visibility through collaboration with community providers.	VIAP participated as a member of the Chelsea and East Boston HUBs (city-wide case management programs for high-risk residents). VIAP also participated in meetings with police and DA departments.	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Violence, **Health Issues** Health Behaviors/Mental Health-Mental Health, Social Determinants of Health-Public Safety, Social Determinants of Health-Violence and Trauma, Substance Addiction-Substance Use, **Target Populations**

- **Regions Served:** Boston, Cambridge, Chelsea, Lynn, Revere, Somerville,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
BMC Streetworker Program	https://www.bmc.org/violence-intervention-advocacy.htm
Louis D. Brown Institute of Peace	http://ldbpeaceinstitute.org/
Massachusetts Violence Intervention Advocacy Program (Boston Medical Center and Baystate Hospital)	http://nnhvip.org/network-membership/massachusetts-violence-intervention-advocacy-program
National Network of Hospital Based Violence Intervention Programs (NNHVIP)	http://nnhvip.org/
Roca	http://rocainc.org/

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** No **Program Description** In the 2019 Community Health Needs Assessment (CHNA), economic stability and mobility was identified as a need to prioritize. There is significant income inequality in Boston.
People living in poverty are more likely to have worse health outcomes, which is why MGH included it in the community health implementation plan. As part of the larger economic stability and mobility goal, MGH collaborate with organizations to address workforce development by apply for the MassUP grant. The MassUP initiative is a partnership across Massachusetts state agencies including the Health Policy Commission, the Department of Public Health, MassHealth, the Office of the Attorney General, the Executive Office of Elder Affairs, and the Executive Office of Health and Human Services. The investment program supports partnerships that include health care provider organizations and community organization partners working to address upstream social, environmental, and/or economic challenges, and aim to enable sustainable improvements in community health and health equity. The purpose of the MassUP investment program is to build and/or expand upon existing efforts to implement programs that address the social determinants of health (SDOH) and root causes of health inequity. MGH/Revere CARES, in partnership with The Neighborhood Developers CONNECT, La Colaborativa, Women Encouraging Empowerment, the City of Chelsea, the City of Revere, and MassHire Metro North Workforce Board will establish a Cross-City Coalition to coordinate municipal and regional workforce development efforts in the cities of Chelsea and Revere to increase skills and qualifications for residents to attain benefitted jobs with pathways for growth. The partnership has been awarded $649,498 in funding. Revere CARES is overseeing this grant with a Project Manager. The project described in this publication/article was supported by an Investment Award from the Commonwealth of Massachusetts Health Policy Commission (HPC). The contents of this publication/article are the sole responsibility of the authors and do not necessarily represent the views of the HPC. **Program Hashtags** Community Education, Community Health Center Partnership, Mentorship/Career Training/Internship, **Program Contact Information** Cheryl Coss, Cross-City Coalition Project Manager **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Promote economic stability and mobility and reduce the wealth gap among residents, staff, and youth.	Through DON funding, awarded $250,000 to 3 organizations focused on workforce development, including Casa Myrna Vasquez, Madison Park Development Corp., and Women Encouraging Empowerment.	Process Goal	Year 2 of 3
Align Job Training to Growth Sectors through Cross-City Coalition.	Advocated to MassHire MetroNorth against a hybrid model for their services, contributing to an increase of Chelsea Career Center staff-more in-person availability and increased bilingual staff.	Outcome Goal	Year 2 of 3

Community-Driven Economic Opportunity Policies & Programs: Address childcare scarcity and cost through Cross-City Coalition.	Wrote testimonial letters and participated in Greater Boston demonstration along with CommonStartMA Coalition to pass Universal Early Childhood Education in MA.	Process Goal	Year 2 of 3
Cross-City Coalition builds capacity to support the work of GJC and Revere Works and is sustained	Cowrote and awarded $63,328 grant for Revere Job Navigator position to be hosted by The Neighborhood Developers to increase capacity supporting English Language Learners in job search & acquisition.	Outcome Goal	Year 2 of 3
Cultivate trusted and mutually beneficial relationships with employers through Cross-City Coalition.	Engaged with 24 organizations/departments, including MAPC, MACIR, Bunker Hill, and MGB in meetings on potential collaborations related to the CCCÃ¢â‚¬â„¢s goals and objectives.	Process Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Employment, **Health Issues** Social Determinants of Health-Income and Poverty, **Target Populations**

- **Regions Served:** Boston, Chelsea, Revere,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Adults,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Casa Myrna	https://www.casamyrna.org/
City of Chelsea	https://www.chelseama.gov/
City of Revere	www.revere.org
La Colaborativa	https://la-colaborativa.org/
Madison Park Development Corporation	Not Specified
MassHIRE Metro North	https://masshiremncareers.com/
Metropolitan Area Planning Council (MAPC)	https://www.mapc.org/
Women Encouraging Empowerment	Not Specified

Program Type Direct Clinical Services **Program is part of a grant or funding provided to an outside organization** No **Program Description** MGH Revere School Based HealthCare Center (SBHC), Adolescent HealthCare Center (AHC), and Revere HealthCare Center (RHC) provide care to teens and young adults. The SBHC and AHC are located at the Revere High School allowing us to increase student access, promote healthy lifestyles while engaging youth in their own care. The MGH Revere Youth Zone (YZ), located at 300 Broadway, is a no cost afterschool program for at-risk-youth, 9-17 years of age. It has been a great challenge to access freshman & new students to RHS during remote schooling. During the COVID-19 pandemic, two peer leaders have continued to work remotely. The Revere High School Substance Diversion Program is currently writing a survey on youth and vaping during the pandemic. Our next project is developing and delivering a PSA on the same topic. **Program Hashtags** Community Health Center Partnership, Health Screening, Prevention, **Program Contact Information** Debra Jacobson; Kerstin Oh, MD; **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
To replace punitive responses to substance use among high school students with a new substance diversion program: screening interviews, psychoeducational workshops, & appropriate therapeutic referrals.	A collaboration between NSMH counselors and the SBHC has provided direct care for 44 students starting the fall of 2021 once the school welcomed students in person.	Outcome Goal	Year 2 of 3
Increase adolescent and young adult access to confidential, free or low-cost reproductive health care as well as urgent medical care and mental health services.	SBHC/AHC provided care to students, 578 medical visits, 757 mental health visits, with 1,335 total visits. These visits incl. urgent care, confidential reproductive care & mental health visits.	Outcome Goal	Year 2 of 3
To provide a free, safe environment for youth (ages 9-17) in the city of Revere to develop healthy lifestyle skills, relationship building skills, and mentorship.	MGH Youth Zone served 45 students in 1000 visits. Focused on academic excellence, nutrition, physical activity, & positive peer relationships.	Outcome Goal	Year 2 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Social Environment, **Health Issues** Health Behaviors/Mental Health-Mental Health, Health Behaviors/Mental Health-Physical Activity, Health Behaviors/Mental Health-Responsible Sexual Behavior, Substance Addiction-Substance Use, **Target Populations**

- **Regions Served:** Revere,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Adults, Teenagers,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
City of Revere	www.revere.org
Revere Afterschool Partnership	Not Specified

Revere Public Schools	http://www.reverek12.org/

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** Yes **Program Description** As part of Mass General Brigham's commitment to building tomorrow's health care workforce, Mass General Brigham has developed a partnership with Camp Harbor View to engage campers' curiosity about science, introduce them to the educational connections between school and health careers and promote healthy choices and behaviors. Camp Harbor View, located on Long Island in Boston Harbor, provides a learning and camp environment for over 900 Boston children and adolescents. It is funded through the Camp Harbor View Foundation, a nonprofit organization. Each summer, Mass General Brigham organizes two Health Career Education days to introduce campers to the idea of working in the medical field. Over 40 staff members from Mass General Brigham affiliated hospitals visit the camp and work through fun activities such as teaching campers how to make casts using inflatable gloves, playing a life- sized game of operation and promoting teamwork in an operating room by dressing campers in OR-scrubs and completing an obstacle course. Campers also learn about different professions including speech pathology and physical therapy and the education required to hold those positions. Some Leaders in Training (LITs, ages 14-17) interested in careers in health care also take part in two-week internships at hospitals and health centers affiliated with Mass General Brigham. These internships offer older teenagers a chance to see what a future in health care might look like, and equips them with the knowledge to seek out that path. LITs are also able to take advantage of resume writing workshops put on at the camp by Mass General Brigham Workforce Development group.

With a focus on low income children and adolescents, 98% of whom identify as African American and Latino, Camp Harborview introduces campers to health care and science as a career path.

Due to the COVID-19 pandemic, Camp Harbor View was not able to host its in person summer day camp in 2020, but the staff was able to pivot and provide enriching, entertaining, and educational experiences via Zoom and remote learning/engagement. Over 10 Mass General Brigham clinicians participated in a variety of career exploration panels with the 10th-12th grade LIT participants.

Mass General Brigham partnered with CHV to set up a COVID-19 vaccination clinic at the Strand Theater exclusively for the CHV community. Our infectious disease clinicians also participated in several zoom sessions to address any questions about the safety and effectiveness of the vaccine.

Volunteers from Mass General Brigham and Mass Eye and Ear volunteered at two drives at CHV's facility to organize and distribute donations of board games, books, toys, household items and food for campers' families. **Program Hashtags** Not Specified **Program Contact Information** Tavinder Phull, MPH MBA, Mass General Brigham Community Health **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Educate campers about careers in healthcare.	Due to the COVID-19 pandemic, Camp Harbor View was not able to host its in person summer day camp in 2021, but the staff was able to pivot and provide enriching, entertaining, and educational experiences via Zoom and remote learning/engagement. Over 10 Mass General Brigham clinicians participated in a variety of career exploration panels with the 10th-12th grade LIT participants. MGB employees also participated in the CHV Scholarship Selection Committee to review applications and determine financial awards.	Outcome Goal	Year 2 of 1

EOHHS Focus Issues N/A, **DoN Health Priorities** Education, **Health Issues** Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty, **Target Populations**

- **Regions Served:** Boston,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** Children, Teenagers,
- **Race/Ethnicity:** All, Somerville
- **Language:** English,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Camp Harbor View	http://chvf.org/

Program Type Access/Coverage Supports **Program is part of a grant or funding provided to an outside organization** Yes **Program Description** Partners has a long commitment to community health centers. MGH's licensed community health center in Charlestown was founded in 1968, and Brookside Community Health Center became part of BWH in approx. 1974. Today, there are five licensed health centers operating within the overall Partners system: three of which operate through the license of MGH in Charlestown, Chelsea, and Revere and two of which operate under the license of BWH in Jamaica Plain -- Brookside CHC and Southern Jamaica Plain CHC. In addition, Partners is affiliated with 15 community health centers in Dorchester, East Boston, Jamaica Plain, Lynn, Mattapan, North End, Peabody, Roxbury, Salem, South Boston, and the South End. Since 1996, Partners and its hospitals have provided more than $40 million in support to these affiliated CHCs to rebuild, relocate, or modernize aging facilities.

MGH, BWH, and Partners have made a concerted effort to improve access to care for community health center patients, helping health centers move from cramped, outdated buildings to modern facilities with updated computer information systems and medical technology. Over time, our relationships with each of these health centers have evolved uniquely for each health center to provide the most responsive support possible. **Program Hashtags** Community Health Center Partnership, **Program Contact Information** Tavinder Phull MPH, MBA, Mass General Brigham Community Health **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Improve access to care for community health center patients.	Gynecologists and nurse midwives from BWH provide clinical care at affiliated community health centers in Dorchester, Mattapan, Roxbury, and the South End.	Process Goal	Year 5 of 5
Improve access to care for community health center patients.	The MGH AVON program provides navigators to help patients from Chelsea and Mattapan get breast cancer screening, follow up and treatment.	Process Goal	Year 5 of 5
Improve access to care for community health center patients.	North Shore Medical Center cardiologists and urologists provide treatment for patients in Lynn.	Process Goal	Year 5 of 5
Expand the state's supply of primary care providers at community health centers.	The Mass. Leagueâ€™s CHC Provider Loan Repayment Program-Through 2018, more than 300 primary care providers have committed to work in a CHC for up to two years in exchange for loan repayment.	Outcome Goal	Year 5 of 5

Support the state's community health centers in their continued efforts to reduce barriers to access, promote health equity and organize care for patients in their communities.	Grants awarded through the Partnership for Community Health have provided support to community health centers to develop and launch measurable programs that enhance health outcomes, services, efficiencies and quality of care.	Outcome Goal	Year 5 of 5
Provide hunger assistance grants to licensed and affiliated community health centers.	Provided $500 grants to 17 licensed and affiliated community health centers to support new or existing hunger assistance activities.	Outcome Goal	Year 5 of 5
Provide grants to support licensed and affiliated health centers with existing food pantries.	Provided $5000 grants to support 6 of our licensed and affiliated community health centers with onsite food pantries.	Outcome Goal	Year 5 of 5
Provide access to community-based health care.	BWH and MGH licensed health centers provide care to more than 84,000 children and adult patients annually.	Outcome Goal	Year 5 of 5
Provide access to community-based care.	Partners is affiliated with 15 community health centers in Dorchester, East Boston, Lynn, Mattapan, North End, Peabody, Roxbury, Salem, South Boston, and the South End.	Process Goal	Year 5 of 5
Strengthen community health centers in Partners communities.	Since 1996, Partners and its hospitals have provided more than $40 million in support to these affiliated CHCs to rebuild, relocate, or modernize aging facilities.	Process Goal	Year 5 of 5

EOHHS Focus Issues Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, **DoN Health Priorities** N/A, **Health Issues** Cancer-Breast, Chronic Disease-Cardiac Disease, Chronic Disease-Diabetes, Health Behaviors/Mental Health-Mental Health, Maternal/Child Health-Reproductive and Maternal Health, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Nutrition, **Target Populations**

- **Regions Served:** Boston, Chelsea, Lynn, Peabody, Revere, Salem,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All, Somerville
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Boston Health Care for the Homeless Program	http://www.bhchp.org/
Brookside Community Health Center (BWH)	http://www.brighamandwomens.org/Departments_and_Services/medicine/services/primarycare/Offices/Brookside.aspx
Codman Square Health Center	http://www.codman.org/
Dorchester House Multi-Service Center	http://www.dorchesterhouse.org/
East Boston Neighborhood Health Center	http://www.ebnhc.org/
GeigerGibson Community Health Center	http://www.hhsi.us/metro-boston/geiger-gibson-community-health-center/
Lynn Community Health Center	http://www.lchcnet.org/
Mattapan Community Health Center	http://www.mattapanchc.org/
MGH Revere HealthCare Center	http://www.massgeneral.org/revere/
MGH Charlestown Health Center	http://www2.massgeneral.org/ctweb/index.htm
MGH Chelsea Health Center	http://www2.massgeneral.org/primarycareweb/primary_chelsea.htm
Neponset Health Center	http://www.hhsi.us/metro-boston/neponset-health-center/
North End Waterfront Health	http://www.massgeneral.org/northend/
North Shore	http://www.nschi.org

Community Health, Inc. (NSCHI) includes Salem Family HC & Peabody Family HC	
South Boston Community Health Center	http://www.sbchc.org/
South End Community Health Center (SECHC)	http://www.sechc.org/en/
Southern Jamaica Plain Health Center (BWH)	http://www.brighamandwomens.org/Departments_and_Services/medicine/services/primarycare/sjphc/default.aspx
Upham's Corner Health Center	www.uphamscornerhealthctr.com/
Whittier Street Health Center	http://www.whittierstreet.org/

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** No **Program Description** Brief Description or Objective Brigham and Women's Hospital and Massachusetts General Hospital, founding members of Mass General Brigham, are leaders at providing summer job opportunities for Boston's youth through Mayor Walsh's Summer Jobs Program. In 2020, about 347 BPS students had jobs at BWH, MGH, and Faulkner through this program. **Program Hashtags** Not Specified **Program Contact Information** Tavinder Phull, MPH MBA, Mass General Brigham Community Health **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Provide students with meaningful summer job experiences and mentoring.	MGH virtual programming included Professional Development Workshops, Financial Literacy workshops, and Career Exploration	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** Education, **Health Issues** Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty, **Target Populations**

- **Regions Served:** Boston, Chelsea, Lynn, Revere, Waltham,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** Teenagers,
- **Race/Ethnicity:** All, Somerville
- **Language:** English,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Boston Public Schools	https://www.bostonpublicschools.org/
Brigham and Womenâ€™s Hospital Summer Jobs Program	http://www.brighamandwomens.org/about_bwh/communityprograms/our-programs/youth-programs/default.aspx?sub=0
Massachusetts General Hospital Summer Jobs Program	http://www.massgeneral.org/cchi/services/treatmentprograms.aspx?id=1493&display=overview
MassHire	https://www.mass.gov/topics/masshire
North Shore Community College	https://www.northshore.edu/
Mass Bay Community College	https://www.massbay.edu/
Waltham Partnership for Youth	https://www.walthampartnershipforyouth.org/
Boston Public Schools	https://www.bostonpublicschools.org/

Program Type Total Population or Community-Wide Interventions **Program is part of a grant or funding provided to an outside organization** Yes **Program Description** The Scholarship Program was established in 2012 to provide assistance in applying to and attending college, partial scholarships, and academic support services to enhance the educational success of low income high school students participating in the Brigham and Women's Hospital Student Success Jobs Program and the MGH Youth Scholars Program. The aim of the program is also to address the need for proficient and traditionally under-represented populations in health, science and medical careers to enter, persist, and graduate from college. In addition to students receiving renewable, partial four- year scholarships upon matriculation to college, students also receive educational support including academic tutoring in math and science, college preparation for the SAT exam and financial aid, mentoring and career exposure at BWH and MGH, as well as social support and life skills. All students who receive scholarships are referred to as Scholars.

A longitudinal evaluation conducted annually indicates the following results: 82% of Scholars graduated from college in five years compared to national average of 55% in six years; Scholars average SAT scores are 7% higher than their BPS peers; Black and Latino Scholars are staying enrolled in college at higher rates than their national peers (91% compared to 67%); 76% of Scholars attend four year colleges compared to 47% of BPS students and 60% across Massachusetts; 92% of Scholars did not need remedial classes while attending college. **Program Hashtags** Not Specified **Program Contact Information** Pam Audeh, BWH CCHHE, Christy Egun, MGH CCHI **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
To provide high school graduates of the BWH SSJP program and MGH Youth Scholars with four year	FY21 86 renewable scholarships were provided at MGH.	Outcome Goal	Year 4 of 4

renewable scholarships.			
To support high school students as they prepare for and complete college.	In the summer of 2021 MGH continued its programming efforts to prepare rising college freshmen for the eventuality of remote, hybrid, or in-person academics. We assisted students and their families with the financial process and prepared them for living in dormitories. Our college/academic coaches once again helped keep students on track and motivated, and assisted with the transitions to college. Subject-level tutoring was also offered if needed. Increased check-ins for college students with our staff Social Worker to support student mental health well-being were also implemented.	Process Goal	Year 1 of 1
To support high school students as they prepare for and complete college.	To date 219 students have finished college: 127 at BWH and 92 at MGH. Of these 57 are employed, 18 at MGH or affiliate and 13 are pursuing graduate education.	Outcome Goal	Year 4 of 4
To provide work experience and career training/internships.	In FY21, BWH and MGH offered high school students paid school year and summer internships. Over 91% of our students rated the paid internship experience as very important for their professional growth.	Outcome Goal	Year 4 of 4

EOHHS Focus Issues N/A, **DoN Health Priorities** Education, **Health Issues** Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty, **Target Populations**

- **Regions Served:** Boston, Chelsea, Revere,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** Teenagers,
- **Race/Ethnicity:** All,
- **Language:** English,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Brigham and Womenâ€™s Hospital Student Success Jobs Program	http://www.brighamandwomens.org/about_bwh/communityprograms
Mass General Hospital Youth Scholars Program	http://www.massgeneral.org/cchi/services/treatmentprograms.aspx?id
Boston Public Schools	http://www.bostonpublicschools.org/

Program Type Access/Coverage Supports **Program is part of a grant or funding provided to an outside organization** No **Program Description** Massachusetts General Hospital Certified Application Counselors (CACs) provide information about the full range of insurance programs offered by EOHHS and the Health Connector. Our CACs help individuals complete an application or renewal; work with the individual to provide required documentation; submit applications and renewals for the Insurance Programs; interact with EOHHS and the Health Connector on the status of such applications and renewals; and help facilitate enrollment of applicants or beneficiaries in Insurance Programs. **Program Hashtags** Not Specified **Program Contact Information** Brooke Alexander, Mass General Brigham Community Health **Program Goals:**

Goal Description	Goal Status	Goal Type	Time Frame
Provide information about the full range of insurance programs offered by EOHHS and the Health Connector.	In FY21, MGH CACs served patients who needed assistance with their coverage.	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A, **DoN Health Priorities** N/A, **Health Issues** Social Determinants of Health-Access to Health Care, **Target Populations**

- **Regions Served:** All Massachusetts,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Massachusetts Health Connector	https://www.betterhealthconnector.com
Mass Health	http://www.mass.gov.eohhs/gov/departments/masshealth
Health Care for All	https.www.hcfama.org
Massachusetts Health and Hospital Association	https://mhalink.org
Massachusetts League of Community Health Centers	http://www.massleague.org

Expenditures

Total CB Program Expenditure **$110,934,550.00**

CB Expenditures by Program Type	Total Amount	Subtotal Provided to Outside Organizations (Grant/Other Funding)
Direct Clinical Services	$91,096,837.00	$5,557,812.00

Community-Clinical Linkages	$1,514,663.00	$164,571.00
Total Population or Community-Wide Interventions	$7,604,731.00	$1,603,534.00
Access/Coverage Supports	$10,718,319.00	$703,109.00
Infrastructure to Support CB Collaborations Across Institutions	$0.00	$0.00

CB Expenditures by Health Need	Total Amount
Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes	$37,137,821.00
Mental Health/Mental Illness	$15,173,472.00
Housing/Homelessness	$2,046,245.00
Substance Use	$7,516,865.00
Additional Health Needs Identified by the Community	$49,060,147.00

Other Leveraged Resources	$13,765,621.00

Net Charity Care Expenditures	Total Amount
HSN Assessment	$36,100,743.00
HSN Denied Claims	$1,491,776.00
Free/Discount Care	$2,030,762.00
Total Net Charity Care	$39,623,281.00

Total CB Expenditures:	$164,323,452.00

Additional Information	Total Amount
Net Patient Service Revenue:	$3,365,046,853.00
CB Expenditure as Percentage of Net Patient Services Revenue:	4.88%
Approved CB Program Budget for FY2022: (*Excluding expenditures that cannot be projected at the time of the report.)	$164,323,452.00
Comments (Optional):	In FY 21, Mass General Brigham and its member hospitals, in collaboration with Beth Israel Leahy Health (BILH), designed, built, and launched a new Community Benefits Reporting Tool (CBRT). The CBRT allows our teams and community partners to more accurately capture, track, and report data related to community benefits programs and initiatives. As part of our design and launch of the CBRT, the MGB and BILH teams undertook a multi-faceted quality improvement project to improve the alignment of definitions and categories for program expenditure reporting across our member hospitals; this may be a contributing driver for differences in trend with AGO reporting categories.

Optional Information

Hospital Publication Describing CB Initiatives:	Not Specified
Bad Debt:	Not Specified
Bad Debt Certification:	Not Certified
Optional Supplement:	MGH is engaged in anchor strategies around hiring, investing, and purchasing. MGH Board of Trustees have created a committee on Anchor Strategy. MGH is also engaged in the Mass General Brigham HealthCare strategy work.