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: Partners HealthCare

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 vulnerable populations
Revere Community	Commitment to the Health Center communities served by MGH and to vulnerable populations
Charlestown Community	Commitment to the Health Center communities served by MGH and to vulnerable populations
East Boston Community	Commitment to vulnerable populations

Publication of Target Populations:
Marketing Collateral, Website

Community Health Needs Assessment:

Date Last Assessment Completed:

MGH completed its Community Health Needs Assessment in 2019 that was approved by the Trustees Board on Community Health on September 16, 2019.

Mass General participated for the first time ever in three collaborative Community Health Needs Assessment (CHNA) processes in Boston, North Suffolk (Chelsea, Revere, and Winthrop), and Everett-Malden. Previously, Mass Generalâ€"and most providersâ€"conducted assessments independently. The goal of collaboration is to develop coordinated strategies as well as solutions that can achieve results.

The communities identified housing quality and affordability and economic stability and mobility, important social determinants of health, among their top four priorities for the first time ever. Substance use disorder remains a top priority, with the new addition of mental health.

In Boston, a first-ever citywide collaborative formed that includes every Boston teaching hospital, the Boston Public Health Commission, community health centers, and community-based organizations (see steering committee members, appendix B). The process was facilitated and guided by Health Resources in Action (HRiA), a non-profit public health consulting group in Boston. The Conference of Boston Teaching Hospitals acted as the â€œbackboneâ€ organization, providing infrastructure support. As a member of the Boston Collaborative steering committee, Mass General helped guide the entire process, including data gathering, analysis, prioritization, and strategy development.

In North Suffolk (Chelsea, Revere, and Winthrop), city and town leaders formed the North Suffolk Public Health Collaborative (NSPHC) to increase their collective impact on improving health. Like Boston, the Collaborative was made up of area hospital systems, health centers, local health departments, and community-based organizations (appendix C). Mass General co-led the North Suffolk CHNA process, overseeing data collection, analysis, and reporting. Mass General also provided technical support for the design of focus groups, key informant interviews, and survey questions.

The methods
In each collaborative, participants engaged community organizations, local officials, schools, health care providers, the business and faith communities, residents, and others in an approximately year-long process, tailored to unique local conditions, to better understand the health issues that most affect communities and the assets available to address them. The key methods of the CHNA included:

- Primary data collection via broadly distributed multilingual (up to seven languages) community surveys with 4,298 total respondents; 39 focus groups with 350 community residents in English, Spanish, Chinese, and Haitian Creole; and, 73 key informant interviews with organizational, government, and community leaders.
- Review of secondary data from multiple city, state, and national sources including the U.S. Census, the Massachusetts Department of Public Health, the Boston Public Health Commission, and the Behavioral Risk Factor Surveillance System (BRFSS).
- Rigorous data analysis, including reviewing differences among certain populations, specifically youth and elderly, as well as by race and ethnicity.
- A highly participatory process. In Boston that meant the public was invited to three separate meetings attended by 75-150 people each to guide the process design, review data, select priorities, and develop strategies.

The guiding principle for the Boston, North Suffolk, and Everett-Malden collaboratives is to reduce racial and ethnic health disparities. In all communities, social determinants of health emerged as top priorities, as up to 80% of health status is determined by the social and economic conditions where we live and work. These determinants include access to stable, secure, and quality housing; a job that pays a living wage; healthy food; quality educational opportunities; and, connected and safe communities.

The health priorities that emerged across communities and have been adopted as Mass General priorities were strongly aligned and include:
- Safe, affordable, and stable housing.
- Economic and financial stability and mobility, including living wage jobs and educational pathways.
- Behavioral health, including substance use disorders (SUDs) with an emphasis on youth and families.
- Access to health, social, and child care services.

Mass General has also adopted as priorities:
- Community violence and safety.
- Obesity and food insecurity.
- Elder/Aging Health Issues.
- Chronic diseases, with cancer and diabetes focus.

Consultants/Other Organizations
Health Resources in Action provides guidance and facilitation of the Community Advisory Board.

Data Sources:

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

CHNA Document: FINAL_20190925_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:
- 415 students (grades 3 through college) served in MGH Youth Scholars Program.
- 112 youth employed in Virtual Summer Jobs Program.
- 31 Roxbury middle school students mentored in science fair competition.
- 100% MGH Youth Scholars graduated from high school, 90% matriculated to college, 71% persisted in college.
- Launched Youth Healthcare Simulation Program to expose middle and high school students to medical simulated patient care experiences.

Access to Care for Vulnerable Populations:
- Community health workers screened 942 patients in respiratory illness clinic for health-related social needs during COVID.
- 5,402 patients served by CHWs; 2,561 CHW and 14,417 medical interpreter encounters completed.
- 130,960lbs. of food, thousands of care kits, distributed through the Food for Families program.
- 347 families received civil legal services, with 104 successful outcomes (eviction prevention, obtaining benefits and other outcomes in process).

Multi-Sector Coalitions:
- More than 325,000 care kits, 3 Million masks, 1 Million pounds of food distributed in collaboration with communities during pandemic.
- 1,700 youth and parents engaged in vaping prevention workshops.
- Integrated Referral and Information System launched in Chelsea for parents with children ages 0 â€“5.

Substance Use Disorders
- 3,299 patients had 39,000 contacts with recovery coaches resulting in reductions of 25% for inpatient admissions and 13% for ER visits.
- 751 patients in Chelsea, Everett, Revere, and Charlestown referred to treatment services.
- 51 providers certified to prescribe suboxone treatment across health centers.
- 188 attendees at 9 community trainings on NARCAN administration in Charlestown.
- 87 youth referred to Revere Substance Diversion Program for therapeutic support.

Violence & Trauma
- HAVEN, for survivors of intimate partner abuse, served 690 patients and community members last year
- VIAP (Violence Intervention Advocacy Program) served 138 victims of gun, knife or other physical violence
- 59 children/families referred to Police Action Counseling Team (PACT) Center for Gun Violence Prevention expanded simulation trainings to physician assistant and medical student programs.

Plans for Next Reporting Year:

In 2021, CCHI plans to work with communities and the hospital to address health priorities identified through two community engagement processes that will support our Determination of Need filing. The data collected through this 2021 community engagement data collection process will serve as the foundation for the Boston and North Suffolk Collaborativeâ€™s joint 2022 Community Health Needs Assessment. Based on data collected from this 2021 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

Center for Gun Violence Prevention	
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, Prevention, 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.	We have regular simulation training sessions incorporated in residency training programs across the MGH & have recently expanded efforts to include medical students & physician assistant students.	Process Goal	Year 1 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 & completed the first course at Emerson College, in which students learn about firearm related violence & create & produce videos that highlight impact of gun violence on Boston community.	Process Goal	Year 1 of 3
Develop and advance campaigns regarding safe firearm storage and recognizing warning signs.	Developed gun lock distribution prog. -gun locks are provided in primary care offices & other clinical sites. Plan to expand this prog. to incl. the Emergency Dept & other in-patient clinical sites.	Process Goal	Year 1 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 1 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
Violence in Boston	https://www.violenceinboston.org/

Center for Immigrant Health

Program Type	Access/Coverage Supports
Program is part of a grant or funding provided to an outside	No

organization	
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,
Program Contact Information	Fiona Danaher â€" 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.	Hiring Immigrant Health Resource Specialist. Working with partners to streamline legal referrals; Collaborating on MGH Meds To Go program; Facilitating referrals from Migrant Clinicians Network.	Process Goal	Year 1 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.	Identified psychiatry clinical champion. In the process of establishing a working group and hiring a Licensed Independent Clinical Social Worker (LICSW).	Process Goal	Year 1 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 1 of 3
Met with potential collaborators and establishing culturally/linguistically appropriate referral networks.	Hosted conference, Know Your Rights training, & series of educational opportunities. Disseminated information on best practices to MGH employees. Developing immigrant health elective for residents.	Process Goal	Year 1 of 3
Hosted conference, Know Your Rights training, & series of educational opportunities. Disseminated information on best practices to MGH employees. Developing immigrant health elective for residents.	Hosted annual, week-long Migration is Beautiful campaign. Participated in diversity & inclusion taskforces and recruitment efforts for Under-Represented in Medicine (URM) residency candidates.	Process Goal	Year 1 of 3

EOHHS Focus Issues	Mental Illness and Mental Health,
DoN Health Priorities	Education, Housing, Social Environment,
Health Issues	Chronic Disease-Overweight and Obesity, Health Behaviors/Mental Health-Mental Health, 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-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:** 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
Lawyers for Civil Rights â€" Legal services and advocacy organization.	http://lawyersforcivilrights.org/

Harvard Immigrant and Refugee Clinical Program â€" Legal services organization.	https://hls.harvard.edu/dept/clinical/clinics/harvard-immigration-and-refugee-clinical-program/
American Immigration Lawyers Association â€" Professional association of immigration attorneys.	https://www.aila.org/
Migrant Clinicians Network â€" Referral and case management network for newly arrived immigrants and migrant workers.	https://www.migrantclinician.org/
MGH Asylum Clinic â€" Forensic medical and psychological evaluations for asylum seekers.	https://globalhealth.massgeneral.org/ourwork-items/asylumclinic/

Medical Interpreter Services

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 access to hospital services for patients and families who have limited English proficiency or who are Deaf or Deaf/Blind.
Program Hashtags	Health Screening,
Program Contact Information	Chris Kirwan, Director; 617-726-6061

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide professional language access services to MGH patients.	Over the previous Fiscal Year MGH interpreter services had an increase of 21.6% in the number of encounters provided	Outcome Goal	Year 1 of 3
Meet the needs of existing and new patients at MGH by bridging the language gap.	In March 2020 the COVID pandemic struck and forced us to change our operational model which made the provision of services switch primarily to an over the phone modality which was quite successful.	Process Goal	Year 1 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:** Urban, • **Gender:** All, • **Age Group:** All, • **Race/Ethnicity:** Hispanic/Latino, • **Language:** English, Portuguese, Spanish, • **Additional Target Population Status:** Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

MGH CHA Office Based Addiction Programs

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 K. Duffy-Keane, MPH

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
To provide supportive nursing case management.	In FY20, the program provided case management and support services to 150 patients from Chelsea, 57 patients from Everett, 208 patients in Revere, and 336 patients in Charlestown.	Outcome Goal	Year 1 of 3
To encourage patients to participate in individual or group counseling as part of their recovery process.	100% of patients (694) are referred to treatment with the health centers or the community.	Process Goal	Year 1 of 3
Increase the numbers of Primary Care Providers (PCP) who prescribe suboxone.	Currently there are 51 providers at the health centers who prescribe. MGH Charlestown â€" 12 PCPs, 1 NP; MGH Chelsea â€" 10 PCPs; MGH Everett - 5 PCPs; and MGH Revere â€" 23 PCPâ€™s.	Outcome Goal	Year 1 of 3

EOHHS Focus Issues	Substance Use Disorders,
DoN Health Priorities	Education, Social Environment,
Health Issues	Substance Addiction-Opioid Use, Substance Addiction-Substance Use,
Target Populations	• **Regions Served:** 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	http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/
Office Based Addiction Treatment with Buprenorphine Program - Boston Medical Center	http://www.bumc.bu.edu/care/clinical-programs/obat
North Suffolk Mental Health Association	http://northsuffolk.org/

MGH Revere Food Pantry

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	MGH Revere Food Pantry serves a diverse patient population at the Revere Healthcare Center of Mass General Hospital that experiences high rates of both food insecurity as well as nutrition-dependent chronic diseases such as high blood pressure, diabetes, and obesity. We aim to treat both food insecurity and chronic disease at our food pantry.
Program Hashtags	Community Education, Community Health Center Partnership, Prevention,
Program Contact Information	Michael Lenson- Program Manager, 781-485-6056

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Treat food insecurities, diabetes, obesity and hypertension by providing nutritional food choices and education on these options.	We currently serve approximately 85 families per week and have survived 13,148 individuals (duplicated).	Outcome Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	N/A,
Health Issues	Chronic Disease-Diabetes, Chronic Disease-Hypertension, Chronic Disease-Overweight and Obesity, Chronic Disease-Pulmonary Disease, Social Determinants of Health-Nutrition,
Target Populations	• **Regions Served:** Boston, • **Environments Served:** Suburban, • **Gender:** All, • **Age Group:** All, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
MGH Revere	because.massgeneral.org/mghreverefoodpantry

Revere CARES

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	Community Education, Mentorship/Career Training/Internship, 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.	Awarded 13 mini grants totaling $20K to support programs & environmental changes to make Revere a healthier place to live, incl. hydration station at Beachmont school & empty bowls event.	Process Goal	Year 1 of 3
Increase resiliency and social capital through community connections.	114 residents (increased from 68 in FY19) partook in 4956 Union Capital hours attending events. $2,825 of rewards were earned by members, plus $3000 Network leader stipend.	Outcome Goal	Year 1 of 3
Increase youth engagement and empowerment in the schools, coalition and community.	~170 youth in groups, incl. Power of Know clubs (middle & high school), YHLC, & Alumni. YHLC did community mapping project to know tobacco density, income & race. Employed 26 youth for summer jobs.	Outcome Goal	Year 1 of 3
Continue partnership and co-leadership of Revere on the Move (ROTM) with the Cityâ€™s Department of Healthy Community Initiatives	Collaborated with ROTM to mail over 200 seed packets to residents, coordinated 2 community gardens, & held virtual gardening basics workshops; participants received tomato seedling & supplies.	Process Goal	Year 1 of 3
Establish new partnerships and	Continued Catapult participation in 3 labs & 2 direct coaching		

connections to build a stronger workforce development system in the community	sessions led by Boston Foundation. Member of the Cityâ€™s Master Plan steering committee. Leading the MassUP grant ($650K/3 yrs.).	Process Goal	Year 1 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Education, Employment, Housing,
Health Issues	Chronic Disease-Overweight and Obesity, Health Behaviors/Mental Health-Mental Health, Health Behaviors/Mental Health-Physical Activity, Social Determinants of Health-Domestic Violence, Social Determinants of Health-Nutrition, Social Determinants of Health-Public Safety, 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:** 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
North Suffolk Mental Health Association	http://northsuffolk.org/
Revere Chamber of Commerce	http://www.reverechamber.org/
Revere Health Department	http://www.revere.org/
Revere Fire Department	http://www.revere.org/
Chelsea District Court	http://www.mass.gov/courts/courtsandjudg es/courts/chelseadistrictmain.html
Revere Beach Partnership	http://www.savetheharbor.org/index.php/en
Revere Journal	http://www.reverejournal.com/
Massachusetts Organization for Addiction and Recovery (MOAR)	http://www.moar-recovery.org/
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
Saugus Anti-Drug Coalition	http://www.saugusantidrug.org/
Saugus We Care	https://www.facebook.com/SaugusWeCare

Smart Choices	
Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or	No

funding provided to an outside organization	
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, Community Health Center Partnership, 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-Wellness Fair Snack Swaps held. Food distribution to over 700 families. Seniors participated in Tai Chi, Zumba & aerobics.	Outcome Goal	Year 1 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Education, Social Environment,
Health Issues	Not Specified
Target Populations	• **Regions Served:** Boston-Charlestown, • **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
Charlestown Smart Choices Grant Program	www.massgeneral.org/cchi/

Vertex/Youth Health Simulation Program

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 Hospitalâ€™s Center for Community Health Improvement Youth Programs in partnership with the MGHâ€™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 â€œpatient scenariosâ€ in an effort to promote broader awareness of science and a deeper understanding of modern medicine and healthcare.
Program Hashtags	Community Education, 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	Soft launch occurred on January 11 and weâ€™re currently working with internal Youth Programs with plans to expand to external partners in mid-February.	Process Goal	Year 1 of 3

Increase access & awareness for underserved students to Mass Generalâ€™s state-of-the-art Simulation Learning Laboratory where they will interact w/ diverse physicians & learn about healthcare careers.	Beginning to work on engaging and incorporating diverse MGH staff in the Youth Healthcare Simulation Program	Process Goal	Year 1 of 3
Consistently evaluate the program and measure the impact and success of each cohort through a longitudinal study.	Working with both CCHIâ€™s Evaluation and MGHâ€™s Learning Lab Research team on developing and creating a standard evaluation tool for the program.	Process Goal	Year 1 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Education,
Health Issues	Social Determinants of Health-Education/Learning,
Target Populations	• **Regions Served:** Boston, • **Environments Served:** All, • **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/

HAVEN (Helping Abuse and Violence End Now)

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. Since program inception in 1997, over 9000 survivors have been helped, with 690 served in FY20.
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.	690 survivors were served in FY20, with 505 new referrals made to HAVEN. Of 256 Brief Interventions, 31% were for outreach calls, 23% for safety planning, and 13% for housing/ legal services.	Outcome Goal	Year 1 of 3
Provide direct services to survivors of intimate partner abuse.	In FY20, HAVEN advocates had 4,425 contacts with clients. 17% of contacts included emotional support; 10% were for safety planning; 8% were for DV education.	Outcome Goal	Year 1 of 3
Provide direct services to survivors of intimate partner abuse.	In FY20, HAVEN clients reported the following: 71% emotional abuse; 47% physical abuse; 34% isolation; 36% economic abuse; 30% surveillance; 15% property damage; 18% sexual abuse; and 15% stalking.	Outcome Goal	Year 1 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 70 times in FY20.	Outcome Goal	Year 1 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Social Environment, 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 Adults, • **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/

MGH Youth Programs

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 Programsâ€™ 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. The total of youth served in FY 20 was 415. COVID-19 greatly impacted the number of students that we were able to serve in FY20. Some of our community and school partners had to reduce the size of their programs or in some cases were unable to continue their programs after March 2020. 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 FY20, a total 415 of youth (grades 3-college) were served in the MGH Youth Programs across all core and non-core programs.	Outcome Goal	Year 3 of 3

Employ Boston-area youth at MGH to enhance career experience and exploration	In FY20, MGH employed 112 youth. Due to COVID-19, students participated in a virtual remote learning program that included virtual career exploration sessions and professional development workshops.	Outcome Goal	Year 1 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 FY20, 45 MGH professionals mentored 31 Timilty students-10 students moved forward to City-Wide competition. We did not have any students move onto the state-wide competition.	Outcome Goal	Year 1 of 3
Ensure and support high school graduation, college matriculation, and continual college persistence for MGH Youth Scholars.	In FY20, 100% of MGH Youth Scholars graduated from high school, 90% matriculated to college, and 71% persisted in college. A total of 101 Youth Scholars Alumni are currently enrolled in college.	Outcome Goal	Year 1 of 3
Ensure and support successful college graduation for participants of the MGH Youth Scholars Program.	In FY20, 19 Youth Scholars Alumni graduated from college-7 college grads are employed full-time & 6 are pursuing and/or enrolled in grad programs. 66 Youth Scholars Alumni have graduated from college.	Outcome Goal	Year 1 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Education, Employment, Social Environment,
Health Issues	Social Determinants of Health-Education/Learning,
Target Populations	• **Regions Served:** Boston, Chelsea, Revere, • **Environments Served:** Urban, • **Gender:** All, • **Age Group:** Adult-Young, Child-Teen, • **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/

Boston Health Care for the Homeless Program (BHCHP) at MGH

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 CY2020, BHCHP managed 1,174 primary care, mental health, and case management encounters for homeless individuals at MGH. Encounters include visits with primary care providers, behavioral health providers, nurses, and case managers. BHCHP created discharge plans for patients that included a connection to care at a BHCHP clinic, monitoring their care, or enhancing the connection between acute and community care. In addition, there were 1,985 substance use related encounters by our Peer Recovery Coach.
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 CY2020, BHCHP managed 1,174 primary care, mental health, and case management encounters for homeless individuals at MGH. Encounters include visits with primary care providers, behavioral health providers, nurses, and case managers. BHCHP created discharge plans for patients that included a connection to care at a BHCHP clinic, monitoring their care, or enhancing the connection between acute and community care. In addition, there were 1,985 substance use related encounters by our Peer Recovery Coach.	Process Goal	Year 1 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 CY2020, medical and behavioral health clinicians and case managers made 173 home visits to 75 housed patients.	Process Goal	Year 1 of 3
In CY2020, medical and behavioral health clinicians and case managers made 173 home visits to 75 housed patients.	In CY2020, 24% (18/75) 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 1 of 3
Foster further collaboration	In CY2020, BHCHP/MGH nursing liaison made 22 MGH ED visits & 309 MGH inpatient visits to homeless & formerly homeless patients, screening them for admission to Barbara McInnis House.	Process Goal	Year 1 of 3
Foster further collaboration between MGH, MGB, and BHCHP.	In CY2020, 210 patients rec. care-total of 544 med. encounters, 145 mental health encounters, 71 Case Mgmt. encounters & 414 Telemed encounters as part of grant through MGH & Dept. of Mental Health.	Process Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness,
DoN Health Priorities	Housing, Social Environment, Violence,
Health Issues	Cancer-Breast, Cancer-Cervical, Cancer-Colorectal, Cancer-Lung, Cancer-Multiple Myeloma, Cancer-Other, Cancer-Ovarian, Cancer-Prostate, Cancer-Skin, Chronic Disease-Alzheimer's Disease, Chronic Disease-Arthritis, Chronic Disease-Asthma/Allergies, Chronic Disease-Cardiac Disease, Chronic Disease-Chronic Pain, Chronic Disease-Colitis/Crohn's Disease, Chronic Disease-Diabetes, Chronic Disease-Hypertension, Chronic Disease-Osteoporosis, Chronic

	Disease-Overweight and Obesity, Chronic Disease-Pulmonary Disease, Chronic Disease-Sickle Cell Disease, Chronic Disease-Stroke, 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, Other-Dental Health, Other-Vision, 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-Homelessness, Social Determinants of Health-Language/Literacy, Social Determinants of Health-Violence and Trauma, Substance Addiction-Smoking/Tobacco Use, 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

Food for Families

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,
Program Contact Information	Yahaira Guzman, Program Coordinator

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Identify patients with food insecurity.	Out of 1,590 referrals to the Community Health Improvement team, 270 involved patients with food insecurity/food needs.	Process Goal	Year 1 of 3
Out of 1,590 referrals to the Community Health Improvement team, 270 involved patients with food insecurity/food needs.	In FY20, 298 contacts were completed, of which 196 (66%) were for SNAP application assistance. 8 emergency food vouchers were distributed.	Outcome Goal	Year 1 of 3
Provide food to families through the MGH Chelsea food pantry and connect families in need to the food pantry.	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.	Outcome Goal	Year 1 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 1 million lbs. of food.	Process Goal	Year 1 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Built Environment, Social Environment,
Health Issues	Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Income and Poverty,
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

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Healthy Chelsea

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, Community Health Center Partnership, 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	Partnered with City to co-lead the Pandemic Food Assistance team. Approx. 26,000 boxes (~500,000 lbs.) of food have been generated in partnership with MGH, the City, and Greater Boston Food Bank.	Outcome Goal	Year 1 of 3
Increase youth engagement and empowerment in the schools, coalition and community.	Provided vaping edu. to ~1040 youth in North Suffolk. Engaged 26 youth in the Teen Action Project and Youth Food Movement groups; topics included civil unrest, voting, Census, & stress management.	Outcome Goal	Year 1 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	Launched Integrated Referral and Information System with 14 partners. IRIS shows when a referral is completed, meaning they accessed a service-67% (42) of total referrals were completed.	Outcome Goal	Year 1 of 3

Promote social and emotional wellness by fostering resilient communities and building equitable, accessible, and supportive systems of care	Led Mental Health, Trauma & Substance Pandemic Response Team with 24 members. Created 2 workflows for hospital & community to help parents find caregivers in response to fears of getting COVID.	Outcome Goal	Year 1 of 3
Increasing community collaboration, communication and access to services	Almost 12,000 users visited Ourchelseama website page where events/resources are promoted, including COVID info. Weekly newsletters were sent out to 3,268 contacts about upcoming events/resources.	Outcome Goal	Year 1 of 3

EOHHS Focus Issues	Substance Use Disorders,
DoN Health Priorities	Built Environment, Education, Social Environment,
Health Issues	Access to Health Care, Other: Alcohol and Substance Abuse, Other: Nutrition, Other: Smoking/Tobacco, Overweight and Obesity, Physical Activity, Substance Abuse, Tobacco Use,
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
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
Community Schools	http://www.communityschools.org/
Dept. of Children and Families	https://www.mass.gov/orgs/massachusetts-department-of-children-families
FoodCorps	https://foodcorps.org/
For Kids Only Afterschool Program	http://www.fkoafterschool.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/
OutdoorRx	https://www.outdoors.org/
Phoenix Charter Academy	http://phoenixcharteracademy.org/
Project Bread	http://www.projectbread.org/
Raising a Reader	https://raisingareaderma.org/
Salvation Army Chelsea	http://www.massachusetts.salvationarmy.org/MA/Chelsea
Social Capital Inc.	http://www.socialcapitalinc.org/
State Garden	http://stategarden.com/
Stop and Compare	http://www.stopandcompare.net/
KIND - Kids in Need of Defense	https://supportkind.org/
https://supportkind.org/	https://terracorps.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

MGH Revere Adolescent Health Initiative

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	Not Specified
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.	The Revere High School Substance Diversion Program has had to evolve with changes imposed by the pandemic. To date 87 youth had been referred, with no new referrals since remote school initiated.	Process Goal	Year 1 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 281 students, with 2138 total visits. These visits incl. urgent care, confidential reproductive care & mental health visits.	Outcome Goal	Year 1 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 107 students in 3500 visits. Focused on academic excellence, nutrition, physical activity, & positive peer relationships	Process Goal	Year 1 of 3

EOHHS Focus Issues	Substance Use Disorders,
DoN Health Priorities	Built Environment, Education, Social Environment,
Health Issues	Maternal/Child Health-Family Planning, Social Determinants of Health-Access to Health Care, 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:** Revere, • **Environments Served:** Urban, • **Gender:** All, • **Age Group:** Adult-Young, Child-Preteen, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** LGBT Status,

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/

Police Action Counseling Team (PACT)

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 Police Action Counseling Team (PACT) is a police-mental healthcare partnership which teams an MGH Social Work clinician with Chelsea Police officers to provide clinical interventions to children who have witnessed violence or who are victims of violence. Officers are trained to identify children (and sometimes other vulnerable persons) who have witnessed violence at the scenes of police calls. Additionally, the PACT clinician connects children and families to appropriate court, mental health and/or domestic violence services. The clinician also assists with safety planning and provides psycho-education. The goal of PACT interventions is to lessen

	the impact of traumatic experiences on the health and mental health of children. Timely interventions aim to facilitate childrenâ€™s active participation in their own well-being, promote resilience and to increase parental knowledge of the symptoms and longer-term effects of trauma. In the latter six months of fiscal year 2020, due to COVID-19 face-to-face clinical contacts were conducted by video conferencing.
Program Hashtags	Community Education, Prevention,
Program Contact Information	Georgia Green, LICSW, MGH Chelsea; Lt. Thomas Dunn, Chelsea Police

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide clinical interventions to children who have witnessed violence.	In FY20 police officers referred/collaborated on 59 cases. Of the 59 cases 57% involved suspected child abuse or neglect. 100% of resulting 51Aâ€™s were filed by police on behalf of minor children.	Outcome Goal	Year 1 of 3
Provide clinical intervention and services to children and parents affected by trauma and domestic violence (DV).	Of the 59 cases 38 cases were directly related to domestic violence. 27% obtained Emergency Restraining Orders (EROs). 76% refused EROs.	Outcome Goal	Year 1 of 3
Provide psychoeducation around increased risks for health and mental health consequences and lethality in high-risk domestic violence populations.	Of the 38 cases directly related to domestic violence, two victims were pregnant. Four adult victims sustained strangulation injuries.	Outcome Goal	Year 1 of 3
Connect children and their families to appropriate resources and services as needed.	PACT provided 25 total referrals: 48% to mental health services and 36% to domestic violence services, i.e. HAVEN. PACT aided with safety planning in 12 cases.	Process Goal	Year 1 of 3

EOHHS Focus Issues	Mental Illness and Mental Health,
DoN Health Priorities	Education, Social Environment, Violence,
Health Issues	Health Behaviors/Mental Health-Depression, Health Behaviors/Mental Health-Mental Health, Health Behaviors/Mental Health-Stress Management, Social Determinants of Health-Domestic Violence, Social Determinants of Health-Violence and Trauma,
Target Populations	• **Regions Served:** Chelsea, • **Environments Served:** Urban, • **Gender:** All, • **Age Group:** All, All Children, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Domestic Violence History, Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Chelsea PD	http://www.chelseama.gov
Department of Children and Families (DCF)	http://www.mass.gov/dcf

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Chelsea High School Student Health Center

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 (350) screened for substance use using CRAFFT screening and received brief intervention using motivational interviewing and referral to treatment as needed.	Outcome Goal	Year 1 of 3
Improve health and educational outcomes for pregnant and parenting students.	Worked with CHS expectant & parenting outreach worker; Case management for 25 expectant/parenting students; Serve on ROCAâ€™s Teen Parent Advisory Board & Healthy Families Regional Advisory Committee.	Process Goal	Year 1 of 3
Promote student success through work training.	Worked with CHS expectant & parenting outreach worker; Case mgmt for 25 expectant/parenting students; Serve on ROCAâ€™s Teen Parent Advisory Board & Healthy Families Regional Advisory Committee.	Outcome Goal	Year 1 of 3
Improve services for new arrivals from Central America.	Taught sex health for 200 newly arrived ELL students. Participated on MGH Immigrant Health Coalition, Migration is Beautiful campaign, MGHfC DEI committee. Attended trainings on immigration issues.	Outcome Goal	Year 1 of 3
Promote Adolescent Sexual Health	Universal screen IPV. Member MGH Trans Action Group. Taught sex ed. in SPED & ELL classes. Presented on adolescent sex health to MGH pediatric residents. Adapted services to telemedicine due to COVID spring 2020.	Outcome Goal	Year 1 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Social Environment, Violence,
Health Issues	Chronic Disease-Alzheimer's Disease, Chronic Disease-Arthritis, Chronic Disease-Asthma/Allergies, Chronic Disease-Cardiac Disease, Chronic Disease-Chronic Pain, Chronic Disease-Colitis/Crohn's Disease, Chronic Disease-Diabetes, Chronic Disease-Hypertension, Chronic Disease-Osteoporosis, Chronic Disease-Overweight and Obesity, Chronic Disease-Pulmonary Disease, Chronic Disease-Sickle Cell Disease, Chronic Disease-Stroke, 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, Maternal/Child Health-Child Care, Maternal/Child Health-Family Planning, Maternal/Child Health-Menopause, 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:** Child-Teen, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

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

Legal Initiative for Children (LINC)

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 FY20, 347 families received civil legal services. Families had 774 appointments with 104 successful outcomes including eviction prevention and obtaining benefits.	Outcome Goal	Year 1 of 3
Address the complex needs of patients challenged by race, immigration status, poverty, and disabilities.	In FY20, 347 families received civil legal services. Families had 774 appointments with 104 successful outcomes including eviction prevention and obtaining benefits.	Outcome Goal	Year 1 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 1 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Housing, Social Environment,
Health Issues	Social Determinants of Health-Affordable Housing, 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:** Other, Spanish, • **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/

Medical Interpreter and Community Health Worker Services

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 FY20, approximately 5,402 patients were served. There are 19 staff members who offer 25 different languages.	Outcome Goal	Year 1 of 3
Meet the needs of existing and new patients at MGH Chelsea by bridging the language gap.	The Medical Interpreting/CHW Team reported 14,417 Medical Interpreting encounters and 2,561 Community Health Work encounters. 61% were for Spanish, 10% Portuguese, 11% Bosnian, 18% other.	Outcome Goal	Year 1 of 3
Address patients' social determinants of health by referring them to programs and needed services.	MI/CHWs connected LEP patients to the Complex Patient Population program, the Food for Families Program, LINC (Medical-Legal Partnership), Healthy Beginnings, HAVEN, as well as other community partners.	Outcome Goal	Year 1 of 3
Coordinate with local agencies to provide on-site, telephonic, and virtual interpreters for languages of lesser diffusion.	Local agencies assisted with 11,527 telephonic and virtual encounters.	Outcome Goal	Year 1 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	http://www.clcm.org/

Massachusetts	
Massachusetts Coalition for the Homeless	http://www.mahomeless.org/
Parent Information Center Chelsea	https://www.chelseaschools.com/cps/parents.htm

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MGH CHA: Access to Resources for Community Health (ARCH)

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 FY20, ARCH health education services were promoted at 2 community health events. The ARCH website www.arch-mgh.org had 3,109 visits.	Outcome Goal	Year 1 of 3
Increase resources available on the ARCH website.	55 new resources were added to the ARCH website in FY20 with the majority of them carefully selected resources on COVID-19.	Outcome Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness, Substance Use Disorders,
DoN Health Priorities	Education,
Health Issues	All, 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-Driving Under the Influence, Substance Addiction-Smoking/Tobacco Use, Substance Addiction-Substance Use,
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

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MGH CHA: Family Planning Program

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, Prevention,
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 FY20, the Family Planning Program served 345 patients with 911 visits (02/01/20 â€" 12/31/20) across the 3 MGH program delivery sites, most were conducted virtually.	Outcome Goal	Year 1 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Education,
Health Issues	Maternal/Child Health-Family Planning, Maternal/Child Health-Reproductive and Maternal Health,
Target Populations	• **Regions Served:** Chelsea, Revere, • **Environments Served:** Urban, • **Gender:** All, • **Age Group:** Child-Preteen, Child-Teen, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Disability Status, Domestic Violence History, Incarceration History, 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://www.massgeneral.org/chelsea/
Revere High School	http://www.reverek12.org/

MGH CHA: Healthy Steps and Home Visiting for Young Children

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 childcare and developmental surveillance, to improve access for all patients and their families, and to provide additional developmental and behavioral information.	In FY20, Healthy Steps (HS) had 602 families with young children enrolled. HS specialists conducted joint office visits with pediatricians, both in-person and virtually.	Outcome Goal	Year 1 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.	Parent Educators provided home visits to 32 families & 45 children between 0-5 years; 50% of families had 3+ risk factors. 379 home visits were conducted virtually & in-person; 62 visits incl. fathers.	Process Goal	Year 1 of 3
Provide home-visiting services to families whose primary language is Spanish.	During FY20, the PAT program hired a Spanish-speaking parent educator, who has enrolled four families whose primary language is Spanish.	Outcome Goal	Year 1 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Education, Social Environment, Violence,
Health Issues	Health Behaviors/Mental Health-Immunization, Health Behaviors/Mental Health-Mental Health, Maternal/Child Health-Child Care, 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, 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,

Partners:

Partner Name and Description	Partner Website
CAPIC Head Start	http://www.capicinc.org/
Cradles to Crayons	http://cradlestocrayons.org/
HAVEN	http://www.mghpcs.org/socialservice/programs/haven/
Food for Families	http://www.massgeneral.org/cchi/services/treatmentprograms.aspx?id=1502
Harbor Area EIP	http://www.talkreadplay.org
Raising a Reader	http://raisingareaderma.org
Northeast Arc EI- North Shore	http://www.ne-arc.org/services/early-intervention-2/

MGH CHA: Hepatitis C Program

Program Type	Community-Clinical Linkages

Program is part of a grant or funding provided to an outside organization	No
Program Description	The program works to improve clinical care and increase the understanding of the HCV through provider and patient education, and community outreach activities.
Program Hashtags	Community Education, Health Screening, Prevention,
Program Contact Information	Ann-Marie K. Duffy-Keane, MPH

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide outreach to patients with Hepatitis C residing in Charlestown, Chelsea, and Revere.	77 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 1 of 3
Provision of improved clinical care and access to care to Hepatitis C patients.	99 patients were referred to the MGH Health Center Hep C Clinics: 79 patients were evaluated; 52 patients were successfully treated with HCV medications.	Outcome Goal	Year 1 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Education, Social Environment,
Health Issues	Infectious Disease-Hepatitis, Social Determinants of Health-Access to Health Care,
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

MGH Living Tobacco-FREE

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	Community Education,
Program Contact Information	Jonina Gorenstein, Program 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 657 referrals: consult/coaching 472; pregnancy 4; medication follow-up call 148; post hospital 22; info-only 11. Sent ed and resource info to 657 referrals. Provided coaching & education to 211.	Process Goal	Year 1 of 3

Reduce smoking among MGH patients and community residents by offering free cessation coaching, consultation and information via MGH Living Tobacco-Free.	Co-chaired state-wide & local working groups on e-cigs. Presented on vaping to 7 groups (approximately 85 people). Created bilingual flyer re youth vaping nicotine & THC for 719 Charlestown & Revere parents.	Process Goal	Year 1 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 1 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 Genâ€™l info to 4 coalitions, 48+ representatives of organizations.	Process Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
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, • **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

VIAP (Violence Intervention Advocacy Program)	
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 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 FY20, 138 victims of community violence were served. Of these cases, 40% involved assault, 28% involved a stab wound, and 33% involved gunshot(s).	Outcome Goal	Year 1 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 FY20, 343 contacts were provided. These include emotional support, referrals to Victimâ€™s Compensation, safety planning, referrals to housing, education, and employment services.	Outcome Goal	Year 1 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 1 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 1 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Education, Social Environment,
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/

Immigrant and Refugee School Program

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 childrenâ€™s experience and integration in the community. Since 2015 the program has focused on newly arriving immigrant children from Central America. The Immigrant and Refugee School coordinator position was vacant from July 2019 until January 2020. However, shortly after starting their new role, the School coordinator was redeployed due to the COVID-19 pandemic which impacted the number of students and families she was able to serve this fiscal year.
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 FY20, 19 students and family members in Chelsea Public Schools were served; Countries of origin include: El Salvador, Guatemala, and Honduras.	Process Goal	Year 1 of 3
Support refugee and newly arrived immigrant students transitioning into school.	In FY20, 19 students and family members in Chelsea Public Schools were served; Countries of origin include: El Salvador, Guatemala, and Honduras.	Outcome Goal	Year 1 of 3
Address top concerns of refugee and newly arrived immigrant students transitioning into school.	In FY20, the top concerns addressed were registration, physical health, risky behaviors, and academic performance.	Process Goal	Year 1 of 3
Hire new Immigrant and Refugee School coordinator.	The program hired a new Immigrant and Refugee School coordinator in January 2020.	Process Goal	Year 1 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Education, 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 Children, • **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 School System	Not Specified
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

MGH CHA: Stay in Shape

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 addresses the issue of healthy living among adolescent girls and boys in selected public schools in MGH Health Center served communities of Charlestown, Chelsea and Revere. FY20 Program Survey Results: - Practice deep-breathing as a way to control daily stress- Increased to 82% from 51% (before program) - Practice checking the Nutrition Labels-Remained the same at 67% - Decrease entertainment screen time- Decreased to 46% from 69% - Increase physical activity (1+ hrs / day)- Decreased to 63% from 79%
Program Hashtags	Community Education, Community Health Center Partnership, Prevention,
Program Contact Information	Ming Sun, MPH, MCHES

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Promote & nurture healthy daily-life habits among students by delivering an evidence-informed health education curriculum in nutrition and health including stress management	In FY20, Stay in Shape served 53 students; 35 students received Program Completion Certificates. 18 students participated in some sessions w/o completing the prog. it due to the COVID-19 pandemic.	Process Goal	Year 1 of 3
Promote the program through recording a podcast at the MGH Clay Center for Young Healthy Minds.	Link to the 31-min podcast: http://bit.ly/SID-StayInShape	Process Goal	Year 1 of 3
Organize an information outreach event on prevention (Bullying, Nutrition/Sugar, Sleep, Stress, Vaping) at 2 schools in Charlestown.	A total of 330 students received the information packet filled with carefully selected health education materials on the topics	Process Goal	Year 1 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Built Environment,
Health Issues	Health Behaviors/Mental Health-Physical Activity,
Target Populations	• **Regions Served:** Boston-Charlestown, Chelsea, Revere, • **Environments Served:** Urban, • **Gender:** Female, Male, • **Age Group:** Child-Preteen, Child-Teen, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Clark Avenue Middle School	http://www.chelseaschools.com/cps/schools/middle-schools/clark.htm
Eugene Wright Middle School	http://www.chelseaschools.com/cps/schools/wright.htm
HarvardKent Elementary School	http://www.bostonpublicschools.org/school/harvardkent-elementary-school
MGH Revere Health Center / Youth Zone (Stay in Shape Mentor Program)	http://www.massgeneral.org/cchi/services/treatmentprograms.aspx?id=1490
Revere High School	http://www.reverek12.org/
Rumney Marsh Academy	http://www.revereps.mec.edu/Schools/Rumney/index.html
WarrenPrescott K8 School	http://www.chelseaschools.com/cps/schools/sokolowski-elementary.htm
Clarence R. Edwards Middle School	https://www.bostonpublicschools.org/school/edwards-middle-school

Chelsea High School	Harvard-Kent 5th grade students reported an 81% increase post program.

MGH Comprehensive CHW Program (Health Centers)

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. COVID-19 directly impacted the Comprehensive team. As essential frontline staff, the majority of CHWs were redeployed throughout MGH to assist with adult medicine departments and in April 2020, to assist with the Respiratory Illness Clinic (RIC). This led to new connections with clinical departments which inspired the CHI team to expand the scope of the Comprehensive program. Now, patients from MGH Chelsea, Revere Broadway, Revere Ocean Ave, Everett, and Charlestown can be referred for assistance with community resources, system navigation, adult care management and pediatric care management. This allows for CHWs to receive the appropriate referrals and better serve patients.
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 FY20, the CPP program was referred 688 new patients and worked with 1,805 in total.	Outcome Goal	Year 1 of 3
Help MGH Chelseaâ€™s Respiratory Illness Clinic (RIC) and identify patients with social determinants of health needs	In FY20, CHWs called 942 patients who were seen at the RIC. 278 patients had one or more health-related social needs. The top needs were food insecurity and housing insecurity.	Outcome Goal	Year 1 of 3
Support patients with their health-related goals.	In FY20, 3,285 goals were created with patients. These goals included medication adherence, health motivation, psycho-social needs, and resources. 70% of patient/provider goals were completed.	Outcome Goal	Year 1 of 3
Expand Community Health Worker model to other MGH health centers.	The MGH Chelsea CHWs now offer services to MGH Everett, Revere Broadway, Revere Ocean Ave, and Charlestown.	Process Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	N/A,
Health Issues	Chronic Disease-Alzheimer's Disease, Chronic Disease-Arthritis, Chronic Disease-Asthma/Allergies, Chronic Disease-Cardiac Disease, Chronic Disease-Chronic Pain, Chronic Disease-Colitis/Crohn's Disease, Chronic Disease-Diabetes, Chronic Disease-Hypertension, Chronic Disease-Osteoporosis, Chronic Disease-Overweight and Obesity, Chronic Disease-Pulmonary Disease, Chronic Disease-Sickle Cell Disease, Chronic Disease-Stroke, 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,

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

Charlestown Family Support Circle (CFSC)

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	Our mission is to provide supportive services to Charlestown youth and families that are at risk or in need of support to ensure all Charlestown youth can develop and grow to reach their full potential. 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 7-14 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 Health Center Partnership, Prevention, Support Group,
Program Contact Information	Phenice Zawatsky Family Support Clinician Telephone: 617-726-0058

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
The CFSC will provide clinical case management, care coordination services, and stress management to families and individuals.	41 individuals & families were provided with supportive case management and care coordination services. Program met with 90 students at the Charlestown Adult Learning Center.	Outcome Goal	Year 1 of 3
The CFSC task force meets monthly to improve care coordination among Charlestown providers.	Increased to bimonthly due to COVID with avg. 20 providers in attendance. Three families referred to FSC program and 9 families connected to services as a result of meetings.	Process Goal	Year 1 of 3
Strengthen current partnerships and collaborations with area organizations.	Increased number of providers, including healthcare providers, youth serving orgs., schools, and mental health providers, on the task force distribution list from 61 to 66.	Process Goal	Year 1 of 3
CFSC task force meet to determine residents needs and collectively address the needs of the community.	Created/shared family activity handout, shared virtual family activities, participated in race dialogues, shared resources on racism, took tobacco/vaping training, & discussed self-care techniques.	Outcome Goal	Year 1 of 3
Identify Charlestown and surrounding community resources.	During first COVID surge, FSC Clinician shared weekly community updates, COVID resources, Boston resources, & other financial resources.	Process Goal	Year 1 of 3

EOHHS Focus Issues	Mental Illness and Mental Health,
DoN Health Priorities	Housing, Social Environment,
Health Issues	All,
Target Populations	• **Regions Served:** Boston-Charlestown,

- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Child-Preteen, Child-Primary School, Child-Teen,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Disability Status, Domestic Violence History, Incarceration History, Veteran Status,

Partners:

Partner Name and Description	Partner Website
Boston Housing Tenant Task Force	http://bostonhousing.org/en/BHA-Blog/July-2015/Getting-to-know-Charlestown-s-Big-Mama.aspx
Boys and Girl Club 15 Green Street Charlestown, MA 02129	http://www.bgcb.org/our-location/charlestown-club/
Charlestown Adult Learning Center	http://adultlearning-center.com/CharlestownMassachusettsadultlearningcenter
Children of Alcoholism and Substance Abuse	http://www.rfkchildren.org/our-work/community-based-services/children-of-alcoholism-and-substance-abuse-coasa/
Edwards Middle School	http://www.bostonpublicschools.org/school/edwards-middle-school
Harvard Kennedy Elementary School	http://www.bostonpublicschools.org/school/harvardkent-elementary-school
John F Kennedy Center	http://www.kennedycenter.org/
Mass Society for the Prevention of Cruelty to Children	http://www.mspcc.org
Massachusetts General Hospital Charlestown Clinic	http://www.massgeneral.org/charlestown/
MGH Institute of Health Professions	https://www.mghihp.edu/
Mishawum Park ?Peabody Properties, Inc	http://www.peabodyproperties.com/our-communities/view-all-communities/64-mishawum-park.html
National Alliance for Mental Health	http://www.nami.org/
Saint Mary?s Church	http://stmarystcatherine.org/
Smart from the Start	http://smartfromthestartinc.org/locations/boston/
Teamsters Local 25	http://www.teamsterslocal25.com/
The Federation for Children with Special Needs	http://fcsn.org/
Warren Prescott Elementary School	http://warrenprescott.com/
Winn Companies Cooperative of CharlesNewton	http://winn.prospectportal.com/charlestown/charlesnewtown/
Charlestown High School	https://www.charlestownhs.org/
Charlestown YMCA	https://ymcaboston.org/charlestown
BCYF Charlestown	https://www.boston.gov/community-centers/bcyf-charlestown

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MGH Institute of Health Professionals

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, Mentorship/Career Training/Internship,
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 1 of 3
Volunteering in the Charlestown and Greater Boston communities.	More than 300 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 1 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 1 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 IHPâ€™s direct-entry academic programs work regularly with pupils as part of a formal working agreement between the two schools.	Process Goal	Year 1 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Education,
Health Issues	Other: Education/Learning Issues,
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:** Not Specified

Partners:

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

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Patient Navigation - Cancer

Program Type	Access/Coverage Supports
Program is part of a grant or funding provided to an outside organization	No

Program Description	The Cancer Patient Navigation Program, based at the MGH Chelsea HealthCare Center, strives to improve access to cancer care for vulnerable or high-risk patients. The navigators work with patients who need breast, cervical, colon, lung, or other types of cancer screening and help them through the cancer screening process at MGH. In addition, the navigators work with patients with abnormal findings and cancer diagnoses and help decrease barriers to timely follow-up care. During the COVID-19 pandemic, priority was given to COVID-19 patients. The navigators were redeployed to different clinical departments. They assisted clinical staff with PPE, served as administrative assistants in the Adult Medicine department, and supported MGH Chelseaâ€™s Respiratory Illness Clinic (RIC). As a result, many navigators served more than just their cancer patients. Additionally, for most of the fiscal year 2020, the MGH Cancer Center was closed, impacting the number of referrals to the Cancer Patient Navigation Program.
Program Hashtags	Health Screening, Prevention,
Program Contact Information	Ali Abdullahi

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.	201 patients received navigation assistance for cancer-related appointments. 2 patients were diagnosed with cancer.	Outcome Goal	Year 1 of 3
Early detection of colorectal cancer amongst patients served through screening.	23 patients were referred specifically for colonoscopies. 7 patients cancelled their colonoscopies due to fear of COVID-19.	Outcome Goal	Year 1 of 3
Connect vulnerable patient populations with Breast Cancer program.	The breast health program served 48 patients. 65% of patients were referred for assistance with screening mammogram while 35% were referred for assistance with diagnostic mammograms.	Outcome Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Social Environment,
Health Issues	Cancer-Breast, Cancer-Cervical, Cancer-Colorectal, Cancer-Lung, Cancer-Multiple Myeloma, Cancer-Other, Cancer-Ovarian, Cancer-Prostate, Cancer-Skin,
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

The Charlestown Coalition

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

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.	40 Turn It Around youth engaged in community events, including providing ~75 Care Kits with winter accessories & hygiene products to those experiencing homelessness. Helped 36 youth get summer jobs.	Outcome Goal	Year 1 of 3
Identify needs and provide resources for substance use disorder services to Charlestown residents and drug court clients.	Navigator worked with 229 clients (increased from 152 in FY19) in recovery or struggling with addiction connecting them with needed resources, including getting into treatment.	Process Goal	Year 1 of 3
Improve and increase communication, collaboration, and partnerships among the Coalition, residents, and community/city organizations and agencies.	Coalition actively posted about resources & services on the website, Facebook, Instagram, Twitter, & YouTube. Created a COVID resource page on their website with over 2,900 users from Mar.-Sept.	Process Goal	Year 1 of 3
Trauma Response Team develops capable community responders to call upon when tragedies occur	36 incidents were responded and/or supported by group, including fatal and nonfatal overdoses, community loss, high risk active addiction, community violence, car accident, & report of child abuse.	Outcome Goal	Year 1 of 3
Increase availability of NARCAN to families and bystanders.	Partnered with the Boston Public Health Commission to host 9 community trainings, with 188 people at the three housing developments, the noon meeting, and the Charlestown Recovery House.	Process Goal	Year 1 of 3

EOHHS Focus Issues	Substance Use Disorders,
DoN Health Priorities	Education, Housing, 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 Against Drugs (CHAD)	www.Charlestownagainstdrugs.org
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
Edwards Middle School	http://www.bostonpublicschools.org/school/edwards-middle-school
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/

MGH Substance Use Disorders Initiative-Recovery Coaches

Program Type	Direct Clinical Services
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. Recovery coaches, community health workers for addiction, are assigned to each of our health centers, outpatient addiction clinics, ED and inpatient setting, Boston Health Care for the Homeless, and local correctional facility. They are paired with MGH patients who have been diagnosed with a substance use disorder.
Program Hashtags	Support Group,
Program Contact Information	Elizabeth Powell

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Pair MGH patients with a SUDs diagnoses with a Recovery Coach.	Recovery coaches have served 3,299 patients and completed over 39,000 contacts with those patients.	Process Goal	Year 1 of 3
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 1 of 3
Change culture and stigma that exists in primary care settings.	Among primary care providers, there has been a 57% reduction in the perception that drug use is a crime and an 11% reduction in the perception that SUDs is a choice, not a chronic disease.	Outcome Goal	Year 1 of 3
Work with patients to engage in outpatient care and avoid hospital admissions.	Utilization data 6 months before and 6 months after recovery coach engagement shows 44% increase in outpatient visits, 25% decrease in inpatient admissions, 13% decrease in emergency dept admissions.	Outcome Goal	Year 1 of 3
Offer peer support opportunities.	Recovery coaches lead 7 different groups which include NA/AA, art groups, and general peer support groups.	Process Goal	Year 1 of 3

EOHHS Focus Issues	Substance Use Disorders,
DoN Health Priorities	Social Environment,
Health Issues	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/

MGH Boys and Girls Clubs of Boston Partnership

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	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.	Director of Healthy Lifestyles worked with youth on mental health and healthy relationships. Ongoing education on topics such as stress management, sexual health, and future goal planning.	Outcome Goal	Year 1 of 3

Oversee USDA food access programs across the Clubs	Staff were trained on food safety, USDA, and DOE regulations. Meals were served across all Clubs and started USDA produce box program during COVID 19.	Outcome Goal	Year 1 of 3
Create healthier club cultures with a focus on mental health and physical health of all members and staff.	Conducted trauma training with club and administrative staff. Worked with culinary staff on creatively incorporating produce in menus. Reinforced Health360 policies with reminders and best practices.	Outcome Goal	Year 1 of 3
Conducted trauma training with club and administrative staff. Worked with culinary staff on creatively incorporating produce in menus. Reinforced Health360 policies with reminders and best practices.	Vaping education sessions and discussions created for preteen and teen members. Director of Health Lifestyles attended three morning educational and community sessions on substance use disorder.	Outcome Goal	Year 1 of 3
Support health of student campers at BGCB summer camp.	Community health nurses supported 1,000 summer program members to safely reopen during COVID-19. They assisted with health screenings, reporting, and ensuring staff protocols were safe.	Outcome Goal	Year 1 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Education, Social Environment,
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, Infectious Disease-Sexually Transmitted Diseases, Maternal/Child Health-Family Planning, Maternal/Child Health-Reproductive and Maternal Health, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Education/Learning, Social Determinants of Health-Nutrition,
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
Harvard Pilgrim Healthcare Foundation /Tufts Medical	https://www.harvardpilgrim.org/public/our-foundation
Boston Public Health Commission	https://www.bphc.org/Pages/default.aspx
Planned Parenthood League of Massachusetts	https://www.plannedparenthood.org/planned-parenthood-massachusetts

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The EASTIE Coalition

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, Mentorship/Career Training/Internship, 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.	Shared Cityâ€™s Coronavirus Awareness Booklet to coalition members, along with other information on resources/services. Recruited and trained health center staff & volunteers to work as Contact Tracers.	Process Goal	Year 1 of 3
Participate in the East Boston Neighborhood Trauma Team to develop and implement responses to community violence incidents	Revamped the Peace Walks to "Peace Talks", moving from in-person Peace Circles to Zoom Peace Circles due to an increase in youth violence, including a series of shootings.	Process Goal	Year 1 of 3
Provide substance use prevention education to youth.	Held 2 meetings with the drama class at the Donald McKay to inform their substance use disorders documentary. Ran vaping prevention workshops for 300 middle school youth at the Umana Academy.	Outcome Goal	Year 1 of 3
Increase youth engagement and empowerment in the schools, coalition and community.	14 youth participated in summer program: Supported COVID-related food distribution, setup & social distancing adherence at weekly Farmerâ€™s Market, & called families to set food pick-up appts.	Outcome Goal	Year 1 of 3
Raise awareness about recovery and substance use disorders services available for East Boston residents.	Hosted â€œThe Opioid Projectâ€ at ICA Watershed. Featured art made by those in recovery & loved ones of those who overdosed; personalized audio messages accompanied the art. 135 youth brought to exhibit.	Process Goal	Year 1 of 3

EOHHS Focus Issues	Substance Use Disorders,
DoN Health Priorities	Education, Social Environment, Violence,
Health Issues	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:** Boston-East Boston, • **Environments Served:** Urban, • **Gender:** All, • **Age Group:** All, • **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
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/
Commission/Boston Recovery Services	http://www.bphc.org/whatwedo/Addiction-Services/Pages/AddictionServices.aspx

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Massachusetts General Hospital Certified Application Counselors

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. In FY20, 27 MGH CACs contributed to the estimated 65 patient financial counselors that served patients who needed assistance with their coverage.
Program Hashtags	Prevention,
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 FY20, 27 MGH CACs contributed to the estimated 65 patient financial counselors that served patients who needed assistance with their coverage.	Process Goal	Year 2 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

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Connect to Wellness

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 partnership between Massachusetts General Hospital and Boston Senior Home Care that began in April 2017 and offers on-site health and social services to residents living in three apartment buildings surrounding the hospital campus in Boston's West End and Beacon Hill. Through a part time staff that includes a registered nurse, licensed independent clinical social worker, and community resource specialist, the Connect to Wellness program is a resource available to over 400 elderly 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 intervention.
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 FY20 the Connect to Wellness team has engaged with 194 Boston residents from all three buildingsâ€‚ 56 from Beacon House, 57 from Amy Lowell, 81 from Blackstone.	Outcome Goal	Year 1 of 3
Support older adults' and adults with disabilities to live safely and independently in the community.	There were 1079 total contacts made in FY20 (11% increase from FY19). There were 636 encounters by RN, 93 by LICSW, and 350 by CHW.	Process Goal	Year 1 of 3
Provide older adults and adults with disabilities with on-site educational opportunities.	In FY20, team disseminated 1000 care kits, 500 reusable masks, 30 blanket kits, 3 editions of CtW news. Piloted Cyber-Seniors technology prog. (8 participants) & made wellness calls to 200 enrollees.	Outcome Goal	Year 1 of 3
Improve older adults and adults with disabilities ability for self-health management and independence through education and health promotion.	In FY20, CtW restructured the team to better meet the needs of our residents. A CHW replaced the CRS role and community outreach coordinator position was created.	Process Goal	Year 1 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
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:** All Adults, • **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 Communities	https://www.rogerson.org/site/beacon-house/
Blackstone Apartments ? Preservation of Affordable Housing	http://www.blackstone-apts.com/
Boston Senior Home Care	http://bostonseniorhomecare.info/

Health Starts at Home (HSAH)

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	The objective of Health Starts at Home (HSAH) is to provide a housing stability intervention and to assess its impact on health care utilization and select health outcomes. HSAH is a partnership between MGH, The Neighborhood Developers, and Roca. Patients at MGH Chelsea are screened for housing insecurity. If they are housing insecure, they are referred to CONNECT, a partnership of five agencies that work with clients on housing and financial stability. HSAH with the original goal of enrolling 150 participants. In April 2018, the enrollment period closed and HSAH was able to enroll 120 participants. These 120 participants were then contacted every 6 months until they reached 24-months of follow-up. In April 2020, data collection officially ended. 44 participants out of the original 120 were retained throughout the entire study period. The data presented in this report compares the baseline and 24-month data of the 44 participants.
Program Hashtags	Prevention,
Program Contact Information	Nequiel Reyes

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Improve child health.	More caregivers rated the health of the index child as Excellent, Very Good, or Good at the 24-month follow-up than at baseline (89% at 24-month follow-up vs. 64% at baseline).	Outcome Goal	Year 1 of 3
Improve caregiver health.	More caregivers enrolled in HSAH rated their own health as Excellent, Very Good, or Good at the 24-month follow-up than at baseline (70% at 24-month follow-up vs. 43% at baseline).	Outcome Goal	Year 1 of 3
Improve caregiver mental health.	Caregivers had less anxiety and depression at the 24-month follow-up than at baseline (Anxiety: 32% at 24-month vs. 64% at baseline; Depression: 25% at 24-month vs. 48% at baseline).	Outcome Goal	Year 1 of 3
Improve housing stability.	Reported satisfaction with housing increased from baseline and the 12-month follow up (57% were Very Satisfied or Satisfied at 24 months vs. 18% at Bassline).	Outcome Goal	Year 1 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Housing,
Health Issues	Social Determinants of Health-Affordable Housing, Social Determinants of Health-Homelessness,
Target Populations	• **Regions Served:** Chelsea, • **Environments Served:** All, • **Gender:** All, • **Age Group:** All Adults, All Children, • **Race/Ethnicity:** All, • **Language:** English, Spanish, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Metropolitan Boston Housing Partnership, housing services	http://www.metrohousingboston.org/
Roca, Inc. Young Mothers Program, nonprofit organization addressing violence and poverty in Chelsea, MA.	http://rocainc.org/work/young-mothers-program/
The Neighborhood Developers, housing and economic mobility nonprofit organization.	http://theneighborhooddevelopers.org

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Refugee Health Assessments

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, Prevention,
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 FY20, 26 new refugees and asylees had refugee health assessments at MGH Chelsea. Countries of origin: 100% El Salvador.	Outcome Goal	Year 1 of 3
90% of patients will complete their two Refugee Health Assessment visits within 90 days of arrival in US.	In FY20, 83% of the 26 refugee and asylee patients completed their two Refugee Health Assessment visits within 90 days of arrival. The average number of days from US entry to initial visit is 47.3.	Outcome Goal	Year 1 of 3
Integrate patients into MGH Chelsea Complex Patient Population (CPP) Program to connect to services.	See CPP AG Report.	Outcome Goal	Year 1 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Education, Social Environment, Violence,
Health Issues	Cancer-Breast, Cancer-Cervical, Cancer-Colorectal, Cancer-Lung, Cancer-Multiple Myeloma, Cancer-Other, Cancer-Ovarian, Cancer-Prostate, Cancer-Skin, Chronic Disease-Alzheimer's Disease, Chronic Disease-Arthritis, Chronic Disease-Asthma/Allergies, Chronic Disease-Cardiac Disease, Chronic Disease-Chronic Pain, Chronic Disease-Colitis/Crohn's Disease, Chronic Disease-Diabetes, Chronic Disease-Hypertension, Chronic Disease-Osteoporosis, Chronic Disease-Overweight and Obesity, Chronic Disease-Pulmonary Disease, Chronic Disease-Sickle Cell Disease, Chronic Disease-Stroke, 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,
Target Populations	• **Regions Served:** Chelsea, • **Environments Served:** Suburban, 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
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/
Refugee and Immigrant Assistance Center	http://www.riacboston.org/

Healthy Families

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	Sarah Oo

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Create supportive relationships with families.	Home visitors conducted 1,901 home visits averaging 58 minutes each.	Outcome Goal	Year 1 of 3
Promotion of positive parent-child interaction.	Positive interactions between parent and baby were observed with 82% of the families.	Outcome Goal	Year 1 of 3
Promotion of healthy childhood growth and development.	34 children were screened using the Ages and Stages Questionnaire. 19 were referred to Early Intervention for services. 100% of children connected to a medical home.	Outcome Goal	Year 1 of 3
Enhancement of family functioning.	76% of families report having insurance continuity; 91% screened for DV.	Process Goal	Year 1 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Education, Social Environment,

Health Issues	Health Behaviors/Mental Health-Stress Management, Maternal/Child Health-Child Care, Maternal/Child Health-Parenting Skills,
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/

The Kraft Center for Community Health at Massachusetts General Hospital

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	Prevention, Research,
Program Contact Information	Dr. Elsie Taveras, 617-726-8555

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide targeted mobile addiction programming to improve access to harm reduction services and clinical care including MAT for people with SUD at high risk for overdose.	Since its launch on 1/16/18, the mobile team made 12,499 contacts with drug users, had 1,843 patient encounters, wrote 1,119 prescriptions for MAT, and distributed 3,962 naloxone kits.	Outcome Goal	Year 3 of 3
Since its launch on 1/16/18, the mobile team made 12,499 contacts	In 2020, 3 additional Community Care in ReachÂ® sites were		

with drug users, had 1,843 patient encounters, wrote 1,119 prescriptions for MAT, and distributed 3,962 naloxone kits.	added in Brockton, Springfield, and Worcester. The Center is also leading technical assistance & evaluation efforts for 4 state-funded sites.	Process Goal	Year 3 of 3
Bring innovative programming to community-based settings to reduce inequities in cancer care and outcomes in Greater Boston.	Launched the Implementation Science Center for Cancer Control Equity and held two virtual trainings with participation of 25 health centers and implementation of equity projects in 2 health centers.	Process Goal	Year 3 of 3
Rapidly mobilize COVID response initiatives that prioritize equity and expansion of access to essential resources and services.	Assembled care kits for vulnerable patents in isolation, mobilized childhood vaccine sessions for 50 patients, and launched mobile COVID testing in Charlestown, Chelsea, Everett, Lynn, & Revere.	Process Goal	Year 3 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 3 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Substance Use Disorders,
DoN Health Priorities	Education, Social Environment,
Health Issues	Cancer-Breast, Cancer-Cervical, Cancer-Colorectal, Cancer-Lung, Cancer-Multiple Myeloma, Cancer-Other, Cancer-Ovarian, Cancer-Prostate, Cancer-Skin, Chronic Disease-Overweight and Obesity, Substance Addiction-Substance Use,
Target Populations	• **Regions Served:** All Massachusetts, • **Environments Served:** All, • **Gender:** All, • **Age Group:** All Adults, Child-Infant, • **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
Trefler Foundation, sponsor and thought partner for cancer care equity work, supports experimentation and innovation in health care, healthy lifestyle, and education and workforce development.	https://treflerfoundation.org/
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 the power of GE.	https://www.ge.com/sustainability/philanthropy
RIZE Massachusetts Foundation, collaborator and thought partner for expanding and enhancing mobile addiction services across the Commonwealth.	https://rizema.org/

Grayken Center for Addiction at Boston Medical Center, sponsor and thought partner for a pilot project expanding mobile addiction services for youth and young adults.	https://www.bmc.org/addiction
Bridge Over Troubled Waters, collaborator in pilot program to expand mobile addiction services for youth and young adults.	https://bridgeotw.org/
Harvard T.H. Chan School of Public Health, collaborator in the Implementation Science Center for Cancer Control Equity (ISCCCE) to bring innovative cancer care equity programs to community health centers.	https://www.hsph.harvard.edu/
Massachusetts League of Community Health Centers, collaborator in the Implementation Science Center for Cancer Control Equity (ISCCCE) to bring innovative cancer care equity programs to community health centers. Also coordinated mobile vaccine efforts with local CHCs in summer 2020.	https://www.massleague.org/
Codman Square Health Center, collaborator in mobilizing childhood immunizations for their patients primarily in Dorchester.	https://www.codman.org/
Mattapan Community Health Center, collaborator in mobilizing childhood immunizations for their patients primarily in Mattapan.	https://www.mattapanchc.org/
Brockton Neighborhood Health Center, collaborator in Community Care in ReachÂ® mobile addiction services initiative in Greater Brockton.	http://www.bnhc.org/main.html
Tapestry, collaborator in Community Care in ReachÂ® mobile addiction services initiative in Western MA.	https://www.tapestryhealth.org/
Brandeis University Heller School for Social Policy and Management, collaborator in evaluation of state-funded mobile addiction service sites.	https://heller.brandeis.edu/

COVID Hot Spot Campaign	
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 response to the increase in COVID-19 cases in August of 2020, Mass General Brigham created a campaign called â€œKeep Cases Downâ€ to educate hot-spot communities about the increasing cases and remind people to wash their hands, socially distance, avoid large gatherings, and wear a mask. The campaign ran from August 18, 2020 â€" September 13, 2020 and was translated into the 9 languages most commonly spoken in the hot spot communities.
Program Hashtags	Community Education,
Program Contact Information	Tavinder Phull MPH, MBA, Mass General Brigham Community Health

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Increase awareness about COVID-19 cases and protective measures.	Implemented a digital media campaign including paid social image posts and educational videos of community leaders.	Process Goal	Year 1 of 1
Increase awareness about COVID-19 cases and protective measures.	Digital campaign collectively delivered 19MM impressions.	Process Goal	Year 1 of 1
Increase awareness about COVID-19 cases and protective measures.	Patient Gateway emails sent in 9 languages.	Process Goal	Year 1 of 1
Increase awareness about COVID-19 cases and protective measures.	Text alerts by community leaders sent to 130,000 patients.	Process Goal	Year 1 of 1
Increase awareness about COVID-19 cases and protective measures.	Community Toolkit developed for members of the community to share with constituents.	Process Goal	Year 1 of 1

EOHHS Focus Issues	N/A,
DoN Health Priorities	N/A,
Health Issues	Infectious Diseaseâ€”COVID-19,
Target Populations	• **Regions Served:** Boston-Dorchester, Boston-East Boston, Boston-Hyde Park, Boston-Mission Hill, Boston-Roxbury, Chelsea, Everett, Lawrence, Lynn, • **Environments Served:** All, • **Gender:** All, • **Age Group:** Adults, • **Race/Ethnicity:** All, Somerville • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Community Health Center Affiliations

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 4 of 4
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 4 of 4
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 4 of 4
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 4 of 4
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 4 of 4
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 4 of 4
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 4 of 4
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 4 of 4
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 4 of 4
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 4 of 4

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 Community Health, Inc. (NSCHI) includes Salem Family HC & Peabody Family HC	http://www.nschi.org
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/

The Mass League's CHC Provider Loan Repayment Program

Program Type	Access/Coverage Supports
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	Mass General Brigham collaborates with the Massachusetts League of Community Health Centers (Mass. League) and other organizations to ensure patients have access to primary care close to home. Toward that end, since 2007, Mass General Brigham has provided annual funding to support the administration of state-wide educational loan repayment programs for primary care providers and other clinicians and grant programs to retain existing clinicians. The Mass. League has worked with a variety of funders to support these initiatives over the past 13 years, including Bank of America, Mass. Dept. of Public Health, Mass. Dept. of Mental Health, and MassHealth. Several hundred clinicians, including primary care physicians, nurse practitioners, dentists, and social workers have benefited from these programs.
Program Hashtags	Community Health Center Partnership, Health Professional/Staff Training, Physician/Provider Diversity,
Program Contact Information	Tavinder Phull MPH, MBA, Mass General Brigham Community Health

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Expand the state's supply of primary care providers at community health centers.	The Mass. Leagueâ€™s CHC Provider Loan Repayment Program: Since 2007, more than 300 providers have committed to work in a community health center for up to three years in exchange for loan repayment.	Outcome Goal	Year 4 of 4
Encourage retention of primary care providers at community health centers.	Since 2009, more than 80 special project grants have been awarded to providers at Massachusetts community health centers.	Process Goal	Year 4 of 4

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Mental Illness and Mental Health,
DoN Health Priorities	N/A,
Health Issues	Chronic Disease-Diabetes, Health Behaviors/Mental Health-Mental Health, 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, Somerville • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Mass Leagues of CHCs	https://www.massleague.org/

RIZE Massachusetts

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	RIZE Massachusetts Foundation (RIZE) was founded in response to the opioid overdose crisis. RIZE is dedicated to expanding access to treatment and other services for opioid use disorder (OUD), measuring the effectiveness of our work, and replicating programs achieving the greatest impact. To date, RIZE has distributed over $7.0 million in grants to more than fifty Massachusetts organizations. RIZE's focus areas are: Care - comprehensive, compassionate, and sustainable approaches to prevention, harm reduction, treatment, and recovery; knowledge - data, commissioned

	research, and evaluation to expand the evidence base and inform policy; and; human impact - efforts to reduce the economic impact on workers, businesses, and communities. We conduct our work mainly in three ways: grantmaking; policy and research; and convenings.
Program Hashtags	Community Health Center Partnership, Health Professional/Staff Training, Prevention, Research, Support Group,
Program Contact Information	RIZE Massachusetts Foundation, Inc.

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Partner with relevant organizations to inform state and local actors and other stakeholders to align thinking and approaches to SUD policy and services.	Partner with relevant organizations to inform state and local actors and other stakeholders to align thinking and approaches to SUD policy and services. In 2019, RIZE launched Together in Recovery: Supporting Informed Decisions (TiR) to address the philosophical divides that arise in OUD treatment. The main goals are to foster an accessible, integrated treatment and recovery community in Massachusetts that champions evidence-based approaches, supports multiple pathways of recovery, and puts people in charge of their treatment choices. Through a Change Team of diverse influencers, RIZE convened eight regional and one statewide meeting to examine the many challenges associated with OUD treatment. We heard about the barriers that exist for both people seeking treatment and those in long-term recovery from advocates, providers, parents, and school administrators, among others. We then took the data gathered across the state to finalize a Priorities for Action document that embraces a unified vision representing varied perspectives of treatment. One of these priorities is to create and disseminate a Your Rights in Recovery toolkit. The toolkit is a turnkey, digital educational tool and resource individuals and families can access on RIZEâ€™s website. It addresses issues such as rights related to recovery pathways, family resources, housing, education, employment, and the criminal justice system. The content is available in both English and Spanish and was launched at a live webinar with Attorney General Maura Healey on April 8, 2021.	Outcome Goal	Year 2 of 4
Provide effective and compassionate services and supports to people with OUD; address barriers to care for people with OUD; and support the staff who are providing services to people with OUD by equipping them to do their work effectively, compassionately, and sustainably.	To date, RIZE has distributed over $7 million in grants to more than 60 Massachusetts organizations. To further advance our racial equity agenda, RIZE implemented our Innovations in Anti-Racism to Address the Overdose Crisis program. This program provides grants to four Massachusetts organizations creating meaningful results in fighting racism and improving access to evidence-based addiction treatment by reducing the stigma and structural barriers faced by Black, Indigenous, People of Color (BIPOC). We also partnered with the Cambridge Health Alliance Health Equity Research Lab (HER Lab) to perform the evaluation for this program.	Outcome Goal	Year 4 of 4
COVID-19 Rapid Response Grants	In response to these challenges, we partnered with the Boston Resiliency Fund, a COVID-19 related philanthropic rapid response effort, and were awarded a grant of $250,000 that we matched in-full. RIZE is working closely with the city of Boston Mayorâ€™s Office of Recovery Services to help front-line health care workers that serve people with OUD. Support was given to residential programs and organizations assisting with outdoor comfort stations that provide harm reduction services, screening for COVID-19, and connections to care and treatment for individuals experiencing homelessness. These community contributions are in addition to rapid response grants RIZE awarded to our frontline community partners in March. These two funding initiatives total $705,000.	Outcome Goal	Year 1 of 1

EOHHS Focus Issues	Substance Use Disorders,

DoN Health Priorities	Education,
Health Issues	Substance Addiction-Opioid Use, Substance Addiction-Substance Use,
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
AIDS Support Group Cape Cod	Not Specified
Boston Healthcare for the Homeless Program	Not Specified
Boston Healthcare for the Homeless Program	Not Specified
Brandeis University	Not Specified
Brockton Neighborhood Health Center	Not Specified
Cambridge Health Alliance	Not Specified
Center for Human Development	Not Specified
Charlestown HealthCare Center â€“ MGH	Not Specified
City of Chelsea	Not Specified
City of Everett	Not Specified
City of Medford	Not Specified
Community Healthlink	Not Specified
Fenway Health	Not Specified
FrameWorks Institute	Not Specified
Geiger Gibson Community Health Center	Not Specified
Greater Lawrence Family Health Center	Not Specified
Greater Roslindale Medical and Dental Center	Not Specified
Harbor Health Services	Not Specified
Health Resources in Action	Not Specified
HRH413	Not Specified
Institute for Community Health	Not Specified
Kraft Center at MGH	Not Specified
Life Connection Center	Not Specified
Lynn Community Health Center	Not Specified
Malden Overcoming Addiction	Not Specified
Massachusetts Health Policy Forum at Brandeis University	Not Specified
Massachusetts Taxpayers Foundation	Not Specified
Mattapan Community Health Center	Not Specified

Municipal Naloxone Bulk Purchasing Program (Commonwealth of MA)	Not Specified
New Health Charlestown	Not Specified
Police Assisted Addiction Recovery Initiative (PAARI)	Not Specified
Recovery Research Institute	Not Specified
Rhode Island Hospital	Not Specified
Shatterproof	Not Specified
The Philanthropic Initiative	Not Specified
Tufts University School of Dental Medicine	Not Specified
Tufts University School of Dental Medicine	Not Specified
University of Massachusetts Medical Schoolâ€™s Center for Health Law and Economics	Not Specified
Access, Harm Reduction, Overdose Prevention and Education (AHOPE)	Not Specified
Boston Medical Center	Not Specified
Casa Esperanza, Inc.	Not Specified
City of Malden Health Department	Not Specified
Community Action Programs Inter-City, Inc.	Not Specified
Fishing Partnership Support Services	Not Specified
Gavin Foundation	Not Specified
Granada House	Not Specified
Hope House, Inc.	Not Specified
Interim House	Not Specified
Learn to Cope	Not Specified
Massachusetts Organization for Addiction Recovery	Not Specified
Metropolitan Area Planning Council	Not Specified
Middlesex Human Service Agency	Not Specified
New England Culinary Arts Training	Not Specified
New England Usersâ€™ Union	Not Specified
North Suffolk-Meridian House	Not Specified
Ostiguy High School	Not Specified
People's Harm Reduction Alliance	Not Specified
Phoenix House	Not Specified
Prisoners' Legal Services	Not Specified
Rehabilitation and Health, Inc.	Not Specified
St. Francis House	Not Specified
The Dimock Center	Not Specified
The Phoenix	Not Specified
The Resource and Reclamation Center	Not Specified

Victory Programs, Inc.	Not Specified
Volunteers of America	Not Specified

Health Explorers at Camp Harbor View

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 Brighamâ€™s commitment to building tomorrowâ€™s health care workforce, Mass General Brigham has developed a partnership with Camp Harbor View to engage campersâ€™ 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 CHVâ€™s facility to organize and distribute donations of board games, books, toys, household items and food for campersâ€™ families.
Program Hashtags	Mentorship/Career Training/Internship,
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 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.	Outcome Goal	Year 1 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:** Urban, • **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/

MGB Summer Jobs Program

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 Womenâ€™s Hospital and Massachusetts General Hospital, founding members of Mass General Brigham, are leaders at providing summer job opportunities for Bostonâ€™s youth through Mayor Walshâ€™s Summer Jobs Program. In 2020, about 347 BPS students had jobs at BWH, MGH, and Faulkner through this program. The total count for all summer jobs across Mass General Brigham hospitals in 2020 was as follows: Brigham and Womenâ€™s Hospital: 222 Brigham and Womenâ€™s Faulkner Hospital: 13 Massachusetts General Hospital: 112 Newton Wellesley Hospital: 20 North Shore Medical Center: 16
Program Hashtags	Mentorship/Career Training/Internship,
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.	In FY20, 347 students were hired for virtual summer positions at Brigham and Womenâ€™s Hospital, Brigham and Womenâ€™s Faulkner Hospital, Massachusetts General Hospital, Newton Wellesley Hospital, and North Shore Medical Center.	Outcome Goal	Year 4 of 4
Provide students with meaningful summer job experiences and mentoring.	BWFH and BWH virtual programming included: Science and Public Health Projects, remote work directly in hospital departments and other community partners, Financial Literacy education, and networking and educational seminars.	Process Goal	Year 4 of 4
Provide students with meaningful summer job experiences and mentoring.	MGH virtual programming included Professional Development Workshops, Financial Literacy workshops, and Career Exploration via a speaker series.	Process Goal	Year 4 of 4
Provide students with meaningful summer job experiences and mentoring.	Salem Hospital Virtual Summer Jobs Program, in partnership with North Shore Community College and MassHire, focused on healthcare career exploration, skills building for future employment, and virtual tours of hospital units and departments.	Process Goal	Year 4 of 4
Provide students with meaningful summer job experiences and mentoring.	NWH Virtual Summer Jobs program, in partnership with Waltham Partnership for Youth and Mass Bay Community College, focused on career exploration, virtual classes to enable interns to obtain college credits, and skills building workshops.	Process 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, Lynn, Revere, Waltham, • **Environments Served:** Suburban, Urban, • **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/

Patient Care Associate (CNA) Training Program/ DTA Works-Health Care Administrative Support Training Program, Environmental Service Worker Training Program

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 Childrenâ€™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
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 managersâ€™ needs for highly skilled employees.	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 are scheduled to finish their training and be placed as PCAs in October-December 2020. A new cohort of 9 will be starting on November 9. DTA Works â€" Health Care Administrative Support Program start 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 are scheduled to end in February of 2021 and will be assisted with job search for permanent roles within MGB, if interns are interested. Health Care Environmental Service Worker Training Program enrolled and trained 12 individuals in June 2020. Out of 12 who graduated, 1 graduate was placed in full-time EVS position with the salary of $16 per hour. Another cohort of 9 started their training in September and it will be assisted with their job search upon graduation in October. 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	Outcome Goal	Year 1 of 3

	period.		
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. During the period from FY10 through FY20, 78 PCWD graduates enrolled in the Partners HealthCare Online College Preparation Program (OCPP) and other online programs, designed to help individuals navigate the online learning environment. Online educational options help to increase access to higher education for working adults. From FY14 to June of FY20, 27 PCWD graduates participated in College for America (CfA), and are currently enrolled in online, competency-based, AA degree, BA degree and Certificate programs.	Process Goal	Year 1 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/

Scholarship Program	
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 Womenâ€™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	Mentorship/Career Training/Internship, Physician/Provider Diversity,
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 renewable scholarships.	In FY20, 175 renewable scholarships were provided: 101 at BWH and 74 at MGH.	Outcome Goal	Year 4 of 4
To support high school students as they prepare for and complete college.	In summer of 2020 programming was added to better prepare rising college freshmen for remote academics, how to be part of a community while not physically there, and assistance in the financial process with dorm and living arrangement changes. Additionally, an academic coach was deployed to assist with remote learning, help keep people on track and motivated, and assist with the unusual 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 was also implemented.	Process Goal	Year 1 of 1
To support high school students as they prepare for and complete college.	To date, 175 students have finished college: 98 at BWH and 77 at MGH. Of these 86 are employed â€" 49 at BWH, MGH or a Mass General Brigham affiliate. Forty-two are pursuing graduate education, either medical school or grad school.	Outcome Goal	Year 4 of 4
To provide work experience and career training/internships.	In FY20, BWH and MGH offered high school students paid school year and summer internships. Over 95% 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/

Expenditures

Total CB Program Expenditure **$115,097,405.00**

CB Expenditures by Program Type	Total Amount	Subtotal Provided to Outside Organizations (Grant/Other Funding)
Direct Clinical Services	$94,624,660.00	$5,780,044.00
Community-Clinical Linkages	$1,766,674.00	$90,719.00
Total Population or Community-Wide Interventions	$8,502,780.00	$4,622,893.00
Access/Coverage Supports	$10,183,655.00	$251,172.00
Infrastructure to Support CB Collaborations Across Institutions	$19,636.00	$0.00
CB Expenditures by Health Need	**Total Amount**	
Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes	$41,624,720.00	
Mental Health/Mental Illness	$16,316,064.00	
Housing/Homelessness	$2,186,804.00	
Substance Use	$9,340,184.00	
Additional Health Needs Identified by the Community	$45,629,633.00	

Other Leveraged Resources $12,540,227.00

Net Charity Care Expenditures	Total Amount
HSN Assessment	$32,466,552.00
HSN Denied Claims	$1,471,507.00
Free/Discount Care	$3,019,045.00
Total Net Charity Care	$36,957,104.00

Total CB Expenditures: $164,594,736.00

Additional Information	Total Amount
Net Patient Service Revenue:	$2,890,715,000.00
CB Expenditure as Percentage of Net Patient Services Revenue:	5.69%
Approved CB Program Budget for FY2021: (*Excluding expenditures that cannot be projected at the time of the report.)	$164,594,736.00

Comments (Optional): Not Specified

Optional Information

Hospital Publication Describing CB Initiatives: Not Specified

Bad Debt: Not Specified

Bad Debt Certification: Not Certified

Optional Supplement:

Mass General Brigham (MGB) System Commitments:
In addition to commitments made by the member hospitals, Mass General Brigham makes system investments aimed at:
- Leveraging our business practices around inclusive local hiring and workforce development, local and diverse sourcing and place-based investing to tackle underlying causes of poor health outcomes in the communities we serve.
- Addressing critical public health issues impacting all of our communities. In response to the opioid overdose crisis, RIZE Massachusetts Foundation is dedicated to expanding access to treatment and other services for opioid use disorder (OUD).
- Ensuring access to primary care close to home. MGB provides administrative support to the Mass League of Community Health Centers Provider Loan Repayment Program that recruits primary care physicians to work at community health centers.
- Ensuring access to care for our low income community residents by supporting state program enrollment. MGB Community Health staff provide education and support across the system to ensure that patients on MassHealth, Health Safety Net, and the subsidized Connector plans can access care smoothly across the system.
- Exposing low income youth to health care and science as a career path. In addition to the hospital programs, system support is provided to Camp Harborview, The Scholarship Program, and MGB Summer Jobs for youth.
- Building pathways for professional success for incumbent employees and community residents. The Partners in Career and Workforce Development (PCWD) program addresses the Boston health care industryâ€™s need for a highly skilled diverse workforce.
- Ensuring access to care for our low income community residents by supporting community health centers. There are 5 licensed health centers operating within the MGB system â€“ MGH Charlestown, MGH Chelsea, and MGH Revere operate through the MGH license; and Brookside and Southern Jamaica Plain operate through the BWH license. In addition, Partners is affiliated with 15 community health centers in Boston (Dorchester, East Boston, Jamaica Plain, Mattapan, North End, Roxbury, South Boston, South End), Lynn, Peabody, and Salem.
â€¢ In response to the increase in COVID-19 cases in August of 2020, Mass General Brigham created a campaign called â€œKeep Cases Downâ€ to educate hot-spot communities about the increasing cases and remind people to wash their hands, socially distance, avoid large gatherings, and wear a mask. The campaign ran from August 18, 2020 â€“ September 13, 2020 and was translated into the 9 languages most commonly spoken in the hot spot communities.

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 MGB strategy work as part of committees.

Further, MGH community coalitions have worked to gather and disseminate resources to the communities we serve, in addition to assisting with translating materials. Staff from the Healthy Chelsea coalition participated and/or lead Pandemic Response teams, including Food Assistance, Mental Health, Trauma and Substance, The Supplies subcommittee, and The Diversions subcommittee. In Charlestown, the coalition moved AA meetings outdoors and provided masks/sanitizers for participants. In Revere, organized peer resident/interpreter volunteer support group to help City nurses in phone calls to COVID+ patients, trained 19 interpreters covering 7 languages to handle incoming calls concerning COVID. In addition, HAVEN changed their work hours to 24/7 to support current domestic violence cases and new cases as well. Many Community Health Workers (CHWs) were redeployed to the Respiratory Illness Clinic once opened in Chelsea. CHWs assisted with calling all patients who were seen at the RIC and identifying any health-related social needs such as food insecurity, financial assistance, and COVID-19 materials such as soap, hand sanitizer and masks. Lastly, the Food Families partnered with the City of Chelsea and helped order over 1 million pounds of food for both Suffolk & Middlesex

counties.

The resources to be committed in the implementation strategy submitted with this year's report include:
- Staff and community partners-work together via working groups and sub-committees to create new resources and programs and expand on existing programs across a variety of sectors/regional collaboration
- Expansion of existing programming/infrastructure via funding, space, staff, knowledge, etc.
- Shared measurement system to assess impact and process

Hospital Self-Assessment FY20 Optional COVID-19 question:
With the COVID-19 pandemic, all community programming moved from in-person engagement to virtual programming/support-as such, virtual programming has been beneficial in some respects but comes with certain challenges as many residents do not have internet access or access to reliable WIFI. Thus, program staff and community coalitions have used other methods to increase access to resources and meet basic needs, such as making deliveries to residents and utilizing different communication methods such as phone calls. For example, Healthy Chelsea staff were involved in the Food Assistance team by supporting the Cityâ€™s efforts as team captains and delivery volunteers; this initiative included making bi-weekly deliveries of boxes of food to quarantined/homebound residents. In addition, the Revere CARES Coalition organized a peer resident/interpreter volunteer support group to help City nurses in phone calls to COVID+ patients. Where possible, program staff held in-person meetings according to COVID safety protocols to maintain community engagement. For example, the Charlestown Coalition, during the warm weather months, held ongoing outside AA meetings that occurred 2x/day called the COVID Defiance Group. Masks and sanitizers were available at these outdoor meetings; it now has a page in the AA meeting list book and online through the AA Central Service Committee of Eastern Mass.