EXECUTIVE COMMITTEE ON COMMUNITY HEALTH

Recommendations for Departmental Engagement in Community Health

1. Structural

A. Identify a community health “champion” within each department whose responsibilities include, but are not limited to:
   1. Creating annual department community health strategic plan;
   2. Engaging colleagues’ buy-in and participation
   3. Participating in residency recruitment process
   4. Tracking progress of community health initiatives
   5. Preparing annual report for Chair
   6. Participating in departmental quality review processes

B. Provide financial support for champions’ CH activities

C. Include champion in Department’s leadership structure

2. Integrate Community Health in departments’ clinical, teaching and research activities, establish expectations for Community Health contribution across departments that are measurable in extent but nonprescriptive in content.

   Common elements might include:

   A. **Access**: assess and improve departmental policies and practices that affect access for low SES patients and/or patients of color, particularly from MGH CHC’s
      1. All departments- consider
         a. Language and literacy barriers: making appointments, educational materials and discharge instructions, clinical encounters; availability of interpreters
         b. No-show policies
      2. Specialties-consider
         a. Payer mix: does it reflect the potential demand from primary care and the health centers?
         b. At the health centers-how easy to access specialty consultation and ongoing care on-site (ie in the community or even downtown)
         c. Create systems to respond appropriately when community-based providers make referrals

   B. **Health equity**
      1. Partner with the Center for Quality and Safety to stratify select quality and safety measures by race and ethnicity (as the Center for Quality and Safety now does for all HEDIS measures, pending available capacity at CQS); should include stratification of patient experience data
      2. Analyze safety/incidence reports by race, ethnicity and language and identify opportunities for improvement; include this as part of standard review process in M&M conferences
      3. Maximize synergies with departmental diversity champions where appropriate.
C. **Clinical care**
   1. Analyze data on conditions that are prevalent/poorly managed among low income and/or patients of color
      a. Are additional prevention measures possible?
      b. Would community health workers or navigators benefit patients and improve outcomes?
      c. Are social determinants of health routinely identified and addressed?
   2. Ensure that faculty and staff have participated in cultural competence training
   3. Consider the role each department could play in implementing the hospital’s leading clinical priority from the strategic plan around substance use disorders.

D. **Community Health Improvement**
   1. Participate in CCHI-identified priority areas (substance abuse, obesity, violence, cancer prevention, youth development)
   2. For departments without direct patient care or who provide highly specialized services→ consider deeper engagement with CCHI youth programs by providing jobs, supervision and mentorship

E. **Education/teaching**
   1. Embed public health framework and understanding of the role of the social determinants of health in all training programs
      a. Didactic curriculum
      b. Expand and encourage (require) community-based rotations as possible
   2. Reward clinician-educators and advocate for their promotion

F. **Research**
   1. Recruit and retain faculty interested in health services research, Community-Based Participatory Research, health disparities, etc.
   2. Create pathways for faculty and staff pursuing a career in community health so that it is seen as prestigious and esteemed
   3. Identify mentors for trainees interested in these areas

3. In collaboration with CCHI leadership and Dr. Slavin, conduct an assessment of current status using these guidelines, and establish goals for the year to be reported on at the chiefs’ annual reviews.

4. Share activities and progress across departments on an annual basis to promote best practices and foster collaboration. CCHI can facilitate periodic meetings of all the departmental community champions to share best practices and approaches.