Organization Information

Organization Name:	Massachusetts General Hospital
Address:	101 Merrimac Street
City, State, Zip:	Boston, Massachusetts 02114
Website:	massgeneral.org/cchi
Contact Name:	Christy Egun, MA
Contact Title:	Executive Director
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Contact Address: (Optional, if different from above)	101 Merrimac Street, Suite 620
City, State, Zip: (Optional, if different from above)	Boston, Massachusetts 02114

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

Mission and Key Planning/Assessment Documents

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

Target Populations:

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

Publication of Target Populations:
Marketing Collateral, Website

Community Health Needs Assessment:

Date Last Assessment Completed:

9/19/2022

Data Sources:

Surveys,

CHNA Document: CHNA-REPORT FINAL.PDF

Implementation Strategy:

Implementation Strategy Document: DRAFT MGB PUBLIC CHIP FINAL.PDF

Key Accomplishments of Reporting Year:

Key Accomplishments of Reporting Year
The following are highlights from each of our priority areas:

Housing
- Invested $1.1 million in partnership with Local Support Initiatives Corporation Boston to support affordable housing projects in Chelsea, Boston, Revere and Winthrop.
- CHWs provided housing resources to 599 patients (top social determinant of health needed).

Economic/Financial Stability & Mobility
- 442 students (grades 3 through college) participated in Youth Programs (Youth Scholars, Alumni, and STEM Club).
- 81 youth were employed in the MGH Summer Jobs Program in 2022.
- 124 youth (grades 6-12) participated in the Youth Healthcare Simulation Program â€" a program that deepens understanding of modern medicine and healthcare through simulated patient care experiences.
- 100% of Youth Scholars graduated high school for Class 2022; 89% of Youth Scholars Class of 2022 matriculated to college.
- Awarded 4 organizations DoN funding ($375,000 total) towards workforce development.

Mental and Behavioral Health
- Awarded 3 organization DoN funding ($375,00 total) to increase access to behavioral health services through CHWs.
- The HUGS program referred 46 families to a LICSW given a positive depression screen.
- Revere SBHC partnered with NSMH and Arbor Health to provide counseling for 550 mental health visits for students.
- The Boston Community Engagement program raised $60K w/ BWH, MA Coalition to Prevent Gun Violence for Mother's Day Walk for Peace. Money will be used for mental health tools (e.g., the Peace Institute's Peace Play kits).

Substance Use Disorders (SUDs) Prevention
- Coalitions (Charlestown, East Boston, Chelsea, and Revere) engaged 173 youth in after-school groups to strengthen protective factors (e.g., leadership skills, knowledge) and reduce risk factors.
- MGH Bridge Clinic hired two new BIPOC providers and have launched mobile van sessions in underserved communities to better engage Black patients.
- BHCHP Recovery Coach had 1,888 substance-use related contacts.
- CHA Office Based Addiction Treatment Program provided case management and support services to 303 patients in Chelsea, Everett, Revere, and Charlestown
- The Kraft Center mobile teams made 26,020 contacts with people with SUD, 7,499 clinical encounters, & 2,167 buprenorphine prescriptions.
- iDECIDE (Drug Education Curriculum: Intervention, Diversion, and Empowerment) has recruited/onboarded ~100 middle and high schools to participate in the implementation and evaluation of it.
- Living Tobacco-FREE provided coaching & education to 274 patients.

Access to Services
- Over 3,300 encounters were delivered to patients/students/community members across multiple programs including the Boston Healthcare for the Homeless Program (BHCHP), Revere School-based health center, and the Family Planning Program (545 patients)
- BHCHP partnership-Medical and behavioral health clinicians made 302 home visits to 90 housed patients
- Early childhood program, Healthy Steps, served 614 families in Revere and 591 young children in Chelsea; PAT Parent Educators in Revere provided home visits to 35 families and 54 children between 0-5 years old; in Chelsea home visitors conducted in total 1,901 patient encounters including home visits for 41 families.
- CHWs and interpreters engaged with over 13,000 patients (potential duplicates) across multiple CHW programs including Hepatitis C, Comprehensive Program, Patient Navigation, medical interpretation, Pediatric Asthma Coach Program.
- More than 200 consults completed by Immigrant Health Community Health Worker (CHW) in past year.
- 302 patients were referred for Cancer Navigation; 256 (85%) patients were referred for assistance with colon cancer screening, 54 (18%) for breast cancer screening, 51 (17%) for cervical cancer screening, and 13 (4%) for lung cancer screening.
- Medical Interpreters reported 24,397 encounters (video, phone, and in-person). Top 5 languages interpreted were: Spanish (67%), Portuguese (15%), Dari (5%), Arabic (4%), and Bosnian (4%).
- Health system and legal support and resources provided to patients and families: more than 200 consults provided to immigrant patients and families to navigate access to hospital and community resources; 309 families connected to community resources related to SDoH needs; 128 families received civil legal services; 116 new refugees and asylees completed refugee health assessments at MGH Chelsea.
- The Charlestown Resource Specialist and Charlestown Family Support Circle clinician supported 63 residents by providing them counseling, care coordination, and support accessing community resources/services.
- 483 referrals were received through the Integrated Referral and Information System (IRIS) aimed to improve developmental health of children ages 0-5 years in Chelsea.
- Kraft Center mobile team provided 3,267 COVID vaccines, 482 flu shots, and offered COVID test & treat.

Food/Nutrition Security

- The Smart Choices program distributed food to over 600 Charlestown families.
- CHWs provided housing resources to 582 patients (the second highest social determinant of health needed).
- 304 individuals/households were engaged in the Chelsea Food for Families program
- 3,968,987 pounds of food were distributed in Chelsea through the MGH Chelsea Food Pantry and Chelsea Hunger Network. Chelsea Hunger Network distributed $256,000 in food cards.
- 7 micro pantries built in Chelsea with community organizations. Partnered with Hope & Comfort to provide hygiene products in the micro pantries.
- 104 patients received SNAP application assistance and enrollment at MGH Chelsea. Additionally, 35 households were assisted in renewal for SNAP benefits.
- 177 families attended the MGH Chelsea food pantry, and 13 new families registered for the food pantry.
- 100 families/week visited the Revere food pantry

Chronic Disease
- ARCH provided 16 health education works with 82 participants
- 72 patients were referred to the MGH Health Center Hep C Clinics: 69 patients were evaluated.
- Stay in Shape served two schools with a total of 141 participants.
- 50 patients were successfully treated with HCV medications.
- The Kraft Center mobile team provided 331 blood pressure screenings.

Violence and Trauma
- Initiatives implemented by the Center for Gun Violence Prevention including gun lock distribution program embedded in primary care offices and other clinical sites; a simulation training session program adopted into residency training programs and medical schools.
- HAVEN served 732 survivors in FY22; 5,291 contacts with clients, providing emotional support, safety planning, and domestic violence education.
- VIAP served 67 victims of community violence in FY22 and provided training to hospital providers, including ED residents, nurses and social workers, and community programs.
- Over 263 community residents were supported (individual & community outreach) through the Charlestown Trauma Team.

Equity Focused Programs:
- MGH Transgender Health Program increased access to hormone therapy and primary care management by 25% compared to previous year.

Plans for Next Reporting Year:

In 2023-2024, The Center for Community Health Improvement (CCHI) will work with communities and the hospital to address health priorities identified through the two 2022 community engagement processes in Boston and North Suffolk. The identified priorities of the community engagement process supported the Determination of Need filing. Using the data collected during this process, the MGH Community Advisory Board (CAB) selected the priorities of Housing, Economic/Financial Stability and Mobility, Mental/Behavioral Health, and Food/Nutrition Security to be funded by the Determination of Need (DoN) dollars. The CAB is currently in the process of selecting strategies under those four main priorities to fund.
Additionally, Mass General Brigham (MGB), MGH, Brigham and Womenâ€™s Hospital (BWH), and Brigham and Womenâ€™s Faulkner Hospital (BWFH) developed one community health implementation plan for Boston and North Suffolk.
Reporting plans for FY23 will include the efforts from the community health implementation plan along with the DoN process.

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

Community Benefits Programs

Access to Resources for Community Health

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,

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
"Improve access to high-quality health education materials by selecting resources created by MGH/MGB, local, state, and national	Website had 723 hits (pageviews) and 579 visits (Unique pageviews or visitors). 24 issues of Harvard Health articles shared to health centers & communities through the 150-member email list.	Outcome Goal	Year 3 of 3

organizations to serve MGH Health Centers and communities "			
" Serve the needs for targeted or specialized health education resources and process such requests received from patients, the MGH Health Centers, and the communities. "	In FY22, a total of 16 health education workshops, with a total of 82 participants, were organized and delivered at four locations of elderly residencies in Revere and Boston communities.	Process Goal	Year 3 of 3
Increase the number of high-quality resources featured in the ARCH website and the ARCH health education resource	In FY22, 27 new links were selected and added to the ARCH website.	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Social Determinants of Health-Education/Learning,

Target Populations

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

Partners:

Partner Name and Description	Partner Website
Chelsea Senior Center	https://www.chelseama.gov/elder-services
Revere Elderly Affairs	https://www.revere.org/departments/elder-affairs
Jack Satter House	http://www.hebrewseniorlife.org/jack-satter-house
CAPIC Head Start	http://www.capicinc.org/Eng/E_HeadStart.html
JF Kennedy Family Services Center Inc.	http://www.kennedycenter.org/
"MGH Treadwell Library "	https://library.massgeneral.org/

Drug Education Curriculum: Intervention, Diversion and Empowerment

Program Type Community-Clinical Linkages

Program is part of a grant or funding provided to an outside organization No

Program Description "iDECIDE (Drug Education Curriculum: Intervention, Diversion, and Empowerment), is a drug education curriculum developed to provide behavioral support and psychoeducation for middle and high school students. The program is designed to serve as a secondary prevention effort for youth at risk for escalation to problematic substance use and as an alternative to suspension, expulsion, and other exclusionary practices for school-based substance use infractions. iDECIDE provides schools and communities with the resources to empower students to engage in healthy decision-making. iDECIDE is not a cessation program and is not meant to be used in lieu of treatment.
The objective of iDECIDE is to provide students with:
a scientific understanding of the impact of substance use and addiction on the adolescent brain and body;
an understanding of the common tactics used by industry to target young people;
the ability to identify and respond to personal impulses to use alcohol and other drugs; and
a sense of empowerment and a plan to make healthy decisions in line with their core values and future goals."

Program Hashtags Community Education, Health Professional/Staff Training, Research,

Program Contact Information Randi Schuster, ; rschuster@mgh.harvard.edu;

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Recruit middle and high schools across the state of MA to participate in implementation and evaluation of a novel drug education and diversion program.	In 2021, program successfully recruited/onboarded ~70 middle & high schools across MA. Summer 2022, program brought on ~30 additional schools to be onboarded at the start of the 22-23 school year.	Outcome Goal	Year 3 of 3
Rollout the annual, confidential, school-wide survey to monitor emerging trends & prevalence rates of substance use, mental health concerns, and general adolescent health.	To date, 59 schools enrolled in the program have completed the annual schoolwide survey. 27,313 number of 6-12 grade students across the state have completed this survey with a response rate of 69.4%.	Outcome Goal	Year 3 of 3
Begin training school staff in facilitation of the curriculum	Schools are randomly phased in & onboarded for training approx. every 2-3 school months. To date, 203 school and/or community agency staff were trained to facilitate the program across 40 schools.	Outcome Goal	Year 3 of 3
Develop parent component to provide education and additional resources to parents of students enrolled in the curriculum.	In collaboration with a Parent Engagement Specialist from the Massachusetts Department of Public Health, a workgroup has been created to develop this portion of the program.	Process Goal	Year 3 of 3

EOHHS Focus Issues Substance Use Disorders,

DoN Health Priorities N/A,

Health Issues Health Behaviors/Mental Health-Mental Health, Substance Addiction-Alcohol Use, Substance Addiction-Opioid Use, Substance Addiction-Smoking/Tobacco Use, Substance Addiction-Substance Use,

Target Populations

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

Partners:

Partner Name and Description	Partner Website
Institute for Health & Recovery	https://www.healthrecovery.org/
Office of Youth & Young Adult Services, Bureau of Substance Addiction Services, Massachusetts Department of Public Health	Not Specified

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Equity in Kidney Transplantation Initiative

Program Type Direct Clinical Services

Program is part of a grant or funding provided to an outside organization No

Program Description The Equity in Kidney Transplantation initiative bridges gaps in transplant care access to historically disadvantaged patients with sickle cell disease and advanced end-stage renal disease. Patients from both Chelsea and other nearby communities can come to be evaluated for a kidney transplant by an English- and Spanish-speaking Mass General care team that works closely with local providers.

Program Hashtags Community Education, Community Health Center Partnership, Health Screening,

Program Contact Information Stay Jean-Claude, Program Manager;

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Increase the number of referred patients from historically	Referrals have increased in CY22 compared to CY21: 68 vs. 55 Spanish speaking patients; 146 vs. 118 Black or African-	Process Goal	Year 3 of 3

disadvantaged populations	American patients; and 122 vs. 98 Hispanic patients.		
Increase the number of waitlisted patients from historically disadvantaged populations	In progress, 10 patients waitlisted in CY22.	Outcome Goal	Year 3 of 3
Increase the number of transplanted patients from historically disadvantaged populations	In progress, 1 patient transplanted.	Outcome Goal	Year 3 of 3
Support identified EqKT patients throughout transplant journey based on health-related social needs and social determinants of health to ensure they remain on the waitlist with an active status	Established Uber Health account funded by the Peter Slavin Fund to support transporting patients to and from clinic/hospital.	Process Goal	Year 3 of 3
Increase health literacy through educational sessions, virtual group visits, and individual and evidence-based health and wellness coaching.	In progress.	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities N/A,

Health Issues Social Determinants of Health-Access to Health Care, Social Determinants of Health-Access to Transportation, Social Determinants of Health-Racism and Discrimination,

Target Populations

- **Regions Served:** Boston-Greater,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** Adults,
- **Race/Ethnicity:** Black, Hispanic/Latino,
- **Language:** English, Haitian Creole, Spanish,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Mass General Brigham â€" Access to Care and Services

Program Type Access/Coverage Supports

Program is part of a grant or funding provided to an outside organization No

Program Description In FY22, Mass General Brigham began implementation of system-wide strategies that address needs prioritized by our hospitals Community Health Needs Assessments, focus on leading causes of death and health inequities, and build on the long history of impactful programs across our system. Our work to improve access to care and services focuses on partnerships with community health centers, bringing care into the community, and supporting organizations and policies aimed at reducing access barriers.

Program Hashtags Community Health Center Partnership, Health Screening, Prevention,

Program Contact Information Tavinder Phull, MPH, MBA, Vice President, Community Health Regulatory

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Increase access to care and services in Mass General Brigham CHNA prioritized communities.	Partnered with the Mass League of Community and provided support to Community Health Centers serving Mass General Brigham CHNA prioritized communities.	Process Goal	Year 1 of 3
Increase access to care and services in Mass General Brigham CHNA prioritized communities.	Launched Mass General Brigham Community Care Van Program in Boston, Chelsea, Revere, Lynn, and Salem.	Process Goal	Year 1 of 3
Increase access to care and services in Mass General Brigham CHNA	Supported statewide advocacy organizations working to reduce barriers to accessing care and services.	Process Goal	Year 1 of 3

prioritized communities.			

EOHHS Focus Issues Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness, Mental Illness and Mental Health, Substance Use Disorders,

DoN Health Priorities N/A,

Health Issues All Health Issues

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
Hospitality Homes	Not Specified
Health Care for All	Not Specified
Health Law Advocates	Not Specified
Mass League of Community Health Centers	Not Specified
Health Care Without Walls	Not Specified
Lynn Community Health Center	Not Specified
Codman Square Health Center	Not Specified
DotHouse Health	Not Specified
Whittier Street Health Center	Not Specified
Dimock Center	Not Specified
North Shore Community Health	Not Specified
County of Duke's County	Not Specified
The Pine Street Inn	Not Specified
Uphams Corner Health Center	Not Specified
New Commonwealth Fund	Not Specified
Louis D. Brown Peace Institute	Not Specified

Mass General Brigham â€" Mental Health, Behavioral Health, and Substance Use

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 FY22, Mass General Brigham began implementation of system-wide strategies that address needs prioritized by our hospitals Community Health Needs Assessments, focus on leading causes of death and health inequities, and build on the long history of impactful programs across our system. Our work in mental health, behavioral health and substance use disorder focuses on expanding the behavioral health workforce with a focus on provider diversity; and increasing access to behavioral health and substance use disorder services and treatment.

Program Hashtags Community Health Center Partnership, Health Professional/Staff Training, Physician/Provider Diversity, Prevention,

Program Contact Information Tavinder Phull, MPH, MBA, Vice President, Community Health Regulatory

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame

Expand the behavioral health workforce with a focus on provider diversity	Established partnerships with educational institutions in increase the BH workforce pipeline.	Process Goal	Year 1 of 3
Expand the behavioral health workforce with a focus on provider diversity	Established partnerships with community health centers to expand and retain diverse BH workforce.	Process Goal	Year 1 of 3
Increase access to behavioral health and substance use disorder services and treatment.	Partnered with community-based organizations and providers to expand access to services.	Process Goal	Year 1 of 3

EOHHS Focus Issues Mental Illness and Mental Health, Substance Use Disorders,

DoN Health Priorities N/A,

Health Issues Health Behaviors/Mental Health-Depression, Health Behaviors/Mental Health-Mental Health, 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
The Italian Home for Children	Not Specified
NAMI Mass	Not Specified
Mass Association for Mental Health (MAMH)	Not Specified
Mass League of Community Health Centers	Not Specified
Roxbury Presbyterian Social Impact Center	Not Specified
Golden Age Center	Not Specified
William James College	Not Specified
RIZE MA	Not Specified
Quincy College School of Nursing	Not Specified
Bridgewater State School of Social Work	Not Specified
Salem State School of Social Work	Not Specified
Bunker Hill Community College	Not Specified
U of Mass School of Nursing	Not Specified

Mass General Brigham â€" Nutrition Equity

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 FY22, Mass General Brigham began implementation of system-wide strategies that address needs prioritized by our hospitals Community Health Needs Assessments, focus on leading causes of death and health inequities, and build on the long history of impactful programs across our system. Our work in Nutrition Equity focuses increasing 1) access to nutritious food, 2) community educational opportunities related to nutrition, and 3) SNAP and WIC enrollment.

Program Hashtags Community Education, Health Screening, Prevention,

Program Contact Information Anne Fox, Senior Program Manager, Community Health

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Increase SNAP and WIC enrollment.	Established a Nutrition Equity Working Group that meets monthly to discuss and implement strategies for improvement.	Process Goal	Year 1 of 3
Increase access to nutritious food.	Provided support to food pantries and other community food resources in increase food access.	Process Goal	Year 1 of 3
Support community educational opportunities related to nutrition.	Supported the development of teaching kitchens and learning hubs in MGB priority communities.	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-Cardiac Disease, Chronic Disease-Diabetes, Chronic Disease-Overweight and Obesity, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Nutrition,

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
Community Servings, Inc.	Not Specified
The Food Bank of Western MA	Not Specified
My Brother's Table	Not Specified
La Colaborativa	Not Specified
About Fresh	Not Specified
Salem Pantry Inc	Not Specified

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.

Program Hashtags Not Specified

Program Contact Information Tina Tavares, 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.	Continued to provide information about the full range of insurance programs offered by EOHHS and the Health Connector.	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities N/A,

Health Issues Social Determinants of Health-Access to Health Care,

Target Populations

- **Regions Served:** All Massachusetts,
- **Environments Served:** Not Specified
- **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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MGH Determination of Need Investments

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 2020, MGH invested $3.4 million to fund community-based initiatives aimed at tackling the urgent health challenges of housing, increased access to behavioral health services through community health workers and workforce development. These issues were all identified priorities in the 2019 Community Health Needs Assessment (CHNA). The funding was made available by the Massachusetts Determination of Need (DoN) process regulating community investment as hospital capital improvement projects are approved.
The total award includes a $1.1M investment in partnership with Local Support Initiatives Corporation (LISC) Boston to support affordable housing projects in Chelsea, Boston, Revere and Winthrop. Increasing Access to Behavioral Health Services through Community Health Workers- Three organizations were each awarded $375,000 over three years to address this critical need: Action for Boston Community Development (ABCD), Children's Services of Roxbury (CSR), and The Family Van. Workforce Development: Four organizations were awarded up to $375,000 over three years to impact workforce development in Suffolk County: English for New Bostonians, Casa Myrna Vasquez, Madison Park Development Corp., and Women Encouraging Empowerment. "

Program Hashtags Community Education, Health Professional/Staff Training, Prevention,

Program Contact Information Leslie Aldrich, Strategy & Implementation Officer

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Increase number of Community Health Workers (CHWs)	Grantees hired/trained CHWs. Family Van: 7 staff, 13 interns, 34 volunteers. ABCD: 57 CHWs, 6 trainers, 13 supervisors. CSR family partners: self-care, screening assessments, & DV & safety planning.	Outcome Goal	Year 3 of 3
Increase access to behavioral health services	Grantees provided mental health services/referrals, made referrals for clients to access services, and provided more culturally responsive services-hired CHWs who speak same language as clients.	Outcome Goal	Year 3 of 3
Provide flexible funding for community-based affordable housing and build community capacity and wealth by supporting the growth of new community-based developers of color	Total of 5 projects were invested in with 2 (40%) projects led by BIPOC developers. A total of 192 units were created or preserved, with 82% (157) of them being restricted affordable.	Outcome Goal	Year 3 of 3

Maximize income and benefits, and increase financial literacy and asset building among community residents	4 helped members get jobs, w/job referrals, or develop business plans. 4 grantees and members gained more employable skills. 3 grantees reported increasing skills among members for higher earnings.	Outcome Goal	Year 3 of 3

EOHHS Focus Issues Housing Stability/Homelessness, Mental Illness and Mental Health,

DoN Health Priorities Housing,

Health Issues Social Determinants of Health-Affordable Housing, Social Determinants of Health-Income and Poverty,

Target Populations

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

Partners:

Partner Name and Description	Partner Website
Action for Boston Community Development (ABCD),	Not Specified
Childrenâ€™s Services of Roxbury (CSR)	Not Specified
The Family Van, English for New Bostonians	Not Specified
Casa Myrna Vasquez	Not Specified
Madison Park Development Corp	Not Specified
Women Encouraging Empowerment,	Not Specified
Local Support Initiatives Corporation (LISC) Boston	Not Specified

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MGH HUGS SDoH Early Childhood Program

Program Type Access/Coverage Supports

Program is part of a grant or funding provided to an outside organization No

Program Description "The early effects of the pandemic were far-reaching, impacting the livelihood not just of those who were sick and their families, but also those who lost their jobs, homes, childcare, and access to their support systems. The
HUGS/Abrazos program was developed to support pregnant women and families with young children in response to and in recognition of these deeply felt impacts and loss of basic services.
Pregnancy and early childhood are a time of unique sensitivity to stressors such as economic instability, poor mental health, and social inequities, all of which we have seen magnified by theCOVID-19 pandemic. Without protective buffers, prolonged exposure to excessive, early adversity can lead to poor health outcomes with significant impact lasting beyond the childhood years.
While the HUGS/Abrazos program was created to fill an important void to support families during the pandemic, it is clearer than ever that these inequities have been exacerbated by the pandemic and will persist for years to the come."

Program Hashtags Community Education, Prevention,

Program Contact Information Maria Yolanda Parra

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Address immediate SDoH for pregnant mom and families with children younger than 6yrs old.	309 families helped and connected to community resources given their SDoH expressed needs.	Outcome Goal	Year 3 of 3

Connect parent with a positive score on a depression screening to a LCSW if desired.	46 families were referred to a LICSW given a positive depression screen.	Outcome Goal	Year 3 of 3
Provide families with a $50 gift card to be used for food and with a kit including masks, hand sanitizer, activity books for children and a booklet with information about developmental milestones.	A total of 355 $50 gift certificates and kits were sent during FY22.	Outcome Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Maternal/Child Health-Child Care, Maternal/Child Health-Family Planning, Maternal/Child Health-Parenting Skills, Maternal/Child Health-Reproductive and Maternal Health,

Target Populations

- **Regions Served:** Boston-Dorchester, Boston-East Boston, Boston-Roslindale, Cambridge, Everett, Somerville, Woburn,
- **Environments Served:** Suburban,
- **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,

Partners:

Partner Name and Description	Partner Website
Chelsea/Revere Family Network	Not Specified
Raising a Reader, Early Learning Center- Adult Literacy English Classes	Not Specified
Early Learning Center- Harbor Area Early Intervention	Not Specified
Harbor Area Healthy Families Program	Not Specified
Families and Childrenâ€™s Services of Greater Lynn	Not Specified
Chelsea Early Childhood Network, The Boston Basics	Not Specified

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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 continued collaborating with community-based organizations and state agencies to create and conduct pipeline training programs for Mass General Brigham. 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 7-week free, training/employment program for community residents to train as a Patient Care Associate in acute care 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), Laboure College, 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 at Brigham and Womenâ€™s Hospital. 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 PCA 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 4-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, HIPAA, 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.
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.
Foreign-Trained Health Care Professionals Program
The Foreign-Trained Health Care Professionals Program is a new initiative created to assist underemployed foreign-trained incumbents within Mass General Brigham, as well as external low-income internationally educated health care professionals interested in employment within MGB. We provide one-on-one career counseling, job search assistance, as well as assistance with foreign degree evaluation and US credentialing process.

Program Hashtags Not Specified

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.	We ran a cohort of 10 students between March 28 and May 13, 2022, and 8 were hired into permanent roles within BWH. We also placed all 9 graduates from the 9-week Patient Care Technician Pilot with Jewish Vocational Service into Patient Care Technician positions with MGH and BWH hospitals. DTA Works â€" Health Care Administrative Support Program 10 students started the DTA Works training on September 12, 2022 and will be placed into their internships with MGH and BWH Departments in January of 2023. Health Care Environmental Service Worker Training Program trained 7 participants between October 2021 and March 2022 and 2 graduates were placed into permanent roles within MGB. The training numbers for this program started to decline as hospitality industry was actively recruiting the BEST program graduates again. We do not expect to run another cohort with the BEST Corp in the foreseeable future. Foreign-Trained Health Care Professionals Program served 16 individuals (career counseling, resume critique, job interview preparation, job search assistance, foreign degree evaluation). Five of them were placed into permanent positions.	Outcome Goal	Year 3 of 3
Connect program graduates to Partners HealthCare and affiliate-based Workforce Development programs and resources.	Graduates are eligible to participate, after meeting employer-specific criteria, in onsite career development classes and initiatives from educational opportunities to advanced clinical training, career and academic coaching, and leadership development. Onsite classes offered within various MGB member institutions include	Process Goal	Year 3 of 3

	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 FY22, 82 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 FY22, 27 PCWD graduates participated in College for America (CfA), and are currently enrolled in online, competency-based, AA degree, BA degree and Certificate programs.		

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:** Not Specified
- **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 support 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 (SSJP) and the MGH Youth Scholars Program (YSP). 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:, 68% of Scholars graduated from college in six years compared to national average of 62% in six years; 77% of Scholars attend four year colleges compared to 45% of BPS students and 58% across Massachusetts; 92% of first-year and sophomore Scholars did not need remedial classes while attending college.

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,

Program Contact Information Jesenia Cortes, BWH CCHHE, Christy Egun, MGH CCHI

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
To support high school students as they prepare for college	To date, 258 students have finished college. Of the 170 employed, 47 (28%) are employed at a MGB affiliate. 40 are currently enrolled in graduate education, either medical school or grad school.	Outcome Goal	Year 3 of 3
To provide high school graduates of the BWH SSJP program and MGH Youth Scholars with four year renewable scholarships.	In FY22, 18 MGH and 20 BWH college freshmen were provided scholarships and stipends for a total of $128,853 (BWH: $87,000, MGH: $41,853).	Outcome Goal	Year 3 of 3
To support high school students as they prepare for college.	Activities incl. SAT workshops, tutoring, AP course advising, & provided info on financial aid & college app. support. 80% of first-year students reported financial aid workshops were very useful.	Outcome Goal	Year 3 of 3
To support high school students as they prepare for college.	Scholars participated in activities/programming focused on strengthening communication and critical thinking skills. 85% stated program helped them developed goal setting and problem-solving skills.	Outcome Goal	Year 3 of 3
To provide work experience and career training/internships.	BWH & MGH offered HS students & alumni paid school summer internships. 86% of students said professional development offered in the summer program helped grow/enhance their skills.	Outcome Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Education,

Health Issues Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty,

Target Populations

- **Regions Served:** Boston, Chelsea, Revere,
- **Environments Served:** Urban,
- **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/

Asylum Clinic

Program Type Total Population or Community-Wide Interventions

Program is part of a grant or funding provided to an outside organization No

Program Description Provides free forensic medical and psychologic evaluations to survivors of persecution seeking asylum in the United States and educates the medical community on caring for asylum seekers and refugees.

Program Hashtags , Community Education, Health Professional/Staff Training, Research,

Program Contact Information Matthew Gartland

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Utilize research on the physical and psychological impact of trauma and violence on asylum seekers to determine greatest needs and advocate for more informed immigration policy	Continued the research project and published papers in the frequently cited journals. Currently preparing to release a research report on Family Immigration Detention.	Process Goal	Year 3 of 3
Train/recruit multidisciplinary clinical volunteers cohort to offer professional forensic psychological & physical evals to survivors of persecution by on-demand online training & mentorship program.	Contributed to creation of Asylum Medicine Training Initiative, online, on-demand training. Currently,125 active providers & trainees engaging with clinic; developed formal mentorship pairing in '22.	Outcome Goal	Year 3 of 3
Perform universal Social Determinants of Health screening for asylum applicants engaged with clinic. Offer resource navigation for identified needs incl. referrals to primary & mental health care.	Have one full-time Program Coordinator in this role and have a new source of funding to provide emergency grants to full identified needs.	Process Goal	Year 3 of 3
Establish a Community Advisory Board and meet quarterly to better understand the unique health and social needs of immigrants and asylum seekers.	Formed a Community Advisory Board in September 2022 and have hosted our first two quarterly meetings.	Process Goal	Year 3 of 3
Provide free forensic medical and psychological evaluations to survivors of persecution seeking asylum in the United States.	In 2022, 75 volunteer clinicians (MD, RN, NP, PA, PsyD, LICSW) at MGH performed 85 evaluations of asylum seekers residing in MA from 35 countries, speaking 20 languages.	Outcome Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Other-Cultural Competency, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Domestic Violence, Social Determinants of Health-Uninsured/Underinsured,

Target Populations

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

Partners:

Partner Name and Description	Partner Website
Greater Boston Legal Services Department of Justice Partnership	http://www.gbls.org/our-work/immigration
Healthcare Industry Resiliency Collaborative (HIRC)	https://hircstrong.com/
Northeast Justice Center	https://www.northeastjusticecenter.org/
PAIR Project	https://www.pairproject.org/

Boston Community Engagement

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

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Increase visibility and work of existing events and build capacity of key partnerships (The People's heART Project, Boston Lesbigay Urban Foundation, Mother's Day Walk for Peace, Juneteenth)	Supported 10 events, incl. Honk! Fest, Roxbury holiday event, People's heART Black History Week, Juneteenth-Nubian Square, Pride events w/Boston Lesbigay Urban, & back to school. Reached over 9K.	Process Goal	Year 3 of 3
Increase visibility and work of existing events and build capacity of key partnerships (The People's heART Project, Boston Lesbigay Urban Foundation, Mother's Day Walk for Peace, Juneteenth)	At community events, tables with resources, wrapped over 1000 gifts for holiday event, bought games, backpacks, & raffle prizes at back-to-school events, & reinforced partnerships w/ orgs.	Outcome Goal	Year 3 of 3
Increase access to non-traditional mental health (MH) services i.e.: sand tray therapy) in partnership with the Louis D. Brown Peace Institute	Raised $60K w/ BWH, MA Coalition to Prevent Gun Violence for Mother's Day Walk for Peace; money for MH tools (Peace Institute's Peace Play kits). Participated in a mental health forum for Black women.	Outcome Goal	Year 3 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Social Environment,
Health Issues	Health Behaviors/Mental Health-Mental Health, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Violence and Trauma,
Target Populations	• **Regions Served:** Boston, Boston-Dorchester, Boston-Roxbury, • **Environments Served:** All, • **Gender:** Not Specified • **Age Group:** All, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** LGBT Status,

Partners:

Partner Name and Description	Partner Website
HONK! Fest and Peace Boston	https://honkfest.org/
Roxbury Main Streets	https://roxburymainstreets.org/
Melanated & Mindfulness	https://mindfulandmelanated.com/
Carnival Society of Boston	https://www.facebook.com/BostonCarnivalSociety/
Eventkore	https://www.eventkore.net/
Black Market Nubian	https://blackmarketnubian.com/
Mass Coalition to Prevent Gun Violence	Not Specified
Turn it Around youth program	https://charlestowncoalition.org/turn-it-around/
The People's heART	https://www.thepeoplesheart.org/

BWH Stepping Strong Injury Prevention Program	https://steppingstrong.bwh.harvard.edu/
MGH Center for Gun Violence Prevention	https://www.massgeneral.org/gun-violence-prevention
BWH Violence Recovery Program/JPNTT	https://www.brighamandwomens.org/about-bwh/community-health-equity/violence-recovery-program
Louis D. Brown Peace Institute	Not Specified
Final Touch Boutique	https://www.finaltouchwithclass.com/
Dudley Cafe	https://www.dudleycafe.com/
Boston Lesbigay Urban Events	https://www.lesbigayurbanfoundation.org/
Countdown to Kindergarten	https://www.bostoncares.org/organization/001A000000bA6HvIAK
Boston Public Library	https://www.bpl.org/
Boston Public Schools	Not Specified
Boston Educational Development Fund	Not Specified

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 CY2022, BHCHP managed 1,829 primary care, mental health, and case management encounters for homeless individuals at MGH.

Program Hashtags Community Health Center Partnership, Prevention, Research,

Program Contact Information Jim OConnell, 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 CY22, 1,308 encounters at the Thursday street clinic, including telehealth & 657 encounters from street outreach. Contacts include PCPs, behavioral health providers, nurses & case managers visits.	Outcome Goal	Year 3 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 CY22, medical and behavioral health clinicians and case managers made 302 home visits to 90 housed patients.	Process Goal	Year 3 of 3
Assure services for housed Street Team patients through specialized clinics, home visits, and the use of medical respite as a supportive housing service.	In CY22, 58% (52/90) 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.	Outcome Goal	Year 3 of 3
Foster further collaboration	Nursing liaison aided 56 homeless & formerly homeless pts in ED & 502 admitted pts, incl. Barbara McInnis House screens, discharge plans, monitor care, & boosting the link between acute & community care.	Process Goal	Year 3 of 3
Foster further collaboration between MGH, Mass General Brigham (MGB), and BHCHP, including collaborative grant with MGH and Department of Mental Health.	378 patients received integrated medical & behavioral care:1,973 medical,307 mental health,218 case management,& 105 telemedicine contacts. Peer Recovery Coach had 1888 substance use-related contacts.	Process Goal	Year 3 of 3

EOHHS Focus Issues Housing Stability/Homelessness,

DoN Health Priorities Social Environment,

Health Issues Cancer-Other, Chronic Disease-Cardiac Disease, Chronic Disease-Diabetes, Chronic Disease-Hypertension, Health Behaviors/Mental Health-Depression, Infectious Disease-Hepatitis, Infectious Disease-HIV/AIDS, Infectious Disease-Sexually Transmitted Diseases, Substance Addiction-Substance Use,

Target Populations

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

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

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 & Girls Clubs of Boston (BGCB) to provide community health staff to the staff and youth participants of the Boys and Girls Clubs of Boston. The staff focus on health promotion and wellness as well as nursing support during afterschool programming as well as summer camps provided by BGCB.

Program Hashtags Community Health Center Partnership, Health Professional/Staff Training, Prevention,

Program Contact Information Gabrielle Witham, BGCB Director of Healthy Lifestyles gwitham@bgcb.org

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide health education to members.	Provided nutrition, PA, & hygiene edu to members & edu on tx/prevention of lice to caregivers. Worked w/ providers for preventive & diagnostic health screenings, vaccine clinics, & health fairs	Outcome Goal	Year 3 of 3
Provide afterschool and summer meals oversight	Completed ServSafe Manager Certificate. Trained staff trained on food safety, USDA & DOE regulations. Updated trainings & food safety regulations. Implemented interim plan for Culinary team vacancy	Process Goal	Year 3 of 3
Create healthier club cultures	Reinforced Health360 policies with reminders and best practices. Trained and provided oversight to Club RNs.	Process Goal	Year 3 of 3
Maintained safe Clubs providing additional support during COVID-19	Monitored and rolled out updated policies on masking and quarantine for members and staff.	Outcome Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities N/A,

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

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Children,
- **Race/Ethnicity:** All,

- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Hope and Comfort	http://hopeandcomfort.org/
Peer Health Exchange	https://www.peerhealthexchange.org/
Boston College School of Nursing	https://www.bc.edu/bc-web/schools/cson.html
Fresh Truck	www.freshtruck.org/
Dignity Matters	www.dignity-matters.org
Action for Boston Community Development Inc	Not Specified
One Love Foundation	https://www.joinonelove.org
Weston Ski Track	https://www.paddleboston.com/skitrack/skitrack.php
Green City Growers	https://greencitygrowers.com/
Katz Amsterdam FoundationÃ¢â‚¬â„¢s Youth Access to Winter Sports at Crotched Mountain/Vail Resorts	https://news.vailresorts.com/corporate/skiingandsnowboardingareforeveryone.htm
Office of Sexual Health and Youth Development	https://www.mass.gov/orgs/office-of-sexual-health-and-youth-development
MGH Institute of Health Professions	https://www.mghihp.edu/?gclid=CjwKCAiA5sieBhBnEiwAR9oh2oPOMnRgxK9XNRzddEhY54CPCI8oRrh5P8J3Sq5KGXSAVHHasapouBoCXsUQAvD_BwE

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 approximately 47,000 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. In 2019, Massachusetts General Hospital launched a hospital-based interdisciplinary and collaborative center dedicated to advancing the safety and health of children and adults through injury and gun violence prevention research, clinical care, education and community engagement. The Center is dedicated to working with community partners, public health researchers, public officials and community leaders across the region to better understand and combat violence.

Program Hashtags Community Education, Health Professional/Staff Training, Research,

Program Contact Information Dr. Peter Masiakos, 617-726-8839, pmasiakos@partners.org;

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Educate physicians & all members of the clinical care team in evidence-based strategies to prevent gun violence and discuss this issue with	Simulation training sessions incorporated into residency training programs & expanded efforts to include medical students. A virtual reality educational program is also being created.	Process Goal	Year 3 of 3

patients in a culturally competent way.			
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.	Completed first of 3-year partnership with Emerson College and the Louis D. Brown Peace Institute, through which students use multimedia to reframe stories of gun violence and advocate for solutions.	Process Goal	Year 3 of 3
Develop and advance campaigns regarding safe firearm storage and recognizing warning signs.	Developed gun lock distribution program -gun locks are provided in primary care offices & other clinical sites. Materials created for hospital intranet to educate clinicians.	Process Goal	Year 3 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 advancing 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 3 of 3
Develop a mini-grant program to fund innovative gun violence prevention projects that align with the Center's mission of education, research, and community engagement.	Two projects were awarded funding through the second cycle of our mini-grant program. Projects cover research and exploring power of community art.	Process Goal	Year 3 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
Center for Teen Empowerment	Not Specified
Boston Uncornered	Not Specified

Center for Immigrant Health

Program Type Access/Coverage Supports

Program is part of a grant or funding provided to an outside organization No

Program Description The MGH Center for Immigrant Health fosters excellence in clinical care, education, advocacy and research to improve the health and wellbeing of immigrants, across all departments and clinical sites at MGH and within the broader community.

Program Hashtags Community Education, Community Health Center Partnership, Health Professional/Staff Training,

Program Contact Information Fiona Danaher - Director, MGH Center for Immigrant Health, 125 Nashua Street, 8th floor

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Resource Development and Navigation: Provide outreach and	More than 200 consults completed by Immigrant Health Community Health Worker (CHW) in past year. In process of	Process Goal	Year 3 of 3

guidance to help immigrant patients, staff, and their families navigate access to hospital and community resources.	hiring a second CHW. Co-hosted 2 community-based New Migrant Welcome Clinics.		
Mental Health Programming: Develop mental health (MH) programming to address resettlement acculturation stressors, and trauma and isolation experienced by some members of the immigrant community.	Ongoing QI project to promote equity in MH access for immigrant patients. Establishing MH workgroup. Hired LICSW. Secured funding to launch CHW-based mental health care model in 2023.	Process Goal	Year 3 of 3
Food and Nutrition Program: Develop culturally informed nutrition programming to address food insecurity and risk factors for obesity.	Secured grant to launch pilot program at MGH Chelsea in 2023.	Process Goal	Year 3 of 3
Education: Work with immigrant and refugee health experts to develop & disseminate best practices through educational modules for staff and clinical electives for students/residents.	Hosted multiple educational sessions for MGH staff, trainees, and community members on best practices, and disseminated written materials.	Process Goal	Year 3 of 3
Inclusivity: Promote a welcoming environment at MGH that celebrates patient's and staff's diverse backgrounds and immigration histories.	Hosted annual week-long Migration is Beautiful campaign. Delivered Blum Center presentation on countering xenophobia. Established Community Advisory Board.	Process Goal	Year 3 of 3

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

DoN Health Priorities N/A,

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

Target Populations

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

asylum seekers.	
La Colaborativa	https://la-colaborativa.org/
Chelsea Community Connections Coalition	http://www.chelseaccc.org/
Boston Health Care for the Homeless	https://www.bhchp.org/
Boston Mayor's Office for Immigrant Advancement	https://www.boston.gov/departments/immigrant-advancement
Beyond Bond & Legal Defense Fund	https://www.beyondbondboston.org/
Boston Immigration Justice Accompaniment Network	https://hcfama.org/
Health Care for All	Not Specified
Political Asylum/Immigration Representation Project	https://www.pairproject.org/
Immigrant Family Services Institute	https://www.ifsi-usa.org

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 FY22, there were 197 active participants in the SHC, with 1075 visits.

Program Hashtags Community Health Center Partnership, Health Screening, Prevention,

Program Contact Information Jordan Hampton, RN, MSN, CPNP

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Substance Use Prevention and Intervention.	Following SBIRT model, all patients screened for substance use using CRAFFT screening and received brief intervention using motivational interviewing and referral to treatment as needed.	Process Goal	Year 3 of 3
Promote student success through work training.	Coordinated internships at MGH Chelsea; Recruited 5 high school students as summer interns at MGH Chelsea through Jobs4Youth program. Hosted HMS pediatric residents in Adolescent Clinical rotation.	Process Goal	Year 3 of 3
Improve services for new arrivals from Central America.	Connect pts with primary care/insurance. Taught sex health for ~ 200 newly arrived ELL students. MGH Immigrant Health Coalition, MGHfC DEI committee. Trainings on immigration issues	Process Goal	Year 3 of 3
Promote Adolescent Sexual Health	Comprehensive reproductive health care. Universal screen IPV. Member MGH Trans Action Group. Taught sex ed. in SPED & ELL classes.	Process Goal	Year 3 of 3
Improve understanding of COVID19, facilitate COVID19 vaccination.	Worked with CHS staff to create materials to educate students and staff about COVID19 and vaccine safety and efficacy. Assisted with reopening planning, prevention, testing, and vaccination efforts	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities N/A,

Health Issues Chronic Disease-Asthma/Allergies, Chronic Disease-Diabetes, Chronic Disease-Hypertension, Chronic Disease-Overweight and Obesity, Chronic Disease-Pulmonary Disease, Chronic Disease-Sickle Cell Disease, Health Behaviors/Mental Health-Bereavement, Health Behaviors/Mental Health-Depression, Health Behaviors/Mental Health-Immunization, Health Behaviors/Mental Health-Mental Health, Health Behaviors/Mental Health-Physical Activity, Health Behaviors/Mental Health-Responsible Sexual Behavior, Health Behaviors/Mental Health-Stress Management, Infectious Disease-Hepatitis, Infectious

Disease-HIV/AIDS, Infectious Disease-Lyme Disease, Infectious Disease-Sexually Transmitted Diseases, Infectious Disease-Tuberculosis, Injury-Auto/Passenger Injuries, Injury-First Aid/ACLS/CPR, Injury-Other, Injury-Sports Injuries, Maternal/Child Health-Child Care, Maternal/Child Health-Family Planning, Maternal/Child Health-Parenting Skills, Maternal/Child Health-Reproductive and Maternal Health, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Access to Transportation, Social Determinants of Health-Affordable Housing, Social Determinants of Health-Domestic Violence, Social Determinants of Health-Education/Learning, Social Determinants of Health-Environmental Quality, Social Determinants of Health-Homelessness, Social Determinants of Health-Income and Poverty, Social Determinants of Health-Language/Literacy, Social Determinants of Health-Nutrition, Social Determinants of Health-Public Safety, Social Determinants of Health-Racism and Discrimination, Social Determinants of Health-Uninsured/Underinsured, Social Determinants of Health-Violence and Trauma, Substance Addiction-Alcohol Use, Substance Addiction-Driving Under the Influence, Substance Addiction-Opioid Use, Substance Addiction-Smoking/Tobacco Use, Substance Addiction-Substance Use,

Target Populations

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

Partners:

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

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Chelsea Pediatric Asthma Program

Program Type Access/Coverage Supports

Program is part of a grant or funding provided to an outside organization No

Program Description The Pediatric Asthma Program strives to improve management of asthma care for adolescent and pediatric patients and improve health outcomes through patient navigation, education, referrals to services, and collaboration within the health center and with outside agencies. In FY22, 3 asthma coaches provided their services to pediatric and adolescent patients of MGH Boston, Chelsea, Everett, Revere and Charlestown. A fourth coach began in Aug 2022. Despite the COVID-19 pandemic, the asthma coaches have been able to resume home visits in addition to usual telephonic encounters. In addition to provide asthma-related care and education, our asthma coaches are also trained to address any social determinants of health needs that the patient and their family may also be experiencing.

Program Hashtags Community Education, Community Health Center Partnership,

Program Contact Information Anna Spiro, Pediatric Asthma Manager

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Work with pediatric patients and their families to address asthma concerns.	In FY22, a total of 291 pediatric patients were enrolled in the Asthma Coach program. 119 of 291 (41%) were considered high-risk asthma patients.	Outcome Goal	Year 3 of 3
Conduct home visits, office visits, and telephone calls with asthmatic patients when appropriate.	In FY22, there were 579 telephone calls made to 291 patients and 4 home visits.	Process Goal	Year 3 of 3
Improve management of asthma care for adolescent and pediatric patients by conducting appropriate asthma-related activities.	A new Epic EHR form was used to enroll asthma patients. Form was used 222 times, where asthma coaches reviewed prescribed medications (N=170) and educated patients on triggers and symptoms (N=111).	Process Goal	Year 3 of 3
Improve management of asthma care for adolescent and pediatric patients, especially patients of color.	62% identify as Hispanic/Latino and 38% do not identify as Hispanic/Latino. In terms of race, 26% identify as White, 2% as Asian, 13% as Black, 5% as 2 or More, 48% as Other.	Process Goal	Year 3 of 3

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

DoN Health Priorities Social Environment,

Health Issues Chronic Disease-Asthma/Allergies, Social Determinants of Health-Education/Learning, Social Determinants of Health-Environmental Quality,

Target Populations

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

Partners:

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

Community Health Associates: 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. HS specialists also provide lactation support and behavioral consults as needed. The program also works with the Parents as Teachers (PAT) home visiting 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.

Program Hashtags Community Education, Community Health Center Partnership, Prevention,

Program Contact Information Jennifer Bronsdon, Program Coordinator

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide timely well child care and developmental surveillance, to improve access for all patients and their families, and to provide additional developmental and behavioral information.	In FY22, Healthy Steps (HS) had 614 families with young children enrolled. HS specialists conducted joint office visits with pediatricians.	Outcome Goal	Year 3 of 3
Provide home-visiting services to families of young children w/ multiple family stressors to focus on supporting family well-being, improving child development & enhancing parent-child interactions.	PAT Parent Educators provided home visits to 35 families & 54 children btwn 0-5 years; 81% of families had 2+ risk factors. 521 home visits conducted in person & virtually; 53 visits incl. fathers.	Process Goal	Year 3 of 3
Provide home-visiting services to families whose primary language is Spanish.	Spanish-speaking parent educator, a Licensed Mental Health Counselor, provided PAT home-visiting services to 10 Spanish-speaking families. Consulted with Spanish-speaking families not enrolled in PAT.	Outcome Goal	Year 3 of 3

Provide opportunities for families to attend group connections in order to get support from other parents	Fifteen socially-distanced in-person group connections were offered to families with young children during FY22.	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Health Behaviors/Mental Health-Immunization, Health Behaviors/Mental Health-Mental Health, Maternal/Child Health-Child Care, Maternal/Child Health-Parenting Skills, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty,

Target Populations

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

Partners:

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

Community Health Associates: 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 Hepatitis C program works to improve clinical care and increase the understanding of the Hepatitis C Virus (HCV) through provider and patient education, and community outreach activities.

Program Hashtags Community Education, Health Screening, Prevention,

Program Contact Information Ann-Marie Duffy-Keane

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide outreach to patients with Hepatitis C residing in Charlestown, Chelsea, Everett, and Revere.	49 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 3 of 3
Provision of improved clinical care and access to care to Hepatitis C patients.	72 patients were referred to the MGH Health Center Hep C Clinics: 69 patients were evaluated; 50 patients were successfully treated with HCV medications.	Outcome Goal	Year 3 of 3

EOHHS Focus Issues Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Substance Use Disorders,

DoN Health Priorities Social Environment,

Health Issues Infectious Disease-Hepatitis, Infectious Disease-HIV/AIDS, Social Determinants of Health-Access to Health Care, Substance Addiction-Substance Use,

Target Populations

- **Regions Served:** All Massachusetts,

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

Partners:

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

Community Health Associates: 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, particularly around vaping, in the communities by collaborating with organizations.

Program Hashtags Community Education,

Program Contact Information Amy O'Malley, Population Health Manager

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Reduce smoking among MGH patients and community residents by offering free cessation coaching, consultation and information via MGH Living Tobacco-Free.	Total 719 referrals: Sent education and resource info to 719 referrals. Provided coaching & education to 274 patients.	Process Goal	Year 3 of 3
Expand access to Living tobacco Free coaches and programs to patients by including Support Groups and Webinars.	Formed programming/structure for pts to join group settings, incl. Quit Group, Support Group & Stress Reduction. Created monthly Info Webinar to educate pts on tobacco addiction, meds & cessation.	Process Goal	Year 3 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 deliver information at Health Fair.	Process Goal	Year 3 of 3
Diversify Living tobacco free service offerings as well as train staff to include various mind/body and stress reduction techniques and programming	Expanded offerings to include yoga & other breathing, relaxation and grounding techniques. Worked with Nutrition to include info to patients regarding concerns around nutrition and tobacco cessation.	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Built Environment,

Health Issues Substance Addiction-Smoking/Tobacco Use,

Target Populations

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

Partners:

Partner Name and Description	Partner Website
Revere Public Schools	http://www.revereps.mec.edu/

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
Massachusetts Tobacco Cessation & Prevention Program	https://www.mass.gov/massachusetts-tobacco-cessation-and-prevention-program-mtcp
Revere CARES Community Coalition	http://reverecares.org
Charlestown Coalition	https://charlestowncoalition.org/
Tobacco Free Mass	https://tobaccofreema.org
City of Revere	www.revere.org

Community Health Associates: 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 Duffy-Keane,

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
To provide supportive nursing case management.	In FY22, the program provided case management and support services to 120 patients from Chelsea, 48 patients from Everett, 123 patients in Revere, and 123 patients in Charlestown.	Outcome Goal	Year 3 of 3
To encourage patients to participate in individual or group counseling as part of their recovery process.	100% of patients (414) are referred to treatment with the health centers or the community.	Process Goal	Year 3 of 3
Increase the numbers of Primary Care Providers (PCP) who prescribe medication assisted treatment.	Currently there are 51 providers at the health centers who prescribe. MGH Charlestown-12 PCPs, 1 NP; MGH Chelsea-10 PCPs; MGH Everett-5 PCPs; and MGH Revere-23 PCPs	Outcome Goal	Year 3 of 3

EOHHS Focus Issues Substance Use Disorders,

DoN Health Priorities N/A,

Health Issues Substance Addiction-Opioid Use, Substance Addiction-Substance Use,

Target Populations

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

Partners:

Partner Name and Description	Partner Website
MA DPH Bureau of Substance Abuse Services	https://www.mass.gov/orgs/bureau-of-substance-addiction-services
North Suffolk Mental Health Association	http://www.northsuffolk.org
Office Based Addiction Treatment with Buprenorphine Program-Boston	http://www.bumc.bu.edu/care/clinical-programs/obat

Medical Center	

Community Health Associates: 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 provides curriculum-based health education on living a healthy life among school youth in MGH Health Center-served communities of Charlestown, Chelsea and Revere. In FY 22, the program served 2 schools with a total of 141 participants who demonstrated knowledge and behavior improvement in these program learning objectives:
1 Practice deep-breathing to control daily stress
2 Eat at least 5 servings of vegetables and fruits a day
3 Set a healthy limit to daily entertainment screen time to no more than 2 hours
4 Spend at least 60 minutes/day on physical activity
5 Start every day with a healthy breakfast
6 Sleep well and Aim for 9-10 hours a night"

Program Hashtags Community Education, Community Health Center Partnership, Prevention,

Program Contact Information Ming Sun, MPH,CHES

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Promote & nurture healthy daily-life habits among participants by delivering an evidence-informed health education curriculum on developing and sustaining those healthy-living habits	Program served 2 schools &Chelsea elementary school's summer camp; total of 141 participants. All were given What You can Do about Bullying comic book, (by Ari Magnusson) upon program completion.	Process Goal	Year 3 of 3
Increase knowledge and behavior improvement in: Eating enough vegetables and fruits, Eating a healthy breakfast, limiting screen time, increasing exercise time, and sleeping enough hours and well.	Students reported changes and improvements in all program learning objectives, listed in the goal description.	Outcome Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Health Behaviors/Mental Health-Mental Health, Health Behaviors/Mental Health-Stress Management,

Target Populations

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

Partners:

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

Chelsea School Department â€“ Elementary School Summer Program	Not Specified

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Comprehensive Sickle Cell Disease Treatment Center

Program Type Direct Clinical Services

Program is part of a grant or funding provided to an outside organization No

Program Description To serve patients living with Sickle Cell Disease who are predominantly Black patients through the development of a comprehensive medical home that brings together primary and subspecialty care along with social support services.

Program Hashtags Community Education, Community Health Center Partnership, Health Professional/Staff Training,

Program Contact Information Sharl Azar, Medical Director; SAZAR1@MGH.HARVARD.EDU ;

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Bring at least 100 patients into care for sickle cell disease management	Goal achieved by December 2021	Outcome Goal	Year 3 of 3
Create education modules for physicians and providers, such as simulated environment	Goal Achieved by July 2022	Process Goal	Year 3 of 3
Develop partnership with Palliative Care to manage pain in patients with sickle cell crisis	Grant awarded to pilot this effort for $50k in Oct 2021	Process Goal	Year 3 of 3
Develop mechanism for transporting patients to and from hospital post-infusion of narcotics	Partnership with Circulation and Lyft established in November 2021 with funding from Bird Trust	Process Goal	Year 3 of 3

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

DoN Health Priorities N/A,

Health Issues Chronic Disease-Sickle Cell Disease, Social Determinants of Health-Access to Transportation, Social Determinants of Health-Racism and Discrimination,

Target Populations

- **Regions Served:** All Massachusetts,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** Adults, Children,
- **Race/Ethnicity:** Black, Hispanic/Latino,
- **Language:** English, Haitian Creole, Spanish,
- **Additional Target Population Status:** Disability Status, Domestic Violence History, Incarceration History, Refugee/Immigrant Status,

Partners:

Partner Name and Description	Partner Website
Vertex Pharmaceuticals	https://www.vrtx.com/

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 program under the MGH Center for Community Health Improvement that began in April 2017 and offers on-site health and social services to residents living in three apartment buildings surrounding the hospital campus.
Staff includes a registered nurse, community health worker, and community outreach coordinator. The Connect to Wellness program is a resource available to over 400 older and disabled adults who are living in these buildings (Beacon House, Blackstone Apartments, and Amy Lowell Apartments). The team spends one day per week at each location and offers services such as clinical office hours, informational sessions, and health promotion presentations. The objective of this community

collaborative is to assist all residents in maintaining independence as they age in place by identifying social and health related needs and providing linkages to services."

Program Hashtags Community Education, Health Screening,

Program Contact Information Theresa Venable McCormick, ; TVMCCORMICK@mgh.harvard.edu;

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 FY22, the Connect to Wellness team engaged with 138 Boston residents from all three buildings, 45 from Beacon House, 43 from Amy Lowell, 50 from Blackstone.	Outcome Goal	Year 3 of 3
Support older adults' and adults with disabilities to live safely and independently in the community.	There were 475 total contacts made in FY22. There were 190 encounters by RN and 266 by CHW/OC and 19 by Manager.	Process Goal	Year 3 of 3
Provide older adults and adults with disabilities with on-site educational opportunities.	In FY22, Health & Wellness workshops, and monthly visits from the MGB Community Van. Donated a total of thirty-five $25 gift cards.	Process Goal	Year 3 of 3
Improve older adults and adults with disabilities ability for self-health management and independence through education and health promotion.	In FY22, distributed 200 Covid test kits, distributed 300 masks. Provided Dance/Exercise classes to help build muscle strength and help build social skills.	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities N/A,

Health Issues Other-Senior Health Challenges/Care Coordination, Social Determinants of Health-Access to Health Care,

Target Populations

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

Partners:

Partner Name and Description	Partner Website
Amy Lowell Apartment	http://www.amylowellapartments.com/amy-lowell-apartments-boston-ma
Beacon House Rogerson 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/

Family Planning

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. It ensures delivery of clinical family planning services at MGH Revere Pediatrics, MGH Revere School-Based Health Center, MGH Revere Adolescent Health Center, MGH Chelsea Pediatrics, and MGH Chelsea School-Based Health Center.

Program Hashtags Community Health Center Partnership, Health Screening,

Program Contact Information Ann-Marie Duffy-Keane

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame

By subcontracting with Action for Boston Community Development Health Services, this program provides access to youth reproductive health services such as family planning, counseling, & education.	In FY22, the Family Planning Program served 545 patients with 1,401 visits across the 3 MGH program delivery sites, visits were conducted in person and virtually.	Outcome Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities N/A,

Health Issues Health Behaviors/Mental Health-Responsible Sexual Behavior, Maternal/Child Health-Family Planning,

Target Populations

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

Partners:

Partner Name and Description	Partner Website
MGH Chelsea	http://www.massgeneral.org/chelsea/
Revere High School	http://www.reverek12.org/
Chelsea high school	Not Specified

Food Insecurity 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 We have various food insecure families present in our priority communities of Chelsea, Everett, and Revere. Food for Families screens MGH Chelsea and MGH Everett Family Practice 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 one day a week out of the health center. MGH Revere Food Pantry is an appointment-based therapeutic food pantry, serving plant-based foods to MGH patients. The goal is to affect more than hunger but to impact on nutrition as well.

Program Hashtags Community Education, 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.	In Chelsea, 304 individuals/households were engaged by the Food for Families program: 75% of patients served identify as Hispanic/Latino. 86% of patients served are insured through MassHealth.	Process Goal	Year 3 of 3
Provide food as medicine to families through the MGH Chelsea and MGH Revere food pantry and positively impact our patient's health outcomes.	In FY22, 177 families attended the MGH Chelsea food pantry, and 13 new families registered for the food pantry. In Revere, on average, about 100 families/week visited the food pantry.	Process Goal	Year 3 of 3
Help more families throughout Suffolk and Middlesex counties.	MGH Chelsea Food Pantry ordered over 118,734 lbs. of food. MGH Revere is pending completion of a new and expanded food pantry space to increase capacity from 100 to 150 patients served per week.	Process Goal	Year 3 of 3
Meet with food insecure patients to connect them to appropriate services	In FY22, 104 patients received SNAP application assistance and enrollment at MGH Chelsea. Additionally, 35 households were	Outcome Goal	Year 3 of 3

and resources.	assisted in renewal for SNAP benefits.		

EOHHS Focus Issues N/A,

DoN Health Priorities Built 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:** English, Other, Portuguese, Spanish,
- **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, Mentorship/Career Training/Internship, Prevention,

Program Contact Information Jennifer Kelly

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Improve the overall physical health of Chelsea residents, especially youth, by increasing opportunities for both healthy eating and active living throughout the community	Led Chelsea Hunger Network/Pandemic Food Response group (19 partners). Donated 80K lbs food/month and $23K in food cards/month. 7 micro pantries built-partner with Hope & Comfort for hygiene products.	Process Goal	Year 3 of 3
Increase youth engagement and leadership development in the schools, coalition-through Teen Action Project (TAP) and Youth Food Movement (YFM) and community.	Held 5 cannabis/vaping workshops to HS health students and 1 workshop to 25 parents. Engaged ~19 youth in the TAP & YFM paid internship; 75% stated clubs empowers them to advocate in community.	Process Goal	Year 3 of 3
Improve the developmental health of children ages prenatal to six years through a collective impact approach	Combined early childhood meetings w/ local Coordinated Family & Community Engagement Network. Promoted Week of the Young Child, event. Created flyer of parent support groups in both English & Spanish.	Outcome Goal	Year 3 of 3
Promote social and emotional wellness by fostering resilient communities and building equitable,	Youth-led campaign joined w/ Clay Center during Mental Health Awareness month. Continued leadership of Mental Health Pandemic group to share resources, best practices, & advocacy.	Process Goal	Year 3 of 3

accessible, and supportive systems of care			
Increase community collaboration, communication and access to services	~20K users visited website where events/resources are promoted-15% increase from FY21. Continued coordination of IRIS w/ 24 partners. Of 483 referrals, 30% were completed & 41% accepted.	Process Goal	Year 3 of 3

EOHHS Focus Issues Substance Use Disorders,

DoN Health Priorities Built Environment,

Health Issues Health Behaviors/Mental Health-Stress Management, Social Determinants of Health-Access to Healthy Food, Substance Addiction-Smoking/Tobacco Use,

Target Populations

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

Partners:

Partner Name and Description	Partner Website
CAPIC	www.capicinc.org/
Chelsea Chamber of Commerce	http://www.chelseachamberofcommerce.org/
Chelsea Collaborative	http://chelseacollab.org/
Chelsea Police Department	www.chelseapolice.com
Chelsea Public Schools	www.chelseaschools.com/cps/
City of Chelsea	www.ci.chelsea.ma.us
GreenRoots, Inc.	http://www.greenrootschelsea.org/
Mass in Motion	http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/mass-in-motion/
North Suffolk Mental Health Associates	www.northsuffolk.org/
ROCA	www.rocainc.org/
The Neighborhood Developers	www.theneighborhooddevelopers.org/
Aramark	https://www.aramark.com/
Boys & Girls Club (Jordan Club)	https://www.bgcb.org/find-your-%20club/jordan-club/
Cataldo Ambulance	http://cataldoambulance.com/
Chelsea Community Garden	http://chelseacommunitygarden.weebly.com/
Chelsea Housing Authority	http://www.chelseaha.com/
Chelsea Public Library	https://www.chelseama.gov/public-library
Chelsea-Revere Family Network	http://www.capicinc.org/Eng/E_FamilyNetwork.html
Dept. of Children and Families	https://www.mass.gov/orgs/massachusetts-department-of-children-families
FoodCorps	https://foodcorps.org/
Harbor Area Early Childhood Services	http://northsuffolk.org/services/early-childhood-services/
Health Care Resource Centers	https://www.hcrcenters.com/
MA Department of Public Health	https://www.mass.gov/orgs/department-of-public-health
MA DPH Bureau of Substance Abuse Services	https://www.mass.gov/orgs/bureau-of-substance-addiction-services
Massachusetts Farm to School	http://ag.umass.edu/nutrition

MassBike	https://www.massbike.org/
Metropolitan Area Planning Council	https://www.mapc.org/
MGH Chelsea	https://www.massgeneral.org/chelsea/
NorthBound Ventures	http://www.northboundventures.com/
Nurtury	http://www.nurturyboston.org/
Project Bread	http://www.projectbread.org/
Raising a Reader	https://raisingareaderma.org/
Salvation Army Chelsea	http://www.massachusetts.salvationarmy.org/MA/Chelsea
State Garden	http://stategarden.com/
Stop and Compare	http://www.stopandcompare.net/
KIND - Kids in Need of Defense	https://supportkind.org/
United Way	https://unitedwaymassbay.org/
WalkBoston	https://walkboston.org/
WIC MGH Chelsea	https://www.wicprograms.org/ci/ma-chelsea
Chelsea Community Connections Coalition	http://www.chelseaccc.org/
La Colaborativa	https://www.chelseacollab.org/
El Potro	http://elpotromexicangrill.com/chelsea/
Greater Boston Food Bank	https://www.gbfb.org/
SELAH Resource Center	https://www.facebook.com/SelahCDRC/
Revival International Center	Not Specified
Temple Emanuel	https://templeemmanuelofchelsea.org/
Chelsea Congregational Church	http://www.chelseafcc.com/index.html
MGH Food for Families	https://www.massgeneral.org/community-health/cchi/programs/food-for-families
St. Luke's	https://www.lukelucas.org/

Healthy Families

Program Type Access/Coverage Supports

Program is part of a grant or funding provided to an outside organization Yes

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 childs third birthday. Bi-cultural home visitors go to the homes of high-risk pregnant women and new mothers and provide emotional and concrete support for the participants and families who are adjusting to a new culture and health care system. We aim to empower mothers in a culturally appropriate manner to help them find effective solutions and reduce parental stress.

Program Hashtags Community Education, Community Health Center Partnership, Prevention,

Program Contact Information Maria Yolanda Parra

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Create supportive relationships with families.	Home visitors conducted 1,901 home visits and virtual visits in total, averaging 58 minutes each.	Outcome Goal	Year 3 of 3

Promotion of positive parent-child interaction.	33 of 41 (80%) participants completed an assessment tool to assess positive interactions between parent and baby.	Outcome Goal	Year 3 of 3
Promotion of healthy childhood growth and development.	34 of 41 (83%) of children were screened using the Ages and Stages Questionnaire, a tool to assess a child's development, milestones and determine whether follow-up steps are needed.	Outcome Goal	Year 3 of 3
Enhancement of family functioning.	38 of 41 (93%) of families reported having insurance continuity; 38 of 41 (93%) mothers screened for Post-Partum Depression.	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Maternal/Child Health-Child Care, Maternal/Child Health-Family Planning, Maternal/Child Health-Parenting Skills, Maternal/Child Health-Reproductive and Maternal Health, Social Determinants of Health-Education/Learning,

Target Populations

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

Partners:

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

Helping Abuse and Violence End Now (HAVEN)

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 732 served in FY22.

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.	732 survivors were served in FY22. Of 252 Brief Interventions, 49% were for outreach calls, 32% for safety planning, and 20% for housing/shelter matters.	Outcome Goal	Year 3 of 3
Provide direct services to survivors of intimate partner abuse.	In FY22, HAVEN advocates had 5,291 contacts with clients 35% of contacts included emotional support; 30% were for safety planning; 33% were for DV education.	Outcome Goal	Year 3 of 3

Provide direct services to survivors of intimate partner abuse.	In FY22, HAVEN clients reported the following: 54% emotional abuse; 37% physical abuse; 18% property damage; 10% economic abuse; 9% sexual abuse; 4% stalking.	Outcome Goal	Year 3 of 3
Increase legal services for survivors of intimate partner abuse.	Through a partnership between MGH and Casa Myrna Vazquez, 73 referrals were made, and advocates consulted with a lawyer specializing in intimate partner violence 64 times in FY22.	Outcome Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Violence,

Health Issues Social Determinants of Health-Domestic Violence, Social Determinants of Health-Violence and Trauma,

Target Populations

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

Partners:

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

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 children's experience and integration in the community. Since 2015 the program has focused on newly arriving immigrant children from Central America.

Program Hashtags Community Education, Community Health Center Partnership,

Program Contact Information Ali Abdullahi, Immigrant and Refugee School Program Manager

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide a continuum of care across multiple settings to ensure the well-being of immigrants, refugees, and asylees in Chelsea.	In FY22, 21students and family members in Chelsea Public Schools were served; Countries of origin include: El Salvador, Guatemala, and Honduras.	Process Goal	Year 3 of 3
Support refugee and newly arrived immigrant students transitioning into school.	In FY22, the Immigrant and Refugee School coordinator had 66 contacts with students and families.	Outcome Goal	Year 3 of 3
Address top concerns of refugee and newly arrived immigrant students transitioning into school.	In FY22, the top concerns addressed were school parent communication, registration, resources, and physical health.	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Social Determinants of Health-Access to Health Care, Social Determinants of Health-Education/Learning, Social Determinants of Health-Uninsured/Underinsured,

Target Populations

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

Partners:

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

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 1,500 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, healthcare data analytics and leadership, and rehabilitation sciences.
More than 200 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 and 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 John Shaw, Associate Director of Communications; jmshaw@partners.org;

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	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 3 of 3

students to needs of under-represented populations.			
Volunteering in the Charlestown and Greater Boston communities.	More than 350 students each September spend a day at 60 non-profits during Community IMPACT Day. Several student clubs volunteer working with non-profits throughout the year.	Outcome Goal	Year 3 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.	Process Goal	Year 3 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 IHPs direct-entry academic programs work regularly with pupils as part of a formal working agreement between the two schools.	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Social Determinants of Health-Education/Learning,

Target Populations

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

Partners:

Partner Name and Description	Partner Website
Harvard Kent Elementary	http://www.harvardkent.org/

Legal Initiative for Care

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 Silvestre Valdez, Manager; savaldez@partners.org;

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 FY22, 128 families received civil legal services.	Outcome Goal	Year 3 of 3
Support families through appointments where families receive legal consultation, legal representation, legal advice, and/or legal interventions.	In FY22, there were 312 appointments with LINC families.	Outcome Goal	Year 3 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 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Social Determinants of Health-Affordable Housing, Social Determinants of Health-Environmental Quality, Social Determinants of Health-Homelessness, Social Determinants of Health-Income and Poverty, Social Determinants of Health-Uninsured/Underinsured,

Target Populations

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

Partners:

Partner Name and Description	Partner Website
CONNECT at TND	Not Specified
International Institute of Boston	http://iine.us/
Suffolk Law School Clinics	http://www.law.suffolk.edu/academic/clinical/contact.cfm
Volunteer Lawyers Project	http://www.vlpnet.org
Lawyers for Civil Rights Boston	http://lawyersforcivilrights.org/

MassUP-Cross-City 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 MassUP initiative is a partnership across Massachusetts state agencies including the Health Policy Commission, the Department of Public Health, MassHealth, the Office of the Attorney General, the Executive Office of Elder Affairs, and the Executive Office of Health and Human Services. The investment program supports partnerships that include health care provider organizations and community organization partners working to address upstream social, environmental, and/or economic challenges, and aim to enable sustainable improvements in community health and health equity. The purpose of the MassUP investment program is to build and/or expand upon existing efforts to implement programs that address the social determinants of health (SDOH) and root causes of health inequity. MGH/Revere CARES, in partnership with The Neighborhood Developers CONNECT, La Colaborativa, Women Encouraging Empowerment, the City of Chelsea, the City of Revere, and MassHire Metro North Workforce Board will establish a Cross-City Coalition to coordinate municipal and regional workforce development efforts in the cities of Chelsea and Revere to increase skills and qualifications for residents to attain benefitted jobs with pathways for growth. The partnership has been awarded $649,498 in funding. In early 2022, the coalition revised its implementation plan. The project described in this publication/article was supported by an Investment Award from the Commonwealth of Massachusetts Health Policy Commission (HPC). The contents of this publication/article are the sole responsibility of the authors and do not necessarily represent the views of the HPC.

Program Hashtags Community Education, Community Health Center Partnership, Mentorship/Career Training/Internship,

Program Contact Information Sylvia Chiang, ;

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Creation of a partnership between workforce development stakeholders in Chelsea and Revere to detect and work on necessary system changes	Bimonthly meetings w/ Chelsea & Revere City reps, 2 CBOs, 2 regional orgs., 2 community reps, & staff. Initial stages of shared referral form, developed work & eval plan, formation of 2 subcommittees.	Process Goal	Year 3 of 3

Ameliorate childcare scarcity, cost, and barriers so that residents in region can reintegrate and participate in workforce post Covid-19.	Identified contact info & started outreach to childcare providers in region; 30 Chelsea & Revere residents went to CommonStart Rally to back act expanding access to high-quality, affordable childcare.	Outcome Goal	Year 3 of 3
Mitigate Access issues to training Advocate for updates in the local childcare zoning regulations created by discriminatory and biased policies	Created a Google spreadsheet and website documenting the available training opportunities including citizenship, computer, HiSET, and resume/job searching classes.	Process Goal	Year 3 of 3
Advocate for updates in the local childcare zoning regulations created by discriminatory and biased policies-Centering childcare providers voices & providing info/advocacy on zoning regs-held	meeting in Aug. Met w/ State Sen. Edwards-interested in having a version of proposed bill in state house.	Outcome Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Employment,

Health Issues Social Determinants of Health-Income and Poverty,

Target Populations

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

Partners:

Partner Name and Description	Partner Website
City of Chelsea	https://www.chelseama.gov/
City of Revere	www.revere.org
La Colaborativa	https://la-colaborativa.org/
MassHIRE Metro North	https://masshiremncareers.com/
Women Encouraging Empowerment	Not Specified

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 (LEP) patients and providers, serve as patient advocates, and help patients navigate the healthcare system. We partner with local interpreter agencies and independent contractors to assist with in-person, telephonic, and video encounters between patients and healthcare providers

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 FY22, approximately 7,179 patients were served. There are 16 staff members who offer 16 different languages.	Outcome Goal	Year 3 of 3
Meet the needs of existing and new patients at MGH Chelsea by bridging the language gap.	Medical Interpreters reported 24,397 encounters (video, phone, and in-person). Top 5 languages interpreted were: Spanish (67%), Portuguese (15%), Dari (5%), Arabic (4%), and Bosnian (4%).	Outcome Goal	Year 3 of 3

Address patients' social determinants of health by referring them to programs and needed services.	Medical Interpreters connected LEP patients to Community Health Worker programs: Medical-Legal Partnerships, Healthy Families, Healthy Steps, HAVEN, Food for Families, and other community partners.	Outcome Goal	Year 3 of 3
Coordinate with local agencies to provide on-site, telephonic, and virtual interpreters for languages of lesser diffusion.	Language access partners reported 13,580 telephonic and virtual encounters. Top 5 languages interpreted were: Spanish (73%), Portuguese (7%), Arabic (4%), Haitian Creole (3%), and Vietnamese (2%).	Outcome Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Social Determinants of Health-Access to Health Care, Social Determinants of Health-Language/Literacy,

Target Populations

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

Partners:

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

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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 culturally sensitive care and access to hospital services for patients and families who have limited English proficiency or who are Deaf or Deaf/Blind.

Program Hashtags , Community Education, Community Health Center Partnership, Health Professional/Staff Training, Health Screening, Prevention, Research,

Program Contact Information Chris Kirwan, Director; 617-726-6061

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provides professional language access services to MGH patients	Over the previous Fiscal Year MGH interpreter services had an increase of 13.8% in the provision of language access to patients and their families.	Outcome Goal	Year 3 of 3

Meet the needs of existing and new patients at MGH by bridging the language gap.	Saw a 10.6% rise in the #of patient appts. w/language access needs; using tech. & resources to meet the needs. Increased meeting need over last year by 1.6% (Met 59.9% of patient need).	Process Goal	Year 3 of 3
Expand language access to patients through the Qualified Bilingual Staff program	We have now certified over 500 providers and clinicians as proficient to provide direct care to patients in that target language.	Process Goal	Year 3 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:** All,
- **Language:** English, Portuguese, Spanish,
- **Additional Target Population Status:** Refugee/Immigrant Status,

Partners:

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

MGH Chelsea 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 Chelsea for pediatric care. Pediatricians are also able to refer their patients 0-3 who have had at least one well child visit to Tier 2 or Tier 3 services. Tier 2 services include short-term support services such as child development and behavior consults, care coordination and systems navigation, positive parenting guidance, and early learning resources. Tier 3 services are for families most at risk and include all Tier 2 services along with ongoing, preventive team-based well-child visits. Healthy Steps services include extended well-child office visits, lactation support, child development telephone information line, parent groups, developmental screenings, written information materials for parents that emphasize prevention, links to community resources, and collaboration with Early Intervention. HS specialists also provide lactation support and behavioral consults as needed.

Program Hashtags Community Education, Community Health Center Partnership, Prevention,

Program Contact Information Maria Yolanda Parra

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide timely well child care and developmental surveillance, to improve access for all patients and their families, and to provide additional developmental and behavioral information.	In FY22, Healthy Steps (HS) had 591 young children enrolled to Tier 2 and Tier 3 services. HS specialists conducted joint office visits with pediatricians, both in-person and virtually.	Outcome Goal	Year 3 of 3
Provide ongoing, preventive team-based well-child visits to all Tier 3 children.	In FY22, HS specialists provided 559 visits to Tier 3 children and their families.	Outcome Goal	Year 3 of 3
Provide child development and behavior consults (DnB) to Tier 2 children.	In FY22, HS specialists provided 349 Developmental and Behavior consults to Tier 2 children and their families.	Process Goal	Year 3 of 3

Refer children with developmental delay concerns to Early Intevention (EI) resources.	In FY22, 240 referrals to EI centers.	Outcome Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Health Behaviors/Mental Health-Immunization, Health Behaviors/Mental Health-Mental Health, Maternal/Child Health-Child Care, Maternal/Child Health-Parenting Skills, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty,

Target Populations

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

Partners:

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

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 assisting more English-speaking patients in need of health care system navigation. Comprehensive CHWs meet patients where they are at in their care, help create and accomplish goals, access hospital services, make and sustain lifestyle behavior changes, better manage chronic disease, and connect with community resources. The Comprehensive CHW work is a combination of work done by CHWs who assist with care management and community resources/social determinants of health (SDoH). The Comprehensive CHW work is essential for patients who have complex and/or multiple health issues such as patients who have been diagnosed with a chronic disease but lack transportation to attend appointments or mothers who recently immigrated needing help with schools for their children. Due to the complex nature of these cases, CHWs tend to work with these patients for a longer period. In FY22, Mass General Brigham continued their United Against Racism (UAR) initiative. As part of the UAR initiative, more CHWs were employed to help health center and Boston patients with their SDoH needs. MGH health center CHWs have been assisting patients since July 2021 and since their area of work falls into Comprehensive CHW work, their data is also included in these data.

Program Hashtags Community Education, Community Health Center Partnership, Prevention,

Program Contact Information Sarah Oo, Director, Community Health Programs, Chelsea HealthCare Center

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Work with MGH patients to address barriers to care.	In FY22, CHWs worked with 2,765 patients in the Comprehensive Program.	Outcome Goal	Year 3 of 3
Contact patients to help patients achieve their goals and follow-up on patient's progress.	CHWs conducted 7,521 telephone calls and discussed: better chronic disease management, financial assistance for medications, school advocacy for children with limited English proficiency, and more.	Process Goal	Year 3 of 3
Address the social determinants of health needs of patients.	The two social determinants of health that patients most needed assistance with were housing and food insecurity. CHWs provided resources to 599 patients for housing and 582 for food.	Outcome Goal	Year 3 of 3
Help patients reach their health goals and their provider's goals.	In FY22, 1,666 patients completed their goals and graduated from the CHW program.	Outcome Goal	Year 3 of 3

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

DoN Health Priorities N/A,

Health Issues Chronic Disease-Asthma/Allergies, Chronic Disease-Cardiac Disease, Chronic Disease-Diabetes, Chronic Disease-Hypertension, Chronic Disease-Overweight and Obesity, Chronic Disease-Pulmonary Disease, Chronic Disease-Stroke, Health Behaviors/Mental Health-Mental Health, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Access to Transportation, Social Determinants of Health-Affordable Housing, Social Determinants of Health-Income and Poverty, Social Determinants of Health-Language/Literacy, Social Determinants of Health-Uninsured/Underinsured,

Target Populations

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

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

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 Programs' mission is to provide youth (grades 3- college) with academic, life, and career skills to expand and enhance their educational and career options. Through the assistance of MGH administrators, faculty, and staff, who volunteer their time, the program provides youth with hands-on experiences, enrichment opportunities, career exploration, employment and mentorship relationships that are connected to Science, Technology, Engineering, and Math (STEM) education. COVID-19 greatly impacted the number of students that we have been to serve. In response to the pandemic, staff needed to pivot immediately from face-to-face programming held onsite at the hospital to virtual sessions held on Zoom. As part of the virtual Summer Jobs Program, students participated in professional development workshops, health equity/disparity discussions and college tours. Students also participated in a one-week, hands-on, intensive health & science curriculum through the Harvard MEDscience Program. Most students were paired with MGH professionals who served as mentors and fostered students career interests. MGH was a top summer employer for youth.

Program Hashtags Mentorship/Career Training/Internship,

Program Contact Information Christyanna Egun Director Boston Youth Partnerships Telephone: 617-724-2950

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Serve 1000 youth participating in MGH Youth Programs throughout the	In FY22, a total of 442 youth (grades 3-college) were served in the MGH Youth Programs across all core and non-core	Outcome Goal	Year 3 of 3

academic year and summer months.	programs.		
Employ Boston-area youth at MGH to enhance career experience and exploration	Employed 81 youth who engaged in professional develop. & college readiness classes, explored careers, had guest speakers, & field trips. MGH remains a top employer for the Mayors Summer Jobs Program.	Outcome Goal	Year 3 of 3
Ensure and support high school graduation, college matriculation, and continual college persistence for MGH Youth Scholars.	In FY22, 100% of 12th graders (17) graduated from high school, 89% matriculated to college. A total of 95 Youth Scholars Alumni enrolled in college.	Outcome Goal	Year 3 of 3
Ensure and support successful college graduation for participants of the MGH Youth Scholars Program.	17 Youth Scholars Alumni graduated from college-majority of grads are employed full-time & 3 are in grad programs & 1 in residency. In past 10 years 105 Alumni have graduated from college.	Outcome Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Education,

Health Issues Social Determinants of Health-Education/Learning,

Target Populations

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

Partners:

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

Revere High School	http://www.reverek12.org/reverehigh

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

Program Hashtags Community Health Center Partnership, Health Screening, Prevention,

Program Contact Information Ana Cabral

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide cancer and system navigation assistance to vulnerable patients in need of cancer screenings, specialty appointments, and healthcare navigation.	In FY22, CHWs outreached to 516 out of 555 (93%) high-risk patients after a new referral was placed to the CHW Navigation Program (Cancer or Specialty).	Outcome Goal	Year 3 of 3
Early detection of colorectal cancer amongst patients served through screening.	Of 302 pts. referred for Cancer Navigation, 256 (85%) were-assist. w/ colon cancer screening, 54 (18%)-breast cancer screening, 51 (17%)-cervical cancer screening, & 13 (4%) for lung cancer screening.	Outcome Goal	Year 3 of 3
Help patients complete their goals and navigate the complex healthcare system.	412 patients with stated goals completed their goals. Examples: cancer screenings, scheduling specialty care appointments, arranging transportation and accompaniment to procedures like colonoscopies.	Outcome Goal	Year 3 of 3

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

DoN Health Priorities N/A,

Health Issues Cancer-Breast, Cancer-Cervical, Cancer-Colorectal, Cancer-Lung, Cancer-Other, Cancer-Ovarian, Cancer-Prostate, Social Determinants of Health-Access to Health Care,

Target Populations

- **Regions Served:** Boston-Charlestown, 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
Not Specified	Not Specified

Refugee Health Assessments

Program Type Community-Clinical Linkages

Program is part of a grant or funding provided to an outside organization No

Program Description Massachusetts General Hospital is a designated refugee health assessment site since 2001, and the program receives funding from the Massachusetts Department of Public Health. The health status of new arrivals is monitored through the initial refugee health assessment (RHA). The assessment provides the opportunity for early identification of communicable and other conditions which, if undetected, can negatively impact public health as well as a refugee's wellbeing and ability to achieve self-sufficiency.

Program Hashtags Health Screening,

Program Contact Information Ali, Abdullahi, Manager of the Refugee and Immigrant Health Program

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Conduct refugee health assessments with refugees and asylees in Chelsea.	In FY22, 116 new refugees & asylees had refugee health assessments at MGH Chelsea. Countries of origin: 79-Afghanistan, 18-El Salvador, 10-Guatemala, 5-Honduras, 3-Iraq and 1-Ukraine.	Process Goal	Year 3 of 3
90% of patients will complete their two Refugee Health Assessment visits within 90 days of arrival in US.	84% of the 116 refugee & asylee pts. completed their 2 visits within 90 days of arrival. The avg. number of days from US entry to initial visit is xx. The 90-day timeframe is waived by DPH for 2022.	Outcome Goal	Year 3 of 3
Integrate patients into MGH Chelsea Complex Patient Population (CPP) Program to connect to services.	See CHI Community Health Worker Outreach Programming AG report.	Process Goal	Year 3 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-Uninsured/Underinsured,

Target Populations

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

Partners:

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

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 Prevention,

Program Contact Information Jennifer Kelly, ;

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Increase community capacity to make health-oriented environmental and system changes.	Held gardening basic workshop & gave out 16 pots, gift card for soil, & tomato seedling to participants. Held Family Picnic & Pollinator event. Awarded nearly $20K in minigrants to community orgs.	Process Goal	Year 3 of 3
Increase resiliency and social capital through community connections.	In last year of the partnership, 249 residents (increased from 181) partook in 4,086 Union Capital hours attending events, including workshops, political events, and school meetings, earning $3675.	Outcome Goal	Year 3 of 3
Increase youth engagement and empowerment in the schools, coalition and community through the Power of Know (POK), Youth Leadership Health Council (YHLC), and Alumni youth groups.	7 HS students and 2 alumni were placed in summer jobs/internships with MGB/MGH. 95% of youth stated that participating in the clubs empower them to be a leader and advocate for their community.	Outcome Goal	Year 3 of 3
Continue partnership and co-leadership of Revere on the Move (ROTM) with the Cityâ€™s Department of Healthy Community Initiatives	In partnership with Revere on the Move, created community garden leadership & provided 20 free raised garden beds to residents. 12/14 survey respondents said items grown supplemented groceries.	Process Goal	Year 3 of 3
Increase youth engagement and empowerment in the schools, coalition and community through the Power of Know (POK), Youth Leadership Health Council (YHLC), and Alumni youth groups.	104 6-12th graders in POK and YHLC clubs did 1908 community learning hrs, incl. supporting elders, showing appreciation of healthcare workers & teachers, and addressing mental wellness in HS.	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Chronic Disease-Overweight and Obesity, Health Behaviors/Mental Health-Stress Management, Other-Cultural Competency, Social Determinants of Health-Affordable Housing, Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty, Substance Addiction-Smoking/Tobacco Use,

Target Populations

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

Partners:

Partner Name and Description	Partner Website
MGH Revere Healthcare Center	http://www.massgeneral.org/revere/
City of Revere	http://www.revere.org/
Revere Public Schools	http://www.revereps.mec.edu/

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

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Smart Choices

Program Type Total Population or Community-Wide Interventions

Program is part of a grant or funding provided to an outside organization No

Program Description Smart Choices provides health and human services to Charlestown youth and families. The program also strengthens the capacity of Charlestown agencies to meet the health and human service needs of the committee. Participants engage in a variety of activities and utilize services such as social and emotional learning and counseling and an accessible, affordable Summer Day Camp Program. Smart Choices gave out $180,000 to 9 organizations in FY22, including YMCA of Charlestown, JKF Family Service Center, Harvest on Vine Food Pantry, Boston Housing Authority, Friends of Charlestown Library, Charlestown Working Theater, Boys and Girls Club, Charlestown Youth Hockey, and Warren Prescott Foundation.

Program Hashtags Community Education, Health Professional/Staff Training, Mentorship/Career Training/Internship,

Program Contact Information Maria Doherty, 781-485-6134

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide health and human service needs of the community	2,500-3,000 Charlestown residents served by local program support including food distribution to over 600 families.	Outcome Goal	Year 3 of 3
Support Youth Serving Organizations	In FY 22 66% of the funding went to youth programming.	Outcome Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Health Behaviors/Mental Health-Physical Activity, Social Determinants of Health-Access to Healthy Food,

Target Populations

- **Regions Served:** Boston-Charlestown,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,

- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

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

Substance Use Disorders Initiative

Program Type Access/Coverage Supports

Program is part of a grant or funding provided to an outside organization No

Program Description The MGH Substance Use Disorders (SUDs) initiative was developed in response to community health needs assessments in Chelsea, Revere and Charlestown, where residents identified substance use, particularly opioids, as the single greatest issue in their communities. The MGH SUDs initiative was designed to improve the quality, clinical outcomes, and value of addiction treatment for all MGH patients with SUDs while simultaneously reducing the cost of their care. To accomplish this mission, patients must have access to evidence-based treatment that is readily available and standardized across the system. The MGH initiative is focused on re-designing care across the system to meet this goal.

Program Hashtags Physician/Provider Diversity, Prevention,

Program Contact Information Elizabeth Powell

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Address barriers to accessing services for all SUDs patients.	Recovery coaches helped patients access treatment, provided emotional support, advocacy for legal issues, assistance with housing, transportation, GED programs, and education on overdose prevention.	Process Goal	Year 3 of 3
Addressing racial disparities to access and engagement in our urgent care Bridge Clinic.	Black pts engage in Bridge Clinic at lower rate than White pts. Have hired two new BIPOC providers and have launched mobile van sessions in underserved communities to better engage Black patients.	Process Goal	Year 3 of 3
Expand access to SUD treatment in primary care settings	50% of MGH PCPs have SUD tx teams (MDs, RNs, & recovery coaches). New e-consult tool provides expert SUD consult & educated re referral to Bridge Clinic for lower threshold access to SUD care.	Process Goal	Year 3 of 3
Initiate treatment for opioid use disorder (OUD) across inpatient and outpatient settings.	Our data shows that across inpatient & outpatient settings associated with our SUDs Initiative, 42% of pts seen for OUD were initiated on buprenorphine with a mean continuous tx duration of 6 months	Outcome Goal	Year 3 of 3
Offer telehealth services in addition to in-person services for improved access to our urgent care Bridge Clinic.	40% of our total Bridge Clinic visits are done by telehealth. We have been providing tablets to patients who need access to technology to engage in telehealth.	Outcome Goal	Year 3 of 3

EOHHS Focus Issues Substance Use Disorders,

DoN Health Priorities Social Environment,

Health Issues Substance Addiction-Alcohol Use, Substance Addiction-Opioid Use, Substance Addiction-Substance Use,

Target Populations

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

Partners:

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

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 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. The Coalition oversees a number of programs and initiatives focused on enhancing youth protective factors, supporting individuals through drug and alcohol recovery, and promoting healthy families by addressing the mental health and basic health needs of everyone in our community. Our goal is to achieve positive, measurable results not only for the individuals living in our neighborhood, but for the Charlestown community as a whole.
Working with our community partners, we aim to make these systemic and environmental changes using a comprehensive approach including providing after school activities for youth, positive role modeling, and mentoring (e.g. Turn it Around), holding educational events and trainings on issues impacting residents, and providing direct outreach and short term counseling to residents.
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

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Increase youth engagement and empowerment in the schools, coalition and community through the Turn it Around (TIA) youth group.	35 youth gave ~100 kits to those in need, engaged in Race Dialogues, cleaned Peace Park, volunteered at community events, & celebrated 10 years, which featured a doc on the community impact of program.	Outcome Goal	Year 3 of 3
Identify needs and provide resources and services for Charlestown residents.	Resource Specialist helped 35 clients w/ community service, housing, insurance, emergency funding apps., etc. Clients received emergency funding, find a job, get insurance, & permanent housing.	Outcome Goal	Year 3 of 3
Trauma Response Team develops capable community responders to call upon when tragedies occur	Over 263 community residents were supported (individual & community outreach) inclu. giving info on resources/services, giving Narcan, and supporting CHS graduates/families after the nearby shooting.	Outcome Goal	Year 3 of 3
Reduce social isolation and increase a stronger sense of community among Charlestown residents	Hosted/joined community events including. Race Dialogues, Annual Overdose Awareness Day, community processing circle after community violence, restorative justice circle, and Peace Park clean-up days.	Process Goal	Year 3 of 3
The CFSC provides clinical case management, care coordination services, and stress management to families and individuals.	28 clients provided w/ counseling, care coordination, help accessing resources/services. Met with 198 Adult Learning Center students.15 community residents/providers connected to outgoing referrals.	Outcome Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Health Behaviors/Mental Health-Mental Health, Social Determinants of Health-Access to Health Care, Substance Addiction-Driving Under the Influence, Substance Addiction-Opioid Use, Substance Addiction-Smoking/Tobacco Use, Substance Addiction-Substance Use,

Target Populations

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

Partners:

Partner Name and Description	Partner Website
Boston Alliance for Community Health	http://bostonalliance.org/
Boston Police Department Area A1: Community Service Office	http://www.cityofboston.gov/police/districts/a1.asp
Boston Public Health Commission	http://www.bphc.org/Pages/Home.aspx
Bunker Hill Housing Development	http://www.bostonhousing.org/en/HousingDevelopmentDetail.aspx?hid=103
Charlestown Adult Learning Center	https://bhacharlestownadulted.weebly.com/
Charlestown Boys & Girls Club	http://www.bgcb.org/our-location/charlestown-club/
Charlestown High School	http://boston.k12.ma.us/charlestown/
Charlestown Lacrosse and Learning Center	http://www.charlestownlacrosse.com/
Charlestown Mother's Association	http://www.charlestownmothersassociation.org/
Charlestown Neighborhood Council	http://www.charlestownneighborhoodcouncil.org/
Charlestown NEW Health	http://newhealthcharlestown.org/
Charlestown Recovery House	http://www.charlestownrecoveryhouse.org/
Charlestown residents	Not Specified
Charlestown YMCA	http://ymcaboston.org/charlestown
First Church	http://www.fccharlestown.com/
John F. Kennedy Family Service Center	http://www.bostonabcd.org/john-f-kennedy-fsc.aspx
Justice Resource Institute SMART Team	Not Specified
MGHCharlestown Health Center	http://www.massgeneral.org/charlestown/
MissionSafe Charlestown	http://www.missionsafe.org/home.asp
MOAR	http://www.moar-recovery.org/
North Suffolk Mental Health	http://northsuffolk.org/
Office of Recovery Services	https://www.boston.gov/departments/recovery-services
Peabody Properties/Mishawum Park Apartment Complex	http://www.peabodyproperties.com/cms/our-communities/view-all-communities/64-mishawum-park.html
Representatives from Elected Officials	Not Specified
Smart from the Start	http://smartfromthestartinc.org/
St. Catherines	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/
St. John's Episcopal Church	http://www.stjohns02129.org/

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 East Boston Alliance for Support, Treatment, Intervention and Education (EASTIE) is a coalition of community agencies and residents that mobilizes youth, families, community members and leaders to prevent and reduce substance misuse among youth and adults in our community. Members of the EASTIE coalition reflect the four areas in the name EASTIE: support, treatment, intervention and education. Those who are within the treatment and intervention community help other members better understand substance use disorders as well as the various treatment modalities. Additionally, EASTIE supports education and prevention efforts by serving as experts by presenting at larger community forums and providing guest speakers for youth groups. Those who represent the education arm of EASTIE are well-versed in youth development. They can also provide access to a large portion of EB residents: schoolchildren, parents, sports teams, and faith communities through which prevention and educational programming can be delivered."

Program Hashtags Community Education, Prevention,

Program Contact Information Nancy Slamet,

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide substance use prevention education to youth.	Presentations at Donald McKay School, Umana Academy and Excel Academy Charter School; Reached ~400 students on topics relating to substance use, healthy relationships & the importance of mental health.	Outcome Goal	Year 3 of 3
Increase knowledge of local youth substance use issues among coalition members and the community with consistent, effective and uniform messages about the issues.	Hosted 2 Safe Medication Take Back events in partnership with Recovery on the Harbor with police dept. to dispose the meds. 118 people dropped off unused medications and were provided $25 gift cards.	Process Goal	Year 3 of 3
Utilize trauma-informed strategies to foster community healing and resilience	Partnering w/ MLCS, Transformational Prison Project, and Suffolk DA, held bimonthly Community Peace Circles with 8-10 regular youth building community together. A total of 25 unique youth attended.	Process Goal	Year 3 of 3
Increase youth engagement and empowerment in the schools, coalition, and community.	15 youth attended events, incl. prevention & wellness trainings, Farmer's Market community service, & ICA training. Youth served 1,079 residents and passed out ~100 educ. pamphlets on substance use.	Outcome Goal	Year 3 of 3
Promote and/or support training opportunities for Coalition partners and community members	Partnered with Nicole O'Brien to host SUDs workshops on basic understanding of addiction & recovery, motivational interviewing, recovery pathways, trauma-informed care, & compassion fatigue.	Process Goal	Year 3 of 3

EOHHS Focus Issues Substance Use Disorders,

DoN Health Priorities N/A,

Health Issues Substance Addiction-Smoking/Tobacco Use, Substance Addiction-Substance Use,

Target Populations

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

Partners:

Partner Name and Description	Partner Website
Boston Children's Hospital	http://www.childrenshospital.org/
Boston Police Department	http://bpdnews.com/district-a-7
Boston Public Health Commission/Boston Recovery Services	http://www.bphc.org/Pages/default.aspx

East Boston Collaborative for Families	https://www.facebook.com/eastbostoncollaborative
East Boston Family Engagement Network	https://www.facebook.com/EastBostonFamilyEngagementNetwork/
East Boston High School	http://ebhsjets.net/
East Boston Neighborhood Health Center/Schoolbased Health Clinic	www.ebnhc.org
East Boston Times	http://www.eastietimes.com/
East Boston YMCA	http://ymcaboston.org/eastboston
EB/Salesian Boys and Girls Club	http://www.salesianclub.com/
El Heraldo	http://www.elheraldo.co/
Families First	http://www.families-first.org/
MGH Center for Community Health Improvement	http://www.massgeneral.org/cchi/
North Suffolk Mental Health Association	http://northsuffolk.org/
Peer Health Exchange	http://www.peerhealthexchange.org/our-sites/boston/
Soccer without Borders	http://www.soccerwithoutborders.org/boston
Donald McKay School	https://www.bostonpublicschools.org/school/mckay-k-
East Boston Community Soup Kitchen	http://www.ebkitchen.org/
MOAR	http://www.moar-recovery.org/
Excel Academy High School	https://www.excelacademy.org/
Boston Center for Youth and Families	Not Specified
Maverick Landing Community Services	www.mlcsboston.org
De Nosotros Foundation	www.denosotros.org
Neighbors United for a Better East Boston (NUBE)	Not Specified
Mutual Aid Eastie	Not Specified
Transformational Prison Project, One Love Foundation	Not Specified
Ruth's Way for Women.	Not Specified

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, pandemic response cancer care inequities, hypertension, and training initiatives in primary care and community health. The Center's mobile health program combines harm reduction, clinical services including medication for opioid use disorder (MOUD), data hot-spotting, and mobility to bring addiction services to the most vulnerable residents living with substance use disorder (SUD) in Massachusetts. Cited as a best practice by the MA Harm Reduction Commission, the Massachusetts Department of Public Health funds The Kraft Center to provide technical assistance and evaluation to 4 state-funded mobile addiction service sites. Throughout the ongoing COVID-19 pandemic, The Kraft Center has expanded access to much-needed services by mobilizing vaccinations and testing; working with community health centers (CHCs) across the commonwealth to enhance testing services. Leveraging its expertise in mobile health, The Center has begun to roll out additional mobile services for vulnerable populations, including hypertension. The Kraft Center's cancer care equity work served as the foundation for a five-year National Cancer Institute (NCI) funded project to, in partnership with the Harvard T. Chan School of Public Health,

broadly disseminate proven-effective interventions for cancer screening and prevention in community health centers across the state. 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 Community Education, Health Professional/Staff Training, Prevention,

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

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Bring innovative programming to community-based settings to reduce inequities in cancer care and outcomes in Greater Boston.	NCI-funded grant supports a Kraft Center-led learning community for 25 health centers and implementation of 11 pilot & methods projects to expand cancer screening to date.	Process Goal	Year 3 of 3
Expand and enhance mobile addiction programming to improve access to harm reduction services and clinical care including MOUD for people with SUD at high risk for overdose.	Mobile model expanded to 5 sites across MA through state funding. As of 10/31/22, mobile teams made 26,020 contacts with people with SUD, 7,499 clinical encounters, & 2,167 buprenorphine prescriptions.	Process Goal	Year 3 of 3
Expand access to COVID-19 vaccines and testing, cardiometabolic care, and other services for underserved communities in Greater Boston	In 2022, through an NIH RADx-UP grant, the mobile team provided 3,267 COVID vaccines, 482 flu shots, 331 blood pressure screenings, and offered COVID test & treat. Most served were racial minorities.	Outcome 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 who was promoted to full-time employee upon internship completion.	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Cancer-Breast, Cancer-Colorectal, Cancer-Other, Chronic Disease-Overweight and Obesity, Substance Addiction-Alcohol Use, Substance Addiction-Substance Use,

Target Populations

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

Partners:

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

MA DPH Bureau of Substance Abuse Services	https://www.mass.gov/orgs/bureau-of-substance-addiction-services
RIZE Massachusetts Foundation	https://www.rizema.org/
Tapestry Health	Not Specified
The Boston Foundation	https://www.tbf.org/
Trefler Foundation	https://treflerfoundation.org/
UMass Medical School	Not Specified
Brockton Neighborhood Health Center	Not Specified
Mobile Healthcare Association	Not Specified
CVS Health Foundation	Not Specified

Transgender Health Program

Program Type Direct Clinical Services

Program is part of a grant or funding provided to an outside organization No

Program Description The transgender health program has a focus on gender-affirming care, and offers comprehensive primary care, endocrine/hormone management, case management and links to behavioral health and surgical services.

Program Hashtags Community Education, Health Professional/Staff Training, Health Screening,

Program Contact Information Jenny Siegel, Medical Director, Transgender Health Program;

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Increase access to hormone and primary care management	Increase from previous year is 25%.	Process Goal	Year 3 of 3
Maintain steady access to appointments for new and existing patients to ensure appropriate follow-up appointments are available	Modifying schedules to permit follow-up access within 6 weeks to 3 months depending on patient need.	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Social Determinants of Health-Access to Health Care,

Target Populations

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

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

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 Hospital's Center for Community Health Improvement Youth Programs in partnership with the MGH's Learning Lab have created the Youth Healthcare Simulation Program which aims to collaborate with Boston Public Schools and community-based organizations to expose middle and high school students to medical simulated patient care experiences through 'patient scenarios' in an effort

to promote broader awareness of science and a deeper understanding of modern medicine and healthcare.

Program Hashtags Community Education, Community Health Center Partnership, Prevention,

Program Contact Information Christyanna Egun,Senior Director of Partnerships, Equity and Inclusion, 617 724-2950

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Create and develop thought-provoking, hands-on simulation-based learning opportunities and demonstrations for Boston Public School students and community-based programs in the urban-core	In FY22, a total of 124 youth (grades 6-12) participated in the Vertex Simulation. Soft launch occurred on January 11 and we're currently working with internal Youth Programs with plans to expand to external partners in mid-February.	Process Goal	Year 3 of 3
Increase access & awareness for underserved students to Mass General's state-of-the-art Simulation Learning Laboratory where they will interact w/ diverse physicians & learn about healthcare careers.	Beginning to work on engaging & incorporating diverse MGH staff in the Youth Healthcare Simulation Program. On a 10-point scale, student's avg rating was 9.2 of how welcomed they felt by facilitators.	Process Goal	Year 3 of 3
Consistently evaluate the program and measure the impact and success of each cohort through a longitudinal study.	Work with CCHI's Evaluation & MGH's Learning Lab Research team to create an evaluation tool for the program-94% learned something that happens at a hospital after participating	Outcome Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Social Determinants of Health-Education/Learning,

Target Populations

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

Partners:

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

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 Education, Community Health Center Partnership, Prevention,

Program Contact Information Debra Drumm, Director of HAVEN

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Connect and meet with victims of community violence while they are in the hospital.	In FY22, 67 victims of community violence were served.	Outcome Goal	Year 3 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 FY22, 183 contacts were provided. These include emotional support, referrals to Victim's Compensation, safety planning, referrals to housing, education, and employment services.	Outcome Goal	Year 3 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 3 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 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Violence,

Health Issues Health Behaviors/Mental Health-Mental Health, Social Determinants of Health-Public Safety, Social Determinants of Health-Violence and Trauma, Substance Addiction-Substance Use,

Target Populations

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

Partners:

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

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 SBHC staff also helps school staff to educate students on healthy life choices during health education classes and information tables in open school spaces. 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.

Program Hashtags Community Health Center Partnership, Health Screening, Prevention,

Program Contact Information Debra Jacobson; Kerstin Oh, MD;

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Increase access for mental health services to adolescents especially at a time when mental health resources are strained in the community at large.	The SBHC partnered with NSMH and Arbor Health to provide counseling for students at the school. There were 550 mental health visits.	Process Goal	Year 3 of 3
Increase adolescent and young adult access to confidential, free or low-cost reproductive health care as well as urgent medical care while providing support for the school staff as needed.	SBHC/AHC provided care to students with 673 medical visits (1,323 total visits including mental health care). These visits incl. urgent care and confidential reproductive care.	Process Goal	Year 3 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 70 students in 1500 visits. Focused on academic excellence, nutrition, physical activity, & positive peer relationships.	Process Goal	Year 3 of 3

EOHHS Focus Issues Mental Illness and Mental Health,

DoN Health Priorities Social Environment,

Health Issues Health Behaviors/Mental Health-Mental Health, Health Behaviors/Mental Health-Physical Activity, Health Behaviors/Mental Health-Responsible Sexual Behavior, Substance Addiction-Substance Use,

Target Populations

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

Partners:

Partner Name and Description	Partner Website
City of Revere	www.revere.org
Revere Afterschool Partnership	Not Specified
Revere Public Schools	http://www.reverek12.org/

Expenditures

Total CB Program Expenditure $110,286,233.99

CB Expenditures by Program Type	Total Amount	Subtotal Provided to Outside Organizations (Grant/Other Funding)
Direct Clinical Services	$85,532,673.58	$5,477,546.80
Community-Clinical Linkages	$628,580.19	Not Specified
Total Population or Community-Wide Interventions	$8,511,959.56	$1,887,415.00
Access/Coverage Supports	$15,613,020.66	$1,160,909.00
Infrastructure to Support CB Collaborations Across Institutions	Not Specified	Not Specified
CB Expenditures by Health Need	**Total Amount**	
Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes	$32,494,836.97	

Mental Health/Mental Illness	$15,282,698.11
Housing/Homelessness	$4,216,125.37
Substance Use	$10,235,151.87
Additional Health Needs Identified by the Community	$48,057,421.67

Other Leveraged Resources	$13,165,773.46

Net Charity Care Expenditures	**Total Amount**
HSN Assessment	$39,161,422.66
HSN Denied Claims	$1,578,043.42
Free/Discount Care	$3,209,451.99
Total Net Charity Care	$43,948,918.07

Total CB Expenditures:	$167,400,925.52

Additional Information	**Total Amount**
Net Patient Service Revenue:	$3,492,023,018.00
CB Expenditure as Percentage of Net Patient Services Revenue:	4.79%
Approved CB Program Budget for FY2023: (*Excluding expenditures that cannot be projected at the time of the report.)	$154,863,668.02
Comments (Optional):	Not Specified

Optional Information

Hospital Publication Describing CB Initiatives:	Not Specified
Bad Debt:	Not Specified
Bad Debt Certification:	Not Certified
Optional Supplement:	Not Specified