Organization Information

Organization Name: Faulkner Hospital
Address: 1153 Centre Street
City, State, Zip: Boston, Massachusetts 02130
Website: http://www.brighamandwomensfaulkner.org
Contact Name: Tracy Mangini Sylven, MCHES, CHC
Contact Title: Director of Community Health and Wellness
Contact Department (Optional): Brigham and Women's Faulkner Hospital
Phone: (617) 983-7451
Fax (Optional): Not Specified
E-Mail: tsylven@bwh.harvard.edu
Contact Address: 
City, State, Zip: 

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-Hyde Park, Boston-Jamaica Plain, Boston-Roslindale, Boston-West Roxbury,

Mission and Key Planning/Assessment Documents

Community Benefits Mission Statement: The Board of Directors, Oversight Committee for Community Health and Wellness, hospital administration, and larger hospital community, are all committed to Brigham and Women's Faulkner's community benefit mission, which is:
- To evaluate the health status of service area neighborhoods of West Roxbury, Roslindale, Hyde Park and Jamaica Plain, and respond to identified needs
- To pay particular attention to health and wellness concerns affecting children in local schools, the elderly, women, and diverse populations who may experience health disparities, among others
- To provide a wide variety of free health screenings and immunizations, health education programs, and other services relating to important health issues affecting communities served
- To seek community participation in and feedback about our community benefits efforts, by involving community members in the hospital's planning and evaluation processes and by keeping the lines of communication open
- To engage in meaningful, active collaboration with a broad range of community residents, schools, service organizations, businesses, government agencies and others, to stay abreast of community needs, and to pool knowledge and resources in addressing those needs
- To periodically review and assess community benefits goals, services, and outcomes to ensure that they remain relevant to issues affecting our communities, and to allocate or reallocate community benefits resources, as needed

Target Populations:

<table>
<thead>
<tr>
<th>Name of Target Population</th>
<th>Basis for Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brigham and Women's Faulkner's community members with health needs, especially local school children, the elderly, women, and low-income, vulnerable populations</td>
<td>Assessment of quantitative and qualitative data</td>
</tr>
</tbody>
</table>

Publication of Target Populations: Marketing Collateral, Website
Community Health Needs Assessment:

Date Last Assessment Completed:

2020

Data Sources:

Community Focus Groups, Hospital, Interviews, Other, Surveys, Publicly available data including BRFSS, BPHC, DPH

CHNA Document:  BWFH_CHNA_CHNA2020.PDF

Implementation Strategy:

Implementation Strategy Document:  BWFH_IS_CHNA2020.DOCX

Key Accomplishments of Reporting Year:

Various initiatives served thousands of residents during FY2021, including:
- As COVID continued, our response was nimble and flexible to the needs of the community. Continued work and focus on equity, increase opportunities for food access, resources and inequities and connections for residents around social determinates of health
- Established a community van model to provide a wide variety of resources and services in the hardest hit neighborhoods, including blood pressure screening, personal care items, warm clothes, antigen test kits, food and much more
- Provided SDOH screening at community locations to assist residents with needs
- Provided food at community locations to address the growing need from impacts of the COVID economy
- Continued to work with many partners to continue to address the needs well after the COVID crisis to continue to look at SDOH in a more comprehensive and meaningful way in collaboration with neighborhood groups and residents

Plans for Next Reporting Year:

In 2019, we conducted a collaborative community health needs assessment in Boston. This comprehensive, inclusive work was resident and community organization driven. The priorities were identified by data, focus groups, interviews, input and prioritization by the community. We have continued to work on these priority areas in FY21 and the impacts that COVID has had on all of them and exasperated them. They continue to be areas of great need.
The five priority areas are:
1. Housing
2. Financial Stability and Mobility
3. Access (food, services, transportation, healthcare, etc)
4. Behavioral Health (mental health and substance use)
5. Chronic Disease and Healthy Living

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

Community Benefits Programs

Chronic Disease and Wellness

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Type</td>
<td>Total Population or Community-Wide Interventions</td>
</tr>
<tr>
<td>Program Type</td>
<td>No</td>
</tr>
<tr>
<td>Program Description</td>
<td>Based on data and need, we provide education, screening and resources and support to the community in various settings around chronic disease (including diabetes, hypertension and heart disease).</td>
</tr>
<tr>
<td>Program Hashtags</td>
<td>Community Education, Health Screening, Prevention,</td>
</tr>
<tr>
<td>Program Contact Information</td>
<td>Tracy Sylven, Director, Community Health and Wellness; 617-983-7451</td>
</tr>
<tr>
<td>Program Goals:</td>
<td>Goal Description</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Provide cardiovascular screenings and education to the community at a time</td>
<td>In progress</td>
</tr>
</tbody>
</table>

https://massago.onbaseonline.com/MASSAGO/1801CBEAC/Workview/WorkViewController.ashx
variety of accessible locations.

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-Hypertension,

Target Populations
- **Regions Served:** Boston-Hyde Park, Boston-Jamaica Plain, Boston-Roslindale, Boston-West Roxbury,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** Adults, Elderly,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Diabetes Association</td>
<td>Not Specified</td>
</tr>
</tbody>
</table>

Community Food Insecurity

Program Type
Total Population or Community-Wide Interventions

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

Program Description
BWFH participates and has leadership roles in several organizations and community driven grassroots initiatives addressing food insecurity. This collaboration allows us to better serve our community based on direct feedback, support community initiatives and work directly with residents and organizations on the ground.

Program Hashtags
Community Education, Health Screening,

Program Contact Information
Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide food resources to neighborhoods and locations with greatest need. Connect residents to SNAP, WIC and other food pantries and food options.</td>
<td>In progress</td>
<td>Outcome Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

EOHHS Focus Issues
N/A,

DoN Health Priorities
Social Environment,

Health Issues
Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Nutrition,

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

Partners:

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food for Free Boxes</td>
<td><a href="https://foodforfree.org">https://foodforfree.org</a></td>
</tr>
<tr>
<td>Church of the Holy Spirit</td>
<td>Not Specified</td>
</tr>
</tbody>
</table>
Cultural Competency

**Program Type**
Community-Clinical Linkages

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

**Program Description**
Training and education for staff awareness and knowledge of cultural competency to ensure the best care for patients.

**Program Hashtags**
Health Professional/Staff Training,

**Program Contact Information**
Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

**Program Goals:**

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide education to all staff on cultural competency to ensure awareness, education and understanding on how to best deliver care and communicate with patients and community members.</td>
<td>In progress</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

**EOHHS Focus Issues**
N/A,

**DoN Health Priorities**
Social Environment,

**Health Issues**
Social Determinants of Health-Racism and Discrimination,

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

**Partners:**

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Specified</td>
<td>Not Specified</td>
</tr>
</tbody>
</table>

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**Elder Health**

**Program Type**
Community-Clinical Linkages

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

**Program Description**
Faulkner screens and educates the community about heart disease, hypertension and diabetes.

**Program Hashtags**
Community Education, Health Screening, Prevention,

**Program Contact Information**
Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

**Program Goals:**

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Provide programming for elders with community partners to better serve needs of our seniors.

**Goal Status**: In progress

**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-Cardiac Disease,

**Target Populations**
- **Regions Served**: Boston-Dorchester, Boston-Hyde Park, Boston-Jamaica Plain, Boston-Mattapan, Boston-Roslindale, Boston-West Roxbury,
- **Environments Served**: Urban,
- **Gender**: All,
- **Age Group**: Adults, Elderly,
- **Race/Ethnicity**: All,
- **Language**: All,
- **Additional Target Population Status**: Not Specified

**Partners**:

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESAC</td>
<td>Not Specified</td>
</tr>
<tr>
<td>Ethos</td>
<td>Not Specified</td>
</tr>
<tr>
<td>Parkway YMCA</td>
<td>Not Specified</td>
</tr>
<tr>
<td>City of Boston - Commission on Elderly Affairs</td>
<td>Not Specified</td>
</tr>
</tbody>
</table>

**ESAC Senior Housing Partnership**

**Program Type**: Total Population or Community-Wide Interventions

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

**Program Description**: With ESAC, BWFH provides support to give elders an opportunity to stay in their homes and not be displaced. Services offered include access to low cost loans, minor repairs and accommodations to make living safe and accessible.

**Program Hashtags**: Health Screening,

**Program Contact Information**: Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

**Program Goals**:

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide seniors with resources and accommodations in their homes to allow residents to stay in their homes safely and not move to an assisted or senior housing facility.</td>
<td>In progress</td>
<td>Outcome Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

**EOHHS Focus Issues**: Housing Stability/Homelessness,

**DoN Health Priorities**: Housing,

**Health Issues**: Injury-Home Injuries, Other-Senior Health Challenges/Care Coordination, Social Determinants of Health-Affordable Housing, Social Determinants of Health-Environmental Quality,

**Target Populations**
- **Regions Served**: Boston-Hyde Park, Boston-Jamaica Plain, Boston-Roslindale, Boston-West Roxbury,
- **Environments Served**: Urban,
- **Gender**: All,
- **Age Group**: Elderly,
- **Race/Ethnicity**: All,
The Office of Massachusetts Attorney General

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

### Partners:

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESAC</td>
<td>Not Specified</td>
</tr>
</tbody>
</table>

### Food Insecurity

#### Program Type
Access/Coverage Supports

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

#### Program Description
Provide food and resources (SNAP, WIC, food pantry, etc) to residents who screen or identify as food insecure. Work is done in partnership with community refrigerators, food pantries and other local partners to access residents and reduce barriers.

#### Program Hashtags
Community Education, Prevention,

#### Program Contact Information
Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

### Program Goals:

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide food at various locations and refrigerators for better access to food for those neighbors in need. Respond to community voices, neighborhood needs and residents.</td>
<td>In progress</td>
<td>Outcome Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

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

#### DoN Health Priorities
N/A,

#### Health Issues
Chronic Disease-Diabetes, Chronic Disease-Hypertension, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Nutrition,

#### Target Populations
- **Regions Served:** Boston-Dorchester, Boston-Hyde Park, Boston-Jamaica Plain, Boston-Mattapan, Boston-Mission Hill, Boston-Roslindale, Boston-Roxbury,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

### Fresh Truck Partnership

#### Program Type
Access/Coverage Supports

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

#### Program Description
With the Fresh Truck and Fresh Connect, BWFH provides stipends to those who screen positive for food insecurity. Participants can shop at market stops or at Stop and Shop for fresh fruits and vegetables.

#### Program Hashtags
Community Education,
Program Contact Information
Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and provide food insecure families with a Fresh Connect stipend for fresh fruits and vegetables.</td>
<td>In progress</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

EOHHS Focus Issues: N/A,

DoN Health Priorities: Built Environment,

Health Issues: Chronic Disease-Diabetes, Chronic Disease-Hypertension, Social Determinants of Health-Access to Healthy Food,

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

Partners:

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh Truck</td>
<td>Not Specified</td>
</tr>
</tbody>
</table>

Guardianship

Program Type: Community-Clinical Linkages

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

Program Description: This program provides guardianship assistance to patients that are in need of assistance.

Program Hashtags: Support Group,

Program Contact Information: Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>As part of an effort to provide essential services to patients in need, BWFH provides guardianship assistance</td>
<td>In progress</td>
<td>Outcome Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

EOHHS Focus Issues: N/A,

DoN Health Priorities: Social Environment,

Health Issues: Health Behaviors/Mental Health-Mental Health, Other-Senior Health Challenges/Care Coordination, Social Determinants of Health-Income and Poverty,

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

Partners:
<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Specified</td>
<td>Not Specified</td>
</tr>
</tbody>
</table>

### Hyde Park Food Pantry

**Program Type**
Total Population or Community-Wide Interventions

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

**Program Description**
Collaboration with the Hyde Park Food Pantry to provide resources to assist the best access to the neighborhood to healthy food.

**Program Hashtags**
Prevention,

**Program Contact Information**
Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

**Program Goals:**

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide support and funding to the Hyde Park Food Pantry for more access and</td>
<td>In progress</td>
<td>Outcome Goal</td>
<td>Year 3 of 3</td>
</tr>
<tr>
<td>resources to the food pantry in our primary service area</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EOHHS Focus Issues**
N/A,

**DoN Health Priorities**
Social Environment,

**Health Issues**
Social Determinants of Health-Access to Healthy Food,

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

**Partners:**

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyde Park Emergency Food Pantry</td>
<td>Not Specified</td>
</tr>
</tbody>
</table>

### Interpreter Services

**Program Type**
Community-Clinical Linkages

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

**Program Description**
This program assures access to quality health care for non-English speaking and deaf and hard of hearing patients and families by providing language interpretation and translation of key health care documents.

**Program Hashtags**
Community Education,

**Program Contact Information**
Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

**Program Goals:**

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide interpreter services to all those that request it in all areas of</td>
<td>In progress</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
the hospital, including the private physician office suites and other unrequired areas for continuity of care and seamless care at the campus.

EOHHS Focus Issues: N/A,
DoN Health Priorities: N/A,
Health Issues: Social Determinants of Health - Access to Health Care, Social Determinants of Health - Language/Literacy,

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

Partners:

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Specified</td>
<td>Not Specified</td>
</tr>
</tbody>
</table>

JPNDC

Program Type: Access/Coverage Supports
Program is part of a grant or funding provided to an outside organization: No
Program Description: In partnership with JPNDC, BWFH provides support and access to clients for job access, training, reduces barriers and allows for greater access to financial security and mobility.
Program Hashtags: Community Education,
Program Contact Information: Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>With partner JPNDC, establish workforce partnership to provide residents with better access to jobs at BWFH. The partnership will allow for training, reducing barriers such as child care and transportation as well as increased awareness, application assistance, resume building, and more.</td>
<td>In progress</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

EOHHS Focus Issues: N/A,
DoN Health Priorities: Employment,
Health Issues: Social Determinants of Health - Education/Learning,
Target Populations:
- Regions Served: Boston,
- Environments Served: Urban,
- Gender: All,
- Age Group: Adults,
- Race/Ethnicity: All,
- Language: All,
- Additional Target Population Status: Not Specified
JVS Nursing Partnership

Program Type
Access/Coverage Supports

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

Program Description
Nursing partnership with Jewish Vocational Services to provide a pathway for nurses to have access to jobs at BWFH at an entry level position with support from JVS. Committed to working with diverse populations and providing opportunities that may not have otherwise been available.

Program Hashtags
Community Education,

Program Contact Information
Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>With the nursing department and JVS, identify residents who want to train to be</td>
<td>In progress</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
<tr>
<td>a nursing assistant and provide guidance, training and help to reduce barriers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to allow for greater access to the education. Once they have gone through the</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>program, BWFH provides a position and on the ground training for better chance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of success.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EOHHS Focus Issues
N/A,

DoN Health Priorities
Employment,

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

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

Partners:

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jewish Vocational Services</td>
<td>Not Specified</td>
<td>In progress</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

Refrigerator Partnerships

Program Type
Access/Coverage Supports

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

Program Description
Partnership with 5 community refrigerators to provide support, delivery and collaboration to better meet the needs of the community around food access and security in a way that reduces barriers and preserves dignity.
**Program Hashtags**

Prevention,

**Program Contact Information**

Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

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**Program Goals:**

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide food to fill community refrigerators for increased access to residents in need. Additionally, provide funding to support the efforts of the refrigerators for things like shelter builds, equipment, stipends for volunteers, etc.</td>
<td>In progress</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

---

**EOHHS Focus Issues**

N/A,

**DoN Health Priorities**

Built Environment,

**Health Issues**

Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Nutrition,

**Target Populations**

- **Regions Served:** Boston-Dorchester, Boston-Hyde Park, Boston-Jamaica Plain, Boston-Mattapan, Boston-Roslindale,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

**Partners:**

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Refrigerators</td>
<td>Not Specified</td>
</tr>
</tbody>
</table>

---

**SDOH Screening and Resource Connection**

**Program Type**

Total Population or Community-Wide Interventions

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

No

**Program Description**

Embedded in the community to provide SDOH screening and resource connection to underserved neighborhoods and residents. Provide linkages to social services, application assistance for social aid programs and necessary goods and food.

**Program Hashtags**

Community Education, Health Screening, Prevention,

**Program Contact Information**

Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

---

**Program Goals:**

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen residents for SDOH and provide resource connection to social services.</td>
<td>In progress</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

---

**EOHHS Focus Issues**

N/A,

**DoN Health Priorities**

Social Environment,

**Health Issues**

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-Environmental Quality, Social Determinants of Health-Income and Poverty, Social Determinants of Health-Uninsured/Underinsured,

**Target Populations**
- **Regions Served:** Boston-Dorchester, Boston-Hyde Park, Boston-Jamaica Plain, Boston-Mattapan, Boston-Mission Hill, Boston-Roslindale, Boston-Roxbury,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

**Partners:**

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cradles to Crayon</td>
<td><a href="http://cradlestocrayons.org/">http://cradlestocrayons.org/</a></td>
</tr>
<tr>
<td>City of Boston Office of Food Access</td>
<td>Not Specified</td>
</tr>
<tr>
<td>City of Boston Housing Authority</td>
<td>Not Specified</td>
</tr>
<tr>
<td>Brookside Community Health Center</td>
<td>Not Specified</td>
</tr>
</tbody>
</table>

**Workforce Development**

**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 partnership with Jamaica Plain Neighborhood Development Corporation, BWFH supports a workforce development partnership to provide easier and greater access to jobs and careers at the hospital for residents and clients of JPNDC. Support also helps with addressing barriers to obtaining and thriving in a job, including transportation, child care, job readiness and training, etc.

**Program Hashtags**
- Community Education, Mentorship/Career Training/Internship,

**Program Contact Information**
- Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

**Program Goals:**

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>In partnership with the YMCA, provide a resource for patients and community members to have chronic disease management and prevention programming</td>
<td>In progress</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

**EOHHS Focus Issues**
- N/A,

**DoN Health Priorities**
- Employment,

**Health Issues**
- Social Determinants of Health-Access to Transportation, Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty,

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

**Partners:**

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Specified</td>
<td>Not Specified</td>
</tr>
</tbody>
</table>
YMCA Chronic Disease

Program Type: Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization: No

Program Description: With the Parkway YMCA and Menino YMCA, BWFH partners to provide a place for community members and patients to go for further education and intervention around chronic disease. Participants are provided with exercise plans and access to equipment, nutrition support, chronic disease education and a support network.

Program Hashtags: Community Education, Health Screening, Prevention,
Program Contact Information: Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote the program to clinical staff for referrals as well as publicize to the community for self-referral. Offer programming throughout the year.</td>
<td>In progress</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

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-Overweight and Obesity, Health Behaviors/Mental Health-Physical Activity, Social Determinants of Health-Nutrition,

Target Populations: • Regions Served: Boston,
• Environments Served: All,
• Gender: All,
• Age Group: Adults, Elderly,
• Race/Ethnicity: All,
• Language: All,
• Additional Target Population Status: Not Specified

Partners:

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Specified</td>
<td>Not Specified</td>
</tr>
</tbody>
</table>

Youth Workforce Development

Program Type: Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization: No

Program Description: BWFH provides shadow days and summer jobs for youth in Boston in collaboration with BPS and BPIC. This opportunity provides exposure to various health care careers and an opportunity to work at the hospital both for experience as well as income.

Program Hashtags: Community Education,
Program Contact Information: Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>With partnership with BPIC and BPS, provide employment and exposure</td>
<td>Ongoing</td>
<td>Outcome Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>
opportunities for BPS youth in the healthcare field for the summer.

<table>
<thead>
<tr>
<th>EOHHS Focus Issues</th>
<th>N/A,</th>
</tr>
</thead>
<tbody>
<tr>
<td>DoN Health Priorities</td>
<td>Built Environment,</td>
</tr>
<tr>
<td>Health Issues</td>
<td>Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty, Social Determinants of Health-Racism and Discrimination,</td>
</tr>
</tbody>
</table>
| Target Populations   | • **Regions Served:** Boston,  
                      • **Environments Served:** Urban,  
                      • **Gender:** All,  
                      • **Age Group:** Teenagers,  
                      • **Race/Ethnicity:** All,  
                      • **Language:** All,  
                      • **Additional Target Population Status:** Not Specified |

**Partners:**

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston Public Schools</td>
<td>Not Specified</td>
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</table>

**CHNA-CHIP Collaborative**

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Infrastructure to Support CB Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program is part of a grant or funding provided to an outside organization</td>
<td>Yes</td>
</tr>
<tr>
<td>Program Description</td>
<td>The Boston CHNA-CHIP Collaborative is an initiative among a number of stakeholders - community organizations, health centers, hospitals and the Boston Public Health Commission - formed to undertake the first city-wide Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) for the City of Boston. This Collaborative aims to achieve the benefits of broad partnership around a Boston-based CHNA and CHIP, including deeper engagement of key community and organizational stakeholders; enhanced alignment of defined priorities and strategies; maximal allocation of resources; coordination of implementation strategies for collective impact and a healthier Boston.</td>
</tr>
<tr>
<td>Program Hashtags</td>
<td>Community Education,</td>
</tr>
<tr>
<td>Program Contact Information</td>
<td>Tracy Mangini Sylvan, MCHES, CHC, Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451</td>
</tr>
</tbody>
</table>

**Program Goals:**

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 2021, work with the collaborative in the 2022 CHNA and CHIP process of community engagement, data collection and analysis for the purpose of a completed 2022 CHNA/CHIP with set priorities and implementation plan.</td>
<td>In process</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EOHHS Focus Issues</th>
<th>N/A,</th>
</tr>
</thead>
<tbody>
<tr>
<td>DoN Health Priorities</td>
<td>N/A,</td>
</tr>
<tr>
<td>Health Issues</td>
<td>Cancer-Other, Chronic Disease-Cardiac Disease, Health Behaviors/Mental Health-Mental Health, Other-Senior Health Challenges/Care Coordination, 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,</td>
</tr>
</tbody>
</table>
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-Uninsured/Underinsured, Social Determinants of Health-Violence and Trauma,

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

**Partners:**

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston CHNA-CHIP Collaborative</td>
<td><a href="http://www.bostonchna.org">www.bostonchna.org</a></td>
</tr>
</tbody>
</table>

**Health Behaviors - Balance Improvement and Fall Prevention among the Elderly**

**Program Type**
- Total Population or Community-Wide Interventions

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

**Program Description**
Brigham and Women's Faulkner Hospital has developed a series of programs aimed to educate elderly members of the community to reduce the fear and risk factors around falling. Additionally, a partnership and funding support for seniors to age in place and reduce fall risks was formed for the community.

**Program Hashtags**
- Community Education, Prevention, Support Group,

**Program Contact Information**
Tracy Mangini Sylven, MCHES, CHC Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451

**Program Goals:**

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer at least 4 six week sessions per year for those who self identify or are referred to the program</td>
<td>In progress</td>
<td>Outcome Goal</td>
<td>Year 3 of 3</td>
</tr>
<tr>
<td>Falls Prevention and Awareness - Provide falls assessments, gait testing and education.</td>
<td>Ongoing</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
<tr>
<td>Develop a partnership with ESAC and fund an enhanced home modification program for seniors to better age in place and reduce falls risks in the home through modifications.</td>
<td>Met goal of partnership development and now the work of home modification is on-going</td>
<td>Outcome Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

**EOHHS Focus Issues**
- N/A,

**DoN Health Priorities**
- N/A,

**Health Issues**
Health Behaviors/Mental Health-Depression, Injury-Home Injuries, Other-Senior Health Challenges/Care Coordination, Social Determinants of Health-Affordable Housing, Social Determinants of Health-Education/Learning,

**Target Populations**
- **Regions Served:** Boston-Hyde Park, Boston-Jamaica Plain, Boston-Roslindale, Boston-West Roxbury,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Elderly,
- **Race/Ethnicity:** All,
**Partners:**

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parkway YMCA, Hyde Park YMCA,</td>
<td>ymcaboston.org</td>
</tr>
<tr>
<td>Boston Housing Authority/elderly</td>
<td>bostonhousing.org</td>
</tr>
<tr>
<td>housing sites</td>
<td></td>
</tr>
<tr>
<td>ESAC</td>
<td>esacboston.org</td>
</tr>
</tbody>
</table>

**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
- No

**Program Description**

To serve low-income community residents more effectively, as well as meet the demand for critical hard-to-fill roles in healthcare during the COVID-19 crisis, we transitioned from running community programs internally to collaborating with community-based organizations and state agencies to create and conduct pipeline training programs. This partnership model allowed us to increase the number of individuals we recruit and serve, as well as to create stronger talent pipelines thanks to the deep community connections of our CBO partners. To follow safety protocols, all training sessions were switched to the remote/blended format.

Patient Care Associate (PCA) Training Program is a 6-week free, training program for community residents to earn a nursing assistant certification and receive placement assistance in permanent PCA positions at Brigham and Women's Hospital. The program was developed by Mass General Brigham Workforce Development in collaboration with HEART Consortium/Center for Community Health Education and Research and Service (CCHERS), Academy for Healthcare Training, as well as Brigham Health Talent Acquisition and Workforce Development. The syllabus is comprised of online clinical instruction, in-person skills practice sessions, as well as clinical training in a skilled nursing facility. The job readiness component is facilitated by Mothers for Justice and Equality and includes such topics as trauma informed job readiness, financial literacy, transitioning to hierarchical hospital employment, managing home-work balance. HEART/CCHERS instituted a robust outreach and recruitment program to identify individuals who live in the target area (residents of public and publicly assisted housing living along the Southwest Corridor from Chinatown through the South End and Roxbury into Mission Hill and out to Jamaica Plain and Roslindale). HEART worked in collaboration with MGB and Brigham Health Workforce Development, Human Resources and Nursing teams to screen and assess potential applicants for CNA training, and participate throughout the decision-making process for enrollment, recognizing that MGB/Brigham Health has ultimate decision-making responsibility for each training enrollee in accordance with its policies and procedures, and as the potential employer for training candidates.

DTA Works - Health Care Administrative Support Program was offered in partnership with the Massachusetts Department of Transitional Assistance and Project Hope. It prepares recipients of Transitional Aid to Families with Dependent Children (TAFDC) for successful entry or re-entry into the workforce through mentorship, a 6-week virtual job readiness training, and up to 6 months paid by the State internships within MGB. Successful program graduates are provided post-internship job placement assistance services and on-the-job support.

Health Care Environmental Service Worker Training Program is a 3-week intensive online training designed by BEST Hospitality Training in partnership with MGB Workforce Development and MGB Talent Sourcing Team to meet the growing need for environmental service aides during the COVID-19 crisis. Conducted by Best Hospitality Training, this program focuses on topics such as healthcare workplace environment/environmental service aide position and terminology, chemical safety, illness prevention, ergonomics, HIPPA, communication skills, customer service, conflict resolution, professionalism, interview skills and resume writing, and computer skills. Upon completion, program participants are assisted with placement in environmental service aide roles at MGB and other Boston area healthcare organizations. It is important to note that while the first cohort only resulted in 1 MGB hire, (due to availability of f/t roles), the trainees were hired by other Boston Hospitals, such as Boston Children’s Hospital and BIDMC.
Spaulding PCA/CNA Program and Partners in Career and Workforce Development Training Program. It is a 5-week long program offered in conjunction with the Spaulding Rehabilitation Network and the Academy for HealthCare Training, where participants will earn dual Nursing Assistant and Home Health Aide certificates and receive placement assistance focusing on permanent PCA employment within Spaulding Rehabilitation Network. The program includes both classroom-based instruction and a hands-on clinical experience at a skilled nursing facility. While we do not run PCWD program internally any longer, we continue working with the PCWD alumni to provide them with on the job assistance and academic/professional development coaching services.

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

Program Contact Information
MJ Ryan, Sr Director of Workforce Development and Economic Opportunity; Elena Kuyun, Community Program Manager

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Status</th>
<th>Goal Status</th>
<th>Goal Status</th>
<th>Goal Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide low-income community residents with training, career coaching/case management, internships and job placement services which offer family-sustaining wages, generous benefits, and opportunities for advancement within Mass General Brigham while meeting managers’ needs for highly skilled employees.</td>
<td>Patient Care Associate Training Program enrolled 9 participants for the first pilot cohort that started on February 24, 2020. Due to COVID, the program was put on hold in March and then resumed in September as online instruction and in-person skills practice. 1 participant was placed in permanent unit coordinator position at BWH prior to the training restart, in April 2020 (with the starting salary of $16.24 per hour). 6 more participants finished their training and were placed as PCAs in October-December 2020. A new cohort of 9 started on November 9.</td>
<td>DTA Works - Health Care Administrative Support Program start was delayed due to COVID till June 15, 2020. 8 individuals were enrolled in the program, all of them graduated and were placed in remote internships within MGB Corporate and Always Health on July 27. Interns are supported by MGB WFD with any question/issue on their internships, as well as they have regular case-management check-ins with Project Hope. Internships ended in February of 2021 and were assisted with job search for permanent roles within MGB. 2 participants were placed before March 31, 2021.</td>
<td>Health Care Environmental Service Worker Training Program enrolled and trained 12 individuals in June 2020. Another cohort of 9 started their training in September 2020. Out of the two cohorts who graduated, 1 graduate was placed in full-time EVS position with the salary of $16 per hour and 3 more were placed in November 2020 with the average starting salary of $15.25 per hour.</td>
<td>Spauling PCA/CNA Program and Partners in Career and Workforce Development Training Program Out of 64 students graduating from SRN PCA program, 64 were placed with the average salary of $15.37 per hour. Our longest-standing PCWD program has served 702 since inception in 2004 with the latest current average starting salary (10/1/2018-09/30/2019): $16.92 per hour ($35,193 annually). This is the last placements period.</td>
<td>Connect program graduates to Partners HealthCare and affiliate-based Workforce Development programs and resources.</td>
</tr>
</tbody>
</table>
opportunities are referred to the Mass General Brigham Career Coach who works with them one-on-one to set personal and professional goals and guide them as they work towards them. Community program graduates are also offered resources to advance in their career through Mass General Brigham Advancing Careers Through Education Program, which includes assessment, academic, and college readiness support. During the period from FY10 through FY20, 78 PCWD graduates enrolled in the Partners HealthCare Online College Preparation Program (OCPP) and other online programs, designed to help individuals navigate the online learning environment. Online educational options help to increase access to higher education for working adults. From FY14 to June of FY20, 27 PCWD graduates participated in College for America (CFA), and are currently enrolled in online, competency-based, AA degree, BA degree and Certificate programs.

EOHHS Focus Issues
N/A,

DoN Health Priorities
Education, Employment,

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

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

Partners:

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Hope</td>
<td><a href="http://www.prohope.org">www.prohope.org</a></td>
</tr>
<tr>
<td>MA Department of Transitional Assistance</td>
<td><a href="https://www.mass.gov/orgs/department-of-transitional-assistance">https://www.mass.gov/orgs/department-of-transitional-assistance</a></td>
</tr>
<tr>
<td>BEST Hospitality Training</td>
<td><a href="https://besthtc.org/evsinfo/">https://besthtc.org/evsinfo/</a></td>
</tr>
<tr>
<td>Center for Community Health Education Research and Service/HEART</td>
<td><a href="https://www.cchers.org/">https://www.cchers.org/</a></td>
</tr>
</tbody>
</table>

Health Behavior-Mental Health/Substance Addiction

**Program Type**
Total Population or Community-Wide Interventions

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

**Program Description**
Brigham and Women's Develop a partnership for children and families who have experienced trauma and behavioral health diagnosis including mental health and substance use.

**Program Hashtags**
Community Education, Support Group,

**Program Contact Information**
Tracy Mangini Sylven, MCHES, CHC, Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451

**Program Goals:**

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>In partnership with Italian Home for Children, develop and implement a program for families with mental health diagnosis</td>
<td>In progress</td>
<td>Outcome Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>
health and SUD issues that address the whole family as part of the process.

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, Social Determinants of Health-Violence and Trauma, Substance Addiction-Substance Use,

Target Populations
- **Regions Served:** Boston-Dorchester, Boston-Hyde Park, Boston-Jamaica Plain, Boston-Mattapan, Boston-Roslindale, Boston-Roxbury, Boston-West Roxbury,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** English, Haitian Creole, Spanish,
- **Additional Target Population Status:** Not Specified

**Partners:**

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italian Home for Children</td>
<td>Italianhome.org</td>
</tr>
</tbody>
</table>

**Chronic Disease - Cardiovascular Wellness**

**Program Type**
Community-Clinical Linkages

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

**Program Description**
As a primary stroke facility, Brigham and Women’s Faulkner Hospital provides education to the community about stroke signs and symptoms. While an education campaign is provided year-round, there is a more intensive focus during National Stroke Awareness month, in May. There is also a support group for stroke patients and their caregivers. Faulkner screens and educates the community about heart disease, hypertension and diabetes. An expanded partnership with the Parkway and Menino (Hyde Park) YMCA to address chronic disease and cardiovascular disease.

**Program Hashtags**
Community Education, Health Professional/Staff Training, Health Screening, Prevention, Support Group,

**Program Contact Information**
Tracy Mangini Sylven, MCHES, CHC Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451

**Program Goals:**

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN 2021, provide education, screenings, outreach and program referrals for cardiovascular health for the purpose of helping community members identify pre-hypertension/pre-diabetes, manage existing conditions and providing resources and education for all, especially those with less access and resources.</td>
<td>In progress and ongoing</td>
<td>Outcome Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

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-Stroke, Health Behaviors/Mental Health-Physical Activity, Other-Senior Health Challenges/Care Coordination,
Social Determinants of Health-Education/Learning, Social Determinants of Health-Nutrition,

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

**Partners:**

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyde Park YMCA</td>
<td>ymcboston.org/menino</td>
</tr>
<tr>
<td>Parkway YMCA</td>
<td>ymcboston.org/parkway</td>
</tr>
<tr>
<td>Elderly housing sites</td>
<td>bostonhousing.org</td>
</tr>
</tbody>
</table>

**Chronic Disease - Stroke Support and Awareness**

**Program Type**
Community-Clinical Linkages

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

**Program Description**
As a primary stroke facility, Faulkner Hospital has developed a series of programs aimed to educate the community about stroke signs and symptoms. Additionally, the program offers a unique, ongoing support group for survivors and their families to connect with professionals for resources and information on a variety of topics related to life after stroke.

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

**Program Contact Information**
Tracy Mangini Sylven, MCHES, CHC Director, Community Health and Wellness Brigham and Women’s Faulkner Hospital, 617-983-7451

**Program Goals:**

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide stroke education and resources to stroke patients and community members to enhance understanding of symptoms, offer a support group for patients and caregivers.</td>
<td>In progress</td>
<td>Outcome Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

**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-Stroke,

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

**Partners:**

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston Public Schools</td>
<td>bostonpublicschools.org</td>
</tr>
</tbody>
</table>
Healthy Eating and Active Living - Encouraging Physical Activity among the Elderly

Program Type: Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization: No

Program Description:

Brigham and Women's Faulkner Hospital has developed a series of programs aimed to encourage members of the community to become more physically active in a safe and social way.

Program Hashtags: Community Education, Prevention,

Program Contact Information:

Tracy Mangini Sylven, MCHES, CHC Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451

Program Goals:

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide 10 sessions of nutrition education and active living sessions for better access to the community</td>
<td>In Progress</td>
<td>Outcome Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

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-Hypertension
- Health Behaviors/Mental Health-Depression
- Health Behaviors/Mental Health-Physical Activity
- Health Behaviors/Mental Health-Stress Management

Target Populations:

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

Partners:

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parkway YMCA</td>
<td><a href="http://www.ymcaboston.org/parkway">http://www.ymcaboston.org/parkway</a></td>
</tr>
</tbody>
</table>

Social Determinants - Free Transportation Program

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

Program Description:

Brigham and Women's Faulkner Hospital provides free transportation via a cab voucher or free parking at the hospital which are provided to those who would not otherwise be able to pay or it would act as a barrier to their healthcare access.

Program Hashtags: Prevention,

Program Contact Information:

Tracy Mangini Sylven, MCHES, CHC Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451

Program Goals:
<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide transportation or transportation support to all those patients that need it at the hospital campus.</td>
<td>In progress</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

**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-Income and Poverty,  
**Target Populations**:  
- **Regions Served**: Boston,  
- **Environments Served**: Urban,  
- **Gender**: All,  
- **Age Group**: Adults, Elderly,  
- **Race/Ethnicity**: All,  
- **Language**: All,  
- **Additional Target Population Status**: Not Specified

**Partners**:  
<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Specified</td>
<td>Not Specified</td>
</tr>
</tbody>
</table>

**Social Determinants - Passageway: Domestic Violence Intervention**  
**Program Type**: Direct Clinical Services  
**Program is part of a grant or funding provided to an outside organization**: No  
**Program Description**: Passageway is a domestic violence intervention program that assists patients and employees who are unsafe, controlled, threatened or hurt by current or former intimate partners. We develop and support coordinated responses to domestic violence within the hospital and the community. Passageway offers advocacy, training/education, community linkages and evaluation.  
**Program Hashtags**: Prevention, Support Group,  
**Program Contact Information**: Tracy Mangini Sylven, MCHES, CHC Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451  
**Program Goals**:  
<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide DV services, counseling, planning, advocacy, and other resources to patients, community members and staff in need who seek services or are referred.</td>
<td>In progress</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

**EOHHS Focus Issues**: N/A,  
**DoN Health Priorities**: Violence,  
**Health Issues**: Social Determinants of Health-Domestic Violence,  
**Target Populations**:  
- **Regions Served**: Boston,  
- **Environments Served**: Urban,  
- **Gender**: All,  
- **Age Group**: Adults, Elderly,  
- **Race/Ethnicity**: All,  
- **Language**: All,
### Partners:

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Specified</td>
<td>Not Specified</td>
</tr>
</tbody>
</table>

### Social Determinants - Workforce Development - Youth Success

**Program Type**
- Access/Coverage Supports

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

**Program Description**
Brigham and Women's Faulkner Hospital has developed a series of programs to provide opportunities for elementary, middle school and high school students to gain experience in various departments across the hospital. Students are exposed to different aspects of healthcare which serves two purposes: to help to educate youth and young-adults on current health issues, and to allow participants to explore different career options, which further supports Faulkner Hospital's efforts to improve economic development in its surrounding community. Some of the programs provide paid opportunities and often lead to more permanent positions. Workforce Development - Youth Success programs include: Academic Advocate, Summer Jobs Program, Job Shadow Program, Career Panels and job readiness training events.

**Program Hashtags**
- Community Education,

**Program Contact Information**
Tracy Mangini Sylven, MCHES, CHC Director, Community Health and Wellness, Brigham and Women's Faulkner Hospital, 617-983-7451

### Program Goals:

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hire at least 15 summer jobs students and provide at least 2 job shadow programs for students, one clinical and one non-clinical for youth.</td>
<td>In progress</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

### EOHHS Focus Issues
- N/A,

### DoN Health Priorities
- Built Environment,

### Health Issues
- Social Determinants of Health-Education/Learning,

### Target Populations
- **Regions Served**: Boston,
- **Environments Served**: Urban,
- **Gender**: All,
- **Age Group**: Children,
- **Race/Ethnicity**: All,
- **Language**: English,

**Additional Target Population Status**: Not Specified

### Partners:

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston Public Schools</td>
<td><a href="http://www.bostonpublicschools.org">http://www.bostonpublicschools.org</a></td>
</tr>
</tbody>
</table>

### Substance Use and Abuse - NARCAN

**Program Type**
- Total Population or Community-Wide Interventions

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

A series of NARCAN trainings and education were done in the hospital for staff and visitors. BWFH Pharmacy provided free NARCAN kits to families after admission or visit to ED for substance use.

Program Hashtags

Community Education, Health Professional/Staff Training, Prevention,

Program Contact Information

Tracy Mangini Sylven, MCHES, CHC, Director, Community Health and Wellness Brigham and Women’s Faulkner Hospital, 617-983-7451

Program Goals:

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide NARCAN education and kits for community residents with interaction to those with a SUD.</td>
<td>In progress</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

EOHHS Focus Issues

Mental Illness and Mental Health,

DoN Health Priorities

N/A,

Health Issues

Substance Addiction-Substance Use,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Adults,
- **Race/Ethnicity:** All,
- **Language:** English, Haitian Creole, Portuguese, Russian, Spanish,
- **Additional Target Population Status:** Not Specified

Partners:

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyde Park YMCA</td>
<td><a href="http://ymcaboston.org/menino">http://ymcaboston.org/menino</a></td>
</tr>
<tr>
<td>AIDS Action Committee</td>
<td><a href="http://www.aac.org/">http://www.aac.org/</a></td>
</tr>
</tbody>
</table>

Volunteer Initiative

Program Type

Access/Coverage Supports

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

No

Program Description

Through long-term and deep partnerships, a volunteer program was initiated in FY19. Designed to better connect staff to our local community organizations, involve them in a deeper understanding of community needs and impact the needs through volunteerism.

Program Hashtags

Health Professional/Staff Training,

Program Contact Information

Tracy Mangini Sylven, MCHES, CHC, Director, Community Health and Wellness Brigham and Women’s Faulkner Hospital, 617-983-7451,

Program Goals:

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide opportunities for staff to volunteer at community based organizations and partners for better community connection, community awareness and help for the organization.</td>
<td>In progress</td>
<td>Outcome Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>
DoN Health Priorities
- Social Environment,
- Other-Cultural Competency,

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

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

Partners:

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Servings</td>
<td>Servings.org</td>
</tr>
<tr>
<td>Manning School</td>
<td>bostonpublicschools.org</td>
</tr>
</tbody>
</table>

Health Explorers at Camp Harbor View

Program Type
- Total Population or Community-Wide Interventions

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

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

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

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

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

Volunteers from Mass General Brigham and Mass Eye and Ear volunteered at two drives at CHV’s facility to organize and distribute donations of board games, books, toys, household items and food for campers’ families.
### Program Goals:

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

### EOHHS Focus Issues
N/A,

### DoN Health Priorities
Education,

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

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

### Partners:

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camp Harbor View</td>
<td><a href="http://chvf.org/">http://chvf.org/</a></td>
</tr>
</tbody>
</table>

### Social Determinants - Brigham and Women’s Faulkner 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
Brigham and Women's Faulkner Hospital Certified Application Counselors (CACs) provide information about the full range of insurance programs offered by EOHHS and the Health Connector. Our CACs help individuals complete an application or renewal; work with the individual to provide required documentation; submit applications and renewals for the Insurance Programs; interact with EOHHS and the Health Connector on the status of such applications and renewals; and help facilitate enrollment of applicants or beneficiaries in Insurance Programs.

#### Program Hashtags
Not Specified

#### Program Contact Information
Brooke Alexander, Mass General Brigham Community Health

#### Program Goals:

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide information about the full range of insurance programs offered by EOHHS and the Health Connector.</td>
<td>In FY21, 2 BWFH CACs contributed to the estimated 65 patient financial counselors that served patients who needed assistance with their coverage.</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
<tr>
<td>To provide patients and extended community with individualized assistance with application process,</td>
<td>In FY21, 2 BWFH CACs contributed to the estimated 65 patient financial counselors that served patients who needed assistance with their coverage.</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>
understanding the complex health care system and their rights and obligations as a patient.

EOHHS Focus Issues
- N/A,

DoN Health Priorities
- N/A,

Health Issues
- Social Determinants of Health: Access to Health Care, Social Determinants of Health: Income and Poverty, Social Determinants of Health: Language/Literacy, Social Determinants of Health: Uninsured/Underinsured,

Target Populations
- Regions Served: Boston-Hyde Park, Boston-Jamaica Plain, Boston-Roslindale, Boston-West Roxbury,
- Environments Served: All,
- Gender: All,
- Age Group: All,
- Race/Ethnicity: All,
- Language: All,
- Additional Target Population Status: Not Specified

Partners:

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care for All</td>
<td><a href="https://www.hcfama.org/">https://www.hcfama.org/</a></td>
</tr>
<tr>
<td>Mass Health</td>
<td><a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a></td>
</tr>
<tr>
<td>Massachusetts Health Connector</td>
<td><a href="https://betterhealthconnector.com/">https://betterhealthconnector.com/</a></td>
</tr>
<tr>
<td>Massachusetts Hospital Association</td>
<td><a href="https://www.mhalink.org/">https://www.mhalink.org/</a></td>
</tr>
<tr>
<td>Massachusetts League of Community Health Centers</td>
<td><a href="http://www.massleague.org/">http://www.massleague.org/</a></td>
</tr>
</tbody>
</table>

Community Health Center Affiliations

Program Type: Access/Coverage Supports
Program is part of a grant or funding provided to an outside organization: Yes

Program Description: Partners has a long commitment to community health centers. MGH’s licensed community health center in Charlestown was founded in 1968, and Brookside Community Health Center became part of BWH in approx. 1974. Today, there are five licensed health centers operating within the overall Partners system: three of which operate through the license of MGH in Charlestown, Chelsea, and Revere and two of which operate under the license of BWH in Jamaica Plain -- Brookside CHC and Southern Jamaica Plain CHC. In addition, Partners is affiliated with 15 community health centers in Dorchester, East Boston, Jamaica Plain, Lynn, Mattapan, North End, Peabody, Roxbury, Salem, South Boston, and the South End. Since 1996, Partners and its hospitals have provided more than $40 million in support to these affiliated CHCs to rebuild, relocate, or modernize aging facilities. MGH, BWH, and Partners have made a concerted effort to improve access to care for community health center patients, helping health centers move from cramped, outdated buildings to modern facilities with updated computer information systems and medical technology. Over time, our relationships with each of these health centers have evolved uniquely for each health center to provide the most responsive support possible.

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

Program Contact Information: Tavinder Phull, Director, Reporting and Compliance, Community Health, 617-240-3948

Program Goals:

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide access to community-based health care.</td>
<td>Partners is affiliated with 15 community health centers in Dorchester, East Boston, Lynn, Mattapan, North End, Peabody,</td>
<td>Process</td>
<td>Year 4 of 4</td>
</tr>
</tbody>
</table>
Strengthen community health centers in Partners communities. | Since 1996, Partners and its hospitals have provided more than $40 million in support to these affiliated CHCs to rebuild, relocate, or modernize aging facilities. | Process Goal | Year 4 of 4
---|---|---|---
Improve access to care for community health center patients. | Gynecologists and nurse midwives from BWH provide clinical care at affiliated community health centers in Dorchester, Mattapan, Roxbury, and the South End. | Process Goal | Year 4 of 4
Improve access to care for community health center patients. | The MGH AVON program provides navigators to help patients from Chelsea and Mattapan get breast cancer screening, follow up and treatment. | Process Goal | Year 4 of 4
Expand the state's supply of primary care providers at community health centers. | The Mass. League's CHC Provider Loan Repayment Program-Through 2018, more than 300 primary care providers have committed to work in a CHC for up to two years in exchange for loan repayment. | Outcome Goal | Year 4 of 4
Support the state's community health centers in their continued efforts to reduce barriers to access, promote health equity and organize care for patients in their communities. | Grants awarded through the Partnership for Community Health have provided support to community health centers to develop and launch measurable programs that enhance health outcomes, services, efficiencies and quality of care. | Outcome Goal | Year 4 of 4
Provide hunger assistance grants to licensed and affiliated community health centers. | Provided $500 grants to 17 licensed and affiliated community health centers to support new or existing hunger assistance activities. | Outcome Goal | Year 4 of 4
Provide grants to support licensed and affiliated health centers with existing food pantries. | Provided $500 grants to 17 licensed and affiliated community health centers to support new or existing hunger assistance activities. | Outcome Goal | Year 4 of 4
Provide access to community-based health care. | BWH and MGH licensed health centers provide care to more than 84,000 children and adult patients annually. | Outcome Goal | Year 4 of 4

**EOHHS Focus Issues**
Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Mental Illness and Mental Health,

**DoN Health Priorities**
N/A,

**Health Issues**
Cancer-Breast, Chronic Disease-Cardiac Disease, Chronic Disease-Diabetes, Health Behaviors/Mental Health-Mental Health, Maternal/Child Health-Reproductive and Maternal Health, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Nutrition,

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

**Partners:**

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston Health Care for the Homeless Program</td>
<td><a href="http://www.bhchp.org/">http://www.bhchp.org/</a></td>
</tr>
<tr>
<td>Brookside Community Health Center (BWH)</td>
<td><a href="http://www.brighamandwomens.org/Departments_and_Services/medicine/services/primarycare/Offices/Brookside.aspx">http://www.brighamandwomens.org/Departments_and_Services/medicine/services/primarycare/Offices/Brookside.aspx</a></td>
</tr>
<tr>
<td>Codman</td>
<td><a href="http://www.codman.org/">http://www.codman.org/</a></td>
</tr>
<tr>
<td>Name</td>
<td>Website</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>Dorchester House Multi-Service Center</td>
<td><a href="http://www.dorchesterhouse.org/">http://www.dorchesterhouse.org/</a></td>
</tr>
<tr>
<td>East Boston Neighborhood Health Center</td>
<td><a href="http://www.ebnhc.org/">http://www.ebnhc.org/</a></td>
</tr>
<tr>
<td>Lynn Community Health Center</td>
<td><a href="http://www.ichcnet.org/">http://www.ichcnet.org/</a></td>
</tr>
<tr>
<td>Mattapan Community Health Center</td>
<td><a href="http://www.mattapanchc.org/">http://www.mattapanchc.org/</a></td>
</tr>
<tr>
<td>MGH Revere HealthCare Center</td>
<td><a href="http://www.massgeneral.org/revere/">http://www.massgeneral.org/revere/</a></td>
</tr>
<tr>
<td>MGH Charlestown Health Center</td>
<td><a href="http://www2.massgeneral.org/ctweb/index.htm">http://www2.massgeneral.org/ctweb/index.htm</a></td>
</tr>
<tr>
<td>MGH Chelsea Health Center</td>
<td><a href="http://www2.massgeneral.org/primarycareweb/primary_chelsea.htm">http://www2.massgeneral.org/primarycareweb/primary_chelsea.htm</a></td>
</tr>
<tr>
<td>Neponset Health Center</td>
<td><a href="http://www.hhsi.us/metro-boston/neponset-health-center/">http://www.hhsi.us/metro-boston/neponset-health-center/</a></td>
</tr>
<tr>
<td>North End Waterfront Health</td>
<td><a href="http://www.massgeneral.org/northend/">http://www.massgeneral.org/northend/</a></td>
</tr>
<tr>
<td>North Shore Community Health, Inc. (NSCHI) includes Salem Family HC &amp; Peabody Family HC</td>
<td><a href="http://www.nschi.org">http://www.nschi.org</a></td>
</tr>
<tr>
<td>South Boston Community Health Center</td>
<td><a href="http://www.sbchc.org/">http://www.sbchc.org/</a></td>
</tr>
<tr>
<td>South End Community Health Center (SECHC)</td>
<td><a href="http://www.sechc.org/en/">http://www.sechc.org/en/</a></td>
</tr>
<tr>
<td>Southern Jamaica Plain Health Center (BWH)</td>
<td><a href="http://www.brighamandwomens.org/Departments_and_Services/medicine/services/primarycare/sjphc/default.aspx">http://www.brighamandwomens.org/Departments_and_Services/medicine/services/primarycare/sjphc/default.aspx</a></td>
</tr>
<tr>
<td>Upham's Corner Health Center</td>
<td><a href="http://www.uphamscornerhealthctr.com/">www.uphamscornerhealthctr.com/</a></td>
</tr>
<tr>
<td>Whittier</td>
<td><a href="http://www.whittierstreet.org/">http://www.whittierstreet.org/</a></td>
</tr>
</tbody>
</table>
Mass General Brigham Summer Jobs Program

**Program Type**
Total Population or Community-Wide Interventions

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

**Program Description**
Brigham and Women's Hospital and Massachusetts General Hospital, founding members of Mass General Brigham, are leaders at providing summer job opportunities for Bostonâ€™s youth through Mayor Walsh's Summer Jobs Program. In 2020, about 347 BPS students had jobs at BWH, MGH, and Faulkner through this program. The total count for all summer jobs across Mass General Brigham hospitals in 2020 was as follows:
- Brigham and Women's Hospital: 222
- Brigham and Women's Faulkner Hospital: 13
- Massachusetts General Hospital: 112
- Newton Wellesley Hospital: 20
- North Shore Medical Center: 16

**Program Hashtags**
Not Specified

**Program Contact Information**
Tavinder Phull, MPH MBA, Mass General Brigham Community Health

**Program Goals:**

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide students with meaningful summer job experiences and mentoring.</td>
<td>BWFH and BWH virtual programming included: Science and Public Health Projects, remote work directly in hospital departments and other community partners, Financial Literacy education, and networking and educational seminars. The program will resume in person in FY22</td>
<td>Outcome Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

**EOHHS Focus Issues**
N/A,

**DoN Health Priorities**
Education,

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

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

**Partners:**

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brigham and Womenâ€™s Hospital Summer Jobs Program</td>
<td><a href="http://www.brighamandwomens.org/about_bwh/communityprograms/our-programs/youth-programs/default.aspx?sub=0">http://www.brighamandwomens.org/about_bwh/communityprograms/our-programs/youth-programs/default.aspx?sub=0</a></td>
</tr>
<tr>
<td>Massachusetts General Hospital Summer Jobs Program</td>
<td><a href="http://www.massgeneral.org/cchi/services/treatmentprograms.aspx?id=1493&amp;display=overview">http://www.massgeneral.org/cchi/services/treatmentprograms.aspx?id=1493&amp;display=overview</a></td>
</tr>
<tr>
<td>MassHire</td>
<td><a href="https://www.mass.gov/topics/masshire">https://www.mass.gov/topics/masshire</a></td>
</tr>
<tr>
<td>North Shore Community College</td>
<td><a href="https://www.northshore.edu/">https://www.northshore.edu/</a></td>
</tr>
<tr>
<td>Mass Bay Community College</td>
<td><a href="https://www.massbay.edu/">https://www.massbay.edu/</a></td>
</tr>
<tr>
<td>Waltham Partnership for Youth</td>
<td><a href="https://www.walthampartnershipforyouth.org/">https://www.walthampartnershipforyouth.org/</a></td>
</tr>
<tr>
<td>Boston Public Schools</td>
<td><a href="https://www.bostonpublicschools.org/">https://www.bostonpublicschools.org/</a></td>
</tr>
</tbody>
</table>
### Social Determinants - Income and Poverty

**Program Type**  
Access/Coverage Supports

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

**Program Description**  
Develop an employment partnership to build a pipeline of entry level employees to increase financial security and allowing for increased access to stable jobs. Providing low income families with support and education to become more financially secure and knowledgeable.

**Program Hashtags**  
Mentorship/Career Training/Internship,

**Program Contact Information**  
Tracy Mangini Sylven, MCHES, CHC, Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451

**Program Goals:**

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist 100 low income families with establishing financial goals, tracking and reducing expenses, opening a savings account, raising credit scores and enrolling in job related training or education by Partnering with the Jamaica Plain Development Corporation.</td>
<td>Ongoing</td>
<td>Outcome Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

**EOHHS Focus Issues**  
N/A,

**DoN Health Priorities**  
Employment,

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

**Target Populations**  
- **Regions Served:** Boston-Dorchester, Boston-Hyde Park, Boston-Jamaica Plain, Boston-Mattapan, Boston-Roslindale,  
- **Environments Served:** Urban,  
- **Gender:** All,  
- **Age Group:** Adults,  
- **Race/Ethnicity:** All,  
- **Language:** All,  
- **Additional Target Population Status:** Not Specified

**Partners:**

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jamaica Plain Neighborhood Development Corporation</td>
<td>jpndc.org</td>
</tr>
</tbody>
</table>

---

### Social Determinants - Translation and Interpreter Services

**Program Type**  
Access/Coverage Supports

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

**Program Description**  
This program assures access to quality health care for non-English speaking and deaf and hard of hearing patients and families by providing language interpretation and translation of key health care documents.

**Program Hashtags**  
Physician/Provider Diversity,

**Program Contact Information**  
Tracy Mangini Sylven, MCHES, CHC Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451

**Program Goals:**

---

https://massago.onbaseonline.com/MASSAGO/1801CBEAC/Workview/WorkViewController.ashx
To assure access to quality health care for non-English speaking and deaf and hard of hearing patients and families by providing language interpretation and translation of key health care documents.

**EOHHS Focus Issues**  
N/A,

**DoN Health Priorities**  
N/A,

**Health Issues**  
Social Determinants of Health-Language/Literacy,

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

**Partners:**

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Specified</td>
<td>Not Specified</td>
</tr>
</tbody>
</table>

**Program Type**  
Total Population or Community-Wide Interventions

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

**Program Description**  
Working with the Manning Elementary School in Jamaica Plain and the Grew Elementary School in Hyde Park. Programs are designed to help enrich students' wellness curriculum, encourage early awareness of how to foster good health, and help students deal with outside factors that may interfere with their health. The goal is to foster a sense of community-wide responsibility for the education of youth, provide programming, meet student and teacher needs, support the larger school community, and serve as a resource. Programs include school-wide tasting, food stipends for food insecure families as identified by food screening, comprehensive nutrition and wellness education, all grade levels talks and visits to the hospital on a health/wellness topic, leadership role on Wellness Council, mentoring and advocates for identified students, support and education for physical fitness of students, health coaching and support for health needs of the staff, etc.

**Program Hashtags**  
Community Education, Mentorship/Career Training/Internship, Prevention,

**Program Contact Information**  
Tracy Mangini Sylvan, MCHES, CHC, Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451,

**Program Goals:**

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide monthly stipends for food on the Fresh Truck Market stops, provide nutrition education to students, provide prevention curriculum to all students for better awareness and health, offer support to the school in a variety of ways for better access to students.</td>
<td>On going</td>
<td>Outcome Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>
**EOHHS Focus Issues**  
N/A,

**DoN Health Priorities**  
Social Environment,

**Health Issues**  
Health Behaviors/Mental Health-Physical Activity, Health Behaviors/Mental Health-Stress Management, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Language/Literacy, Social Determinants of Health-Nutrition,

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

**Partners:**

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph P. Manning Elementary School</td>
<td><a href="http://www.boston.k12.ma.us/manning">http://www.boston.k12.ma.us/manning</a></td>
</tr>
<tr>
<td>Grew Elementary School</td>
<td><a href="https://www.bostonpublicschools.org/grew">https://www.bostonpublicschools.org/grew</a></td>
</tr>
<tr>
<td>Fresh Connect</td>
<td>aboutfresh.org</td>
</tr>
</tbody>
</table>

**Social Determinants of Health - Nutrition and Food Insecurity**

**Program Type**  
Access/Coverage Supports

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

**Program Description**  
Nutrition education and nutrition health coaching focuses on helping people understand the complexity of nutrition and helping families and individuals make good choices. Events include supermarket tours, cooking classes, diabetes education, wellness challenge, health coaching for target populations etc.

Food insecurity screening with targeted populations for identifying and providing stipend.

Food insecurity education to hospital staff and physicians to create greater awareness of what food insecurity is and its impact on our community.

**Program Hashtags**  
Community Education, Prevention,

**Program Contact Information**  
Tracy Mangini Sylven, MCHES, CHC, Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451,

**Program Goals:**

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide food insecurity and nutrition education to staff, clinicians for better understanding.</td>
<td>Ongoing</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
<tr>
<td>Provide food access to patients and community.</td>
<td>Ongoing</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
<tr>
<td>Provide stipends to those screened and in need of food resources</td>
<td>Ongoing</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
<tr>
<td>Make connections to support and resources, such as food banks, distributions and SNAP/WIC applications.</td>
<td>Ongoing</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
<tr>
<td>Be a part of the larger food landscape in Boston for a better connection and understanding of the needs to be addressed</td>
<td>Ongoing</td>
<td>Process Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>
EOHHS Focus Issues
DoN Health Priorities
Health Issues
Target Populations

EOHHS Focus Issues
Education, Social Environment,

DoN Health Priorities
Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Nutrition,

Health Issues

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

**Partners:**

<table>
<thead>
<tr>
<th>Partner Name and Description</th>
<th>Partner Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston Housing Authority</td>
<td>Not Specified</td>
</tr>
<tr>
<td>Fresh Connect</td>
<td>Not Specified</td>
</tr>
<tr>
<td>Roche Brothers Supermarket</td>
<td>Not Specified</td>
</tr>
<tr>
<td>Boston Public Schools</td>
<td>Not Specified</td>
</tr>
<tr>
<td>Parkway YMCA</td>
<td>Not Specified</td>
</tr>
<tr>
<td>Menino YMCA (Hyde Park)</td>
<td>Not Specified</td>
</tr>
<tr>
<td>Boston Public Libraries</td>
<td>Not Specified</td>
</tr>
<tr>
<td>Roche Family Community Center</td>
<td>Not Specified</td>
</tr>
<tr>
<td>BWFH Community Physicians</td>
<td>Not Specified</td>
</tr>
</tbody>
</table>

**Substance Use and Abuse - Drug Education**

**Program Type**
Access/Coverage Supports

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

**Program Description**
Programming that addresses drug use, education around addiction issues and participation in State wide-efforts for opioid addiction.

**Program Hashtags**
Community Education, Health Screening, Prevention, Support Group,

**Program Contact Information**
Tracy Mangini Sylven, MCHES, CHC, Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451,

**Program Goals:**

<table>
<thead>
<tr>
<th>Goal Description</th>
<th>Goal Status</th>
<th>Goal Type</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programming for the safe use and disposal of drugs. Education on the importance of drug reconciliation</td>
<td>Ongoing</td>
<td>Outcome Goal</td>
<td>Year 3 of 3</td>
</tr>
</tbody>
</table>

EOHHS Focus Issues
Substance Use Disorders,

DoN Health Priorities
Education,

Health Issues
Substance Addiction-Opioid Use,

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

<table>
<thead>
<tr>
<th>Partners:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Partner Name and Description</strong></td>
<td><strong>Partner Website</strong></td>
</tr>
<tr>
<td>Hyde Park YMCA</td>
<td><a href="http://ymcaboston.org/menino">http://ymcaboston.org/menino</a></td>
</tr>
<tr>
<td>RIZE Massachusetts</td>
<td>rizema.org</td>
</tr>
</tbody>
</table>

**Expenditures**

**Total CB Program Expenditure** $1,989,910.00

<table>
<thead>
<tr>
<th>CB Expenditures by Program Type</th>
<th>Total Amount</th>
<th>Subtotal Provided to Outside Organizations (Grant/Other Funding)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Clinical Services</td>
<td>$144,772.00</td>
<td>$65,379.00</td>
</tr>
<tr>
<td>Community-Clinical Linkages</td>
<td>$56,941.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Population or Community-Wide Interventions</td>
<td>$709,514.00</td>
<td>$269,475.00</td>
</tr>
<tr>
<td>Access/Coverage Supports</td>
<td>$1,078,683.00</td>
<td>$89,078.00</td>
</tr>
<tr>
<td>Infrastructure to Support CB Collaborations Across Institutions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**CB Expenditures by Health Need**

| Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes | $223,591.00 |
| Mental Health/Mental Illness | $35,790.00 |
| Housing/Homelessness | $90,310.00 |
| Substance Use | $44,831.00 |
| Additional Health Needs Identified by the Community | $1,595,388.00 |

| Other Leveraged Resources | $0.00 |

| Net Charity Care Expenditures | Total Amount |
| HSN Assessment | $3,209,092.00 |
| HSN Denied Claims | $97,031.00 |
| Free/Discount Care | $451,572.00 |
| Total Net Charity Care | $3,757,695.00 |

**Total CB Expenditures:** $5,747,605.00

**Additional Information**

<table>
<thead>
<tr>
<th>Net Patient Service Revenue</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$315,655,000.00</td>
<td></td>
</tr>
</tbody>
</table>

**CB Expenditure as Percentage of Net Patient Services Revenue:** 1.82%

**Approved CB Program Budget for FY2022:** $1,989,909.00
(*Excluding expenditures that cannot be projected at the time of the report.)

Comments (Optional):

In FY 21, Mass General Brigham and its member hospitals, in collaboration with Beth Israel Leahy Health (BILH), designed, built, and launched a new Community Benefits Reporting Tool (CBRT). The CBRT allows our teams and community partners to more accurately capture, track, and report data related to community benefits programs and initiatives. As part of our design and launch of the CBRT, the MGB and BILH teams undertook a multi-faceted quality improvement project to improve the alignment of definitions and categories for program expenditure reporting across our member hospitals; this may be a contributing driver for differences in trend with AGO reporting categories.

Optional Information

Hospital Publication Describing CB Initiatives: Not Specified

Bad Debt: Not Specified
Bad Debt Certification: Not Certified
Optional Supplement: As one of the largest employers in New England, Mass General Brigham, and its founding academic medical centers, BWH and MGH, are committed to leveraging our business practices around inclusive local hiring and workforce development, local and diverse sourcing and place-based investing to tackle underlying causes of poor health outcomes in the communities we serve.

BWFH recognizes the impact of social and economic factors on individual and population health outcomes and provides a number of program and initiatives focused on workforce development as described in other areas of this report.

In FY 21, we continued our active outreach efforts to respond to the most pressing needs of our communities during the COVID-19 pandemic. Residents of our priority communities experienced higher rates of infection, hospitalization, and mortality from COVID-19. The prolonged economic and social stress associated with job loss, also impacted food insecurity and housing instability. Communities of color in our neighborhoods and across the nation continued to be disproportionately impacted.

In response, we employed strategies that were culturally responsive and addressed immediate community needs, which included providing free, low barrier COVID-19 testing and vaccination, food resources, screening for social determinants of health needs and targeted referral, distributing assembled care kits (masks, sanitizer and prevention information) as well as other personal care items (diapers/wipes, hygiene products, feminine care products, warm clothes, etc) in our priority neighborhoods. We established partnerships with several community locations and took our mobile van to the sites with resources and services such as bloop pressure screening, education and BP cuffs, food, personal care items, screening for SDOH and connection to resources. Additionally on the van, we had our human resources professionals helping residents navigate the job posting and application process, community partners there to help with WIC and SNAP applications and education, substance use disorder education and program awareness and connection, and so much more. This continued presence was impactful for the community and provided a trusting relationship and opportunity for residents to come out and connect, ask for help and get much needed information in a great time of flux and uncertainty.

Further, to fulfill its implementation strategy, BWFH will leverage current and future resources to advance its community benefit mission and to address the priority areas identified in the 2019 CHNA/CHIP. BWFH will specifically commit staff and other resources through the Community Health and Wellness Department and other community facing programs. BWFH also commits to continuing and strengthening our community partnerships and collaborations which are essential in reaching hard to reach populations and providing programming to those marginalized populations. In addition, BWFH will leverage future DoN
resources to advance its implementation strategy and will do so in partnership with its many community partners.