

Organization Information

Organization Name: Faulkner Hospital
Address: 1153 Centre Street
City, State, Zip: Boston, Massachusetts 02130
Website: <https://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:
 (Optional, if different from above)
City, State, Zip: ,
 (Optional, if different from above)
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:

Name of Target Population	Basis for Selection
Brigham and Women's Faulkner's community members with health needs, especially local school children, the elderly, women, and low-income, vulnerable populations	Assessment of quantitative and qualitative data

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****Program Type**

Total Population or Community-Wide Interventions

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

No

Program Description

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).

Program Hashtags

Community Education, Health Screening, Prevention,

Program Contact Information

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

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide cardiovascular screenings and education to the community at a	In progress	Outcome Goal	Year 3 of 3

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:

Partner Name and Description	Partner Website
American Diabetes Association	Not Specified

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:

Goal Description	Goal Status	Goal Type	Time Frame
Provide food resources to neighborhoods and locations with greatest need. Connect residents to SNAP, WIC and other food pantries and food options.	In progress	Outcome Goal	Year 3 of 3

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:

Partner Name and Description	Partner Website
Food for Free Boxes	https://foodforfree.org
Church of the Holy Spirit	Not Specified

City of Boston Housing Authority	Not Specified
YMCA of Greater Boston - Huntington Ave Branch	Not Specified
Cradles to Crayon	Not Specified

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:

Goal Description	Goal Status	Goal Type	Time Frame
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.	In progress	Process Goal	Year 3 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Social Environment,
Health Issues	Social Determinants of Health-Racism and Discrimination,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Boston, • Environments Served: All, • Gender: All, • Age Group: All, • Race/Ethnicity: All, • Language: All, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

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:

Goal Description	Goal Status	Goal Type	Time Frame

Provide programming for elders with community partners to better serve needs of our seniors.	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:

Partner Name and Description	Partner Website
ESAC	Not Specified
Ethos	Not Specified
Parkway YMCA	Not Specified
City of Boston - Commission on Elderly Affairs	Not Specified

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:

Goal Description	Goal Status	Goal Type	Time Frame
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.	In progress	Outcome Goal	Year 3 of 3

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,

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

Partners:

Partner Name and Description	Partner Website
ESAC	Not Specified

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:

Goal Description	Goal Status	Goal Type	Time Frame
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.	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-Diabetes, Chronic Disease-Hypertension, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Nutrition,
Target Populations	<ul style="list-style-type: none"> • 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:

Partner Name and Description	Partner Website
Off Their Plate	Not Specified
Hyde Park Main Street	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:

Goal Description	Goal Status	Goal Type	Time Frame
Identify and provide food insecure families with a Fresh Connect stipend for fresh fruits and vegetables.	In progress	Process Goal	Year 3 of 3

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:

Partner Name and Description	Partner Website
Fresh Truck	Not Specified

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:

Goal Description	Goal Status	Goal Type	Time Frame
As part of an effort to provide essential services to patients in need, BWFH provides guardianship assistance	In progress	Outcome Goal	Year 3 of 3

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:

Partner Name and Description	Partner Website
Not Specified	Not Specified

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:

Goal Description	Goal Status	Goal Type	Time Frame
Provide support and funding to the Hyde Park Food Pantry for more access and resources to the food pantry in our primary service area	In progress	Outcome Goal	Year 3 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Social Environment,
Health Issues	Social Determinants of Health-Access to Healthy Food,
Target Populations	<ul style="list-style-type: none"> • 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:

Partner Name and Description	Partner Website
Hyde Park Emergency Food Pantry	Not Specified

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:

Goal Description	Goal Status	Goal Type	Time Frame
Provide interpreter services to all those that request it in all areas of	In progress	Process Goal	Year 3 of 3

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:

Partner Name and Description	Partner Website
Not Specified	Not Specified

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 JPND, 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:

Goal Description	Goal Status	Goal Type	Time Frame
With partner JPND, 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.	In progress	Process Goal	Year 3 of 3

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

Partners:

Partner Name and Description	Partner Website
Jamaica Plain Neighborhood Development Corp	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:

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

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	<ul style="list-style-type: none"> • Regions Served: Boston, • Environments Served: Suburban, Urban, • Gender: All, • Age Group: Adults, • Race/Ethnicity: All, • Language: All, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Jewish Vocational Services	Not Specified

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

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
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.	In progress	Process Goal	Year 3 of 3

EOHHS Focus Issues

N/A,

DoN Health Priorities

Built Environment,

Health Issues

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

Target Populations

- **Regions Served:** Boston-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:

Partner Name and Description	Partner Website
Community Refrigerators	Not Specified

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:

Goal Description	Goal Status	Goal Type	Time Frame
Screen residents for SDOH and provide resource connection to social services.	In progress	Process Goal	Year 3 of 3

EOHHS Focus Issues

N/A,

DoN Health Priorities

Social Environment,

Health Issues

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

Partner Name and Description	Partner Website
Cradles to Crayon	https://cradlestocrayons.org/
City of Boston Office of Food Access	Not Specified
City of Boston Housing Authority	Not Specified
Brookside Community Health Center	Not Specified

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:

Goal Description	Goal Status	Goal Type	Time Frame
In partnership with the YMCA, provide a resource for patients and community members to have chronic disease management and prevention programming	In progress	Process Goal	Year 3 of 3

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:

Partner Name and Description	Partner Website
Not Specified	Not Specified

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:

Goal Description	Goal Status	Goal Type	Time Frame
Promote the program to clinical staff for referrals as well as publicize to the community for self-referral. Offer programming throughout the year.	In progress	Process Goal	Year 3 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	N/A,
Health Issues	Chronic Disease-Cardiac Disease, Chronic Disease-Overweight and Obesity, Health Behaviors/Mental Health-Physical Activity, Social Determinants of Health-Nutrition,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Boston, • Environments Served: All, • Gender: All, • Age Group: Adults, Elderly, • Race/Ethnicity: All, • Language: All, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

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:

Goal Description	Goal Status	Goal Type	Time Frame
With partnership with BPIC and BPS, provide employment and exposure	Ongoing	Outcome Goal	Year 3 of 3

opportunities for BPS youth in the healthcare field for the summer.			
---	--	--	--

EOHHS Focus Issues

N/A,

DoN Health Priorities

Built Environment,

Health Issues

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

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:

Partner Name and Description	Partner Website
Boston Private Industry Council	https://www.bostonpic.org/
Boston Public Schools	Not Specified

CHNA-CHIP Collaborative**Program Type**

Infrastructure to Support CB Collaboration

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

Yes

Program Description

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.

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:

Goal Description	Goal Status	Goal Type	Time Frame
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.	In process	Process Goal	Year 3 of 3

EOHHS Focus Issues

N/A,

DoN Health Priorities

N/A,

Health Issues

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,

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:

Partner Name and Description	Partner Website
Boston CHNA-CHIP Collaborative	www.bostonchna.org

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:

Goal Description	Goal Status	Goal Type	Time Frame
Offer at least 4 six week sessions per year for those who self identify or are referred to the program	In progress	Outcome Goal	Year 3 of 3
Falls Prevention and Awareness - Provide falls assessments, gait testing and education.	Ongoing	Process Goal	Year 3 of 3
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.	Met goal of partnership development and now the work of home modification is on-going	Outcome Goal	Year 3 of 3

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,

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

Partners:

Partner Name and Description	Partner Website
Parkway YMCA, Hyde Park YMCA,	ymcaboston.org
Boston Housing Authority/elderly housing sites	bostonhousing.org
ESAC	esacboston.org

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

Program Type Total Population or Community-Wide Interventions

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

Program Description

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

Patient Care Associate (PCA) Training Program is a 6-week free, training program for community residents to earn a nursing assistant certification and receive placement assistance in permanent PCA positions at Brigham and 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

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide low-income community residents with training, career coaching/case management, internships and job placement services which offer family- sustaining wages, generous benefits, and opportunities for advancement within Mass General Brigham while meeting managers'™ needs for highly skilled employees.	<p>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.</p> <p>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.</p> <p>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.</p> <p>Spaulding PCA/CNA Program and Partners in Career and Workforce Development Training Program Out of 64 students graduating from SRN PCA program, 64 were placed with the average salary of \$15.37 per hour. Our longest-standing PCWD program has served 702 since inception in 2004 with the latest current average starting salary (10/1/2018-09/30/2019): \$16.92 per hour (\$35,193 annually). This is the last placements period.</p>	Outcome Goal	Year 2 of 3
Connect program graduates to Partners HealthCare and affiliate-based Workforce Development programs and resources.	<p>Graduates are eligible to participate, after meeting employer-specific criteria, in onsite career development classes and initiatives from educational opportunities to advanced clinical training, career and academic coaching, and leadership development. Onsite classes offered within various MGB member institutions include: English for Speakers of Other Languages (ESOL); Adult Basic Education (ABE); pre-college; computer skills; management & leadership training as well as specific clinical & non-clinical advanced training opportunities. After six months of employment, graduates seeking career advancement</p>	Process Goal	Year 2 of 3

	<p>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 (OCP) 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.</p>		
--	---	--	--

EOHHS Focus Issues

N/A,

DoN Health Priorities

Education, Employment,

Health Issues

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

Target Populations

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

Partners:

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

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:

Goal Description	Goal Status	Goal Type	Time Frame
In partnership with Italian Home for Children, develop and implement a program for families with mental	In progress	Outcome Goal	Year 3 of 3

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:

Partner Name and Description	Partner Website
Italian Home for Children	Italianhome.org

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:

Goal Description	Goal Status	Goal Type	Time Frame
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.	In progress and ongoing	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, 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:

Partner Name and Description	Partner Website
Hyde Park YMCA	ymcaboston.org/menino
Parkway YMCA	ymcaboston.org/parkway
Elderly housing sites	bostonhousing.org
BWFH Community Physicians	http://www.brighamandwomensfaulkner.org/programs-and-services/brigham-womens-faulkner-community-physicians/default.aspx

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:

Goal Description	Goal Status	Goal Type	Time Frame
Provide stroke education and resources to stroke patients and community members to enhance understanding of symptoms, offer a support group for patients and care givers.	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, 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:

Partner Name and Description	Partner Website
Boston Public Schools	bostonpublicschools.org

Boston Housing Authority	bostonhousing.org
YMCA of Boston	ymcaboston.org

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:

Goal Description	Goal Status	Goal Type	Time Frame
Provide 10 sessions of nutrition education and active living sessions for better access to the community	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, Chronic Disease-Hypertension, Health Behaviors/Mental Health-Depression, Health Behaviors/Mental Health-Physical Activity, Health Behaviors/Mental Health-Stress Management,
Target Populations	<ul style="list-style-type: none"> • 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:

Partner Name and Description	Partner Website
Parkway YMCA	http://www.ymcaboston.org/parkway

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:

--	--	--	--

Goal Description	Goal Status	Goal Type	Time Frame
Provide transportation or transportation support to all those patients that need it at the hospital campus.	In progress	Process Goal	Year 3 of 3

EOHHS Focus Issues

N/A,

DoN Health Priorities

N/A,

Health Issues

Social Determinants of Health-Access to Health Care, Social Determinants of Health-Access to Transportation, Social Determinants of Health-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:

Partner Name and Description	Partner Website
Not Specified	Not Specified

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:

Goal Description	Goal Status	Goal Type	Time Frame
To provide DV services, counseling, planning, advocacy, and other resources to patients, community members and staff in need who seek services or are referred.	In progress	Process Goal	Year 3 of 3

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,

• **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

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:

Goal Description	Goal Status	Goal Type	Time Frame
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.	In progress	Process Goal	Year 3 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Built Environment,
Health Issues	Social Determinants of Health-Education/Learning,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Boston, • Environments Served: Urban, • Gender: All, • Age Group: Children, • Race/Ethnicity: All, • Language: English, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Boston Public Schools	https://www.bostonpublicschools.org
Boston Private Industry Council	https://www.bostonpic.org/

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:

Goal Description	Goal Status	Goal Type	Time Frame
Provide NARCAN education and kits for community residents with interaction to those with a SUD.	In progress	Process Goal	Year 3 of 3

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:

Partner Name and Description	Partner Website
Hyde Park YMCA	https://ymcaboston.org/menino
AIDS Action Committee	https://www.aac.org/
MA Dept. of Public Health	https://www.mass.gov/orgs/departments-of-public-health

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:

Goal Description	Goal Status	Goal Type	Time Frame
Provide opportunities for staff to volunteer at community based organizations and partners for better community connection, community awareness and help for the organization.	In progress	Outcome Goal	Year 3 of 3

EOHHS Focus Issues

N/A,

DoN Health Priorities**Health Issues****Target Populations**

Social Environment,

Other-Cultural Competency,

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

Partners:

Partner Name and Description	Partner Website
Community Servings	Servings.org
Mary Mulvey Jacobson Families in Need	https://www.facebook.com/pages/category/Nonprofit-Organization/Mary-Mulvey-Jacobsons-Families-in-Need-1946268152292655/
Manning School	bostonpublicschools.org

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 Hashtags

Not Specified

Program Contact Information

Tavinder Phull, MPH MBA, Mass General Brigham Community Health

Program Goals:

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

EOHHS Focus Issues

N/A,

DoN Health Priorities

Education,

Health Issues

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

Target Populations

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

Partners:

Partner Name and Description	Partner Website
Camp Harbor View	https://campharborview.org

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:

Goal Description	Goal Status	Goal Type	Time Frame
Provide information about the full range of insurance programs offered by EOHHS and the Health Connector.	In FY21, 2 BWFH CACs contributed to the estimated 65 patient financial counselors that served patients who needed assistance with their coverage.	Process Goal	Year 3 of 3
To provide patients and extended community with individualized assistance with application process,	In FY21, 2 BWFH CACs contributed to the estimated 65 patient financial counselors that served patients who needed assistance with their coverage.	Process Goal	Year 3 of 3

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:

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

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:

Goal Description	Goal Status	Goal Type	Time Frame
Provide access to community-based health care.	Partners is affiliated with 15 community health centers in Dorchester, East Boston, Lynn, Mattapan, North End, Peabody,	Process Goal	Year 4 of 4

	Roxbury, Salem, South Boston, and the South End.		
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:

Partner Name and Description	Partner Website
Boston Health Care for the Homeless Program	https://www.bhchp.org/
Brookside Community Health Center (BWH)	https://www.brighamandwomens.org/medicine/general-internal-medicine-and-primary-care/brookside-community-health-center/overview
Codman	https://www.codman.org/

Square Health Center	
Dorchester House Multi-Service Center	http://www.dorchesterhouse.org/
East Boston Neighborhood Health Center	https://www.ebnhc.org/
GeigerGibson Community Health Center	http://www.hhsi.us/metro-boston/geiger-gibson-community-health-center/
Lynn Community Health Center	http://www.lchcnet.org/
Mattapan Community Health Center	http://www.mattapanchc.org/
MGH Revere HealthCare Center	http://www.massgeneral.org/revere/
MGH Charlestown Health Center	http://www2.massgeneral.org/ctweb/index.htm
MGH Chelsea Health Center	http://www2.massgeneral.org/primarycareweb/primary_chelsea.htm
Neponset Health Center	http://www.hhsi.us/metro-boston/neponset-health-center/
North End Waterfront Health	https://www.massgeneral.org/northend/
North Shore Community Health, Inc. (NSCHI) includes Salem Family HC & Peabody Family HC	http://www.nschc.org
South Boston Community Health Center	http://www.sbchc.org/
South End Community Health Center (SECHC)	http://www.sechc.org/en/
Southern Jamaica Plain Health Center (BWH)	https://www.brighamandwomens.org/medicine/general-internal-medicine-and-primary-care/southern-jamaica-plain-health-center/overview
Upham's Corner Health Center	www.uphamscornerhealthctr.com/
Whittier	http://www.whittierstreet.org/

Street Health
Center**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 Boston's youth through Mayor Walsh's Summer Jobs Program. In 2020, about 347 BPS students had jobs at BWH, MGH, and Faulkner through this program. 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:

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

EOHHS Focus Issues	N/A,
DoN Health Priorities	Education,
Health Issues	Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Boston, Chelsea, Lynn, Revere, Waltham, • Environments Served: All, • Gender: All, • Age Group: Teenagers, • Race/Ethnicity: All, Somerville • Language: English, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Brigham and Women's Hospital Summer Jobs Program	https://www.brighamandwomens.org/about-bwh/community-health-equity/youth-programs
Massachusetts General Hospital Summer Jobs Program	http://www.massgeneral.org/cchi/services/treatmentprograms.aspx?id=1493&display=overview
MassHire	https://www.mass.gov/topics/masshire
North Shore Community College	https://www.northshore.edu/
Mass Bay Community College	https://www.massbay.edu/
Waltham Partnership for Youth	https://www.walthampartnershipforyouth.org/
Boston Public Schools	https://www.bostonpublicschools.org/

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:

Goal Description	Goal Status	Goal Type	Time Frame
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.	Ongoing	Outcome Goal	Year 3 of 3

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	<ul style="list-style-type: none"> • 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:

Partner Name and Description	Partner Website
Jamaica Plain Neighborhood Development Corporation	jpndc.org

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:

Goal Description	Goal Status	Goal Type	Time Frame
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.	Ongoing	Outcome Goal	Year 3 of 3

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:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Social Determinants of Health - Education/Learning**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 Sylven, MCHES, CHC, Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451,

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
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.	On going	Outcome Goal	Year 3 of 3

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:

Partner Name and Description	Partner Website
Joseph P. Manning Elementary School	https://www.boston.k12.ma.us/manning
Grew Elementary School	https://www.bostonpublicschools.org/grew
Fresh Connect	aboutfresh.org

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:

Goal Description	Goal Status	Goal Type	Time Frame
Provide food insecurity and nutrition education to staff, clinicians for better understanding.	Ongoing	Process Goal	Year 3 of 3
Provide food access to patients and community.	Ongoing	Process Goal	Year 3 of 3
Provide stipends to those screened and in need of food resources	Ongoing	Process Goal	Year 3 of 3
Make connections to support and resources, such as food banks, distributions and SNAP/WIC applications.	Ongoing	Process Goal	Year 3 of 3
Be a part of the larger food landscape in Boston for a better connection and understanding of the needs to be addressed	Ongoing	Process Goal	Year 3 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Education, Social Environment,
Health Issues	Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Nutrition,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Boston, • Environments Served: All, • Gender: All, • Age Group: All, • Race/Ethnicity: All, • Language: All, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Boston Housing Authority	Not Specified
Fresh Connect	Not Specified
Roche Brothers Supermarket	Not Specified
Boston Public Schools	Not Specified
Parkway YMCA	Not Specified
Menino YMCA (Hyde Park)	Not Specified
Boston Public Libraries	Not Specified
Roche Family Community Center	Not Specified
BWFH Community Physicians	Not Specified

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:

Goal Description	Goal Status	Goal Type	Time Frame
Programming for the safe use and disposal of drugs. Education on the importance of drug reconciliation	Ongoing	Outcome Goal	Year 3 of 3

EOHHS Focus Issues	Substance Use Disorders,
DoN Health Priorities	Education,
Health Issues	Substance Addiction-Opioid Use,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Boston, • Environments Served: Urban, • Gender: All, • Age Group: Adults, Children, Teenagers, • Race/Ethnicity: All, • Language: All,

Partners:

Partner Name and Description	Partner Website
Hyde Park YMCA	http://ymcaboston.org/menino
Hyde Park Community Physicians	https://www.brighamandwomensfaulkner.org/programs-and-services/brigham-womens-faulkner-community-physicians/defaultrizema.org
RIZE Massachusetts	

Total CB Program Expenditure \$1,989,910.00

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

CB Expenditures by Health Need	Total Amount
Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes	\$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	Total Amount
Net Patient Service Revenue:	\$315,655,000.00
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 Leaky 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 blood 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.