

BOSTON'S COMMUNITY HEALTH IMPROVEMENT PLAN

Annual Report and Amendment- March 2017



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EXECUTIVE SUMMARY

Boston's Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) were developed in 2014 and revised in 2016 through a collaborative process involving the Boston Alliance for Community Health (BACH), the Boston Public Health Commission (BPHC), and over 40 community partners. The CHIP is not the strategic plan for BPHC or BACH but rather is a community led plan to address five citywide priorities listed below:

- How can we achieve racial and ethnic equity?
- How can we improve coordination and integration of healthcare and community-based prevention services and activities?
- How can we build an increase resilience in communities impacted by trauma?
- How can we improve health outcomes by focusing on education, employment, and transportation policies and practices?
- How can we increase the number of immigrants, people of color and other underrepresented minorities in meaningful leadership roles and decision making processes?

The CHIP is intended to be a “living document” that will be reviewed and adjusted routinely based on new priorities, community assets, resources, and challenges. Over the course of 2015-2016, four working groups met periodically to conduct an environmental scan in order to identify and document partner agencies engaged in activities related to the CHIP strategic priorities, implement learning sessions for community members to learn about the priorities, and assign and monitor implementation responsibilities. These groups were coordinated through the Health Planning and Improvement Committee of the Boston Alliance for Committee Health (BACH).

In March 2017, BACH and BPHC convened a collaborative review session with over 40 participants and community members representing 12 key partner organizations to review current status of implementation across the five strategies, highlight current activities/best practices, revise strategies and measures, identify new community partners to ensure implementation accountability, and decide on implementation next steps.

This report serves two purposes: to report on implementation efforts for each of the strategic issues, and share revised strategies and measures that will guide implementation through 2017 and 2018.

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Updated March 2017

PRIORITY ISSUE #1 HOW CAN WE ACHIEVE RACIAL AND ETHNIC EQUITY?

Revisions

The previous Strategic Issue #5 (How can we increase the number of immigrants, people of color and other underrepresented minorities in meaningful leadership roles and decision-making processes?) was incorporated into Strategic Issue #1 (How can we achieve racial and ethnic health equity?). The revised broad priority focus area (How can we achieve racial and ethnic equity?) has two objectives, which were edited into a “SMART” format. The strategies were also revised to address concerns that the original strategies were too narrow, and designed for an infrastructure that was not yet in place. The earlier measures were modified to align with ongoing deliverables of major stakeholders working on this priority issue.

Partners

Boston Alliance for Community Health (BACH), Mayor’s Office of Resiliency and Equity, Dana Farber Community Benefits Office, Union of Minority Workers, Mayor’s Office of Immigrant Advancement, Tufts Medical Center, Massachusetts League of Community Health Centers, Massachusetts Department of Public Health

Objective 1.1

By December 31st, 2019, increase public and private institutions capacity to adapt, implement, and enforce comprehensive policies and practices that achieve social change, racial equity, and justice

Objective 1.2

By December 31st, 2019, increase the number of immigrants, people of color, and other underrepresented residents in meaningful and effective leadership roles and decision-making processes

Major Accomplishments and Assets

Since implementing the CHIP in 2014, this collaborative of partners has amassed numerous accomplishments and assets that have supported the work to increase racial and ethnic equity. One such accomplishment was the Summit on Race and Equity, a two-day conference in May 2015 led by government leaders and community activists committed to advancing racial equity in the city of Boston. The conference focused on establishing a shared language around health and racial equity, and provided a space to share local and national racial equity best practices and policies addressing structural racism and develop policies and alternative structures that challenge unfair systems. The City of Boston also agreed to be a member jurisdiction of the Center for Social Inclusion’s Government Alliance for Race & Equity. Later that year, Boston announced the creation of the Office of Resilience and Racial Equity, a city department responsible for leading Boston plans on trauma and resilience, including the trauma of persistent racial inequality. As part of the commitment to an open dialogue and discussion about race, Mayor Martin J. Walsh hosted the first of Boston Town Halls on Race in late 2016, a series of public, open discussions to develop a citywide dialogue on race.

Several healthcare and public health institutions have institutionalized their commitment to health equity through the establishment of offices dedicated explicitly to these goals. Two of Boston’s hospitals have created institutional structures to focus on health equity explicitly: Brigham and Women’s Hospital Center for Community Health and Health Equity and Massachusetts General Hospital Disparities Solution Center. In 2016, BPHC asserted its long standing commitment to health equity by identifying Health Equity as an organizational priority in its Strategic Plan, and subsequently relaunched the Office of Health Equity. This office is responsible for supporting BPHC to develop policies and practices that advance equity in social determinants of health and health outcomes for Boston residents.

Other resources named by partners working to support this city-wide structural devel-

opment to consider health equity include the Sexual Orientation and Gender Identity (SOGI) Standards practiced at the Massachusetts Department of Public Health (MDPH) and Massachusetts League of Community Health Centers, the racial justice workshops offered through Southern Jamaica Plain Health Center, and the assessment and community engagement guidance for Community Health Initiatives funded by hospitals' Determination of Need by MDPH, including proposed efforts to eliminate racial, ethnic, and other health disparities and their social determinants.

The table below tracks 2016 performance of the originally identified action steps related to this priority issue **(Red – action step completed; Gray – action step pending)**.

Action Step Tracking

	2016			
	Q1	Q2	Q3	Q4
1. Convene an active community of practice by identifying and connecting local and neighboring groups already engaged in racial equity activity	Red	Red	Red	Red
2. Environmental Scan: Identify existing models that articulate racial equity language	Red	Red	Red	Red
3. Utilizing identified models, articulate a shared language around race and racial equity	Red	Red	Red	Red
4. Evaluate existing training models with the goal of identifying gaps and creating one that is widely available and can be used in diverse settings	Gray	Red	Red	Red
5. Shift from an emphasis on diversity in training to a comprehensive focus on racial equity and other systems of privilege and oppression	Red	Red	Red	Red
6. Sustain and expand existing and successful racial equity training	Gray	Gray	Red	Red
7. Establish an equity roundtable for identification and oversight, including representation from most impacted communities, multiple sectors	Red	Red	Red	Red
8. Identify and support shared understanding of the history of Boston	Red	Red	Red	Red
9. Activate key levers and agents of change across institutions and systems to promote and implement policies, practices	Red	Red	Red	Red
10. Engage ethnic media to include for information dissemination	Gray	Gray	Gray	Gray
11. Identify resources to assist organizations to adopt and implement policies that increase representation of immigrants and people of color in leadership roles	Gray	Gray	Gray	Gray
12. Identify funds to develop new and support existing programs to empower and train youth to become leaders	Red	Red	Red	Red
13. Conduct an awareness campaign, such as a storytelling project highlighting immigrants in leadership positions on a city level	Gray	Gray	Gray	Gray

Revised Strategies

1. Develop a context and shared language where race is primary
2. Identify and build on local models of effective engagement, organizing, and accountability
3. Develop an equitable and collaborative infrastructure to develop equitable policies and practices
4. Identify Boston-based decision-making bodies that influence access for leadership of immigrants, people of color, and other underrepresented groups
5. Examine institutional and structural policies and practices that hinder underrepresented groups from serving in leadership and decision-making processes
6. Build on existing capacity to support underrepresented groups for sustained leadership roles through training, mentoring, and organizational/institutional change

Revised Measures

	Target	Data Source
Number of partner organizations that completed Basic Racial Justice and Health Equity Training	10 partners by Dec 31, 2019	Partner Survey
Number of partner organizations that have adopted an equity tool for policy and program development	10 partners by Dec 31, 2019	Partner Survey
Percentage of underrepresented residents in Senior Management and Board member roles at key partner organization	10% increase from baseline by Dec 31, 2019	Partner Survey

2017 Implementation Spotlight

BPHC will collaborate with partner agencies to continue to develop a shared language and understanding on race and health. Potential future opportunities include the Boston YMCA initiative Stand Against Racism, where community groups sponsor a range of events each April, and the Massachusetts Department of Public Health's Ounce of Prevention Conference and Racial Equity Initiative. BPHC will be adapting its internal two-day intensive training that supports participants' understanding of the relationship between race, racism, and health, in order to offer it to partner organizations.

There is also opportunity to expand on existing work to continue to increase equity, especially for immigrants, people of color, and other underrepresented groups. For example, the City of Boston's recently formed Office of Resilience and Racial Equity is dedicated to improving social and economic resilience across Boston in response to persistent racial and economic trauma.



PRIORITY ISSUE #2 HOW CAN WE IMPROVE COORDINATION AND INTEGRATION OF HEALTHCARE AND COMMUNITY-BASED PREVENTION SERVICES AND ACTIVITIES?

Revisions

The objective was revised in “SMART” format to designate a timeframe. Two previous strategies--advocating for a shared data platform and showing return on investment--were discontinued due to lack of resources. A March 2017 review of current strategies to achieve this priority resulted in a new strategy that captures the widespread implementation of pilots of model that link community and clinical care. The strategy to build a system of mutual accountability and transparency remained the same.

Several revisions were made to the existing measures to capture the role of Community Health Workers in healthcare integration.

Partners

BACH, BPHC, community based organizations, healthcare providers, Massachusetts League of Community Health Centers, Conference of Boston Teaching Hospitals.

Objective 2.1

By December 31st, 2019, improve population health by better integration of health care delivery system with community based prevention activities.

Major Accomplishments and Assets

The first two years of implementation included several accomplishments related to Community Health Workers (CHWs). In collaboration with the Massachusetts Public Health Association, a working group began advocacy work with key legislators toward the inclusion of CHWs in Mass Health Accountable Care Organizations’ contracts and implementing a state-wide certification regulation.

Partners have also been actively working on supporting systems and structures to improve transparency and accountability across multiple sectors to support health. For example, the Massachusetts League of Community Health Centers maintains the Data Reporting and Visualization System (DRVS), a data-reporting platform for community health centers across MA, as well as an e-Referral Gateway to support data sharing between clinical and community-based organizations. BPHC Prevention and Wellness Trust Fund program has been coordinating an active group of Community Health Centers, Boston Public Schools, and Head Start to identify systems to increase communication between clinical sites and other organizations.

The table below tracks 2016 performance of the originally identified action steps related to this priority issue (**Blue – action step completed; Gray – action step pending**).

Action Step Tracking

	2016			
	Q1	Q2	Q3	Q4
1. Educate community residents and organizations about available funding and advocacy opportunities				
2. Facilitate an environmental scan				
3. Work with medical providers, community-based organizations, funders, and payers to develop sustainable community health worker programs to reach those in need of care and those in care				
4. Convene a multi-partner task force, including non-traditional partners, to oversee the funding, design, implementation, and maintenance of the data platform				
5. Facilitate training and education for community residents to use available data for assessment and advocacy				

Revised Strategies

1. Develop a system of mutual accountability and transparency for multi-sector commitments to achieve health equity
2. Pilot new community-care linkages models

Revised Measures

	Target	Data Source
Number of community health workers that have completed CHW training	250 annually	CHEC Program
Emergency room visits for children 5 years and less	10% reduction by 2019	Non syndromic surveillance

2017 Implementation Spotlight

There are many opportunities to continue to expand on the work done by Boston Community Health Workers. The Community Health Education Center Board is preparing for application to become a certified training center, and further training for CHWs will be offered through the Community Health Worker Policy Leadership Institute through BPHC's CHEC and the Massachusetts Association of Community Health Workers.

Across Boston, there are multiple efforts to continue to strengthen data collection in line with this priority, including the Massachusetts League of Community Health Centers Data Reporting and Visualization System, a first ever data reporting platform for community health centers. This platform allows CHC to link patients to other community-based service organizations (e.g. a physician can order a referral for a patient at risk for diabetes to their local YMCA). Similarly, the Network for Excellent in Health Innovation is developing a common data platform with General Electric, which will provide another opportunity for not only tracking resident health outcomes related to social determinants of health, but also social determinants data.



PRIORITY ISSUE #3 HOW CAN WE BUILD AND INCREASE RESILIENCE IN COMMUNITIES IMPACTED BY TRAUMA?

Revisions

One of the previously defined measures was revised to capture more broadly organizations' competency in trauma informed care (rather than a formal protocol as in the previous measure). The CHIP measures were further revised to include an additional measure to track the number of partner organizations who received training in trauma informed practices (i.e. psychological first aid, Narcan or Opioid use prevention). In line with the CHIP goal of equity, a measure was introduced to consider the geographic spread of trauma services available across the city of Boston. Finally, partners agreed that the inventory to identify gaps in the continuum of care should continue annually. As with the other priorities, the objective in this strategic issue was revised in "SMART" goal format.

Partners

BACH, BPHC, Boston's Office of Resilience and Racial Equity, Trauma Response Team, South Boston Substance Abuse Prevention Collaborative, Beth Israel Deaconess Medical Center

Objective 3.1

By December 31st, 2019, enhance and build collaborations that consider health in all policies and practices

Major Accomplishments and Assets

The establishment of the City of Boston's Office of Resiliency and Racial Equity, the hiring of Boston's Chief Resilience Officer, and the City's participation in the 100 Resilience Cities (100RC) campaign are several of many accomplishments related to this strategic issue. 100RC is a worldwide effort pioneered by the Rockefeller Foundation to support cities to become more resilient to existing physical, social, and economic challenges.

BACH's Community Investment Committee advanced the activities of this strategic issue through the distribution of community grants, several of which were awarded to build resilience in communities impacted by trauma. In addition, community-wide psychological first aid trainings were implemented.

The BPHC in collaboration with community partners has coordinated a number of efforts to build community resilience and strengthen services available to residents across the continuum of care including the development of Neighborhood Trauma Teams. This collaboration with the Justice Resource Institute, through a grant from the Department of Justice, allows community based responders to arrive on the scene in the event of a traumatic event to provide trauma response and services. The Violence Intervention and Prevention program works in neighborhoods affected by gun violence to expand on community assets and capacity in trauma prevention. BPHC's Office of Public Health Preparedness has collaborated across city agencies to support in the development of an All Hazards Psychological Trauma Coordination Network and to the incorporation of behavioral health and psychological first aid into trauma response protocols.

Boston is a city with many resources available to support trauma prevention and response, such as the development of a Citywide Trauma and Resilience Community of Practice led by the South Boston Collaborative Advisory Network, funded by a grant from BACH. Additionally, many local hospitals and health centers have resources and available for clients who have experienced trauma, as listed in Appendix G.

The table on the following page tracks 2016 performance of the originally identified action steps related to the priority issue (**Green – action step completed; Gray – action step pending**).

Action Step Tracking

	2016			
	Q1	Q2	Q3	Q4
1. Convene an active community of practice by identifying and connecting local and neighboring groups already engaged in racial equity activity				
2. Environmental Scan: Identify existing models that articulate racial equity language				
3. Utilizing identified models, articulate a shared language around race and racial equity				
4. Evaluate existing training models with the goal of identifying gaps and creating one that is widely available and can be used in diverse settings				
5. Shift from an emphasis on diversity in training to a comprehensive focus on racial equity and other systems of privilege and oppression				
6. Sustain and expand existing and successful racial equity training				
7. Establish an equity roundtable for identification and oversight, including representation from most impacted communities, multiple sectors				
8. Identify and support shared understanding of the history of Boston				
9. Activate key levers and agents of change across institutions and systems to promote and implement policies, practices				



Revised Strategies

1. Inventory of current trauma prevention and response resources to identify gaps in the continuum of care
2. Develop and connect a range of community resilience strategies by increasing access to training and educational resources
3. Educate community residents and human service providers about what resources are available, when, and how to access them

Revised Measures

	Target	Data Source
Number of partner community based organizations that have competency in trauma informed practices	10 partners by Dec 31, 2019	Partner survey
Number of staff in partner organizations who received training in trauma-informed practices	250 staff annually	Partner survey

2017 Implementation Spotlight

The recently created Office of Resilience and Racial Equity invites further collaboration on building community resilience and collaborating with the City of Boston through the 100 Resilient Cities campaign. Other upcoming opportunities exist on the neighborhood level, including the upcoming Life is Good campaign to build resilience within communities beginning July 2017.

PRIORITY ISSUE #4 HOW CAN WE IMPROVE HEALTH OUTCOMES BY FOCUSING ON EDUCATION, EMPLOYMENT, AND TRANSPORTATION POLICIES AND PRACTICES?

Revisions

During the 2017 CHIP Implementation meeting, partners identified barriers to aligning current activities in their organizations and across Boston neighborhoods with the previously determined strategies to develop a Health in All Policies approach. Instead, organizations reported being focused more explicitly on specific social determinants of health. As such, the strategies have been revised to reflect those efforts to make improvements in health and equity regarding employment, transportation, and education.

Partners

BACH, BPHC, Boston Jobs and Community Service, Boston Public Schools, Boston Department of Transportation, Boston Children's Hospital, Brigham and Women Hospital

Objective 4.1

By December 31st, 2019, enhance and build collaborations that consider health in all policies and practices to ensure optimal quality of life within and across all neighborhoods.

Major Accomplishments and Assets

As described in Priority Issue 3, BACH distributes community grants as resources are available. For FY 2015, the work of the community grant recipients focused on areas of social determinants of health such as employment, education, and transportation policies. See Appendix D for a listing of grantees and the aim of each initiative. As evidenced in Table 1, these grant initiatives include collaborations with many community organizations, relating to the strategy to "enhance and build collaborations that consider health in all policies and practices to ensure optimal quality of life within and across all neighborhoods."

Over the past several years, there have been a number of collaborative efforts established to address the social determinants of health and thus improve the health of Boston residents. Many organizations are pursuing activities to increase the number of girls and students of color that participate in STEM (science, technology, engineering, and mathematics) career opportunities (e.g., Massachusetts General Hospital's Elementary and Middle School STEM Education). This also includes the work of the Health Resources in Action's LEAH (Leaders through Education, Action & Hope) Project, a mentoring program for Boston Public School students to teach inquiry-based STEM activities with elementary school students. Opportunities also exist for younger children, including Nurture, an early learning center in a Jamaica Plain public housing development, a community-based lab school for infants, toddlers, and preschoolers.

In addition to addressing education, there are a number of community activities to improve employment opportunities for Boston youth. Multiple summer and college youth employment initiatives exist across the city, including at the Mayor's Office, several local hospitals, and through many community organizations and programs (such as STRIVE in Jamaica Plain and Roxbury). Action for Boston Community Development (ABCD) and BPHC's Boston Area Health Education Center (BAHEC) are additional examples of activities dedicated to connecting youth to summer employment opportunities.

The BPHC hosted a Health Impact Assessment training in December 2016, with a focus on eliminating barriers to housing for people with criminal records and improving food systems to eliminate food insecurity. Participants have been meeting regularly and are developing working relationships to address these issues.

Workforce development and employment opportunities also exist for Boston adults. Several programs are dedicated to preparing candidates of color for health careers, including Home Health Aides through the Center for Community Health Education Research and Service, Inc. (CCHERS) and BPHC's Men's Health Crew, a 12 month training and internship program for men of color ages 18 to 24.

Major Accomplishments and Assets (continued)

Finally, there are many ongoing activities to improve transportation equity across Boston neighborhoods. BPHC and BACH have partnered with the Boston Transportation Department on the Let's Get Healthy, Boston! (LGHB) program to increase access and safety for Boston bikers. The organizations have joined forces to make Hubway, Boston's bike share program, more accessible to low income residents, to expand the program's availability across more Boston neighborhoods, and to advocate for more bicycling opportunities and infrastructure. LGHB has also begun collaborations with Boston Public Schools on Safe Routes to School, an effort to increase the number of students, particularly students of color, who walk or bike to school by addressing street structure and safety.

Related are the efforts behind Boston's Bike Network Plan, a comprehensive 30 year plan to increase the number of bikers on Boston streets by creating safe streets for bicycling and expanding the network of bicycle routes across the city. The City of Boston has also developed a taskforce to eliminate cyclist and pedestrian fatalities by 2030 through the work of Vision Zero by reducing speeds, building safer streets, and reducing distracted and impaired driving. BPHC contributes crash data to help prioritize crash prevention interventions.

The table below tracks 2016 performance of the originally identified action steps related to the priority issue in the last year (**Purple – action step completed; Gray – action step pending**).

Action Step Tracking

	2016			
	Q1	Q2	Q3	Q4
1. Advocate for City of Boston to commit to the City Bike Plan, which includes a community feedback loop to learn about residents' transportation experiences				
2. Participate in Boston Jobs Coalition by inserting a health lens into the coalition's advocacy work and sharing data related to health impacts of policy priorities				
3. Use data on travel times, demographic information, and resident feedback to advocate on a timely basis for bus upgrades that are not listed on the T's Key Bus Line Upgrade List				
4. As part of a zero fatality vision, bring to scale current efforts to increase safety between pedestrians/cyclists and buses/trucks, such as side guards, detector arms, and formalized RMV training for commercial licenses				
5. Link and build on community colleges' allied health and building trades career pathways, as well as vocational education high schools' and hospitals' career pathways				

Revised Strategies

1. Enhance and build on strategies to improve health by increasing equity in transportation
2. Enhance and build on strategies to improve health by increasing equity in employment
3. Enhance and build on strategies to improve health by increasing equity in education

Revised Measures

	Target	Data Source
Number of summer youth jobs offered each year	750 summer youth jobs	Mayor's Office, ABCD, hospitals
Number of participants in STEM, student enrichment opportunities, and extracurricular activities	350 students	Hospitals, Boston After School and Beyond, LEAH, BAHEC

2017 Implementation Spotlight

As Boston continues to address inequities in education, employment, and transportation, there are opportunities for further alignment. There are multiple transportation plans to collaborate with, including the Boston GO 2030 transportation and MA state transportation plans, to ensure that transportation is improved for all residents across all Boston neighborhoods.

Mayor Martin J. Walsh has also announced that the Boston Public Schools will work to expand access to free pre-kindergarten across the city. Currently, most of the pre-kindergarten slots available across the city are privately run. Children that receive pre-kindergarten fare better academically than children without access to pre-kindergarten education; such an expansion would support education equity for Boston children.



Next Steps

This report summarizes progress made in the last year towards the implementation of Boston's Community Health Improvement Plan. A new oversight group called the CHIP Council will be established May 2017 and their first quarterly meeting will be held June 2017, and the group's aim will be to ensure accountability, co-ordination, and resource advocacy for the CHIP.

APPENDICES

Appendix A: Boston Community Health Improvement Plan Revised Measures

Priority Issue 1: How can we achieve racial and ethnic equity?		
Measure	Target	Data Source
Number of partner organizations that completed Basic Racial Justice and Health Equity Training	10 partners by Dec 31, 2019	Partner Survey
Number of partner organizations that have adopted an equity tool for policy and program development	10 partners by Dec 31, 2019	Partner Survey
Percentage of underrepresented residents in Senior Management and Board member roles at key partner organization	10% increase from baseline by Dec 31, 2019	Partner Survey
Priority Issue 2: How can we improve coordination and integration of healthcare and community based prevention activities and services?		
Measure	Target	Data Source
Number of community health workers that have completed CHW training	250 CHW's	CHEC Program
Emergency room visits for children 5 years and less	10% reduction	Non syndromic surveillance
Priority Issue 3: How can we build and increase resilience in communities impacted by trauma?		
Measure	Target	Data Source
Number of partner community based organizations that have competency in trauma informed practices	10 partners by Dec 31, 2019	Partner survey
Number of staff in partner organizations who received training in trauma-informed practices	250 staff annually	Partner survey
Priority Issue 4: How can we improve health outcomes by focusing on education, employment and transportation policies and practices?		
Measure	Target	Data Source
Number of summer youth jobs offered each year	750 summer youth jobs	Mayor's Office, ABCD, hospitals
Number of participants in STEM, student enrichment opportunities, and extracurricular activities	350 students	Hospitals, Boston After School and Beyond, LEAH, BAHEC

Appendix B: BACH Steering Committee members

Community Coalitions

Arnesse Brown, South End Healthy Boston Coalition
Sarah Coughlin, Charlestown Substance Abuse Coalition
Valerie Frias, Allston Brighton Health Collaborative, Chair
Daryl Goldstone, Codman Square Neighborhood Council
Chien Chi Huang, Healthy Chinatown Alliance
Cynthia Lewis, Mattapan United
Jamiese Martin, Franklin Field/Franklin Hill Dorchester Healthy Boston Coalition
Matt Parker, North Dorchester Coalition
John Riordan, Jamaica Plain Tree of Life/Arbol de Vida
Kay Walsh, South Boston Collaborative Advisory Network
Vivien Morris, Mattapan Food and Fitness

Community-Based Organizations or Residents

Philip Gonzalez, Community Catalyst
Lilly Marcelin, Resilient Sisterhood Project
David Price, Nuestra Comunidad Development Corporation
(open seats)

Hospitals

Magnolia Contreras, Dana Farber Cancer Institute
John Erwin, Conference of Boston Teaching Hospitals

Health Centers

Jean Bernhardt, MGH Charlestown Health Center
Ryan Ribeiro, Harbor Health Services

BPHC

Margaret Reid

BACH Staff

David Aronstein, Program Director (non-voting)

Appendix C: FY 2015 BACH Community Grant Initiatives

<p>JP Tree of Life/Arbol de Vida</p>	<p>Focusing on bus transit equity and its connection to community health, this coalition with its partners, JP Racial Justice and Equity Collaborative, Southern Jamaica Plain Health Center, Codman Square Health Center, CCHERS, Alternatives for Community Environment (ACE) and On The Move Boston worked to engage community health center leadership in understanding that poor transportation impacts health by limiting access to food, work, worship, school, community, beyond limiting access to health-care appointments. This included a survey of over 1000 health center patients about their transportation issues.</p>
<p>Center for Community Health, Education, Research, and Services (CCHERS)</p>	<p>The Center for Community Health, Education, Research, and Services, provided three training intensives on health equity, social determinants of health, and advocacy skills...one for teens, one for staff and board of community development corporations and one for coalition and other community-based organizations.</p>
<p>Neighborhood of Affordable Housing in East Boston (NOAH)</p>	<p>In partnership with the Metropolitan Area Planning Council, NOAH conducted a year-long process of public visioning to improve the health and walkability in highly traffic impacted communities of color. Through a photo-voice project in the Eagle Hill neighborhood of East Boston, and a survey of 400 residents conducted by NOAH's Youth Research Organizers, they developed a plan for the redesign of the Clark Square intersection culminating in a demonstration of traffic calming and open space reclamation and a Dia del Maiz (Day of Corn) harvest festival in this heavily Central American neighborhood.</p>

Appendix D: Community Health Improvement Plan Implementation Review Meeting Agenda

CHIP Implementation Review Session

Thursday March 2nd, 2017 12:30-5pm
Hayes Conference Room 2nd Fl
1010 Massachusetts Avenue

Desired Outcomes:

- Share update on Boston Community Health Improvement Plan (CHIP) progress.
- Discuss emerging stakeholder's priorities and how they may affect the CHIP and implementation.
- Review and revise current strategies, measures, and assigned responsibilities in the CHIP.

Agenda

Time	Topic	Speaker/Facilitator
12:30-1:00 (30')	Lunch and Social Networking	
1:00-1:15 (15')	Introductions and Brief Overview of the Day	Rita Nieves, BPHC Executive Office
1:15-1:45 (30')	CHIP Updates	Osagie Ebekoziem, BPHC Office of Accreditation and Quality Improvement David Aronstein, BACH
1:45-2:15 (30')	Updated Relevant Data	Dan Dooley, BPHC Research and Evaluation Office
2:15-2:25 (10')	Break	
2:25-3:10 (45')	Community Assets, Priorities, and Opportunities	Small group leaders
3:10-4:15 (65')	Revised Strategies, Measures, and Responsibilities	Small group leaders
4:15-4:30 (15')	Small group report out	Margaret Reid, BPHC Office of Health Equity
4:30-4:45 (15')	CHIP Council and Next Steps	Margaret Reid, BPHC Office of Health Equity

Appendix E: Community Health Improvement Plan Implementation Review Meeting Organization Attendance

CHIP Implementation Review Session March 2, 2017

List of Organizations present

- Beth Israel Deaconess Medical Center
- Boston Alliance for Community Health
- Boston Children's Hospital
- Boston Public Health Commission
- Centers for Community Health Education, Service and Research, Northeastern University
- Conference of Boston Teaching Hospitals
- Dana Farber Cancer Institute
- Harbor Health Services, Inc.
- Health Resources in Action
- Massachusetts Department of Public Health
- Massachusetts General Hospital – Center for Community Health Improvement
- Massachusetts League of Community Health Centers
- South Boston Substance Abuse Prevention Collaborative
- Tufts Clinical and Translational Science Institute/Addressing Disparities in Asian Populations through Translational Research (ADAPT)
- Tufts Medical Center

Appendix F: Community Health Improvement Plan Implementation Review Meeting Group Notes

CHIP Implementation Meeting
 March 2, 2017
 Group notes

Strategic Priority 1: How can we achieve racial and ethnic health equity?

What organizational priorities, activities, projects, data collection, resource allocation align with this issue?

Current	Upcoming
Improving data collection at Dana Farber	Coordinating care for elderly at Tufts
Federally qualified health centers tracking hypertension and diabetes by race	Health study at Tufts
Breast cancer coalition at Dana Farber	CoB working group on equity and resilience
BPHC + MDPH employee data by race and ethnicity	DPH.net real time prevalence data
Mass League data reporting system (DRVS)	BPHC working on making racial justice core training available externally
Tobacco and anti-violence at Tufts	

What's happening in the community related to this issue?

Current	Upcoming
MAPCs State of Equity Update	BEHEMS data collection
Mass League working with Fenway Institute around equitable gender identity language	PRAPARE standards
Asian/Pacific Islander CAN (language justice)	Work coming out of Mayor's resilience office
COBTH	
Mayor's Office of Immigrant Advancement	
MGH's Disparities Solution Center	
BWH's Center for Community Health and Health Equity	
Racial justice workshops at Southern Jamaica Plain Health Center	

Strategies:

1. Develop a shared language where race is primary
 - a. Current/upcoming community efforts: Anti Racism Collaborative, HRIA tools, Mayor's recent Town Hall meeting on Race, Mayor's Office of Resilience, Dana Farber Stand Against Racism event, Ounce of Prevention training, Racial Equity Initiative at MDPH, PRAPARE standards
 - b. Current/upcoming BPHC efforts: BPHC practice workshops and making them externally available, health equity communications campaign, MA League using equity in correctional health,
2. Identify and build on local models of effective community engagement, organizing, and accountability
 - a. Current community efforts: Chief Resiliency Officer of Boston, Southern JP racial justice workshops, Boston YWCA's Stand Against Racism events and many community organizations and at Dana Farber, Determination of Needs assessment and community engagement guidance for Community Health Initiatives funded by hospitals' Determination of Need by MDPH
3. Develop an equitable and collaborative infrastructure to develop equitable policies and practices
 - a. Current community efforts: BWH's Center for Community Health and Health Equity, MGH's Disparities Solution Center, Sexual Orientation and Gender Identity (SOGI) Standards practiced at MDPH and Mass League, Chief Equity and Inclusion Officer position at Boston Healthcare for the Homeless Program
 - b. Current BPHC efforts: Hiring, Promotion, and Retention Workgroup, inclusiveness pilot at Homeless Services bureau
4. Identify Boston-based decision-making bodies that influence access for leadership of immigrants, people of color, and other underrepresented groups
 - a. Board of Health, City Council, Boston Housing Authority, MBTA, Chamber of Commerce, BPDA Plan-

ning and Development, Board of Education, grassroots groups, Faith-based organizations, universities, Dudley Street Initiative, COBTH

5. Examine institutional and structural policies and practices that hinder underrepresented groups from serving in leadership and decision-making processes
 - a. CORI forms, education requirements on job applications, seniority of executive directors at community health centers, BACH requires prior experience to join steering committee – barrier to participation
6. Build on existing capacity to support underrepresented groups for sustained leadership roles through training, mentoring, and organizational/institutional change
 - a. Mayor's Office Immigrant Advancement, BPHC educational partnership with Northeastern, Mass League certification trainings, COBTH interested in health equity work, BACH creating a leadership pipeline through its committee structure

Measures:

1. Number of partner organizations that completed Basic Racial Justice and Health Equity Training
 - a. Considerations: train the trainer, 1 day vs. 2 days, customize and possibly accept equivalent/comparable trainings, need to establish baseline of where partners are at, need to define who our partner organizations are
2. Number of partner organizations that have adopted an equity tool for policy and program development
 - a. Considerations: easy and doable, make distinction between internal and external tools, do separate measures for internal and external, adopt racial and ethnic demographic data
3. Percentage of underrepresented residents in Senior Management and Board member roles at key partner organizations
 - a. Considerations: More Board leadership development programs so that underrepresented residents feel prepared and confident for more senior roles, look at process measures, more underrepresented residents as Board officers not just Board members

Strategic Priority 2: How can we improve coordination and integration of healthcare and community-based prevention activities and services?

Strategies:

1. Demonstrate return on investment and advocate for equitable funding mechanisms, including insurance reimbursement, hospital community benefits, and philanthropic initiatives for prevention and wellness activities
 - a. Current: Boston Basics: Health equity tool, 5 basic things to do with children by Black philanthropy Fund and Mass League of Community Health Centers, Reimbursement of visits by NHP, Inventory hospital, community benefits projects and CHC communities' projects, DPH Communities of Practice: Financing and stability of Community Health Workers,
 - b. Upcoming: Preserve ACA, Reauthorization of PWTF through funding models from tax on sugary drinks, CBOs figuring how they fit with new Mass Health ACO structure- how to make linkages with large provider organizations, Class and home visits reimbursement by CMS (2019), Payment for phone follow up and tele-health, CHW certification (fall of 2018) CHEC
2. Advocate for shared data platform that medical providers, public health practitioners, community based organizations and residents can use to identify issues and track health improvements, including social determinants
 - a. Current: BHEMS- from COBTH, DRVS through Mass League, shared asthma system for clinics and schools, electronic surveillance data through Mass League, PRAPARE, PWTF EMR/SAMS integration
 - b. Upcoming: "Sustain"- GE (opioid): broader Mass league effort on data and policy training , NEHI: common data platform for social determinants of health and other info, in collaboration with GE, providers, and community partners
3. Develop a system of mutual accountability and transparency that represents multi-sector commitments to improve coordination and integration of efforts to achieve health equity
 - a. Current: e-Referral Gateway- Mass League of CHC, MDPH Net: Platform to report clinical data and DPH can run queries on it, BPHC is coordinating to improve asthma care and coordination, various CHECK trainings
 - b. Upcoming: COBTH, Mass League advocating for ACA, Mass League Health Equity Summit, CHEC and MACHW and MPAC develop training series: CHW policy leadership institute
4. Piloting new clinical-community linkage models *new suggested strategy:
 - a. Current: Community-based evidence based classes through ETHOS and ASAP organizations , Mass League connecting: CHC with BCYF (Boston Centers for Youth and Family), YMCA and behavioral health orgs, Mass League school-based health centers (BPHC, CHC- run) and health Ed and TA, Pilot CHEC → BWH using home based hospital level care with CHWs, Using software food-based interventions, Greater Boston Food Bank- Food access, PWTF evidence based community classes

- referred to from clinics, Pre-HTN screening and interventions through YMCA, Mass League, Pre-DM screening and interventions through local YMCA, Mass League and DPH, PWTF falls home visits (CBO) for CHC patients, Colorectal cancer screening, Mass League
- b. Upcoming: Opioid capacity 10 CHCs next year for training experts on site, and data training -Mass League, Mass League food access summit with community providers, Let's get healthy Boston, Community asthma council BPHC/ BACH, City asthma council

Measures (Look at NQF measures):

1. Number of community health workers that have completed CHW training (BPHC credentialed DPH), and are being reimbursed (insurers) and for what services, and number of CHWs that are eligible for reimbursement.
2. Reduce emergency room visits for asthma in children less than 5 years old *suggested to remove
3. Increase number of CBOs that are providers within new Mass Health ACOs
4. Increase inclusion of social determinants of health screening/ measures in EHRs (Mass league)- currently in 4 EMRs (Partners, Children's, BMC SDOH template used by BMC, Dot House, and Codman) *new suggested measure

Strategic Priority 3: How can we build and increase resilience in communities impacted by trauma?

Strategies:

1. Inventory of all current trauma prevention and response resources to identify gaps in the continuum of care
 - a. BIDMC Advocacy, Education, and Support Program (homicide response providers), BIDMC Center for Violence Prevention and Recovery, Justice Resource Institute (JRI) response coordination, JRI (first responders) and Neighborhood trauma team collaboration, Dimock emergency shelter for domestic violence / forums, Training people in psychological trauma, first aid, Narcan administration, BMC violence response, Life is Good – looking at community resilience and building it up – May 2017, BPS – John McDonald trauma response, Bowdoin Centering Pregnancy (includes family / domestic violence education), Bowdoin – Defending Childhood, Louis D. Brown Peace Institute, CCHERS Domestic Violence response, Justice Resource Institute's trauma response teams, MGH – violence and public safety – partner with local police and CBOS advocating to violence
2. Develop and connect a range of community resilience strategies by increasing access to training and educational resources
 - a. BIDMC Summer Health Corps. – BPS Summer jobs for 8th graders and high schoolers, SUD prevention planning through BPHC / MGH, Intersectionality of the Office of Resilience and Racial Equity and everyone else, State emergency preparedness – Workplace violence workgroup, Mentorship for internships, job readiness and linkages, workforce development, Trauma community of practice sponsored by SBCAW / BACH, BIDMC youth development and leadership at hospital and health centers, Vital Villages at BMC, 100 Resilient Cities effort through Office of Resilience, Work with Boston resilience collaborative to include psychological support, All Hazards psychological trauma coordination with annual – coordinating resources within the network, OPHP – infusing the community with disaster behavioral health, Continuum of care – Violence Intervention Program, BCH – advocacy for trauma victims, Neighborhood Trauma Teams with BPHC, support and training for youth impacted by trauma
3. Educate community residents and human service providers about what resources are available, when, and how to access them
 - a. First Roxbury Presbyterian Trauma Care, Neighborhood Trauma team trainings, outreach, and engagement, Psychological first aid, education, awareness, and providing resources, BIDMC / Albert Schweitzer Fellows project work in/with community, Defending Childhood workforce development, Defending Childhood systems change, BMC – Project Assert, Family and Fenway Health's LGBT victims of violence, BWH – Addressing interpersonal violence and providing trauma informed care

Measures:

1. Number of community based partner organizations that have competency in trauma informed practices
2. Number of staff in partner organizations who received training in trauma informed practice
3. Number of community residents who received training
 - Psychological
 - First aid
 - Narcan / Opioid
4. Yearly inventory of trauma prevention and response to ID gaps
5. Number of trauma response services in each neighborhood impacted by trauma

Strategic Priority 4: How can we improve health outcomes by focusing on employment, education, and transportation

policies and procedures?

Strategies:

What organizational priorities, activities, projects, data collection, and resource allocation align with this issue? What's happening in the community related to this issue?

- Improve transportation
 - Boston Go 2030 transportation plan
 - T Riders union
 - BPHC working with BPS on safe rides to school – active participation
 - ACE work
 - Fairmont Greenway Corridor – connecting jobs with transportation policies
 - Transportation for elder friendships
 - Let's Get Healthy Boston and BTD making Hubway more accessible to low income residents and in more neighborhoods
 - Let's Get Healthy Boston working on bicycling opportunities / infrastructure
 - State Transportation Department – new transportation plan
 - 25 mph speed limit throughout Boston
 - Vision Zero
 - 77 passes for high school students
- Increase employment:
 - BPHC Men's Health Crew
 - ABCD summer work
 - Workforce development Home Health Aides – CCHERS
 - JP and DC youth employment
 - MGH Summer jobs and college support
 - Boston Children's summer youth employment
 - STRIVE in JP / Roxbury – mental health employment for youth
 - BPHC Homeless Services Bureau working on employment
 - Boston Children's work with Jewish Vocational Services on training for entry level hospital jobs
 - CCHERS home health aide training program
 - BAHEC youth in health careers
 - Mayor's summer jobs for youth
- Early education (0 – 5)
 - Expanding K1 access in the city
 - Early Education workforce / professional development
 - JP Campus of Care early education – 0-3, 3-5, middle school
- K – 12
 - Changing BPS model – K-6, 7-12
 - MGH – youth groups Charlestown, Turn It Around
 - Boston Children's support for BPS Health and Wellness school-based programming
 - MGH STEM education
 - Brigham and Women's summer training and mentoring program and Student Success Jobs Program
 - Working on increasing school retention and graduation
 - LEAH program (under HRIa) – youth college readiness and STEM mentors for young children
 - Career and technical education at EMK Academy and Madison Park TVHS
 - Boston Children's subsidized training for BPS nurses
 - Boston Children's support for BPS SEL in 50 schools with goal of all 128 schools
 - Community Voices teaching youth to conduct community based research on social determinants
- Post 12
 - Free community college for City of Boston
- Means of measuring
 - Boston Children's working with BPS and CHCs on data-sharing system
 - COBTH/ SPH collection be electronic medical record

Measures:

- Number of partner organizations that adopt a Health in All Policies approach in major proposals
 - NEW: Number of youth jobs offered each year
 - Mayor's Office
 - ABCD
 - Hospitals
- Vision Zero related measure

- NEW: Number of participants in STEM, student enrichment opportunities, and extracurricular activities
 - MGH / all hospitals
 - Boston Children's Hospital
 - Boston After School and Beyond

2016 REPORT AND AMENDMENT

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