**2023 CHES Mental Health Report - Promoting Mental Health: Action to Address Root Causes of Mental Health Inequities**

**Potential Areas of Action to Address Root Causes of Mental Health Inequities**

Section 3 of this report showed that mental health outcomes and inequities are associated with many social and structural factors beyond individual-level determinants. A person’s genetics, behaviors, or biology play a role but are not the only contributors to mental health outcomes. Solutions to promote mental health and address inequities must include strategies along the health inequity pathway, including providing social opportunities, promoting access to key societal resources, and reducing exposure to harmful drivers of poor health. Below is a summary of potential areas of action based on 2023 CHES findings.

* **Implement Community-led Approaches for Direct Mental Health Support and Outreach**

Tailored approaches are needed to support those who are currently suffering from poor mental health and mental health conditions, particularly those representing communities that are disproportionately impacted. Direct support and outreach strategies that are led by and created for communities of focus are necessary to meet the needs and preferences of communities of color, members of the LGBTQA+ community, people with disabilities, youth, and other communities of focus are important to promote mental health equity. Examples of direct mental health support and outreach include:

* + **Suicide Prevention Programs and Resources**Suicide is one of the leading causes of death in the United States and Massachusetts. The 2023 CHES demonstrated that rates of suicidal ideation are particularly high within the LGBTQA+ community, youth and young adult populations, and people with certain disabilities. Suicide prevention outreach and resources are critical to address this important public health crisis.
	+ **Substance Use Treatment and Prevention**Mental health and substance use are closely linked. Poor mental health can increase one’s risk for substance use disorder. Substance use can also contribute to and exacerbate poor mental outcomes. Outreach and services to individuals and communities affected by substance addiction and strategies that focus on prevention are critical for mental health promotion.
* **Address Root Causes of Violence and Discrimination and Provide Support to Survivors**Adults and youth exposed to violence are at high risk for poor mental health outcomes. Data from the 2023 CHES demonstrated that individuals exposed to violence and discrimination in various forms were more likely to experience psychological distress, suicidal ideation, and social isolation. The data also showed that reduced exposure to violence and discrimination within communities of color and other communities disproportionately impacted was associated with better mental health. Programs and interventions to support survivors and address root causes of violence and discrimination are key for overall mental health promotion.
* **Promote Employment, Economic Stability, and Healthy Workplaces**Findings from the 2023 CHES show that promoting economic stability within communities of focus may be effective in promoting overall mental health. Economic stability can help improve access to basic needs and resources and decrease overall levels of psychological distress. Increasing opportunities for steady and safe employment that offers livable wages and benefits is one of the key pathways to economic stability. It is also important to ensure that workplaces across different industries and occupations have safe working conditions and are health-promoting. Safe and healthy workplaces offer protection from injuries and illnesses and help promote overall mental health.
* **Improving Access to Quality Health Care**Access to quality and timely health care is important to promote and maintain physical and mental health. Addressing barriers to health care access, particularly among communities of focus, is important to ensure more equitable utilization of needed health care resources, including mental health care. Some examples of barriers to health care access highlighted from the 2023 CHES include lack of insurance coverage, unaffordable health care costs, and experiences of discrimination while getting health care.
* **Increase Access to Quality, Affordable Housing**Health and health equity are not possible without equitable access to quality and affordable housing and neighborhoods that provide access to essential health-promoting resources and opportunities. Inequities in housing due to unjust historical and current policies and practices have led to inequities in housing that contribute to inequities in overall mental health across various communities. Work to promote access to affordable housing and improve neighborhoods within communities of focus are essential for mental health equity.
* **Build Resiliency to the Impacts of Climate Change on Communities of Focus**

The impacts of climate change are already having a disproportionate impact on communities of focus. Work to build community resiliency to present and future impacts of climate change, including extreme temperatures, flooding, and other natural disasters, is critical for health equity.

* **Build Community Capacity to Address Root Causes of Health**

Community organizations play a key role in promoting the overall health of communities across Massachusetts. Community organizations provide essential resources, opportunities, and information needed to address drivers of health equity across the health equity pathway and promote overall physical and mental health. They also help build social support and community connections across communities. Investments in community organizations are important to promote mental health at the individual, neighborhood, community, and state-wide levels. Resources to build the capacity of these organizations to address root causes of health are important for overall health equity promotion.

* **Enact Policies and Practices that Promote Health Equity**

Addressing the systems of oppression that drive health inequities will not be possible without changes to our policies, systems, and environments that help shape our health. In order to achieve mental health equity, we must have local, statewide, national, and institutional policies and practices that actively promote equity within communities that are denied equal access to opportunities and resources needed for health.

**Examples of Community Partner Programs and Initiatives to Promote Mental Health**

One of the most vital areas of action to promote mental health is to support existing community-based organizations and the infrastructure that they have developed. It is critical for public health organizations and agencies to defer to partners working with and in communities with lived experiences of health inequities on solutions to address root causes of poor mental health and support them through funding and capacity-building.

The CHEI community partnership network includes hundreds of community partners across Massachusetts, including community-based organizations, hospitals and health systems, tribal governments, local boards of health, service providers, community colleges and universities, and regional coalitions. Many of these partners lead critical work to promote mental health and address the root causes of mental health disparities within their communities. The following table highlights a few examples of work from community partners that are part of the CHEI.

*Table 18. Highlights of CHEI Community Partners Promoting Mental Health*

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| **PureSpark** |
| PureSpark is a digital directory for people seeking mental health support from Black therapists throughout Greater Boston and Massachusetts. National data reflects that only 4% of psychologists, 2% of psychiatrists, and 7% of marriage and family counselors identify as Black. This gap creates disparities in access to culturally competent care, leaving many individuals feeling unheard and unseen. To address the lack of support and infrastructure to support Black people with their mental health needs, PureSpark curates a free digital directory of licensed Black therapists and free wellness events, fostering access to culturally relevant care. PureSpark is also a group of advocates, working with our local leaders on broader insurance coverage, ensuring cost isn't a barrier to well-being. PureSpark actively reaches out and engages community members through initiatives like story sharing sessions and free educational wellness events, including popular wellness walks. These programs create trust and understanding, ensuring people feel heard and represented within the healthcare system.  |
| **Quaboag Hills Substance Use Alliance** |
| Quaboag Hills Substance Use Alliance works collaboratively to prevent and reduce substance misuse, especially among youth; to break down the stigma associated with substance use disorder; to reduce health problems resulting from substance use disorder; to contribute to community efforts to expand access to treatment services; and to value all pathways to recovery. Quaboag Hills Substance Use Alliance is a partnership of local hospitals, school districts, behavioral health agencies, religious organizations, police departments, town administrations, mental health professionals, fire & rescue departments, businesses, youth groups and organizations, substance use treatment service providers, and community members who care about community-based substance use prevention, treatment and recovery supports. |
| **Revitalize Community Development Corporation (CDC)** |
| Revitalize CDC works with homeowners, community members, and city officials to renovate, repair, and modify unhealthy homes to improve the well-being of residents in Springfield, Holyoke, and Chicopee. Revitalize CDC provides free critical repairs, modifications, and rehabilitation on the homes of low-income families with children, the elderly, veterans, and individuals with disabilities; helps bridge food insecurity gaps through delivery of fresh foods; and positions community members toward healthier lives through education and support for chronic conditions like asthma and diabetes. |
| **We Thrive** |
| We Thrive is a community-based LGBTQ and Ally program serving young people on Cape Cod and the Islands since 1996. It is a center where people 22 and under can enjoy meetings, drop-in times, field trips, special events, and more where there is camaraderie and support in a peer-led, adult advised environment, free from judgment based on inherent differences. We Thrive understands that mental health is facilitated when young people have meaningful roles, a sense of belonging and an opportunity to contribute within their community. The We Thrive Homes project, comprised of three buildings with shared living rentals, provides LGBTQ youth residents a space with manageable living costs and decreased isolation. We Thrive follows an 80/20 guideline to for resource allocation: dedicating 80 percent of resources of time and funds to outreaching to and supporting people who hold nine priority identities. |

**Highlighted Examples of DPH Programs and Initiatives to Promote Mental Health**

The following table provides examples of DPH programs and initiatives to promote mental health outcomes and equity by addressing various drivers of health. While this table is not a comprehensive list of all work carried out by DPH to promote mental health, it helps to illustrate work being done across the health inequity pathway.

*Table 19. DPH Programs and Initiatives to Promote Health Care Access, Services, & Resources*

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| Program or Initiative | Bureau | Description |
| Division of Sexual and Domestic Violence Prevention and Services (DSDV) | Bureau of Community Health and Prevention (BCHAP) | The Division of Sexual and Domestic Violence Prevention and Services centers all its work around reaching those with the least access to services, who are disproportionately impacted by sexual assault (SA) and domestic violence (DV), and who experience worse outcomes. Although physical health outcomes are not uncommon, virtually all survivors of sexual and domestic violence (SDV) experience a range of mental health impacts, a normal reaction to the abnormal experience of being victimized by violence, abuse, and coercive control. The disproportionately impacted groups include communities of color, people who identify as LGBTQ+, immigrants, people with disabilities, rural residents, and those experiencing poverty and housing instability. Some of the ways the SDV Division addresses these needs are: * Two clinical program models, Children Exposed to DV for children, youth, and their non-offending parents, and DV, Substance Misuse, and Trauma Shelter, for survivors dealing with both substance abuse and mental health challenges in addition to abuser-generated challenges
* Specialized Rape Crisis Center hotlines for underserved communities, specifically Spanish-speaking survivors, Deaf or hard of hearing survivors, and survivors who are now or have recently been incarcerated
* Requirements that DV or SA programs applying for prevention funding develop and maintain formal working partnerships with community organizations designed to serve the underserved population on which the prevention project is focused
* The SDV Services for Communities Experiencing Inequities (SDVEI) program model, which funds SDV programs for tailor services and outreach to a specific underserved community that data demonstrate are disproportionately impacted by SDV
* The SDVEI legal services program, which provides a range of legal services to SA or DV survivors who are immigrants
* A new program, Culturally Specific Initiatives to Address SDV, designed to build the capacity of culturally-specific and/or BIPOC-led or -serving organizations to provide, or continue to provide, SDV prevention and intervention services
* The Human Trafficking Grant program, in which grantees serve survivors of sex and/or labor trafficking, almost all of whom identify as part of at least one disproportionately impacted community
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| Division of Children and Youth with Special Health Needs (DCYSHN) | Bureau of Family Health and Nutrition (BFHN) | The Division of Children and Youth with Special Health Needs (DCYSHN) is dedicated to addressing the mental health needs of its population of focus. Some programs and initiatives include:- The DCYSHN Health Transition Toolkit includes a module dedicated to mental health for youth and young adults. This module is based on a mental health survey administered for their parents and caregivers, aiming to inform the toolkit and DCYSHN practices when working with young people and their families. - Community Support Line Resource Specialists inquire about mental health needs as part of their assessment with families and provide who call the Line. They provide technical assistance, information, and referrals to services, including behavioral health services such as applied behavior analysis.- The DCYSHN Director was designated by the Commissioner of the DPH to chair the legislatively established DPH Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections and Pediatric Acute Neuropsychiatric Syndrome (PANDAS/PANS) Advisory Council. This council is charged with advising the Commissioner and MA General Court about research, diagnosis, treatment, and education related to Pediatric Autoimmune Neuropsychiatric Disorder Associated with PANDAS/PANS. - DCYSHN “Learning Thursdays” sets aside time each month for staff to learn about emerging topics of importance to children and youth with special health needs (CYSHN). Family-led community organizations are invited to present on mental health and trauma-informed/healing-centered care for the PANDAS/PANS population and CYSHN with fetal alcohol syndrome disorder. - A DCYSHN program support specialist sits on the Sexual Assault Response Teams that includes mental health on the Disabled Persons Protection Commission.  |
| Maternal Child Health (MCH) Program | BFHN | The Maternal Child Health (MCH) program is in the process of procuring funds for a grant program to increase access to maternal and reproductive health services in MA. Community-based organizations will be able to submit proposals for mental health workforce development and hospital-based inpatient treatment programs for pregnant and postpartum people experiencing perinatal mental health mood disorders.  |
| Perinatal-Neonatal Quality Improvement Network (PNQIN) | BFHN | The Perinatal-Neonatal Quality Improvement Network (PNQIN) will be launching the Alliance for Innovation on Maternal Health in Perinatal Mental Health Bundle in September 2024. Through this project, PNQIN will work with hospital obstetric teams to streamline integration of mental health care into obstetric care and the postpartum period, enhance the coordination and follow-up care for pregnant and postpartum individuals referred to mental health treatment, and identify and address racial inequities in obstetric mental health care.  |
| Comprehensive School Health Services (CSHS) | BCHAP | The Comprehensive School Health Services (CSHS) program understands the important link between health and education. The CSHS grant programs help to support schools and school districts to provide a case management model in order to better address increasing student and family needs. They support the delivery of quality, comprehensive health services, including response and referral for mental health needs, in all school districts across Massachusetts.  |
| Health Care Workforce Center (HCWC) | BCHAP / Office of Healthcare Strategy and Planning  | The Health Care Workforce Center (HCWC) aims to improve the supply and distribution of the health care workforce, including the mental health workforce, in turn increasing access to health care services. The HCWC collects and provides data on healthcare providers, makes recommendations for policies and practices that strengthen the healthcare workforce, and administers programs which address workforce shortages and support providers. This includes a focus on augmenting the behavioral health workforce within mental health professional shortage areas, loan repayment for behavioral health providers, and monitoring emerging trends. |
| Massachusetts Child Psychiatry Access Program’s (MCPAP) | BFHN | The Massachusetts Child Psychiatry Access Program’s (MCPAP) early childhood behavioral health evaluation services aim to meet the needs of young children ages birth to 6 and their families, focusing on relational health, extended evaluations, and specialized resources. MCPAP’s behavioral health consultants receive comprehensive training in early childhood behavioral health, enabling them to effectively triage cases and address the child’s needs. After successfully piloting the program in Central-Western Massachusetts from 2022-2023, MCPAP for Early Childhood Behavioral Health Evaluation and Consultation Services have expanded statewide as of February 2024.  |
| School Based Health Center Program | BCHAP | The School Based Health Center Program supports the hiring of full-time behavioral health clinicians, nurse practitioners, and community health workers in school-based health centers across Massachusetts. School-Based Health Centers fortify kids by providing comprehensive care, building on strengths and protective factors, and creating connections with trusted adults. This creates a safe space where providers can help students gain the confidence and skills they need to maximize their learning, successfully navigate school, and understand that they have what it takes to reach their full potential.  |
| School Behavioral Workforce and Service Expansion  | BCHAP | The School Behavioral Health Workforce and Service Expansion Program funds the hiring and retention of behavioral health personnel, expands services by partnering with community-based organizations, and helps to build overall behavioral health infrastructure.  |
| State Office of Rural Health | BCHAP | The Massachusetts State Office of Rural Health (SORH) was established in 1994 to build partnerships to increase access to health services, develop better systems of care, and improve the health status of rural communities. The program has developed a successful institutional framework that links rural communities with state and federal resources to help create solutions to rural health problems. |
| Transforming Massachusetts Pediatrics for Early Childhood (TMPEC) Project | BFHN | Transforming Massachusetts Pediatrics for Early Childhood (TMPEC) Project provides infants and young children with social emotional/behavioral health screening and access to integrated behavioral health clinicians for consultation and interventions to meet the child's unique needs. TMPEC is currently supporting two cohorts of primary care practice partners to form integrated teams, which may include a parent or caregiver with lived experience and a behavioral health clinician. DPH issued a competitive procurement to select the second cohort of 5 practices and anticipates announcing awards in early May 2024. |
| Universal Postpartum Depression (PPD) Screening at Community Health Centers (CHCs)  | BFHN | In the FY24 state budget, there was an increase in funding for the Universal Postpartum Depression (PPD) Screening at Community Health Centers (CHCs) program, leading to the expansion of PPD screenings from five to eight CHCs. This program supports the development of a robust system of maternal health care at CHCs, providing social support for pregnant and postpartum people, educating providers, and standardizing procedures for universal screening, assessment, treatment, and referral.  |

*Table 20. DPH Programs and Initiatives to Address Substance Use*

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| Program or Initiative | Bureau | Description |
| Bureau of Substance Addiction Services (BSAS) Programs and Initiatives | Bureau of Substance Addiction Services (BSAS) | The Bureau of Substance Addiction Services (BSAS) oversees the statewide system of prevention, intervention, treatment and recovery support services for individuals, families, and communities affected by substance addiction. Some examples of important work include:- Peer Recovery Support Centers (PRSC) are free peer-led spaces that provide individuals in recovery, as well as families and loved ones affected by addiction, the opportunity to offer and receive support in their community environment. PRSC’s help to support social connectedness and well-being among people with histories of substance use. - Funding for school-based programs that support young people who are beginning to struggle with substance use. - Funding municipalities to develop plans and implement evidence-based primary prevention of substance misuse. - Continuum of treatment and recovery support services as well as substance-use related harm reduction.  |
| Division of Sexual and Domestic Violence Prevention and Services (DSDV) | Bureau of Community Health and Prevention (BCHAP) | Data show that substance use and sexual and domestic violence frequently overlap. Substance addiction can lead to people being victimized by unscrupulous people, and many survivors cope with the mental health sequelae of SDV by self-medicating. The Division of SDV funds a residential program model for DV survivors managing both trauma and substance misuse, and also works closely with BSAS on cross training our funded providers about how these issues intersect. Ideally, the two units would like to explore co-location of services, possibly including SDV-funded services for those who have used violence or coercive control in their intimate relationships.  |
| FIRST Steps Together | BFHN | The FIRST Steps Together program is completing its sixth Mothering from the Inside Out (MIO) training cohort for clinicians and peer staff in the state. This evidence-based intervention for parents with substance use disorders improves parent-child relationship health by increasing parents’ reflective capacities. FIRST Steps Together is also running multiple Circle of Security-Parenting groups, an attachment-based intervention designed to strengthen the parent-child dyad, for program participants and community members.  |
| Massachusetts Tobacco Cessation and Prevention (MTCP) Program  | BCHAP | The Massachusetts Tobacco Cessation and Prevention (MTCP) Program provides funding to technical assistance organizations to build capacity among healthcare systems, behavioral health and mental health systems, and community-based organizations to implement tobacco prevention and cessation programming using trauma-informed approaches. They also implement a statewide Quitline that offers free confidential coaching and access to free quit tobacco/nicotine medications such as nicotine replacement therapy (NRT) to help individuals quit or reduce their tobacco/nicotine use. The Quitline also offers tailored programs such as the Behavioral Health Program for individuals with select self-identified mental or behavioral health conditions to support their unique needs |
| Rural Vaccine Equity Initiative | BCHAP | The Rural Vaccine Equity Initiative provides technical assistance to community organizations around substance use disorder prevention and harm reduction, promotes access to behavioral health care in rural areas, and provides funding to support interventions to promote behavioral health.  |

*Table 21. DPH Programs and Initiatives to Promote Healthy Work*

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| **Program or Initiative** | **Bureau** | **Description** |
| Occupational Health Surveillance Program | BCHAP | The Occupational Health Surveillance Program (OHSP) works to promote the health, safety, and well-being of all working people in Massachusetts by using occupational health data for action. OHSP collects, analyzes, and disseminates information about work-related injuries, illnesses, and hazards and uses this information guide and prioritize interventions such as developing policies and programs to address workplace risks. OHSP places a special emphasis on reaching worker populations that have been affected by persistent systemic racism and related inequities.  |
| Division of Sexual and Domestic Violence Prevention and Services (DSDV) | BCHAP | Survivors of DV are often methodically prevented from becoming or remaining economically self-sufficient as a way for the abusive partner to prevent them from leaving. Lack of access to money, education, or job training, sabotaging a survivor’s success in the workplace, and ensuring bankruptcies, evictions, bad credit, and even arrests are on the survivor’s record are tools commonly used by abusers. The community-based DV programs funded by the Division address these economic security issues in various ways to support survivors in having life choices other than returning to an abusive environment. Additionally, the Division supports the Massachusetts Women of Color Network, which comprises people of color working in SA and DV programs in the Commonwealth, in their initiatives to support the SDV workforce in managing job and life stress, self-care, professional development with an eye toward promotion and increasing income, and so on.  |

*Table 22. DPH Programs and Initiatives to Prevent Suicide*

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| Program or Initiative | Bureau | Description |
| Suicide Prevention Program | BCHAP | The Suicide Prevention Program provides support to community agencies, education and training for professionals and caregivers, and funds programs working with youth, veterans, and older adults to reduce suicides and promote mental health and well-being among Massachusetts residents. The program provides licenses to middle and high schools to implement the Signs of Suicide Program, a three-lesson curriculum that encourages student help-seeking by instructing students how to ACT (Acknowledge, Care, and Tell) in the face of a mental health emergency. The Suicide Prevention Program also implements 988, a suicide and crisis lifeline to support those in emotional distress or suicidal crisis.  |
| Division of Sexual and Domestic Violence Prevention and Services (DSDV) | BCHAP | A tragic number of domestic violence cases end in homicide/suicide, sometimes with one or more other victims in addition to the intended target or targets, in the case of murder of the partner and children. The Division of SDV funds and certifies Intimate Partner Abuse Education Programs (IPAEP), formerly known as Batterer Intervention Programs. The Department’s *Guidelines and Standards for the Certification of Intimate Partner Abuse Education Programs* require these programs to continually assess program participants’ risk of re-assault of their partner, child abuse, and/or suicide, and have protocols in place for managing those risks.  |

*Table 23. DPH Programs and Initiatives to Prevent Violence and Support Survivors*

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| Program or Initiative | Bureau | Description |
| Division of Sexual and Domestic Violence Prevention and Services | BCHAP | The Division of Sexual and Domestic Violence Prevention and Services works to eliminate sexual and domestic violence and support the health of those impacted by such violence. The Division funds a comprehensive array of programs and services for survivors of sexual and domestic violence and their children or other dependents. Intervention services funded by the Division of SDV include residential programs, community-based programs providing advocacy and support, 24-hour accompaniment of sexual assault victims to hospital exams and/or criminal legal system proceedings, housing advocacy, legal services, individual and group support, several crisis hotlines, specialized programs for children exposed to domestic violence, and services for immigrants and other communities experiencing inequities. Prevention-focused programs and activities include a statewide social media campaign about healthy relationships among youth, programs for youth working with community-based organizations by and for the specific populations of youth on which the prevention program is focused, community education and awareness aimed at changing social norms, training of professionals whose work brings them in contact with survivors, and services designed to support those who have used violence and coercive control in their intimate relationships in recognizing and changing their harmful behaviors and the belief systems that led to those behaviors.  |
| Gun Violence Prevention Program | BCHAP | The Gun Violence Prevention program works with grantees across 15 communities to help youth avoid conflict and injury. Grantees work directly with individuals affected by gun violence by delivering evidence-based prevention, intervention, treatment, and recovery services across six core domains: street outreach, comprehensive social needs assessment and referral, mentoring, mental and behavioral health services, workforce development, and community engagement.  |
| Healing, Equity, & Leadership (HEAL) Grant | BCHAP | The Health Equity Leadership Grant (HEAL) coordinates state and local efforts to address social determinants of health, the root causes of violence, and makes connections to address individual behavioral health needs through contracted vendors. The initiative is made up of three programs: Primary Violence Prevention, Safe Spaces for LGBTQIA+ youth, and Opportunity Youth.  |

*Table 24. DPH Programs and Initiatives to Promote Policy, Systems, and Environment Change*

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| Program or Initiative | Bureau | Description |
| Community Health Training Institute (the Training Institute) | BCHAP | The Community Health Training Institute (the Training Institute) provides targeted skills development to individuals and teams working to build healthy communities in Massachusetts. They customize in-person trainings and webinars around core competencies that include: Coalition Building; Leadership; Policy and Systems Change; Communications; Health Equity; Youth Development; Strategic Planning and Evaluation. Behavioral Health Coalitions are supported in this space and there are many trainings that bridge into BH and root cause BH work.  |
| Equitable Approaches to Public Safety (EAPS) | BCHAP | The Equitable Approaches to Public Safety (EAPS) program looks to identify and implement alternative approaches to traditional public safety models that are effective and equitable to the residents of the Commonwealth that best serve their community. EAPS works with different municipalities to develop and implement comprehensive public safety reform. Using a public safety reform partnership and broad stakeholder involvement to explore various types of alternative response models ranging from co-response with law enforcement to stand alone clinical response.  |
| Mass in Motion (MiM) | BCHAP | Mass in Motion uses a root cause framework to inform selection of strategies and activities to enact policy and practice change at the local level, Grantees have identified strategies to address root causes related to these health outcomes, these include strategy work in the areas of crime and safety, housing, active transportation, economic development, and access to open space.  |
| Root Cause Solutions Exchange | BCHAP | The Root Cause Solutions Exchange is a unique center for excellence building capacity to improve community conditions that build resilience and reduce vulnerability for Covid-19, chronic disease, climate change, and other conditions, with an explicit focus on structural racism. The Exchange centers interaction and helping participants take action using a manageable and accessible library of quality resources relevant to a Massachusetts context. The Exchange is a dynamic initiative where participants contribute and learn from DPH and each other, rather than a static website or standalone resource hub. These investments in increasing community capacity through the Exchange create improved physical and social conditions, more multi-sectoral partnerships, more dollars invested in communities where it may not have occurred otherwise, and healthier communities with increased resilience.  |