

**CAMBRIDGE PUBLIC HEALTH COMMISSION
(D/B/A CAMBRIDGE HEALTH ALLIANCE)**

DON APPLICATION # CHA-18090915-RE

DESCRIPTION OF COMMUNITY HEALTH IMPROVEMENT ACTIVITIES

The Applicant Cambridge Public Health Commission, d/b/a Cambridge Health Alliance (“CHA”), is a public safety hospital and integrated health system created and existing pursuant to Chapter 147 of the Acts of 1996, as amended by Chapter 365 of the Acts of 1998 (the “CHA Enabling Act”). As a public entity CHA does not file a CHNA/ CHIP with the Internal Revenue Service or the Massachusetts Office of the Attorney General. Because the *Community Engagement Self-Assessment* form is built off the CHNA/ CHIP, the Department of Public Health (the “Department”) has advised that CHA submit the following narrative in lieu of the self-assessment form.

In addition, CHA will submit the community Well-Being Reports it has prepared for the principal communities it serves in lieu of a CHNA/CHIP.

A. Legislative Charge and Governance Structure:

Community and public health are embedded in the legislative charge and governance structure of CHA.

1. Legislative Charge and CPHD

In creating CHA, the Legislature created a health care system with, among other things, “promoting the health and well-being of all in the system’s service” by working with community-based organizations and others to improve the health of the communities it serves.¹ To this end, the CHA Enabling Act provides that CHA operate as the City of Cambridge’s public health department and the CHA CEO serve as the Commissioner of Public Health for the City of Cambridge.² The CHA-operated Cambridge Public Health Department (“CPHD”) recently received full accreditation from the Public Health Accreditation Board (“PHAB”). It is now one of four accredited PHAB public health departments in the Commonwealth.

2. Board Level Prioritization of Public Health Issues

CHA has a governance structure that prioritizes public health issues and incorporates community guidance into the organization’s community and public work. CHA is governed by a Board of Trustees (the “CHA Board”). To further advance the legislative aims set forth in the CHA Enabling Act and in recognition that CHA serves a broad service area including Cambridge, Somerville, Malden, Chelsea, Revere and Everett, the CHA Board has established a Population Health Committee as a standing committee of

¹ Acts of 1996, c. 147, § 1 (codified as Appendix §3 to M.G.L. c. 111).

² *Id.* at § 6(b).

the CHA Board. The Population Health Committee includes board members, community health advocates, academicians, and CHA clinicians. The charter of the Population Health Committee states that the committee is to:

- Provide leadership to the CHA Board around issues related to population health in fulfillment of the CHA's mission.
- Oversee the CHA's work in population health by, among other things:
 - Identifying key population health indicators for the communities and populations served by the CHA;
 - Assessing the effectiveness of the CHA's population health programs and initiatives;
 - Assessing the alignment, coordination, and integration of CHA programs, initiatives and efforts in the medical care arena with those in the broader population health arena; and
 - Ensuring that the CHA's programs, initiatives, and efforts in population health are consistent with and further the CHA's strategic plan.
- Make policy recommendations and recommend priorities to the CHA Board for allocating resources toward population health improvement efforts throughout the CHA's service area in furtherance of the CHA's strategic plan.

3. Community Health Advisory Council

The Population Health Committee's board approved charter also provides for the establishment of the Community Health Advisory Council ("CHAC") whose purpose is "to further ensure that stakeholders in the communities will have a vehicle through which to provide input to the CHA Board and management regarding community and public health issues." The charter states that the role of CHAC is to "provide input and recommendations to the Population Health Committee and CHA management on community and public health needs, the effectiveness of the CHA's population health improvement efforts, and community and public health priorities within the CHA's primary service area."

CHAC meets 8 – 9 times a year, and CHAC members collaborate with assessing current community health gaps and needs, are involved with identification of community and public health priorities across CHA service areas and helps develop strategies for community health improvement. CHAC outcomes guide CHA's work on population health and members are widely representative of CHA's community partners, including:

- representatives of social service and advocacy organizations;
- representatives of community coalitions such as the Everett Community Health Partnership, Malden's Promise and Somerville Community Health Agenda;
- resident leaders; and
- representative from the cities of Cambridge, Somerville, Malden and Everett.

A list of the organizations currently represented on CHAC is attached as Exhibit A. New CHAC members are actively recruited to insure CHA is hearing all community voices and that this community advisory committee continues to be reflective of our communities over time.

In addition, two members of the CHA Board sit on CHA as do representatives of CHA senior management, primary care and emergency department clinicians, and members of CHA's Community Health Improvement Department ("CHA's CHI Department").

B. Community Health Improvement Department and Community Engagement

CHA's CHI Department works to improve community health by developing collaborative relationships. CHA's CHI Department works both externally with community organizations and internally with clinical service departments at CHA. External partners include community coalitions, non-profit agencies and city departments, including public health departments.

CHA's CHI Department also directly provides a broad array of community health programs targeting populations at risk for health care disparities. These groups low-income, immigrants, cultural or linguistic minorities, and people marginalized because of homelessness or behavioral health disorders. CHA's CHI Department staff work to educate these groups about available services, reduce barriers to accessing care, create links to appropriate health care services and provide culturally appropriate, accessible, and engaging education about preventive care and healthy lifestyles.

The core responsibilities of Community Health Improvement are to:

- Ensure that all community members are able to enter and navigate the health care system and utilize its resources to improve their health;
- Develop and implement health promotion programs and clinical services for individuals who find it difficult to access care that is responsive to their needs;
- Create and support coalitions to build capacity to address critical community health issues;
- Work to ensure that CHA systems meet identified community needs and build on community strengths; and
- Advocate to impact government policy at the local, state and federal level.

1. Community Health Coalitions

CHA's CHI Department staff are actively involved and have leadership positions in innovative community coalitions in partnership with local government and community agencies. Specifically, CHA's CHI Department staff are active leaders in the Everett Health Partnership, Malden's Promise, and the Somerville Community Health Agenda. Each of these innovative partnerships is guided by principles associated with the Healthy Communities movement, which embraces a broad definition of health that goes beyond

the absence of disease to address root cause issues in communities. Some of the other principles include:

- Having a collaborative, consensus-based approach to problem-solving that involves a diverse group of people from the community.
- Having an assets approach that defines people and relationships based on their skills and abilities rather than their needs and deficits.
- Addressing our challenging at a broad systems level rather than doing another short-term, low impact project.
- Benchmarking and measuring progress and outcomes.
- Realizing shared community values and projecting those values into a compelling vision of the future.

These coalitions recognize that health is greatly influenced by many factors around us, including social, economic, political, and environmental factors as well as people's own behaviors, all of which influences the selection of initiatives to improve community health.

CHA's CHI Department staff assist these coalitions by collecting, assessing, and disseminating community health data; community visioning, coordinate systems change efforts, and facilitate coalition development.

These coalitions played a central role in developing and producing CHA's CHI Department's community Wellbeing reports that are described in Section C below.

2. Volunteer Health Advisor Program

Established in 2001, CHA's CHI Department's Volunteer Health Advisor (VHA) Program works to improve community health by working collaboratively with faith-based and community-based organizations to recruit, train and support a sustainable volunteer workforce that provides culturally and linguistically appropriate health education and outreach to under-served and hard-to-reach populations.

The VHA Program is a volunteer-driven, multicultural education and outreach program dedicated to improving the health of underserved communities. VHAs are trained by public health and medical professionals on health topics and screenings that are relevant to the communities CHA serves. Once trained, VHAs provide basic health education and screenings in disease prevention and wellness, lead health education forums and screening events, and educate community members about the availability of free and low cost health care coverage.

VHAs act as a bridge between the community and CHA and are front line public health workers who have a close understanding of the community they serve. This trusting relationship enables them to serve as a link between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. VHAs help reduce, and in some cases eliminate, the persistent disparities in health care and health outcomes in under-served communities.

Some of the volunteer responsibilities include:

- Delivering basic health education in disease prevention and wellness using culturally appropriate terms and concepts;
- Providing health education presentations to community underserved community members;
- Raising community awareness about the availability of free and low-cost health care coverage; and
- Assisting community members in accessing health care.

CHA's diverse team of VHAs come from over on dozen countries and collectively speak 14 different languages, including Spanish, Portuguese, Haitian Creole, Arabic, Mandarin, Amharic, and English.

3. Directly Provided Programs

Although the focus of this document is on how CHA and CHA's CHI Department engage the community, a brief description of programs that CHA's CHI Department operates within the community is important for understanding the CHA's CHI Department and CHA's involvement in issues impacting community health. CHA's CHI Department programs include (but are not limited) to the following representative programs:

- a. Health Education. CHA's CHI Department health educators collaborate with schools, parents, community organizations, health care settings, etc. to provide free health workshops for people of any age. Trained and certified health education staff provide age-appropriate classes and workshops in a variety of formats, ranging from single-sessions to a semester-long series, and vary in length to meet the needs of the audience. Education is provided within various venues such as community fairs, parent-teacher meetings, in-school classes for grades 4 through college level, staff training/in-services, and in community agencies.
- b. Youth Development. CHA's CHI Department staff facilitate a range of school-based youth development programs at local schools that focus on peer-leadership through education and community service.
- c. Sexual and Reproductive Health. CHA's CHI Department provides Title X counseling services that it coordinates with other CHA clinicians to the extent permitted under Title X and the regulations from time to time promulgated thereunder.
- d. Tobacco Education and Treatment. The tobacco treatment program offers workshops and educational sessions on tobacco treatment in the community, including community events, and links individuals to tobacco cessation programs. Recognizing the diversity of the communities to which we outreach, these sessions are conducted in multiple languages.

- e. Aging Wisely Everett. Operated in collaboration with the Everett Council on Aging and with support from the Everett Foundation for the Aged, this program offers a wide variety of health and wellness programs for people over the age of 60 at Everett's Connolly Senior Center.
- f. WIC. CHA's CHI Department operates a WIC program with locations in mid-Cambridge, North Cambridge, Somerville, Arlington, Watertown, and Bedford.

C. Wellbeing Reports

Copies of the Wellbeing reports that CHA's CHI Department prepared for the cities of Everett, Cambridge, Malden, and Somerville are being submitted along with this summary. CHA developed each report in collaboration with members of the respective communities it serves, soliciting participation and input from school districts, public health departments, mental and behavioral health/, community clinics and physicians, anti-poverty organizations, faith-based organizations, veteran's services (municipal), municipal staff (planning, department of public works, transportation), immigrant services agencies, elected state and local officials, housing/ homelessness prevention programs, senior services agencies, food pantries, law enforcement, social service agencies, colleges and universities, and MAPC/(Regional Planning Agency Public Health staff).

Each Wellbeing report was produced through its own process, unique to the dynamics of the particular community at the time it was prepared. The process by which the Wellbeing of Somerville 2017 was developed is illustrative.

The Wellbeing of Somerville 2017 report is the result of contributions from across the city of Somerville. It was shaped through the feedback of community members, agencies and service providers and those they serve, municipal employees, clinical staff and public health workers and academic interns. The report is the result of collaboration and contributions from a broad group of partners who participated in discussions and/or focus groups to select data points of interest and importance to the community of Somerville. In developing this report, partners also assisted with collecting and analyzing secondary data related to public health from a variety of lenses.

Community stakeholder groups for focus groups and follow up feedback sessions included such organizations as the By All Means Community Cabinet, Early Childhood Advisory Council, the Immigrant Service Providers, Shape Up Somerville Steering Committee, Food Security Coalition, Somerville Youthworkers Network and an informal gathering of Somerville Senior Providers. These sessions provided valuable insights and feedback, as well as provocative questions to help direct exploration of data and recommendations. Over 80 community members who spent an evening together in late April 2017 also helped to provide diverse perspectives on the most pressing issues impacting the health of Somerville residents across the lifespan and recommendations to

improve the health of all residents. Agency and community partners also served as readers and editors, to insure both accuracy and accessibility of the data and information contained in the report. In addition, academic interns from local universities assisted with the development of the report, from reviewing progress on all the recommendations from the prior 2011 report to final editing assistance.

D. Determination and Disbursement of Community Health Investment Contribution

Because CHA does not have a CHNA/ CHIP from which to choose a DoN Health Priority strategy, CHA will engage CHAC to determine where and how CHA should invest its Community Health Investment Contribution. CHAC is a uniquely valuable resource for making this determination. As described above, its membership includes local health authorities from the CHA service area as well as community groups already actively engaged in addressing social determinants of health and statewide priorities identified by the Department of Public Health and the Office of the Attorney General. CHAC can serve as a vehicle for community engagement and for targeting needs identified in the Wellbeing reports and CHAC's ongoing work.

At the risk of being presumptuous, CHA intends to engage CHAC and CHAC members in this process while the Department of Public Health is reviewing the Determination of Need application with which this summary is being submitted. Such discussions will be consistent with CHAC's ongoing discussions about the needs of the communities CHA serves.

By starting this discussion during the review of the Determination of Need application, CHA will be in position to have CHAC make a final decision within 30 days after the application is approved (if it is approved.) This will enable CHA to post its funding plan shortly thereafter and disburse the CHAC-determined Community Health Investment Contribution (or issue an RFP therefor) within 90 days following approval of the DoN application. Although CHA believes that it should play a non-directive role in CHAC's deliberations, it will educate CHAC regarding the state's health priorities and encourage CHAC to not issue an RFP given the amount of the contribution.

Exhibit A

Groups Represented on CHAC

ABCD
ABCD Mystic Valley
Bay Cove Human Services
Community Action Agency of Somerville
Cambridge Public Health Department
Cambridge Police Department
Community Action Programs Inter-City, Inc.
Catholic Charities
Cambridge Economic Opportunity (CEOC)
CHA/Foundation
City of Cambridge
City of Chelsea
City of Everett
City of Everett Veteran's Services
City of Malden
City of Revere
City of Revere, Community Health Initiatives/Revere on the Move
City of Somerville
Connexion Methodist
Eliot Community Human Services
Everett Haitian Community Center
Everett Public Schools - Parent Information Center
Greater Boston Legal Services
Heading Home, Inc.
Homes for Families
Housing Families
Immigrant Services Provider Group
Joint Committee for Children's Healthcare in Everett
La Comunidad, Inc
Massachusetts Alliance of Portuguese Speakers
Massachusetts Health Council
Massachusetts Housing and Shelter Alliance
Metropolitan Area Planning Council
Massachusetts Organization for Addiction Recovery
Mount Auburn Hospital
Mystic Valley Elder Services
Neighborhood Counseling Services
On the Rise
Preservation of Affordable Housing (POAH)
RESPOND, Inc.
Salvation Army
Somerville Homeless Coalition
The Welcome Project
Transition House
Transition House
Tufts Health
VNA of Eastern MA
Wayside Youth and Family Support Network
Winthrop Health Department
YWCA Malden