

ATTACHMENT 5C

CHNA/CHIP SELF-ASSESSMENT FORM



Massachusetts Department of Public Health

Determination of Need

Community Health Initiative

CHNA / CHIP Self Assessment

Version: 8-1-17

This self-assessment form is to understand the Community Engagement process that has led/ will lead to the identification of priorities for community health planning processes. It is being used to demonstrate to DPH that an existing community health planning process adequately meets DPH standards for community engagement specific to Determination of Need, Community Health Initiative purposes.

This form will provide the basic elements that the Department will use to determine if additional community engagement activities will be required. When submitting this form to DPH, please also submit your IRS Form 990 and Schedule H CHNA/CHIP and/or current CHNA/CHIP that was submitted to the Massachusetts Attorney General's Office. Additionally, the Applicant is responsible for ensuring that the Department receives Stakeholder-Assessments from the stakeholders involved in the CHNA / CHIP process.

All questions in the form, unless otherwise stated, must be completed.

Approximate DoN Application Date: DoN Application Type:

What CHI Tier is the project? ☒ Tier 1 ☐ Tier 2 ☐ Tier 3

1. DoN Applicant Information

Applicant Name:

Mailing Address:

City: State: Zip Code:

2. Community Engagement Contact Person

Contact Person: Title:

Mailing Address:

City: State: Zip Code:

Phone: Ext: E-mail:









3. About the Community Engagement Process

Please indicate what community engagement process (e.g. the name of the CHNA/CHIP) the following form relates to. This will be use as a point of reference for the following questions and does not need to be a fully completed CHNA or implemented CHIP.
(please limit the name to the following field length as this will be used throughout this form):

4. Associated Community Health Needs Assessments

In addition to the above engagement process, please list Community Health Needs Assessments and/or Community Health Improvement Planning Processes, if any that the Applicant been involved with in the past 5 years (i.e. CHNA/CHIP processes not led by the Applicant but where the Applicant was involved?

(Please see page 22 of the Community-Based Health Initiative Guidelines for reference <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>)

Add/ Del Rows	Lead Organization Name / CHNA/CHIP Name	Years of Collaboration	Name of Lead Organizer	Phone Number	Email Address of Lead Organizer
 	South Shore Community Partners in Prevention	2017-2021	Katrina Dwyer	7816247458	kdwyer@southshorehealth.org
 	Greater Brockton Health Alliance	2017-2021	Alison Gillis	7816247156	agillis@southshorehealth.org
 	Blue Hills Community Health Alliance	2017-2021	Karen Peterson	7816247415	kpeterson4@southshorehealth.org
 	WellSpring Multiservice Center	2017-2021	Vinny Harte	7818000246	vinny@wellspringmultiservice.org

5. CHNA Analysis Coverage

Within the SSH 2019 CHNA , please describe how the following DPH Focus Issues were analyzed DoN Health Priorities and Focus Issues (please provide summary information including types of data used and references to where in the submitted CHNA/CHIP documents these issues are discussed):

5.1 Built Environment

South Shore Health contracted with John Snow Inc. (JSI), a public health consulting and research organization to complete the 2019 Community Health Needs Assessment. The assessment was completed in a three phase approach: Use of extensive amount of quantitative data(Phase 1), engagement of key public health stakeholders, community residents and service providers (Phase 2), and analysis and prioritization of findings for use in a strategic Implementation Strategy (Phase 3) (p. 2).

Qualitative data was collected from stakeholders and community residents through interviews, focus groups, community forums, community survey and a final Community Health Strategic Retreat.

South Shore Health is an active participant in working on the transportation needs for patients of the Health System, staff and employees and the community. South Shore Health recognizes the role and responsibility to the community as a large employer in the region with the mission of providing health care and health prevention to the community.

Qualitative data was collected for the 2019-2021 Community Health Needs Assessment (CHNA) through community interviews, focus groups, open community forums and a short web-based survey for community residents. Housing and transportation (pp. 23 and 24) were the first two identified barriers to care. Concerns raised included the "limited options for affordable housing and how this affects all individuals...", Brockton, Norwood and Quincy (U.S Census Bureau 5-Year Estimates, 2012-2016) have a significantly high percentage of renter-occupied units compared to the Commonwealth (p23).

Qualitative data through interviews, focus groups, community forums and survey respondents felt transportation was an important barrier for access to health care. Many cited it is easier to get in and out of Boston than to get around the South Shore.

The implementation strategy's Priority Area 2: Social Determinants of Health (SDOH) and Access to Care's second goal: Enhance Access to timely transportation services for those in need who do not have access to a personal care. Work to improve transportation includes Circulation, a ride share program, working with the Council on Agings with a pilot program with Quincy's Elder Affairs van service and participating in the South Shore Chamber of Commerce Transportation subcommittee.

South Shore Health has served as a stakeholder in the development and ongoing efforts of the Blue Hills regional Coordination Council (BHRCC). This group was designed to address the transportation needs in the communities of Braintree, Hingham, Hull, Milton, Quincy, Randolph and Weymouth.

Priority Area 2: SDOH and Access to Care's sixth goal: Increase Availability of Transitional Housing and Housing Supports for those Most At-risk. The Implementation Strategy bullets three areas: Partner with community organizations to implement and outreach and referral program to help ensure that those in need of housing supports or counseling have access to the services they need, Expand availability transitional housing and support organizations who provide transition housing or housing supports (p. 66). South Shore Health is the leader in the homelessness committee on the South Shore, partnering with Father Bill's/Mainspring, Manet Community Health Center, Baystate, Quincy Community Action Programs (QCAP), Wellspring, Weymouth/Quincy Housing Authorities and other community based organizations to break down silos, prevent duplication of work and build of the strength of each organization. Work with South Shore Community Resource (Aunt Bertha), an innovative referral tool using technology to create wrap around referral programs and data collection enhance the community work to increase housing for those in need related to complex problems or those in low to moderate income brackets.

5.2 Education

Based on qualitative (through interviews, focus groups, open community forums and survey) and quantitative data Education and Language (pp19, 21) are seen as barriers to healthcare access. On the South Shore Brockton, Quincy, Randolph, Sharon and Stoughton have a significantly high percentage of individuals that have English as a second language and/or speak another language (p.19). Brockton, Quincy and Randolph have a high percentage of residents with less than a high school degree (p.21). Community forums and interviews identified Health Literacy as a key priority driving from education and language barriers which play a large role in health literacy (p.25).

The implementation strategy identifies "Racial/ethnic minorities and non-English speakers as a Priority Population. Priority Area 2: SDOH and Access to Care, goal three: Support Workforce Development and Creation of Employment Opportunities addresses the objectives: "Increase mentorship, training, and employment opportunities for youth, young adults, and adults". Programs such as: Community based ESOL classes, ESOL and citizenship classes for South Shore Health employees and internships for Quincy High Technical Students in the medical assistant program work to address enhancing educational opportunities on the South Shore.

StoryWalk as a permanent installation in Weymouth engaging young readers and helping to endorse an early love of reading and improving overall literacy.

5.3 Employment

The Steering Committee and the CHNA Advisory Committee identified the key Community Health Priorities, one of the priorities identified was: Employment/workforce development as a key SDOH (p.60). Priority Area 2: SDOH and Access to Care, goal five: Support Workforce Development and Creation of Employment opportunities targeting: Youth and adolescents, Older Adults, Low-to-Moderate income and Racial/ethnic minorities and Non-English speakers. Some of the work implemented to address this priority is outlined above, further work is currently planned when able to implement safely, the goals of the implementation strategy are outlined on page 66.

5.4 Housing

"Many key informants and participants in forums and focus groups expressed concern over the the limited options for affordable housing..." (p.23). Three towns, Brockton, Norwood and Quincy have a higher percent of Renter-Occupied Units (p24) compared to the Commonwealth. The Community Health Priorities as identified by the Steering Committee and the CHNA Advisory Committee include Health System Strengthening. This is achieved through Community collaboration (p.60) and is demonstrated by the South Shore Health led "Homelessness Committee". The structure of the committee is outlined in the Built Environment section of the report. The committee meets at a minimum of quarterly with subcommittees meeting more frequently.

South Shore Health serves on the Continuum of Care Committee as well as the Unaccompanied Homeless Youth Committee. These groups serve the South Shore geographical area, providing a coordinated response to homelessness.

5.5 Social Environment

Quantitative data including: U.S. Census Bureau, American Community Survey 5-Year Estimates (2012-2016), Massachusetts Vital Records, Mortality (2015), Massachusetts Hospital Inpatient Discharges (2008-2012), Massachusetts Hospital Emergency Department Discharges (2008-2012) and the Massachusetts Bureau of Infectious Disease and Laboratory Sciences (2016) plus the South Shore Health Patient Family Advisory Council, Behavioral Health Providers, Youth and Adolescent Providers, Law enforcement/Public safety and Community Health Network Area 23 focus groups provided the data (p.13) to develop the implementation strategy. The Priority populations identified as most vulnerable and likely to face the greatest disparities include: Youth and Adolescents, Older Adults, Low to Moderate Income Individuals and Families, Racial/Ethnic Minorities, Non-English Speakers and Individuals with Chronic & Complex Conditions (pp.36, 37).

The role the social environment plays in overall health including Nutrition, Fitness, and Obesity is addressed, several towns on the South Shore have high rates of obesity and hospitalization as compared to the Commonwealth (pp. 26,27). On page 28 towns with high rates of Alcohol/substance Use-Related Hospitalizations is demonstrated. Qualitative and quantitative data identifies "older adults" as one of the highest priorities on the South Shore. Youth and Adolescents are also listed as a priority population (p.59). Much of the work to impact the Social Environment can be found in Priority Area 1: Behavioral Health and Substance Use Disorder with a focus on Goal three: Decrease Depression and Social Isolation and Goal four: Enhance Caregiver Support and Reduce Family/Caregiver Stress. Priority Area 3: Chronic and Complex Conditions and Their Risk Factors, Goal two: Increase Physical Activity and Healthy Eating. Creation of the "Aging Health Connection" creates a social environment through collaboration with the Council on Agings, South Shore Elder Services, Old Colony Elder Services and other organizations working with older adults.

Through the use of technology including ZOOM connections and social engagement have been enhanced. Programs such as Matter of Balance and Chronic Disease Management in Mandarin and English have increased the engagement of otherwise social isolation in many. The Youth Health Connection continues to work with coalitions in Hingham, Scituate and Marshfield to connect youth, engage youth and create safe and impactful environments.

5.6 Violence and Trauma

South Shore Health works closely with many Community Benefit Organizations that work with individuals and families impacted by violence and trauma. In the Resource Inventory, Appendix C: organizations dedicated to working to end and to assist individuals and families suffering from violence and Trauma, DOVE, INC. in Quincy, South Shore Women's Center in Plymouth and Health Imperatives covering the South Shore, Martha's Vineyard and Nantucket (p54).

All three have dedicated resources and play a role in Priority Area 4: Health System Strengthening of the Implementation Plan, Goal 1, to Promote Collaboration with Community Health Partner (External Focus), Health Imperatives has SANE nurses in the South Shore Health

Emergency Department, DOVE and Health Imperatives sit on the Homelessness Committee to deepen and grow community collaboration to make a positive impact on violence and trauma in the community.

5.7 The following specific focus issues

a. Substance Use Disorder

Data from the Massachusetts Inpatient Discharges, 2008-2012 (from Massachusetts Department of Public Health) twelve towns on the South Shore with significantly high alcohol/substance use-related hospitalizations as compared the the Commonwealth overall (p.28). Substance use was named second after Mental health as a leading health issue with the key informants, focus group/forum/survey participants (p.33). Participants saw a strong correlation to those struggling with substance use and other SDOH such as housing, employment and transportation. Towns on the South Shore with significantly higher Opioid Hospitalizations include Abington, Avon, Brockton, E. Bridgewater, Holbrook, Hull, Norwood, Quincy, Stoughton, Weymouth and Whitman (p.34).

Behavioral Health and Substance Use Disorder which includes Depression/anxiety/stress, Substance abuse (alcohol, opioids, and other illicit drugs), access to behavioral health care services is a priority area agreed upon by those participating in the retreat and other qualitative data used in writing the report.

The first priority in the Implementation Plan: Behavioral Health and Substance Use Disorder has three main goals: Increase Access to Behavioral Health and Substance Use (BH/SU) Services, Decrease Depression and Social Isolation Enhance Caregiver Support and Reduce Family/Caregiver Stress. South Shore Health has prioritized steps and programs to make a positive impact on Substance Use Disorder including work with Aspire and community first responders in the training and supply of Narcan. Two Behavioral Health Grants were award and the South Shore Behavioral Health Initiative is led by South Shore Health. The goal of the initiative is to bring the community together, collaborate, prevent duplication and share resources in the community.

South Shore FACTS: Families Adolescents and Communities Together against Substances (a program of South Shore Health) provides support for all of the South Shore Town coalitions for substance use prevention in youth. This regional coalition is the result of a partnership between Plymouth County and Norfolk County DA's Offices and South Shore Health.

b. Mental Illness and Mental Health

"Mental health-including depression, anxiety, stress, serious mental illness and other conditions-was overwhelmingly identified as the leading health issue for residents of the South Shore Region", (p. 32). The range identified Youth through the elderly as struggling with anxiety, stress through mild depression and substance use issues. There was consensus that there is a strong network of service providers, advocates, and coalitions/task forces working to address these issues in the region" (p. 33).

South Shore Health has continued to work with youth through the Youth Health Connection (YHC) with programs such as "How Not to Keep a Secret" and through work with town coalitions. Investment in programs such as "How Not to Keep a Secret" and "our Minds Matter" further impact Mental Health in the youth in our communities.

Development of the Healthy Aging Connection will mimic much of the work of the YHC through the Council on Agings and programs such as Matter of Balance for social connections and support through ZOOM technology.

c. Housing Stability / Homelessness

Many of the key informants, participants in focus groups and community forums expressed concerns over the lack of affordable housing (p. 23). The U.S. Census Bureau 5-Year Estimates, 2012-2016 show three towns on the South Shore with a high percent of Renter-Occupied Units, Brockton, Norwood and Quincy. The President/CEO of Father Bill's & MainSpring was a key informant in the qualitative data process as well as other multi-service Community Based Organizations including Manet CHC, Bay State Community Services, Quincy Community Action Program and Interfaith Social Services.

Priority Area 2: Social Determinants of Health (SDOH) and Access to Care, goal six: Increase Availability of Transitional Housing and Housing supports for those Most At-risk. Part of the implementation strategy is to partner with community organizations to implement and outreach and referral program to help ensure that those in need of housing support or counseling have access to the services they need (p.66). South Shore Health (SSH) is leading the Homelessness committee comprised of staff and community colleagues, use of SSH Community Resource Directory (Aunt Bertha) has assisted in the transition and referral process.

d. Chronic Disease with a focus on Cancer, Heart Disease, and Diabetes

According to the Massachusetts Department of Public Health, Vital Statistics (2015) thirteen towns of on the South Shore have Premature Mortality and All-Cause Mortality significantly high compared to the Commonwealth overall. Towns include Abington, Brockton, Carver, Hanson, Holbrook, Hull, Kingston, Plymouth, Quincy, Rockland, Stoughton, Weymouth

and Whitman. "This underscores the need to focus on health risk factors, primary care engagement and evidence-based chronic disease management (p. 30). Participants demonstrated a broad understanding of the problem if not a deep understanding and awareness of the pervasiveness of it.

Chronic and Complex Conditions and their Risk Factors was prioritized as a Community Health Priority targeting Diabetes, heart disease and Asthma; Behavior change/self-managment; Health education and Chronic disease management (p. 40). A fragmented health system, especially for those with complex needs was acknowledged by many of those that participated in the community assessment.

Priority Area 3: Chronic and Complex Conditions and Their Risk Factors has four goals: Promote Wellness, Behavior Change, and Engagement In Appropriate care, Increase Physical Activity and Healthy eating, Reduce Falls in Elders and Improve Chronic Care Management(pp. 67-69). South Shore Health using ZOOM technology has continued community education with programs such as Matter of Balance and Chronic Disease Management in both English and Mandarin. Vascular Health and Nutrition programs provided by the Friends of South Shore Health are given on a monthly basis and have had participation at ZOOM capacity. Education and social interaction have proven successful with plans to continue.

6. Community Definition

Specify the community(ies) identified in the Applicant's SSH 2019 CHNA

Add/Del Rows	Municipality	If engagement occurs in specific neighborhoods, please list those specific neighborhoods:
<input type="checkbox"/> + <input type="checkbox"/> -	Abington	
<input type="checkbox"/> + <input type="checkbox"/> -	Avon	
<input type="checkbox"/> + <input type="checkbox"/> -	Braintree	
<input type="checkbox"/> + <input type="checkbox"/> -	Bridgewater	
<input type="checkbox"/> + <input type="checkbox"/> -	Canton	
<input type="checkbox"/> + <input type="checkbox"/> -	Cohasset	
<input type="checkbox"/> + <input type="checkbox"/> -	Duxbury	
<input type="checkbox"/> + <input type="checkbox"/> -	East Bridgewater	
<input type="checkbox"/> + <input type="checkbox"/> -	Halifax	
<input type="checkbox"/> + <input type="checkbox"/> -	Hanover	
<input type="checkbox"/> + <input type="checkbox"/> -	Hanson	
<input type="checkbox"/> + <input type="checkbox"/> -	Hull	
<input type="checkbox"/> + <input type="checkbox"/> -	Kingston	
<input type="checkbox"/> + <input type="checkbox"/> -	Marshfield	
<input type="checkbox"/> + <input type="checkbox"/> -	Middleborough	
<input type="checkbox"/> + <input type="checkbox"/> -	Milton	

Add/Del Rows	Municipality	If engagement occurs in specific neighborhoods, please list those specific neighborhoods:
<input type="checkbox"/> + <input type="checkbox"/> -	Norwell	
<input type="checkbox"/> + <input type="checkbox"/> -	Pembroke	
<input type="checkbox"/> + <input type="checkbox"/> -	Plymouth	
<input type="checkbox"/> + <input type="checkbox"/> -	Plympton	
<input type="checkbox"/> + <input type="checkbox"/> -	Quincy	
<input type="checkbox"/> + <input type="checkbox"/> -	Randolph	
<input type="checkbox"/> + <input type="checkbox"/> -	Scituate	
<input type="checkbox"/> + <input type="checkbox"/> -	West Bridgewater	
<input type="checkbox"/> + <input type="checkbox"/> -	Weymouth	
<input type="checkbox"/> + <input type="checkbox"/> -	Whitman	
<input type="checkbox"/> + <input type="checkbox"/> -	Stoughton	
<input type="checkbox"/> + <input type="checkbox"/> -	Type first letter then scroll	

7. Local Health Departments



































Please identify the local health departments that were included in your SSH 2019 CHNA. Indicate which of these local health departments were engaged in this SSH 2019 CHNA. For example, this could mean participation on an advisory committee, included in key informant interviewing, etc. (Please see page 24 in the Community Engagement Standards for Community Health Planning Guidelines <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>.)

Add/Del Rows	Municipality	Name of Local Health Dept	Name of Primary Contact	Email address	Describe how the health department was involved
<input type="checkbox"/> <input type="checkbox"/>	Weymouth	Weymouth Health Department	Julie Long	jlong@weymouth.ma.us	Community Advisory Committee
<input type="checkbox"/> <input type="checkbox"/>	Weymouth	Weymouth Health Department	Cindy Morrison	cmorrison@weymouth.ma.us	Community Advisory Committee
<input type="checkbox"/> <input type="checkbox"/>	Weymouth	Weymouth Health Department	Paul Williams	pwilliams@weymouth.ma.us	Community Advisory Committee
<input type="checkbox"/> <input type="checkbox"/>	Quincy	Quincy Planning Committee	Melissa Horr	mhorr@quincyma.gov	Community Advisory Committee

8. CHNA / CHIP Advisory Committee

Please list the community partners involved in the CHNA/CHIP Advisory Committee that guided the SSH 2019 CHNA. (please see the required list of sectorial representation in the Community Engagement Standards for Community Health Planning Guidelines <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>) Please note that these individuals are those who should complete the Stakeholder Engagement Assessment form. It is the responsibility of the Applicant to ensure that DPH receives the completed Stakeholder Engagement Assessment form:

Add/Del Rows	Sector Type	Organization Name	Name of Primary Contact	Title in Organization	Email Address	Phone Number
<input type="checkbox"/> <input type="checkbox"/>	Municipal Staff	Weymouth Public Schools	Betsy Harris	Community Relations Liaison	elizabeth.harris@weymouthps.org	7813351100
<input type="checkbox"/> <input type="checkbox"/>	Education	Weymouth Public Schools	Maura Perez	Principal, Johnson Early Childhood Center, CFCC Coordinator	maura.perez@weymouthschools.org	7813350191
<input type="checkbox"/> <input type="checkbox"/>	Housing	Father Bill's MainSpring	Jonathan Lanham	Service Director North	jlanham@helpfbms.org	5084687021
<input type="checkbox"/> <input type="checkbox"/>	Social Services	Plymouth County Outreach (PCO)	John Rogers	HUB Program Manager	jrogers@plymouthcountyoutreach.org	5082338978
<input type="checkbox"/> <input type="checkbox"/>	Planning + Transportation	Quincy Housing	Melissa Horr	Senior Principal Planner Quincy Housing	mhorr@quincyma.gov	6173761053
<input type="checkbox"/> <input type="checkbox"/>	Private Sector/ Business	Patient Family Advisor	Helolisa Carvalho	Liaison Brazilian Community	helocelio@hotmail.com	6177290218
<input type="checkbox"/> <input type="checkbox"/>	Community Health Center	Manet Community Health Center	Cynthia Sierra	CEO	csierra@manatchc.org	6174044101

Add/Del Rows	Sector Type	Organization Name	Name of Primary Contact	Title in Organization	Email Address	Phone Number
	Community Based Organizations	Quincy Asian resources (QARI)	Philip Chong	President/CEO	philip@quincasisanresources.org	8577193595
 	Social Services	Interfaith social service	Rick Doane	CEO	rdoane@interfaithsocialservices.org	6177736203
 	Additional municipal staff (such as elected officials, planning, etc.)	Town of Weymouth	Valerie Sullivan	HealthyWey grant coordinator	vsullivan@weymouth.ma.us	7815894782
 	Private Sector	Patient Family Advisor	Julie Kembell	Community Member	jakembel@comcast.net	7817495315
 	Private Sector	Old Colony YMCA	Lauren Bartell	Executive Director, Healthy Living Association	lbartell@oldcoloniymca.org	7813412016
 	Social Services	Police Assisted Addiction and Recovery Initiative (PAARI)	Allie Hunter	Executive Director	allie@paariusa.org	5082129831
 	Private Sector	South Shore YMCA	Katelyn JSzfir	Associate Executive Director	kszafir@ssymca.org	6174798500
 	Private Sector	Aspire	Janice sullivan	Community Outreach	jasulliv@aspirehealthalliance.org	6173781043
 	Community health centers	Manet community Health Center	Kim Kroeger	Prevention and MAT Programs	kkroeger@manetchc.org	7742201650
 	Community-based organizations	Health Imperative	Julie Kehoe	President and jCEO	jkehoe@healthimperatives.org	5085833005
 	Community-based organizations	Bastate Community Health Services	Daurice Cox	CEO	dcox@batstaecs.org	6174718400
 	Community-based organizations	Quincy Ccommunity Action Programs (QCAP)	Beth Ann strollo	CEO	bastroll@qcap.org	6174798181
 	Community-based organizations	Baystate Community Health Services	Patricia jZio	Program Director	pzio@baystatecs.org	6173884849
 	Community-based organizations	Domestic Violence Ended,inc. (DOVE)	sue Chandler	Executive Director	sue.chandler@dovema.org	6177704065
 	Social Services	Wellspring Multiservice Center	Vinny Hart	President and CEO	vinny@wellspringmultiservice.org	7818000246
 	Social Services	South Shore Community Partners in Prevention (SSCPP)	Michael Jackman	Chairman	michael.jackman@mail.house.gov	5088366306
 	Social Services	Blue Hills Community Health Alliance	Ashley Stockwell	Program Director	astockwell@baystatecs.org	6174718400
 	Social Services	Blue Hills Community Health Alliance	Kym Williams	Consultant/Program Director	kwilliams@baystatecs.org	6174718400

8a. Community Health Initiative

For Tier 2 and Tier 3 CHI Projects, is the the Applicant's CHNA / CHIP Advisory Board the same body that will serve as the CHI advisory committee as outlined in the Table 1 of the Determination of Need Community-Based Health Initiative Guideline (<http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-chi-planning.pdf>)?

☐ Yes ☐ No

9. Engaging the Community At Large

Thinking about the extent to which the community has been or currently is involved in the SSH 2019 CHNA, please choose one response for each engagement activity below. Please also check the box to the left to indicate whether that step is complete or not. (For definitions of each step, please see pages 12-14 in the *Community Engagement Standards for Community Health Planning Guidelines* <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>).

	Inform	Consult	Involve	Collaborate	Delegate	Community - Driven / -Led
<input checked="" type="checkbox"/> Assess Needs and Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please describe the engagement process employed during the "Assess Needs and Resources" phase.	South Shore Health actively engages the community through CBAC, Combating Homelessness, Brazilian Community Health Project.					
<input checked="" type="checkbox"/> Focus on What's Important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please describe the engagement process employed during the "Focus on What's Important" phase.	South Shore Health engages and collaborates with the community for all community based programs. Program such as the Brazilian Community Health Project and Combating Homelessness demonstrate the movement toward Community-Driven/Led as SSH provides the facilitation as the community leaders and experts drive the program.					
<input checked="" type="checkbox"/> Choose Effective Policies and Programs	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please describe the engagement process employed during the "Choose Effective Policies and Programs" phase.	South Shore Health demonstrates the involvement of the community with programs such as Stop the Bleed, and Just Look. Combating Homelessness applied for Grants that would have upstream impact especially with Policies and Programs, this demonstrated strength and more collaboration and Community Driven participation.					
<input checked="" type="checkbox"/> Act on What's Important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please describe the engagement process employed during the "Act on What's Important" phase.	Strong community collaboration is evident as South Shore Health works with the community to create and strengthen programs such as supporting PAARI and Baystate Community Services through the South Shore Behavioral Health Grant process.					
<input checked="" type="checkbox"/> Evaluate Actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Please describe the engagement process employed during the "Evaluate Actions" phase.	The South Shore Behavioral Health Initiative demonstrates the Community Driven/Led focus of the committee, South Shore Health facilitates but the committee/community members drive the oversight of the grants and other community projects.					

10. Representativeness

Approximately, how many community agencies are currently involved in SSH 2019 CHNA within the engagement of the community at large?

30 Agencies

Approximately, how many people were engaged in the process (please include team members from all relevant agencies and independent community members from the community at large)?

160 Individuals

Please describe the diversity of the people who have been engaged in the process both within the CHNA/CHIP Advisory Committee and the community at large. Explicitly describe how the process included diverse representation from different groups/individuals with varied gender, sexual orientation, race/ethnicity, disability status, international status and age. Please see page 10 and Appendix A of the *Community Engagement Standards for Community Health Planning Guideline* (<http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>) for further explanation of this.

South Shore Health has diligently worked with the communities served to create a true representation within the CHNA/CHIP Advisory Committee. With the assistance of the advisory committee South Shore Health plans to outreach to other community members with varied gender, sexual orientation, race/ethnicity, disability status, international status and age. A mixture of Grass Top and Grass Roots provided the voice of the "ordinary" community representative with the connections and expertise of organizations and decision makers in the community.

Four towns within South Shore Health's service area have a high percentage of Foreign-Born Residents, specifically notable for Chinese, Portuguese and Spanish. The most common languages in Quincy and Randolph are Chinese, Vietnamese, and Indo-European languages. This accounts for 37% in Quincy, Randolph at 38% and Sharon, 28% which closely mimics Randolph's composition.

Philip Chong is both a formal and informal leader in the community, and a member of the Community Advisory Committee, as the leader of Quincy Asian Resources Inc., what was primarily an organization supporting the Asian population has grown to meet the growth of other immigrant communities in and around Quincy. With QARI's help South Shore Health reaches the growing Russian, Vietnamese, Indian and Brazilian communities.

Lola Tom was a member of the Advisory Committee as a member of the Asian Community and consultant for the Asian Community on the South Shore.

South Shore Health has been working with a large Brazilian Community on the South Shore, many non-English speaking/early adopters of the English language. Heloisa Carvalho, a key informant in the interview process, has worked as the community liaison along with the Pastor of the local church. The community is represented by all age groups from young parents to older adults, both male and female.

Cynthia Sierra represented Manet Community Health Center (CHC) as a key informant in the interview process. Manet CHC works with people with varied gender, sexual orientation and disability status.

Other community benefit organizations lead by both male and female continue to reinforce the voice of the community, especially the voice not always heard, Interfaith, Wellspring Multi-service Center, Quincy Community Action Programs (QCAP), Weymouth Food Pantry and Domestic Violence Ended (DOVE) all had information and a voice through the process either as an interview informant, advisory council or survey process.

To ensure those struggling with Substance Use Disorder (SUDS) are heard, John Rogers from Police Assisted Addiction and Recovery Initiative (PAARI) is an active voice on the Advisor Committee.

Dr. Paul Watanabe, PhD, Director of the Institute for Asian American Studies at University of Massachusetts Boston, provides a powerful voice as a member of the Advisory Steering Committee and ensures that we continue to have a true representation of our community as we move forward.

Please describe the type of representation that was/is employed in the community engagement process and the rationale for that type of representation. For more information on types of representation and representativeness, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines* (<http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>). Please include descriptions of both the Advisory Board and the Community at large.

South Shore Health employed a more Grass Top approach during the community engagement process, by working with individuals with direct links to organizations and people that make decisions and have direct knowledge of the communities strengths and challenges provided valuable information and insight during the process.

Representation for the advisory board and community engagement process is representative of the community and the organizations that provide advocacy and representation for the community. The people and organizations on the advisory board demonstrate a strong understanding of the community, the diversity, challenges and barriers that exist impeding equity across the board. South Shore Health worked to create a board that represents expertise and community links that connect advocacy and action.

Weymouth Schools are represented with early childhood education and with the community outreach liaison. Because of the sharing of information and collaboration with Weymouth Schools the impact of 40 different spoken languages in the school is known and the impact discussed. Maura Perez, Principal Johnson Early Childhood Center/CFCE plays an active role in the community engagement process.

Walter Sweeney, Chief of Police in Hanover participated in the interview process, it was felt with the epidemic in Substance Use Disorder and the work represented by Police Assisted Addiction and Recovery Initiative (PAARI) a voice from law enforcement should be represented.

With consensus that there is a strong network of service providers, advocates and task forces to work with those struggling

with Mental Health Disorders and/or Substance Use Disorders (p. 33) representation on the Advisory Committee, Interview Process and Surveys should be strong: Organizations such as Aspire, Manet CHC, Bay State Community Health Center, Father Bill's & MainSpring and Quincy Community Action Program needed to be included.

Community based organizations that focus on Social Determinants of Health (SDOH) such as Health Imperatives, QCAP, Bay State Community Health Services, Interfaith and Wellspring provide service to the most vulnerable, including food/housing insecurity, Mental Health Support/advocacy, fuel and other assistance and are very aware of the challenge and barriers that exist in the community. Brockton (29%) and Randolph (13%) have a significantly high percentage of the population received Food Stamps/SNAP compared to the Commonwealth overall (13%).

Transportation, Health Literacy and Housing were a dominant theme through the interview and forum meetings (p.23) and process validating the Advisory, Key Informant Interview and Survey recipients.

Manet Community Health Center (CHC) (represented by Cynthia Sierra) is a federally funded health center meeting the health needs of the most vulnerable, Manet CHC is an advocate for the under served.

Organizations such as Father Bill's Mainspring (John Yazwinski) and representation from municipal planning boards such as the Quincy Housing Authority (represented by Melissa Horr) provide the expertise around housing, housing insecure and the homeless population and the many barriers faced accessing healthcare.

Plymouth County Outreach is an evidence based successful way for law enforcement to work with those struggling with SUDS, providing recovery support. South Shore Health also supports the program through a grant to PAARI, part of PCO project. Representatives from the three Community Health Network Associations (CHNA-20, 22,23) provide representation at the very local level.

To your best estimate, of the people engaged in SSH 2019 CHNA
number of individuals.

approximately how many: Please indicate the

Number of people who reside in rural area

5

Number of people who reside in urban area

75

Number of people who reside in suburban area

80

11. Resource and Power Sharing

For more information on Power Sharing, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines* (<http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>).

By community partners, we mean agencies, organizations, tribal community, health departments, or other entities representing communities.

By Applicant partners, we mean the hospital / health care system applying for the approval of a DoN project

	Community Partners	Applicant Partners	Both	Don't Know	Not Applicable
Which partner hires personnel to support the community engagement activities?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who decides the strategic direction of the engagement process?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who decides how the financial resources to facilitate the engagement process are shared?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who decides which health outcomes will be measured to inform the process?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Transparency

Please describe the efforts being made to ensure that the engagement process is transparent. For more information on transparency, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines*.

Many community members that are part of the Advisory Committee also have important roles in the South Shore Health initiatives. Examples:

Every effort is made to ensure the engagement process is transparent. An example of the transparency for engagement, strategic decision making and monitoring of financial resources is the South Shore Behavioral Health Initiative (SSBHI). The SSBHI is community driven, facilitated by South Shore Health that developed the South Shore Behavioral Health Grant project. The committee developed the grants, the award (with South Shore Health DoN money through the Critical Care Expansion project), reviewed, awarded and now monitors the process of the grant projects.

The Homeless Committee is led by South Shore Health but the committee decides direction, if funding is granted the committee as a whole will decide how to use the funding and strategically manage the course of the committee. Strong community engagement has been demonstrated even with increased challenges over the past year.

South Shore Health works with the Brazilian Community, the project is the Brazilian Health Project, (mostly Portuguese Speaking as a primary language) and is a committee designed and managed by consensus the a member of the Brazilian Community working as a liaison to meet the needs of the community. Funding is through South Shore Health and English Second Other Languages (ESOL) through a partnership with Jewish Vocational Services (JVS) was initiated through the Brazilian Community as a need.

13. Formal Agreements

Does / did the SSH 2019 CHNA have written formal agreements such as a Memorandum of Agreement/ Understanding (MOU) or Agency Resolution?

- ☐ Yes, there are written formal agreements ☒ No, there are no written formal agreements

Did decision making through the engagement process involve a verbal agreement between partners?

- ☒ Yes, there are verbal agreements ☐ No, there are no verbal agreements

In a few sentences, can you describe the nature of the verbal agreement?

The verbal agreement is to be engaged, transparent, open and responsible. The participants agree to recuse themselves if there exist a conflict of interest. All community members agree to respectful discussion and resolution should conflict or disagreement exist.

14. Formal Agreement Specifics

Thinking about your MOU or other formal agreement(s), does it include any provisions or language about:

	Yes	No	Don't Know	Doesn't Apply
Distribution of funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Written Objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Clear Expectations for Partners' Roles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Clear Decision Making Process (e.g. Consensus vs. Voting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Conflict resolution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Conflict of Interest Paperwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

15. Document Ready for Filing

When the document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit. Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to DPH" button.

This document is ready to file: ☐

Date/time Stamp:

E-mail submission to DPH

E-mail submission to
Stakeholders and CHI Advisory Board

When providing the Stakeholder Assessment Forms to the community advisory board members (individuals identified in Section 8 of this form), please include the following information in your correspondence with them. This will aid in their ability to complete the form:

- A) Community Engagement Process: SSH 2019 CHNA
- B) Applicant: South Shore Health System, Inc.
- C) A link to the DoN CHI Stakeholder Assessment