**Contributors:** Antonia Blinn, BS, CPHQ, LSSBB; Elizabeth Pinto, MPH; Pia Markkanen, ScD, MSc; Rachel Lee, BS; Emily Song, BS; and Hae-In Kim, MPH

**Suggested Citation:** Massachusetts Department of Public Health, Scan of Community Health Improvement & Community Health Implementation Plans from Across Massachusetts, 2019 – May 2023, August 2023. May 2024.

***Executive Summary***



**Introduction:** As part of the State Health Assessment (SHA) and State Health Improvement Planning (SHIP) processes, the Massachusetts Department of Public health (MDPH) collected and analyzed community health improvement and community health implementation plans from health systems, hospitals, organizations, and municipalities across the state. These community health improvement and implementation plans provide an opportunity to discover health and racial equity needs in the various populations serviced by the individual hospital systems Furthermore, they provide an opportunity to develop and implement strategies that bring improvements in systems and structures, including access to care specifically to historically marginalization populations. Utilizing qualitative and quantitative data, community health improvement and community health implementation plans were analyzed for the identification of priority health needs. The purpose of this analysis was to ensure that the SHA includes most of the key health issues identified in these documents.

**Methods:** Community health improvement and implementation plans completed between 2019-2023 were collected through the Massachusetts Attorney General’s Annual Community Benefits Reports search tool known Community Health Improvement Plans from previous year analysis, and Google searches. Exclusion criteria were established so that specialty hospitals and those health systems serving many out of state populations were excluded. The documents fitting the inclusion criteria were compiled into a data base for review and analysis. The final database includes the review of 52 documents.

Each document was read and coded using NVIVO, a qualitative data analysis software. The final merged analysis was completed using NVIVO version 14, released in 2023. For coding, a pre-determined coding system was applied (i.e., deductive coding). The highest levels of “parent” nodes, or key words and phrases, included the following: (i) Priority Needs Areas, (ii) Priority Populations, and (iii) Racial Equity. In total 52 different documents -- comprising in total about one thousand pages -- were coded using NVIVO Software. Coding reports were generated for high and medium levels of racial health equity content.

**Results:** The 52 analyzed documents cover most municipalities in Massachusetts. Table 1 lists the parent and their first-level child nodes and number of documents these nodes are coded.

**Coded Key Words and Phrases Identified from the 52 Analyzed Documents:** The appendix shows the three sets of key words or phrases and the number of documents where each key words were coded. These are considered nodes. Out of the Priority Needs areas the ten child nodes with the greatest number of documents coded were as follows (number of documents coded): mental health-behavioral health (52), alcohol and substance use (50), chronic disease (42), housing (40), poor nutrition (39), cancer (29), homelessness (26), poverty (25), youth development (24), and lack of physical activity (22). For the Priority Populations parent node, the top seven child nodes were: youth (38), elderly-aging population (34), individuals who do not speak English (31), individuals with mental illness (23), individuals experiencing homelessness (22), immigrants (18), and violence survivors (17). For the Racial Equity parent node, three categories were established to characterize the strength of racial equity in the documents. There were 29 documents categorized as low strength of racial equity, 18 categorized as medium strength of racial equity, and 13 categorized as high strength of racial equity.

**Conclusions and Recommendations:** MDPH aims to advance racial equity throughout the Commonwealth. Community Health Assessments (CHA), Community Health Improvement Plans, and Community Health Implementation Plans (CHIP) describe the status of health in their respective communities. As understanding of populations evolve, future CHAs and CHIPs have the opportunity to address inequities and racism more explicitly. The analysis identified the top priority needs areas that the State Health Assessment (SHA) should include (Appendix A). The analysis also revealed which priority populations communities and health systems are focused on and should be considered when putting the SHA together (Appendix B).

MDPH recommends the following ways to include racial equity in these types of future improvement and implementation plans:

* Provide specific interview guidance.
* Provide racial equity training.
* Recommend community-level interventions.
* Perform regular analysis of demographics and social determinants of health data.
* Share data on priority populations.

**Suggestions for next analysis:**

* Begin with a list of priority populations.
* Similar NVIVO versions.
* Consistent quality checks of the analysis.
* Establish a quick tips & tricks guide to NVIVO.
* Increase community engagement particularly with priority populations.
* Take goals and activities from the MDPH [Strategic Plan to Advance Racial Equity.](https://www.mass.gov/doc/2024-strategic-plan-to-advance-racial-equity/download)

The information gathered through this analysis will inform the 2024 Massachusetts SHA and SHIP.