

Partners HealthCare System, Inc.
Massachusetts General Physicians Organization - Assembly Row
Determination of Need – Community Health Initiative
Community Engagement Plan Form Supplement

A. Background Information: Determination of Need – Community Health Initiative Processes

The Community Health Initiative (“CHI”) processes and community engagement for the proposed Determination of Need (“DoN”) Project¹ will be conducted by Cambridge Health Alliance (“CHA”). Over the last two years, Partners HealthCare System, Inc. (“Applicant”) through the Massachusetts General Hospital’s Center for Community Health Improvement (“CCHI”) has developed a close partnership with CHA on addressing social determinants of health needs, community health needs assessments (“CHNAs”) and community health improvement plans (“CHIPs”). Currently, CCHI partners with CHA on the North Suffolk CHNA-CHIP Collaborative, as well as the Malden-Everett CHNA-CHIP Collaborative. These opportunities for collaboration have allowed the relationship between CHA and CCHI to flourish. Consequently, given that CHA has the equivalent of a CHNA in place for the City of Somerville, as well as the Hospital’s strong commitment to community engagement and investment, the Applicant is requesting that CHA carry out the CHI processes for the Proposed Project.

B. Community Engagement through the Community Health Needs Assessment

The CHI for the Proposed Project is a Tier 2 and follows the processes set forth in the *Determination of Need – Community Based Planning Guideline*, as well as the *Community Engagement Standards for Community Health Planning Guideline* (“Guidelines”) for such initiatives. *Assessing the Needs and Resources*: As outlined in the submitted Community Engagement Plan Form, during CHA’s most recent community health needs assessment (“CHNA”) processes, the hospital carried out robust community engagement to access the needs and resources of Somerville. In fact, CHA has recently coordinated and completed a multi-phase community assessment including the Wellbeing of Somerville Report 2017 engagement process (2016-2018 CHNA phase) followed by CHA’s Strategy for a Healthy Somerville 5-year community health improvement planning process (2018-2019 CHIP phase).

Through these processes, CHA engaged the community in multiple ways. First, community stakeholders were engaged in focus groups, such as the By All Means Community Cabinet, the Early Childhood Advisory Council, the Immigrant Service Providers, the Shape Up Somerville Steering Committee, the Somerville Youthworkers Network and an informal gathering of Somerville senior providers. These sessions provided valuable insights and feedback, as well as questions to assist in the direct exploration of data and recommendations. Second, in April 2017, over 80 community members spent an evening together to provide diverse perspectives on the most pressing issues impacting the health of Somerville residents across the lifespan. During this community meeting, local residents provided recommendations to improve the health of all residents. Third and finally, agency and community partners also served as readers and editors of the Wellbeing of Somerville Report 2017 to ensure both accuracy and accessibility of the data and information contained in the report.

¹ The proposed project is for the expansion of MGPO’s existing licensed imaging clinic through the acquisition of three 3T magnetic resonance imaging (“MRI”) units. The MRI units will operate at a new satellite of MGPO’s clinic that will be located at 391 Revolution Drive, Store 1126, Somerville, MA 02145.

Community engagement is a key element of CHA's CHNA, including the aforementioned efforts which involved approximately 1,679 people in exploring questions of how to improve the health of residents of Somerville. Overall, to assess the needs and resources of the community, CHA developed a survey for resident completion (receiving 1,022 surveys); 133 residents participated in focus groups; 31 stakeholders participated in interviews and 493 people attended community meetings and listening sessions. Accordingly, CHA was able to reach the "involve" level of community engagement for this aspect of the CHNA.

Focusing on What's Important: Through CHA's engagement processes, the community meetings and listening sessions included opportunities for discussion on what the community identified as the most important concerns and hopes for the community. During these meetings there were opportunities for the community to participate in topic-based discussions to rank the needs and identify specific gaps in services or access. These meeting included rich discussions about race, ethnicity and language and the impact of health disparities on access to care. An equity framework was introduced at each session to ensure an understanding of access issues.

To develop the CHIP, CHA carried out prioritization processes with local residents and agencies. Priorities that arose consistently throughout the Wellbeing assessment process (CHNA) included:

- Mental Health issues (including depression, anxiety, suicidality, social isolation)
- Substance Use (Opioids, Alcohol);
- Obesity/Nutrition and Physical Activity and related chronic diseases (diabetes and heart disease); and
- Social Determinants of Health (affordable housing, food access, employment/jobs, access to early education and care, etc.).

The process of assessment continued with the development of the CHIP. In regard to the social determinants of health, stress was identified as the major outcome of a lack of access to necessary resources. CHA's Strategies for a Healthy Somerville (CHIP) echoed needs identified through the Somerville assessment, including:

- Access to Healthcare, including urgent care access, navigation supports and education to address health literacy challenges;
- Increased Access to Mental Health and improved continuum of care for Substance Use Treatment;
- Social Determinants of Health (housing, education, access to healthcare) and connections to population health goals such as stress, healthy child development, obesity and equity & inclusion for all
- Better leverage technology to improve customer service and strengthen the continuum of care.

C. Additional Community Engagement

Although CHA has engaged in robust outreach and community engagement during the assessment phase, after discussions with staff at the Department of Public Health ("Department"), including Ben Wood, Director of the Division of Community Health Planning and Engagement, around the aforementioned community engagement efforts, it was determined that this CHI process would benefit from additional engagement around the social determinants of health, specifically the impact of these health influencers on Somerville's priority health needs – mental health and substance use disorders. Consequently, CHA is agreeing to carry out three

additional community meetings that bring together local stakeholders, experts and residents to discuss the impact of social determinant of health issues on mental health and substance use disorders.

In compliance with the Guidelines, these community meetings will allow CHA staff to meet with local stakeholders, including community-based organizations, residents, local public health staff, and providers to hear first-hand about personal experiences and receive additional input and feedback on these health influencers and their impact on mental health and substance use. Furthermore, these community meetings will be facilitated by a facilitator/evaluator to ensure that the meetings are aligned and carried out with a health equity focus, ensuring an appropriate “community voice” on social determinants of health. Upon completion of these meetings, CHA staff will meet with the facilitator/evaluator to determine if additional data review or other engagement is necessary around the social determinants of health and their impact and influence on mental health and substance use. Ultimately, this additional engagement will allow CHA to further engage the local community on the *Assess the Needs and Resources* and *Focus on What’s Important* phases of the CHNA/CHIP processes to allow the Community Advisory Committee to more effectively carry out the *Choose Effective Policies and Programs* and *Act on What’s Important* phases, which are outlined in the Community Engagement Plan Form.

D. Revised Timeline for Community Engagement Activities

Given the implementation of additional community engagement, the CHI Timeline of Activities is revised as follows:

- One – three months post-approval: CHA carries out additional engagement meetings around the social determinants of health and their impact on mental health and substance use disorders.
- Three months post-approval: The CHA Community Advisory Committee will begin meeting and reviewing the 2017-2019 Wellbeing of Somerville Report, as well as lessons learned from the additional engagement meetings to commence the process of selecting Health Priorities.
- Four – five months post-approval: The CHA Community Advisory Committee has determined Health Priorities and Strategies for funding and submits the Health Priorities and Strategies Form to the Department.
- Six – seven months post-approval: The Allocation Committee is developing the RFP process and/or potentially some other transparent process for funding distribution and determining how this process will work in tandem with CHA’s current grant efforts.
- Eight – nine months post-approval: CHA will seek to work with an evaluator that will serve as a technical resource to grantees.
- Ten months post-approval: The RFP for funding is released.
- Eleven months post-approval: Bidders conferences are held on the RFP.
- Twelve months post-approval: Responses are due for the RFP.
- Fifteen months post-approval: Funding decisions are made, and the disbursement of funds begins.
- Eighteen months post-approval: Evaluator will begin evaluation work.

The aforementioned process is longer than the process outlined in the DoN Guidelines for Tier 2 projects. However, given CHA’s previous experience with RFP processes, staff feel strongly that it will take ten months to develop an RFP process that is transparent, fair and appropriate.

E. Administrative Monies

Applicants submitting a Tier 2 CHI are eligible for a three percent (3%) administrative fee. Accordingly, CHA is requesting \$22,475.35 in administrative funding. These monies are critical in developing a sound CHI process that complies with the Department of Public Health's expectations. These monies will pay for additional engagement activities, including interpreters (as needed) at community meeting, food, etc.; reporting and dissemination of promising practices and lessons learned; facilitation support for the Advisory Committee and Allocation Committee; costs associated with the development of communication materials and placement of procurement information in community newspapers, as well as offset the costs associated with the development and implementation of the RFP process. CHA also intends to use some administrative monies to hire a part-time community health worker ("CHW"), ideally with language and cultural capacity to assist with organizing the community engagement meetings, outreach to community-based organizations and stakeholders, etc.

F. Evaluation Overview

CHA is seeking to use 10% of local CHI funding for evaluation efforts. These monies will allow the Hospital to engage its own evaluation staff, as well as a third-party evaluator to carry out technical assistance and ensure appropriate evaluation of the CHI-funded projects.