

CCHC Responses to DoN Questions 3.19.26

1. Does CCHC participate in AHA's 123 Health Equity Pledge and if so what does that entail?

In addition to language access, please provide a description of additional programs/initiatives that CCH is engaged in to address identified health disparities and SDOH in the region.

Response

1. The AHA pledge came out in late 2015 and CCHC participated in 2016. As part of the Pledge, CCHC participated in a project to provide interpreters to paramedics and fire stations on the Cape. Since that project, CCHC has submitted roadmap assessments in 2022 and 2024, and has participated in and submitted the AHA health equity and inclusion survey as requested.
2. Cape Cod Healthcare maintains a system-wide health equity strategy grounded in multidisciplinary collaboration, data-driven identification of disparities, staff and patient education opportunities, and continuous evaluation using quality-improvement methods. Health equity efforts are embedded into organizational governance, quality and safety strategy, enterprise dashboards, and ongoing communication with leadership, staff, and the community.

Below is high-level overview of the specific work, initiatives, and events CCHC has done as part of its health equity strategy.

A. Implementation Activities

1. Baseline demographic and social needs data validation: Improving the accuracy and completeness of demographic and social needs data collection.
2. Patient education on data collection: Educating patients on why demographic and social data are collected and how they support equitable care.
3. Staff training in equity-related competencies: Ongoing and annual training in bias, microaggressions, cultural and structural competence, trauma-informed care, disability-competent care, and LGBTQ+ care.
4. Health Equity Committee with community partners: Convening an internal committee that includes representation from community organizations.
5. Health equity embedded in Quality, Safety, and Patient Experience strategy: Integration into Quality Whiteboard activities and the Patient Complaint Committee.
6. Enterprise-wide health equity scorecard: Inclusion of health equity metrics on organizational dashboards.

B. Clinical/Operational Initiatives

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1. Sexual Orientation and Gender Identity (SOGI) Screening: Routine SOGI screening for admitted patients to reduce data gaps, Epic workflow enhancements, staff training, and patient self-entry through MyChart.
 2. “We Ask Because We Care” Campaign: Public education campaign, including a 90-second video explaining why demographic and SOGI data are collected.
 3. Haitian-Creole Language Services: Hiring of an in-person Haitian Creole interpreter to supplement existing audio and video interpreter services.
 4. Enhanced Care Management for Blood Pressure Disparities: Targeted outreach to patients with uncontrolled blood pressure, phone system changes to improve patient contact, and education for referring physicians.
 5. Health Literacy Screening: Implementation of a standardized single-item health literacy screening for all admitted patients.
 6. Home Blood Pressure Machine Provision: Distribution of free home blood pressure cuffs to financially insecure patients, expanded to Emergency Department and ambulatory settings, with streamlined Epic ordering.
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C. Disability-Focused Initiatives

1. Disability Referral Pathways (CORD partnership): Development of inpatient referral pathways and consultations with Cape Organization for the Rights of the Disabled (CORD) to support more informed discharge planning.
 2. Disability Accommodations Screening Redesign: Revision of disability screening questions and response options based on patient feedback and data analysis.
 3. Disability Care Referral System: Expanded referral pathways and Epic directory integration for disability-related discharge support.
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D. Maternal and Behavioral Health

1. Culturally Aligned Pregnancy Peer Support (Doula) Program: Training culturally aligned doulas to support non-English-speaking pregnant patients.
2. Maternal Health Equity / Aspirin for Pre-eclampsia Initiative: Development of Epic-based screening tools and automated clinical decision support.
3. Prenatal Wellness Alliance of the Cape and Islands engagement: Discussions informing maternal health equity efforts and identification of doula service gaps.

4. Behavioral Health / Trauma Service Access: Collaboration with a local nonprofit to improve access to trauma recovery and behavioral health services.
 5. Sharing Kindness engagement: Presentation to the Health Quality and Equity Committee focused on youth behavioral health needs.
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E. Education and Culture-Building Events

1. Community Ambassador Program: Launched in 2024, with ambassadors representing historically underinvested communities and participating in community engagement events.
 2. Human Library Event: On-site educational program for staff focused on unconscious bias, cultural competency, immigrant health needs, and understanding underinvested communities.
 3. Fenway Health collaboration: Input and training resources to support LGBTQ+ staff education.
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F. External Community Engagement Events and Partnerships

1. Latin X in Action engagement: Meetings to better understand immigrant community health needs.
 2. NAACP Cape Cod presentation (September 2024): Presentation of Cape Cod Healthcare's health equity work and community feedback collection.
 3. Barnstable No Place for Hate presentation (November 2024): Community engagement and listening sessions.
 4. Canaan Seventh Day Adventist Haitian Church engagement: Ongoing outreach and a women's health education session held January 17, 2026.
 5. Igreja Presbyterian Brasileira Do Cape Cod engagement (December 21, 2025): Community outreach and needs assessment.
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2. The alternative below notes a limited number of FTEs are required. Please provide additional information as to how many staff, their levels (Technician, admin etc.) and the projected annual cost of staffing.

Alternative Operating Costs: Operating costs are likely to be similar to the Proposed Project, but could be significantly higher than the Proposed Project if the additional MRI machine is placed at a satellite location that does not currently provide MRI, which would require hiring a full complement of new staff for the MRI machine, rather than limited need for additional full-time employees under the Proposed Project.

Response

To staff an MRI at a satellite without an existing MRI service, the hospital would need to hire:

2.4 FTE Receptionists

3.8 FTE Technologists

1.4 FTE Tech Aides

This would staff the MRI service Sun- Sat from 630a-1030p and would cost \$580,320 annually.

Re-activating the MRI will require an additional two FTE tech aides. The Hospital anticipates these shifts will be covered by existing staff by adjusting hours and schedules.