Organization Information

Organization Name:	Faulkner Hospital
Address:	1153 Centre Street
City, State, Zip:	Boston, Massachusetts 02130
Website:	http://www.brighamandwomensfaulkner.org
Contact Name:	Tracy Mangini Sylven, MCHES, CHC
Contact Title:	Director of Community Health and Wellness
Contact Department (Optional):	Brigham and Women's Faulkner Hospital
Phone:	(617) 983-7451
Fax (Optional):	Not Specified
E-Mail:	tsylven@bwh.harvard.edu
Contact Address: (Optional, if different from above)	
City, State, Zip: (Optional, if different from above)	,

Organization Type:	Hospital
For-Profit Status:	Not-For-Profit
Health System:	Mass General Brigham
Community Health Network Area (CHNA):	Alliance for Community Health (Boston/Chelsea/Revere/Winthrop)(CHNA 19),
Regions Served:	Boston, Boston-Hyde Park, Boston-Jamaica Plain, Boston-Roslindale, Boston-West Roxbury,

Mission and Key Planning/Assessment Documents

Community Benefits Mission Statement:

The Board of Directors, Oversight Committee for Community Health and Wellness, hospital administration, and larger hospital community, are all committed to Brigham and Women's Faulkner's community benefit mission, which is:
- To evaluate the health status of service area neighborhoods of West Roxbury, Roslindale, Hyde Park and Jamaica Plain, and respond to identified needs
- To pay particular attention to health and wellness concerns affecting children in local schools, the elderly, women, and diverse populations who may experience health disparities, among others
- To provide a wide variety of free health screenings and immunizations, health education programs, and other services relating to important health issues affecting communities served
- To seek community participation in and feedback about our community benefits efforts, by involving community members in the hospital's planning and evaluation processes and by keeping the lines of communication open
- To engage in meaningful, active collaboration with a broad range of community residents, schools, service organizations, businesses, government agencies and others, to stay abreast of community needs, and to pool knowledge and resources in addressing those needs
- To periodically review and assess community benefits goals, services, and outcomes to ensure that they remain relevant to issues affecting our communities, and to allocate or reallocate community benefits resources, as needed

Target Populations:

Name of Target Population	Basis for Selection
Brigham and Women's Faulkner's community members with health needs, especially local school children, the elderly, women, and low-income, vulnerable populations	Assessment of quantitative and qualitative data

Publication of Target Populations:

Not Specified

Community Health Needs Assessment:

Date Last Assessment Completed:

2022

Data Sources:

Community Focus Groups, Hospital, Interviews, Other, Surveys, Publicly available data including BRFSS, BPHC, DPH

CHNA Document: BWFH-CHNA-REPORT-2022.PDF

Implementation Strategy:

Implementation Strategy Document: MGB-PUBLIC-CHIP.PDF

Key Accomplishments of Reporting Year:

Various initiatives served thousands of residents during FY2022, including:
- As the COVID pandemic continued and changed, our response changed and altered to the needs of the community. We continued work and focus on equity, increase opportunities for food access, resources and inequities and connections for residents around social determinates of health.
- To reduce barriers and provide the easiest access, we continued the community van model to provide a wide variety of resources and services in the hardest hit neighborhoods, including blood pressure screening, personal care items, warm clothes, antigen test kits, food and much more
- Continued to provide SDOH screening at community locations to assist residents with needs
- Continued to provide food at community locations to address the growing need from impacts of the COVID economy. Food given was grocery bags, fresh produce, hot meals and frozen meals to meet the many different needs of our residents.
- Our partnerships with many community organizations were revitalized as were emerged out of the worst of the pandemic. This allowed us to both provide funding and collaborate on initiatives in areas such as senior health and housing, workforce and economic development, mental health for families, cardiovascular health and youth engagement.

Plans for Next Reporting Year:

In 2022, we conducted a collaborative community health needs assessment in Boston. This comprehensive, inclusive work was resident and community organization driven. The priorities were identified by data, focus groups, interviews, input and prioritization by the community. It was no surprise that the priorities had not changed from our last community health needs assessment and we will continued to work on these areas in the next 3 years and the impacts that COVID has had on all of them and exasperated them.
The five priority areas are:
1. Housing
2. Financial Stability and Mobility
3. Access (food, services, transportation, healthcare, etc)
4. Behavioral Health (mental health and substance use)
5. Chronic Disease and Healthy Living

Additionally, Brigham and Womenâ€™s Faulkner Hospital has been working with through the CHI process for the DoN. Our Advisory Committee has identified Behavioral Health as the are of focus with the following strategies:
- Increase CHWs & Recovery Coaches: Increase the pool of Community Health Workers and Recovery Coaches with specialized mental health/substance use training who represent low-income, immigrant, LGBTQ, seniors, and/or communities of color.
- Access to community behavioral health services in the community through partnerships with community-based organizations.
- Specialists in the Boston Housing Authority & Schools: Explore funding to place behavioral health specialists in every Boston Housing Authority and Boston Public School site
We will continue the process with our Allocation Committee and work to engage the community to identify organizations interested in working on the priorities and strategies in our neighborhoods.

Self-Assessment Form: Hospital Self-Assessment Form - Year 1

Community Benefits Programs

Chronic Disease and Wellness

Program Type Total Population or Community-Wide Interventions

Program is part of a grant or funding provided to an outside organization No

Program Description Based on data and need, we provide education, screening and resources and support to the community in various settings around chronic disease (including diabetes, hypertension and heart disease).

Program Hashtags Community Education, Health Screening, Prevention,

Program Contact Information Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide cardiovascular screenings and education to the community at a variety of accessible locations.	Ongoing	Outcome Goal	Year 3 of 3

EOHHS Focus Issues Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,

DoN Health Priorities N/A,

Health Issues Chronic Disease-Cardiac Disease, Chronic Disease-Diabetes, Chronic Disease-Hypertension,

Target Populations

- **Regions Served:** Boston-Hyde Park, Boston-Jamaica Plain, Boston-Roslindale, Boston-West Roxbury,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** Adults, Elderly,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
American Diabetes Association	Not Specified

Community Food Insecurity

Program Type Total Population or Community-Wide Interventions

Program is part of a grant or funding provided to an outside organization No

Program Description BWFH participates and has leadership roles in several organizations and community driven grassroots initiatives addressing food insecurity. This collaboration allows us to better serve our community based on direct feedback, support community initiatives and work directly with residents and organizations on the ground.

Program Hashtags Community Education, Health Screening,

Program Contact Information Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide food resources to neighborhoods and locations with greatest need. Connect residents to	Ongoing	Outcome Goal	Year 3 of 3

SNAP, WIC and other food pantries and food options.			

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Nutrition,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Food for Free Boxes	https://foodforfree.org
Church of the Holy Spirit	Not Specified
City of Boston Housing Authority	Not Specified
YMCA of Greater Boston - Huntington Ave Branch	Not Specified
Cradles to Crayon	Not Specified

Cultural Competency

Program Type Community-Clinical Linkages

Program is part of a grant or funding provided to an outside organization No

Program Description Training and education for staff awareness and knowledge of cultural competency to ensure the best care for patients.

Program Hashtags Health Professional/Staff Training,

Program Contact Information Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide education to all staff on cultural competency to ensure awareness, education and understanding on how to best deliver care and communicate with patients and community members.	Ongoing	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Social Determinants of Health-Racism and Discrimination,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** All,

- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Elder Health

Program Type Community-Clinical Linkages

Program is part of a grant or funding provided to an outside organization No

Program Description Faulkner screens and educates the community about heart disease, hypertension and diabetes.

Program Hashtags Community Education, Health Professional/Staff Training, Prevention,

Program Contact Information Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide programming for elders with community partners to better serve needs of our seniors.	Ongoing	Outcome Goal	Year 3 of 3

EOHHS Focus Issues Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,

DoN Health Priorities N/A,

Health Issues Chronic Disease-Cardiac Disease,

Target Populations

- **Regions Served:** Boston-Dorchester, Boston-Hyde Park, Boston-Jamaica Plain, Boston-Mattapan, Boston-Roslindale, Boston-West Roxbury,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Adults, Elderly,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
ESAC	Not Specified
Ethos	Not Specified
Parkway YMCA	Not Specified
City of Boston - Commission on Elderly Affairs	Not Specified

ESAC Senior Housing Partnership

Program Type Total Population or Community-Wide Interventions

Program is part of a grant or funding provided to an outside organization No

Program Description With ESAC, BWFH provides support to give elders an opportunity to stay in their homes and not be displaced. Services offered include access to low cost loans, minor repairs and accommodations to make living safe and accessible.

Program Hashtags Health Screening,

Program Contact Information Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide seniors with resources and accommodations in their homes to allow residents to stay in their homes safely and not move to an assisted or senior housing facility.	Ongoing	Outcome Goal	Year 3 of 3

EOHHS Focus Issues Housing Stability/Homelessness,

DoN Health Priorities Housing,

Health Issues Injury-Home Injuries, Other-Senior Health Challenges/Care Coordination, Social Determinants of Health-Affordable Housing, Social Determinants of Health-Environmental Quality,

Target Populations

- **Regions Served:** Boston-Hyde Park, Boston-Jamaica Plain, Boston-Roslindale, Boston-West Roxbury,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Elderly,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
ESAC	Not Specified

Food Insecurity

Program Type Access/Coverage Supports

Program is part of a grant or funding provided to an outside organization No

Program Description Provide food and resources (SNAP, WIC, food pantry, etc) to residents who screen or identify as food insecure. Work is done in partnership with community refrigerators, food pantries and other local partners to access residents and reduce barriers.

Program Hashtags Community Education, Prevention,

Program Contact Information Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide food at various locations and refrigerators for better access to food for those neighbors in need. Respond to community voices, neighborhood needs and residents.	Ongoing	Outcome Goal	Year 3 of 3

EOHHS Focus Issues Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,

DoN Health Priorities N/A,

Health Issues Chronic Disease-Diabetes, Chronic Disease-Hypertension, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Nutrition,

Target Populations

- **Regions Served:** Boston-Dorchester, Boston-Hyde Park, Boston-Jamaica Plain, Boston-Mattapan, Boston-Mission Hill, Boston-Roslindale, Boston-Roxbury,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Off Their Plate	Not Specified
Hyde Park Main Street	Not Specified

Food Insecurity, Healthy Eating and Active Living

Program Type Access/Coverage Supports

Program is part of a grant or funding provided to an outside organization No

Program Description Nutrition education and nutrition health coaching focuses on helping people understand the complexity of nutrition and helping families and individuals make good choices. Events include supermarket tours, cooking classes, diabetes education, wellness challenge, health coaching for target populations etc. Food insecurity screening with targeted populations for identifying and providing stipend. Food insecurity education to hospital staff and physicians to create greater awareness of what food insecurity is and its impact on our community.

Program Hashtags Community Education, Prevention,

Program Contact Information Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
"Provide food insecurity and nutrition education to staff, clinicians for better understanding. Provide food access to patients and community. Provide stipends to those screened and in need of food resources Make connections to support and resources, such as food banks, distributions and SNAP/WIC applications. Be a part of the larger food landscape in Boston for a better connection and understanding of the needs to be addressed Continue to expand upon what we are doing each year and provide more assistance and support to all in our community and patients"	Ongoing	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities N/A,

Health Issues Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Nutrition,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Fresh Truck Partnership

Program Type Access/Coverage Supports

Program is part of a grant or funding provided to an outside organization No

Program Description With the Fresh Truck and Fresh Connect, BWFH provides stipends to those who screen positive for food insecurity. Participants can shop at market stops or at Stop and Shop for fresh fruits and vegetables.

Program Hashtags Community Education,

Program Contact Information Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Identify and provide food insecure families with a Fresh Connect stipend for fresh fruits and vegetables.	Ongoing	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Built Environment,

Health Issues Chronic Disease-Diabetes, Chronic Disease-Hypertension, Social Determinants of Health-Access to Healthy Food,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Fresh Truck	Not Specified

Guardianship

Program Type Community-Clinical Linkages

Program is part of a grant or funding provided to an outside organization No

Program Description This program provides guardianship assistance to patients that are in need of assistance.

Program Hashtags Support Group,

Program Contact Information Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
As part of an effort to provide essential services to patients in need, BWFH provides guardianship assistance	Ongoing	Outcome Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Health Behaviors/Mental Health-Mental Health, Other-Senior Health Challenges/Care Coordination, Social Determinants of Health-Income and Poverty,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Adults, Elderly,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Hyde Park Food Pantry

Program Type Total Population or Community-Wide Interventions

Program is part of a grant or funding provided to an outside organization No

Program Description Collaboration with the Hyde Park Food Pantry to provide resources to assist the best access to the neighborhood to healthy food.

Program Hashtags Prevention,

Program Contact Information Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide support and funding to the Hyde Park Food Pantry for more access and resources to the food pantry in our primary service area	Ongoing	Outcome Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Social Determinants of Health-Access to Healthy Food,

Target Populations

- **Regions Served:** Boston-Hyde Park,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Hyde Park Emergency Food Pantry	Not Specified

Interpreter Services

Program Type Community-Clinical Linkages

Program is part of a grant or funding provided to an outside organization No

Program Description This program assures access to quality health care for non-English speaking and deaf and hard of hearing patients and families by providing language interpretation and translation of key health care documents.

Program Hashtags Community Education,

Program Contact Information Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide interpreter services to all those that request it in all areas of the hospital, including the private physician office suites and other unrequired areas for continuity of care and seamless care at the campus.	Ongoing	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities N/A,

Health Issues Social Determinants of Health-Access to Health Care, Social Determinants of Health-Language/Literacy,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

JPNDC

Program Type Access/Coverage Supports

Program is part of a grant or funding provided to an outside organization No

Program Description In partnership with JPNDC, BWFH provides support and access to clients for job access, training, reduces barriers and allows for greater access to financial security and mobility.

Program Hashtags Community Education,

Program Contact Information Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
With partner JPNDC, establish workforce partnership to provide residents with better access to jobs at BWFH. The partnership will allow for training, reducing barriers such as child care and transportation as well as increased awareness, application assistance, resume building, and more.	In progress	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Employment,

Health Issues Social Determinants of Health-Education/Learning,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Adults,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Jamaica Plain Neighborhood Development Corp	Not Specified

JVS Nursing Partnership

Program Type Access/Coverage Supports

Program is part of a grant or funding provided to an outside organization No

Program Description Nursing partnership with Jewish Vocational Services to provide a pathway for nurses to have access to jobs at BWFH at an entry level position with support from JVS. Committed to working with diverse populations and providing opportunities that may not have otherwise been available.

Program Hashtags Community Education,

Program Contact Information Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
With the nursing department and JVS, identify residents who want to	Ongoing	Process Goal	Year 3 of 3

train to be a nursing assistant and provide guidance, training and help to reduce barriers to allow for greater access to the education. Once they have gone through the program, BWFH provides a position and on the ground training for better chance of success.			

EOHHS Focus Issues N/A,

DoN Health Priorities Employment,

Health Issues Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Adults,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Jewish Vocational Services	Not Specified

Mass General Brigham â€“ Access to Care and Services

Program Type Access/Coverage Supports

Program is part of a grant or funding provided to an outside organization No

Program Description In FY22, Mass General Brigham began implementation of system-wide strategies that address needs prioritized by our hospitals Community Health Needs Assessments, focus on leading causes of death and health inequities, and build on the long history of impactful programs across our system. Our work to improve access to care and services focuses on partnerships with community health centers, bringing care into the community, and supporting organizations and policies aimed at reducing access barriers.

Program Hashtags Community Education, Health Screening, Prevention,

Program Contact Information Tavinder Phull, MPH, MBA, Vice President, Community Health Regulatory

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Increase access to care and services in Mass General Brigham CHNA prioritized communities.	Partnered with the Mass League of Community and provided support to Community Health Centers serving Mass General Brigham CHNA prioritized communities.	Process Goal	Year 1 of 3
Increase access to care and services in Mass General Brigham CHNA prioritized communities.	Launched Mass General Brigham Community Care Van Program in Boston, Chelsea, Revere, Lynn, and Salem.	Process Goal	Year 1 of 3
Increase access to care and services in Mass General Brigham CHNA prioritized communities.	Supported statewide advocacy organizations working to reduce barriers to accessing care and services.	Process Goal	Year 1 of 3

EOHHS Focus Issues Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Housing Stability/Homelessness, Mental Illness and Mental Health, Substance Use Disorders,

DoN Health Priorities N/A,

Health Issues All health issues

Target Populations

- **Regions Served:** All Massachusetts,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Hospitality Homes	Not Specified
Health Care for All	Not Specified
Health Law Advocates	Not Specified
Mass League of Community Health Centers	Not Specified
Health Care Without Walls	Not Specified
Lynn Community Health Center	Not Specified
Codman Square Health Center	Not Specified
DotHouse Health	Not Specified
Whittier Street Health Center	Not Specified
Dimock Center	Not Specified
North Shore Community Health	Not Specified
County of Duke's County	Not Specified
The Pine Street Inn	Not Specified
Uphams Corner Health Center	Not Specified
New Commonwealth Fund	Not Specified
Louis D. Brown Peace Institute	Not Specified

Mass General Brigham â€" Mental Health, Behavioral Health, and Substance Use

Program Type Total Population or Community-Wide Interventions

Program is part of a grant or funding provided to an outside organization No

Program Description In FY22, Mass General Brigham began implementation of system-wide strategies that address needs prioritized by our hospitals Community Health Needs Assessments, focus on leading causes of death and health inequities, and build on the long history of impactful programs across our system. Our work in mental health, behavioral health and substance use disorder focuses on expanding the behavioral health workforce with a focus on provider diversity; and increasing access to behavioral health and substance use disorder services and treatment.

Program Hashtags Community Health Center Partnership, Health Professional/Staff Training, Physician/Provider Diversity, Prevention,

Program Contact Information Tavinder Phull, MPH, MBA, Vice President, Community Health Regulatory

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Expand the behavioral health workforce with a focus on provider diversity	Established partnerships with educational institutions in increase the BH workforce pipeline.	Process Goal	Year 1 of 3
Expand the behavioral health workforce with a focus on provider diversity	Established partnerships with community health centers to expand and retain diverse BH workforce.	Process Goal	Year 1 of 3
Increase access to behavioral health and substance use disorder services and treatment.	Partnered with community-based organizations and providers to expand access to services.	Process Goal	Year 1 of 3

EOHHS Focus Issues Mental Illness and Mental Health, Substance Use Disorders,

DoN Health Priorities N/A,

Health Issues Health Behaviors/Mental Health-Depression, Health Behaviors/Mental Health-Mental Health, Substance Addiction-Opioid Use, Substance Addiction-Substance Use,

Target Populations

- **Regions Served:** All Massachusetts,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
The Italian Home for Children	Not Specified
NAMI Mass	Not Specified
Mass Association for Mental Health (MAMH)	Not Specified
Mass League of Community Health Centers	Not Specified
Roxbury Presbyterian Social Impact Center	Not Specified
Golden Age Center	Not Specified
William James College	Not Specified
RIZE MA	Not Specified
Quincy College School of Nursing	Not Specified
Bridgewater State School of Social Work	Not Specified
Salem State School of Social Work	Not Specified
Bunker Hill Community College	Not Specified
U of Mass School of Nursing	Not Specified

Mass General Brigham â€“ Nutrition Equity

Program Type Total Population or Community-Wide Interventions

Program is part of a grant or funding provided to an outside No

organization

Program Description In FY22, Mass General Brigham began implementation of system-wide strategies that address needs prioritized by our hospitals Community Health Needs Assessments, focus on leading causes of death and health inequities, and build on the long history of impactful programs across our system. Our work in Nutrition Equity focuses increasing 1) access to nutritious food, 2) community educational opportunities related to nutrition, and 3) SNAP and WIC enrollment.

Program Hashtags Community Education, Health Screening, Prevention,

Program Contact Information Anne Fox, Senior Program Manager, Community Health

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Increase SNAP and WIC enrollment.	Established a Nutrition Equity Working Group that meets monthly to discuss and implement strategies for improvement.	Process Goal	Year 1 of 3
Increase access to nutritious food.	Provided support to food pantries and other community food resources in increase food access.	Process Goal	Year 1 of 3
Support community educational opportunities related to nutrition.	Supported the development of teaching kitchens and learning hubs in MGB priority communities.	Process Goal	Year 1 of 3

EOHHS Focus Issues Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,

DoN Health Priorities N/A,

Health Issues Chronic Disease-Cardiac Disease, Chronic Disease-Diabetes, Chronic Disease-Overweight and Obesity, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Nutrition,

Target Populations

- **Regions Served:** All Massachusetts,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Community Servings, Inc.	Not Specified
The Food Bank of Western MA	Not Specified
My Brother's Table	Not Specified
La Colaborativa	Not Specified
About Fresh	Not Specified
Salem Pantry Inc	Not Specified

Patient Care Associate (CNA) Training Program/ DTA Works-Health Care Administrative Support Training Program, Environmental Service Worker Training Program

Program Type Total Population or Community-Wide Interventions

Program is part of a grant or funding provided to an outside organization No

Program Description To serve low-income community residents more effectively, as well as meet the demand for critical hard-to fill roles in healthcare during the COVID-19 crisis, we continued collaborating with community-based organizations and state agencies to create and conduct pipeline

training programs for Mass General Brigham. This partnership model allowed us to increase the number of individuals we recruit and serve, as well as to create stronger talent pipelines thanks to the deep community connections of our CBO partners. To follow safety protocols, all training sessions were switched to the remote/blended format.

Patient Care Associate (PCA) Training Program is a 7-week free, training/employment program for community residents to train as a Patient Care Associate in acute care and receive placement assistance in permanent PCA positions at Brigham and Womenâ€™s Hospital. The program was developed by Mass General Brigham Workforce Development in collaboration with HEART Consortium/Center for Community Health Education and Research and Service (CCHERS), Laboure College, as well as Brigham Health Talent Acquisition and Workforce Development. The syllabus is comprised of online clinical instruction, in-person skills practice sessions, as well as clinical training at Brigham and Womenâ€™s Hospital. The job readiness component is facilitated by Mothers for Justice and Equality and includes such topics as trauma informed job readiness, financial literacy, transitioning to hierarchical hospital employment, managing home-work balance. HEART/CCHEERS instituted a robust outreach and recruitment program to identify individuals who live in the target area (residents of public and publicly assisted housing living along the Southwest Corridor from Chinatown through the South End and Roxbury into Mission Hill and out to Jamaica Plain and Roslindale). HEART worked in collaboration with MGB and Brigham Health Workforce Development, Human Resources and Nursing teams to screen and assess potential applicants for PCA training, and participate throughout the decision-making process for enrollment, recognizing that MGB/Brigham Health has ultimate decision-making responsibility for each training enrollee in accordance with its policies and procedures, and as the potential employer for training candidates.
DTA Works â€“ Health Care Administrative Support Program was offered in partnership with the Massachusetts Department of Transitional Assistance and Project Hope. It prepares recipients of Transitional Aid to Families with Dependent Children (TAFDC) for successful entry or re-entry into the workforce through mentorship, a 6-week virtual job readiness training, and up to 6 months paid by the State internships within MGB. Successful program graduates are provided post-internship job placement assistance services and on-the-job support.
Health Care Environmental Service Worker Training Program is a 4-week intensive online training designed by BEST Hospitality Training in partnership with MGB Workforce Development and MGB Talent Sourcing Team to meet the growing need for environmental service aides during the COVID-19 crisis. Conducted by Best Hospitality Training, this program focuses on topics such as healthcare workplace environment/environmental service aide position and terminology, chemical safety, illness prevention, ergonomics, HIPAA, communication skills, customer service, conflict resolution, professionalism, interview skills and resume writing, and computer skills. Upon completion, program participants are assisted with placement in environmental service aide roles at MGB and other Boston area healthcare organizations.
While we do not run PCWD program internally any longer, we continue working with the PCWD alumni to provide them with on the job assistance and academic/professional development coaching services.
Foreign-Trained Health Care Professionals Program
The Foreign-Trained Health Care Professionals Program is a new initiative created to assist underemployed foreign-trained incumbents within Mass General Brigham, as well as external low-income internationally educated health care professionals interested in employment within MGB. We provide one-on-one career counseling, job search assistance, as well as assistance with foreign degree evaluation and US credentialing process.

Program Hashtags Mentorship/Career Training/Internship,

Program Contact Information MJ Ryan, Sr Director of Workforce Development and Economic Opportunity, Elena Kuyun, Workforce Development Manager

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide low-income community residents with training, career coaching/case management, internships and job placement	We ran a cohort of 10 students between March 28 and May 13, 2022, and 8 were hired into permanent roles within BWH. We also placed all 9 graduates from the 9-week Patient Care Technician Pilot with Jewish Vocational Service into Patient Care	Process Goal	Year 1 of 3

services which offer family- sustaining wages, generous benefits, and opportunities for advancement within Mass General Brigham while meeting managersâ€™ needs for highly skilled employees.	Technician positions with MGH and BWH hospitals. DTA Works â€“ Health Care Administrative Support Program 10 students started the DTA Works training on September 12, 2022 and will be placed into their internships with MGH and BWH Departments in January of 2023. Health Care Environmental Service Worker Training Program trained 7 participants between October 2021 and March 2022 and 2 graduates were placed into permanent roles within MGB. The training numbers for this program started to decline as hospitality industry was actively recruiting the BEST program graduates again. We do not expect to run another cohort with the BEST Corp in the foreseeable future. Foreign-Trained Health Care Professionals Program served 16 individuals (career counseling, resume critique, job interview preparation, job search assistance, foreign degree evaluation). Five of them were placed into permanent positions.		
Connect program graduates to Partners HealthCare and affiliate-based Workforce Development programs and resources	Connect program graduates to Partners HealthCare and affiliate-based Workforce Development programs and resources. Graduates are eligible to participate, after meeting employer-specific criteria, in onsite career development classes and initiatives from educational opportunities to advanced clinical training, career and academic coaching, and leadership development. Onsite classes offered within various MGB member institutions include English for Speakers of Other Languages (ESOL); Adult Basic Education (ABE); pre-college; computer skills; management & leadership training as well as specific clinical & non-clinical advanced training opportunities. After six months of employment, graduates seeking career advancement opportunities are referred to the Mass General Brigham Career Coach who works with them one-on-one to set personal and professional goals and guide them as they work towards them. Community program graduates are also offered resources to advance in their career through Mass General Brigham Advancing Careers Through Education Program, which includes assessment, academic, and college readiness support. During the period from FY10 through FY22, 82 PCWD graduates enrolled in the Partners HealthCare Online College Preparation Program (OCPP) and other online programs, designed to help individuals navigate the online learning environment. Online educational options help to increase access to higher education for working adults. From FY14 to June of FY22, 27 PCWD graduates participated in College for America (CfA), and are currently enrolled in online, competency-based, AA degree, BA degree and Certificate programs.	Process Goal	Year 1 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Employment,

Health Issues Social Determinants of Health-Education/Learning, Social Determinants of Health-Homelessness,

Target Populations

- **Regions Served:** All Massachusetts,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** Adults, Teenagers,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Project Hope	www.prohope.org
MA Department of Transitional Assistance	https://www.mass.gov/orgs/department-of-transitional-assistance
BEST Hospitality Training	https://besthtc.org/evsinfo/
Center for Community Health Education Research and Service/HEART	https://www.cchers.org/
Arican Bridge Network	https://africanbn.org/

Refrigerator Partnerships

Program Type Access/Coverage Supports

Program is part of a grant or funding provided to an outside organization No

Program Description Partnership with 5 community refrigerators to provide support, delivery and collaboration to better meet the needs of the community around food access and security in a way that reduces barriers and preserves dignity.

Program Hashtags Prevention,

Program Contact Information Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide food to fill community refrigerators for increased access to residents in need. Additionally, provide funding to support the efforts of the refrigerators for things like shelter builds, equipment, stipends for volunteers, etc.	Ongoing	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Built Environment,

Health Issues Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Nutrition,

Target Populations

- **Regions Served:** Boston-Dorchester, Boston-Hyde Park, Boston-Jamaica Plain, Boston-Mattapan, Boston-Roslindale,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Community Refrigerators	Not Specified

SDOH Screening and Resource Connection

Program Type Total Population or Community-Wide Interventions

Program is part of a grant or funding provided to an outside organization No

Program Description Embedded in the community to provide SDOH screening and resource connection to underserved neighborhoods and residents. Provide linkages to social services, application assistance for social aid programs and necessary goods and food.

Program Hashtags Community Education, Health Screening, Prevention,

Program Contact Information Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Screen residents for SDOH and provide resource connection to social services.	Ongoing	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Social Determinants of Health-Access to Health Care, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Access to Transportation, Social Determinants of Health-Affordable Housing, Social Determinants of Health-Domestic Violence, Social Determinants of Health-Environmental Quality, Social Determinants of Health-Income and Poverty, Social Determinants of Health-Uninsured/Underinsured,

Target Populations

- **Regions Served:** Boston-Dorchester, Boston-Hyde Park, Boston-Jamaica Plain, Boston-Mattapan, Boston-Mission Hill, Boston-Roslindale, Boston-Roxbury,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Cradles to Crayon	http://cradlestocrayons.org/
City of Boston Office of Food Access	Not Specified
City of Boston Housing Authority	Not Specified
Brookside Community Health Center	Not Specified

Social Determinants - Brigham and Women's Faulkner Hospital Certified Application Counselors

Program Type Access/Coverage Supports

Program is part of a grant or funding provided to an outside organization No

Program Description Brigham and Women's Faulkner Hospital Certified Application Counselors (CACs) provide information about the full range of insurance programs offered by EOHHS and the Health Connector. Our CACs help individuals complete an application or renewal; work with the individual to provide required documentation; submit applications and renewals for the Insurance Programs; interact with EOHHS and the Health Connector on the status of such applications and renewals; and help facilitate enrollment of applicants or beneficiaries in Insurance Programs.

Program Hashtags Health Professional/Staff Training,

Program Contact Information Tina Tavares

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide information about the full range of insurance programs offered by EOHHS and the Health Connector.	CACs served patients who needed assistance with their coverage	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities N/A,

Health Issues Social Determinants of Health-Access to Health Care, Social Determinants of Health-Income and Poverty, Social Determinants of Health-Language/Literacy, Social Determinants of Health-Uninsured/Underinsured,

Target Populations

- **Regions Served:** Boston-Hyde Park, Boston-Jamaica Plain, Boston-Roslindale, Boston-West Roxbury,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Health Care for All	https://www.hcfama.org/
Mass Health	http://www.mass.gov/eohhs/gov/departments/masshealth/
Massachusetts Health Connector	https://betterhealthconnector.com/
Massachusetts Hospital Association	https://www.mhalink.org/
Massachusetts League of Community Health Centers	http://www.massleague.org/

Social Determinants - Income and Poverty

Program Type Access/Coverage Supports

Program is part of a grant or funding provided to an outside organization No

Program Description Develop an employment partnership to build a pipeline of entry level employees to increase financial security and allowing for increased access to stable jobs.
Providing low income families with support and education to become more financially secure and knowledgeable.

Program Hashtags Mentorship/Career Training/Internship,

Program Contact Information Tracy Mangini Sylven, MCHES, CHC, Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Assist 100 low income families with establishing financial goals, tracking and reducing expenses, opening a savings account, raising credit scores and enrolling in job related training or education by Partnering with the	In Progress	Outcome Goal	Year 3 of 3

Jamaica Plain Development Corporation.			

EOHHS Focus Issues N/A,

DoN Health Priorities Employment,

Health Issues Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty, Social Determinants of Health-Language/Literacy,

Target Populations

- **Regions Served:** Boston-Dorchester, Boston-Hyde Park, Boston-Jamaica Plain, Boston-Mattapan, Boston-Roslindale,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Adults,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Jamaica Plain Neighborhood Development Corporation	jpndc.org

Social Determinants - Translation and Interpreter Services

Program Type Access/Coverage Supports

Program is part of a grant or funding provided to an outside organization No

Program Description This program assures access to quality health care for non-English speaking and deaf and hard of hearing patients and families by providing language interpretation and translation of key health care documents.

Program Hashtags Physician/Provider Diversity,

Program Contact Information Tracy Mangini Sylven, MCHES, CHC Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
To assure access to quality health care for non-English speaking and deaf and hard of hearing patients and families by providing language interpretation and translation of key health care documents.	In progress	Outcome Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities N/A,

Health Issues Social Determinants of Health-Language/Literacy,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Social Determinants of Health - Education/Learning

Program Type Total Population or Community-Wide Interventions

Program is part of a grant or funding provided to an outside organization No

Program Description Working with the Manning Elementary School in Jamaica Plain and the Grew Elementary School in Hyde Park. Programs are designed to help enrich students' wellness curriculum, encourage early awareness of how to foster good health, and help students deal with outside factors that may interfere with their health. The goal is to foster a sense of community-wide responsibility for the education of youth, provide programming, meet student and teacher needs, support the larger school community, and serve as a resource. Programs include school-wide tasting, food stipends for food insecure families as identified by food screening, comprehensive nutrition and wellness education, all grade levels talks and visits to the hospital on a health/wellness topic, leadership role on Wellness Council, mentoring and advocates for identified students, support and education for physical fitness of students, health coaching and support for health needs of the staff, etc.

Program Hashtags Community Education, Mentorship/Career Training/Internship, Prevention,

Program Contact Information Tracy Mangini Sylven, MCHES, CHC, Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451,

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide monthly stipends for food on the Fresh Truck Market stops, provide nutrition education to students, provide prevention curriculum to all students for better awareness and health, offer support to the school in a variety of ways for better access to students.	Ongoing	Outcome Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Social Environment,

Health Issues Health Behaviors/Mental Health-Physical Activity, Health Behaviors/Mental Health-Stress Management, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Language/Literacy, Social Determinants of Health-Nutrition,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Children,
- **Race/Ethnicity:** All,
- **Language:** English, Spanish,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Joseph P. Manning Elementary School	http://www.boston.k12.ma.us/manning
Grew Elementary School	https://www.bostonpublicschools.org/grew
Fresh Connect	aboutfresh.org

Substance Use and Abuse - Drug Education

Program Type Access/Coverage Supports

Program is part of a grant or funding provided to an outside organization No

Program Description Programming that addresses drug use, education around addiction issues and participation in State wide-efforts for opioid addiction.

Program Hashtags Community Education, Health Screening, Prevention, Support Group,

Program Contact Information Tracy Mangini Sylven, MCHES, CHC, Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451,

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Programming for the safe use and disposal of drugs. Education on the importance of drug reconciliation	Ongoing	Outcome Goal	Year 3 of 3

EOHHS Focus Issues Substance Use Disorders,

DoN Health Priorities Education,

Health Issues Substance Addiction-Opioid Use,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Adults, Children, Teenagers,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Hyde Park YMCA	http://ymcaboston.org/menino
Hyde Park Community Physicians	http://www.brighamandwomensfaulkner.org/programs-and-services/brigham-womens-faulkner-community-physicians/default.aspx
RIZE Massachusetts	rizema.org

Workforce Development

Program Type Total Population or Community-Wide Interventions

Program is part of a grant or funding provided to an outside organization No

Program Description In partnership with Jamaica Plain Neighborhood Development Corporation, BWFH supports a workforce development partnership to provide easier and greater access to jobs and careers at the hospital for residents and clients of JPNDC. Support also helps with addressing barriers to obtaining and thriving in a job, including transportation, child care, job readiness and training, etc.

Program Hashtags Community Education, Mentorship/Career Training/Internship,

Program Contact Information Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal	Time

		Type	Frame
In partnership with the YMCA, provide a resource for patients and community members to have chronic disease management and prevention programming	Ongoing	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Employment,

Health Issues Social Determinants of Health-Access to Transportation, Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

YMCA Chronic Disease

Program Type Community-Clinical Linkages

Program is part of a grant or funding provided to an outside organization No

Program Description With the Parkway YMCA and Menino YMCA, BWFH partners to provide a place for community members and patients to go for further education and intervention around chronic disease. Participants are provided with exercise plans and access to equipment, nutrition support, chronic disease education and a support network.

Program Hashtags Community Education, Health Screening, Prevention,

Program Contact Information Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Promote the program to clinical staff for referrals as well as publicize to the community for self-referral. Offer programming throughout the year.	Ongoing	Process Goal	Year 3 of 3

EOHHS Focus Issues Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,

DoN Health Priorities N/A,

Health Issues Chronic Disease-Cardiac Disease, Chronic Disease-Overweight and Obesity, Health Behaviors/Mental Health-Physical Activity, Social Determinants of Health-Nutrition,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** All,
- **Gender:** All,
- **Age Group:** Adults, Elderly,
- **Race/Ethnicity:** All,
- **Language:** All,

- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Youth Workforce Development

Program Type Total Population or Community-Wide Interventions

Program is part of a grant or funding provided to an outside organization No

Program Description BWFH provides shadow days and summer jobs for youth in Boston in collaboration with BPS and BPIC. This opportunity provides exposure to various health care careers and an opportunity to work at the hospital both for experience as well as income.

Program Hashtags Community Education,

Program Contact Information Tracy Sylven, Director, Community Health and Wellness; 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
With partnership with BPIC and BPS, provide employment and exposure opportunities for BPS youth in the healthcare field for the summer.	Ongoing	Outcome Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Built Environment,

Health Issues Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty, Social Determinants of Health-Racism and Discrimination,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Teenagers,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Boston Private Industry Council	http://www.bostonpic.org/
Boston Public Schools	Not Specified

CHNA-CHIP Collaborative

Program Type Infrastructure to Support CB Collaboration

Program is part of a grant or funding provided to an outside organization Yes

Program Description The Boston CHNA-CHIP Collaborative is an initiative among a number of stakeholders - community organizations, health centers, hospitals and the Boston Public Health Commission - formed to undertake the first city-wide Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) for the City of Boston. This Collaborative aims to achieve the benefits of broad partnership around a Boston-based CHNA and CHIP,

including deeper engagement of key community and organizational stakeholders; enhanced alignment of defined priorities and strategies; maximal allocation of resources; coordination of implementation strategies for collective impact and a healthier Boston.

Program Hashtags Community Education,

Program Contact Information Tracy Mangini Sylven, MCHES, CHC, Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
In 2021, work with the collaborative in the 2022 CHNA and CHIP process of community engagement, data collection and analysis for the purpose of a completed 2022 CHNA/CHIP with set priorities and implementation plan.	In Progress	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities N/A,

Health Issues Cancer-Other, Chronic Disease-Cardiac Disease, Health Behaviors/Mental Health-Mental Health, Other-Senior Health Challenges/Care Coordination, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Access to Transportation, Social Determinants of Health-Affordable Housing, Social Determinants of Health-Domestic Violence, Social Determinants of Health-Education/Learning, Social Determinants of Health-Environmental Quality, Social Determinants of Health-Homelessness, Social Determinants of Health-Income and Poverty, Social Determinants of Health-Language/Literacy, Social Determinants of Health-Nutrition, Social Determinants of Health-Public Safety, Social Determinants of Health-Uninsured/Underinsured, Social Determinants of Health-Violence and Trauma,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Boston CHNA-CHIP Collaborative	www.bostonchna.org

Health Behaviors - Balance Improvement and Fall Prevention among the Elderly

Program Type Total Population or Community-Wide Interventions

Program is part of a grant or funding provided to an outside organization No

Program Description Brigham and Women's Faulkner Hospital has developed a series of programs aimed to educate elderly members of the community to reduce the fear and risk factors around falling. Additionally, a partnership and funding support for seniors to age in place and reduce fall risks was formed for the community.

Program Hashtags Community Education,

Program Contact Information Tracy Mangini Sylven, MCHES, CHC Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Offer at least 4 six week sessions per year for those who self identify or are referred to the program	Ongoing	Outcome Goal	Year 3 of 3
Falls Prevention and Awareness - Provide falls assessments, gait testing and education.	Ongoing	Process Goal	Year 3 of 3
Develop a partnership with ESAC and fund an enhanced home modification program for seniors to better age in place and reduce falls risks in the home through modifications.	Ongoing	Outcome Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities N/A,

Health Issues Health Behaviors/Mental Health-Depression, Injury-Home Injuries, Other-Senior Health Challenges/Care Coordination, Social Determinants of Health-Affordable Housing, Social Determinants of Health-Education/Learning,

Target Populations

- **Regions Served:** Boston-Hyde Park, Boston-Jamaica Plain, Boston-Roslindale, Boston-West Roxbury,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Adults, Elderly,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Parkway YMCA, Hyde Park YMCA,	ymcaboston.org
Boston Housing Authority/elderly housing sites	bostonhousing.org
ESAC	esacboston.org

Health Behavior-Mental Health/Substance Addiction

Program Type Total Population or Community-Wide Interventions

Program is part of a grant or funding provided to an outside organization No

Program Description Brigham and Women's Develop a partnership for children and families who have experienced trauma and behavioral health diagnosis including mental health and substance use.

Program Hashtags Community Education, Support Group,

Program Contact Information Tracy Mangini Sylven, MCHES, CHC, Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
In partnership with Italian Home for Children, develop and implement a program for families with mental health and SUD issues that address	Ongoing	Outcome Goal	Year 3 of 3

the whole family as part of the process.			

EOHHS Focus Issues Mental Illness and Mental Health, Substance Use Disorders,

DoN Health Priorities N/A,

Health Issues Health Behaviors/Mental Health-Depression, Health Behaviors/Mental Health-Mental Health, Social Determinants of Health-Violence and Trauma, Substance Addiction-Substance Use,

Target Populations

- **Regions Served:** Boston-Dorchester, Boston-Hyde Park, Boston-Jamaica Plain, Boston-Mattapan, Boston-Roslindale, Boston-Roxbury, Boston-West Roxbury,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** English, Haitian Creole, Spanish,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Italian Home for Children	Italianhome.org

Chronic Disease - Cardiovascular Wellness

Program Type Community-Clinical Linkages

Program is part of a grant or funding provided to an outside organization No

Program Description As a primary stroke facility, Brigham and Women's Faulkner Hospital provides education to the community about stroke signs and symptoms. While an education campaign is provided year-round, there is a more intensive focus during National Stroke Awareness month, in May. There is also a support group for stroke patients and their caregivers.
Faulkner screens and educates the community about heart disease, hypertension and diabetes.
An expanded partnership with the Parkway and Menino (Hyde Park) YMCA to address chronic disease and cardiovascular disease.

Program Hashtags Community Education, Health Professional/Staff Training, Health Screening, Prevention, Support Group,

Program Contact Information Tracy Mangini Sylven, MCHES, CHC Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
IN 2022, provide education, screenings, outreach and program referrals for cardiovascular health for the purpose of helping community members identify pre-hypertension/pre-diabetes, manage existing conditions and providing resources and education for all, especially those with less access and resources.	In progress	Outcome Goal	Year 3 of 3

EOHHS Focus Issues Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,

DoN Health Priorities N/A,

Health Issues Chronic Disease-Cardiac Disease, Chronic Disease-Diabetes, Chronic Disease-Stroke, Health Behaviors/Mental Health-Physical Activity, Other-Senior Health Challenges/Care Coordination, Social Determinants of Health-Education/Learning, Social Determinants of Health-Nutrition,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** English, Haitian Creole, Spanish,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Hyde Park YMCA	ymcaboston.org/menino
Parkway YMCA	ymcaboston.org/parkway
Elderly housing sites	bostonhousing.org
BWFH Community Physicians	http://www.brighamandwomensfaulkner.org/programs-and-services/brigham-womens-faulkner-community-physicians/default.aspx
Hyde Park YMCA	ymcaboston.org/menino
Parkway YMCA	ymcaboston.org/parkway
Elderly housing sites	bostonhousing.org
BWFH Community Physicians	http://www.brighamandwomensfaulkner.org/programs-and-services/brigham-womens-faulkner-community-physicians/default.aspx

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Chronic Disease - Stroke Support and Awareness

Program Type Community-Clinical Linkages

Program is part of a grant or funding provided to an outside organization No

Program Description As a primary stroke facility, Faulkner Hospital has developed a series of programs aimed to educate the community about stroke signs and symptoms. Additionally, the program offers a unique, ongoing support group for survivors and their families to connect with professionals for resources and information on a variety of topics related to life after stroke.

Program Hashtags Community Education, Health Professional/Staff Training, Health Screening, Prevention, Support Group,

Program Contact Information Tracy Mangini Sylven, MCHES, CHC Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide stroke education and resources to stroke patients and community members to enhance understanding of symptoms, offer a support group for patients and care givers.	Ongoing	Outcome Goal	Year 3 of 3

EOHHS Focus Issues Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,

DoN Health Priorities N/A,

Health Issues Chronic Disease-Cardiac Disease, Chronic Disease-Stroke,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** All,
- **Race/Ethnicity:** All,
- **Language:** English, Haitian Creole, Spanish,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Boston Public Schools	bostonpublicschools.org
Boston Housing Authority	bostonhousing.org
YMCA of Boston	ymcaboston.org

Healthy Eating and Active Living - Encouraging Physical Activity among the Elderly

Program Type Community-Clinical Linkages

Program is part of a grant or funding provided to an outside organization No

Program Description Brigham and Women's Faulkner Hospital has developed a series of programs aimed to encourage members of the community to become more physically active in a safe and social way.

Program Hashtags Community Education, Prevention,

Program Contact Information Tracy Mangini Sylven, MCHES, CHC Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide 10 sessions of nutrition education and active living sessions for better access to the community	Ongoing	Outcome Goal	Year 3 of 3

EOHHS Focus Issues Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,

DoN Health Priorities N/A,

Health Issues Chronic Disease-Cardiac Disease, Chronic Disease-Hypertension, Health Behaviors/Mental Health-Depression, Health Behaviors/Mental Health-Physical Activity, Health Behaviors/Mental Health-Stress Management,

Target Populations

- **Regions Served:** Boston-Dorchester, Boston-Hyde Park, Boston-Jamaica Plain, Boston-Mattapan, Boston-Roslindale, Boston-West Roxbury,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Adults, Elderly,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Parkway YMCA	http://www.ymcaboston.org/parkway

Social Determinants - Free Transportation Program

Program Type Access/Coverage Supports

Program is part of a grant or funding provided to an outside organization No

Program Description Brigham and Women's Faulkner Hospital provides free transportation via a cab voucher or free parking at the hospital which are provided to those who would not otherwise be able to pay or it would act as a barrier to their healthcare access.

Program Hashtags Prevention,

Program Contact Information Tracy Mangini Sylven, MCHES, CHC Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide transportation or transportation support to all those patients that need it at the hospital campus.	Ongoing	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities N/A,

Health Issues Social Determinants of Health-Access to Health Care, Social Determinants of Health-Access to Transportation, Social Determinants of Health-Income and Poverty,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Adults, Elderly,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Social Determinants - Passageway: Domestic Violence Intervention

Program Type Direct Clinical Services

Program is part of a grant or funding provided to an outside organization No

Program Description Passageway is a domestic violence intervention program that assists patients and employees who are unsafe, controlled, threatened or hurt by current or former intimate partners. We develop and support coordinated responses to domestic violence within the hospital and the community. Passageway offers advocacy, training/education, community linkages and evaluation.

Program Hashtags Prevention, Support Group,

Program Contact Information Tracy Mangini Sylven, MCHES, CHC Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame

To provide DV services, counseling, planning, advocacy, and other resources to patients, community members and staff in need who seek services or are referred.	Ongoing	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Violence,

Health Issues Social Determinants of Health-Domestic Violence,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Adults, Elderly,
- **Race/Ethnicity:** All,
- **Language:** All,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Social Determinants - Workforce Development - Youth Success

Program Type Access/Coverage Supports

Program is part of a grant or funding provided to an outside organization No

Program Description Brigham and Women's Faulkner Hospital has developed a series of programs to provide opportunities for elementary, middle school and high school students to gain experience in various departments across the hospital. Students are exposed to different aspects of healthcare which serves two purposes: to help to educate youth and young-adults on current health issues, and to allow participants to explore different career options, which further supports Faulkner Hospital's efforts to improve economic development in its surrounding community. Some of the programs provide paid opportunities and often lead to more permanent positions. Workforce Development - Youth Success programs include: Academic Advocate, Summer Jobs Program, Job Shadow Program, Career Panels and job readiness training events.

Program Hashtags Community Education,

Program Contact Information Tracy Mangini Sylven, MCHES, CHC Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Hire at least 15 summer jobs students and provide at least 2 job shadow programs for students, one clinical and one non-clinical for youth.	On going	Process Goal	Year 3 of 3

EOHHS Focus Issues N/A,

DoN Health Priorities Built Environment,

Health Issues Social Determinants of Health-Education/Learning,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,

- **Age Group:** Children,
- **Race/Ethnicity:** All,
- **Language:** English,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Boston Public Schools	http://www.bostonpublicschools.org
Boston Private Industry Council	http://www.bostonpic.org/

Substance Use and Abuse - NARCAN

Program Type Total Population or Community-Wide Interventions

Program is part of a grant or funding provided to an outside organization No

Program Description A series of NARCAN trainings and education were done in the hospital for staff and visitors. BWFH Pharmacy provided free NARCAN kits to families after admission or visit to ED for substance use.

Program Hashtags Community Education, Health Professional/Staff Training, Prevention,

Program Contact Information Tracy Mangini Sylven, MCHES, CHC, Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide NARCAN education and kits for community residents with interaction to those with a SUD.	Ongoing	Process Goal	Year 3 of 3

EOHHS Focus Issues Mental Illness and Mental Health,

DoN Health Priorities N/A,

Health Issues Substance Addiction-Substance Use,

Target Populations

- **Regions Served:** Boston,
- **Environments Served:** Urban,
- **Gender:** All,
- **Age Group:** Adults,
- **Race/Ethnicity:** All,
- **Language:** English, Haitian Creole, Portuguese, Russian, Spanish,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Hyde Park YMCA	http://ymcaboston.org/menino
AIDS Action Committee	http://www.aac.org/
MA Dept. of Public Health	https://www.mass.gov/orgs/department-of-public-health

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Volunteer Initiative

Program Type Access/Coverage Supports

Program is part of a grant or funding provided to an outside organization No

Program Description	Through long-term and deep partnerships, a volunteer program was initiated in FY19. Designed to better connect staff to our local community organizations, involve them in a deeper understanding of community needs and impact the needs through volunteerism.
Program Hashtags	Health Professional/Staff Training,
Program Contact Information	Tracy Mangini Sylven, MCHES, CHC, Director, Community Health and Wellness Brigham and Women's Faulkner Hospital, 617-983-7451,

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide opportunities for staff to volunteer at community based organizations and partners for better community connection, community awareness and help for the organization.	Ongoing	Outcome Goal	Year 3 of 3

EOHHS Focus Issues	N/A,
DoN Health Priorities	Social Environment,
Health Issues	Other-Cultural Competency,
Target Populations	• **Regions Served:** Boston, • **Environments Served:** All, • **Gender:** All, • **Age Group:** All, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Community Servings	Servings.org
Mary Mulvey Jacobson Families in Need	https://www.facebook.com/pages/category/Nonprofit-Organization/Mary-Mulvey-Jacobsons-Families-in-Need-1946268152292655/
Manning School	bostonpublicschools.org

Expenditures

Total CB Program Expenditure $2,792,872.00

CB Expenditures by Program Type	Total Amount	Subtotal Provided to Outside Organizations (Grant/Other Funding)
Direct Clinical Services	$385,402.00	$305,402.00
Community-Clinical Linkages	$799,615.00	$150,183.00
Total Population or Community-Wide Interventions	$837,954.00	$686,105.00
Access/Coverage Supports	$769,901.00	$104,384.00
Infrastructure to Support CB Collaborations Across Institutions	Not Specified	Not Specified

CB Expenditures by Health Need	Total Amount
Chronic Disease with a Focus on Cancer, Heart Disease, and	$563,101.39

Diabetes	
Mental Health/Mental Illness	$238,955.00
Housing/Homelessness	$114,467.00
Substance Use	$85,198.00
Additional Health Needs Identified by the Community	$1,791,150.61

Other Leveraged Resources	Not Specified

Net Charity Care Expenditures	**Total Amount**
HSN Assessment	$3,312,663.96
HSN Denied Claims	$127,500.79
Free/Discount Care	$130,693.55
Total Net Charity Care	$3,570,858.30

Total CB Expenditures:	$6,363,730.30

Additional Information	**Total Amount**
Net Patient Service Revenue:	$316,331,939.00
CB Expenditure as Percentage of Net Patient Services Revenue:	2.01%
Approved CB Program Budget for FY2023: (*Excluding expenditures that cannot be projected at the time of the report.)	Not Specified
Comments (Optional):	Not Specified

Optional Information

Hospital Publication Describing CB Initiatives:	Not Specified
Bad Debt:	Not Specified
Bad Debt Certification:	Not Certified
Optional Supplement:	MA AGO Community Benefit Reporting Optional Supplement Template Per The Attorney Generalâ€™s Community Benefits Guidelines for Non-Profit Hospitals published in February 2018, hospitals may submit an â€œOptional Supplementâ€□. From the guidelines: â€œThis optional supplement allows for hospitals to provide a brief narrative on how they are leveraging their role as employers, purchasers, investors, and anchor institutions in their communities to advance health equity, reduce disparities, provide support for the social determinants of health in their communities, or advance other elements of their Community Benefits mission.â€□ Additionally, from our conversations directly with the AGO and Webinars they have hosted, our recommendation is that you also: 1. Describe work ongoing from priorities identified in prior CHNAs. For example, cancer screenings or interpersonal violence.

2. Describe work ongoing from priorities areas identified through prior DoN Community Engagement processes.
3. Consider reporting expected direct expenses committed to your Implementation Strategy. This could be the same as the current reporting year direct expense amount, or another amount as determined by your team if that is possible.

The form below is intended to help us collect this information for submission with your report.

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1. Is your hospital engaging in Anchor Institution-related activities?
? No.
? Yes. Please describe any activities your hospital is engaged in that leverages your role as an employer, purchaser, investor, and anchor institution in your CHNA target populations to advance health equity, reduce disparities, or provide support for the social determinants of health.

Click or tap here to enter text.

2. Do you have reportable community benefit activities that are not within one of your current CHNA priority areas?
? No.
? Yes. Please describe the rationale for the inclusion of the(se) area of work. For example: prior CHNA priority; need identified through process other than CHNA (e.g. through partnership with external organization, data surveillance)

Note: You do not need to describe the programming itself as we will capture that in your program reports.

Click or tap here to enter text.

3. Do you have priorities supported by DoN CHI funds that are not priorities in your current CHNA?
? No.
? Yes. Please describe a description of the areas of work.

Note: You do not need to describe the programming itself as we will capture that in your program reports.

Click or tap here to enter text.

4. In responding to COVID, please describe your process for engaging your community/communities in developing responsive programming during the pandemic.

As one of the largest employers in New England, Mass General Brigham, and its founding academic medical centers, BWH and MGH, are committed to leveraging our business practices around inclusive local hiring and workforce development, local and diverse sourcing and place-based investing to tackle underlying causes of poor health outcomes in the communities we serve.
BWFH recognizes the impact of social and economic factors on individual and population health outcomes and provides a number of program and initiatives focused on workforce development as described in other areas of this report.
In FY 22, we continued our active outreach efforts to respond to the most pressing needs of our communities during the COVID-19 pandemic and aftermath as we began to emerge from it. Residents of our priority communities experienced higher rates of infection, hospitalization, and mortality from COVID-19. The prolonged economic and social stress

associated with job loss, also impacted food insecurityand housing instability. Communities of color in our neighborhoods and across the nation continued to be disproportionately impacted. In response, we employed strategies that were culturally responsive and addressed immediate community needs, which included providing free, low barrier COVID-19 testing and vaccination, food resources, screening for social determinants of health needs and targeted referral, distributing assembled care kits (masks, sanitizer and prevention information)as well as other personal care items (diapers/wipes, hygiene products, feminine care products, warm clothes, etc) in our priority neighborhoods. We strengthened partnerships with several community locations and took our mobile van to the sites with resources and services such as blood pressure screening, education and BP cuffs, food, personal care items, screening for SDOH and connection to resources. Additionally on the van, we had our human resources professionals helping residents navigate the job posting and application process, community partners there to help with WIC and SNAP applications and education, substance use disorder education and program awareness and connection, and so much more. This continued presence was impactful for the community and provided a trusting relationship and opportunity for residents to come out and connect, ask for help and get much needed information in a great time of flux and uncertainty. Further, to fulfill its implementation strategy, BWFH will leverage current and future resources to advance its community benefit mission and to address the priority areas identified in the 2023 CHNA/CHIP. BWFH will specifically commit staff and other resources through the Community Health and Wellness Department and other community facing programs. BWFH also commits to continuing and strengthening our community partnerships and collaborations which are essential in reaching hard to reach populations and providing programming to those marginalized populations. In addition, BWFH will leverage future DoN resources to advance its implementation strategy and will do so in partnership with its many community partners.

5. Please provide a description of the â€˜resourcesâ€™ to be committed in the IS submitted with your report.

Click or tap here to enter text.

Would you like to include a $$ amount with this narrative?
? No.
? Yes. Specify amount: _____