Executive Summary: Foster McGaw Application, Massachusetts General Hospital, Boston
Massachusetts General Hospital (MGH), a 1,000-bed tertiary care academic medical center in Boston, MA, was founded in 1811 to care for the sick poor. Commitment to community is in our DNA. This year, we are particularly proud of our evolution and accomplishments as we celebrate the 20th anniversary of the MGH Center for Community Health Improvement (CCHI), founded to collaborate with underserved communities to address social and economic determinants of health, reduce barriers to care for vulnerable populations and promote health equity.

Addressing social determinants of health requires more than medical care in underserved communities where social and economic factors have a greater impact on health status. To do this, MGH has spent the past 20 years building highly engaged partnerships with communities using three approaches: 1) supporting multi-sector coalitions to change policies and systems to reduce substance use and obesity; 2) providing youth opportunities in health and science to promote the critical social determinant of educational attainment; and, 3) reducing social and economic barriers to care for vulnerable patients through community health workers, navigators and outreach programs. Health care cannot tackle these challenges alone, but we can convene key partners and stakeholders from multiple sectors across the community and bring our collective resources to bear.

In 2007, MGH affirmed our community commitment by adding a strong statement to our mission, creating a board committee on community health, and a holding every clinical chief accountable for community engagement. But community became even more firmly woven into the fabric of the institution last year with the hospital's most recent strategic plan. Through our community health needs assessments, communities identified substance use - particularly the opiate epidemic - as their number one health concern. The assessments influenced MGH to develop a comprehensive new clinical initiative designed to transform care for patients with substance use disorders (SUDS). This initiative, spanning from the community to the bedside, became the leading clinical priority of the *entire* hospital's strategic plan, and is the first time in MGH's history that the community determined the hospital's clinical agenda. Our goal is to reduce costs and prevent chronic disease as we focus on better managing the health of populations and controlling health care spending. We are improving community health *and* transforming hospital culture, creating a true integration of community and clinical.

This application focuses on the following five community service initiatives.

- **Preventing and Reducing Substance Use - Revere CARES** is a community-based, multi-sector coalition which works to reduce substance use by changing policies and systems.
- **Healthy Eating/Active Living (HEAL) –** Two coalitions address the obesity epidemic by changing the food and physical environments so that healthy food and physical activity are easier choices.
- **STEM: Developing the Assets of Youth –** MGH youth programs provide opportunities in health and science to low-income, multi-cultural youth to promote educational attainment.
- **Addressing Social Determinants/Improving Access for Vulnerable Patients**- A robust team of community health workers, navigators, home visitors, food security workers, and more reduce barriers for patients at our MGH Chelsea health center.
- **Medical Legal Partnership –** This program, called Legal Initiative for Children (LINC), provides legal representation to MGH Chelsea patients around housing and income benefits, two important social determinants of health.

Overview of the Health Delivery Organization

Founded in 1811 and located in Boston, MA, MGH is a 1,000-bed tertiary care hospital for people from throughout Eastern Massachusetts (about 7% of market share) and the world, and serves as a community hospital to those in its own backyard, particularly in low-income communities north of Boston. A pediatric hospital (MassGeneral Hospital *for* Children) is embedded within the larger hospital. MGH is affiliated with a nursing home.

Each year, MGH admits 48,000 inpatients and has nearly 1.5 million outpatient visits at its main campus, including 290,000 at its comprehensive community health centers in the low –income communities of Charlestown, Chelsea and Revere. The Emergency Department records almost 96,000 visits annually. The hospital is a Level 1 trauma and burn center for adult and pediatric patients.

MGH has the largest hospital-based research program in the country and is a teaching hospital of Harvard Medical School. With approximately 26,000 employees, MGH is the largest private employer in Boston. In fiscal year 2014, the annual net cost of uncompensated care for the hospital and its physicians was more than $55 million, and the unreimbursed cost of caring for patients with Medicaid was $135 million.

In 1994, MGH joined with Brigham and Women's Hospital to form Partners HealthCare, an integrated healthcare delivery system that also includes community hospitals, primary care and specialty physicians, specialty facilities, community health centers and other health-related entities.

Description of Communities Served

The population of metropolitan Boston is almost two million, with about 630,000 residents in the City of Boston. Boston residents are 47% Non-Latino White, 22% Non-Latino Black, 17% Latino, 9% Asian and 4% other. Immense challenges face the communities served by MGH. In 2014, an estimated 22% of Boston residents lived below the Federal Poverty Level (FPL) and from 2012-2013 the city's homeless population grew by 4% to 7,255. An escalating opioid crisis threatens public health and safety. Deaths from opioid overdoses rose 46% statewide from 2013 to 2014. Though health care and biotechnology are major employers in the area, low educational attainment prevents many people from accessing employment in these higher-paying industries. Known for its high cost of living, Boston residents struggle to afford housing and other necessities.

For 20 years, MGH has partnered with Revere, Chelsea, and Charlestown to conduct community health needs assessments to determine their major public health challenges. In 2012, CCHI used the CDC recommended MAPP framework (Mobilizing for Action through Planning and Partnerships) in which assessments are community-driven, involve diverse sectors, and use data from multiple sources. The year-long, highly participatory process was driven by three community-based assessment committees totaling 110 members. The committees reviewed publicly available data, administered quality of life surveys (2,260 respondents, four languages), sponsored three community forums (320 attendees), and conducted 35 focus groups (359 participants, four languages). All three communities identified substance use, particularly opioids and heroin, as their number one priority.

Revere - Founded in 1871, Revere, population 51,755, is located five miles north of Boston. An historically Italian American community, Revere is in transition. While 62% of residents are White and 24% are Latino (up from 9.4% in 2000), 48% of Revere High School students speak a first language other than English, more than 2.5 times the state rate. Fifteen percent of residents live below the FPL compared to 11% statewide. The 2012 assessment identified substance use as the top priority for the community by a significant margin. Other priorities included reducing obesity, developing the assets of youth, and promoting healthy relationships.

Chelsea - With a population of 35,177, Chelsea has long been a gateway city for immigrants from Central and South America and refugees fleeing war and poverty including from Bosnia, Somalia, Afghanistan, and Iraq. Today, 46% of Chelsea residents are foreign born. Just over 62% (up from 28% in 2000) of residents and 81% of public school students are Latino, and 30% of new students are immigrants from 24 countries. Chelsea is one of the poorest communities in the state; more than 24% of residents live below the FPL. Chelsea's per capita income of $18,630 ranks 349th among 351 cities and towns in the state. In the 2012 assessment, Chelsea decided to focus on substance use exclusively.

Charlestown - Charlestown is the second smallest of the City of Boston's 15 neighborhoods with a population of 16,439 and has the greatest income diversity. Charlestown's median income ($76,898) is the highest; yet 17% of residents and 37% of its children live below the FPL, well above Boston's child poverty rate of 28%. An historically White community, Charlestown's minority population in 2010 was 23.5%, up substantially from 4.9% in 1990. In 2012, Charlestown identified substance use, as well as cancer prevention/healthy living, access to care, and educational attainment as its most urgent priorities.

The MGH Story

Overview - MGH's commitment to care for the sick poor has endured since 1811. In 1968, MGH established its first community health center in the Boston neighborhood of Charlestown, and has since founded health centers that provide the full range of primary and specialty care in Chelsea, Revere, and Charlestown in more than 290,000 visits annually. But MGH recognized that while providing high quality clinical care is necessary, it is by no means sufficient to addressing inequities in health status among low-income, diverse populations and in communities with social and economic barriers to health. In 1995, the MGH Center for Community Health Improvement (CCHI) was established to reach outside the walls of the hospital and partner with communities to address social, economic, and environmental obstacles to health and health care. MGH engages in community health improvement not only because it is the right thing to do, but also because it is an essential component of the hospital's strategy to improve the health of populations.

Leadership. CCHI began 20 years ago by partnering to conduct health needs assessments in the three health center communities. We convened leaders of local government, public health, schools, police, community-based nonprofits, faith-based organizations, community development corporations, and community residents. Today, our work is focused on addressing social determinants of health along the Health Impact Pyramid developed by the U.S. Centers for Disease Control & Prevention, using the following three approaches.

Building and Sustaining Multi-Sector Coalitions. CCHI is the "backbone organization" that uses a "collective impact" framework (*Stanford Social Innovation Review*) to support four multi-sector community coalitions that work to prevent and reduce substance use and obesity. CCHI acts as a convener and provides staff, best practices, evaluation services, grant writing, and other resources to support the coalitions' community-based leadership. Each coalition works to change policies and practices to prevent teen substance use, reduce harm from opioids, and improve physical and food environments to make healthy choices easier.

STEM: Developing the Assets of Youth - Educational attainment is one of the most important social determinants of health. MGH has partnered for 25 years with Boston, Chelsea and Revere public schools to provide educational and career opportunities for thousands of youth interested in health and science careers. In 2013-2014 MGH offered these opportunities to 650 young people in grades 3 through college, the vast majority of whom are low-income students of color.

Addressing Social Determinants/Improving Access to Care for Vulnerable Populations - Even when financial barriers to care are removed, social, cultural, linguistic, racial, and socioeconomic barriers can prevent people from seeking care and contribute to inequities in morbidity and mortality. CCHI supports multiple programs that reduce these barriers for vulnerable patients and address their social determinants, including community health workers and navigators, a medical-legal partnership that addresses housing and income benefits, and outreach programs.

Commitment. In 2007, MGH's affirmed its commitment to addressing the social, economic, and environmental determinants of health by making a dramatic change to our mission statement. We integrated community health improvement into the traditional academic medical center mission of providing excellence in patient care, teaching and research: The new mission is:

Guided by the needs of our patients and their families, we deliver the very best health care in a safe, compassionate environment, we advance that care through innovative research and education, and we improve the health and well-being of the diverse communities we serve.

The MGH mission now refers not only to improving the health of MGH patients in diverse communities, but also to improving the health of the entire community, and to addressing the conditions in the community that impact health. As a result of this fundamental change, the MGH Board of Trustees formed a Community Health Committee with membership including five of the 12 non-hospital trustees, MGH president Dr. Peter Slavin, and other hospital leaders. To assure an abiding commitment to the community, Dr. Slavin asked each of the hospital's 19 chiefs of clinical departments to make a meaningful contribution to the community mission, and he holds them accountable at their annual reviews.

Last year the hospital integrated community health even more fully into governance by creating the Executive Committee on Community Health. Other mission components (teaching and research) have long had Executive Committees reporting to a central governing body chaired by the hospital president. Governance of community health is now parallel and equivalent to that of other mission components, sending a strong message that it is highly valued within the institution. The Executive Committee on Community Health is chaired by the chief of medicine and comprised of hospital and community leaders. The newly created position of vice president for community health serves as executive sponsor of the committee.

Partnerships/Community Involvement - Partnerships are fundamental to our guiding principles and drive our priorities and programming. MGH's deepest and most transformational partnerships are with residents and leaders in Chelsea, Revere and Charlestown, including health and human service providers, government, public health, community development corporations and housing authorities, schools, police, and others. We also partner with the Boston Public Schools, the Boys and Girls Clubs of Boston, Boston Health Care for the Homeless, a host of agencies that serve college-bound urban students, and many more. Our community coalitions partner with the MA Department of Public Health and the Boston Health Commission to address substance use, obesity, and home visiting for new and vulnerable mothers, and we participate in the Boston Alliance for Community Health and with neighborhood coalitions and other community partners working to make Boston a healthier, more equitable place to live, play, learn, and work. An MGH physician and CCHI medical director is a member of Massachusetts Governor Charlie Baker's task force on opioid abuse, and we are leadership members of Chelsea Thrives, a collaborative funded by the Healthy Cities initiatives of the Federal Reserve Bank. The MGH vice president for community health chairs the Council of Boston Teaching Hospitals' Community Benefit Committee, currently collaborating with other Boston teaching hospitals on community health needs assessments. MGH is a leader in Boston, Chelsea, and Revere in all conversations improving the health of the community.

Breadth and Depth of Initiatives. Mass General has achieved documented results in addressing major health issues identified by the community (see community service initiatives), and has taken bold new steps to integrate learning from the community into the redesign of care and approach to population health management. During the 2012 community health assessment, Chelsea, Charlestown, and Revere all identified substance use and its impact on quality of life—including perceptions of violence and public safety— as the most urgent public health crisis facing their

communities. Each was harmed by the intensifying opiate epidemic, fueled by the abuse of prescription opioids, escalating to heroin addiction. The Northeast is the epicenter of this epidemic and Boston emergency departments see four times the rate of heroin admissions than their counterparts nationwide. Along with four other identified priorities, (obesity prevention, reducing violence, access to care for vulnerable populations, and youth development), a strategic plan with measurable objectives (based on Healthy People 2020 when possible) and an implementation strategy were developed by the communities and approved by the MGH Board of Trustees in September of 2012.

About this time, MGH launched a hospital-wide strategic planning process organized around the four pillars of the mission. As this was the first strategic plan since community was added to the mission, this was the first time in the institution's history that community health was formally included in strategic planning. The Community Health Strategic Planning committee brought the results of the community health needs assessment to the strategic planning table. The Population Health Management (PHM) committee (charged with improving quality and efficiency via management of patients with chronic diseases and high health care utilization) was intrigued and analyzed data on inpatients where a substance use disorder was among the diagnoses. The committee found that these patients had higher costs, longer lengths of stay, and higher 30-day readmission rates, outcomes for which the hospital is increasingly accountable through risk-based contracting and accountable care organizations. In fact, the PHM Committee discovered that 29% of patients already enrolled in the high risk program had a substance use disorder that contributed to challenges in managing their care.

The result was a comprehensive new initiative, developed jointly by the PHM and Community Health strategic planning committees, to build on existing community-based prevention programming and transform the design of clinical care for patients with substance use disorders. The plan's clinical goal is to advance care from treatment of the acute medical complications of substance use to management of the chronic disease of addiction, in much the same way that other chronic conditions like diabetes and hypertension are managed. These sweeping recommendations, including recovery coaches, a specialized inpatient consultation team, outpatient services and connection to community supports, were approved by the MGH leadership and the Board of Trustees and emerged as *the leading* clinical initiative of the new hospital strategic plan, marking the first time that MGH's clinical priorities were so clearly community-driven. This also marked the first time that MGH is addressing an issue along all levels of the Health Impact Pyramid from primary community-based prevention, to early intervention and treatment, to chronic disease management. This was a milestone in integrating community and clinical. As we improve community health we are transforming hospital culture.

Sustainability. In addition to the unreimbursed costs of care described above, MGH invests more than $15 million in community programs, not accounting for the new substance use disorder initiative (annualized at about $2.5M) or the clinical department contributions. In total and according to the Massachusetts Attorney General's definition, MGH's investment in community benefits is 5.4% of patient care related expenses. An additional $2 million in grants and gifts is also raised to supplement, never supplant, our ongoing investment to the community. The investment of MGH has leveraged millions in federal and state grants into communities; police, schools, fire, housing authorities, mental health providers and others have all received grants as a result of their engagement in the community coalitions. Finally, the work is designed to build community capacity and leadership and to change policies and systems, all of which lead to sustainability.

Community Service Initiative 1: Collaborating to Prevent Substance Use

Overview. Revere CARES is a community coalition founded in 1997 as a result of CCHI's first community assessment. With staff, financial and other support from MGH, it has engaged multiple sectors including city government, schools, police, faith, public health, housing, business, health and human service providers, the community development corporation, parents, and youth to successfully advocate for policy, systems and environmental change to reduce and prevent alcohol, tobacco and other drug use, and opioid addiction and overdose among teens and young adults. We support a similar coalition in Charlestown, both of which have provided the foundation of the hospital's new SUDS initiative.

Assessment data in the late 1990s revealed spiking rates of tobacco, alcohol and marijuana use among teens. A pervasive lack of hope, powerlessness, and a negative self-image had settled over the community. Revere's substance abuse crisis exploded in 1998 when six young adults died from drug overdoses and again in 2001 when Revere Police picked up 100 youth for underage drinking. The community mobilized through Revere CARES and responded with multiple strategies to build on the community's assets and reduce risk factors, including: a first ever after-school program to provide positive alternative activities for youth; a social marketing campaign that encouraged thousands of parents to know where there kids are, with whom, and when they'll be home; changes in school, police and liquor licensing policies; medication take back events and much more.

Starting in 2004, Revere CARES responded to the rapidly increasing opiate epidemic by obtaining funding for an adolescent treatment program, launching an annual memorial vigil for those lost to drugs and alcohol to reduce stigma, successfully advocating for Revere firefighters to be the first in the state to carry Narcan (which reverses overdoses), revising the opioid prescription policy at MGH Revere Health Center that also informed a new policy for all of MGH Primary Care, and obtaining financial support for a drop-in center for those struggling with addiction. In 2009 Revere CARES was recognized with the CADCA (Coalition of Anti Drug Coalitions of America) Got Outcomes award for its contributions to significant reductions in key indicators of teen substance use as measured by the Youth Risk Behavior Survey (YRBS).

Impact. According to the YRBS between 1999 and 2013, the percent of youth using alcohol in the past 30 days has declined from 59% to 37%. Binge drinking declined from 41% to 20%, and cigarette use from 37% to 12%. These reductions and others are statistically significant even when controlling for race, gender, age and number of years in the U.S. The number of deaths involving one or more opioids has declined (2009: 15 deaths, 2010: 10 deaths, 2011: 8 deaths—preliminary data) and between January 2013-October 2014 Narcan reversed 105 overdoses.

Lessons Learned/Future Goals. MGH has learned that working together *with* the community, rather than doing *for* the community, builds local capacity and increases sustainability of successful initiatives. Our future goals are to strengthen local leadership to continue to reduce opioid use and its negative consequences

Past Fiscal Year Operating Expenses/Funding. Total FY2014 operating expenses were approximately $250,000, funded by MGH. Revere Police and Fire Departments, Revere Public Schools, the City of Revere, the Revere Journal, and North Suffolk Mental Health Associates make additional in kind contributions.

Community Service Initiative 2: Health Eating/Active Living.
Overview. Healthy Chelsea and Revere on the Move (ROTM), founded in 2010 and 2008, respectively, are citywide, multi-sector coalitions that are changing the food and physical environments so that healthy choices about eating and active living are easier to make. With the support of CCHI, these coalitions of local government, schools, businesses, residents, youth and others are making policy, systems, and environmental changes.

Changing the Built Environment/Increasing Physical Activity/Impact. ROTM worked with the City of Revere to create a bicycle network, while partnering with WalkBoston to create a 1.8 mile walking trail and conduct a "walkability audit" that resulted in traffic-calming measures and designation as a Safe Routes to School initiative. City planning departments in both communities have engaged residents in landscaping parks. Pediatrics practices at MGH Revere and Chelsea partnered with the Appalachian Mountain Club's (AMC) Outdoors Rx program to write "prescriptions" for physical activity, and AMC provides family activities in local parks. Playworks' Recess 360 model has been adopted in four Chelsea schools to use daily recess for fun and vigorous physical activity, and Chelsea launched Fit Minutes, adding daily fitness breaks for 3,000 students. Both Healthy Chelsea and ROTM participate in *Mass in Motion,* a MA Department of Public Health network that provides training, analysis of city-specific health outcomes, and information sharing.

Changing the Food Environment/Impact. The Chelsea Youth Food Movement advocates for better nutrition in school meals. Healthy Chelsea's Corner Store Connection promotes fresh produce in local stores, and Healthy Chelsea, Stop and Compare Supermarket, and MGH are labeling 870 beverages to reduce purchases of sugar-sweetened beverages and studying results. The Fresh Fruit and Vegetable Program in three Chelsea elementary schools provide nutritious snacks to 1,670 students three times per week. Healthy Chelsea and Chelsea's Board of Health led the successful passage of a ban on artificial trans fats in food service establishments, the only regulation in the country that totally bans trans fats. In Revere, ROTM has created eight "healthy markets," and worked with the Revere Chamber of Commerce and the MGH Nutrition Department to launch a Healthy Dining Campaign that is helping 14 restaurants promote healthy menus. ROTM provided 12 mini-grants for a community-wide garden, encouraging use of WIC vouchers, and two public school gardens that are linked to core curricula, nutrition education and after school activities.

Impact – In addition to the incredible progress in changing the food and physical environments, according to the YRBS, there has been a remarkable 5% increase in physical activity among high school students in Revere and Chelsea between 2012 and 2014. We look forward to tracking school BMI data over time.

Lessons Learned/Future Goals. By working together, communities can begin to create a culture of health. For the future, Revere, will add more walking trails, will revitalize the farmers' market and form a bicycle commission. Playworks will expand to three additional schools in Chelsea, and community garden plot owners in Chelsea and Revere will receive nutrition and cooking education.

Operating Expenses/Funding - The cost to operate the coalitions (not all of the activities) is about $350,000 from MGH. An additional $290,000 in direct contributions from state, local and private funders as well as an incalculable amount of in kind support occurs.

Community Service Initiative 3: STEM/Developing Youth Assets

Overview. Educational attainment is highly correlated with economic status and is a significant predictor of health. Boston Public Schools (BPS) students reflect the demographics of many urban school districts; they come from low-income families and are disproportionately students of color. About 70% of graduates enroll in college, but only 49% of the graduating class of 2006 who enrolled in college graduated six years later. For 25 years, MGH has offered exciting opportunities for Boston youth interested in health and science careers, and more recently is extending these opportunities to Chelsea and Revere high school and college students. About 650 youth in grades 3 through college participated in 2014. English is a second language for more than half and more than 60% are the first in their families to attend college. More than 400 MGH staff and faculty volunteer nearly 15,000 hours annually in these programs.

In grades 3 through 8, weekly STEM (science, technology, engineering and math) Clubs for students build excitement in STEM subjects and careers. Clubs are hosted after school or at community organizations such as the Boys & Girls Clubs. MGH staff are science fair mentors for about 50 7th and 8th graders at the James P. Timilty Middle School, and 8th graders participate in a paid summer internship at MGH. Mentors and students may extend their relationship via our partnership with Big Brothers Big Sisters of Massachusetts Bay.

Each year, about 120 high school students at East Boston, Revere, and Chelsea High Schools, the Edward M. Kennedy Academy for Health Careers, and other Boston public schools have exceptional opportunities for hands-on exposure to STEM careers in paid internships and job shadowing at MGH. These experiences spark college aspirations, introduce them to health and science professionals, and help them learn about education to career pathways. High school students are also provided tutoring, stress management, intensive college preparation including financial literacy, SAT prep, and college essay writing. Students and their families visit nearby colleges, and attend a summer STEM camp. Since 1991, about 200 students are employed each year in summer jobs at MGH. For the past three years and into the future, MGH is supporting these students in college with $5,000 annual scholarships, tutoring, financial counseling, mentoring, networking, and summer employment for 40 college students annually, with the goal of increasing college retention and graduation for urban youth.

Impact. Three classes of our high school students are now in college. An initial review of 50 found that 82% remain in college. Among high school students, the annual retention rate in the program is 93% and the average GPA is 3.38. Every student in the class of 2014 enrolled in college. We are also pleased that 19 mentees in the Timilty Science Fair won a spot at the competitive city-wide science fair this year.

Lessons Learned/Future Goals. By elevating the academic bar for at-risk students and providing consistent access, nurturing, relationship to caring adults, and exposure to careers in health and science, underserved and underrepresented students are able to thrive in post-secondary school. We plan to continue to expand the number of students reached.

Operating Expenses/Funding. Expenses for MGH youth programs are approximately $1.5 million, funded by MGH/Partners HealthCare ($1.3 million) and a private donor ($200,000). The value of our 424 volunteer staff has not been calculated but is surely in the millions.

Community Service Initiative 4: Addressing Social Determinants/Improving Access for Vulnerable Populations

Overview. Even when financial obstacles to health care are removed, social, cultural, linguistic, racial, and socioeconomic barriers—the social determinants of health—can prevent people from seeking care or following through on recommended treatment and contribute to health inequities. At MGH Chelsea, a comprehensive set of initiatives meets the needs of the most vulnerable populations with the help of community health workers (CHWs), navigators, home visitors, and more. Our staff are from 24 countries, speak 20 languages, and had nearly 28,000 contacts with almost 10,000 patients last year. Following are some examples of the work.

Immigrant and Refugee Health Program/Impact. For 15 years, this program has aided refugees from countries such as Bosnia, Somalia, Iraq and Bhutan, many of whom have experienced trauma, violence, and war. Under a contract with the MA Department of Public Health, MGH Chelsea completed 107 Refugee Health Assessments last year. 95% of all new refugees are connected to primary care within 30 days. The program also deals with the urgent needs of newly arrived immigrants, most recently on 300 high risk children from Central America who have experienced extreme trauma and separation. Physicians, nurses, mental health providers and community health workers comprise this team. Last year the program saw 990 refugees and immigrants.

Cancer Navigation/Impact. Navigators help patients identify and overcome barriers to cancer screening and follow up. In 2014, 794 patients were screened for colon, breast or cervical cancer or received follow-up diagnostic services. A randomized control trial showed that patients with navigation were 50% more likely to receive screening.

Home Visiting for High Risk New Mothers/Impact. Home visitors, child development specialists, and a fatherhood coordinator support healthy child development from pregnancy through age three for the highest risk families. Child Development specialists saw more than 300 families. Home visitors use an evidence-based model to forge bonds with first time parents to promote attachment and reduce abuse and neglect. In 2014, 70 high-risk refugee and immigrant mothers received intensive home visiting. According to validated measures, 98% of the parents had high rates of bonding with their children, and 97% of children demonstrated mastery for social behavior, emotion-regulation and well-being.

Food Security/Impact. Patients and families in the pediatric, adult and obstetrics departments are screened for food insecurity and are identified and provided assistance with connecting to food resources including SNAP, WIC and emergency food assistance. Of the 4,500 patients screened, 20% were food insecure and offered assistance. In 2014, MGH Chelsea opened a food pantry for undocumented patients who do not qualify for food assistance. The food pantry distributed more than 17,000 pounds of food.

Lessons Learned/Future Goals. Future plans include reorganizing the CHW team to align with the MGH population health management goals of managing care of high risk patients, enhancing patient self-efficacy, reducing costs, and decreasing hospital readmissions.

Operating Expenses/Funding. The annual expense for these (and additional) outreach programs is $2,156,000. Revenue for the programs includes MGH/Partners HealthCare (about $1.4 million), philanthropy ($430,000), and the MA Department of Public Health ($300,000).

Community Service Initiative 5: Medical-Legal Partnership

Overview

The Legal Initiative for Children (LINC) at MGH Chelsea is an innovative collaboration between MGH and The Lawyers' Committee for Civil Rights and Economic Justice. The project was launched in 2003 to improve the health and well-being of low-income families whose children are patients of the MGH Chelsea pediatric practice and whose health may be affected by the family's legal problems. LINC focuses primarily on housing stability and family income, the social determinants of health viewed as most critical to child and family health. In 2012, the Boston Bar Association reported that homelessness exacerbates physical, emotional, and psychological problems and increases health care costs fourfold.

MGH Chelsea pediatricians or mental health providers make referrals to a manager of the Chelsea Community Health Team when they think a family would benefit from an attorney's assistance. That manager screens the referrals and often consults with a community health worker who may be familiar with the family to gather additional information that might be helpful to the attorney. The LINC attorney, who is on site one day per week, partners with the community health and clinical teams and provides representation to prevent eviction, obtain child support orders, file for unemployment benefits, apply for subsidized housing, complete naturalization forms, appeal denial of disability awards, and facilitate access to public benefits.

Impact

In fiscal year 2014, LINC served 136 new families through 234 contacts with 475 associated activities. There were 57 total successful outcomes: ten individuals obtained Social Security benefits and three obtained disability benefits, five families avoided eviction, ten families attained public housing, hazardous living conditions were controlled for six families, and nine issues with landlords were resolved. Additional outcomes included family transfers to new housing units, obtaining unemployment benefits, and resolving security deposit issues. The vast majority of the remainder of cases were still in process at year's end. Last year's outcomes are representative of outcomes for families over the past 12 years.

Lessons learned

The social and economic conditions of patients are critical to their health. Medical care alone is not sufficient to address some of the barriers to good health. By partnering with legal professionals, health care can take a more comprehensive approach to patients' needs.

Future Goals

The program's goal for the coming year is to increase efficiency to enable us to serve more clients. Ultimately, we would like to expand this program to additional clinical departments at Chelsea and extend it to the other MGH health centers. We are also exploring a partnership with the local community development corporation to screen pediatric families for housing stability.

Operating Expenses/Funding

This contract between MGH and the Lawyers Committee is funded by MGH at $35,000 per year. At least an additional $25,000 in in-kind support is provided by MGH via community health workers and interpreters.