

2025

# Community Health Implementation Plan



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## **Mass Eye and Ear 2026-2029 CHIP**

## Executive Summary

### Introduction

Mass Eye and Ear is a specialty hospital within the Mass General Brigham Health System and is dedicated to excellence in the care of disorders that affect the eye, ear, nose, throat, and adjacent regions of the head and neck.

### Overview of 2025 CHNA

Like most non-profit hospitals, Mass Eye and Ear conducts triennial community health needs assessments (CHNA) to identify priority communities, vulnerable populations, and health concerns, and to inform three-year community health improvement plans. In the summer of 2025, Mass Eye and Ear's Community Advisory Board embarked on its 2025 CHNA.

Like all CHNAs, the 2025 CHNA fulfills the IRS Section H/Form 990 mandate to:

- Identify health-related needs in the community, as well as community strengths and resources;
- Describe issues that affect the community overall, as well as concerns for certain sub-populations; and
- Provide data useful to the hospital and others for planning and developing programs and initiatives.

### Methods

#### Definition of priority community and populations

Mass Eye and Ear defines community for the purpose of the needs assessment to include communities within the Route 128/95 belt, including Boston and Mission Hill. We further identify older adults (age 65+) and children (under age 18) and people who are homeless as priority populations within our targeted geographic area.

**Our location:** The hospital sits in Boston, therefore having an impact on those who live, work, and commute near the hospital's location. The 800 Huntington Avenue facility, located in Mission Hill, has an impact on this neighborhood of Boston in particular.

**Our patients:** Patients visit Mass Eye and Ear from all over the world, however the CHNA focuses on those living in Massachusetts. Although our patients come from 347 of the Commonwealth's 351 cities and towns, 65.7% of Mass Eye and Ear patients come from three neighboring counties (Middlesex, Suffolk, and Essex).

The Route 128/95 beltway cuts through Middlesex and Essex counties and includes within it all of Suffolk County, as well as the top 10 communities in which our patients reside. These ten communities, including Boston, are home to 39.2% of Mass Eye and Ear patients. Older adults, age 65 and over, and children (under age 18) comprise 37.8% and 8.4%, respectively, of Mass Eye and Ear's patients. Within the top 10 communities in which patients reside, between 9.5% and 19.1% are age 65 and over and between 13.1% and 24.3% are under the age of 18. (See Appendices A and B for patient and Census data).

**Our target area and populations:** By focusing on the geographic area within the 128/95 belt, Mass Eye and Ear will target communities that are home to individuals who are more likely to face disparities that impact their access to care, SDOH, and health outcomes, including residents with lower incomes and racial and ethnic minorities and those who are homeless.

- A 2024 analysis<sup>i</sup> using U.S. Census five-year population estimates identified “The 50 Poorest Neighborhoods in Massachusetts” based upon income levels, unemployment rates, and other factors (e.g., number of employers and business environment, earning potential, graduation rates). Thirteen of the 43 towns and cities on the list are within the 128/95 belt. Additionally, seven Boston neighborhoods were on the list (all in the top 20). While not on the top 50 list, Mission Hill has a poverty rate of 37% compared to Boston overall at 18% (See Appendix C).
- Based on the most recent Census, 10 of the 25 most racially and ethnically diverse communities in Massachusetts are located within the 128/95 belt, ranging from 39.6% of the population of Waltham to 79.8% in Chelsea.<sup>ii</sup>
- As of July 2025, 35,393 residents and 18,591 households are unhoused in Massachusetts. The largest concentration of unhoused residents is within the hospital's target area, specifically in Boston.<sup>iii</sup>

Additionally, problems with hearing, vision, and balance create particular risks to the safety and wellbeing of older adults while vision and hearing problems put children's development and academic performance at risk. Therefore, older adults and children are high priority populations within our target communities.

Therefore, we reaffirm our priority area and populations as defined above and will continue to work in and with residents to address the health needs and disparities.

## Data Sources

The 2025 CHNA relied upon the following data sources:

- **Patient Data:** De-identified data for a sample of 166,761 patients who sought care at Mass Eye and Ear between March 1, 2024 – February 28, 2025 were analyzed to inform selection of the hospital's target community and vulnerable populations. (See Appendix A)

- **U.S. Census Data:** The most recently available U.S. Census and American Community Survey data were used to understand the demographics of communities in which the largest proportion of Mass Eye and Ear patients live. (See Appendix B)
- **Mission Hill Data:** Derived from secondary data from the Boston Public Health Commission and Boston Planning and Development Agency, demographic and descriptive information on Mission Hill were reviewed to inform the identification of priority communities. (See Appendix C)
- **Healthy People 2030:** Secondary data from local and state public health sources are not available on health conditions addressed by Mass Eye and Ear. However, the U.S. Centers for Disease Control and Prevention's Healthy People 2030 objectives offered insight into community health needs related to vision, hearing, balance, taste, smell, and oral and pharyngeal cancers and health insurance access. (See Appendix D)
- **Key Informant Interviews:** Eleven internal (n=5) and external (n=6) stakeholders who have expertise and experience with specific populations and/or health issues participated in telephone interviews of up to 60-minutes in length and using a semi-structured interview guide to understand community health needs and opportunities to address them. Interview data were reviewed for common and divergent themes about the major community health issues. (See Appendix E)

Figure 1. Conclusions from 2025 CHNA

Target communities	Within the 128/95 belt, including Boston and Mission Hill
Target populations	Children (under 18); older adults (65+); persons of color and low-income individuals, including those who are homeless
Health concerns	Vision, hearing, balance, head and neck cancers
Health needs	Screenings; referrals to specialists and follow-up care, rehabilitative services, and assistive devices
Barriers to care	Lack/insufficient insurance coverage, transportation, linguistic barriers, lack of trust in/understanding of the health system and difficulty navigating it.
Needs to address health concerns and barriers to care	Coordination/navigation of the health system; assistance with health insurance/coverage; health education/information; translations/interpreters; transportation support

At its September 9, 2025 meeting, the CAB were asked to discuss the findings and conclusions from the CHNA and consider the following priorities and objectives for the hospital’s next CHIP (See Figure 2).

Figure 2. Mass Eye and Ear 2025 CHNA priorities

Priorities	Objectives
Health priorities	Improve the health of community members, especially: <ul style="list-style-type: none"><li>• Hearing</li><li>• Vision</li><li>• Balance</li><li>• Head and neck cancers</li></ul>
Improving access to care	Increase access to resources that improve access to care, including: <ul style="list-style-type: none"><li>• Insurance/coverage for services</li><li>• Transportation</li><li>• Health literacy</li><li>• System Navigation</li><li>• Translation/Interpreter services</li></ul>

Priority issues determined by CHNA

Based upon the CHNA findings, the CBAC selected four clinical priorities and a fifth related to improving access to care.

Clinical Priorities	<ul style="list-style-type: none"><li>• Vision</li><li>• Hearing</li><li>• Balance</li><li>• Head and neck cancers</li></ul>
Improving Access to care	<ul style="list-style-type: none"><li>• Insurance/cost</li><li>• Transportation</li><li>• Difficulty accessing, understanding, and navigating health system due to language, health literacy and trust issues</li><li>• Follow-up care when problems are detected at screening</li></ul>

## Primary focus of implementation strategy objectives

The central focus of this CHIP is to improve access to care and the health of community members related to clinical priorities.

## CHIP planning process

In collaboration with the Mass General Brigham Community Health Team, Mass Eye and Ear utilized a small Community Benefit (CB) Working Group under the leadership of Erin Duggan Lynch, Senior Director of Engagement and. Utilizing data from the CHNA, the team drafted the CHIP components. The CHIP objectives were informed by Healthy People 2030 objectives related to the clinical priorities, as well as data from the CHNA interviews and surveys. The CHNA data also informed the development of strategies for each of the identified priorities. The CHNA findings indicated that improving health related to the priority outcomes would require a collection of strategies, including education, outreach and navigation, screenings and follow-up care, provision of free and low-cost preventive or assistive devices, and assistance with resources related to cost, insurance, transportation, and providing resources in languages other than English.

## Mass Eye and Ear 2026-2029 CHIP

The tables below detail the goals, objectives, strategies, partners and expected outcomes for each of its priorities. Within the tables, are strategies that will address the needs of residents within the priority communities (within the 128 Belt, including Boston and Mission Hill) as well as some that will benefit residents statewide. Additionally, several strategies in the CHIP are designed to improve access to care and outcomes for the priority populations of seniors, children, and those who are socially and economically vulnerable, including those who are homeless.

**Measuring success:** There is a clear relationship between the CHIP strategies and the desired outcomes. For example, “reduced visual impairment” will be achieved through screenings, referral to follow-up care, and the provision of free eyeglasses to those who need them. Similarly, “improved identification and treatment of head and neck cancers among affected individuals in the priority populations and target communities” will be accomplished through head and neck cancer screenings and referrals to follow-up care. Within the CHIP strategies, are targets for what will be accomplished each year (e.g., numbers of people who will receive particular resources, percentages of patients who will be connected to services, completion of an assessment). Each of the three years, the CBAC will measure its success in implementing the CHIP by reporting on the extent to which the target were achieved. Meeting the annual targets is essential to ensuring the CHIP outcomes are realized.

## Priority 1: Vision

Goal (1)	Objectives (2-4) –	Strategies (3-5) –	Metrics – How will you measure your work considering BOTH process and outcome measures?
<p>Improve access to vision care for Mass Eye and Ear’s priority populations.</p>	<p>Improve access to information, support, screening and follow-up care as needed to prevent and address vision problems.</p> <p>Reduce visual impairments in children and adolescents 17 years and under.</p> <p>Reach more members of priority populations who are at risk for diabetic retinopathy.</p>	<p>In collaboration with our partners, Mass Eye and Ear will continue to assess best ways to reach underserved children and senior citizens with current resources and staffing.</p> <p>Potential partners include Roxbury Tenants of Harvard, Camp Harbor View, Neighborhood House Charter School, Trinity School, Hebrew Senior Life, Department of Ophthalmology, Community Health Centers and the MEE Social Work team.</p> <p>Identify screening opportunities to reach children and senior citizens at risk for visual impairment.</p> <p>Offer follow-up care or appropriate referral to all who need it.</p> <p>Explore ways to offer free eyeglasses to people who require them but otherwise would not be able to afford them.</p> <p>Provide free educational materials and information on vision-related problems (i.e., diabetic retinopathy, glaucoma, cataract, age-related macular degeneration), the importance of protective eye wear and routine eye care, and the vision-related services and supports available at Mass Eye and Ear via health fairs, at vision screenings, and on the hospital website, blog and social media platforms.</p>	<p>Work will be measured on an on-going basis.</p> <p>Mass Eye and Ear will commit to a minimum of 6 vision screening events with community partners in year one (both children and seniors).</p> <p>All attendees who come to these events will be screened if they would like to have one and offered assistance in accessing follow-up care (as needed).</p> <p>Collaboration with the Mass Eye and Ear Diabetic Retinopathy Screening program will continue with a goal of placing all available cameras in local community health centers and/or with the MGB Community Cares Van.</p>



## Priority 2: Hearing

Goal (1)	Objectives (2-4) –	Strategies (3-5) –	Metrics – How will you measure your work considering BOTH process and outcome measures?
<p>Improve hearing among members of Mass Eye and Ear’s priority populations.</p>	<p>Improve access to information, support, screening, and follow-up care as needed to prevent and address hearing problems.</p> <p>Increased awareness of importance of and resources for regular hearing screenings.</p> <p>Improved understanding about available hearing supports and services available at Mass Eye and Ear and how to access them.</p> <p>Increased awareness of tinnitus and available treatment options.</p> <p>Improved hearing for those with hearing impairments.</p>	<p>Potential partners include Roxbury Tenants of Harvard, Neighborhood House Charter School, Trinity School, Hebrew Senior Life, Boston Health Care for the Homeless, Department of Otolaryngology and the MEE Social Work team.</p> <p>Provide free educational materials and information on the causes of hearing-related problems, hearing related conditions including tinnitus, the importance of hearing protection and regular hearing examinations, and the hearing related services and supports available at Mass Eye and Ear via health fairs, at hearing screenings, and on the hospital website, blog and social media platforms.</p> <p>At screening events, offer access to follow-up care for all who are identified as needing it.</p> <p>Provide assistive hearing devices for patients who require it and otherwise would not be able to afford it (need a #).</p> <p>Distribute hearing protection at screening events (Eye, Ear, Eat and Deatrich Wise Block Party)</p>	<p>Work will be measured on an on-going basis.</p> <p>Mass Eye and Ear will commit to a minimum of 4 hearing screening events with community partners in year one (both children and seniors).</p> <p>All attendees who come to these events will be screened if they would like to have one and offered assistance in accessing follow-up care (as needed).</p> <p>In the previous year, 5 patients utilized the refurbished hearing aid program (provided devices free of charge). MEE will commit to fulfilling at least 5 requests annually.</p>

Priority 3: Balance			
<b>Goal (1)</b>  Improve balance among Mass Eye and Ear's priority populations.	<b>Objectives (2-4) –</b>  Improved support to those with balance challenges.  Improved understanding of supports and resources available.  Decreased falls among those at risk for balance-related injuries.	<b>Strategies (3-5) –</b>  Potential partners include Roxbury Tenants of Harvard, MEE Department of Otolaryngology, and Social Work Team.  At health fairs and screening events for seniors and on hospital website and social media platforms, provide free education materials and information on trip hazards and balance-related falls and resources at Mass Eye and Ear to address balance problems.  Distribute night lights and other giveaways to help seniors navigate potential fall hazards.	<b>Metrics – How will you measure your work considering BOTH process and outcome measures?</b>  Work will be measured on an on-going basis.  Mass Eye and Ear is committed to offering educational materials to attendees at events and health fairs.

#### Priority 4: Head and Neck Cancers

Goal (1)	Objectives (2-4) –	Strategies (3-5) –	Metrics – How will you measure your work considering BOTH process and outcome measures?
Improve the health and well-being of those affected by head and neck cancers in the priority populations.	Improve access to information, support, screening and follow-up care to prevent, detect and treat head and neck cancers.	<p>Roxbury Tenants of Harvard, Boston Health Care for the Homeless, Department of Otolaryngology – Head and Neck Surgery.</p> <p>At cancer screening events, provide opportunities for all attendees to get screening and offer follow-up care to all who are identified as needing it.</p> <p>At health fairs and screening events for seniors and on hospital website and social media platforms, provide free education materials and information on head and neck cancers and risks as well as resources at Mass Eye and Ear to address balance problems.</p>	<p>Work will be measured on an on-going basis.</p> <p>Mass Eye and Ear will commit to a minimum of 2 head and neck cancer screening events with community partners in year one (adults and seniors).</p> <p>All attendees who come to these events will be screened if they would like to have one and offered assistance in accessing follow-up care (as needed).</p>

## Priority 5: Access to Care

Goal (1)	Objectives (2-4) –	Strategies (3-5) –	Metrics – How will you measure your work considering BOTH process and outcome measures?
<p>Decrease barriers to care posted by insurance/cost, transportation, language and lack of understanding/trust in health system.</p>	<p>Improve access to resources and supports that enable utilization of Mass Eye and Ear services.</p> <p>Improved access to transportation for patients who need it (particularly after discharge).</p> <p>Improved navigation within Mass Eye and Ear.</p> <p>Decrease barriers to care caused by language issues and improved understanding of patients who don't speak/understand English about the resources and services available at Mass Eye and Ear.</p>	<p>Mass General Brigham Community Health, MEE Social Work, Parking, Financial Counseling, Howe Library, Employment Now Initiative, MEE Internship Programs (Year Up, JVS), Patient Access, Volunteers</p> <p>Provide: Taxi vouchers for patients who need transportation assistance</p> <p>Assist with food, lodging and other vital necessities</p> <p>Free parking</p> <p>Collaborate with MGB Community Health to look for ways to address issues with patient transportation</p> <p>Offer volunteer escorts</p> <p>Provide job readiness programs</p>	<p>Work will be measured on an on-going basis.</p> <p>Provide a minimum of 300 taxi vouchers annually, offer free parking for up to 3000 patients and engage with MGB on efforts to address transportation issues across the system.</p> <p>Offer assistance to up to 30 patients who need assistance with food, lodging and other necessities.</p> <p>Offer navigation assistance to any patient or visitor who requests it through newly launched Ambassador Program.</p> <p>Support 100% of patients who require help in understanding and enrolling in MassHealth and Health Connector Plans for which they are eligible will receive assistance, and those enrolled in other insurances will receive support in understanding their covered benefits.</p> <p>Translate educational materials designed to inform patients about clinical conditions related to vision, hearing, balance, and head and neck cancers; strategies to reduce and prevent risks; and the supports and services available at Mass Eye and Ear.</p>

Priority 5: Access to Care (continued)			
			Provide job readiness support to at-risk and/or low-income individuals through internships and summer jobs and job readiness workshops, (6) Employment Now Initiative; (10) Year Up; (6) JVS Tech Training Program.

## Appendix A:

<p>Membership of the Mass Eye and Ear Community Benefit Advisory Committee</p>	<ul style="list-style-type: none"> <li>• Erin Duggan Lynch – Senior Director, Community Planning and Engagement, Mass Eye and Ear</li> <li>• Amy C. Watts, OD – Director, Optometry and Contact Lens Service, Director, Vision Rehabilitation Service, Mass Eye and Ear</li> <li>• Meaghan P. Reid, AUD – Director, Clinical Audiology, Mass Eye and Ear</li> <li>• Jennifer C. Farmer – Manager, Patient Access, Mass Eye and Ear</li> <li>• Gregory W. Randolph, MD, FACS – Director, Thyroid and Parathyroid Endocrine Surgical Division, Mass Eye and Ear</li> <li>• Antonio Rosetti – Clinical Manager, Care Coordination, Mass Eye and Ear</li> <li>• Rosemarie McLaughlin– School Nurse, Neighborhood House Charter School</li> <li>• Jill Martin – Director, Camp Harbor View</li> <li>• Karen Gately – Executive Director, Roxbury Tenants of Harvard</li> <li>• Kate Hannigan – Senior Program Manager, Events, Mass Eye and Ear</li> <li>• Kaylee Caswell – School Nurse, Trinity School</li> <li>• Carolann DeLuca-Killinger – School Nurse, Trinity School</li> <li>• Jenifer Whitmore – Program Manager, Employment Now Initiative</li> <li>• Kate Urman - Wellness Coordinator, Hebrew Senior Life</li> </ul>
<p>Membership of the Mass Eye and Ear Senior Operations Team</p>	<ul style="list-style-type: none"> <li>• CarolAnn Williams - President</li> <li>• Marybeth Cunnane – Chief, Radiology</li> <li>• Kathy Charbonnier– Chief Nursing Officer</li> <li>• Jonathan Mazzone– Senior Vice President, Ophthalmology</li> <li>• Pernel Reid – Senior Vice President, Otolaryngology – Head and Neck Surgery</li> <li>• Stephen Record – VP Surgical and Clinical Services</li> <li>• Earl Curran – Executive Director, Finance</li> <li>• Benjamin Mizell – Chief, Anesthesiology</li> </ul>

Membership of the Mass Eye and Ear Board of Directors	<ul style="list-style-type: none"><li>• Joan Alfond</li><li>• Robert Atchinson</li><li>• Katrine Bosley</li><li>• William T. Curry, MD</li><li>• Patrick Decker</li><li>• Charles de Gunzburg</li><li>• Cynthia M. Deysher</li><li>• Eve J. Higginbotham, SM, MD</li><li>• Eugene Hill</li><li>• Lyle Howland</li><li>• Thomas Lauer</li><li>• Rishi Sing, MD – Chair Ophthalmology, Mass Eye and Ear</li><li>• Eileen Sivoella</li><li>• Thomas Sequist, MD – Chief Medical Officer, MGB</li><li>• Jonathan Uhrig</li><li>• Mark Varvares, MD – Chair, Otolaryngology, Head and Neck Surgery, Mass Eye and Ear</li><li>• James Whalen</li><li>• CarolAnn Williams –President, Mass Eye and Ear</li></ul>
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**References:**

<sup>i</sup> Flynn, Elizabeth (2024). The 50 Poorest Neighborhoods in Massachusetts: Economic Challenges Revealed. Access at <https://moneyinc.com/the-50-poorest-neighborhoods-in-massachusetts/>

<sup>ii</sup> Massachusetts Secretary of State, Massachusetts 2020 Census, Town and City Sortable Rankings available at <https://www.sec.state.ma.us/census2020/index.html>

<sup>iii</sup> The Rehousing Data Collective Public Dashboard (updated through July 30, 2025) accessed at <https://www.mass.gov/info-details/the-rehousing-data-collective-public-dashboard>



Mass General Brigham

**Mass Eye and Ear**