



The Mass General Brigham Community Health Improvement Plan (CHIP) responds to priorities identified in the 2025 Suffolk County Community Health Needs Assessment. The plan focuses on reducing premature mortality and increasing life expectancy in the communities we serve. It does this by addressing key health priorities and the social determinants of health that shape outcomes, including access to care, housing, mental and behavioral health, and healthy food. Through community partnerships, targeted interventions, and system-level strategies, our efforts prioritize communities facing the greatest health obstacles and support longer, healthier lives.

Table of Contents

| | |
|---|------|
| Strategic Policy, Advocacy and Community Engagement | p.2 |
| Health priorities | p.3 |
| Social Risk | p.7 |
| Emerging Needs | p.13 |

Across all areas

Strategic Policy, Advocacy and Community Engagement

Overall goal

Improve health outcomes through coordinated clinical and community efforts.

Objectives

Policy and Legislative Advocacy

Advance health priorities and social risk factors by shaping governmental decisions and fostering cross-sector collaboration.

Community Engagement and Empowerment

Strengthen community involvement in health advocacy and decision-making to ensure equitable access and representation.

Cross-Sector Collaboration

Enhance impact by aligning healthcare, public health, and social services stakeholders around shared goals.



Health priorities

Cardiometabolic Disease

Overall goal

Improve health outcomes and address inequities in cardiometabolic disease.



Programs

Hypertension Improvement

Objectives

1. Achieve measurable improvement in sustained blood pressure control among Mass General Brigham patients as part of our unified For Every Patient quality strategy.
2. Embed principles of equity improvement into ongoing hypertension quality improvement efforts in clinical and community settings.

Community Health Improvement (CHI) Corps

Objectives

1. Achieve sustained blood pressure control in Mass General Brigham served communities.
2. Engage community members through outreach and health education.
3. Provide blood pressure screenings and education on hypertension management and prevention.
4. Strengthen connections between community members, primary care, and preventive services within the Mass General Brigham system.
5. Collect data and feedback to inform community health strategies and measure impact over time.

Clinical Community Programs

Objectives

1. Implement evidence-based strategies such as mobile clinics and embedded community care that provide an interdisciplinary approach to improve cardiometabolic health outcomes, addressing both health and social risk factors.
2. Achieve sustained blood pressure control in Mass General Brigham served communities.

HEART of Communities

Objective

1. Through clinical management, social risk navigation, and integrated behavioral health and wellness support, improve hypertension and diabetes control among at-risk patients with cardiometabolic disease.



Health priorities

Cancer



Overall goal

Improve outcomes and reduce mortality from colorectal and lung cancer through expanded access to prevention, screening, and coordinated care.

Programs

Clinical Community Programs

Objectives

1. Implement evidence-based strategies such as mobile clinics and embedded community care that provide an interdisciplinary approach to improve colon cancer screening and address related social risk factors.
2. Address barriers to colon cancer screening and prevention.
3. Educate community members about the risk of colon cancer and provide opportunities for screening and treatment.
4. Educate community members about the risk of lung cancer, provide opportunities for screening and for risk factor reduction (smoking cessation).

Colorectal Cancer Screening Access and Equity

Objectives

1. Deploy standardized bowel preps translated into top six languages across Mass General Brigham.
2. Launch colorectal cancer navigator pilot (Feb 2025: Massachusetts General Brigham; Sept 2025: Brigham and Women's Hospital).

Community Health Improvement Corps (CHI)

Objective

1. Improve colorectal cancer screening by education, awareness, and connection to care and services.



Health priorities

Substance Use and Misuse Disorders (SUD)



Overall goal

Reduce overdose mortality rates, expand access to care and treatment, and close equity gaps to improve health and quality of life.



Programs

Bridge Clinic

Objective

1. Mass General Brigham will expand access to high-quality, effective, and accessible SUD care, leading to measurable improvements in treatment initiation.

Community Care in Reach®

Objectives

1. Enhance and align cross-sector collaborations by building relationships.
2. The Kraft Center at Mass General Brigham will provide technical assistance to six (6) state-funded mobile programs using the Community Care in Reach® mobile model deployed across MA to provide clinical care and harm reduction to high-risk patients.

Substance Use Disorder Access to Care

Objectives

3. Invest in substance use disorder initiatives with community health centers to improve access to care and clinical outcomes in underserved communities across the state.

Health priorities

Maternal Health

Overall goal

Ensure better and more equitable maternal health outcomes by improving access, care quality, and social support services for pregnant and postpartum individuals.



Objectives

1. Implement evidence-based strategies through an interdisciplinary approach to improve maternal health, addressing both health and social risk through the continuum of pregnancy, childbirth, postpartum, and early parenting.
2. Provide consistent and comprehensive health education, coaching, and social risk mitigation during pregnancy and postpartum period for patients at increased risk of adverse pregnancy-related outcomes.
3. Reduce disparities in nulliparous, term, singleton, vertex (NTSV) cesarean birth rates for high-risk patients.
4. Provide comprehensive and intensive postpartum clinical care and support for patients with high-risk conditions.



Social risk

Housing

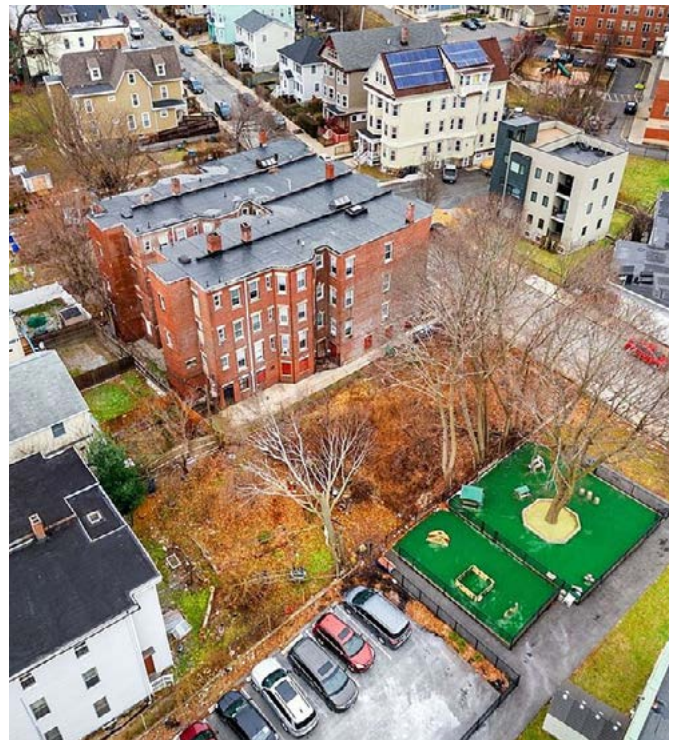
Overall goal

Ensure that every resident has a home that provides security, comfort, and the foundation to thrive.



Objectives

1. Strengthen pathways to and protection of homeownership to support housing stability, economic mobility, and prevent displacement.
2. Increase resources for the preservation and production of housing stock that is affordable, healthy, and safe.
3. Increase the number of people accessing existing programs and services that support housing stability and safety.
4. Enhance and align cross-sector collaborations by building relationships and integrating housing partners to health-care related programs.



Social risk

Economic Growth and Opportunities

Overall goal

Ensure access to resources and opportunities to build generational wealth and succeed in their chosen path to economic stability and mobility.



Objectives

1. Increase enrollment in and completion rates for existing workforce development programs that address employment shortages in key sectors (e.g., healthcare, housing, biotech, tech, childcare, etc.)
2. Increase post-secondary education enrollment and access to networking supports that facilitate entry, navigation, and transitions from education to employment for young adults.
3. Increase the number of residents accessing programs and policies that support economic mobility, financial resilience, and community wealth building with a focus on neighborhoods with a lower life expectancy.
4. Increase access to programs and policies that support economic mobility, financial resilience, and community wealth building in neighborhoods facing the greatest barriers to long, healthy lives.

Economic Growth and Opportunities (continued)

Programs

Anchor Initiatives

Objectives

1. Quantify existing anchor activities across purchasing, hiring, real estate, and investing to establish baseline performance.
2. Engage workstreams in Healthcare Anchor Network data collection to benchmark Mass General Brigham against other health systems.
3. Explore systemwide anchor goals aligned with health equity priorities to improve performance across purchasing, hiring, real estate, and investing.

Bloomberg-Funded Edward M. Kennedy (EMK): Mass General Brigham Health Careers Training Partnership

Objectives

1. Support EMK to launch and operationalize two additional Career and Technical Education programs, Medical Assisting and Biotechnology, in addition to the existing Health Assisting Career Pathway, which align to five career pathways at Mass General Brigham.
2. Support EMK to expand enrollment from 400-800 students (200/grade) by 2028-2029 school year.
3. Connect EMK graduates to full-time and part-time roles at Mass General Brigham that leverage the certifications they earned at EMK.

Youth Programs

Objectives

1. Strengthen Access: Broaden program participation through transparent recruitment and selection processes.
2. Enhance Program Quality and Alignment: Standardize program structure, expectations, and mentorship across the Academic Year, Summer Jobs, and Alumni components.
3. Expand Career Exposure and Skill Development: Provide early, structured exposure to healthcare professions that builds technical, academic, and leadership competencies.
4. Support Educational Persistence and Success: Ensure students maintain strong academic performance and seamless transitions to postsecondary education or employment.
5. Establish Alumni Engagement and Continuity: Build an active alumni network that connects participants to continued mentorship, internships, and Mass General Brigham career opportunities.
6. Demonstrate Impact and Continuous Improvement: Use data, feedback, and evaluation to measure outcomes and continuously strengthen program design.

Mass General Brigham Community Health Impact Funds

Objective

1. Enhance and align cross-sector collaborations by building relationships and integrating economic stability and mobility partners to health care programs and healthcare-related employment opportunities.

Social risk

Access to Healthy Food/ Food Security



Overall goal

Ensure everyone has convenient, dignified access to enough affordable and nutritious food and resources to achieve and support optimal health and well-being.

Objectives

1. Protect and increase dignified access to nutrition assistance programs to reach more populations in need.
2. Increase the number of places and times people can obtain nutritious food.
3. Strengthen cross-sector community partnerships and join existing state-level coalitions to bolster a sustainable and nutritious food system.
4. Enhance the collection, use and coordination of food security data and metrics in Boston to inform equitable and community-driven solutions.



Programs

Food and Nutrition Access and Equity

Objectives

1. Build a foundation of food security through closing the Supplemental Nutrition Assistance Program (SNAP)/Women, Infants, and Children Nutrition Program (WIC) gap in eligible patients enrolled. Maximize uptake of federal SNAP/WIC benefits and close the SNAP/WIC gap (# patients eligible vs # enrolled).
2. Use Food Is Medicine interventions to close disparities in health outcomes in prioritized conditions.

Community Health Impact Fund Food and Nutrition Security

Objective

1. Enhance and align cross-sector collaborations by building relationships and integrating food and nutrition partners to health care programs.

Mobile Market

Objectives

1. Provide a mobile market with free produce and shelf stable items at community sites by January 2026.
2. Provide nutrition education and awareness at mobile markets.

Social risk

Access to Care and Services



Overall goal

Everyone has access to welcoming, supportive, connected, and affordable health care when and where they need it.

Objectives

1. Increase supports that make it easier for residents to access and navigate healthcare.
2. Grow and diversify the healthcare workforce to reduce inequities to access to care.
3. Increase access to doula services for pregnant and birthing individuals in the community to improve maternal and infant health outcomes.



Social risk

Mental Health, Chronic Stress and Isolation



Overall goal

Everyone has access to welcoming, supportive, connected, affordable health and mental health care when and where they need it.



Objectives

1. Build an equitable, integrated network of community-led mental health resources, ensuring support is available to everyone who needs it.
2. Enhance and align cross-sector collaborations to promote mental wellness, reduce isolation, and expand access to care.
3. Invest in behavioral health workforce initiatives with colleges, universities, and community-based organizations to improve access to care and clinical outcomes in underserved communities across the state.



Emerging needs

Immigrant Health

Overall goal

Optimize immigrants' ability to access healthcare and maintain physical and emotional wellbeing through care delivery, education, advocacy, and research.



Objectives

1. Provide mental health services to help close the mental health gap within immigrant communities through the Mass General Brigham Center for Immigrant Health's existing low-barrier, community-based mental health workshops.
2. Maintain Community Health Worker (CHW)-led outreach, resource, and healthcare navigation, to reach at least 500 immigrant individuals and families annually.
3. Deliver education and technical assistance to at least 500 healthcare providers and staff annually on best practices in caring for immigrant patients, with a focus on cultural responsiveness, trauma-informed care, and reducing language and access barriers.
4. Advance immigrant health through advocacy, research, and program evaluation to inform evidence-based care models and dissemination of best practices across Mass General Brigham and beyond.

Emerging needs

Access to Health Insurance and Social Supports



Overall goal

Improve awareness, enrollment and utilization of health insurance and social service resources through coordinated financial counseling, education and care management to reduce the negative health impacts associated with limited coverage.

Objectives

1. Increase awareness, utilization, and coordination of enrollment and social services.
2. Reduce preventable use of urgent and emergency care through health improvement interventions.
3. Strengthen partnerships and advocacy to support coverage and social service access.



Emerging needs

Extreme Heat and Climate Vulnerability



Overall goal

Investigate and develop approaches that support all individuals in maintaining health and safety during extreme weather and environmental challenges.



Objectives

1. Provide patients with education and resources for managing extreme weather and environmental events.
2. Engage with organizations addressing climate change and environmental sustainability in vulnerable communities.
3. Educate staff on the health impacts of climate change and sustainability, assess patient needs, and connect them to appropriate supports.
4. Advance research, innovation, and system-wide sustainability efforts to reduce the health impacts of climate change.

