2026-2028 IMPLEMENTATION STRATEGY

CHA Cambridge Health Alliance

CARE T♥ THE PEOPLE

CONTENTS

INTRODUCTION

Cambridge Health Alliance (CHA) works alongside communities to improve health and wellbeing. One way we do this is through the Wellbeing Assessment and Implementation Strategy. This process happens every 3 years, and includes two parts: a Community Health Needs Assessment (CHNA), which engages community members to understand what communities need and what their strengths are; and an Implementation Strategy (IS), which turns what we learn into goals, objectives, and actions.

This 2026 CHA Implementation Strategy (IS) is the companion action plan to the 2025 CHA Regional Wellbeing Report: A Community Health Needs Assessment. Just like the Wellbeing Report, the IS applies to the communities of CHA's service area, which include Cambridge, Chelsea, Everett, Malden, Medford, Revere, Somerville, and Winthrop.

Over the coming three years, the IS will guide CHA's work to strengthen community health and wellbeing. Importantly, this action plan directly incorporates the recommendations and ideas shared by community members through the Wellbeing Assessment. CHA's Department of Community Health (DCH) will work toward the goals and objectives of the IS by engaging in **three core strategies**:

1 DIRECT SUPPORT

Directly support community priorities through programs and initiatives, focusing on social connectedness and equity in access to resources.

2 PARTNERSHIPS

Build and strengthen internal and community-based partnerships to address social determinants of health by co-creating more equitable systems.

3 ADVOCACY

Advocate and work towards policies and/or investments that align with CHA and community-identified priorities.

PRIORITIES FOR COLLABORATIVE ACTION

Developed in 2022, our priorities for collaborative action have shaped the community health work we pursue with our Community Health Advisory Council (CHAC) and other partners. These priorities include **three equity principles and four focus areas**. The focus areas define ***what*** we work to address and the equity principles guide ***how*** we do so. The findings of the 2025 assessment show that these priorities remain relevant and require continued **collaboration, strategic growth, and investment** in the coming 3 years.

EQUITY PRINCIPLES

CHA is committed to advancing community health equity. We do this by working to reduce health disparities and by addressing barriers to good health that adversely affect historically excluded or marginalized groups – such as poverty, discrimination, and inadequate housing. The following equity principles are woven into how we carry out this work:

LANGUAGE JUSTICE

We will continue to apply a language justice lens in all our efforts. As defined by Communities Creating Healthy Environments (CCHE): "Valuing language justice means recognizing the social and political dimensions of language and language access, while working to dismantle language barriers, equalize power dynamics, and build strong communities for social and racial justice."[1]

INCLUSION OF UNDER-REPRESENTED VOICES IN LEADERSHIP & DECISION-MAKING

In the development, implementation, and evaluation of strategies, we will continue to center the leadership and decision-making power of those most impacted by health inequities. We will continue to work in solidarity with community members and remove barriers to participation.

COLLECTIVE CARE

We will continue to design strategies that embody collective care: "Care is our individual and common ability to provide the political, social, material, and emotional conditions that allow for the vast majority of people and living creatures on this planet to thrive — along with the planet itself."[2] We will work to foster environments, systems, and communities of care.

[1] Arguelles, P., Williams, S., Hemley-Bronstein, A. (n.d.) Language Justice Toolkit: Multilingual Strategies for Community Organizing. Communities Creating Healthy Environments.

[2] Rottenberg, C. and Segal, L. What is Care? The Care Collective

FOCUS AREAS

CHA will continue to address the four focus areas in partnership with communities, organizations, and coalitions. CHA will continue to contribute in its role as a healthcare and community health institution and will continue to support and champion the leadership and expertise of partners across sectors.

HOUSING

Our priority is to ensure that **all people**, especially those closest to the impact of historical and present-day housing discrimination, **can thrive physically, mentally, and socially in healthy housing.** Through programs, policies, and systems approaches, this means addressing concerns such as affordability, stability and displacement, safety, accessibility, as well as homelessness and transitions to stable housing.

EQUITABLE ECONOMY

Our priority is to ensure that **all people have the economic resources and support they need to thrive through all stages of life.** We recognize the impact of economic systems that exploit lower-income communities and communities of color for purposes that do not reflect their own priorities. Through programs, policies, and systems approaches, this means addressing concerns related to sustainable food systems, local jobs with living wages and benefits, healthy working conditions, and caregiving systems.

EQUITY IN ACCESS

Our priority is to **ensure everyone can access the care, services, and information they need.** This includes healthcare (including mental health), education, economic opportunities, financial support, legal services, and more. We will address issues such as costs, cultural and language barriers, system navigation, staffing, referral systems, transportation, digital access, quality, disability, and other aspects of accessibility.

CLIMATE HEALTH & ENVIRONMENTAL JUSTICE

Our priority is to **build community resilience to climate change, promote environmental justice, and reduce further environmental impact.** This includes addressing air and water quality and climate preparedness. We recognize the health impacts of climate change and exposure to environmental hazards are disproportionately shouldered by low-income communities and communities of color. Strategies to address this priority must be developed with an equity lens.

DEVELOPMENT OF THE IMPLEMENTATION STRATEGY

Since the publication of the Wellbeing Report in September 2025, CHA's Health Improvement Team has worked closely with community partners to identify strategies for action. In the Fall of 2025, several objectives were drafted that aligned with the community-identified recommendations outlined in the Report. Then, strategy sessions were held with internal CHA stakeholders, the Community Health Advisory Council (CHAC), municipal leadership, and community based organizations, to identify priorities and assess feasibility and impact of each objective, using the following criteria[1]:

FEASIBILITY

1. There are groups across sectors willing and able to work together on this action.

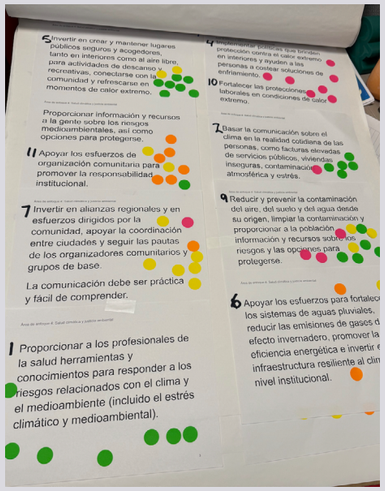
2. This action can be implemented given current infrastructure, capacity, and resources.

IMPACT

1. Addressing this issue benefits those most in need (maximizes equitable outcomes).

2. Addressing this issue now works towards short-term and long-term, upstream change.

Community members participated in data workshops and strategy sessions to make sense of the Wellbeing Assessment data and determine priorities.



Multilingual participatory tools like dot voting ensured all voices were heard.

[1] For a full list of CHAC members and stakeholders involved in strategy sessions, see Acknowledgements section on page 21.

TIMELINE

1. PUBLICATION OF WELLBEING REPORT

In September 2025, published and disseminates the Wellbeing Report online and in print.

2. STRATEGY SESSIONS AND DISCUSSIONS

From October through December 2025, hosted several sessions with community partners, municipal leaders, and CHA stakeholders.

3. SYNTHESIS

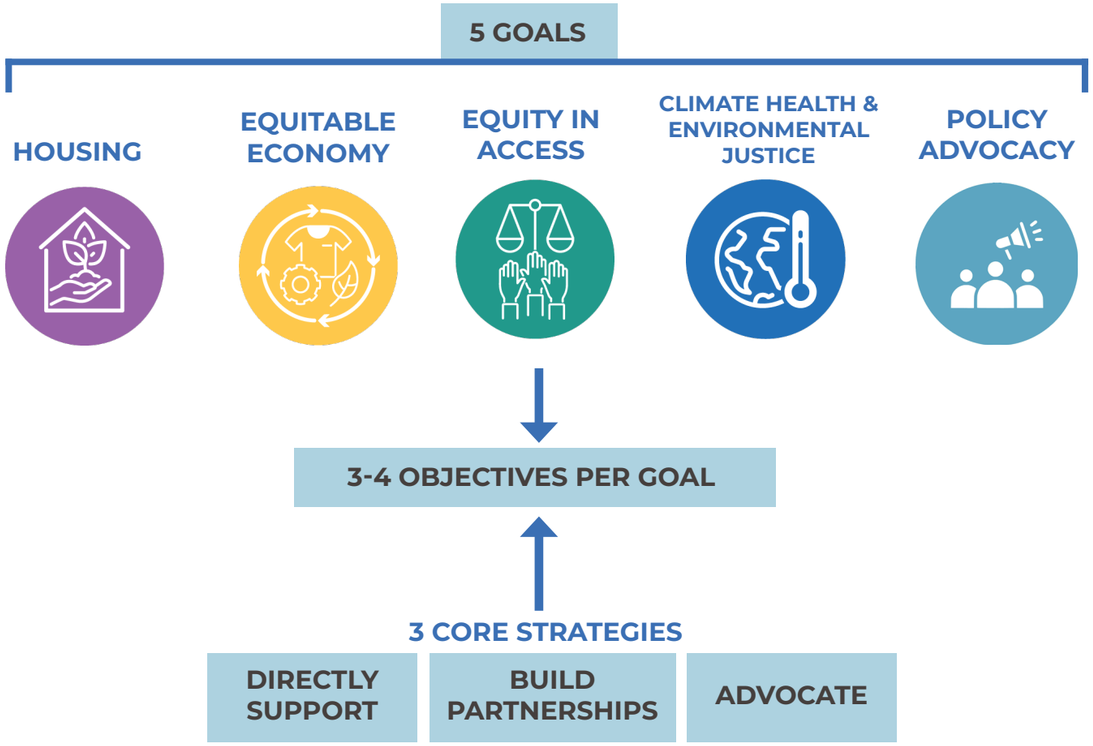
In January 2026, added input from dot boards, polls, and notes into a single spreadsheet to identify and cross-reference rankings.

4. ANALYSIS

In January and February 2026, synthesized feedback in alignment with Department of Community Health's (DCH) resources, capacity, and priorities.

5. INTERPRETATION & STRATEGY DEVELOPMENT

In March and April 2026, used findings to create objectives and strategies that aligned with the Priorities for Collaborative Action. The Implementation Strategy is structured around one overarching goal and four focus-area specific goals, each with 3-4 objectives. Objectives will be accomplished through activities that correspond with at least one of three core strategies.



HOUSING: AFFORDABILITY, STABILITY, AND SAFETY

GOAL: All people, especially those closest to the impact of historical and present-day housing discrimination, can thrive physically, mentally, and socially in healthy housing.

OBJECTIVES:

1. Create pathways to connect health and housing by collaborating with partners to offer tenant education programs and legal rights workshops in trusted spaces and multiple languages.

2. Strengthen CHA staff familiarity with navigating housing systems by developing partnerships that expand access to multilingual and in-person housing support.

3. Invest in strategies to reduce exposure to lead.

STRATEGY SPOTLIGHTS:

CHA's MassHealth Accountable Care Organization (ACO) offers housing search support, navigation, tenancy stabilization, financial support, and healthy home services to patients who qualify. Specialists from this program conduct training with CHA's Community Health Workers (CHWs) to ensure they are familiar with the program and can refer patients. **We will develop additional partnerships to expand training for CHWs, patient navigators, and other frontline staff to help them better understand how to support patients' housing stability.**

When repairs to the Tobin Bridge resulted in lead paint chips and dust falling into Chelsea neighborhoods, CHA worked in partnership with the City of Chelsea Department of Public Health to **engage the families of pediatric patients who may be at risk of lead exposure.** By identifying patients, communicating proactively, and making it easy for patients to walk into a CHA location and get tested without an appointment, this initiative resulted in a 64% average increase in screening rates. **We will build on this strategy in more communities and explore ways to connect families to lead abatement.**

The Heat, Health & Housing project in Everett facilitated tenant organizing and advocacy among low-income renters. **CHA co-hosted workshops to bring Wellbeing Assessment data into the hands of renters to use to support their advocacy efforts. CHA will build on models like this, working with housing advocates and tenant groups in other communities.**

EQUITABLE ECONOMY: MONEY, JOBS, FOOD, CAREGIVING

GOAL: All people have the economic resources and support they need to thrive through all stages of life.

OBJECTIVES:

1. Promote urban agriculture initiatives as strategies for local sustainable food production, job creation, and community connection.

2. Develop community food hubs and mobile markets to bring fresh, affordable groceries directly to neighborhoods underserved by traditional food retailers.

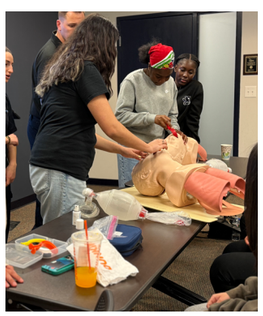
3. Organize and support community-led nutrition and cooking workshops that are culturally relevant and accessible.

4. Improve access to job training and career development programs, especially for marginalized groups.

STRATEGY SPOTLIGHTS:

CHA partners with local food justice organizations, such as Everett Community Growers, Chelsea GreenRoots, and Groundwork Somerville to highlight connections between urban agriculture and health. **We will expand our work to develop collaborative programming, such as community gardening activities, mobile markets, produce prescriptions, and food-as-medicine initiatives.**

Cooking and nutrition education programs offered to CHA patients and community members, such as Cooking Across Cultures and Cooking Healthy Options for Patients (CHOP), focus on chronic disease management and prevention, while celebrating cultural, linguistic and culinary diversity. **We will build on this model by partnering with community based organizations and lifting up the expertise of residents to lead culturally relevant and accessible cooking workshops.**



Through the Youth Initiatives and Health Education, Access and Outreach teams in the Department of Community Health, CHA offers a number of **job training and career development programs for youth and adults** (including, but not limited to, the Career Pathways Program, Youth Mental Health Ambassadors and Community Health Worker training) across CHA communities. We will **continue to invest in these and explore ways to adapt these frameworks to reach more populations.**

EQUITY IN ACCESS: CARE, SERVICES, AND INFORMATION

GOAL: All people receive the care, services, and information they need to thrive.

OBJECTIVES:

1. Support the emotional wellbeing of people who are impacted by inequitable systems by investing in tailored programs and cross-departmental initiatives.

2. Strengthen CHA systems to streamline patient access to care, including clinical-community integration, navigation support, and referral workflows.

3. Invest in partnerships and clinical-community linkages that strengthen access to resources for addressing patients' health related social needs.

STRATEGY SPOTLIGHTS:

CHA offers health education and clinical services in our school-based clinics, senior centers, housing developments, and through street medicine. We will expand our work to **bring services like preventive screening (such as for high blood pressure or sexually transmitted infections), education, and connection to care into more trusted community spaces like these, while continuing to invest high quality interpretation and translation, multilingual materials, and staff who reflect the linguistic and cultural diversity of the population.**

CHA has strengthened its commitment to promoting mental health and access to mental healthcare, including launching **group-based programs and opening two community behavioral health centers. We will deepen our commitment to supporting social connectedness, reducing isolation, and fostering spaces of belonging through existing and new initiatives.**

All CHA patients are asked to complete a Social Needs Questionnaire to assess their risk of housing insecurity, food insecurity, and other conditions that impact health. Patient resource coordinators, community health workers, and others use this information to **connect patients to community resources** to address priority needs. **We will work to develop stronger referral partnerships with clear workflows and coordination**, particularly with housing agencies, food providers, transportation services, legal services providers, and other high priority concerns.

CLIMATE HEALTH AND ENVIRONMENTAL JUSTICE: AIR, WATER, LAND, RESILIENCE

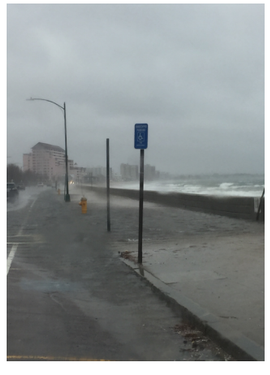
GOAL: Our communities are resilient to the impacts of climate change, and our efforts promote environmental justice and mitigate further contributions to climate change.

OBJECTIVES:

1. Equip patient-facing healthcare providers with tools and knowledge to support patients experiencing climate and environmental hazards and stressors.

2. Provide patients and community members with information about environmental risks and resources to protect themselves.

3. Build support for investment in climate resilience and sustainability measures at CHA.



STRATEGY SPOTLIGHTS:

CHA's Department of Community Health works closely with municipalities and community based organizations across our service area on projects to mitigate and prepare for climate-related threats. The CLEANAIR project with the Mystic River Watershed Association and the Cooling East Somerville project with the City of Somerville and Culture House are two examples of our **collaborative work on air pollution and extreme heat.** We will continue to **build and strengthen these partnerships and expand the integration of climate health education into existing community engagement efforts.**

We will work towards screening CHA patients for risk of climate and environmental hazards, such as having ways to stay cool during extreme heat or living in housing free from mold. We will **build out educational materials and programs for providers and patients, and ground this climate communication in people's daily realities** such as high utility bills, unsafe housing, air pollution, and stress.

CHA's Climate Health Action Partnership (CHAP) is a network of staff working to **expand CHA's Culture of Caring** to include care for our climate, including by achieving net zero greenhouse gas emissions by 2050. Recent projects include launching an extreme heat alerts campaign for patients, encouraging prescribing of more climate-friendly inhalers, and reducing disposable glove waste. **We will strengthen connections between CHAP's institutional work and community and regional climate initiatives.**

POLICY & ADVOCACY

GOAL: Address key drivers of health inequity, ultimately leading to reduced disparities in health outcomes and improved wellbeing.

OBJECTIVE:

Develop a Social Determinants of Health (SDOH) policy agenda that:

1. Defines CHA's priorities and objectives beyond healthcare policy.
2. Creates a process and criteria for CHA to participate in local and statewide advocacy.
3. Clarifies staff roles in coalitions and advocacy opportunities.

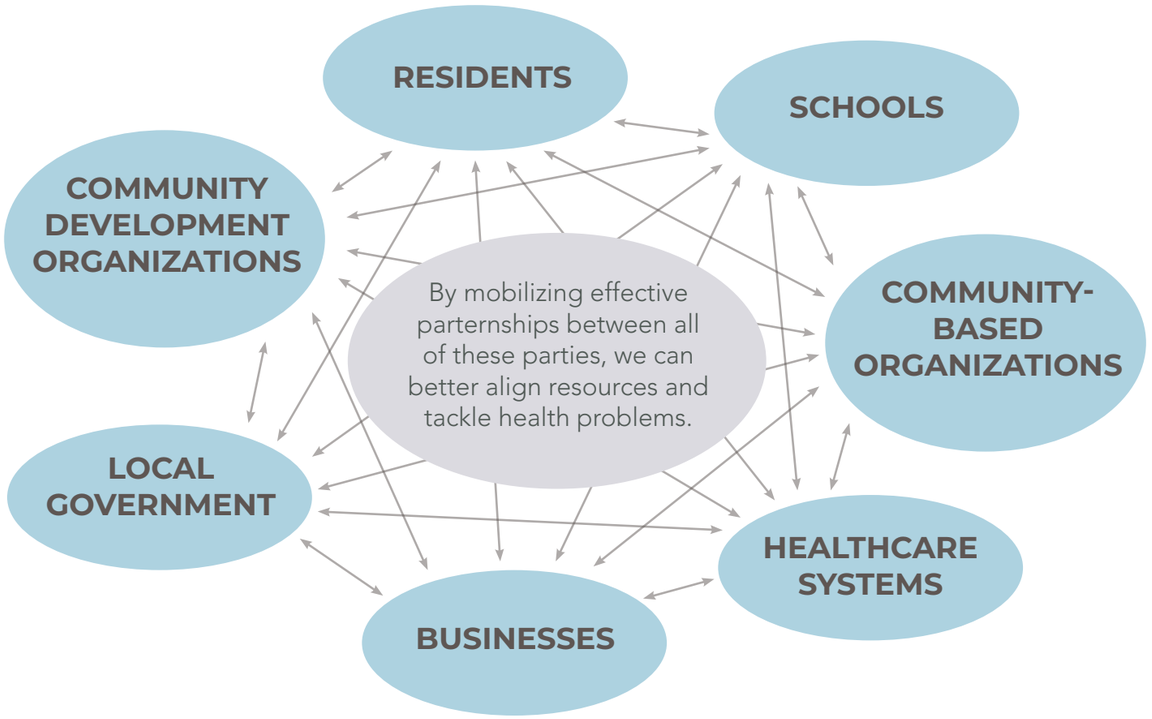
STRATEGY SPOTLIGHTS:

CHA already engages in policy advocacy to advance equitable healthcare access, payment and delivery reform, and other health policy priorities. CHA is a member of the Health Equity Compact, which advocates for state policy change to advance health equity in Massachusetts, including through proposed legislation such as *An Act to Advance Health Equity*. CHA staff participate in many coalitions focused on addressing social determinants of health, such as the Somerville Food Coalition, the Resilient Mystic Collaborative, and the Malden Lead Steering Committee, to name a few. **We will conduct a full policy and coalition scan to map out current efforts, identify gaps and opportunities, and work to strategically align CHA's SDOH policy priorities with partners' efforts.**

CHA recognizes how deeply health is linked to social and economic factors. CHA's CEO, Dr. Assaad Sayah, has testified in support of the ENOUGH Act – legislation that would fund community-led, cross-sector efforts to reduce poverty, promote economic mobility, and address health-related social needs (HRSN) for children and families. While CHA assists patients with HRSN and cultivates extensive community partnerships, we will also continue to **advocate for a more holistic approach that would support resources for families and drive systemic changes to tackle the root causes of social determinants of health.**

CARRYING OUT THE IMPLEMENTATION STRATEGY

Improving the health of our communities is a collaborative effort.
No single organization can do this work alone.



At CHA, the Department of Community Health (DCH) plays an important role in advancing CHA's mission to improve the health of our communities and care for all. DCH will take the lead on the action steps described in this Implementation Strategy, leveraging our skills in bridge-building, convening, and strategic planning to engage partners and stakeholders. DCH staff will continue to:

- Participate in coalitions
- Develop clinical-community partnerships
- Provide health education and clinical services
- Offer training on community health topics and skills
- Implement health promotion programs

EVALUATION

CHA's Department of Community Health will lead the evaluation of the Implementation Strategy. We are building the capacity to monitor progress and measure outcomes that matter to the people closest to the impact of the work. We encourage evaluation to occur throughout the lifecycle of any program – from design to implementation – and are committed to ensuring that equity is built into the core structure of all initiatives. Our evaluation framework will include:

Engagement and reach

We aim to measure the number of people reached through the IS activities, including patients, clients, and partners, and the extent of services and programs offered.

Quality and satisfaction

We aim to measure the quality of program and services, as defined by the people involved as participants, beneficiaries, or partners.

Knowledge, attitudes, and practices

We aim to measure changes in knowledge, perceptions or beliefs, and behaviors or actions as a result of our programs and initiatives.

Clinical indicators

We aim to measure key health indicators that are directly addressed through our programs.

Disparities

In all measures, we aim to stratify by race, ethnicity, language, and other factors to identify health disparities, improve equity, and tailor care to diverse populations.

Fidelity to equity principles

We aim to measure how well we live out our equity principles: language justice, inclusion of under-represented voices in leadership and decision-making, and fostering collective care.

AUTHORS

The 2026 CHA Implementation Strategy Report was authored by the members of the Health Improvement Team, part of the Department of Community Health at CHA.

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We thank our colleagues across CHA, especially the staff of the Department of Community Health; our Deputy Chief Community Officer, Roberta Turri Vise, M.Ed.; and Chief Community Officer, Doug Kress, M.Ed. MPP, for their dedicated support.

ACKNOWLEDGEMENTS

This Implementation Strategy has been strongly collaborative, involving the participation, commitment, and expertise of many people in our communities. We thank all those who informed this process and made it possible to lay the groundwork for collective action.

We deeply appreciate the time and expertise of the members of community based organizations, internal CHA stakeholders, and municipal leaders with whom we held strategy sessions to identify strategies and objectives that respond to the community-identified recommendations outlined in the 2025 Wellbeing Report:

CHA Health Education, Access and Outreach team
CHA Population Health Advisory Committee
CHA Psychiatry Department
City of Malden Mayor's Office and Health Department
Everett Youthworkers Network
Somerville Food Coalition
Women Encouraging Empowerment (WEE)

We thank our dedicated interns, whose support was invaluable in researching promising strategies, compiling and analyzing stakeholder feedback, and developing engagement materials. Our interns included Jacqueline Chan, Harvard Chan School of Public Health, and Monich Long, Harvard College.

We gratefully acknowledge our institutional partners. These include the Cambridge Public Health Department; Beth Israel Lahey Health, especially Mount Auburn Hospital; Mass General Brigham, especially Massachusetts General Hospital; the Metropolitan Area Planning Council; the North Suffolk Public Health Collaborative; and Tufts Medicine, especially Melrose Wakefield Hospital.

We thank our Community Health Advisory Council (CHAC) members, whose invaluable feedback and individual perspectives will contribute to shaping community health in the communities that Cambridge Health Alliance is proud to serve. CHAC membership consists of representatives from the following community-based organizations, municipal departments, and governmental agencies:

Brazilian Women's Group
Bread of Life
Cambridge Public Health Department
City of Chelsea
City of Everett, Department of Planning and Development
City of Malden, Health and Human Services
City of Medford, Health Department
City of Somerville, Office of Food Access + Healthy Communities
City of Somerville, Office of Sustainability and Environment
Everett Community Growers, Inc.
Housing Families, Inc.
Joint Committee for Children's Healthcare in Everett
La Comunidad, Inc.
Latinos Unidos en Massachusetts (LUMA)
Malden City Council
Massachusetts Sierra Club
Mount Auburn Hospital
Mystic River Watershed Association (MyRWA)
Mystic Valley Elder Services
Mystic Valley YMCA
Somerville-Cambridge Elder Services
Somerville Family Learning Collaborative
Somerville Housing Authority

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Photographs were generously provided by the CHA Department of Community Health, CHA Marketing Department, and community partners and media contacts including:
Eliot Family Resource Center (pages 12 and 13)
Chris Acevedo / Reel Envision (page 9)
Everett Community Growers (pages 10 and 11)

IMPLEMENTATION STRATEGY GOALS & OBJECTIVES

CHA Cambridge Health Alliance

CARE T♥ THE PEOPLE

Overarching Goal: The goal of the Implementation Strategy is to address key drivers of health inequity, ultimately leading to reduced disparities in health outcomes and improved wellbeing.

Objective:
Develop a Social Determinants of Health (SDOH) policy agenda that 1) defines CHA's priorities and objectives beyond healthcare policy, 2) creates a process and criteria for CHA to participate in local and statewide advocacy, and 3) clarifies staff roles in coalitions and advocacy opportunities.

HOUSING: AFFORDABILITY, STABILITY, AND SAFETY

GOAL: All people, especially those closest to the impact of historical and present-day housing discrimination, can thrive physically, mentally, and socially in healthy housing.

OBJECTIVES:

1. Develop partnerships to offer tenant education programs and legal rights workshops in trusted spaces and multiple languages, creating pathways to connect health and housing.
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EQUITABLE ECONOMY: MONEY, JOBS, FOOD, CAREGIVING

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OBJECTIVES:

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3. Organize community-led, culturally relevant, and accessible nutrition and cooking workshops.
4. Increase access to job training and career development programs, especially for marginalized groups.

EQUITY IN ACCESS: CARE, SERVICES AND INFORMATION

GOAL: All people receive the care, services, and information they need to thrive.

OBJECTIVES:

1. Invest in supporting the emotional wellbeing of people who are impacted by inequitable systems through tailored programs and cross-departmental initiatives.
2. Strengthen CHA systems to streamline patient access to care, including clinical-community integration, navigation support, and referral workflows.
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CLIMATE HEALTH AND ENVIRONMENTAL JUSTICE: AIR, WATER, LAND, RESILIENCE

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OBJECTIVES:

1. Equip patient-facing healthcare providers with tools and knowledge to support patients experiencing climate and environmental hazards and stressors.
2. Provide patients and community members with information and resources about environmental risks and options to protect themselves.
3. Build support for investment in climate resilience and sustainability measures at CHA.

THANK YOU

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