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Descriptive Report

Utilizing a Qualitative Needs Assessment with Multiple Stakeholders to Design a New Family Medicine Student-Run Clinic

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Abstract

Student-faculty clinics have played an important role in caring for underserved populations over the last several decades. In 2013, a multi-site student-faculty primary care practice expanded to a family medicine clinic in Somerville, Massachusetts. A needs assessment was conducted to tailor the design of the new student-faculty clinic to the unmet needs of the patient population. Semi-structured interviews were performed with key stakeholders, including current patients at the health center, clinic staff, and representatives of community organizations. Interviews elucidated such themes as: a desire for lengthened patient visits, interest in more advice on nutrition and weight loss, a need for increased mental health services, and assistance with navigation of the healthcare system. The results of this needs assessment were then incorporated into the design of the new student-faculty clinic, featuring longer appointment times, health education, and close connections to mental health services. This article describes a systematic approach to conducting a comprehensive needs assessment for health professional programs interested in developing student-faculty clinics, and the incorporation of needs assessment results into the design of such a clinic.

Background

Student-run clinics and student-faculty clinics have been growing in number and help carry the burden of care previously shouldered by privately and publicly operated hospitals and clinics.[1] These student-faculty clinics often provide care to underserved patient populations[2] and have been shown to improve students' attitudes towards working with the underserved and even interest in pursuing a career in primary care.[3,4] Additionally, they expose medical students to primary care in a clinical setting at an earlier stage in their medical education.[2] In 2009, Harvard Medical School (HMS) launched the Crimson Care Collaborative (CCC), a multi-site student-faculty medical practice, with the goal of expanding access to primary care and increasing medical student interest in primary care careers. The clinic was designed as a 'student-faculty collaborative practice' to emphasize the involvement of faculty in the oversight of student-led initiatives and clinical care provision.[5] At the time of this study, there were five CCC sites, each working with an affiliated hospital to address healthcare needs unique to their patient populations.

In 2013, HMS students and faculty identified Union Square Family Health (USFH), a family medicine clinic in Somerville, Massachusetts and a member of the Cambridge Health Alliance (CHA) as a new CCC site. The health center serves a large and underserved immigrant population and would give students early exposure to family medicine. To maximize the benefit of a new student-run clinic, a needs assessment was performed with the patient population, clinic staff, and local community to determine how to target the added value of a student-run clinic within the existing medical practice. Recognizing that individual health is impacted significantly by social context and community, input was obtained from multiple groups of stakeholders, each with a different viewpoint on patient and community health. The assessment was focused on patients attending USFH, current USFH staff, and representatives of the surrounding community.

This report will describe an approach to conducting a qualitative needs assessment for health professional programs interested in developing student-run clinics within existing clinical practices or health centers.

Methods

This project was exempted from full review by the Institutional Review Board (IRB) of Cambridge Health Alliance. The full protocol, including full text of the questions for the semi-structured patient and staff interviews, was submitted to the IRB for review prior to the initiation of any portion of the needs assessment. Other student-run clinics planning to conduct a similar needs assessment involving their planned target populations should contact their respective IRB to determine the need for submission of a protocol and the potential for an expedited review.

For this needs assessment, semi-structured interviews were conducted with current patients at USFH, clinical staff, and local community organizations. The needs assessment that is described below was conducted in in the fall of 2013 as a pre-implementation evaluation with the goal of opening a student-faculty clinic. Nineteen current CCC student volunteers who had identified an interest in working on development of the new clinic site in Somerville or had expressed an interest in family medicine served as the investigator team. The team was multidisciplinary, incorporating undergraduate pre-medical students, Nurse Practitioner students, and first- and second-year medical students. The team was led by four fourth-year medical student volunteers with previous experience working with CCC, along with two faculty mentors (BO and MD). The student volunteers were divided into three units to interview patients, staff, and community leaders based on self-reported preference and predetermined team sizes. Informal training in interview methods was provided by the senior medical students, faculty mentors, and a qualitative methods specialist from the Harvard School of Public Health (HSPH). Core interview guidelines were enforced, including the importance of avoiding paraphrasing questions, asking questions in a neutral manner, and using phone interpreters to speak in patients' preferred language for patient interviews.

Patient Interviews

One team of students conducted patient interviews. Student interviewers approached patients in the waiting room of USFH using a standardized recruitment script (Appendix A). The recruitment script was designed to clearly explain the purpose of the interview and was written by the student team with input from the faculty mentors. The recruitment script was drafted by a group of senior students and reviewed and edited by an expert in qualitative methods. Students involved in recruitment then trialed the recruitment script with clinic patients and edited it accordingly for comprehension and clarity. All adult patients currently receiving care at USFH were considered eligible for participation. Patients under the age of 18 years and pregnant women were excluded; this is standard practice when conducting a needs assessment unless the population that will be served is part of these protected populations. Of note, a telephone interpreter service, which is available at all times as a clinical service at USFH and provides real-time translation over a phone connection, was utilized for non-English speaking patients to translate the recruitment script, obtain informed consent, and conduct the patient interviews. Informed consent was obtained from all patients. Patients who consented to

participate were interviewed in a private office following their clinical visits.

A semi-structured questionnaire containing twenty-seven items was developed by the student team and edited for content and clarity by two faculty mentors and an expert in qualitative methods from HSPH (Appendix B). The survey was administered by pairs of students at times during the day based on student availability. One student conducted the verbal interview while the other student took notes to record responses, focusing on major themes for the open-ended questions. Each interview took approximately 15-30 minutes. Participants were not compensated for their participation in the interview. All interview responses were de-identified and transcribed to a secure online research database available through Cambridge Health Alliance,[6] to which all of the student volunteers had been granted access. The researchers tabulated quantifiable responses for descriptive statistics. Two students jointly performed a content analysis to identify recurring themes. Each transcript was reread and tallied for the frequency of each theme.

Clinical Staff Interviews

A semi-structured questionnaire (Appendix C) targeted at USFH staff was written and iteratively revised by the student team. Staff members in clinical and non-clinical positions at USFH were then interviewed. The team aimed to identify staff members in a range of positions with experience in process improvement or with knowledge of the needs of the clinic patient population. Three of the staff chosen for interviews were thus members of the clinic Process Improvement Team. Others were identified through snowball sampling, having been suggested by USFH leadership for their familiarity with the USFH patient population. The remaining subjects were selected through convenience sampling, including personally approaching staff at the clinic and verbally asking for permission to conduct an interview. Interviews were scheduled individually with staff members, and students traveled to the clinic to conduct the interviews in person. Interview transcripts were summarized, and content analysis was conducted as to identify themes.

Community Interviews

The aim of the Community Assessment Team was to describe the demographic data and health statistics of the local population and to elicit specific health-related needs identified by local community leaders and organizations. Demographics and public health data specific to Somerville were summarized by the Community Assessment Team using publicly available local reports.[7,8] The team compiled a list of community organizations to target for interviews based on an Internet search of Somerville health and cultural organizations, published health reports on Somerville,[7] and information provided by the USFH clinic staff. Cultural and religious community leaders, as well as public health and immigrant service groups, were included. Fifteen organizations were contacted by email or phone for interviews. A semi-structured interview tool (Appendix D) was created to guide the community interviews. Each interview was conducted, either in person or by phone, by one student who also recorded interviewee responses. The majority of in-person interviews were conducted after community meetings bringing together multiple local community organizations. Each interview took approximately 30 minutes. Student team members read transcripts and recorded emergent themes from each interview, based on prevalent key words, related to areas of need.

Results

Patient Interviews

Seventeen individual patient interviews were conducted (n=17) during the needs assessment. Interviewees represented multiple self-reported ethnicities (White 4, Portuguese 4, Brazilian 2, other 6[†]), and a majority reported speaking a primary language other than English in the home. Patients highlighted proximity to the health center, recommendations from others, quality of care and friendliness of staff, and care of other family members as common reasons for choosing to access healthcare at USFH (Table 1). Content analysis of the interview transcripts yielded two major overarching themes: 1) many patients had identifiable personal health goals for

[†]Other self-identified ethnicities: Chilean American, Hispanic, Indian, Chinese, Nepali, and Cape Verdean, with one patient identifying with each.

Table 1. Reasons patients obtain care at USFH

Reasons for choosing to obtain healthcare at USFH	Number of patients* (n=17)
Proximity to home	8
Quality of care and/or staff at USFH	7
Family members receive care at USFH	4
Recommendation from colleague, friend, or family member	3
Commute time to USFH from home	
<30 minutes	15
>30 minutes	1

*Numbers do not add up to 17 because some patients listed more than one reason; not all patients responded to all questions

themselves or their families, and 2) longer clinic visits and more education on nutrition and exercise education could help them achieve these goals.

The most frequently reported health goals included weight loss, blood pressure control, and diabetes management. When asked how the clinic is currently helping them reach their health goals, six out of nine patients cited patient education. When asked about approaches that could additionally help patients achieve their health goals, the following items were mentioned repeatedly: more time with their primary care provider, weight loss advice, and more nutritional and exercise education. Patients additionally mentioned that they would like more phone check-ins, on-site interpreters, assistance with insurance billing issues, and shorter wait times for appointment availability.

Clinic Staff Interviews

Ten interviews were conducted with clinic staff members, including a medical receptionist, complex care manager, psychiatric liaison, physician assistant, medical assistant, nurse, and four clinicians. Overall, the interviewees represented approximately 33% of the health center staff. Information obtained in these interviews produced three perceived areas of need: 1) lengthened patient visits, 2) patient awareness of available social services, and 3) better integration of the clinic within the surrounding community. Though many of the staff acknowledged the complex backgrounds and medical histories of the clinic's patient population, they also lauded the clinic for its dedication and teamwork and for its programs and services.

Despite the availability of these services, clinic staff also believed there was a need for strategies to better inform patients about the social services available in the clinic and in the community. Four clinic staff mentioned that the clinic could improve its ability to connect patients to community and psychosocial resources, making the clinic a place of "community integration." Given these needs, several interviewees expressed the opinion that it would benefit patients if students could organize information on the social services offered and use the proposed student-faculty clinic to connect patients to these services.

Additionally, several clinic staff noted that patients at USFH would benefit from extended patient visits. Specifically, three staff members listed longer visits, and two other staff members suggested providing additional evening clinics.

Respondents expressed enthusiasm about the potential for a student-faculty clinic to improve patient access, such as the opportunity to have additional hours to see patients for both scheduled primary care and urgent care visits. When asked about the potential of USFH to develop and launch a student-faculty clinic, nine out of ten staff members expressed support for the concept. One interviewee cited concerns about continuity and quality of care in a student-faculty clinic.

Community Interviews

Thirteen individuals representing fifteen community groups were interviewed (Appendix E). These interviews yielded three common themes: cultural competency, navigation of the healthcare system, and mental health.

Each of the interviewees stressed the importance of understanding Somerville's diverse population. They were proud of the clinic's ability to provide culturally sensitive care to the most populous minorities. Nevertheless, they also noted that more than 62 other languages and dialects are spoken in the community, suggesting that there may be large segments of the population for whom care is not yet culturally tailored or linguistically accessible.

Two interviewees expressed concern that many immigrant patients are not able to easily navigate the healthcare system. Reasons cited included fear of governmental institutions and healthcare organizations due to immigration status. These interviewees noted that two specific populations of concern include elderly immigrants as well as workers supporting families overseas, who often work 60-80 hours per week.

Each interviewee identified mental health care as an area of need, particularly in the immigrant community. Five interviewees said that fear of healthcare institutions due to immigration status extends to mental health services. A representative of a local community health organization suggested focusing on patients with concomitant psychiatric and physical diagnoses. Additionally, per ten of thirteen interviewees, substance abuse is an issue of concern in Somerville and must be considered alongside mental health.

Four interviewees cautioned against the pitfall of organizing services for groups from one language-speaking population, citing differences in country of origin, subculture, or average income even among groups of people speaking the same primary language. This interviewee also mentioned taboos against mental health that exist in some cultures. Recurring stressors among immigrant populations in Somerville cited by multiple interviewees included parental pressure, domestic violence, substance abuse, and pressure surrounding cultural adaptation and chronic unemployment.

Discussion

This detailed needs assessment, conducted with diverse groups of key stakeholders, provided valuable information to guide the development of a new student-faculty collaborative clinic within an existing family medicine practice in a diverse and underserved community in the Boston metropolitan area. The needs assessment was designed to include multiple groups of stakeholders to better understand how the proposed clinic could meet needs identified by all those involved in the health of the community: patients, providers, and community representatives. Other needs assessments for student-run clinics have been reported,[9-11] however, this needs assessment process was more comprehensive and included a greater diversity of representatives, including patients, various members of the healthcare team, and local leaders and organizers in the community.

The themes that emerged from these interviews clustered around five major domains, which were incorporated into the development of the pilot clinic model: 1) patient health goals related to chronic conditions, 2) increased time with providers and improved access to primary care and urgent care, 3) patient awareness of existing social resources at the clinic and in the community, 4) mental health, and 5) cultural competency and barriers to health and healthcare faced by immigrant populations. The structure of the pilot clinic was designed to address these areas of need, within the practical and clinical limitations of a student-run clinic.

Many of the patients interviewed identified existing self-defined health goals and mentioned longer visit duration and strengthened patient education as strategies to help them achieve these goals. Clinic staff similarly identified lengthened patient visits and increased access to primary care and urgent care visits as areas of need. Interviews with staff revealed that despite the presence of robust social services at USFH, increased awareness of these services among their patients was needed. Clinic staff advised using additional appointment time to discuss patients' social needs and to connect patients directly to relevant services, which could be especially beneficial for immigrant patients, whose medical needs are often complicated by social and legal barriers.

The community interviews similarly emphasized the importance of tailoring care around immigrant health and elucidated three gaps in resources in the Somerville area: cultural competency, navigation of the healthcare system, and mental health. Together, these findings, with their recurring and shared themes, guided the design of our student-faculty clinic to allow us to address these concerns. Other clinics can employ similar strategies to better understand how the addition of a student-run clinic can most effectively utilize the specific strengths of a student-

run clinic to augment existing healthcare services.

Specific aspects of our approach played a crucial role in carrying out a successful needs assessment in such a diverse community clinic. First, this study demonstrates how clinics can obtain a much more thorough needs assessment by thinking beyond patients and obtaining the formal input of clinicians, who can identify common roadblocks in daily patient care, and community organizers, who interact with patients outside of the healthcare system. Second, interpreter telephone services were utilized in every step of the process, thus including all eligible patients and community representatives in our needs assessment. Whenever available, this service should be used in every step of the entire needs assessment process.

Our needs assessment was limited by a relatively small number of patients, staff, and community leaders included in interviews. However, the recruitment approach in this study targeted a diversity of patient ethnic backgrounds, clinic staff positions, and community organizations. Additionally, there is the potential of selection bias in the patient interviews, as not all patients agreed to be interviewed. It is thus possible that those who refused felt less comfortable sharing their opinions on care at USFH or had greater language or other barriers precluding them from agreeing to participate. Conducting interviews at times determined by student interviewers' availability may have introduced sampling bias and decreased the generalizability of the patient interviews in this study. Rather than undertaking a formal coding process for our analysis, this study undertook a pragmatic approach that involved multiple students participating in each interview, reading the recorded interview notes, and meeting to discuss the emerging themes until consensus agreement was reached. Finally, audio recordings of the interviews were not obtained, which could have led to the loss of details or nuance of interview responses, as the full content of the responses could not retroactively be reviewed. If a clinic aims to undertake a similar needs assessment with the goal of publishing the results as scholarly work, then recording of the interviews is recommended, as it would allow for detailed coding of full patient responses.

The results of this needs assessment were incorporated into the design of a new student-faculty family medicine clinic at USFH. The student clinic offers evening sessions with lengthened patient appointments allowing for targeted health education, delivered by student volunteers, to assist patients in achieving their health goals. Student volunteers maintain longitudinal patient relationships, helping patients address barriers to healthcare access, such as assisting with insurance applications and making follow-up calls to track completed referrals to community resources. Students maintain active connections with community organizations and social services and invite representatives of these organizations to provide informational presentations and resources during the clinic sessions. The structure of the student-faculty collaborative clinic was limited by lack of trained mental health professionals. However, the clinic provides patient education to decrease stigma around mental health and incorporates resources outlined in the Somerville Well-being Report, including existing language-specific mental health clinics in Somerville,[7] to address community representatives' emphasis on the need for mental health care.

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Disclosures

The authors have no conflicts of interest to disclose.

References

1. Meah YS, Smith EL, Thomas DC. Student-run health clinic: novel arena to educate medical students on systems-based practice. Mt Sinai J Med. 2009 Aug;76(4):344-56. LINK
2. Simpson SA, Long JA. Medical student-run health clinics: important contributors to patient care and medical education. J Gen Intern Med. 2007 Mar;22(3):352-6. LINK
3. Smith SD, Yoon R, Johnson ML, Natarajan L, Beck E. The effect of involvement in a student-run free clinic project on attitudes toward the underserved and interest in primary care. J Health Care Poor Underserved. 2014 May;25(2):877-89. LINK
4. Lie DA, Forest CP, Walsh A, Banzali Y, Lohenry K. What and how do students learn in an interprofessional

student-run clinic? An educational framework for team-based care. Med Educ Online. 2016 Aug 5;21:31900. LINK

5. Berman R, Powe C, Carnevale J, et al. The crimson care collaborative: a student-faculty initiative to increase medical students' early exposure to primary care. Acad Med. 2012 May;87(5):651-5. LINK
6. Harris PA, Taylor R, Thielke R, Payne J, Gonzalez N, Conde JG. Research electronic data capture (REDCap)--a metadata-driven methodology and workflow process for providing translational research informatics support. J Biomed Inform. 2009 Apr;42(2):377-81. LINK
7. The Well Being of Somerville Report 2011 [Internet]. Somerville (MA): Institute of Community Health & Cambridge Health Alliance; 2011. Available from: www.challiance.org/Resource.ashx?sn=CommunityAffairsSomWellBeingReport2011. LINK
8. 2013 Somerville Status of Women Report [Internet]. Somerville (MA): Somerville Commission for Women; 2013. Available from: archive.somervillema.gov/sites/default/files/SCW%20Women%27s%20Needs%20Assessment%20Survey_Final_April%202013.pdf. LINK
9. Thorgrimson J, Doble D, Balfour-Boehm J, et al. Going beyond good intentions: needs assessment for student-led health outreach in Northern Ontario. J Stud Run Clin. 2016 Sep 30;2(2):1-6. LINK
10. Taylor K, Willis E, Hitchens J, et al. Campbell University student-run free clinic: osteopathic medical care for the rural underserved. J Stud Run Clin. 2016 Jan 30;2(1):1-6. LINK
11. Goldwaser E, Bibber B, Eckert K, Paglinco S, Leroy K, Alaimo D. A chronic disease management program at the Rowan School of Osteopathic Medicine's student-run free clinic. J Stud Run Clin. 2016 Sep 30;2(2):1-6. LINK

Appendix A. Patient Interview Dialogue Material

To be delivered by Student Interviewers, who are trained in non-biased, semi-structured interviewing techniques and who are completely uninvolved in the patient's/volunteer's current clinical care.

"We are offering patients at Union Square Family Health a chance to speak with ourselves, trained student interviewers, today. The interview would be about your healthcare needs and how well those needs are being filled. The answers to these questions about your healthcare needs would be kept secret. Your answers could be used to design a special clinic at Union Square working with both doctors and Harvard-associated healthcare students. The goal of this clinic would be to fill the health needs of patients such as yourself.

Would you be willing to spend 30 minutes meeting with ourselves, two student interviewers, right after your clinic appointment today? If yes, we can tell you more about it. If not, your appointment today will continue as usual, and we will not ask you about this again."

Appendix B. Patient Interview Questionnaire

Crimson Care Collaborative-Cambridge Health Alliance
Patient Needs Assessment: Individual Interview Questions

Clinic-Focused Questions

1. Why do you choose to come to this clinic?
    a) How often do you visit this clinic per month? Per year?
    b) Does anyone come with you to your clinic visits? If so, who?

2. How do you travel to the clinic? (Car? MBTA? Walking? Other?)
    a) How long does it take you to travel to the clinic?
    b) Are you able to travel to the clinic whenever you need care?
    c) What, if any, barriers or challenges prevent you from visiting the clinic when you need care?

3. Which services do you use at the clinic (e.g., social work, patient education, etc.)? Why?

4. Which clinic staff members do you interact with when you visit the clinic? (Include any staff, including front desk personnel, social workers, case managers, medical assistants, etc.)

5. Which of your health needs does the clinic help you with?
    a) Does the clinic help you with anything that is not related to your health?
    b) Do you have any needs that the clinic is not currently helping you with (either health needs or needs not related to your health)?
    c) What would the clinic need to offer in order to help with those needs?

6. If you could change one thing about this clinic, what would it be and why?

7. Do you have personal health goals? If so, what are they?
    a) Has the clinic helped you work towards your personal health goals? How?
    b) How could the clinic better help you with your personal health goals?
    c) Do your family members have health goals? If so, what are they?
    d) How can the clinic help your family members achieve their health goals?

Individual-Focused Questions

9. What keeps you up at night? What do you most worry about?

10. Demographics:
    a) Do you live with anyone? If so, whom?
    b) What is the primary language spoken in your home?
    c) How would you describe your ethnicity?

11. Do you seek health care anywhere else?
    a) If so, where?
    b) If so, what for?
    c) How often? (estimate number of times per month or year)

12. Is there anything else you'd like to tell us that we haven't asked about?

Appendix C. Clinical Staff Interview Questions

1. What do you think USFH currently does well?
    - What services currently exist
    - How practices family centered care
    - What services are highly utilized

2. What do you think are unmet needs for USFH?
    - How has USFH tried to address this in the past
    - What do patients identify as an unmet need
    - Family-oriented needs
    - Needs outside of the clinic, e.g. home visits

3. Tell me about the patient population at USFH.
    - What are the health demographics
    - What conditions do you see the most, where do people live, what languages
    - What are obstacles to optimal care for these patients
    - What extra services would be helpful to them or to community
    - How do they usually get after hours or urgent care

4. What do you think about an evening clinic involving students?
    - Specific unmet needs a student clinic could fill
    - Would patients be receptive to student involvement
    - Would staff be receptive to student involvement
    - What goals could student clinic help USFH achieve
    - Have students been involved at USFH in the past
    - What was staff and patient reaction to them

5. Is there anything else you think would be helpful for us to know?
    - Other things we should ask clinic staff
    - Other people we should talk to
    - Things to ask patients
    - What community organizations should we talk to or partner with

Appendix D. Community Interview Questions

1. What are the key underserved demographics of Somerville in terms of health?

2. What do you think are the top neglected health issues in Somerville?

3. Regarding [one of these issues], what are specific challenges around this issue in the community?

4. Are there any ways that a student-faculty clinic could address certain unmet needs or challenging health issues in the community?

5. Is there anything you would specifically NOT want from the student-faculty clinic?

6. Do you have any advice for us, regarding specific characteristics of the Somerville community or particular resources available in Somerville, that we should keep in mind as we work on establishing a potential student-faculty medical clinic at Union Square Family Health?

7. What are the conditions and causes of this issue?

8. Identify programs, strategies and initiatives that have been successful in reducing this health issue.

9. Do you address this issue or need in the community?

10. How do you address this issue?

11. Who else is working on this issue?

Appendix E. List of Community Entities Represented in Interviews

1. Immigrant Services Provider Group

2. Office of Somerville Commissions

3. Institute of Community Health

4. CHA Community Affairs

5. Somerville Haitian Coalition

6. Brazilian Women's Group

7. Mental Health Jail Diversion Project

8. CHA Health Education and Access Programs

9. The Welcome Project

10. Human Rights Commission, City of Somerville

11. Exceptional Lives

12. Tufts, John Hancock Center Live Well

13. Institute of Community Health