



MASSACHUSETTS
GENERAL HOSPITAL

CENTER FOR COMMUNITY
HEALTH IMPROVEMENT

CENTER FOR COMMUNITY HEALTH IMPROVEMENT





“When in distress, every man becomes our neighbor.”

- Drs. Jackson and Warren, MGH Founders, Circular Letter of 1810



This sense of commitment to those in need remains at the core of Mass General’s mission. Today, the hospital is one of the largest providers of care to the poor and underserved in the Boston area. But while access to high-quality health care is necessary, it is by no means sufficient to improving the health status of communities. Mass General has an interest in addressing “social determinants” of health, such as access to healthy foods and educational opportunities, to prevent illness before it occurs.

In 1995 MGH created the Center for Community Health Improvement (CCHI), formerly the Community Benefit Program, with the mission of collaborating with underserved communities to achieve measurable, sustainable improvements in health and well-being. In 2007, MGH changed its mission statement to incorporate its historic commitment to the community. The mission now reads:

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

Today CCHI works in Chelsea, Revere, and Charlestown, where Mass General has had health centers for more than 40 years, and among special populations – Boston youth, homeless persons, seniors, immigrants and refugees.

In this booklet, you will find descriptions of key strategies to tackle the six priorities identified through comprehensive community health needs assessments. We know there is more work to be done, and we invite you to watch our progress at www.massgeneral.org/cchi/ Thank you for your interest and support.

Joan Quinlan, Executive Director
MGH Center for Community Health Improvement



MGH engages with the communities it serves – Charlestown, Chelsea, and Revere – to conduct community health needs assessments to determine priorities. In the 2012 assessment, local communities guided the process and gained input in the following ways:

- ⊙ **Community Forums** reaching approximately 300 people
- ⊙ **Quality of Life Surveys** translated into four languages with more than 2,200 responses
- ⊙ **35 Focus Groups** reaching more than 350 residents and
- ⊙ **Public Health Data**

CCHI partners with key community stakeholders – residents, schools, local government, local non-profits and others – to change policies and systems so that decisions about healthy behaviors are easier to make. We also intervene with vulnerable patient populations to make care more accessible, and work to develop the assets of youth.

Our six areas of focus resulting from our 2012 community health needs assessment are:

- ⊙ Substance Abuse Prevention and Intervention
- ⊙ Violence Prevention/Public Safety
- ⊙ Healthy Eating/Active Living
- ⊙ Youth Development and Education
- ⊙ Cancer Prevention and Early Detection
- ⊙ Access to Care for Vulnerable Populations



CCHI supported the communities in forming strong coalitions – Revere CARES and the Charlestown Substance Abuse Coalition – to change the norms, attitudes and policies that enabled teen substance abuse.



SUBSTANCE ABUSE PREVENTION AND INTERVENTION

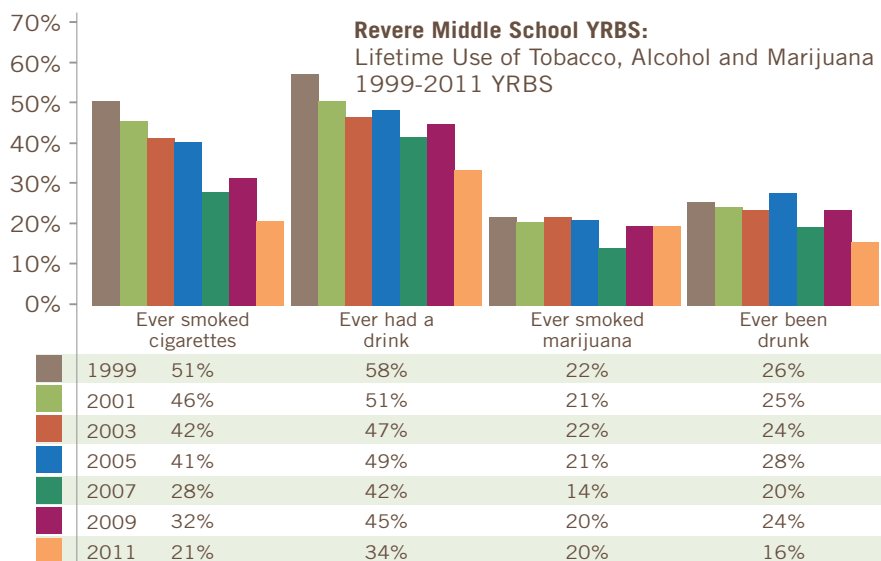
The earlier young people experiment with alcohol and drugs, the more likely they are to have a lifelong problem. In 2011, between 34 percent and 40 percent of high school youth in Chelsea and Revere said they drank alcohol in the last month, and between 23 percent and 31 percent said they used marijuana. Among older teens and adults, heroin and prescription drugs are serious problems. Charlestown, Chelsea and Revere each lose two to 10 people per year from heroin overdoses. As a result of the latest community health needs assessment, all three communities have identified substance abuse as their priority issue.

Approach

CCHI and local communities employ multiple strategies to move the dial on substance abuse. Together we have changed police, school and court policies and practices; changed community attitudes and norms through social marketing; and developed positive after-school and summer activities for youth.

Results

CCHI supports communities in forming strong coalitions – Revere CARES and the Charlestown Substance Abuse Coalition – to change the norms, attitudes and policies that enable teen substance abuse. Revere CARES won a national award for reducing teen substance use. For example, there was a 39 percent decrease in binge drinking over eight years. In Charlestown, our Charlestown Substance Abuse Coalition (CSAC) was instrumental in reducing overdoses from opioids by 50 percent since 2004 and advocated for more treatment.



Source: 1999-2011 Revere Middle School YRBS



Amanda Breen, violence intervention specialist, MGH Emergency Department



The Violence Intervention Advocacy Program (VIAP)
intervenes with about 245 victims of
community violence who present in the
MGH Emergency Department each year.



VIOLENCE PREVENTION AND PUBLIC SAFETY

Violence-related injuries result in more than two million emergency department visits across the country per year, and have profound health and mental health effects. Each day an average of 13 young people ages 10 to 24 are victims of homicide, making this the second leading cause of death for young people ages 15 to 24 years old. Additionally, one in four women in this country will experience intimate partner abuse at some point in their lives. Chelsea has the second highest rate of weapons-related injury in the state, and among the highest rates of child abuse and neglect. Through the community health needs assessments, communities made a connection between substance abuse and physical safety.

Approach

MGH has developed a number of programs to respond to intimate partner, family and community violence to both prevent and intervene in the cycle of violence. MGH Chelsea has a partnership with Chelsea Police that provides crisis intervention to children who witness violence. Across the MGH system, the HAVEN (Hospitals Helping Abuse and Violence End Now) program advocates for those experiencing abuse from their intimate partners. The Violence Intervention Advocacy Program (VIAP), based at MGH's Emergency Department, helps violence victims recover from the physical and emotional trauma by providing them with skills, services and opportunities so they can be empowered to make positive changes in their lives and contribute to building safer and healthier communities.

Results

- ⦿ The HAVEN Program at MGH provides services to more than 600 victims of intimate partner violence every year and 82 percent of clients surveyed reported increased personal safety after three months in the program.
- ⦿ A new partnership with Casa Myrna Vazquez provides legal services to clients including family law, children's issues, safety planning and restraining orders.
- ⦿ The Violence Intervention Advocacy Program (VIAP) intervenes with about 245 victims of community violence who present in the MGH Emergency Department each year.
- ⦿ An MGH Chelsea social worker partners with the Chelsea Police to provide crisis intervention for children who have witnessed violence to about 100 families per year.

HEALTHY EATING/ ACTIVE LIVING

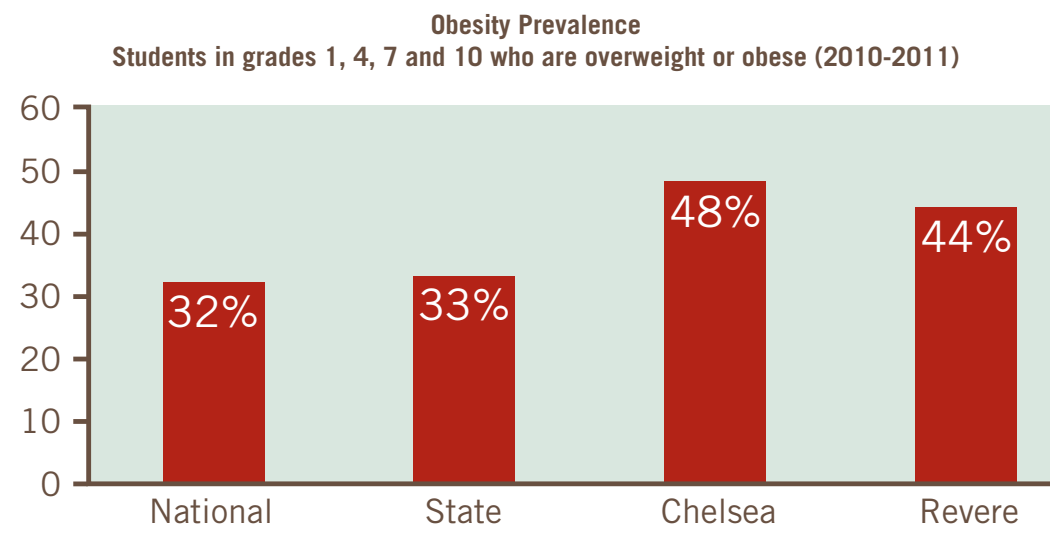
Obesity is a national epidemic that disproportionately affects low income communities and communities of color. CCHI is working with the communities of Revere and Chelsea to fight the obesity epidemic and create healthier communities by changing the overall environment to support healthier lifestyles. In Chelsea, 48 percent of students in grades one, four, seven and ten are overweight or obese; in Revere, the percentage is 44.3. Paradoxically, “food insecurity” or hunger is more likely to cause obesity because it encourages young people to fill up on cheap, high caloric foods.

Approach

Our goal is to increase physical activity and consumption of healthy foods by working to improve the built environment and increasing access to affordable healthy food. We share the Healthy People 2020 goal to promote and improve health, fitness and quality of life, reduce chronic disease risk through the consumption of healthful diets, promote daily physical activity and achieve and maintain healthy body weights.

Results

Our Healthy Chelsea coalition advocated for the passage of the city’s artificial trans fat ban, and is working to bring healthy foods to urban stores. Chelsea schools are incorporating daily physical activity into the classroom. Revere on the Move helped create an urban walking trail, a Walking School Bus program and has long supported a farmers’ market, among many other activities. All families in the MGH Revere and Chelsea pediatric practices are screened for food security, and we help those with hunger obtain food assistance. Healthy Eating/ Active Living initiatives are coming to Charlestown.



Source: CDC, Mass. Dept. of Public Health, Chelsea Public Schools 2010, Revere Public Schools 2010



Revere on the Move led efforts to create an urban walking trail, Walking School Bus and has long supported a farmers' market.





Every year about 500 youth have experiences with health and science through MGH, and almost 400 MGHers volunteer to make this possible.



YOUTH DEVELOPMENT AND EDUCATION

About three-quarters of public school students in Boston, Chelsea and Revere qualify for free or reduced lunch, a key indicator of poverty. These students have low graduation rates: For example, 66 percent in Boston graduate versus 85 percent statewide – and even those who attend college have difficulty graduating. Of the Boston high school graduating class of 2005 who entered college, only 47 percent had graduated six years later. This low educational attainment predicts low economic status, the strongest predictor of health status.

Approach

Every year for the past two decades Mass General has inspired hundreds of Boston youth interested in health and science careers with educational activities and employment opportunities. MGH is committed to expanding the horizons of these young people as a health improvement strategy as well as a workforce development strategy. The MGH Center for Community Health Improvement provides youth from grades 3 through college with academic, life and career skills that expand and enhance their educational and career options through activities related to science, technology, engineering and math (STEM). The Center has expanded this work to Revere and Chelsea for high school students.

Results

Mass General has an ambitious program with Boston, Chelsea and Revere youth to stimulate interest in STEM as a pathway out of poverty. We have partnered with after-school programs and community organizations to host activities that build skills through experiences and personal relationships related to STEM. During the summer, enrichment continues at STEM Camp in collaboration with Wheelock College and the Efficacy Institute's Summer Success Program. The goal of all these activities is to spark college aspirations and to promote the understanding of what it takes to enter a health or science career. More than 150 youth are employed at the hospital over the summer months. Every year about 500 youth have experiences with health and science through MGH, and almost 400 MGHers volunteer to make this possible.

CANCER PREVENTION AND EARLY DETECTION

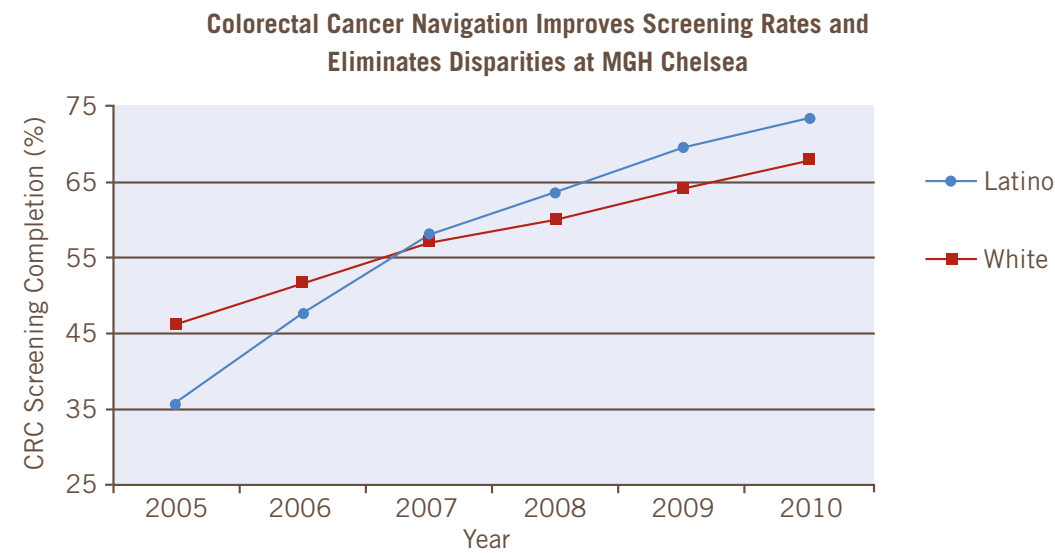
Racial, ethnic, and socioeconomic disparities in morbidity and mortality from a wide range of cancers continue to plague the U.S health care system. Unequal Treatment, a report by the Institute of Medicine, found multiple reasons for these disparities, including socioeconomic status, education and health insurance access, as well as barriers within the health care system.

Approach

Incidence and mortality from three cancers – breast, cervical and colon – have historically been higher in Chelsea, Revere and Charlestown than the state average. Cultural, linguistic and economic barriers often prevent screenings, and thousands of vulnerable MGH patients have been identified as in need of breast, cervical and/or colorectal screening. In addition, all three communities have higher smoking rates than the state, and lung cancer incidence and mortality are particularly high.

Results

Navigation – The job of “navigator” is to work with patients to identify barriers to care and do “whatever it takes” to help patients overcome them. Navigators are often from a similar ethnic background as the patients they serve. With the help of navigators, colon cancer screening rates improved dramatically for all patients at MGH Chelsea, and a disparity in screening between Whites and Hispanics was eliminated (see chart below). Navigators at MGH Chelsea assist more than 1,500 patients each year to obtain breast, cervical and colorectal cancer screenings and follow-up on abnormal findings.



Source: MGH CCHI program data 2005-2010



Navigators at MGH Chelsea assist 1,500 patients per year to obtain breast, cervical and colorectal cancer screenings and follow-up on abnormal findings.



ACCESS TO CARE FOR VULNERABLE POPULATIONS

MGH has a long history of providing care to all regardless of ability to pay. This commitment is carried out at the hospital, as well as through the MGH health centers in Revere, Chelsea and Charlestown. However, even when financial barriers are removed, social, cultural, linguistic and socioeconomic barriers can prevent people from seeking care.

MGH Community Health Associates, now a part of CCHI, supports the MGH health centers with programs for those with HIV, Hepatitis B, addiction, obesity and more while working with the practices to design patient-centered medical home.

Approach

Our goals are as varied as the populations we serve. For refugees, we aim to have a health assessment visit within 30 days of arrival in the US. For seniors, we aim to improve management of chronic disease through evidence-based educational programs and services that allow them to stay in their homes.

Results

CCHI is engaged with a range of programs to reduce barriers to care, including:

- ⦿ There are more than 800 elders and disabled persons living in housing within close vicinity of MGH. Many of them are low-income and frail. MGH Senior HealthWISE reaches these elders with about 2,700 encounters such as home visits, support groups, coordination of home services and contacts with their physicians.
- ⦿ Community health workers have a proven track record in identifying barriers to care and doing whatever it takes to overcome them. As MGH redesigns care to better manage high-risk, vulnerable patients, community health workers are integral members of those teams.
- ⦿ Chelsea and Revere infant-parent specialists serve up to 1,000 new parents during their well child visits every year, while Chelsea home visitors work intensively with 125 high-risk families yearly to identify and reduce multiple risk factors such as substance abuse, child abuse and neglect, violence and obesity.
- ⦿ Boston Health Care for the Homeless at MGH has conducted daily clinics in the hospital's Medical Walk In Unit for more than 25 years.
- ⦿ The Refugee programs in Chelsea connected with 116 newly arriving refugees from Bhutan, Eritrea, Iraq and Congo.



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HISTORY: MGH'S COMMITMENT TO THE POOR AND UNDERSERVED

The early years ...

- 1829 555 patients admitted, 289 receive free board and care. Donors sponsor 80 free beds for needy patients.
- 1874 Bigelow Pavilion constructed for victims of contagious diseases often shunned by other facilities.
- 1894 Out-Patient pharmacy begins to provide free medicines and dressings.
- 1903 New Out-Patient Building completed, providing "exceptional facilities for care of the sick poor."
- 1905 First hospital Social Service Department established to help poor patients "maximize the benefits of their medical care."
- 1923 North End Diet Kitchen, established in 1874 to "nourish the sick poor," becomes the MGH Dietetic Department.





More recently ...

- 1968 MGH opens Bunker Hill Health Center, one of first hospital-licensed community health centers in nation.
- 1985 Boston Health Care for the Homeless Program opens clinic within the Medical Walk-In Unit.
- 1988 The Boston Private Industry Council makes James P. Timilty Middle School a partner of the MGH.
- 1995 MGH Center for Community Health Improvement (CCHI) founded to collaborate with underserved communities to improve health.
- 1997 HAVEN, a program for patients experiencing domestic violence, and Revere CARES, a community coalition to prevent substance abuse, are founded.
- 1999 Chelsea Immigrant and Refugee Health Program started.
- 2001 Avon Breast Care Program provides “navigation” at MGH Chelsea, Mattapan and Geiger Gibson Health Centers.
- 2002 Senior HealthWISE opens to improve the health and well-being of seniors in Beacon Hill and West End.
- 2005 MGH Disparities Solutions Center founded to address racial and ethnic inequalities in health.
- 2007 Opportunities for Boston youth expand to include focus on science, technology, engineering and math (STEM).
- 2011 Bicentennial Scholars Program created to support college completion for youth interested in health and science careers.
- 2011 Foster G. McCaw Prize for Excellence in Community Service Finalist, American Hospital Association.
- 2011 Spencer Foreman Award for Outstanding Community Service, Association of American Medical Colleges.

PROGRAMS

Substance Abuse

Charlestown Substance Abuse Coalition (CSAC)
Chelsea Substance Abuse Initiative
Revere CARES Alcohol, Tobacco and Other Drugs Initiative (ATOD)
Suboxone Program

Violence

HAVEN (Helping Abuse and Violence End Now)
Police Action Counseling Team (PACT)
Violence Intervention Advocacy Program (VIAP)

Healthy Eating/Active Living

Food for Families
Healthy Chelsea Coalition
MGH Chelsea Power Up
Revere on the Move
Stay in Shape

Youth STEM Education

MGH Bicentennial Scholars
MGH Summer Alumni Program
MGH Youth Scholars
MGH Summer Jobs for Youth
Science Fair Mentoring Program
STEM Club/Senior STEM Club

Youth Health Services

MGH Roca Youth Health Center
School Based Health Centers in Chelsea and Revere

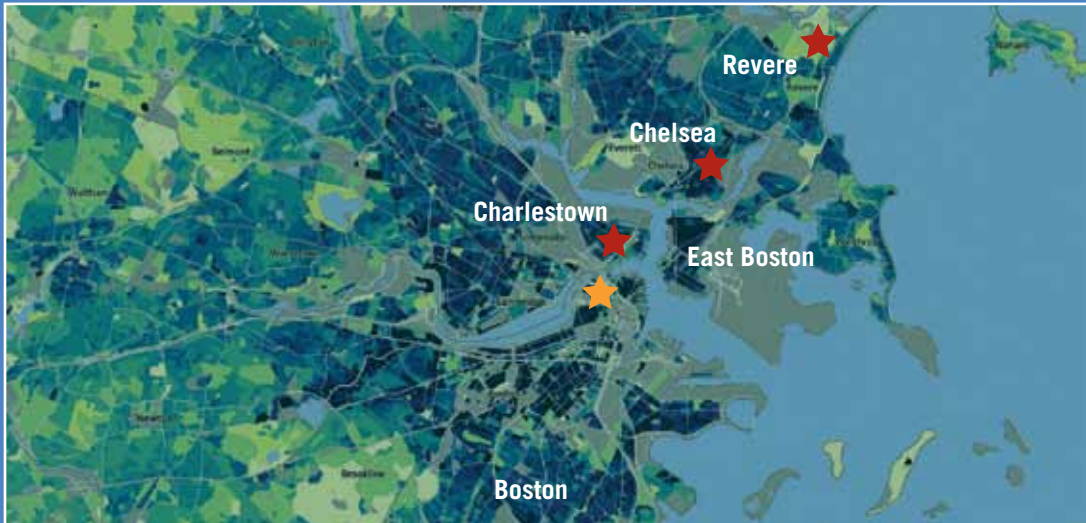
Cancer Prevention/Early Detection

Avon Breast Care Program
Cervical Health Outreach Program
Colorectal Cancer Screening Program
Top Care Patient Navigator Program

Access to Health Care

Access to Resources for Community Health (ARCH)
Boston Health Care for the Homeless Program (BHCHP) at MGH
Emergency Preparedness Program at MGH Chelsea, Charlestown, Revere
Family Planning
Healthy Beginnings
Healthy Steps
Hepatitis C
HIV/AIDS Clinical Case Management
Legal Initiative for Children (LINC)
Medical Interpreters and Community Health Workers
MGH Senior HealthWISE
Pack It In
Prenatal Outreach Program
Refugee Health Assessment Program
Refugee Women's Health Access Program

For more in depth information on each program, please see our website www.massgeneral.org/cchi



★ Massachusetts General Hospital ★ MGH Health Care Center

	Revere	Chelsea	Charlestown	Boston
Population	51,755	35,177	16,439	625,087
Per capita income	\$19,698	\$14,628	\$38,963	\$31,856
Below poverty	16%	23.3%	17%	21.2%
Less than a high school education	21%	35%	10%	15.7%
Language other than English	43%	68%	19%	36%

- ▶ Based on per capita income, Revere and Chelsea rank 328th and 349th out of all 351 Massachusetts municipalities
- ▶ While Charlestown's per capita income is higher than the city of Boston, 17 percent of the entire Charlestown population and 37 percent of Charlestown's children live below the Federal Poverty Level.
- ▶ Among public school students, 81 percent in Chelsea and 43 percent in Revere are Latino.

Source: US Census Quick Source Facts, 2007-2011

MGH Community Benefit Spending FY2012

Community Benefit Program Expense	\$ 7,386,721
Grants for Community Health Centers in East Boston, South Boston, Mattapan and North End	\$ 4,598,971
Subsidies to MGH Health Centers	\$ 36,800,000
Corporate Contribution from MGH/MGPO	\$ 460,091
Determination of Need Spending	\$ 1,892,831

Other Resources

Grants Obtained	\$ 4,920,833
Doctor Free Care	\$ 9,788,000
Hospital Health Safety Net Care	\$ 41,443,309
TOTAL per AG Guidelines	\$100,290,756

Additional Information

Cost of services in excess of reimbursement

Free Care	\$48,537,000
Medicaid	\$104,377,000
Medicare	\$150,342,000
TOTAL ADDITIONAL	\$303,256,000



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