



Partnering with Communities to Improve Health

Chelsea Community Health Needs Assessment & Strategic Planning Report 2012



MASSACHUSETTS
GENERAL HOSPITAL

CENTER FOR COMMUNITY
HEALTH IMPROVEMENT

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For more information about this report or the center's assessment process, please visit www.massgeneral.org/cchi or email Leslie Aldrich at laldrich@partners.org.

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Massachusetts General Hospital: A Tradition of Caring

MGH recognizes that access to high-quality health care is necessary, but by no means sufficient, to improving health status. We are also committed to engaging in deep and transformative relationships with local communities to address the social determinants of health. The MGH Center for Community Health Improvement (CCHI) conducted its first community health needs assessments (CHNA) in 1995 in Revere, Chelsea and Charlestown, where MGH has had health centers for more than 40 years, and has done so periodically over the past 17 years. As a result of these assessments and together with our community partners, we have made substantial progress on preventing and reducing substance abuse, improving access to care for vulnerable populations, expanding opportunities for youth and more.

In 2011, Chelsea had 502 new public school students. 155 were immigrants from 24 different countries

2012 Community Health Needs Assessment

The Patient Protection and Affordable Care Act now requires hospitals to conduct CHNA's every three years. CCHI used this new requirement as an opportunity to formalize our assessment methods using the MAPP framework (Mobilizing for Action through Planning and Partnerships, created by the CDC in 2000). MAPP recommends that assessments be community driven, involve diverse sectors of the community, and that data be collected through multiple sources such as focus groups, key informant interviews and public health sources. CCHI collaborated with the communities of Revere, Chelsea and Charlestown to conduct the assessment process. Almost 3000 people across the three communities, including more than 1100 from Chelsea, had input into this process. In Chelsea, residents participated through the following methods:

"Chelsea needs to restrict the easy access to alcohol and drugs. It's too easy to get drugs, and easier to obtain alcohol..."
- Chelsea survey respondent

1. **A Quality of Life Survey** - 959 surveys received;
2. **Community-wide Forums** - 75 participants attended;
3. **Assessment Committee Members** - 38 committee members guided the process and shared their perceptions of community strengths, threats and the forces of change that affect health;
4. **Focus Groups** - 10 focus groups reached 109 participants;
5. **Public health Data** - from sources such as the U.S. Census, MA Department of Education and Boston Public Health Commission.

Priorities & Strategies:

By a significant margin, Chelsea identified **substance abuse**, and the effects it has on quality of life including perceptions of violence and public safety, as their top issue. Although many other health issues were identified by the community at large, the Chelsea assessment committee felt strongly about working collectively on one issue in order to make measurable change. It was acknowledged that there were already significant efforts happening on some of the other major areas of concern identified by the community, such as obesity, cancer prevention, education, etc. and although a lot of good work was already being done to prevent and treat substance use disorders a more a more concerted and collective effort was needed.

In order to accomplish Chelsea's goal, a new Community-based Substance Abuse Initiatives Manager for the City of Chelsea has been hired in order to facilitate this work. Initial new strategies resulting from this assessment process includes strengthening community collaboration and increasing coordination around substance abuse prevention and intervention services across the city.

The Chelsea Community

Chelsea is a densely populated community located two miles north of Boston with a rapidly growing population of 35,177 (2010 Census). 17,540 people live within one square mile, compared to 812 per square mile in Massachusetts. Chelsea is rich in diversity and has long been a gateway city for immigrants from countries in Central America and refugees fleeing countries devastated by war and poverty including Bosnia, Somalia, Afghanistan, Iraq and Northern and Western Africa. Today, 46% of Chelsea residents are foreign born and over 58% speak a language other than English at home. Just over 62% (up from 28% in 2000) of Chelsea residents and 81% of public school students are Latino. In fact, 30% of new students in Chelsea are new immigrants representing 24 different countries. Though newcomers to Chelsea contend with the loss of many of their cultural traditions, the city's rich, dynamic and changing diversity sustains many ethnic restaurants, grocery stores, and bodegas that contribute to the community's dynamic character.

Chelsea's history contributes to the community's health today. An industrial center during the 19th century, Chelsea suffered severe setbacks from two devastating fires with city-wide destruction in 1908 and 1973. In 1991, an escalating financial crisis and worsening economy placed Chelsea in receivership. However by 1995 a new city charter and management structure were created and Chelsea attracted new business development. In 1998, Chelsea was recognized by the National Civic League with the All-America City Award.

Despite its vibrancy and remarkable capacity to rebuild following crisis, today Chelsea is one of the poorest communities in Massachusetts. Over 24% of the population lives below the Federal Poverty Level, more than twice the 10.5% rate statewide, and Chelsea's per capita income of \$18,630, ranks it 349th for income of all 351 cities and towns in Massachusetts. As a result, Chelsea struggles with the risk and health factors associated with poverty, such as substance abuse, violence, educational attainment, and obesity and has many committed people and organizations working to make a difference.

MGH: A Tradition of Caring

Massachusetts General Hospital (MGH) has a long legacy of caring for the underserved in the local community. Founded in 1811 to care for the "sick poor," today that commitment is demonstrated through caring for all regardless of ability to pay, supporting three community health centers for more than 40 years and a comprehensive approach to addressing social determinants of health. MGH Trustees affirmed this commitment in 2007 by expanding the hospital's mission to include "...improve the health and well-being of the diverse communities we serve."

MGH recognizes that access to high-quality health care is necessary, but by no means sufficient, to improving health status. We must also engage in deep and transformative relationships with local communities to address the social determinants of health. Thus, MGH created the Center for Community Health Improvement (CCHI) in 1995, with the mission of collaborating with communities to achieve measurable, sustainable improvements to key indicators of the community's health and well-being. Since 1995 MGH has partnered with the neighboring communities of Charlestown, Chelsea and Revere to identify and make measurable improvements in health.



MGH CCHI: Partnering with Communities

CCHI conducted its first community health needs assessments (CHNA) in Chelsea, Revere and Charlestown starting in 1995, and has done so periodically thereafter. While each community is unique, they also share challenges and opportunities. MGH health centers are in each of these communities and provide comprehensive health care to over 63,000 primarily low-income individuals and families annually. CCHI has partnered with these communities to make measurable improvements to complex and long-standing health problems. Many of these problems are associated with high rates of poverty, low educational attainment and other social and economic determinants. These communities have undergone rapid demographic transformation as new populations from across the globe bring extraordinary diversity. Since 1995, CCHI has collaborated with our community partners and health centers to assess health status and identify and address priorities which have included:

Preventing and Reducing Substance Abuse
Interrupting the Cycle of Family Violence
Eliminating Racial and Ethnic Disparities in Health Care
Expanding Opportunities for Boston Youth
Improving Access to Care for Vulnerable Populations
Promoting Healthy Living
Prevention and Early Detection of Cancer

Following the first community health assessment in Chelsea in 1996, Chelsea decided to focus on family violence as a health priority. As a result, the Police Action Counseling Team (PACT), a partnership between MGH Chelsea social workers and the Chelsea Police, was created in 1998 to intervene 24/7 on the scene when children witness violence, particularly domestic violence. A Director of Community Health was then hired at MGH Chelsea to assess and address barriers to care for vulnerable patients and as a result over 10 programs have been created in partnership with every department in the health center and with community partners across sectors. Some of these include:

- The Visiting Moms Program, formed in 2002, serves high-risk immigrant and refugee new mothers who receive care at MGH Chelsea.
- The Chelsea High School Health Center, serves over 1400 primarily low-income, Latino students annually.
- Healthy Chelsea, a community coalition created in 2010 to improve health and access to nutrition by reducing the staggering epidemic of overweight and obesity in Chelsea.
- Additional programs include the Immigrant and Refugee Health Program, the Refugee Women's Health Access Program, the Pediatric Asthma Program and the Cancer Patient Navigation Programs.



Since CCHI’s last overall assessment in 2009, the Patient Protection and Affordable Care Act was passed requiring hospitals to conduct CHNA’s every three years, reportable to the Internal Revenue Service (IRS). Guidelines require diverse community participation in the assessment process, the goal of which is to identify health priorities and develop a strategic implementation plan to address them. This plan must be approved by the governing board of the hospital and reported reported to the IRS every three years. MGH CCHI viewed these requirements as an opportunity. After review of

methods, we selected MAPP: Mobilizing for Action through Planning and Partnerships. MAPP is a community-driven strategic planning process for improving health, developed in 2000 by the Centers for Disease Control and Prevention (CDC). Similar to IRS guidelines, the process recommends that assessments be community driven, involve diverse sectors of the community, and that data be collected through multiple sources such as focus groups, key informant interviews and public health data. The framework recommends data to collect in order to identify a broad array of health indicators, including behavioral and environmental factors, as well as tools for collecting that data.

MAPP recommended phases and assessments:

Phase 1: Organize for success and develop partners

Phase 2: Collaborate and create a common language/vision

Phase 3: Assess needs and strengths of the community by measuring:

- *Community Themes and Strengths:* Qualitative data collection that aims to find out what is important in the community, how quality of life is perceived and what assets and resources are available to improve quality of life
- *Forces of Change:* The positive and negative external forces that impact the promotion and protection of the public’s health
- *Community Health Status:* The overall health as measured by public health data and community perceptions

Phase 4: Identify strategic issues

Phase 5: Formulate goals and strategies

Phase 6: Plan, implement, and evaluate the community’s strategic plan

Phase 1 & 2: Partnership Development

The MAPP process in Chelsea was built upon a strong foundation of extensive coalition building, community engagement, and successful outcomes over the past 15 years. In September 2011, Chelsea City Manager Jay Ash contacted CCHI to propose a partnership to develop a human services plan for Chelsea. This fortuitous overture coincided with early planning at CCHI to conduct the MAPP process, and a partnership was quickly formed.

Mr. Ash and CCHI identified community leaders, residents and organizations to form the community assessment committee. Together they determined that the best approach to engage the committee was through a full-day retreat, held on February 2, 2012. To encourage attendance, Mr. Ash contacted each potential committee member individually to express his personal commitment to the project and the need for their participation. This approach proved highly successful; 46 people representing eleven sectors (education, health care, social services, government, criminal justice, community mental health, faith, business, youth and community residents) agreed to serve as assessment committee members and attended the retreat. *See Appendix A for lists of members and organizations.*

The retreat was highly interactive and engaged committee members in discussions about community assets, the quality of life in Chelsea, problems Chelsea faces, forces of change at work in the community and potential strategies to address these issues. The committee recommended hosting a Chelsea Community Forum and focus groups to engage a much broader segment of the community in the MAPP process, and took on active roles by providing feedback about the Quality of Life survey, populations that should be included in focus groups and possible organizations to host the groups. They signed up to help with survey distribution, organize and facilitate focus groups, and identify focus group facilitators. Many said this was the first time such a diverse group in Chelsea had assembled around common goals.

In Chelsea, committee members reviewed and agreed to the following job description:

1. Oversee the community health needs assessment and planning process
2. Provide guidance about how to best gather community input and data
3. Assist in convening the community
4. Assist in data collection through focus groups, key informant interviews, and/or other sources
5. Participate in identifying key community issues and assets
6. Prioritize the community's key issues after data gathering and analysis is complete
7. Create a community strategic plan

Phase 3: Data Collection



Following the initial planning phase, community members developed a collective vision of their ideal community that guided the distinct assessments phases. CCHI provided training to assessment committee members, and worked with them to conduct a comprehensive information gathering process incorporating both quantitative and qualitative community health data. Our methodology included:

Chelsea Community Forum, March 2012?

1. A Quality of Life survey was completed by 959 people. The survey was translated into Spanish, Portuguese and Arabic. Paper and online versions were distributed in February and March, 2012 at the Chelsea Public Library and via assessment committee members and their contacts. Overall, survey respondents represented a more White, educated, female perspective than the community at large. *See Appendix B & C for survey sample demographics and select survey questions.*
2. The community assessment committee hosted a community forum, a highly successful event attended by over 75 people. Participants learned about the MAPP process, and heard CCHI presentations about Chelsea's history, demographics, public health data and preliminary data from the Quality of Life survey and focus groups. Data were gathered in small group discussions about participants' vision of a healthy community and Chelsea's strengths and challenges.
3. Focused discussions during community assessment committee meetings about the community's strengths, threats and opportunities, characteristics of a healthy community and the forces of change within Chelsea that affect health.
4. A total of 10 focus groups engaged underrepresented individuals. The groups were co-facilitated by CCHI and community assessment committee members, and were attended by a total 109 in Chelsea. Attendees received a \$20 gift card to a local supermarket or Target in appreciation for their participation. *See Appendix D, E & F for group characteristics, summary and tools.*
5. Public health data gathered from the U.S. Census, MA Department of Education, Boston Public Health Commission, MA Department of Public Health, local police departments and community based organizations. *See Appendix G for data summary.*

MAPP Implementation

Phase 4, 5 & 6: Identifying Strategic Issues, Planning and Implementation

CCHI analyzed all of the data and presented to assessment committee members. Participants reviewed the data and identified priorities based on select criteria: 1) community need 2) impact 3) community interest, will and readiness, and 4) existing or needed resources. They discussed how or if their organization was already addressing the priorities, what additional resources, if any, were needed, and recommended possible solutions. Once priorities were selected committee members formulated goals, objectives and strategies for each priority area. Chelsea's results and plans, along with results from Revere and Charlestown were presented to the Community Health Committee of the MGH Board of Trustees which was newly formed in 2011 and to review and advise on MGH's community commitments. The final report was presented to the full MGH Board of Trustees on September 21, 2012 and it was approved unanimously to support existing and new community priorities and strategies.

MAPP Timetable

The MAPP process followed the following timetable across communities:

Form the community assessment committee	October 2011
Committee create vision of a healthy community	October – February 2012
Data collection	February – April
MGH Board of Trustees subcommittee meetings	April 6 and August 8
Data analysis & report preparation for presentation	April
Data review and interpretation by the assessment committee	May – June
Establish community health priorities	May – June
Establish goals and strategies	June – July
Committee create action plans	July – September
MGH Board of Trustees reviews & adopts community action plans	September 21
Committee reports the action plan to each community	Spring, 2013
Implementation of the action plan	Summer 2013

Assessment Results

Characteristics of a Healthy Community

Respondents of the Quality of Life survey described a healthy community as one with low crime and safe neighborhoods, good schools and access to health care, and a healthy environment where the people have healthy behaviors and lifestyles. Disturbingly, however, 75% of survey respondents rated Chelsea as unhealthy or very unhealthy. Top reasons for this expressed during the focus groups and in the survey include crime and violence, the high cost of housing, environmental impacts on health, language barriers, substance abuse, teen pregnancy, mental illness, poverty, and the lack of access to healthy food and educational resources for adults and youth.



Assessment Results

The most important attributes of a healthy community identified by Chelsea residents and committee members were: low crime and safe neighborhoods, good schools and access to health care, affordable, safe and clean neighborhoods and a healthy environment. These attributes help define Chelsea's vision and shaped its goals.

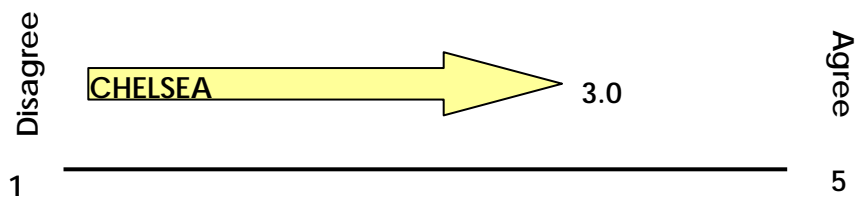


"Chelsea has the opportunity to be a great city. But violence, housing and lack of parental involvement are big issues..." - Chelsea survey respondent

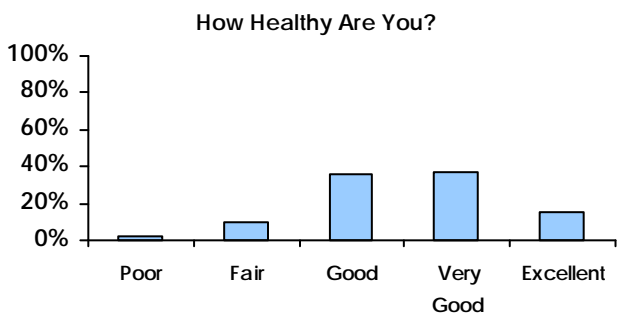
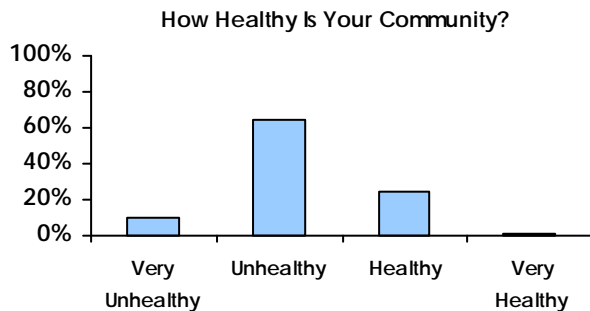
Community Themes & Strengths

Community thoughts, opinions, concerns and solutions were gathered from community members through the quality of life survey and focus groups.

Overall I Am Satisfied With the Quality of Life in My Community



The majority of Chelsea survey respondents ranked their community as either very unhealthy or unhealthy. However, individuals stated that they believe their health is average to above average.



During the assessment committee retreat, the community forum and the focus groups, rich data were gathered about Chelsea’s people, leadership, environment and community services, businesses and educational institutions. Despite the community’s challenges, people who live and work in Chelsea were described as resilient, tolerant, adaptable, loyal and proud. The community is perceived as strong, committed, and understanding, and its organizations work together to solve problems are open to change, visible, active and concerned about the welfare of Chelsea’s youth. Chelsea is a walkable and affordable community with a small town feel and good neighborhoods. Among respondents to the Quality of Life survey, 73% agreed or strongly agreed with the statement “I believe I can contribute to and participate in making Chelsea a better place to live.”

People

Description: Resilient, welcoming, tolerant, adaptable, forgiving, accepting, diverse (multi-generational, multi-cultural), committed, loyal, proud, inquisitive, passionate, young, introspective, tolerant, reflective, unique, creative, positive, funny.

Leadership

Description: Strong, integrated, committed, engaged, tolerant, understanding.

Community Services, Businesses & Education

Description: Collective problem sharing, collaborative, partnerships, organized, accepting, efficient, willing to change, honest, opportunities for youth, growth, diverse, visible, active.

Environment

Description: Walkable, small town feel, strong, good neighborhoods, transportation, scenic, affordable (housing)

Forces that Affect Health

Chelsea is a community with enormous change underway. Participants in the MAPP process identified community problems including violence, youth at risk and drugs. At the same time, extensive new development is underway with the

arrival of emerging businesses, most notably a new casino scheduled to open in the next couple of years. The physical environment is under threat from climate change, and increases in poverty and unemployment along with budget cuts burden the community. New initiatives will improve the health of the community, particularly in the area of healthy eating and active living and health care reform.

Forces that Affect Health

- Community change – violence, youth, drugs
- Housing
- Government/Leadership
- New Businesses / Casino
- Economy - Increase in Poverty % Unemployment
- Physical environment – new casino, technology, businesses
- Healthcare reform/ Medicare / Insurance
- Community Resources – collaborations, Healthy eating/Active living

Community Health Status Assessment – Public Health Data

Public health data was analyzed by CCHI and presented alongside residents' perceptions of the issues collected from focus groups, forums and surveys. Public health data that indicated a problem but were not identified by the community, such as teen pregnancy, were highlighted and presented to community members as an issue of possible concern.

Data sources for Chelsea were obtained primarily from the Massachusetts Department of Public Health (MDPH) and Department of Education (DOE).

Frequently used measurement tools noted in many of the data charts are:

- Behavioral Risk Factor Surveillance System (BRFSS) – A CDC survey administered by MDPH to assess a range of health behaviors
- State (MDPH), and local public health data
- Youth Risk Behavior Survey (YRBS) – A CDC tool, administered by most school departments in the state; MDPH collects and publishes the information
- MGH Patient Data – Used for patient navigation and access programs
- Efforts to Outcomes (ETO) - A universal database that tracks progress of CCHI programs
- Community surveys, such as the Quality of Life Survey, interviews, and focus groups conducted periodically by CCHI

Priority Issues Identified

Following the MAPP process, the Chelsea assessment committee came together to analyze the data and determine priorities that were most relevant and important to them. Priorities were selected using the following criteria: 1) community need; 2) potential for impact; 3) community interest, will and readiness, and; 4) an assessment of the need for additional resources.

Committee members were divided about how to prioritize issues, especially if existing agencies or groups were already working on them. Many members believed leveraging existing work would make the greatest impact in the community while others believed resources should be used to work on new priorities not already addressed. Some believed all top ten health issues determined from the community survey should be selected as priorities while others thought only a handful should be selected to work on.

After lengthy discussion, committee members became passionate about prioritizing only one health issue so that positive, measurable change could be made. Committee members believed the largest impact could be made in the community if stakeholders could collectively work together to address one issue, and recognized that focus on one issue could have a positive effect on many others. Given the overwhelming data supporting substance abuse and public safety as areas of concern, the assessment committee chose substance abuse and the effects it has on quality of life with a focus on crime and safety as their top issue. The table on the next page outlines the issues identified and the priority chosen.

Priority Issues Identified

Community Health Needs Assessment Chelsea Community Priorities

Top Health Issues of Concern Identified by Quality of Life Survey and Focus Groups

1. Drug abuse, addiction, overdose, alcohol (61%)*
2. Crime/Violence/Public Safety (46%)*
3. Poor Diet /inactivity/Obesity/hunger & malnutrition (21%)*
4. Education (20%)*
5. Domestic Violence (15%)
6. Mental Health (14%)
7. Teen Pregnancy (14%)*
8. Environment (13%)*
9. Asthma (8%)*
10. Housing (8%)*

Also of concern to Latinos...

- Homelessness (9%)

*also identified in focus groups

Additional Issues Identified in Focus Groups & by Assessment Committee Members

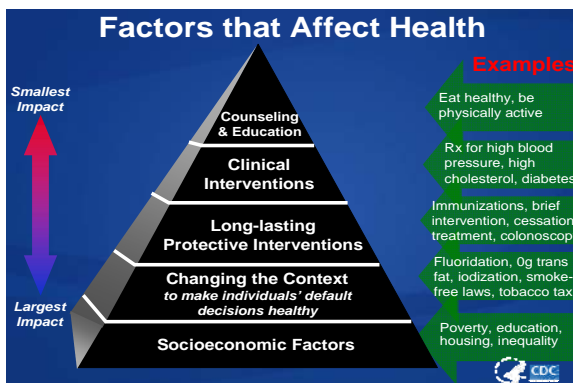
- Health issues such as diabetes and cancer
- Cleanliness of environment; dog waste
- Language barriers especially regarding employment
- Parking and road maintenance
- Poverty
- Not enough ESL courses & education for adults
- Not enough job training
- Drug use
- Access to healthy food
- Lack of teen programming

Supporting public health data identified the following areas of concern: *Poverty, Substance Abuse, Graduation Rates, Teen Pregnancy, Mental Health, Cancer Incidence & Mortality, Obesity, Heart Disease, Diabetes, Stroke, Hunger, Hepatitis C, Asthma, Access to Care*

Chelsea Priority

Substance Abuse

Strategic Planning & Implementation



Currently Chelsea is identifying evidence-based strategies that span all levels of the Health Impact Pyramid, created by Dr. Thomas Frieden at the Center for Disease Control, to address community priorities. Educating community residents, developing clinical interventions, and altering the environmental and socioeconomic factors that affect health through policy and systems change are all strategies recommended by committee

members. Often more than one strategy is needed to impact health and one strategy impacts various health outcomes, thus Chelsea will address substance abuse by working in multiple domains in the community and work on strategies that have the largest health impact.

Cross Cutting Strategies

- **Community Health Workers / Navigation:** Connect those in need to substance abuse services and treatment options
- **Education / Mentorship:** Evidence-based prevention curricula in schools; Parent engagement
- **Safety / Law Enforcement:** Collaborate with community organizations / police to reduce drug activity in neighborhoods and increase perception of safety.
- **Early childhood home visiting:** Build resiliency, increase protective and decrease risk factors among children and families
- **Broken Windows Approach:** Decrease substance abuse and increase perceptions public safety in certain high risk neighborhoods
- **Collaboration:** Comprehensive models to coordinate community-based services, track progress and measure results while simultaneously changing the way community-based organizations work together.
- **Social Marketing/ Communication:** Community-wide messages to change attitudes, knowledge, behaviors and social norms
- **Policy Development:** Advocate and support state and local policy changes that positively impact substance abuse intervention and treatment efforts

There are many service providers and social service agencies in Chelsea that work on some of the issues and strategies identified. Chelsea stakeholders realize that not one organization or service provider can affect the health of the population and that it takes a collective group, held accountable to one another, to make measurable change.

A New Collaboration using Environmental Approaches

The City of Chelsea, in partnership with Massachusetts General Hospital will work closely with a strong oversight committee to build a comprehensive community-based, environmental approach to reducing substance abuse and perception of safety. Efforts will be led by a new Manager of Community-based Substance Abuse Initiatives who will be responsible for providing overall leadership to the development and implementation of a comprehensive city wide substance abuse plan where organizations, providers and residents have a role.

The substance abuse problem was characterized a bit differently in Chelsea than in Revere or Charlestown. People talked about drug and alcohol houses, where people pay a cover charge to enter, as creating an unsafe feeling in their neighborhoods. They also spoke of perceived drug dealing in the city center and the perception that much of Chelsea's problem comes from outside the community with people from other communities coming to Chelsea seeking drugs.

This work will encompass prevention, early intervention and connection to treatment, working in partnership with community organizations through a newly formed city-wide substance abuse oversight committee. The committee will work with this manager to plan, support, and evaluate a comprehensive strategic plan.

Strategic Planning & Implementation

An initial new strategy discussed from this assessment process includes strengthening community collaboration using the “broken windows theory” to decrease substance abuse and increase perceptions public safety in certain high risk neighborhoods. By cleaning up public spaces, enforcing housing codes, identifying and reducing substance abuse “hot spots” and better connecting those in need to treatment committee members believe early success can be reached. This is just one approach that will be more fully vetted in the planning process where a comprehensive environmental strategy will be developed.

Conclusion

Chelsea community leaders are committed to addressing substance abuse. We will be guided by lessons learned over the past 17 years, as well as the unique concerns that surface in the community as we move forward. Progress toward our outcomes is essential and we will continue to work at being a diverse and representative body of the community. We will work with internal program and evaluation staff from MGH and community members to monitor progress and improve quality as the work develops. We have created a new work-plan with outcome measures attached to help measure progress and will report annually to the hospital and the community in order to be accountable on this work. Community health needs assessments and new work plans for the community will be done every three years. We are grateful for our many talented partners and are confident in our collective ability to make lasting and positive change in our communities.

Appendix

- A. Assessment Committee Members
- B. Survey Sample Demographics
- C. Select Survey Questions – Vision, Mission (priorities) & Goals
- D. Focus Group Characteristics
- E. Focus Group Facilitator Guide
- F. Focus Group Summary
- G. Select Public Health Data



Community Health Needs Assessment Committee Members

Chelsea

Jay Ash	City Manager, City of Chelsea
Molly Baldwin	Executive Director, Roca, Inc.
Barry Berman	Executive Director, Chelsea Jewish Nursing Home
Dana Betts	Director of Programming, Roca, Inc.
Roseann Bongiovanni	Co-Director, Chelsea Collaborative/Greenspace
Mary Bourque	Superintendent, Chelsea Public Schools
Rosemarie Carlisle	Chelsea School Committee
Sue Clark	Director, Choice Thru Education
Corinna Culler	BU/Chelsea Dental Program
Clifford Cunningham	Chelsea City Council
Jim Cunningham	Chelsea Revere Winthrop Home Care
Al Ewing	Chelsea Housing Authority
Jovanna Garcia Soto	Chelsea Collaborative/Greenspace
Fr. Edgar Gutierrez-Duarte	St. Luke's Church and the Chelsea Food Bank
Amy Harris	Director, Chelsea ASAP
Kim Hanton	Director of Diversionary Addiction Services, North Suffolk Mental Health Association
Ann Houston	Director, The Neighborhood Developers
Brian Kyes	Chief, Chelsea Police Department
Catherine Maas	Chelsea Board of Health
Genie Meca	Chelsea Community Connections
Jeannette McWilliams	Administrative Director, MGH Chelsea
Chris Miller	Chelsea Board of Health
MaryAnne Miller	Dean, Bunker Hill Community College Chelsea Campus
Paul Nowicki	Chelsea Housing Authority
Sarah Oo	Director, MGH Chelsea Community Health
Captain Scott Peabody	Salvation Army
Lynn Peters	HarborCOV
Michelle Perez	Boys & Girls Club
Kourou Ptch	HarborCOV
Luis Prado	Director, Chelsea Health and Human Services Department
Robert Repucci	Executive Director, CAPIC
Leo Robinson	Chelsea City Council
Linda Alioto Robinson	Director, Chelsea Reach Program
Angie Rodriguez	Roca, Inc.
Madeleine Scammell	Chelsea Board of Health
Gladys Vega	Director, Chelsea Collaborative/Greenspace
Juan Vega	Executive Director, Centro Latino
Dean Xerras, MD	Medical Director, MGH Chelsea, Chelsea Board of Health

Quality of Life Survey Respondent Demographics compared to 2010 Census Data

Chelsea Quality of Life Survey Respondents (n=959)

- 32% Hispanic, 62% White (62% Latino, 25% White)
- 25% Foreign Born (46% Foreign Born)
- 41% are less than 40 years (71% are Ages 0 – 44)
- 6% Less than High School (36% Less than High School)
- 21% have a Bachelor's Degree (14% Bachelor's Degree or higher)
- 59% Bachelor Degree or higher
- 3% Unemployed (10% Unemployed)
- 67% Female
- 74% Employed full time
- 24% lived in Chelsea all life
- 39% lived in Chelsea 10+ years

Overall survey respondents are more educated, older, women

Select Quality of Life Survey Questions

Vision: Healthy Community

Think about your ideal community...From the following list, what do you think are the **THREE MOST IMPORTANT** factors that define a **“Healthy Community”**? (*Only check three*)

- | | |
|-----------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Access to health care | <input type="checkbox"/> Low crime/safe neighborhoods |
| <input type="checkbox"/> Access to healthy food | <input type="checkbox"/> Low death and disease rates |
| <input type="checkbox"/> Accessible public transportation | <input type="checkbox"/> Low infant deaths |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Low level of child abuse |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Good jobs and a healthy economy | <input type="checkbox"/> Strong family life |
| <input type="checkbox"/> Good roads/infrastructure | <input type="checkbox"/> Strong leadership |
| <input type="checkbox"/> Good schools | <input type="checkbox"/> Strong sense of community |
| <input type="checkbox"/> Healthy behaviors and lifestyles | <input type="checkbox"/> Other (please specify) |

Mission: Health Priorities

From the following list, what do you think are the **THREE MOST IMPORTANT** health problems in Chelsea? (*Those problems which have the greatest impact on overall community health.*) (*Only check three*)

- | | |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Aging problems (arthritis, falls, hearing/vision loss, etc.) | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Alcohol abuse / addiction | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Hunger/malnutrition |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> Infant death |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Infectious diseases (Hepatitis, TB, etc.) |
| <input type="checkbox"/> Crime & violence | <input type="checkbox"/> Mental health (anxiety, depression, etc.) |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Poor diet / inactivity |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Drug abuse / addiction / overdose | <input type="checkbox"/> Respiratory/lung disease |
| <input type="checkbox"/> Education (low graduation rates, quality of education, etc.) | <input type="checkbox"/> Sexually transmitted diseases (STDs) |
| <input type="checkbox"/> Environment (air quality, traffic, noise, etc.) | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Suicide |
| | <input type="checkbox"/> Teenage pregnancy |

Goals: Perception of health, connectedness & social capital

Using a scale of 1-5 (as shown below), please rate how much you agree or disagree with the following statements: **Strongly Disagree (1) Strongly Agree (5) Don't know / Unsure**

1. Chelsea is a good place to raise children
2. Chelsea is a good place to grow old
3. There is economic opportunity in Chelsea. (Consider locally owned businesses, jobs with career growth, job training, higher education, etc.)
4. Chelsea is a safe place to live
5. There are networks of support for individuals and families in Chelsea during times of stress and need
6. I feel connected to my neighbors and my community
7. The businesses, agencies and organizations in Chelsea contribute to making the community a better place to live
8. All residents have the opportunity to contribute to and participate in making Chelsea a better place to live. (Consider minority populations, new residents, etc.)
9. I believe I can contribute to and participate in making Chelsea a better place to live
10. Overall, I am satisfied with the quality of life in Chelsea

Focus Group Characteristics

Chelsea Focus Group Summary

Focus Group Location	Characteristics of participants	Total	Gender
MGH Chelsea	Arab/Iraqi refugees. New comers in past 3-4 years.	12	Female: 10 Male: 2
Chelsea	MGH Employees and long-term residents. Some in Chelsea over 20 years.	10	Female: 8 Male: 2
CAPIC Head Start	Parents with children in program. Spanish.	14	Female: 14
CAPIC Head Start	Parents with children in program. English.	14	Female: 13 Male: 1
CAPIC Family Network	Parents with children in program.	10	Female: 10
Chelsea Neighborhood Developers	Residents (Spanish speakers)	10	Female: 8 Male: 2
Chelsea Collaborative	Residents	12	Female: 8 Male: 4
Roca	Youth Star participants	12	Female: 9 Male: 3
MGH Chelsea	Somali refugees. Arrived in the past 5-10 years.	9	Female: 8 Male: 1
CND housing	Residents who received tax prep help.	6	Female: 3 Male: 3
Total: 10	Total participants:	109	Female: 91 Male: 18

Facilitator Guide Community Assessment

Question 1—Assets

What are some of the biggest strengths of your community...positive things about it? Discuss characteristics of people and places, organizations and programs, community context and environment that you believe contribute to a safe and healthy community.

Probes:

What do families like yours most like about living in this community?

What are this community's best assets (strengths, resources)?

What could change to make this community a better place for families?

Question 2—Challenges

Thinking about the biggest problems or concerns in your community (such as those addressed in the survey), what do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in your community? Please think about which populations are affected by these issues, how much of a concern these issues are to all residents, and why you think they are happening in this community.

What are the root causes of the issue?

Probes:

What populations/groups do you think are most affected by these issues?

In your opinion, how much of a concern are these issues to residents?

Why do you believe these issues are happening in this community / root causes of the issue?

Overall, what do you believe is keeping your community from doing what needs to be done to improve health and quality of life?

Question 3 – Existing Services/Resources

Do people have experience with existing services (name a few)?

Do you believe these services are utilized appropriately – why or why not?

Overall, where do people go to get information about community resources?

How would you bring people together or share information in the community?

Question 4 – Solutions

Thinking of the issues discussed, what are some ideas on how to address them?

Are these totally new efforts or built off of something that already exists?

If new efforts were going to be made in the community, what advice would you have for the planners?

“Extra” questions

For special population Focus Groups: What are some ways that you hear about community events? Probes: flyers/posters (where?), cable TV, radio, through school, online (where, how?), word of mouth]

Appendix F

Chelsea Focus Group Summary

Chelsea is a vibrant community where people from a variety of countries have come to settle in the US. Many community services exist in Chelsea in response to the wide variety of needs of residents early in their adjustment to life in a new country. It appears from participants' responses that the community is largely successful in accommodating diversity, although there are still more resources needed in the form of interpreters and translators for those who are not native English-speakers, as well as ESL classes and training programs to help residents increase their abilities in English to create a bridge to better employment opportunities in order to move beyond the limitations of minimum-wage jobs.

In spite of Chelsea's many assets, the perception that the community is unsafe and violent persists among residents. Indeed, many focus group participants indicated that going out in Chelsea at night was a dangerous thing to do. That perception created barriers to residents' full participation in the community, and had likely curtailed opportunities for Chelsea to develop a welcoming nightlife with improved commercial possibilities for the community and in the region. Turning this problem around would seem to promise increased employment opportunities as well.

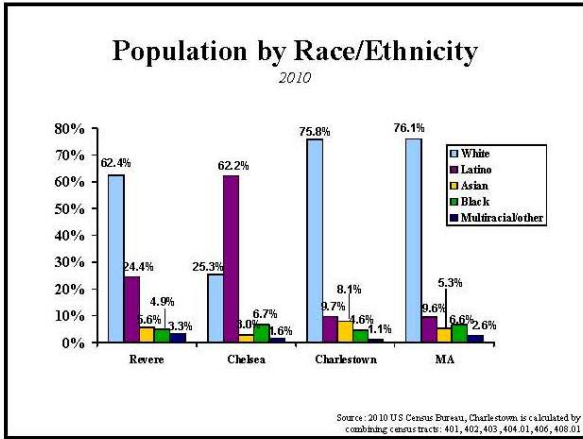
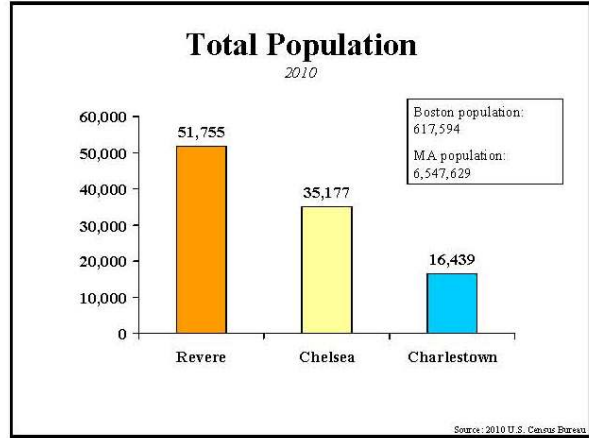
Several infrastructure improvements to the community would add to Chelsea's development as an attractive and healthy community. This includes improvement to roads and traffic, cleanliness and maintenance standards of landlords and tenants, as well as more carefully monitored laws about litter, trash and cleaning up dog waste. However, being able to counter the potentially negative health impacts of environmental features such as the salt pile and pollutants from industrial sites in the community would seem to require focused collaborative efforts across the community, including between local government, health organizations like MGH and leaders of local industry.

Prepared by Janet Smith, PhD



Appendix G

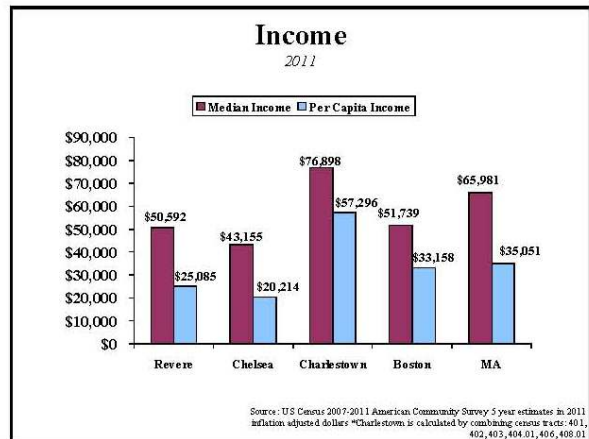
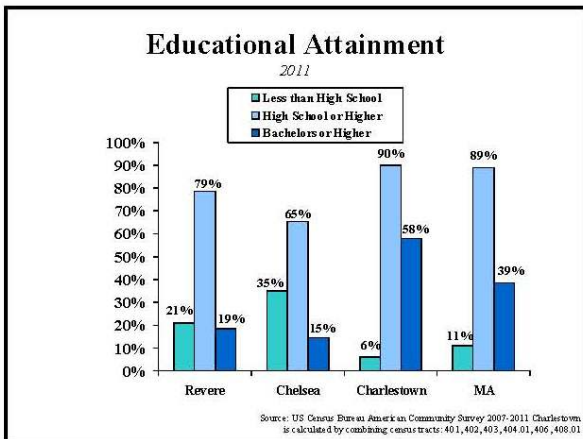
Demographics



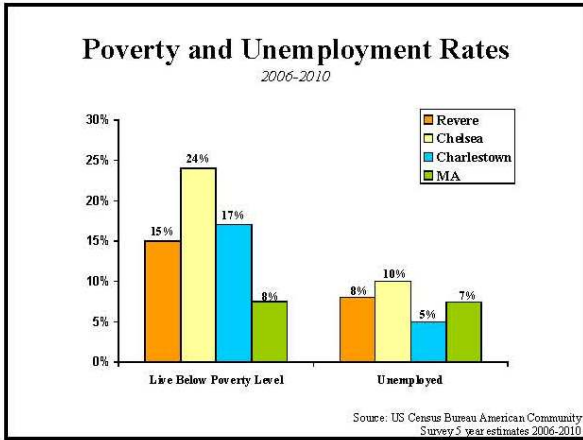
Population by Age Group 2010

Ages	Revere	Chelsea	Charlestown*	Boston	MA Total
0-19 years	22.8%	27.9%	16%	22.0%	24.8%
20-24 years	6.9%	8.3%	7%	14.3%	7.3%
25-44 years	30.8%	35.1%	45%	33.3%	26.5%
45-64 years	25.0%	20.0%	22%	20.4%	27.7%
65+ years	14.5%	8.8%	10%	10.1%	13.8%

Source: 2010 US Census Bureau *Charlestown Data calculated by combining the following census tracts of Suffolk County, MA: 401, 402, 403, 404.01, 406, 408.01. Estimates are based on 2010 and 2010-2011



Appendix G



Substance Abuse Prevention

Chelsea Quality of Life Survey 2012

Substance Abuse

- ❖ Drug abuse/addiction and overdose ranked as #1 most important health problem
- ❖ 56% have consumed alcohol and 12% have smoked in past 30 days
- ❖ 1 in 5 of the Chelsea survey respondents reported they have participated in binge drinking in past 2 weeks (5 or more drinks)

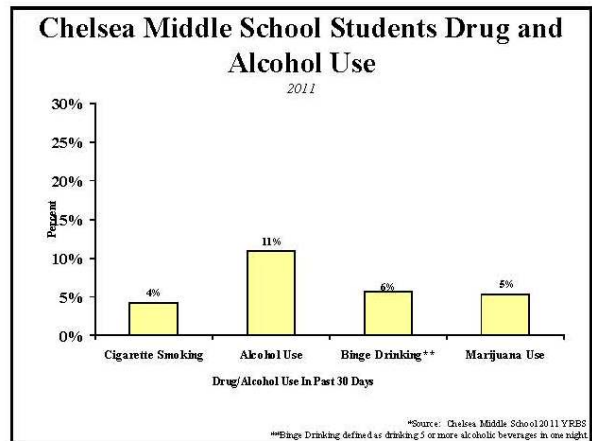
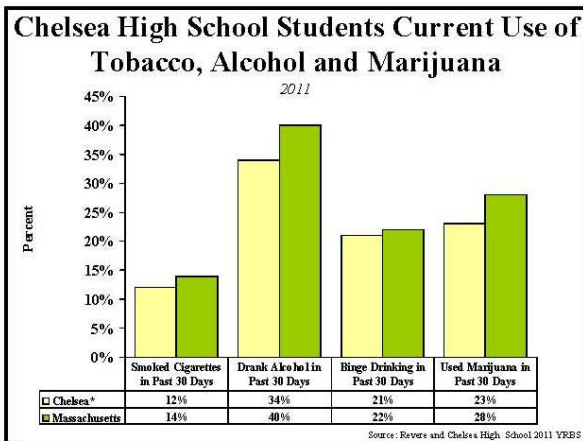
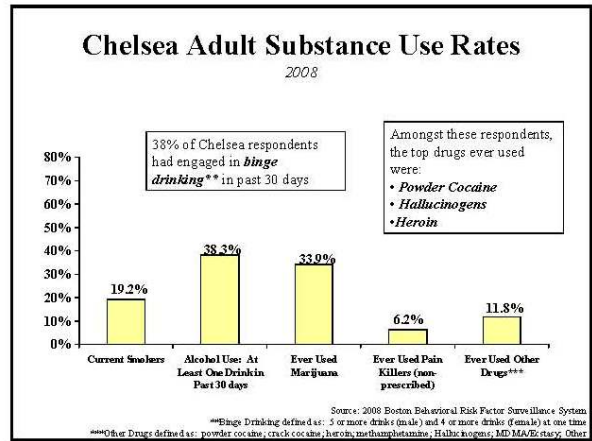
"Chelsea needs to restrict the easy access to alcohol and drugs. It's too easy to get drugs, and easier to obtain alcohol."
-Chelsea Survey Respondent

Mental Health

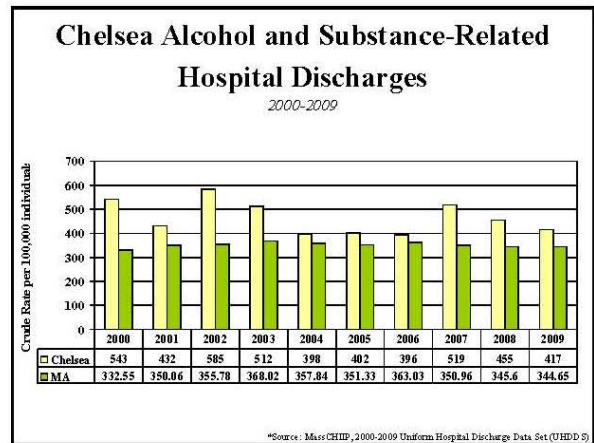
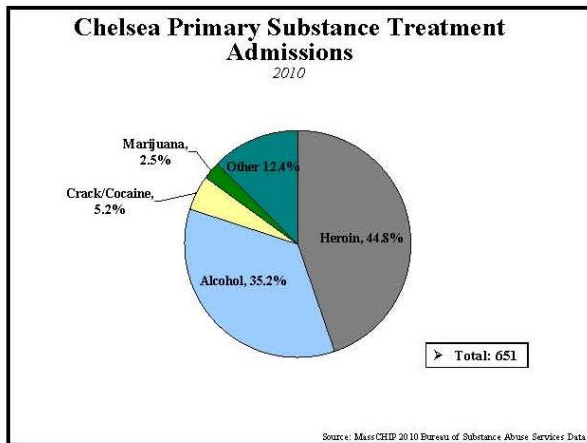
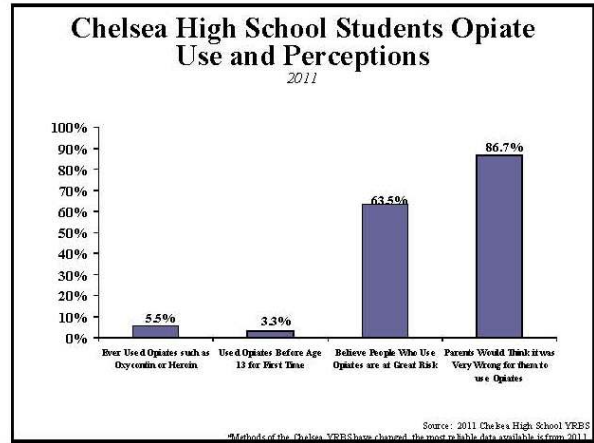
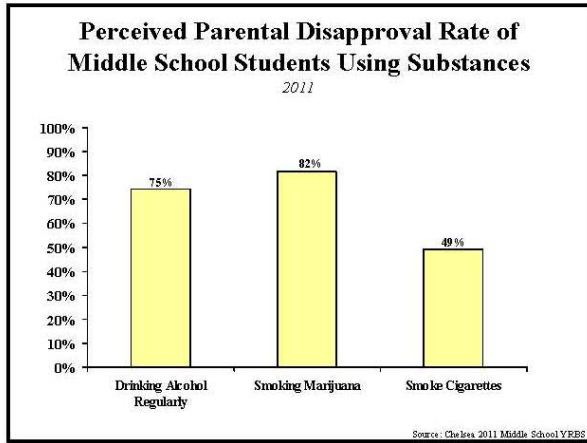
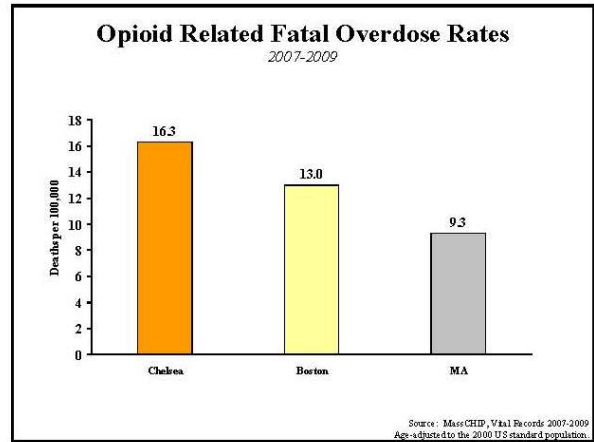
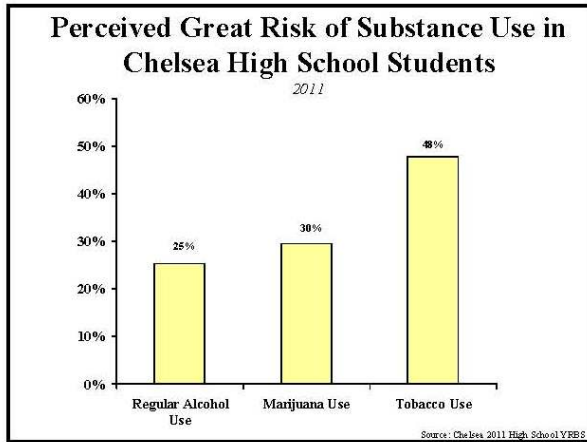
- ❖ 14% reported they have felt sad or hopeless for 2 weeks in the past year
- ❖ 30% reported that someone in their families needed mental health services
- ❖ 41% could not access them

"I am more stressed out about the lack of mental health services for my students than due to any other factor in my life right now."
-Chelsea Survey Respondent

*Data based on 600 completed surveys that were distributed in February and March in print, online, and in multiple languages through the Assessment Committee and in public locations. Sample represents a more White, educated, and female population.



Appendix G



Appendix G

Violence Prevention & Public Safety

Chelsea Quality of Life Survey: Violence

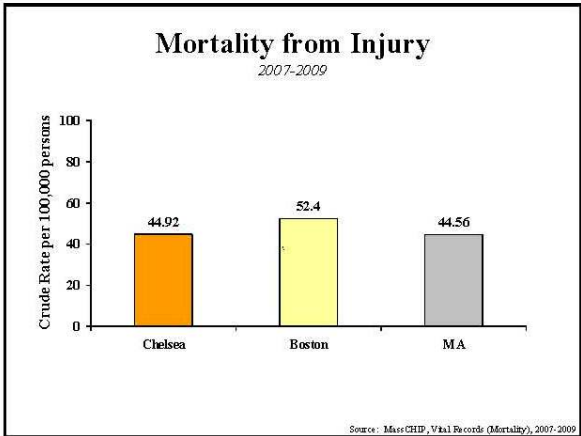
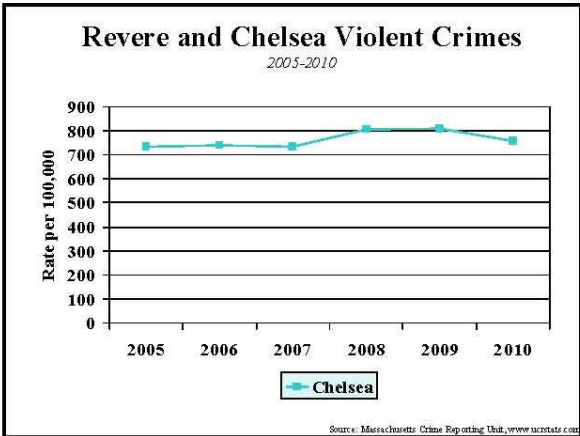
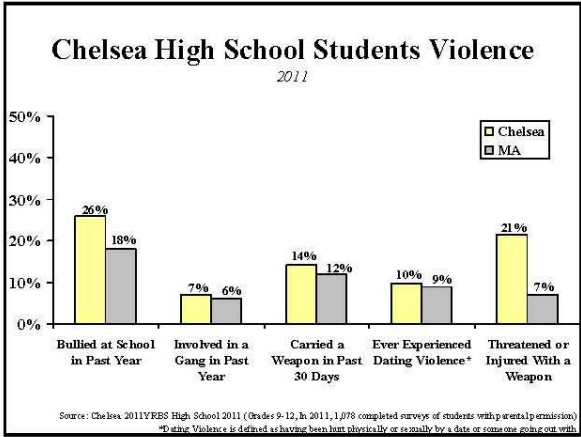
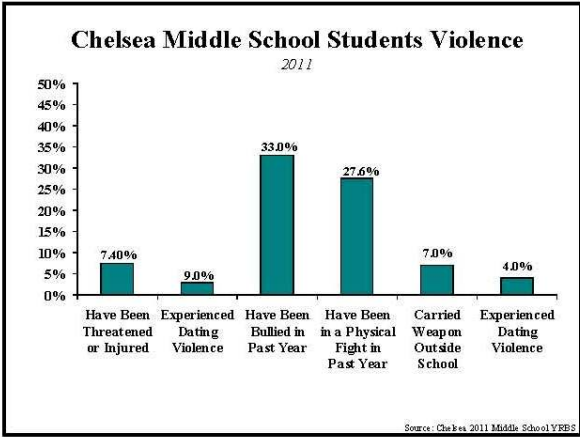
2012

- ❖ Crime and violence ranked as second most important problem in Chelsea
- ❖ Chelsea was rated a 2.5 on a scale of 1-5 as a safe place to live
- ❖ 3.6% report they or someone in their immediate family have been affected by community violence and 4.7% by physical abuse
- ❖ Respondents ranked feeling connected to neighbors and their community a 3.2 on a scale of 1-5

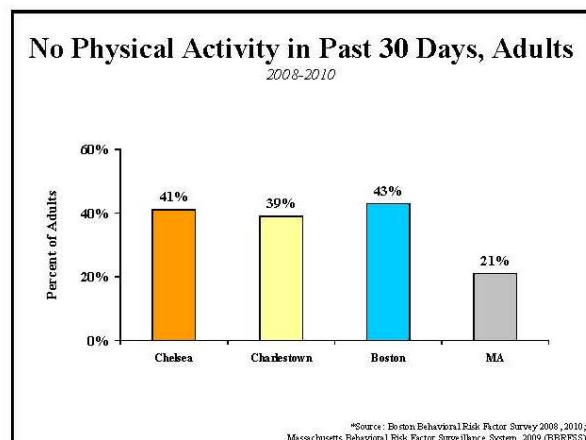
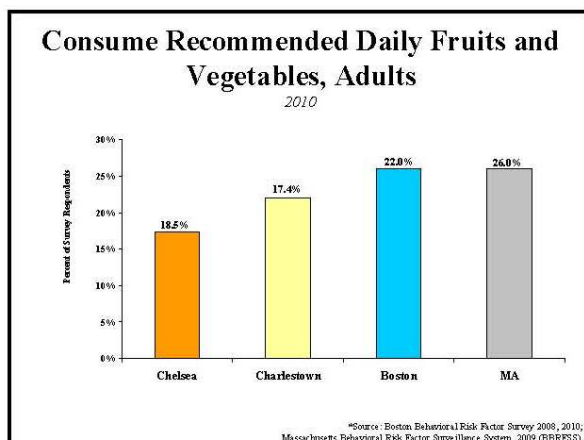
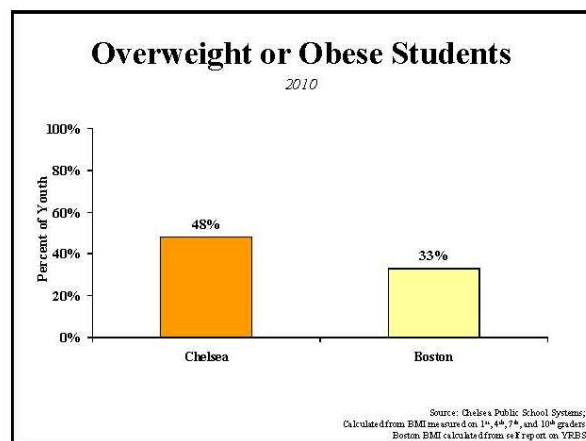
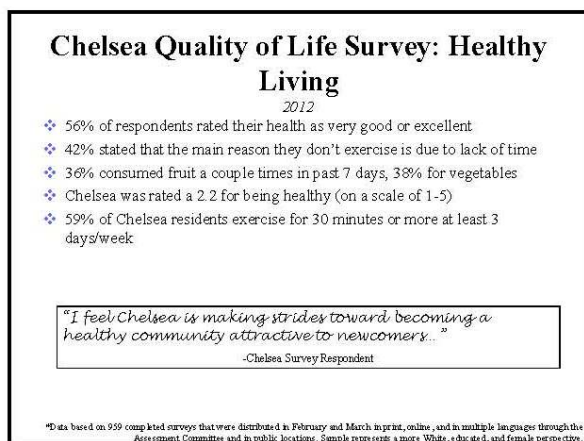
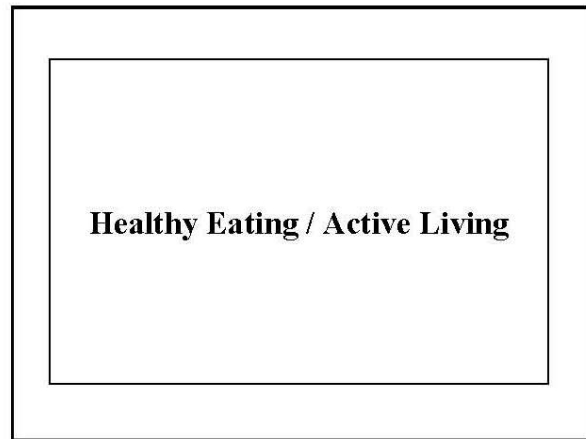
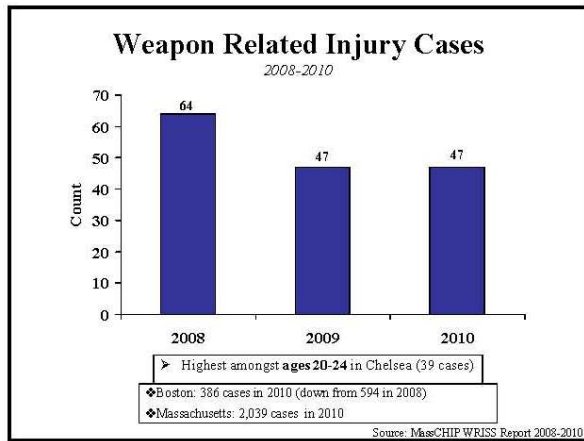
"Chelsea has the opportunity to be a great city. But violence, housing and lack of parental involvement are big issues..."
-Chelsea Survey Respondent

"In general, Chelsea needs to become a safer place to live and do business..."
-Chelsea Survey Respondent

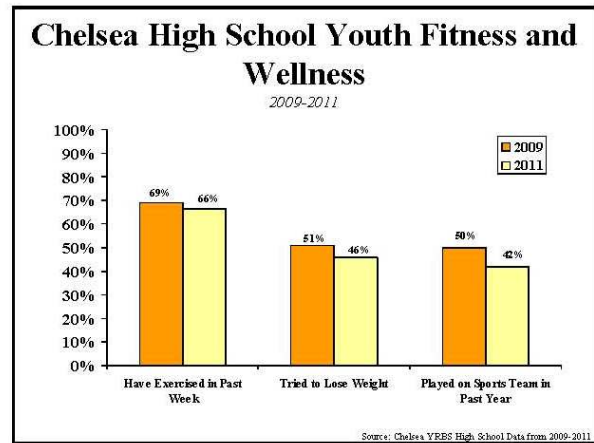
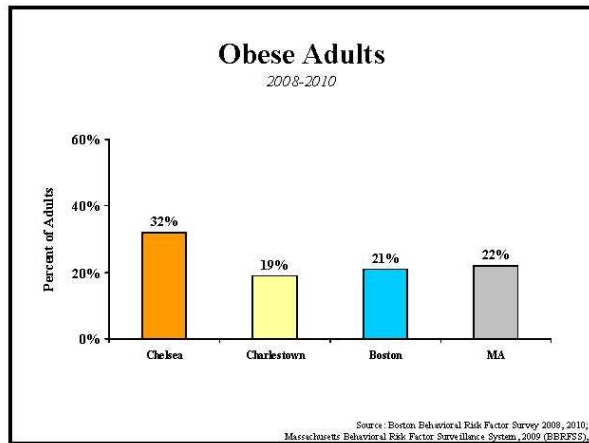
*Data based on 939 completed surveys that were distributed in February and March, in print, online, and in multiple languages through the Assessment Committee and in public locations. Sample represents males, White, ethnic ita4, and female perspectives



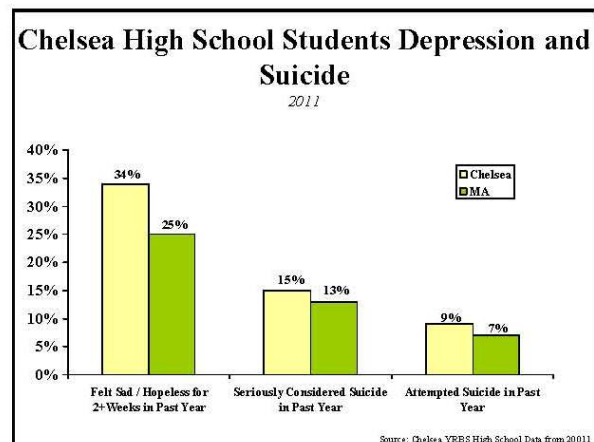
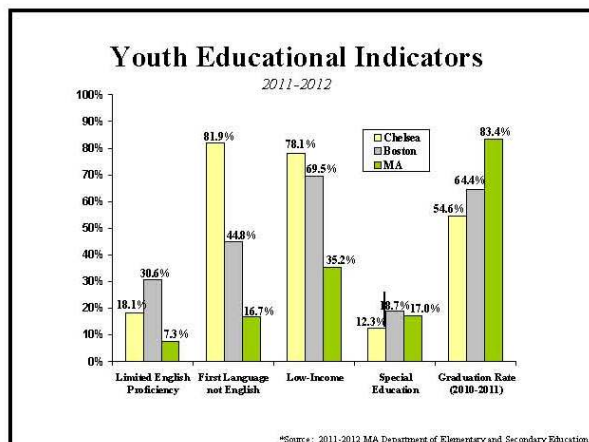
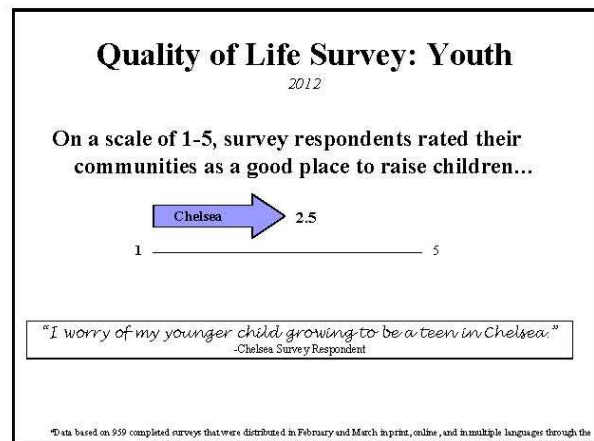
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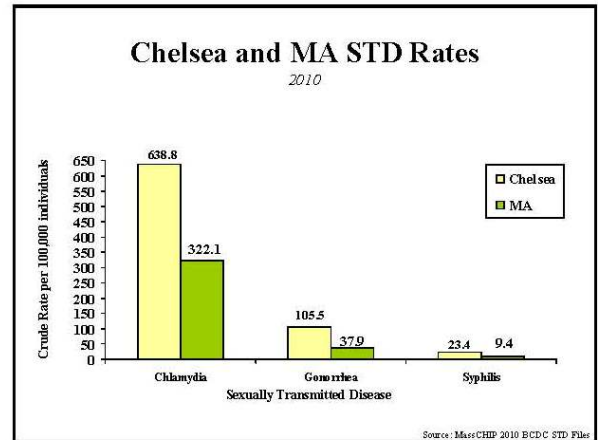
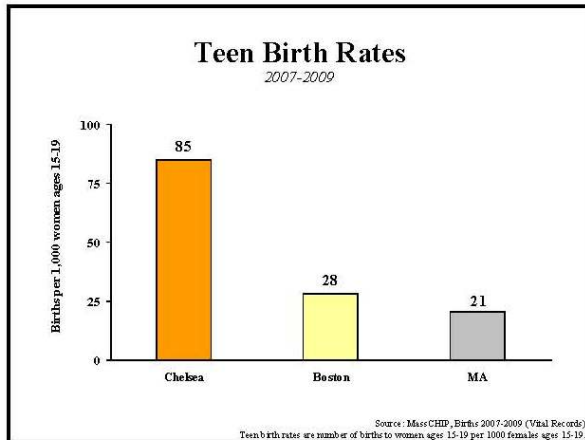
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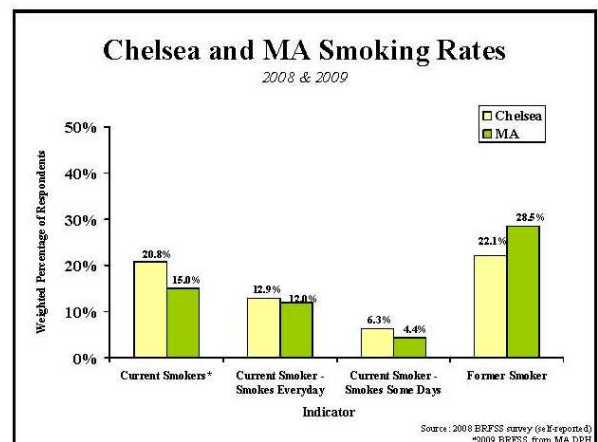
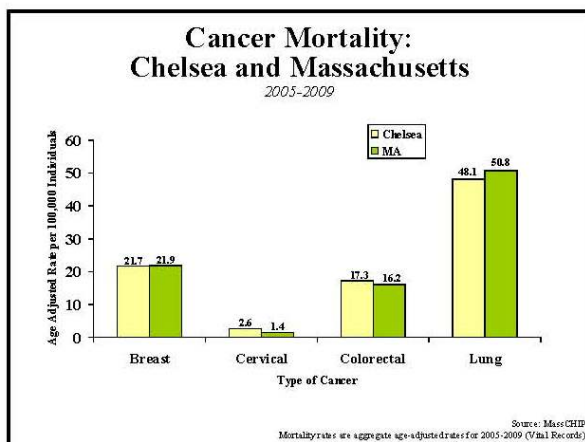
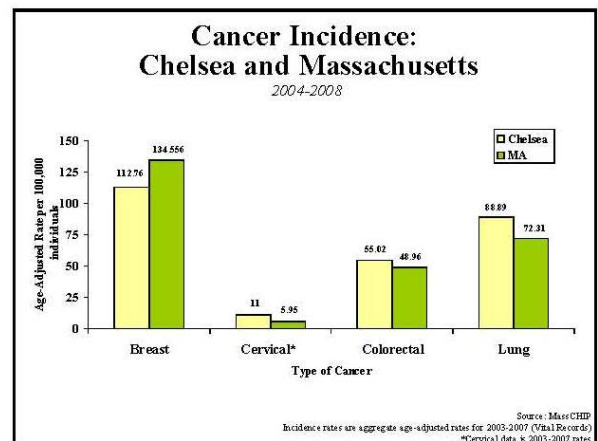
Youth Development / Education



Appendix G



Cancer Prevention and Early Detection



Appendix G

Access to Care For Vulnerable Populations

Chelsea Quality of Life Survey: Access to Care

2012

- ❖ Access to care ranked #3 (27%) when asked what defines a Healthy Community
- ❖ 54% were always able to get needed care, 16.7% were sometimes able, and 6% were never able
- ❖ 34.5% receive routine health care in a practice outside of Chelsea
- ❖ 31.2% believe there are no barriers to accessing care, 7.7% stated insurance was a barrier, 6.7% stated that there are no doctors available
- ❖ 18% of respondents receive care at the MGH Chelsea HealthCare Center

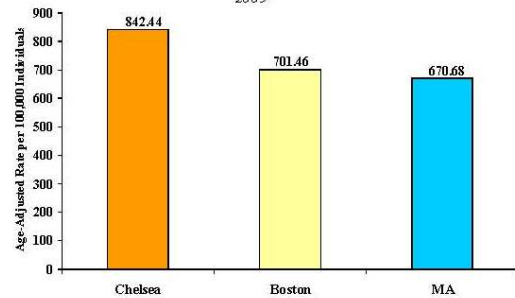
"For young people in Chelsea, there is a large need for culturally appropriate and easily accessible services..."
 -Chelsea Survey Respondent

*Data based on 959 completed surveys that were distributed in February and March in print, online, and in multiple languages through the Assessment Committee and in public locations. Sample represents a more White, educated, and female perspective.

Mortality

Overall Mortality

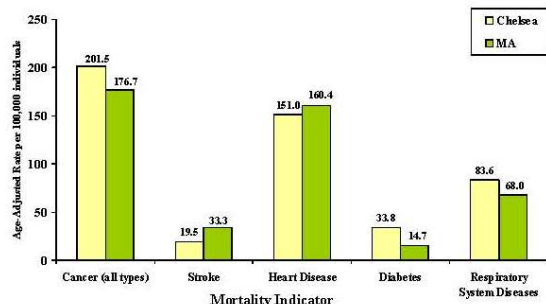
2009



Source: Mass Dept. of Pub. Health, MassCHIP database 2009 (Vital Records)

Chelsea and MA Chronic Disease Mortality

2007-2009



*Data Source: Mass Dept. of Pub. Health, MassCHIP database 2007-2009
http://state.healthdata.org/adjusted_cmr_data.asp