



Partnering with Communities to Improve Health



Revere Community Health Needs Assessment & Strategic Planning Report 2012



Prepared By:



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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Note from the Mayor of Revere

The Massachusetts General Hospital Center for Community Health Improvement conducted its first needs assessment for the city of Revere back in 1995 and since then, the partnerships that have developed between the hospital, the City of Revere, other community organizations, and residents have become increasingly more important in the development of healthy initiatives throughout the community. The Revere Community Health Needs Assessment & Strategic Planning Report for 2012 was community driven encompassing focus groups, data collection, and interviews spanning Revere's diversified community. This assessment will serve as a roadmap in the development of strategic plans that deal with substance abuse, healthy living, and youth involvement in our community. It will also give us the ability to work on other issues that impact the well-being of our residents.

Since taking office back in January of 2012, I have had the pleasure to work with MGH on numerous important issues that impact the members of our community and I look forward to continuing that partnership in order to ensure that our residents have a safe and healthy place to live, work, and raise a family. We are truly blessed to have MGH in Revere and their continued effort in assessing the needs of our community.

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*Former Superintendent Carol Tye and Mayor Dan Rizzo
Revere Community Forum, May, 2012*

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 Revere, Chelsea and Charlestown in 1995, 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.

- 75% of Revere Public School students qualify for free or reduced lunch

2012 Community Health Needs Assessment

The Patient Protection and Affordable Care Act now require hospitals to conduct CHNA's every three years. CCHI used this new requirement as an opportunity to formalize our assessments 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 900 from Revere, had input into this process. In Revere, residents participated through the following methods:

*"In order to have more physical activity, I would like safer streets and more parks."
- Revere survey respondent*

1. **A Quality of Life Survey** - 756 surveys received;
2. **Community-wide Forums** - 50 participants attended three forums;
3. **Assessment Committee Members** - 36 committee members guided the process and shared their perceptions of community strengths, threats and the forces of change that affect health;
4. **Focus Groups** - 8 focus groups reached 84 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, Revere, similar to other communities, identified **substance abuse**, and **Obesity/healthy living, as their top two issues**. Revere also identified developing the assets of **youth and encouraging healthy relationships** and **violence and public safety** as priorities. To address the new priorities Revere CARES will integrate gang violence into its substance abuse work and public safety into its obesity work. In addition, Revere CARES will establish the Healthy Relationship Initiative to address multiple high risk behaviors and health issues identified by the community at large, such as teen pregnancy, mental health and interpersonal violence.

Revere CARES has tackled substance abuse for over 15 years by working directly with youth, families and the community at large to address policy and enforcement, to improve substance abuse education and awareness through use of positive messages, and to increase resources to prevent youth from drinking. More recently, the coalition has addressed the national and local epidemic of obesity through Revere on the Move initiatives by creating an environment that promotes physical activity and healthy eating. This assessment process confirmed Revere CARES' need to continue with this work but also showed the need to work more intensely with youth and the community around safety and healthy relationships. As a result, evidence based models to build healthy relationships and decrease violence among youth and adults are being explored through a new Healthy Relationship task force within the Revere CARES Coalition.

The Revere Community

Founded in 1871 and located five miles north of Boston, Revere is a rapidly changing coastal community with a population of 51,755 with a four mile white sand beach that was the first public beach in the nation. In its heyday in the 1940s, Revere hosted dance halls, ballrooms, and night clubs that attracted some of America's top entertainers. The beach was home to an amusement park and dog track, and a horseracing track still operates nearby. These activities brought patrons from outside the city that boosted its economy and built its reputation as an entertainment destination.

For most of the twentieth century, Revere's social and cultural landscape was dominated by a tightly knit Italian community with strong traditional beliefs. Starting in the 1980s, Revere's population began to change, as the city became a resettlement area for Cambodian, Bosnian and Somali immigrants, and eventually increasing numbers of Latinos. These changes taxed the city's infrastructure, which had little capacity to communicate in multiple languages or deliver culturally sensitive services. The 1990s saw influxes of significant numbers of low-income families moving from Boston to Revere and other nearby communities in response to the elimination of rent control, adding further demands to already stressed municipal resources. Today, 62% of Revere residents are White, 24% are Latino (up from 9.4% in 2000), 5.5% are Asian, 5% are Black, and 3% are Multiracial/Other. 30.5% of Revere's minorities are foreign born, and 48% of Revere High students speak a first language other than English, more than 2.5 times the state rate. Accompanying its growing diversity are many small businesses, groceries and restaurants started by new immigrants.

Nevertheless, many Revere households are struggling; 15% live below the Federal Poverty Level compared to 11% statewide, and Revere's unemployment rate of 8% is higher than the state rate of 6%. Revere's per capita income of \$23,346 and its median income of \$49,759 rank the city 330th for income of all 351 municipalities in Massachusetts.

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 has health centers in each of these communities and provides comprehensive health care to over 63,000 primarily low-income individuals and families annually. In addition, 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.



Partnering with Communities: 1995-2012

CCHI conducted its first community health needs assessments (CHNA) in Revere, Chelsea and Charlestown in 1995, and has done so periodically thereafter. While each community is unique, they also share challenges and opportunities. 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

CCHI Partnering with Revere: Revere CARES

In 1996, the Revere community conducted its first health assessment and was alarmed to find escalating rates of substance abuse – 40% more alcohol and other drug related hospital discharges and twice the mortality rate from substance abuse related illnesses than in the state. In response and with support from MGH and community stakeholders (police, schools, etc.), Revere CARES (Community Awareness Resources and Education to prevent Substance abuse) was formed in 1997 to promote the social and emotional development of young people in Revere and reduce tobacco, alcohol and other drug use among youth. Now numbering 160 members, Revere CARES follows the Strategic Prevention Framework and undertakes regular community health assessments which in 1998, 2002 and 2006 confirmed its early priorities:

- Advocate for public policy changes and enforcement efforts
- Conduct community awareness campaigns about the harms of substance abuse
- Implement science-based prevention and early intervention programs for youth
- Build a healthier community by collaborating with others

In 2007, Revere CARES established a Food and Fitness task force to address rates of obesity among youth that have been on the rise throughout the country with the goal of increasing access to healthy, affordable foods, increasing physical activity and reducing hunger.

In its 15 years, Revere CARES has achieved notable outcomes, including increases in the age of onset of tobacco, alcohol and marijuana use among middle and high school students, declines in binge drinking between 1999 and 2009 among high school students (39% decrease) and student reports of ever having been drunk in the same period (23% decrease). Middle school student reports of ever having drunk alcohol declined 22% during the same time period.



CCHI Partnering with Revere: Revere CARES

In 2010 at the request of the Revere School Committee and Mayor Ambrosio, Revere CARES established the Healthy Adolescent Relationship Task Force, an ad hoc group, to address high rates of teen pregnancy and sexually transmitted diseases. Revere CARES facilitated a community process, a review of best practices, and the development of recommendations. Among the recommendation was that Revere CARES establish a Healthy Adolescent Relationship Initiative.

2012 Community Health Needs Assessment: The MAPP Process



The MAPP process in Revere is built on a solid foundation of extensive coalition building, community engagement, and successful outcomes over the past 15 years. 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 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



Revere Assessment Committee Meeting

In the fall and winter of 2011/2012, CCHI convened an assessment committee to create a vision and oversee the assessment process. Revere CARES became the backbone of this committee and process, and additional participants were invited to join to assure broad community representation. Over its 15 years, Revere CARES has earned the trust of the community with the ability to manage effective cross-sector collaborations. Careful efforts were made to include community leaders, residents

and organizations across sectors, and focused outreach was conducted to engage community members and cultural groups who might not otherwise be involved. *See Appendix A for lists of members and organizations.*

In Revere, 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



Revere Community Forum, May, 2012

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:

1. A Quality of Life survey was adapted for Revere with input from committee members. The survey was translated into Spanish and Arabic and made available online through the City of Revere website and other local organization websites and was sent to all contacts on the Revere CARES distribution list. It was distributed directly to local organizations through the assessment committee members and available at locations such as Revere City Hall, two local health

centers, schools, churches, the library and the local district court. Newspaper advertisements encouraged residents to complete the survey online and where to find a printed copy. A total of 756 surveys were returned in Revere. *See Appendix B & C for survey sample demographics and select survey questions.*

2. A public forum was held in May where the assessment results were distributed and an open dialogue about health was facilitated. Revere CARES assessment committee members decided to visually display data on posters and have a gallery walk to discuss what was learned. Approximately 50 Community members attended which generated an interest and focus on youth issues. *See Appendix D for posters.*
3. Focused discussions during community assessment committee meetings about the community's strengths, challenges, characteristics of a healthy community and the forces of change within Revere that affect health.
4. A total of 8 focus groups engaged underrepresented individuals. The groups were co-facilitated by CCHI and community assessment committee members, and were attended by a total 84 in Revere. Attendees received a \$20 gift card to a local supermarket or Target in appreciation for their participation. *See Appendix E, F & G for group characteristics, facilitator guide and summary.*
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 H for data summary.*



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

CCHI with the assistance of Revere CARES expanded Steering Group analyzed all of the data and presented it at the community forum and 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 identified Revere CARES task force overseeing the substance abuse, obesity, and healthy adolescent relationships formulated goals, objectives, strategies for each priority area and submitted them to the expanded steering group for approval. Upon approval of the expanded Steering Group, Revere's results and plans, along with results from Chelsea and Revere 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.

The MAPP process followed the following timetable:

Formed the community assessment committee	December 2011
Committee created vision of a healthy community	December
Data collection	January – April 2012
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	June
Established community health priorities	June
Establish goals and strategies	June
Committee create action plans	June - August
MGH Board of Trustees reviews & adopts community action plans	September 21
Committee reports the action plan to the community	Spring / Summer 2013
Implementation of the action plan	Summer 2013

Assessment Results

Characteristics of a Healthy Community

Assessment committee members and community forum participants identified many attributes that contribute to a healthy community, including the arts, education, housing, health care, public safety and infrastructure, the environment, family life, parks, nutrition, transportation, and jobs and the economy.

The most important attributes of a healthy community identified by Revere residents and committee members were: low crime and safe neighborhoods so that residents can be active in their community without fear; good schools and educational opportunities for youth and adults, and; easy access to health care. These attributes help define Revere’s vision and shaped its goals.

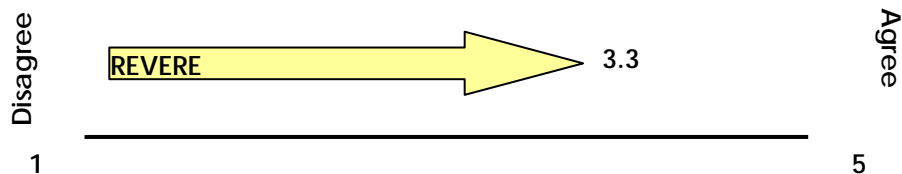


“I sometimes fear for my safety in the City of Revere. Although I do not see too much crime or violence, I do hear that it goes on.” -Revere focus group participant

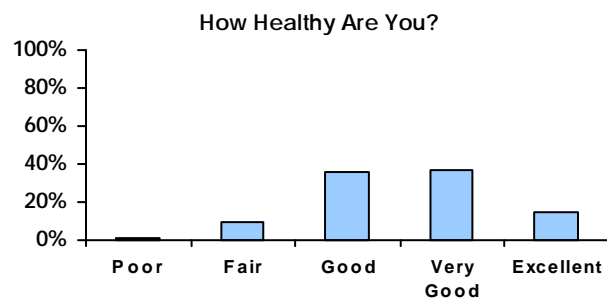
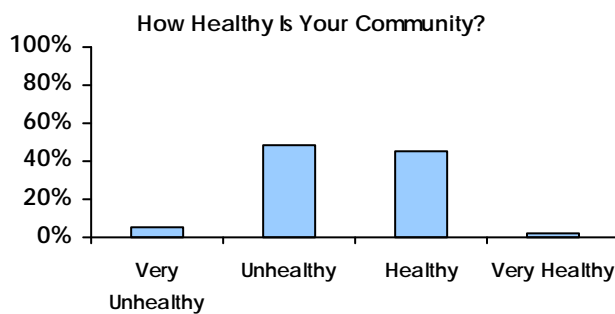
Community Themes & Strengths

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



Revere survey respondents ranked their health equally unhealthy and healthy. However, all individuals stated that they believe their health is average to above average.



Revere Assets

During community assessment committee meetings, focus groups and forums, participants indicated they had much in common, as evidenced by their shared examples of community assets: Revere schools, outdoor spaces like the beach and parks, and the presence of MGH and its many programs. Also, most participants were well informed about issues of health and savvy in their awareness of services, and they were comprehensive in their thinking about how community information was disseminated and could be improved. Participants emphasized the opportunities that exist to build on Revere's assets to solve its problems and strengthen its future. Their understanding of both the assets and challenges of Revere was essential to developing sustainable solutions.

Revere Assets

- Neighborliness: open to all people, friendly, etc.
- Schools
- Public transportation
- MGH
- Variety of grocery stores
- Outdoor resources (beach, parks, etc.)
- Free lunch program
- Declining crime rates
- Diverse
- Cost of living / Cost of food

Forces that Affect Health

When the assessment committee was asked, “What is occurring or might occur that affects the health of your community?” the following list of challenges and opportunities were identified. These issues were important to identify and discuss in order to select priorities and strategies that are responsive and relevant to the changing environment.

Forces that Affect Health

- Change in population
- Increase in Poverty % Unemployment
- Housing
- Physical environment
- Leadership (new)
- Community Resources
- New Businesses / Casino
- Healthcare reform / Medicare / Insurance

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 for Revere 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 and CCHI analyzes the data for the Revere School Department
- 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

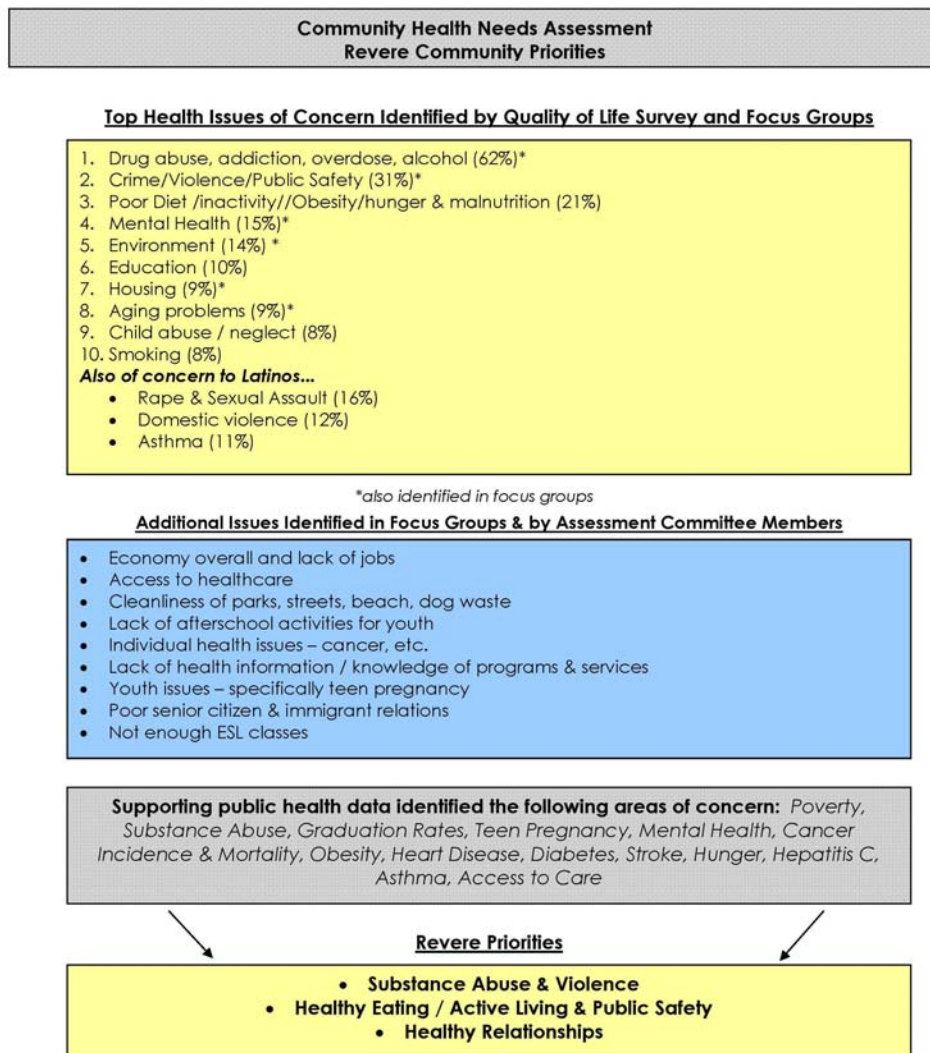
Priority Issues Identified

Following the MAPP process, the Revere 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.

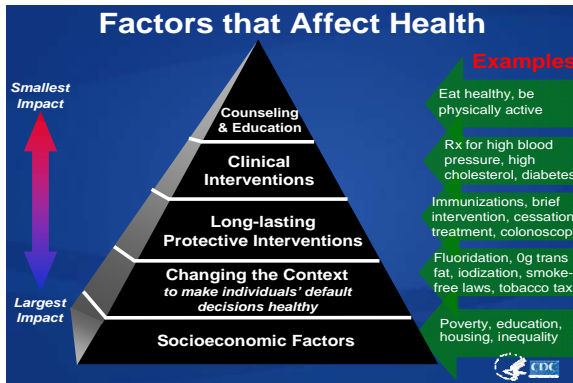
Priority Issues Identified

The table below outlines the issues identified and the priorities chosen. By a significant margin Revere identified substance abuse and the effects it has on quality of life including perceptions of violence and public safety and obesity/healthy living as their top issues. Developing the assets of youth and encouraging healthy relationships were also identified by committee members as strategies for protecting against multiple high risk behaviors and health issues identified by the community at large, such as teen pregnancy, mental health and interpersonal violence.

The Revere assessment committee chose to continue the Revere CARES Coalition’s work addressing both substance abuse and healthy living, and recommended that the coalition take on the additional goals of healthy relationships and public safety as new priority areas.



Strategic Planning and Implementation



Revere CARES recognizes that improving health requires interventions at all levels of the Health Impact Pyramid, created by Dr. Thomas Frieden at the Center for Disease Control, and that evidence based strategies, practices, programs, and interventions must be employed in order to maximize impact. Educating community residents, developing clinical interventions, and changing the environmental and socioeconomic factors

that affect health through policy and systems change were all strategies recommended by the committee members. Often more than one strategy is needed to impact health and one strategy impacts various health outcomes, thus Revere CARES will continue working in multiple domains in the community and on strategies that have the largest health impact overall.

To reflect the fact that Revere CARES now has three major priority areas, the Coalition adopted a new goal statement, “To improve the well-being of Revere’s residents by preventing substance abuse and promoting healthy eating, active living, and healthy relationships.”

Substance Abuse & Violence Prevention

The priorities for the substance abuse work will include: reducing marijuana and prescription drug misuse; building capacity to address the needs of the recovery community; bringing strategies to prevent fatal and non-fatal opioid overdoses to other local communities in order to take a regional approach; and addressing substance abuse related violence. The coalition will continue work to prevent alcohol and tobacco use as well as local efforts to prevent/reduce fatal and non-fatal opioid overdoses.

Healthy Eating/Active Living & Public Safety

The healthy eating/active living work will have a greater focus on strengthening the work in Revere Public Schools by engaging more students; employing strategies to increase education around physical fitness and nutrition; and improving school breakfast and lunch programs.

The community-based healthy eating/active living work, a collaboration between Revere CARES and the City of Revere, will focus on the establishment of neighborhood councils. These councils will work on environmental strategies to improve and increase access to and safety of open spaces, and increase access to affordable healthy food. Neighborhood councils, to be supported by a community organizer, will address open space and food environment issues, and oversee the distribution of mini-grants to organizations that support this work, as well as expand existing programming and initiatives such as the walk-to-school program, community gardens, the adopt-a-park program, and urban trail. Revere CARES will also develop and implement a corner store initiative to increase access to healthy food; strengthen and expand the Farmers’ Market;

Strategic Planning and Implementation

and work with the Revere Chamber of Commerce to develop and implement a new dining initiative to support families and individuals to make healthy choices when ordering food.

Healthy Relationships & Relationship Violence Prevention

In 2010 Revere CARES established an ad hoc task force to assess and make recommendations to address high teen pregnancy rates. Due to the assessment process, Revere CARES has now formalized and will expand this work. The Healthy Relationship Initiative seeks to prevent/reduce early initiation of sexual activity, sexually transmitted diseases and teen pregnancy as well as prevent dating/domestic violence.

To accomplish this, the initiative will employ strategies to increase knowledge and community awareness; improve policies and enforcement; increase prevention and intervention services; and strengthen partnerships and collaboration. The first two years will focus on the development of a comprehensive out of school plan for middle and high school youth; the adoption of a city-wide youth asset development model; and the engagement of youth in the task force. In years two and three the task force will address curriculum issues and develop a social marketing campaign. In year four the task force will address the gaps in additional prevention and intervention services. Throughout the process the task force will work to increase community capacity and readiness.

Revere CARES seeks to maximize its impact by focusing on strategies that address multiple health behaviors. To accomplish this, Revere CARES strategies in four strategic areas across its three initiatives: 1) policy/enforcement; 2) education and community awareness including social marketing; 3) advocacy for programs and services; 4) collaboration. *See Appendix I for Revere CARES 2012 Strategic Plan Overview.*

Conclusion

Revere CARES is committed to addressing substance abuse, healthy eating, active living, and healthy relationships and safety. 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 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 measure progress and will report annually to the hospital and the community to be accountable on this work. Community health needs assessments conducted and new work plans developed 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 community.

Appendix

- A. Assessment Committee Members
- B. Survey Sample Demographics
- C. Select Survey Questions – Vision, Mission & Goals
 - D. Community Forum Posters
 - E. Focus Group Characteristics
 - F. Focus Group Facilitator Guide
 - G. Focus Group Summary
 - H. Select Public Health Data
- I. Revere CARES Strategic Plan Overview



Community Health Needs Assessment Committee Members

Revere

Cate Blackford	Manager of Healthy Community Initiatives, City of Revere
Kitty Bowman	Director, Revere CARES Coalition
Nick Catinazzo	Revere Health Department
Sylvia Chiang	Manager, Revere on the Move / Revere CARES Coalition
Joan Cho-Sik	CRW Elder Services
Jim Cunningham	CRW Elder Services
Carol Donovan	Revere Health Department
Lillian Guido	Revere Public Schools
Fernando Gonzalez	Resident
Rev. Nick Granitsas	First Congregational Church
Carol Haney	Revere Beautification Committee
Kim Hanton	Director of Diversionary Addiction Services, North Suffolk Mental Health Association
Paul Hyman	CHA Revere Family Health Center
Debbie Jacobson	Administrative Director, MGH Revere HealthCare Center
Gary Langis	City of Revere/MassCALL2 Opioid Overdose Prevention
Judy Lawler	Chelsea District Court
Bernice Macintyre	MGH Revere HealthCare Center
Eileen Manning	Director, MGH Community Health Associates
Ira Novoselsky	City Council (Ward 2)
Lanre Olusekun	Resident
Roger Pasinski, MD	Medical Director, MGH Revere HealthCare Center
Jocelyn Perez	Bicentennial Scholar
Kourou Pich	HarborCOV
Jay Picariello	Revere Fire Department
Robert Repucci	CAPIC
George Reuter	The Neighborhood Developers
Daniel Rizzo	Mayor
Linda Rohrer	Career Source
Adrienne Sacco-Maguire	Revere Parks & Recreation Dept./Youth Center
Catherine Sugarman	Assistant Director, Revere CARES Coalition
Ming Sun	MGH Community Health Associates
Carole Smith	Happy Day Pre-School
Joanne Stone-Libon	CAPIC Head Start
Elizabeth Tanefis	Health Resources in Action
Carol Tye	Revere Public Schools, School Committee
Michael Vatalaro	Rep. Robert DeLeo's Office

Quality of Life Survey Respondent Demographics compared to 2010 Census Data

Revere Quality of Life Survey Respondents (n=756)

- 75% White (compared to 62% white, 24% Latino)
- 55% 40-64 Years (compared to 25%)
- 4% less than High School (compared to 23%)
- 26% Associates or Bachelor's Degree (compared to 18%)
- 32% Graduate Degree (compared to 5%)
- 5% Unemployed (compared to 8%)
- 29% Male
- 62% Employed full time
- 34% have lived in Revere their entire life

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

ACCESS TO CARE

78% Able to get needed medical care in the past year

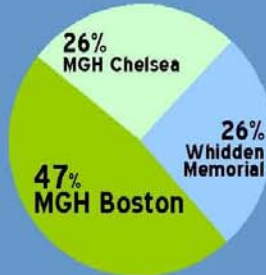
Top Barriers to Medical Care:

- No Doctors Available
- Hours of Operation
- Overall Cost

Receive routine health care outside of Revere **46%**

Receive routine health care at MGH Revere Health Center **21%**

23% Of Revere residents listed **Access to Health Care** as a top factor defining a healthy community



Where did you receive Emergency or Urgent Care in the past year?



CHRONIC DISEASE / CANCER



Hospitalization
Compared to State

20%
Higher

Cancer

Mortality
Compared to State

16%
Higher

16%
Higher

Heart Disease

10%
Higher

43%
Higher

Diabetes

4%
Lower

High Lung Cancer Rates

Revere Incidence **36%** Above state rate

Revere Mortality **31%** Above state rate

ECONOMIC ISSUES

\$49,759

Revere Median Income 2010

15% Of Revere Residents live **Below Poverty Level** Compare to 11% Statewide

Revere **Unemployment Rate** **7.5%** Compare to 6.4% Statewide

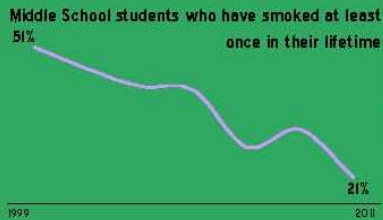


SUBSTANCE ABUSE

62% Of RHS students drank alcohol in their lifetime

25% Decrease Since 1999

Tobacco sales to minors in Revere **4.1%** State **8.1%**

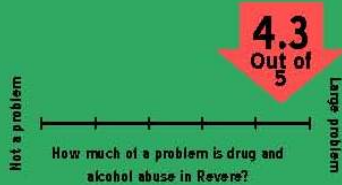


1 in 5 Middle school students wish their parents would drink or use drugs less

Adult smoking rate in Revere **24%** State **16%**



10 Revere residents died from opiate overdoses in 2008 @ **2x** the Massachusetts opiate death rate



"...drug addicts sell drugs all day, everyday RIGHT NEXT TO THE SCHOOL." –Revere Community Survey Respondent

"Too many liquor stores...too much window advertisement for alcohol in liquor store windows." –Revere Community Survey Respondent



Revere residents listed drug and alcohol abuse as the #1 community concern.

CRIME & VIOLENCE

Change in Crime rates from 2005-07 to 2009-11



13% Of Revere High school students have experienced **Dating Violence** in their lifetime

4% Students who have been involved in a gang in the past year
Middle School

9% High School

7% of Massachusetts High school students have been a member of a gang in past year
 8% of Revere Middle School students have considered joining a gang

Types of Crime - 2010



Number of Full-Time officers budgeted in Revere Police Dept **86**
 Down from 109 Officers in 1996

110 Appox. # of Gang members residing in Revere (RPD, 2011)

3.0
Out of 5



Revere residents listed crime and violence as the #2 community concern.

"I sometimes fear for my safety in the City of Revere. Although I do not see too much crime or violence, I do hear that it goes on."

-Focus group Participant



MENTAL HEALTH

1 in 8 Revere High school students have seriously considered suicide in the past year

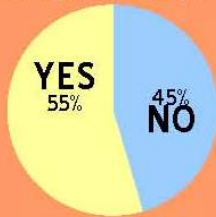
Rates are similar to state and national trends

Revere High School students attempted suicide in the past year **1 in 16**

DEPRESSION

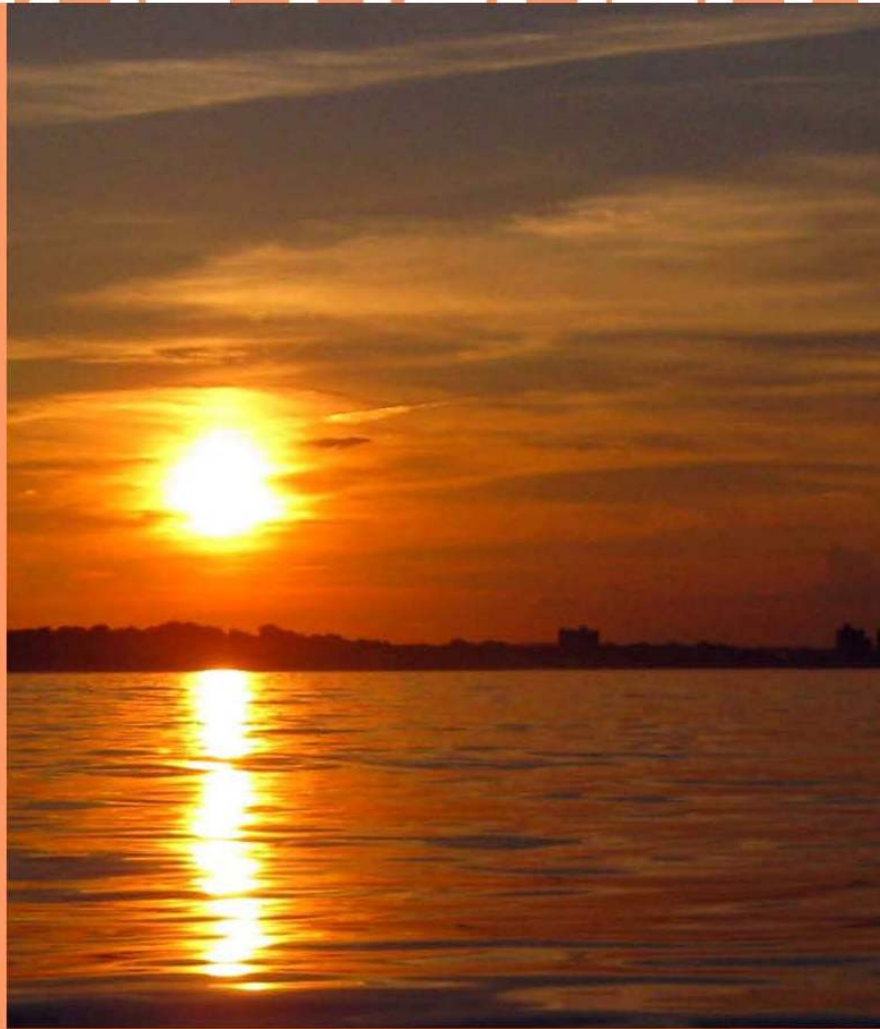
13% of Revere Adults surveyed
 Did you ever feel sad or hopeless for more than two weeks in a row in the past year?
 ←YES→
26% of Revere High School students

Were you able to get mental health services in your community if needed?



Social Connectedness

38% Of Revere residents surveyed know All or Most of their neighbors first names



1 in 3 families in Revere are affected by Depression or Anxiety.

-Revere Community Survey

"I feel that there needs to be more support for students in terms of mental and behavioral health issues. There are a plethora of students who receive services, but perhaps 3 times as many that are in need of services."

-Revere Community Survey Respondent



O B E S I T Y / H E A L T H Y L I V I N G

56%
Of Revere residents exercise for 30 minutes or more at least 3 days/week

Revere High school students who watch 3+ hours of TV on a typical school night
38%
25% ABOVE THE STATE RATE

Diabetes Obesity-Related Hospitalizations

44%
Higher than State

Heart Disease

17%
Higher than State

Revere Students



34% of Massachusetts Students are overweight or obese

Revere: **44%**



Community Concerns:

- Lack of after school activities and free sports programs
- Park cleanliness and usability

Suggestions:

- Recreation Programs for the whole family
 - More Parks
- Enforcement of pet cleanup and leash laws

The Revere Beach Farmers Market offers fresh local produce every Thursday, July through October

“In order to have more physical activity, I would like safer streets and more parks.”

-Revere Community Survey Respondent



YOUTH ISSUES

70%
 Revere High School
 Graduation Rate
 State Rate : 83%

Revere students who
 speak a first language
 other than English
 More Than 2.5x State Rate

48%

MCAS % Proficient or Higher

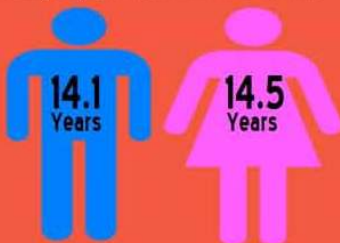
	Revere	State
Math	51%	58%
English	63%	69%

Teen Birth Rates 2007-2009



51%
 Of Revere High School
 students have had sexual
 intercourse in their lifetime
In 2009: 52% Revere • 46% State • 46% Nation

Average age of first sexual intercourse



**400+ Revere High School Students
 participated in the Revere Recovery Walk
 in 2011.**

48% of Revere residents surveyed listed
 "Good Schools" as one of the most important
 factors contributing to a healthy community.
 Focus groups identified the quality of Revere
 schools as a key community asset.



ENVIRONMENT

Community Survey: Factors contributing to a healthy community

Top environmental factors listed by respondents



33,686

Logan Airport Takeoffs and Landings over Revere - 2011



Air Pollution: Revere compared to State Nation

	State	Nation
Air Quality Index	=	=
Suspended Particulate	=	↓
Lead	=	↓
Carbon Monoxide	↓	↓
Sulfur Dioxide	↑	↑
Nitrogen Dioxide	↑	↑
Ozone	=	=
Particulate Matter (<10µ)	↑	↓
Particulate Matter (<2.5µ)	↑	↑

▲ Revere is above State/Nation Average
▲ Revere is equal to State/Nation Average
▼ Revere is below State/Nation Average



Photo courtesy of <http://philip.greenspan.com>

Pediatric Asthma-related hospitalizations
695
 42% above state /100,000

“I wish there were more clean, green places in Revere to enjoy”

-Revere Community Survey Respondent

1249 **Adult Asthma-related hospitalizations**
 /100,000 13% above state

“People seem to leave litter everywhere”

-Revere Community Survey Respondent



Focus Group Characteristics

Revere Focus Group Summary

Focus group Location	Characteristics of Participants	Total	Gender
MGH Senior Wellness Program	Senior Citizens	11	Males = 1; Females = 10
MGH Senior Wellness Program	Senior Citizens	10	Males = 4; Females = 6
CAPIC] Head Start	Latinos (Spanish speakers)	7	Males = 0; Females = 7
CAPIC Head Start	English speakers (included non-Latino immigrants)	4	Males = 0; Females = 4
First Congregational Church ESL students	Latinos (Spanish speakers)	9	Males = 3; Females = 6
First Congregational Church Food Pantry clients	English speakers (included non-Latino immigrants, people with developmental disabilities)	25	Males = 9; Females = 16
MGH/Revere	Muslims	8	Males = 6; Females = 2
North Suffolk Mental Health/ Revere Counseling Center	Cambodians	10	Males = 4; Females = 6
Total: 8	Total Participants:	84	Males = 27; Females = 57

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]

Revere Focus Group Summary

Looking across questions asked of focus group participants, the wide variety of responses to any given question signals both the variability of the experience of living in Revere, and the thoughtfulness participants showed in their responses. At the same time, participants of all focus groups indicated they had much in common, as evidenced by their shared examples of community assets: Revere schools, outdoor spaces like the beach and parks, and the presence of MGH and its many programs. Also, most participants were well informed about issues of health and savvy in their awareness of services, and they were comprehensive in their thinking about how community information was disseminated and could be improved.

Some patterns were visible in the responses of special sub-groups. For example, Latino focus group participants, many of who were young mothers, focused on issues of safety when walking around the community and being outdoors playing with children.

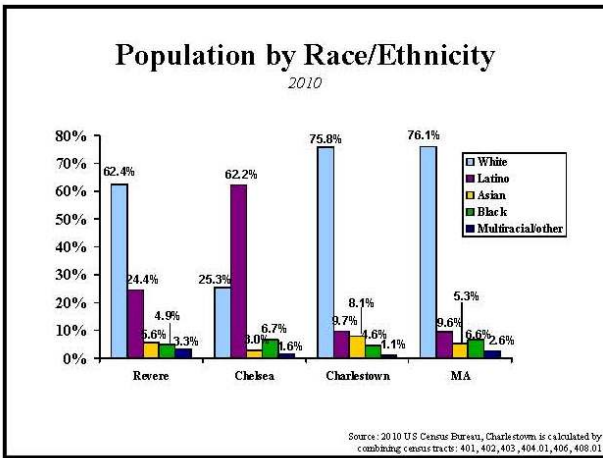
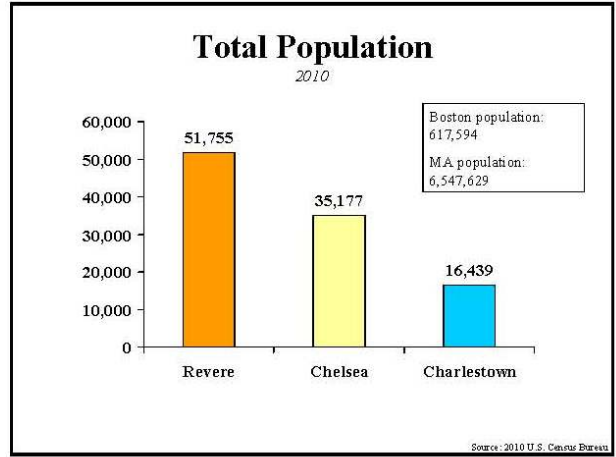
Cambodian participants reported on a variety of positive aspects of their lives in Revere, particularly relative to times in the past when they felt discrimination in the community more strongly. Muslims, Cambodians and Latinos all commented about the importance of having access to ethnic grocers, ostensibly to find food from their own ethnic group. English-speaking focus group participants, including Senior Citizens, engaged a community-wide information source, i.e., *The Revere Journal*, that special subgroups did not.

A thread that ran through responses given by Senior Citizens to several different questions was notable: the Senior Citizens frequently linked the presence of immigrants to many challenges the community of Revere faces, possibly indicating a degree of prejudice they hold toward newcomers to Revere from other countries. This is a very important issue to investigate in the future. The leaders of Revere actively welcome immigrants as a means of enriching the community, so discomfort with the changing face of the city might, if left unaddressed, isolate Senior Citizens and limit their active participation of the community when just the opposite would be most desirable, and have a negative impact on immigrants seeking to settle in Revere and contribute to its betterment.

It is also important to note that there were a few topics about which participants had markedly different opinions. For example, some said the Revere crime rate was relatively low while others reported on specific instances of crime, substance abuse widespread and overt, and the perception that Revere was an unsafe place to live. Many participants commented on the presence and important offerings of MGH, while also stating that access was limited because of a lack of doctors and dwindling service. Also, participants' descriptions of public parks varied widely also, with many reporting on the parks as assets and also noting that they were dirty and unsafe. Such differing points of view are not necessarily mutually exclusive, but do invite further investigation in order to understand seeming contradictions and ensure that resources that contribute to health and wellbeing of all of Revere's residents.

Prepared by Janet Smith, PhD

Demographics

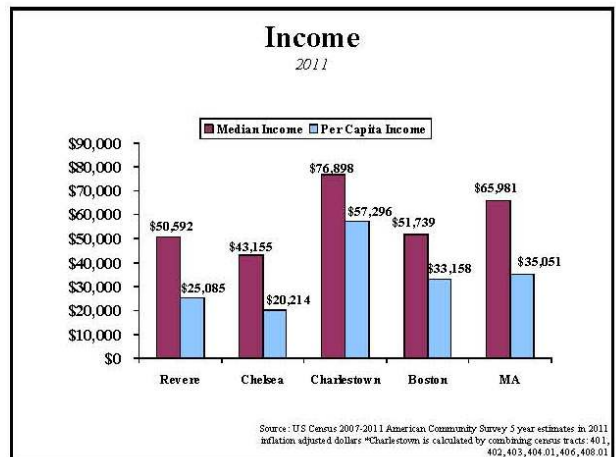
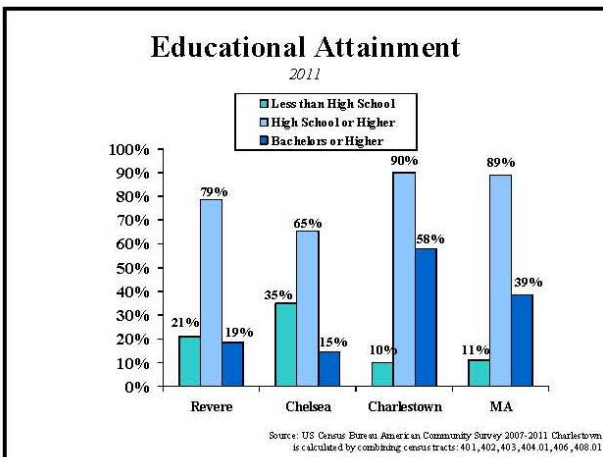


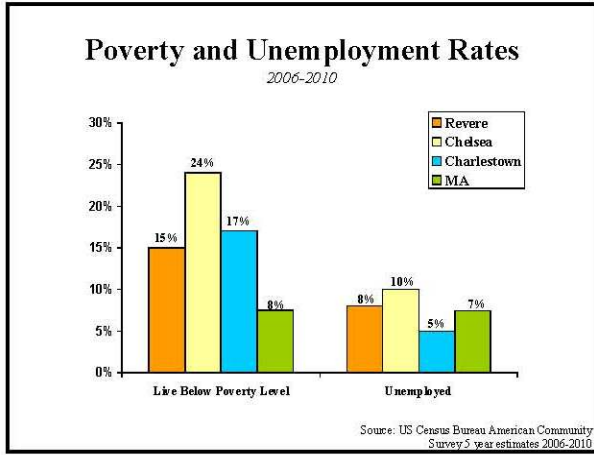
Population by Age Group

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, 409, 410, 01, 411, 412, 01, 413, 01, 414, 01, 415, 01, 416, 01, 417, 01, 418, 01, 419, 01, 420, 01, 421, 01, 422, 01, 423, 01, 424, 01, 425, 01, 426, 01, 427, 01, 428, 01, 429, 01, 430, 01, 431, 01, 432, 01, 433, 01, 434, 01, 435, 01, 436, 01, 437, 01, 438, 01, 439, 01, 440, 01, 441, 01, 442, 01, 443, 01, 444, 01, 445, 01, 446, 01, 447, 01, 448, 01, 449, 01, 450, 01, 451, 01, 452, 01, 453, 01, 454, 01, 455, 01, 456, 01, 457, 01, 458, 01, 459, 01, 460, 01, 461, 01, 462, 01, 463, 01, 464, 01, 465, 01, 466, 01, 467, 01, 468, 01, 469, 01, 470, 01, 471, 01, 472, 01, 473, 01, 474, 01, 475, 01, 476, 01, 477, 01, 478, 01, 479, 01, 480, 01, 481, 01, 482, 01, 483, 01, 484, 01, 485, 01, 486, 01, 487, 01, 488, 01, 489, 01, 490, 01, 491, 01, 492, 01, 493, 01, 494, 01, 495, 01, 496, 01, 497, 01, 498, 01, 499, 01, 500, 01





Substance Abuse Prevention

Revere Quality of Life Survey 2012

Substance Abuse

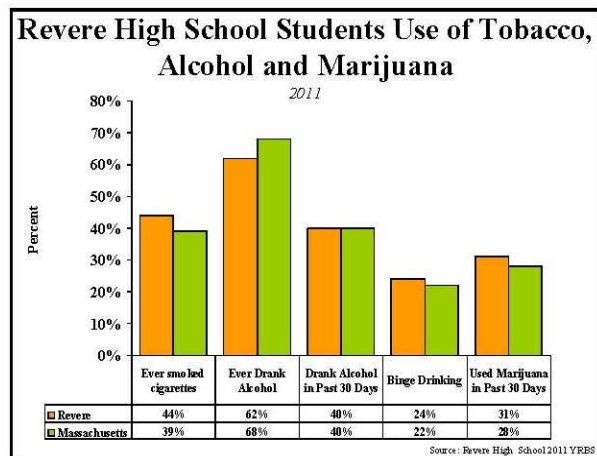
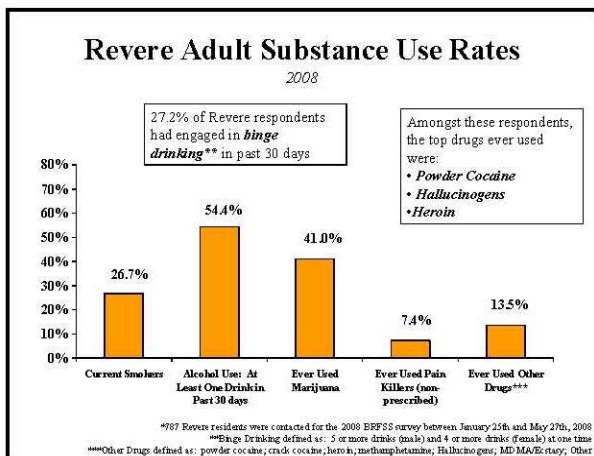
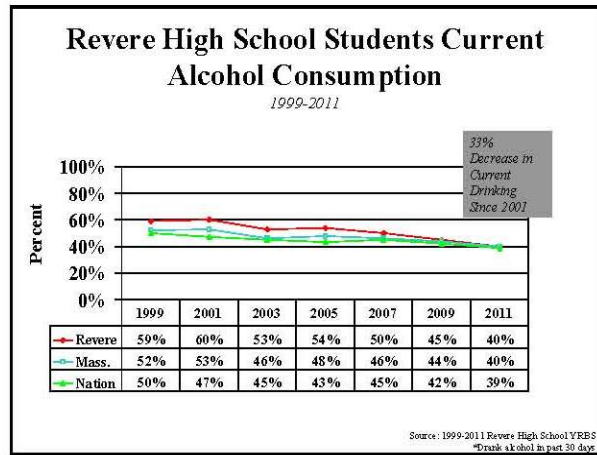
- On a scale of 1-5, respondents ranked Revere a 4.3 when asked how much of a problem drug and alcohol abuse is
- 52% reported they had had one more alcoholic drink in past 30 days
- 10% had participated in binge drinking in past 2 weeks
- 4% took prescription drugs not prescribed to them

Mental Health

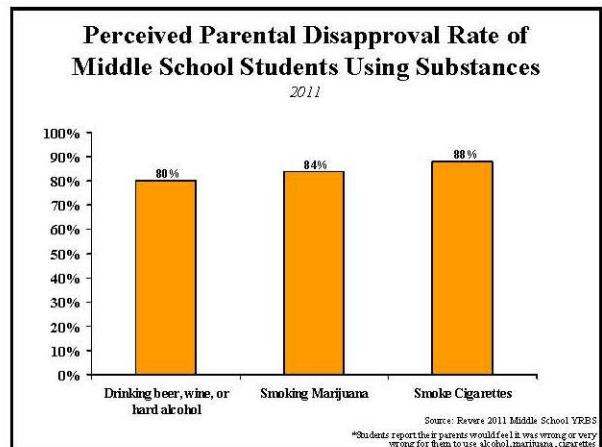
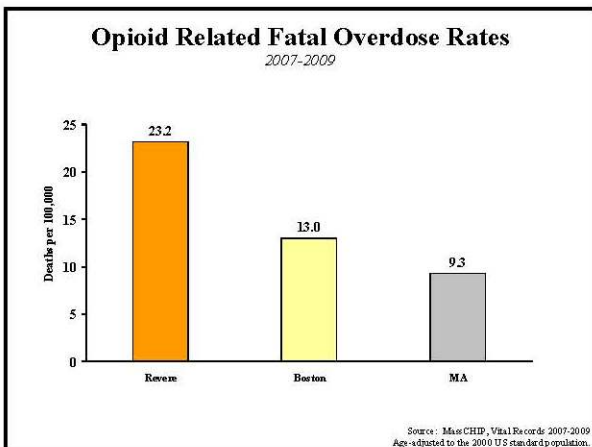
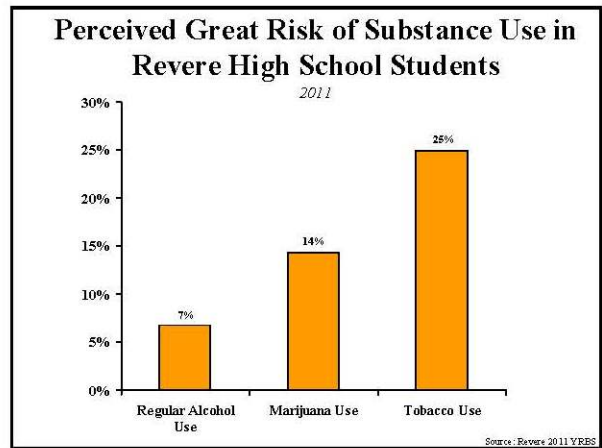
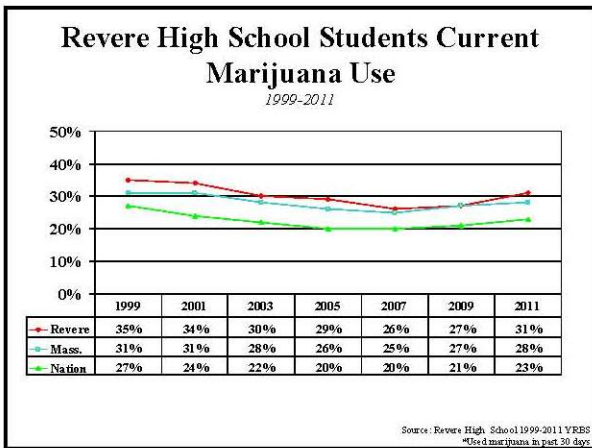
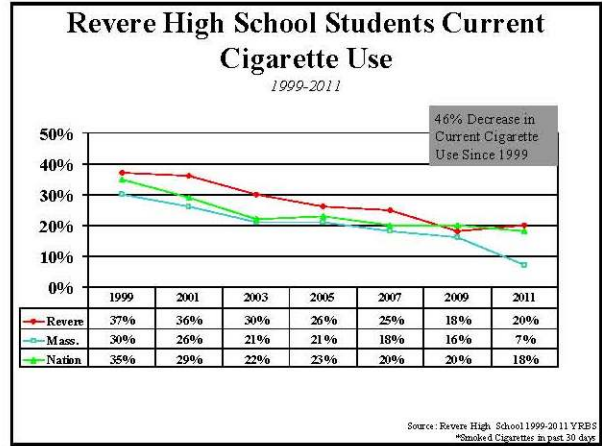
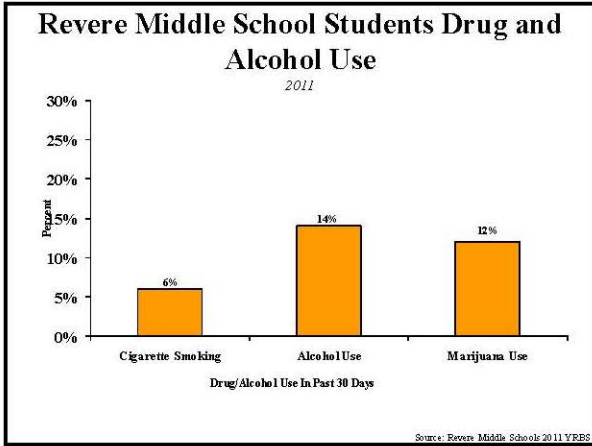
- 13% reported they have felt sad or hopeless for 2 weeks in the past year
- 1 in 4 families have been affected by depression
- 30% reported that someone in their families needed mental health services
- 45.5% could not access mental health services

"I live in a school zone and have drug addicts that sell drugs all day, every day RIGHT NEXT TO THE SCHOOL." -Revere Survey Respondent

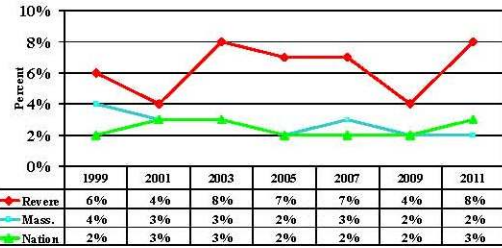
*Data based on 959 completed surveys that were distributed in February and March in print, online, and in multiple languages through the Assessment Committee and in public locations. Sample represents a more White, educated, and female perspective.



Appendix H

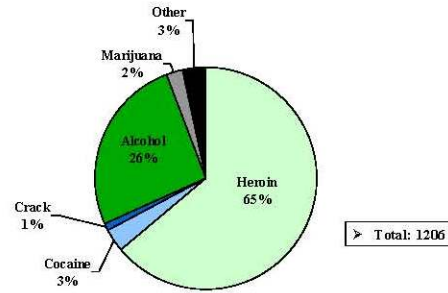


Revere High School Students Heroin Use 1999-2011



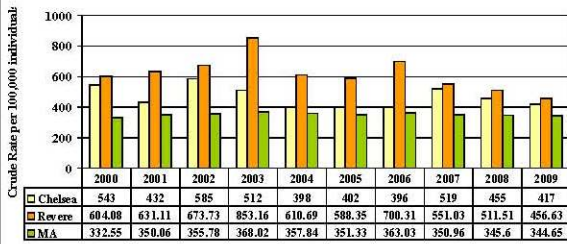
Source: 1999-2011 Revere High School YRES
*Ever used heroin (lifetime use)

Revere Primary Substance Treatment Admissions 2010



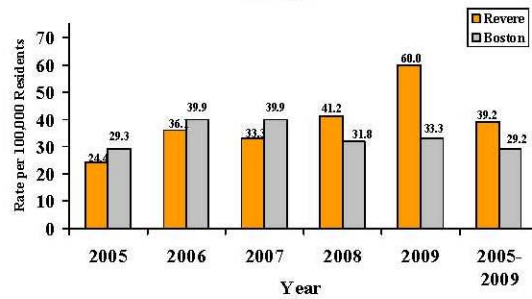
Source: MassCHIP 2010 Bureau of Substance Abuse Services Data

Revere Alcohol and Substance-Related Hospital Discharges 2000-2009



*Source: MassCHIP, 2000-2009 Uniform Hospital Discharge Data Set (UHDDS)

Revere Substance Abuse Mortality 2005-2009



Source: Registry of Vital Records and Statistics, MDPH (Prepared by the Injury Surveillance Program, MDPH)
Charlestown and Boston data from BPHC Data request

Violence Prevention & Public Safety

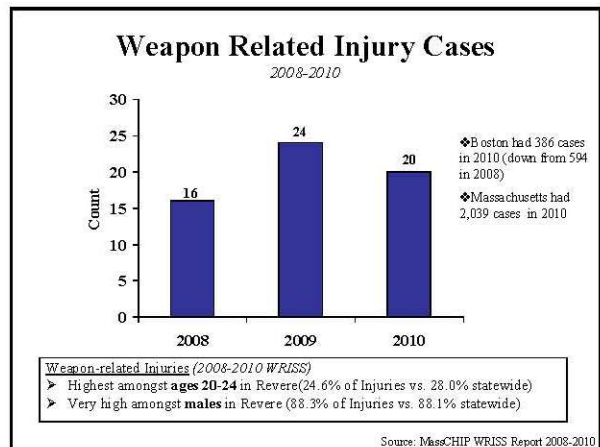
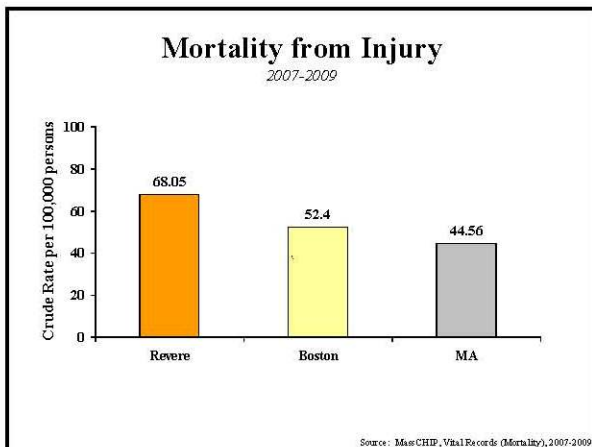
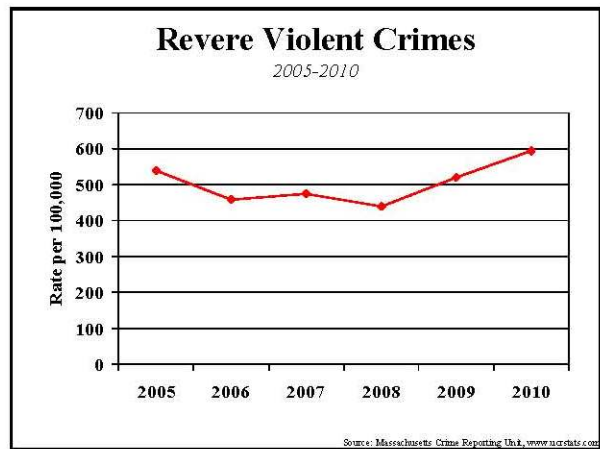
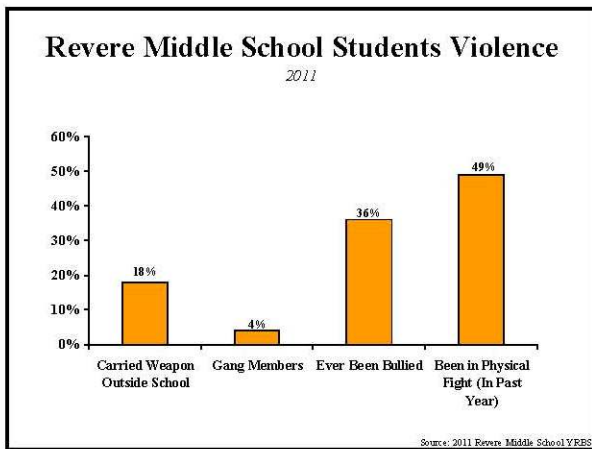
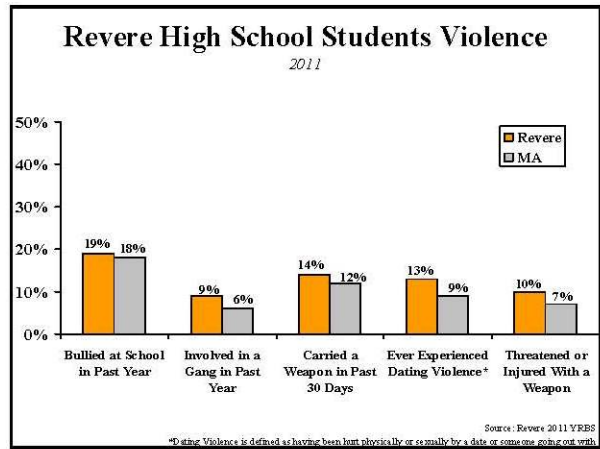
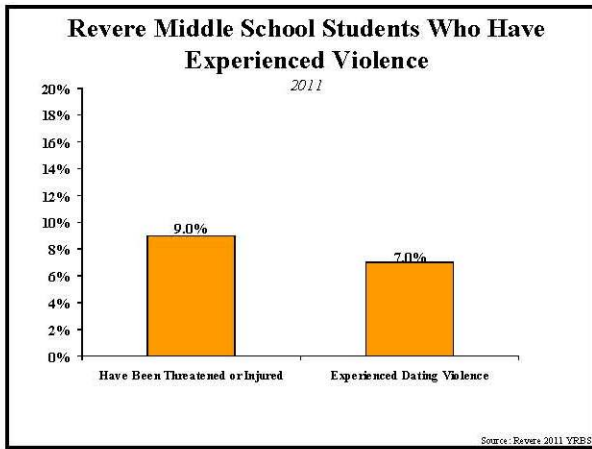
Revere Quality of Life Survey: Violence 2012

- ❖ Low crime/safe neighborhood was #1 factor that defines a Healthy Community
- ❖ Crime and violence ranked second most important health problem
- ❖ Respondents ranked Revere a 3 on a scale of 1-3 as a safe place to live
- ❖ 2% have been affected by community violence and 3% reported physical abuse
- ❖ Respondents ranked feeling connected to neighbors and community a 3.2 on a scale of 1-5

"I think we need more police officers on Broadway especially during the summer months. I don't feel comfortable walking on Broadway and I grew up in this city my whole life"
-Revere Survey Respondent

*Data based on 756 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 educated, older, female perspective.

Appendix H



Healthy Eating / Active Living

Revere Quality of Life Survey: Healthy Living

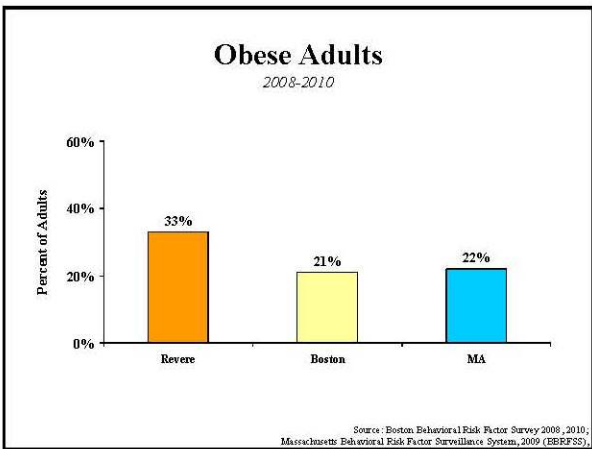
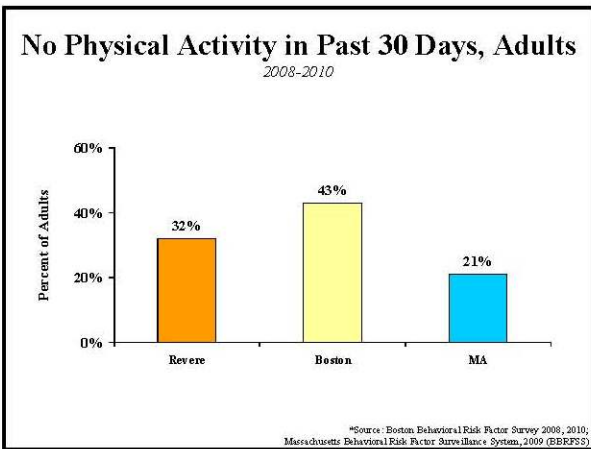
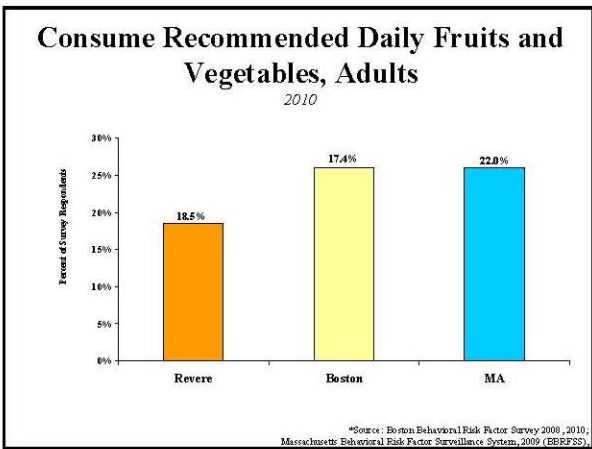
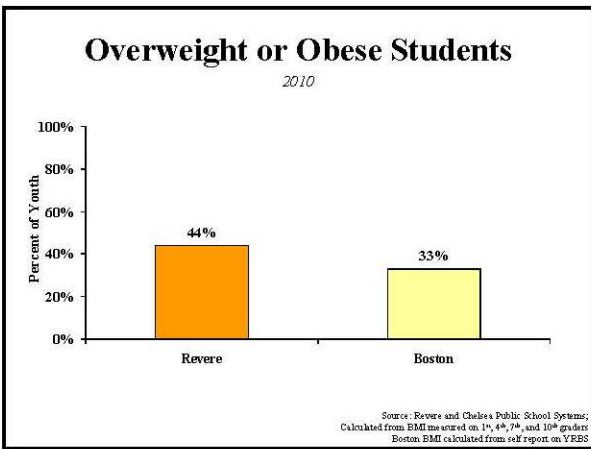
2012

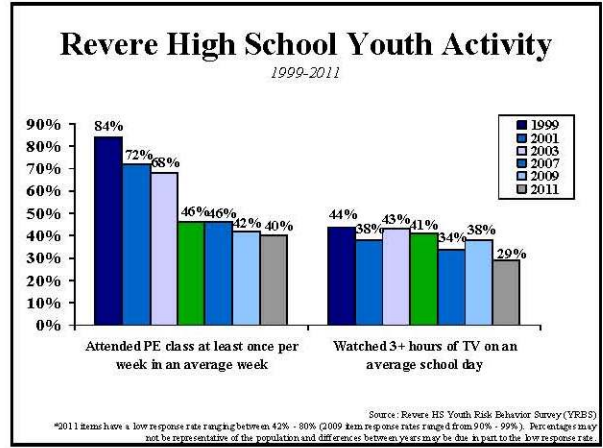
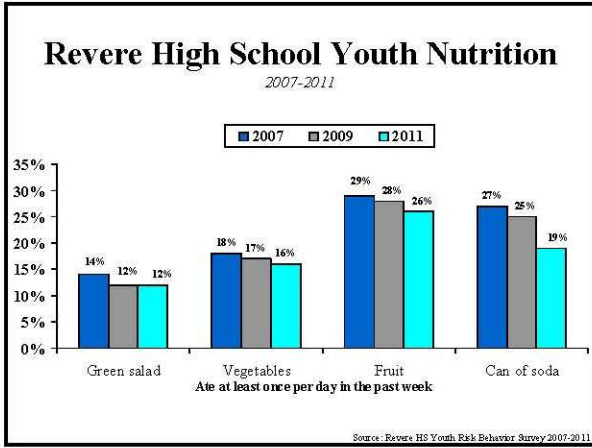
- ❖ 56% of Revere residents exercise 30 minutes or more at least 3 days a week
- ❖ Main reason why people don't exercise is that they do not have enough time (47%)
- ❖ 52% rate their health as very good or excellent
- ❖ 49% of respondents had eaten vegetables and 42% had eaten fruit 1-3 times a day during the past week
- ❖ 11% did not eat fruit during the past week

"Revere really lacks access to healthy food. There are no supermarkets in the main area, you have to drive - no farmers markets, just a lot of junk food."

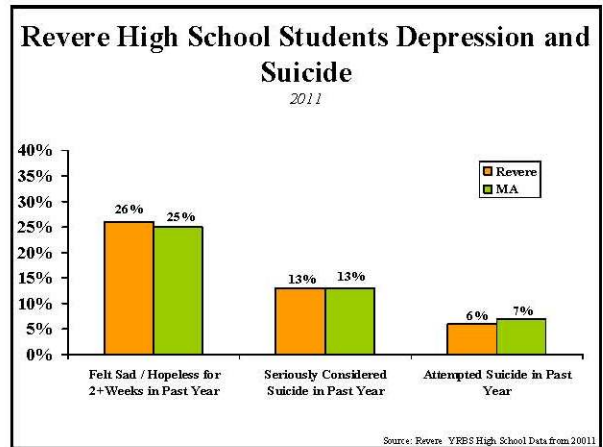
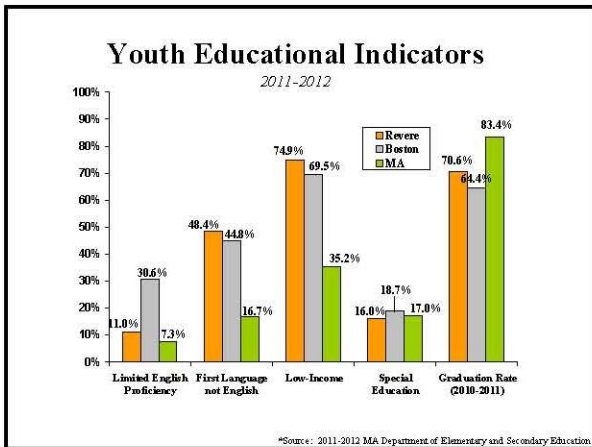
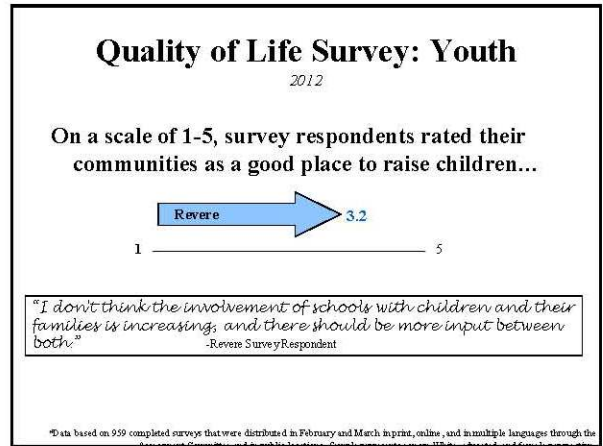
-Revere Survey Respondent

*Data based on 756 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 educated, older, female perspective.

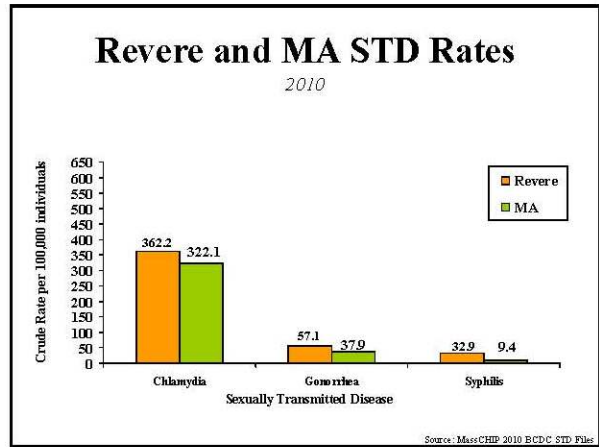
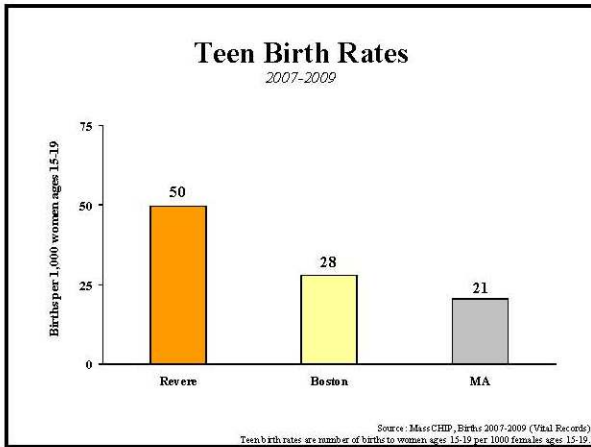




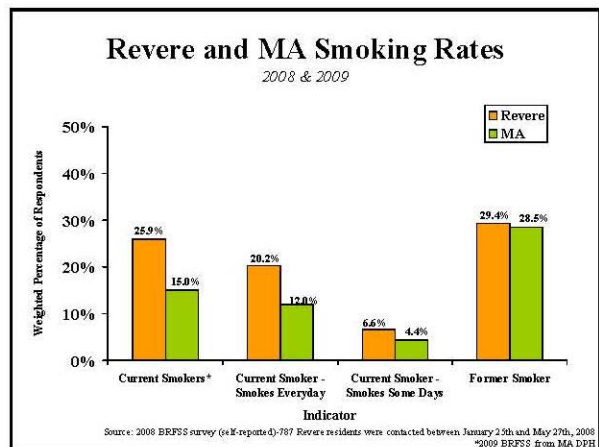
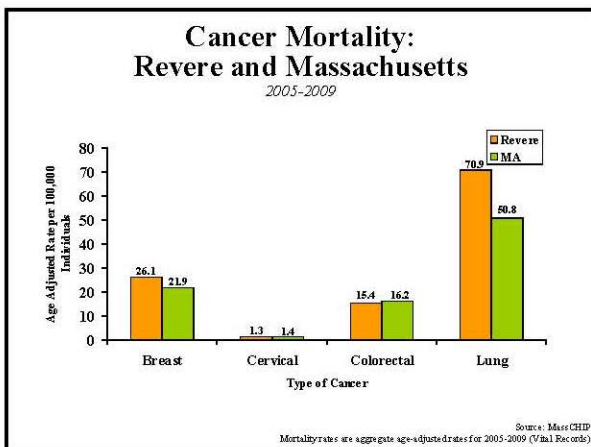
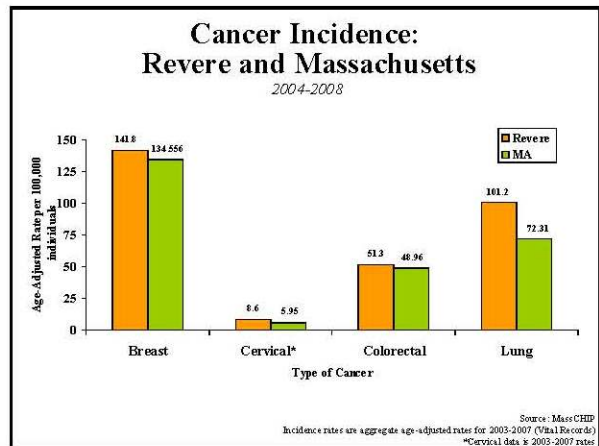
Youth Development / Education



Appendix H



Cancer Prevention and Early Detection



Access to Care For Vulnerable Populations

Revere Quality of Life Survey: Access to Care

2012

- ❖ Access to care ranked #3 (23%) when asked what defines a Healthy Community
- ❖ 62% were always able to get needed care, 12% were sometimes able, and 3% were never able
- ❖ 46% receive routine health care in a practice outside of Revere
- ❖ 39% believe there are no barriers to accessing care, 7% stated insurance was a barrier, 9.5% stated that there are no doctors available
- ❖ 21% of respondents receive care at the MGH Revere HealthCare Center

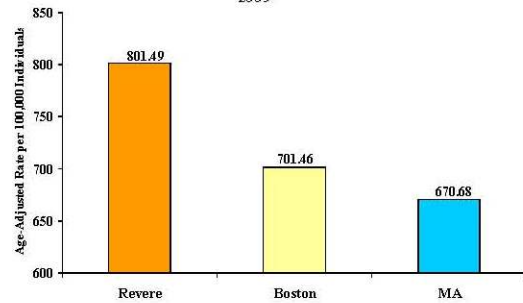
"People of color and immigrant don't have equal access to resources."
-Revere Survey Respondent

*Data based on 756 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 educated, older, female population.

Mortality

Overall Mortality

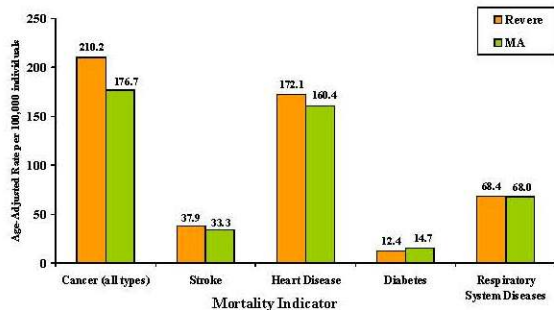
2009



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

Revere and MA Chronic Disease Mortality

2007-2009



*Data Source: Mass Dept. of Public Health, MassCHIP database 2007-2009

Revere CARES 2012 Strategic Plan Overview

		INITIATIVES		
		Alcohol, Tobacco & Other Drugs (ATOD)	Healthy Eating & Active Living	Healthy Relationships
STRATEGIES	Policy & Enforcement	<ul style="list-style-type: none"> Strengthen and enforce current policies <ul style="list-style-type: none"> Health Impact Assessment Youth Asset Development Model 		
		<ul style="list-style-type: none"> Limit youth access to ATOD Anti-bullying policies 	<ul style="list-style-type: none"> Food environment initiative Safe active transportation and recreation 	<ul style="list-style-type: none"> Adopt sex education and relationship violence prevention policies
	Education & Community Awareness	<ul style="list-style-type: none"> Parent skill building Integration of evidence-based curricula into academic time and after-school programming <ul style="list-style-type: none"> Educate community leaders Social marketing and media literacy trainings <ul style="list-style-type: none"> Bilingual resource guides 		
		<ul style="list-style-type: none"> Stress management education Sticker Shock and licensing commission hearings 	<ul style="list-style-type: none"> Promote EBT and Beach Bucks for Farmers Market 	
	Services & Programs	<ul style="list-style-type: none"> Out-of-school programming that develops decision making and life skills <ul style="list-style-type: none"> Access to housing, education, employment and safety Strengthening Families Program 		
<ul style="list-style-type: none"> Substance abuse/mental health screenings and services, particularly for youth Support Narcan access, Suboxone program and Drop-In Center Recovery coach model Bullying prevention programming 		<ul style="list-style-type: none"> Farmers Market community event Community Gardens Urban Trails Adopt-a-park Citywide Fitness Challenge District-wide Walking School Bus 	<ul style="list-style-type: none"> Relationship violence screenings and services Programs that promote teen pregnancy, STD and relationship violence prevention 	
Collaboration & Capacity	<ul style="list-style-type: none"> Healthy community coalition model Trainings for coalition members and partners Partner with community organizations that have goals aligned with those of Revere CARES 			
		<ul style="list-style-type: none"> Establish Neighborhood Groups Develop open space safety plan 	<ul style="list-style-type: none"> Establish and build capacity of Healthy Relationship Task Force 	

■ Strategies common to all three initiatives

■ Initiative-specific strategies