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Acknowledgements

Special thanks to Leslie Aldrich, Associate Director, MGH Center for Community Health Improvement (CCHI), for overseeing the assessment process in Charlestown. She couldn't have done it without the leadership of Beth Rosenshein, director of the Charlestown Substance Abuse Coalition (CSAC) and her staff, and Rebecca Kaiser, director of Community Relations, Spaulding Rehabilitation Hospital, who helped organize and convene the process. Thank you to friends and colleagues Steve Ridini, Vice President of Community Health, Health Resources in Action, for consultation and facilitation of various community meetings, and Janet Smith, PhD of Edscape Consulting for her help with data analysis.

Also, thank you to key MGH staff and colleagues who helped implement and communicate the process. Susan Leahy, CCHI Communications Manager; Eileen Manning, director of MGH Community Health Associates and her staff; and the medical and administrative directors of the MGH Charlestown HealthCare Center Lorenzo Lewis, MD and Jean Bernhardt, PhD.

Data collection and analysis would not have been possible without the CCHI Evaluation Team and volunteers from the MGH Institute for Health Professions. Thank you to Danelle Marable, Director of Evaluation, Erica Clarke, Sr. Project Manager, Nessa Regan, Project Manager, Maddie Eagan, Research Assistant, and Patrick Hagan, Research Assistant who prepared data collection tools, organized and ran focus groups and events, and analyzed and prepared data and Margaret Mahoney, PhD, Assistant Professor at the MGH Institute of Health Professions and her students who contributed to the data collection process.

Most importantly, thank you to assessment committee members, residents and leaders of the community of Charlestown who dedicated so much time and talent over the course of a year to implement this process. This report would not have been possible without their contributions.

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.

- While Charlestown has the highest median income of Boston neighborhoods, 37% of Charlestown youth live below poverty

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 communities of Revere, Chelsea and Charlestown to conduct the assessment. Almost 3000 people across the three communities, including more than 800 from Charlestown, had input into this process. In Charlestown, residents participated through the following methods:

"I feel a strong sense of community within my condo association but not the larger Charlestown community. It would be nice to change this, but I am not sure how." - Charlestown resident

1. **A Quality of Life Survey** - 545 surveys received;
2. **Community Forums** - 150 participants attended;
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** - 17 focus groups reached 149 participants;
5. **Public health Data** - from sources such as the U.S. Census, MA Department of Education and Boston Public Health Commission.

Priorities

By a significant margin, Charlestown identified **substance abuse** and the effects it has on quality of life including perceptions of violence and public safety, as their top issue. In addition the community identified **cancer prevention/healthy living, access to care** (with an emphasis on helping families with autistic youth) and promotion of **educational attainment** as additional priorities to be addressed.

Strategies

Initial new strategies resulting from this assessment process include creating a new infrastructure to respond to Charlestown's multiple health priorities. The assessment committee has agreed to form a new group called The Charlestown Collaborative, a coalition of residents and providers who will take a comprehensive approach to building a healthy community. The Collaborative will also implement some changes in service delivery to both 1) meet the needs identified by the community in order to build trust in the process, and; 2) transform the way that providers work together, a very important systems change over the long term.

The Charlestown Community

Geographically isolated on a peninsula northeast of downtown Boston and occupying just 1.4 square miles, Charlestown is the second smallest of the city's 15 neighborhoods with a growing population of 16,439, up 8.2% since 2000. The community's dramatic history has significantly influenced its health and stability. During the 1950s and 1960s, Charlestown was a neighborhood of primarily working class White Irish Catholics who depended on blue collar jobs at the Charlestown Navy Yard. The closing of the Navy Yard in 1974 resulted in significant unemployment and was a tremendous blow to the neighborhood. New school busing policies created tumult in the 1970s as minority children were bused into Charlestown schools, while Charlestown students were transported to schools elsewhere in the city.

Since then, Charlestown's diversity has expanded dramatically, along with growing rates of both the very poor and the very wealthy. Charlestown's minority population in 2010 was 23.5%, up significantly from 4.9% in 1990. Charlestown's median income (\$76,898) is the highest in the city of Boston, however 17% of the entire Charlestown population and 37% of Charlestown's children live below the Federal Poverty Level, well above Boston's child poverty rate of 28%. A growing affluent population has been drawn to Charlestown's proximity to downtown Boston, renovated brownstones, and views of the harbor, and has contributed to Charlestown's stark income disparities.

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. 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 to these communities. 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 Charlestown: CSAC

In 2004, MGH CCHI was part of a concerted and inclusive community-wide effort to respond to the alarming rates of substance abuse and associated risks to the health, development and well-being of Charlestown youth by forming the Charlestown Substance Abuse Coalition (CSAC). With the goal of reducing substance abuse and building a healthier community, the Coalition has worked with agencies and organizations across the community and the state, and has contributed to increased access to substance abuse services, an increased public safety presence, and a sense of reduced stigma and shame. The Coalition has trained community residents to deliver an evidence-based substance abuse prevention curriculum in Charlestown public schools, and engaged parents in leadership roles in prevention programs. These combined efforts have contributed to improved outcomes including fewer overdoses and a decreased drug abuse mortality rate in Charlestown.

2012 Community Health Needs Assessment : The MAPP Process



CCHI's last overall assessment in all three communities, including Charlestown, was conducted in 2009. Since this time 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 a review of methods, we selected MAPP: Mobilizing for Action through Planning and Partnerships as a framework to guide the assessment process. 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

MAPP Implementation

The MAPP process in Charlestown was built upon a strong foundation of community involvement including the Charlestown Substance Abuse Coalition (CSAC), neighborhood council, multiple agency and faith based institutions and volunteers in addressing complex health and social issues. Several ongoing initiatives were leveraged to become the MAPP process. CSAC was preparing for its next strategic planning process and considering expansion to address additional community health issues including healthy living, prevention, mental health and social determinants of health. Spaulding Rehabilitation Network was required to conduct a community needs assessment in connection with its approval by the MA Department of Public Health to construct a new facility in Charlestown. The process also aligned with the MA Department of Public Health Community Health Network Area (CHNA), which improves community health through local coalitions; the Coalition is a member of CHNA 19 in Boston. The two groups joined to form a new committee responsible for overseeing the community's health assessment process and reached out to all sectors of the community to conduct the six phases of the MAPP process detailed below.

Phase 1 & 2: Partnership Development



Charlestown Assessment Committee Meeting

In the fall of 2011 a Charlestown Community Assessment Committee was formed to oversee and drive the MAPP process. The committee was comprised of representatives from health care, education, social services, government, business, criminal justice, community groups, mental health, faith, youth and community residents. CCHI made a concerted effort to identify community assessment committee members from across sectors. Engaging diverse groups and individuals who are not generally included in discussions about community needs and assets were

prioritized. More than 75% of the committee members were Charlestown residents. *See Appendix A for lists of members and organizations.*

In Charlestown, 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



Charlestown Community Forum, December, 2011

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. In nine monthly meetings the committee provided feedback on a community survey, its distribution and planned a community forum. The group worked to publicize the survey and forum, outreached to residents to encourage diverse participation, and discussed mechanisms for follow-up. Facilitated discussions were held during committee meetings about the top health concerns and assets in Charlestown and the forces of change operating in the community. Details about this methodology include:

1. A Quality of Life survey adapted with input from committee members. The survey was translated into Spanish and Cantonese and distributed widely via the web, through assessment committee members, the local paper and in person at the MGH Charlestown Health Center, Public Library, Kennedy Center, and housing developments. A total of 545 surveys were returned in Charlestown. Overall, survey respondents reflected the Charlestown population, though they were slightly more educated and had a somewhat higher proportion of women over age 40. *See Appendix B & C for survey sample demographics and select survey questions.*
2. A public forum to distribute the survey and talk openly about health. The assessment committee sponsored a community forum on December 1, 2011 at the Knights of Columbus to engage as many community members as possible early in the MAPP process, and to send a message to the community that the assessment process was open and inclusive. Invitations were mailed and emailed to constituents of Charlestown organizations, and postcards and flyers were printed in English and Spanish. The forum was attended by approximately 150 diverse representatives of Charlestown, including business owners, clergy, neighborhood associations, nonprofit organizations, and residents. Six different ethnic groups were in attendance and discussions took place in 5 different languages. Participants received an introduction to the MAPP process, and in small groups discussed what makes a healthy community and Charlestown's assets and challenges. Dinner, transportation, babysitting and translation services were provided.
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 Charlestown that affect health.
4. A total of 17 focus groups engaged 149 individuals, including 97 women and 44 men (gender not recorded for 8 participants); 73 participants represented diverse cultures and races and 20 were youth. The groups were co-facilitated by CCHI and community assessment committee members. 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.*

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. Charlestown's results and plans, along with results from Chelsea and Revere were presented to the Community Health Committee of the MGH Board of Trustees. The final report was presented to the full MGH Board of Trustees on September 21, 2012 and it was approved unanimously.

MAPP Timetable

The MAPP process followed the following timetable across communities

Formed the community assessment committee	October 2011
Committee created vision of a healthy community	October – November
Data collection	December – 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	May – June
Established community health priorities	May – June
Established goals and strategies	June
Committee created action plans	June – July
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



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.



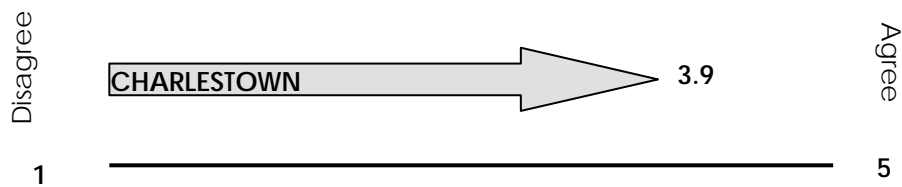
The most important attributes of a healthy community identified by Charlestown residents and committee members were: low crime and safe neighborhoods so that residents can be active in their community without fear; good schools and educational opportunities for youth and adults, and; easy access to health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

"A lot of people like to say crime is a problem down in the projects, but it is everywhere." - Charlestown resident

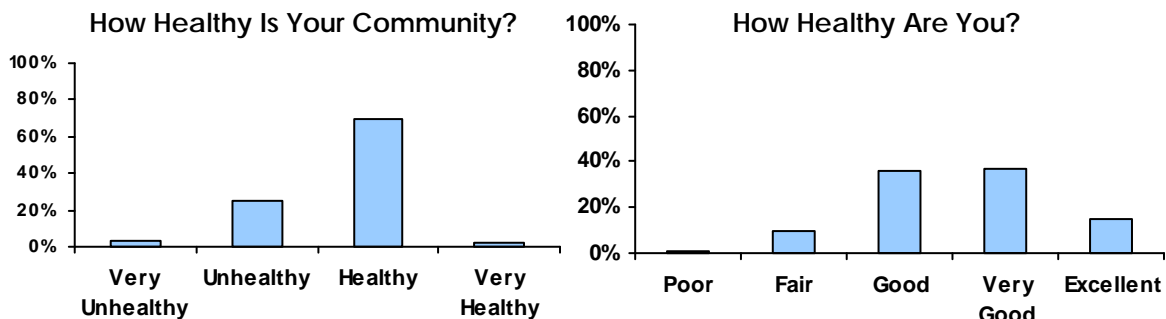
Community Themes & Strengths

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



An impressive 72% of community members rated Charlestown as healthy or very healthy. However, individuals stated that they believe their health is average to above average.



Charlestown Assets

During community assessment committee meetings and at the community forum, participants produced an impressive list of community assets in Charlestown. Their comments demonstrate passion and pride in the community and its beauty, history and physical assets such as parks and playing fields for children, a strong traditional culture along with tolerance for its expanding diversity, extensive programming for youth, a solid infrastructure with employment by local businesses of Charlestown residents, and access to extensive and collaborative organizations. Participants emphasized the opportunities that exist to build on Charlestown's assets to solve its problems and strengthen its future.

People	Physical Environment / Infrastructure
Sense of community and neighborhood - people with passion, dedication, commitment to community	Good quality parks and fields
Diversity	Small geography -easy to define, easy to walk to transportation, schools, stores, etc.
Work together in cohesive way	History and beauty
Caring and generous with time and resources – "Take care of our own"	Public transportation
Strong tradition & culture	Increased development in the community
Community more tolerant and more inviting than it used to be	Business / Services
Education / Youth Services	Great agencies, community centers, civic groups and volunteers, events – many employ Charlestown residents
Opportunities for great education through grade 8	MGH Charlestown Healthcare Center / Partners HealthCare / Spaulding
More youth programs than any other square mile	The Business Association / Chamber / Community Centers
Great athletic facilities and programming	Open non-profits – willing to share
	Great partnerships, desire to stay
	Elder care

Forces that Affect Health

When assessment committees were asked, "What is occurring or might occur that affects the health of your community?" a list of threats 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 Asians, lack of services, disparity between wealthy and poor
- Housing - high end housing/development pushing long term residents out
- Education – busing, few private alternatives
- Increase in Poverty & Unemployment – no economic opportunity, no big industry, lack of education for the trades / work force development
- Healthcare reform / Medicare / Insurance

Assessment Results

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 that was not identified by the community, such as Hepatitis C were highlighted and presented to community members as an issue of possible concern.

Data for Charlestown was obtained primarily from the Boston Public Health Commission. It is difficult to obtain data on school-aged children in Charlestown because they do not necessarily attend schools in the neighborhood, due to the Boston Public School assignment process.

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

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

Priorities Identified

Following the MAPP process, the Charlestown 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.

By a significant margin Charlestown identified substance abuse and the effects it has on quality of life including perceptions of violence and public safety as their top issue. Charlestown decided to continue its substance abuse efforts in the neighborhood, however, added cancer prevention/healthy living, access to care with an emphasis on helping families with autistic youth, and educational opportunities for all residents. Looking at these issues collectively has moved the community towards developing a healthy community model. The table on the next page outlines the issues identified and the priorities chosen.

Issues such as housing, the environment as it relates to air quality and asthma, are among the issues that we will not directly address at this time because: other groups and organizations are working on them; and/or the community is not ready to address them; and/or resources are limited and dedicated to the top priorities that emerged.

Priorities Identified

Community Health Needs Assessment Charlestown Community Priorities

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

1. Drug abuse, addiction, overdose, alcohol (75%)*
2. Crime/Violence/Public Safety (35%)*
3. Cancers (16%)*
4. Poor Diet /inactivity//Obesity/hunger & malnutrition (15%)*
5. Education (13%)*
6. Smoking (12%)
7. Environment (11%)*
8. Housing (10%)*
9. Mental Health (9%)
10. Asthma (7%)*

**also identified in focus groups*

Additional Issues Identified in Focus Groups & by Assessment Committee Members

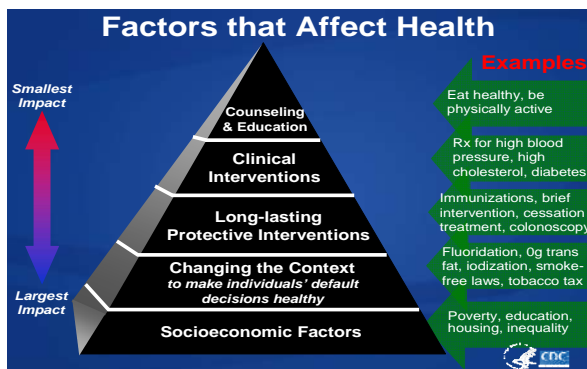
- Health issues such as autism and diabetes
- Lack of connections / collaborations/trust
- Youth issues – teen pregnancy, dropout rates, lack of parent involvement, need for community schools
- Access to healthcare – hours, language
- Access to healthy food
- Transportation
- Language barriers (Asians) /slow acceptance of newcomers
- Cleanliness of environment; dog waste

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

Charlestown Priorities

- Substance Abuse / Mental Health & Public Safety
 - Cancer / Healthy Living
 - Access to Care / Autism
 - Education

Strategic Planning & Implementation



Charlestown has identified preliminary 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 were all strategies recommended by the committee. Often more than one strategy is needed to impact health and one strategy impacts various health outcomes, thus Charlestown will continue working in multiple domains in the community and on strategies that have the largest health impact overall.

Strategic Planning and Implementation

Underlying all new strategies resulting from this assessment process is the creation of a new community infrastructure to respond to Charlestown's multiple health priorities. The assessment committee has agreed to form a new group called The Charlestown Collaborative, a coalition of residents and providers to take a healthy communities approach to the multiple issues identified by the community. The Collaborative will address the community's four priority areas by using evidence-based environmental approaches. The Collaborative will also implement some changes in service delivery to both 1) meet the needs immediately identified by the community in order to build trust in the process, and; 2) transform the way that providers work together, a very important systems change over the long term.

The Charlestown Collaborative

Vision: All Charlestown residents will expect to and achieve a high quality of life that includes being safe, healthy, educated and productive individuals with healthy families.

Mission: To increase successful outcomes for all of Charlestown's youth and their families. The priority issues are: substance abuse, mental health, public safety, education, healthy living, including cancer prevention, and access to care, particularly for children with autism.

Leadership Council: Sixteen representatives will be elected by full membership in order to guide the work of the collaborative. The committee will consist of four officers (two co-chairs, treasurer and secretary; ten co-chairs representing the priority areas; and two standing members (MGH CCHI and Spaulding representatives).

Priority Committees: There will be at least five additional committees, one for each of the four priority areas identified by the community, and one that oversees the systems change intervention proposed (see below). Following the Collaborative's mission and vision, the committees will be charged with developing comprehensive environmental strategies that change systems and policies, to the extent possible.

Strategies: As the work develops, priority will be given to those strategies that impact multiple areas (for example, early childhood home visiting reduces risk factors for substance abuse, violence, obesity, school drop out, etc.), and/or cut across multiple communities. Strategies for each priority area could include:

Tier I Priorities

- **Substance Abuse, Mental Health & Public Safety** – The Collaborative will be the new home for the Charlestown Substance Abuse Coalition (CSAC). Among the priority strategies for CSAC this year are social marketing around prescription drug abuse; evidence-based prevention curriculum for all middle school students; development of a drug policy with the high school; supporting the launch of a drug court by lending a community health worker to that effort.

Strategic Planning and Implementation

- **Family Circle** – This initiative has the greatest interest and support from the community and as a result, will be the starting point for the new Collaborative. The goals of the Family Circle are twofold: 1) to identify and intervene with at-risk adolescents and their families, and; 2) to fundamentally change the way Charlestown service providers relate to one another which should inform the development and delivery of services over time.

The goal of the Family Circle is to bring together community providers to enhance assessment, case management and coordination of care, streamlining the social service delivery system for Charlestown youth and their families, and enhancing the way in which Charlestown providers work together.

The strategy is to create a central referral point for navigation of community services for Charlestown youth and families. The Circle will be comprised of all key stakeholders and providers in the community relevant to that family and child. The Circle will be staffed by a social worker and possibly a community health worker, who can conduct an initial assessment, provide short term intervention and connection to community-based resources. A critical component of the process will be a case review by the Circle members, sharing information (with signed permission, of course) about families, and creating a coordinated and comprehensive plan. Over the long term it is hoped that trust and collaborations will build among providers and that services will evolve and adjust, while coordination across services will be enhanced to more holistically meet the needs of Charlestown families.

Tier II Priorities - The workgroups will be guided to develop comprehensive strategic plans in the following areas over the next years.

- **Access to Care** – The Collaborative will advocate for navigation services for the many Charlestown families with children with autism.
- **Cancer Prevention/Healthy Living** – The Collaborative will explore environmental approaches to a healthier community, including access to affordable fresh fruits and vegetables and improvements to the built environment so that healthy food and physical activity are easier choices to make. The group will also explore policies to prevent and reduce tobacco use.
- **Education** - This committee will explore how Charlestown parents can become more actively involved in improving the quality of their children's education, modeled on the successes of parents at Charlestown's Warren Prescott School.

Charlestown is committed to addressing substance abuse with a focus on mental health, public safety, cancer prevention/healthy living, access to care with an initial emphasis on helping families with autistic youth, and educational opportunities for all residents. A new collaborative structure to drive this ambitious agenda will be created. The new Charlestown Collaborative will be a diverse and representative body of the community and will work with program and evaluation staff from MGH and with community members to continuously monitor progress. Accountability is important. Work-plans will be created each year and measurable outcomes will be reported annually to the community. With help from MGH, community health needs assessments and new work plans for the community will be developed every three years. MGH CCHI is confident that through new partnerships and plans, the community can make a collective impact leading to positive change within Charlestown.

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

Charlestown

Rebecca Kaiser	Director of Government and Community Relations, Spaulding Rehabilitation Hospital
Sherri Adams	Boston Housing Authority Management Office
Jean Bernhardt	Administrative Director, MGH Charlestown Healthcare Center
Peggy Bradley	Charlestown Neighborhood Council/ Resident
Wilma Burgos	Boston Housing Authority
Pam Campbell	Warren Prescott School/Resident
Peggy Carolan	Charlestown Recovery House
Al Carrier	Charlestown Little League / Resident
Michael Charbonnier	Charlestown Against Drugs, Charlestown Neighborhood Council, Boston Police Department / Resident
Tom Cunha	Chairman, Charlestown Neighborhood Council/ Resident
Michelle Davis	Principal Warren Prescott School/ Boston Public School
Elaine Donovan	Charlestown Substance Abuse Coalition/Resident
Ann-Marie Duffy-Keane	MGH Community Health Associates
Danielle Valle Fitzgerald	City of Boston – Mayor’s Office/ Resident
Jason Gallagher	Principal Harvard Kent Elementary/ Boston Public School/ Resident
Sean Getchell	Rep. O’Flaherty’s office/ Resident
Beverly Gibbons	City of Boston/Elder Affairs/ Resident
Diane Grant	Charlestown Chamber of Commerce/ Resident
Nea Hoyt	Warren Prescott School/ Charlestown Boys & Girls Club/ Resident
Deborah Hughes	Special Townies Organization/ Resident
Leigh Hurd	President, Charlestown Mothers Association/ Resident
Greg Jackson	Executive Director, Charlestown Boys and Girls Club
Jack Kelly	Charlestown Substance Abuse Coalition/Resident
Terry Kennedy	Executive Director, John F. Kennedy Family Center, Inc./ Resident
Rosemary Kverek	Harvard Kent Elementary School/ Resident
Rebecca Love	President, Charlestown Mothers Association/ Resident
Doug MacDonald	Warren Prescott School/ Resident
William McNicholas	Charlestown Court, Probation Dept. / Resident
Virginia Mansfield	Charlestown Community Center/ Resident
Kelly Pellagrini	Charlestown Nursery/Charlestown Promise Charlestown Sports Collaborative/ Resident
Father James Ronan	St. Mary/St. Catherine Parish/ Resident
Beth Rosenshein	Director, Charlestown Substance Abuse Coalition/ Resident
Mark Rosenshein	Charlestown Neighborhood Council/ Resident
Danny Ryan	Neighborhood Rep. Congressman Capuano/ Charlestown Substance Abuse Coalition/Resident
Karen Scales	Special Townies Organization/Resident
Jim Travers	President, Charlestown Recovery House/Resident
Dave Whelan	Charlestown Neighborhood Council/Resident

Quality of Life Survey Respondent Demographics Compared to 2010 Census Data

Charlestown Quality of Life Survey Respondents (n=545)

- 75% White, 6% Hispanic (compared to 75% White, 10% Hispanic)
- 41% are 40-64 Years (compared to 22% ages 45 – 64)
- 12% less than High School (compared to 10%)
- 26% have an Associates or Bachelor's Degree (compared to 36%)
- 28% Graduate Degree (compared to 25%)
- 9% Unemployed (compared to 5%)
- 32% Male
- 43% Employed full time
- 31% have lived in Charlestown their entire life

Overall survey respondents are slightly 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**

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

Focus Group Characteristics

Charlestown Focus Group Summary

Focus group Location	Characteristics of participants	Total	Gender
Precinct 2 Navy Yard	Residents (newer)	7	Female: 4 Male: 3
Golden Age Senior Center	Residents/Senior Citizens -3 grps.	29	Female: 21 Male: 8
St. Francis de Sales Parish	CNC members & leaders (Irish-American/Long-Time Residents)	4	Female: 1 Male: 3
Charlestown High School	Teen Residents	8	Not recorded
New Town	Residents -Cantonese speaking	10	Female: 4 Male: 6
Newtown	Residents	13	Female: 11 Male: 2
Newtown	Residents	6	Female: 3 Male: 3
CNC	Elected community leaders	8	Female: 3 Male: 5
Mishawum housing development	Teen Residents (Irish-American/Long-Time Residents)	12	Female: 3 Male: 9
BHA	Residents (Spanish-speaking)?	10	Female: 10 Male: 0
Newtown	Residents (English speaking)	6	Female: 6 Male: 0
Smart from the Start	Residents (English-speaking)	14	Females: 14
Smart from the Start	Residents (Spanish speaking)	6	Female: 6 Male: 0
MGH Charlestown	Key Informants-leaders (Irish-American/Long-Time Residents)	6	Female: 3 Male: 3
Mishawum	Adult Residents (Irish-American/Long-Time Residents)	10	Female: 8 Male: 2
Total: 17	Total Participants:	149	Female: 97 Male: 44 Gender not recorded: 8

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]

Charlestown Focus Group Summary

Participants portrayed Charlestown as an intersection of many layers of difference and many distinct pockets of culture and language. It is a community that has experienced large cultural and economic transformation in the past few years, opening its doors to large amounts of new residents from varying socio-economic statuses and backgrounds. Indeed living in Charlestown was experienced quite differently by various focus group participants. Charlestown's sense of neighborhood and community was the asset mentioned most frequently, while the *lack* of a sense of community and collaboration was the most frequently mentioned factor holding the community back, indicating that people might be very neighborly within areas of the community, but not across areas of the city.

It appears from the participants' responses that even the very comprehensive networks of community programs serving Charlestown have had varying degrees of success in providing services that Charlestown's residents need. The participants living in Charlestown the longest provided a vivid understanding of quality of life, institutions and resources serving the community, including the strengths and shortcomings of these institutions, across many years. Although this informed view could have built loyalty to these resources, many study participants who were long-time residents focused on the shortcomings of these resources, which seemed to undercut any optimism about possible improvements. Focus group participants that were newest to the area, however, appeared most appreciative of community resources and the possibilities for their success, with those living in subsidized housing focused on possible improvements to basic living conditions and safety, and those living in new homes focused more on increasing aesthetic and recreational opportunities.

Specific differences were prevalent in the responses of the two special sub-groups. For example, Diverse Residents focus groups named as assets health-related community services available through subsidized housing, such as the Newtown Community Center and resources of MGH, and services for low-income families, such as WIC and Head Start, while these were not named as assets by the Irish-American/Long-term Residents focus group. Instead, the Irish-American/Long-time Residents identified different assets, including better-established civic groups like Knights of Columbus and Fireman's Fund and family activities such as theater and cookouts, and these were not named by the Diverse Residents focus groups.

Also, challenges named by Irish-American/Long-time residents were candidly critical of institutional services such as MGH health programs and the Boston Public Schools busing policy, with their criticism based on examples that spanned several years and, at times, multiple generations. The challenges named by Diverse Residents focus groups included issues of discrimination against new residents based on language or ethnicity.

In spite of the many differences between the special subgroups, some similar patterns of response were seen as well, notably concerning public community-based programs for youth (an asset), and substance abuse and the perception of crime in the community (challenges). Additionally, the opportunities for the youth of Charlestown are a high priority of all residents, even within separate cultural or economic pockets of the community. This important shared priority may be the lever needed for residents to lower barriers, reach across differences and advocate together for community improvements via the resources available to serve the community.

*Prepared by Janet Smith, PhD.**

Appendix G



Appendix G



Appendix G



Appendix G



Appendix G



Appendix G



Appendix G

