Boston CHNA-CHIP Collaborative

Project Overview

Margaret Reid and Triniese Polk – Boston Public Health Commission
Magnolia Contreras – Dana Farber Cancer Institute
Vision and Mission

Vision Statement
• A healthy Boston with strong communities, connected residents and organizations, coordinated initiatives, and where every individual has an equitable opportunity to live a healthy life.

Mission Statement
• To achieve sustainable positive change in the health of Boston by collaborating with communities, sharing knowledge, aligning resources, and addressing root causes of health inequities
Social Determinants of Health

Thinking about Health Broadly

- Access to Healthy Foods
- Access to Medical Services
- Transportation Options
- Affordable and Quality Housing
- Economic Opportunities
- Neighborhood Cohesion
- Community Safety
- Environmental Quality
- Access to Recreation and Open Space
- Green and Sustainable Development Practices

Community Health and Wellness
Collaborative Structure

**Steering Committee**
- 19 Members
- Coordinator
- Operations Committee
  - Coordinator
  - Steering Committee officers

**Operations Committee**
- Resolves operational issues requiring immediate actions
- Meets 7-8 times per year

**General Membership**
- Attends events
- Shares information
- Participates in work groups, if interested and available

**Work Groups**
- Provides input and assistance on implementing CHNA-CHIP activities
- Regularly-scheduled meetings per work plan
Collaborative Steering Committee

- Nancy Kasen, *Co-Chair*, Beth Israel Deaconess Medical Center
- Carl Sciortino, *Co-Chair*, Fenway Health
- Ayesha Cammaerts, Boston Children’s Hospital
- Magnolia Contreras, Dana-Farber Cancer Institute
- Denise De Las Nueces, MD, Healthcare for the Homeless
- Sherry Dong, Tufts Medical Center
- Erin Duggan, Massachusetts Eye and Ear
- Jennifer Fleming, Boston Medical Center
- Daniel Joo, Uphams Corner Health Center
- Wanda McClain, Brigham and Women’s Hospital
- Mary Ellen McIntyre, Mass League of Community Health Centers
- Jeanne Pinado, Madison Park Development Corporation
- Joan Quinlan, Massachusetts General Hospital
- Margaret Reid, Boston Public Health Commission
- Sarah Jimenez, Community Labor United
- Tracy Sylven, Brigham and Women’s Faulkner Hospital
- Jamiah Tappin, Boston Alliance for Community Health
- Robert Torres, Urban Edge
Central Purpose/Goals

The Collaborative will achieve this mission by engaging with the community to:

a) Conduct a joint, participatory community health needs assessment (CHNA) for Boston every 3 years discussing the social, economic, and health needs and assets in the community;

b) Develop a collaborative community health improvement plan (CHIP) for Boston to address issues identified as top priority and identify opportunities for shared investment;

c) Implement efforts together where aligned and track individual organizational activities where appropriate;

d) Monitor and evaluate CHIP strategies for progress and impact to continuously inform implementation;

e) Communicate about the process and results to organizational leadership, stakeholders, and the public throughout the assessment, planning, and implementation time period;

f) Monitor and evaluate Collaborative structure and processes to continuously improve effectiveness and results.

Geographic Scope
The Collaborative will focus on the geographic area of Boston.
Shared Values

- **Equity:** Focus on inequities that affect health with an emphasis on race and ethnicity;

- **Inclusion:** Engage diverse communities and respect diverse viewpoints;

- **Data driven:** Be systematic in our process and employ evidence-informed strategies to maximize impact;

- **Innovative:** Implement approaches that embrace continuous improvement, creativity, and change;

- **Integrity:** Carry out our work with transparency, responsibility, and accountability;

- **Partnership:** Build trusting and collaborative relationships between communities and organizations to foster sustainable, community-centered change.
CHNA/CHIP Timeline

- **Engage community & collect new data (primary data)**
- **Review existing data (secondary data)**
- **Planning Process**
- **Full Collaborative Kick-Off Meeting**
- **Work Groups Kick-Off Meetings**
- **Complete Community Health Improvement Plan (CHIP) Report & Yr 1 Action Plan**
- **Complete Final CHNA Report**
- **Complete Draft CHNA Report**

- **Sep 2018**
  - Engage community & collect new data
  - Review existing data
  - Full Collaborative Kick-Off Meeting

- **Oct 2018**
  - Work Groups Kick-Off Meetings

- **Nov 2018**

- **Dec 2018**

- **2019**

- **Jan**
  - Prioritization Meeting

- **Feb**

- **Mar**

- **Apr**

- **May**

- **Jun**

- **Jul**

- **Aug**

- **Sep**
Work Group Charge

• Provide guidance for approach to community engagement and primary data collection, with review and approval from Steering Committee
• Provide support for primary data collection and outreach

Community Engagement in Process

• Identify how to integrate a participatory and engaged approach across the CHNA-CHIP process
• Consider what voices are typically not at the table in other CHNA processes to ensure they are represented in primary data collection
What are the Goals of the Primary Data?

- To delve deeply into people’s perceptions, lived experiences, challenges, and facilitators around certain issues using a participatory, engaged approach
- To fill in gaps on specific topic areas or population groups where limited data are available
<table>
<thead>
<tr>
<th>Sector/Population</th>
<th>Audience/Priority Populations</th>
<th>Focus Group(12)</th>
<th>Interview(40)</th>
<th>Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic Group</td>
<td>Seniors 65+</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Demographic Group</td>
<td>Youth 14-18 years old</td>
<td>X+</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Demographic Group</td>
<td>Immigrant populations</td>
<td>X+</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Demographic Group</td>
<td>Residents of specific demographic groups</td>
<td>X+</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Demographic Group</td>
<td>Linguistic minorities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demographic Group</td>
<td>Religious minorities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demographic Group</td>
<td>Residents of specific neighborhoods</td>
<td>X+</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Demographic Group</td>
<td>LGBTQ (including youth and elders)</td>
<td>X</td>
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<td></td>
</tr>
<tr>
<td>Housing</td>
<td>Homeless individuals (broad)</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Housing</td>
<td>Homeless women</td>
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<td></td>
<td></td>
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<tr>
<td>Housing</td>
<td>Residents on waitlist for public or subsidized housing</td>
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<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Housing</td>
<td>Homeless youth</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income/Employment</td>
<td>Residents facing food instability</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income/Employment</td>
<td>Representatives from labor or worker organizations</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income/Employment</td>
<td>Residents who are low-income</td>
<td>X+</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Income/Employment</td>
<td>Re-entry populations</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Caregiver</td>
<td>Parents or caregivers (perspective do not put themselves first)</td>
<td>X+</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Parent/Caregiver</td>
<td>Young parents of very young children</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Caregiver</td>
<td>Parents of children 0-14</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Caregiver</td>
<td>Parents of children with special needs</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific Health Issue</td>
<td>Residents with a disability</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific Health Issue</td>
<td>Residents living with a specific chronic or infectious disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific Health Issue</td>
<td>Survivors of violence or families who have lost someone</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Specific Health Issue</td>
<td>Residents in substance use recovery services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific Health Issue</td>
<td>Residents in active addiction</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Strategy: Primary Data Collection Methods

- Community survey – data from large sample
  - In multiple languages
  - Online and in-person to reach large numbers
- 12 focus groups – deep dive with specific groups (e.g., community leaders, staff who work directly with specified population, or other expert in the field)
- 40 - key informant interviews – agency and organizational perspective
<table>
<thead>
<tr>
<th>Neighborhood</th>
<th># of Survey Respondents (n=2,404)</th>
<th>% of Survey Respondents</th>
<th>% of Population in Boston†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allston/Brighton</td>
<td>243</td>
<td>10.1%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Back Bay</td>
<td>36</td>
<td>1.5%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Beacon Hill</td>
<td>24</td>
<td>1.0%</td>
<td>†</td>
</tr>
<tr>
<td>Charlestown</td>
<td>93</td>
<td>3.9%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Chinatown</td>
<td>71</td>
<td>3.0%</td>
<td>†</td>
</tr>
<tr>
<td>Dorchester</td>
<td>535</td>
<td>22.3%</td>
<td>21.6%</td>
</tr>
<tr>
<td>Downtown</td>
<td>15</td>
<td>0.6%</td>
<td>†</td>
</tr>
<tr>
<td>East Boston</td>
<td>199</td>
<td>8.3%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Fenway</td>
<td>80</td>
<td>3.3%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Hyde Park</td>
<td>101</td>
<td>4.2%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Jamaica Plain</td>
<td>203</td>
<td>8.4%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Mattapan</td>
<td>102</td>
<td>4.2%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Mission Hill</td>
<td>18</td>
<td>0.8%</td>
<td>†</td>
</tr>
<tr>
<td>North End</td>
<td>10</td>
<td>0.4%</td>
<td>†</td>
</tr>
<tr>
<td>Roslindale</td>
<td>157</td>
<td>6.5%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Roxbury</td>
<td>185</td>
<td>7.7%</td>
<td>6.6%</td>
</tr>
<tr>
<td>South Boston</td>
<td>85</td>
<td>3.5%</td>
<td>6.0%</td>
</tr>
<tr>
<td>South End</td>
<td>120</td>
<td>5.0%</td>
<td>5.2%</td>
</tr>
<tr>
<td>West End</td>
<td>30</td>
<td>1.3%</td>
<td>†</td>
</tr>
<tr>
<td>West Roxbury</td>
<td>97</td>
<td>4.0%</td>
<td>4.3%</td>
</tr>
</tbody>
</table>


†NOTE: For ACS data, neighborhoods were defined by Boston Public Health Commission using ZCTAs; Back Bay includes Back Bay, Beacon Hill, Downtown, North End, and West End; South End includes South End and Chinatown; Roxbury includes Roxbury and Mission Hill
13 Focus Groups with Specific Populations of Interest

1. Female low-wage workers (e.g. housekeepers, child care workers, hotel service workers, etc.)
2. Male low-wage workers (e.g. janitorial staff, construction, etc.)
3. Seniors (ages 65+) with complex, challenging issues (e.g. homebound, medical complications)
4. Residents who are housing insecure (no permanent address or close to eviction)
5. Latino residents in East Boston (in Spanish)
6. LGBTQ youth and young adults at risk of being homeless
7. Immigrant parents of school age children (5-18 years)
8. Survivors of violence; mothers who have been impacted by violence
9. Parents who live in public housing in Dorchester
11. Haitian residents living in Mattapan (in Haitian Creole)
12. Residents in active substance use recovery
13. Additional focus group with notes provided: Chinese residents living in Chinatown
Next Steps for Community Health Improvement Planning

Wednesday, May 29th 5:30-8:30 Community Meeting for the Prioritization Process
Location to be Determined