Boston CHNA-CHIP Collaborative Project Overview

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

Boston Board of Health
4/24/2019

1

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
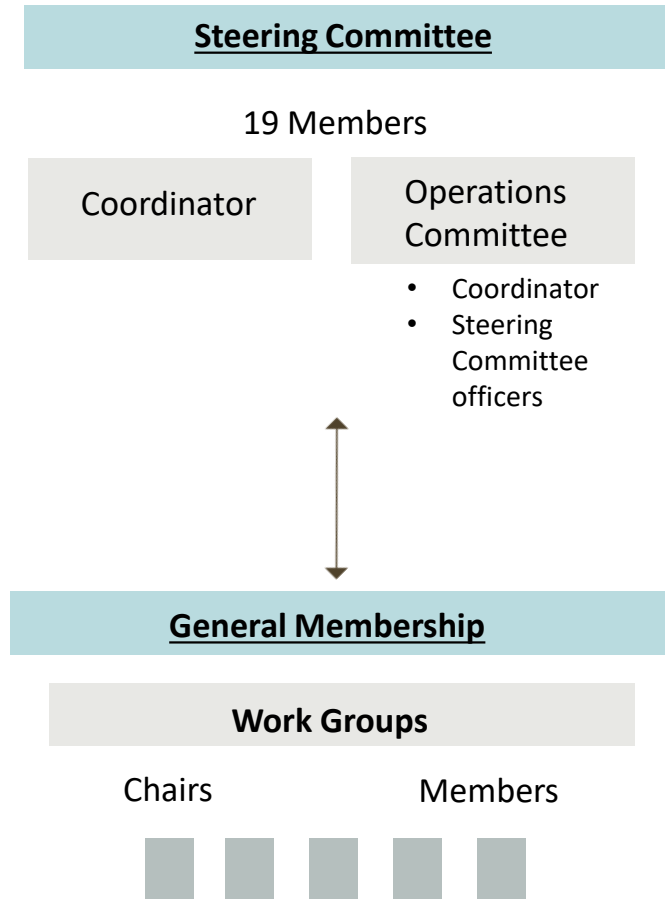
Social Determinants of Health

Thinking about Health Broadly

Community Health and Wellness

1. Access to Recreation and Open Space

2. Access to Healthy Foods

3. Access to Medical Services

4. Transportation Options

5. Affordable and Quality Housing

6. Economic Opportunities

7. Neighborhood Cohesion

8. Community Safety

9. Environmental Quality

10. Green and Sustainable Development Practices

Collaborative Structure

Steering Committee

19 Members

Coordinator

Operations Committee
- Coordinator
- Steering Committee officers

General Membership

Work Groups

Chairs   Members

Steering Committee
- Manages strategic direction and provides oversight
- Meets 7-8 times per year

Operations Committee
- Resolves operational issues requiring immediate actions

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
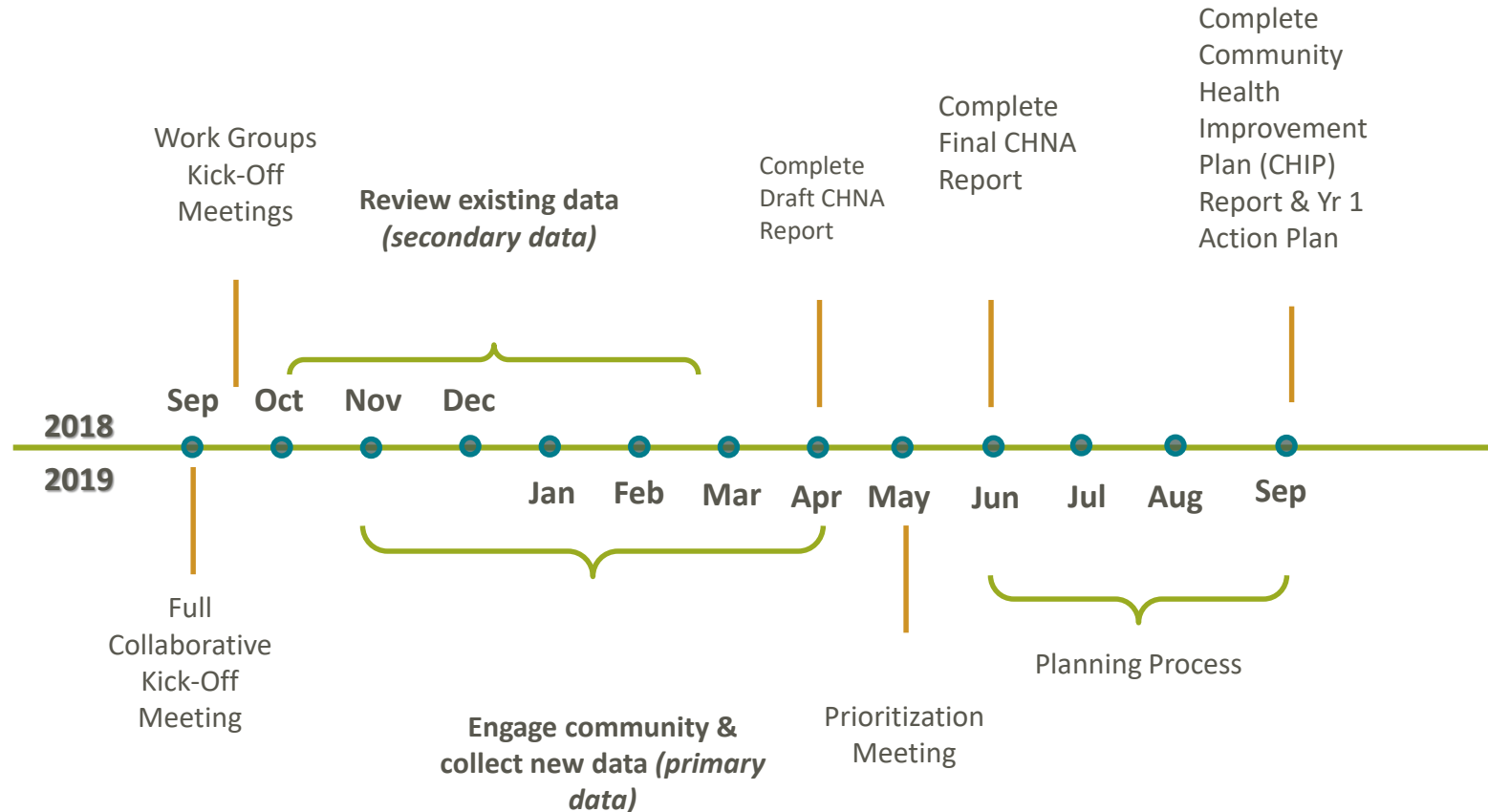The Collaborative will focus on the geographic area of Boston.

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

Work Groups
Kick-Off
Meetings

Review existing data
(secondary data)

Complete
Draft CHNA
Report

Complete
Final CHNA
Report

Complete
Community
Health
Improvement
Plan (CHIP)
Report & Yr 1
Action Plan

2018

Sep **Oct** **Nov** **Dec**

2019

Jan **Feb** **Mar** **Apr** **May** **Jun** **Jul** **Aug** **Sep**

Full
Collaborative
Kick-Off
Meeting

**Engage community &
collect new data** *(primary
data)*

Prioritization
Meeting

Planning Process

CHNA/CHIP Community Engagement Work Group

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

Sector/Population	Audience/Priority Populations	Focus Group(12)	Interview(40)	Survey
Demographic Group	Seniors 65+		X	X
Demographic Group	Youth 14-18 years old-->	X	X	X
Demographic Group	Immigrant populations --- >	X+	X	X
Demographic Group	Residents of specific demographic groups ----------------------->	X+	X	X
Demographic Group	Linguistic minorities		X	X
Demographic Group	Religious minorities		X	
Demographic Group	Residents of specific neighborhoods ------------------------------->	X+	X	X
Demographic Group	LGBTQ (including youth and elders)		X	X
Housing	Homeless individuals (broad) --->	X	X	X
Housing	Homeless women		X	
Housing	Residents on waitlist for public or subsidized housing --------->	X	X	X
Housing	Homeless youth		X	
Income/Employment	Residents facing food instability		X	
Income/Employment	Representatives from labor or worker organizations		X	
Income/Employment	Residents who are low-income -------------------------------------->	X+	X	X
Income/Employment	Re-entry populations		X	
Parent/Caregiver	Parents or caregivers (perspective do not put themselves first)------->	X+	X	X
Parent/Caregiver	Young parents of very young children		X	X
Parent/Caregiver	Parents of children 0-14		X	X
Parent/Caregiver	Parents of children with special needs		X	X
Specific Health Issue	Residents with a disability		X	
Specific Health Issue	Residents living with a specific chronic or infectious disease		X	
Specific Health Issue	Survivors of violence or families who have lost someone			
Specific Health Issue	Residents in substance use recovery services			
Specific Health Issue	Residents in active addiction			

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 w/specified population, or other expert in the field)

- 40 - key informant interviews – agency and organizational perspective

Boston CHNA Survey Respondents Distribution by Neighborhood Compared to % of Population in Boston

Neighborhood	# of Survey Respondents (n=2,404)	% of Survey Respondents	% of Population in Boston†
Allston/Brighton	243	10.1%	9.5%
Back Bay	36	1.5%	8.4%
Beacon Hill	24	1.0%	‡
Charlestown	93	3.9%	2.8%
Chinatown	71	3.0%	‡
Dorchester	535	22.3%	21.6%
Downtown	15	0.6%	‡
East Boston	199	8.3%	7.0%
Fenway	80	3.3%	8.2%
Hyde Park	101	4.2%	5.0%
Jamaica Plain	203	8.4%	5.9%
Mattapan	102	4.2%	4.4%
Mission Hill	18	0.8%	‡
North End	10	0.4%	‡
Roslindale	157	6.5%	4.9%
Roxbury	185	7.7%	6.6%
South Boston	85	3.5%	6.0%
South End	120	5.0%	5.2%
West End	30	1.3%	‡
West Roxbury	97	4.0%	4.3%

DATA SOURCE: U.S. Census, American Community Survey, 5-Year Estimates, 2013-2017
‡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
10. Chinese residents living in Chinatown (in Chinese)
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