

## Massachusetts General Hospital - FY2013

### Community Benefits Mission Statement

The MGH Center for Community Health Improvement (CCHI) collaborates with community and hospital partners to improve the health and well-being of the diverse communities we serve.

### Target Populations

Name of Target Population	Basis for Selection
Charlestown Community	Commitment to the Health Center communities served by MGH and to vulnerable populations
Chelsea Community	Commitment to the Health Center communities served by MGH and to vulnerable populations
Revere Community	Commitment to the Health Center communities served by MGH and to vulnerable populations
Special Populations (Elderly, homeless, immigrants and refugees)	Commitment to vulnerable populations
Boston Youth	Commitment to engaging underserved and diverse youth from the City of Boston

### Publication of Target Populations

Marketing Collateral, Website

### Hospital/HMO Web Page Publicizing Target Pop.

<http://www.massgeneral.org/cchi/default.aspx>

### Key Accomplishments of Reporting Year

CCHI spent the year working on its current priorities while assessing the needs of special populations (Homeless, Elderly, Refugees, and Youth). The results of our most recent community health needs assessment (see details in assessment section) affirmed our current priorities and added new ones.

Following are highlights from each of our primary areas.

**Substance Use Disorder Prevention:** With help from Revere CARES, the City of Revere was awarded a Massachusetts Department of Public Health grant focused on a regional collaboration to prevent opioid abuse and overdoses; the city is working with Saugus, Chelsea, and Winthrop on appropriate strategies. The annual Revere Beach Memorial drew nearly 500 youth. In 2012 Charlestown launched its first Drug Court with alternative sentencing to treatment and has 10 participants in the program. In addition, Charlestown launched the "Turn It Around Charlestown" media campaign, aimed at curbing the increasing misuse of prescription drugs by adolescents. Chelsea has successfully hired a manager to lead the newly formed Leadership Team to identify and implement strategies to address the substance use problems in the city. Currently, they are working on creating a resource guide for users, families, and providers.

**Promote Healthy Eating and Active Living:** Our Healthy Chelsea coalition is working with 3 corner stores to increase variety & quantity of fresh fruits and vegetables. Additionally, 2,100 Chelsea elementary students increased their physical activity in the classroom by 13.6 minutes daily. Revere on the Move awarded 11 mini-grants, totally \$18,065, to organizations to support grassroots ideas that move the community towards healthier living. The first bike lane was striped in Revere along Revere Street, connecting the city's main street, Broadway, to the beach. The Stay in Shape program reached 130 young women in Chelsea, Revere, and Charlestown.

**Youth Development and Education:** Mass General has an ambitious program with Boston, Chelsea and Revere youth in grades three through college to stimulate interest in science, technology, engineering and math (STEM) as a pathway out of poverty. In 2012-2013, 612 youth participated in our STEM and other youth-focused programs. This effort is aided by more than 400 MGH volunteer mentors. The Refugee School Coordinator in Chelsea worked with 122 Refugee and Immigrant students to help them

transition and stay in school. 450 Charlestown youth were trained in the LifeSkills prevention curricula at the Warren Prescott and Edwards Middle Schools. Chelsea High School's Youth Food Movement engaged 30 students on leadership activities around increasing healthy offerings in the cafeteria.

Prevention & Detection of Cancer: 2 navigators reached out to 700 patients for mammograms, Pap smears and/or colonoscopies and 252 (36%) screenings were completed. 1.5 navigators served 601 patients in Chelsea that required follow-up on an abnormal breast or cervical finding. A tobacco prevention specialist has been hired to work with health center staff to increase use of smoking cessation services. MGH Chelsea received a grant from MDPH to increase knowledge about the link between obesity and cancer.

Violence Prevention and Public Safety: The MGH intimate partner violence program, HAVEN, worked with 700 clients. The Violence Intervention Advocacy Program, a program through the MGH Emergency Department focused on victims of community-violence, had 123 new referrals. The Police Action Counseling Team in Chelsea worked with 34 cases with the police that involved incidents where children witnessed violence. HAVEN worked with Partners, BWH, and MGH partners to plan the first Trauma-Informed Care conference (held in October, 2013). Nearly 250 people were in attendance.

Access to Care for Vulnerable Populations: MGH Chelsea Pediatric Asthma Program saw 101 patients; 94 patients received patient education (regarding asthma triggers, symptoms, medications, etc.) and 76 Action Plans were reviewed with patients. 278 adult Refugees were served at MGH Chelsea; countries of origin include: Bhutan (27%), Eritrea (15%), Iraq (14%), Somalia (8%), Congo (7%), Haiti (5%), Burundi (4%) and Ethiopia (3%). The Healthy Beginnings program at MGH Chelsea served 250 families. MGH Chelsea Medical Interpreters had over 19,000 encounters and the Community Health Workers had over 11,000 encounters. Finally, 92 families received legal services from LINC at MGH Chelsea; 18 families received social security benefits; eviction was prevented for 4 families; and 4 families were placed in emergency shelters

### **Plans for Next Reporting Year**

In 2014, CCHI plans to work with communities and the hospital to address the health priorities identified through the assessments. In addition we plan to connect the findings of community health needs assessments with the mandate to better manage the care and reduce the costs of high risk, vulnerable MGH patients. This approach will integrate primary prevention in the community into MGH's care redesign model. As a hospital, substance abuse prevention and treatment and obesity will be areas of focus.

## **Community Benefits Process**

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### **Select Community Benefits Process**

#### **Community Benefits Leadership/Team**

The community benefit plan is carried out through the MGH Center for Community Health Improvement (CCHI). The executive director, Joan Quinlan, MPA, reports to the Vice President of Psychiatry and Community Health Initiatives at MGH, and has a matrixed reporting relationship to Partners HealthCare's Vice President of Community Health. Leslie Aldrich, MPH, serves as the Center's Associate Director.

#### **Community Benefits Team Meetings**

CCHI holds regular meetings with both hospital and center staff. CCHI holds quarterly meetings with a Community Health Committee of the Board of Trustees which serves as a governing body for community health efforts at MGH. In addition, there are periodic presentations to the hospital's General Executive Committee, the senior leadership and decision-making body of the hospital, Board of Trustees and bi-annual meetings with the Community Benefit Advisory Committee, comprised of hospital and community leaders. Additionally, all CCHI staff meet quarterly and CCHI Directors meet monthly for management, planning and development purposes. Finally, the local work is guided through coalitions that meet continuously (e.g. Revere CARES), and maintain regular contact with all partners on the local level.

#### **Community Partners**

ABCD Boston Family Planning

Adult Literacy English Classes  
After School and Beyond  
American Civil Liberties Union  
BayCove Human Services  
Beachmont Improvement Committee  
Boston Housing Authority  
Big Brothers Big Sisters of Mass Bay  
Bosnian Community for Resource Development (Lynn)  
Boston Area Health Education Center- BAHEC  
Boston Health Care for the Homeless Program  
Boston Mayor's Office of Neighborhood Services  
Boston Police Department  
Boston Private Industry Council (PIC)  
Boston Public Health Commission  
Boston Regional Domestic Violence Directors  
Boston Senior Homecare  
Boys and Girls Clubs of Boston  
Bunker Hill Housing Development  
Community Action Programs Inter-City (CAPIC)  
CAPIC Headstart  
Chelsea Domestic Violence High Risk Team (CASA DIVERT) Program  
Community Against Substance Abuse (CASA) Winthrop  
Revere Caring Alumni Supporting The Learning and Enrichment of Students (CASTLES)  
Cataldo Ambulance, Inc.  
Catholic Charities  
Centro Latino de Chelsea  
Charlestown Against Drugs (CHAD)  
Charlestown Boys and Girls Club  
Charlestown Community Center  
Charlestown Court: Probation Department  
Charlestown High School  
Charlestown Lacrosse and Learning Center  
Charlestown Little League  
Charlestown Mother's Association  
Charlestown Neighborhood Council  
Charlestown Recovery House  
Chelsea Board of Health  
Chelsea Collaborative  
Chelsea District Court  
Chelsea Court: Probation  
Chelsea Domestic Violence Task Force  
Chelsea Health and Human Services Department  
Chelsea High School  
Chelsea Housing Authority  
Chelsea Human Service Collaborative  
Chelsea Planning and Development  
Chelsea Police Department  
Chelsea Public Schools  
Chelsea REACH Program  
Chelsea Senior Center  
Children's Advocacy Center  
City of Boston Mayor's Office  
City of Chelsea  
City of Revere  
Coastal School for Girls  
Conference of Boston Teaching Hospitals (COBTH) DV Council  
Cooking Matters

Cradles to Crayons  
CREW (Chelsea, Revere, Everett, & Winthrop) Elders Services  
Deaf, Inc  
Dennis McLaughlin House  
Department of Children and Families (DCF)  
District Attorneys' offices  
Massachusetts Department of Transitional Assistance (DTA)  
Early Learning Center- Harbor Area early Intervention  
East Boston High School  
Edward M. Kennedy Academy for Health Careers  
Edwards Middle School  
Elder Services  
Everett High School  
First Congregational Church, Revere  
For Kids Only Afterschool, Inc.  
FriendShip Works; Medical Escort, Friendly Visiting  
Geiger Gibson Community Health Center  
Greater Boston Legal Services  
Harbor Area Healthy Families  
Harbor Health Services, Inc.  
Harvard Medical School  
Health Resources in Action (HRIA)  
Healthy Families  
Healthy Steps  
Institute for Health & Recovery  
International Institute of Boston  
Islamic Center of North America  
J. Maheras Company  
James P. Timilty Middle School  
Jewish Vocational Services  
John F. Kennedy Family Service Center  
Jordan Boys and Girls Club of Chelsea  
Kennedy Academy for Health Careers  
KidSmart School Age Program  
Lawyers' Committee for Civil Rights Under Law  
MA Association for School-Based Health Care  
MA Department of Public Health  
Mass Law Reform Institute  
Massachusetts Organization for Addiction and Recovery (MOAR)  
Mattapan Community Health Center  
Mediation for Results  
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo PC  
MissionSafe Charlestown  
Neighborhood Health Plan  
Neponset Health Center  
North Suffolk Mental Health Association  
Olivia's Organics  
Peabody Properties/Mishawum Park Apartment Complex  
Pediatric SANE program  
Phoenix Charter Academy  
Project Bread - The Walk for Hunger  
Raising a Reader  
Refugee and Immigrant Assistance Center  
Refugee and Immigrant Health Program, DPH  
Retired Senior and Volunteer Program (RSVP)  
Revere Afterschool Partnership  
Revere Beach Partnership

Revere Beautification Committee  
Revere Community Development Department  
Revere Chamber of Commerce  
Revere City Council  
Revere Domestic Violence Task Force  
Revere Fire Department  
Revere Food Pantry  
Revere Health Department  
Revere High School Afterschool Peer Leaders & Service  
Revere Library  
Revere Journal  
Revere Mayor's Office  
Revere Parks and Recreation Department  
Revere Police Department  
Revere Public Schools  
Revere Public Works  
Revere School Committee  
Richard J. Murphy School  
ROCA  
Roxsam Homecare  
SAGE Boston  
Science Club for Girls  
SDC-Somali Development Center  
SHINE (Serving The Health Information Needs Of Elders)  
State Garden, Inc.  
Suffolk Law School Clinics  
The Neighborhood Developers  
The Posse Foundation  
Tutors for All  
United Way's Math Science Technology Initiative  
Walk Boston  
Warren Prescott School  
Women, Infant, Children (WIC)  
Winn Co./Charles Newtown  
Women's Economic Empowerment  
Yawkey Boys & Girls Club  
Volunteer Lawyers' Project  
Young Achievers Science and Math Pilot School  
Youth Connect (A joint program of B&G Club and Boston Police)

## **Community Health Needs Assessment**

### **Date Last Assessment Completed and Current Status**

CCHI launched the second phase of our assessment process in the spring and summer of 2013 by assessing special populations.

Caring for the most vulnerable among us is in MGH's DNA. For more than two decades, the MGH has partnered with the Boston Health Care for the Homeless Program, and has provided opportunities to Boston youth in science, technology, engineering and math (STEM). In the more recent past, the MGH has engaged with seniors who reside outside the doors of the hospital, as well as refugees from around the world to help them navigate the healthcare system in their new surroundings. These populations experience multiple barriers to health care that require targeted interventions. These barriers could include different cultural beliefs about health and health care, transportation, language and more. Although each of these four populations are unique, they each share a common need to forge connections with individuals who can make a difference in their lives to improve their health and well-being.

Because of our commitment to these populations and their unique health needs we assessed their needs and our work to date. We reviewed national and local data and trends, patient data when appropriate, and conducted focus groups and interviews with experts in the field who are familiar with our current programs. We asked these individuals to identify the needs of these populations, review our work to date and make recommendations to better serve these populations.

**Recommendations Moving Forward:** As the health care system changes to deliver quality care more affordably, it is vital that we pro-actively address the needs of our high-risk, vulnerable patients, specifically the homeless, refugees and seniors as these populations change and grow. Today there are close to 7000 homeless in Boston that affect individuals and family alike with a high percentage suffering from mental and substance use disorders . The general public are also living longer and are "aging in place," yet policy and systems are not designed to support independent living. In addition there are an increased number of psychiatrically disabled and formerly homeless and disabled veterans living in senior housing adjacent to MGH. Additionally, in 2012 over 2200 refugees entered Massachusetts many of whom are faced with difficulties registering for insurance.

Programs must be responsive to cultural, linguistic, social and economic needs of these populations in order to give them the best quality care, improve outcomes and manage costs.

Common themes among each of these populations include the need for: identification, navigation, outreach and closer management, all within a culturally sensitive context.

Specific recommendations include:

Caring for Boston's Homeless

-Work with Boston Health Care for the Homeless Program (BHCHP) to better identify and manage high users of the inpatient and ED

-Develop targeted interventions for homeless persons with substance use disorders as recommended by the hospital's overall strategic plan

-Include BHCHP in care redesign

Refugee Health

-Engage more refugee families beyond the first two health care visits

-Better engage refugee men

-Better integrate community health workers into medical home

-Mental health screening

Refugee Health

-Educate about dental care

Senior Health

•Consultation and monthly presence in each building by a psychiatric nurse or psychiatrist, pharmacist, nutritionist, PT and addictions specialist

-Training to identify and treat residents with mild to moderate brain disease

Over the decade 2010-2020 the fastest growing jobs will be in health care occupations (healthcare, personal care and community and social service occupations). The majority of these jobs will require math and science skills yet Massachusetts public school students have shown less of an interest in pursuing a college major in STEM education than students nationally. MGH will continue to address a key social determinant of health: educational attainment and will continue to grow and develop this program and deepen engagement with school systems and partners.

Specific recommendations include:

• Youth – STEM Education

• Integrate and evaluate 21st Century skills into programming

• Strengthen the connection with technology and engineering sectors

• Deepen the partnership with Boston Public Schools: Serve as a learning lab for educators (e.g. paid summer teacher externships), classroom tours, "ask the expert" series with MGH professionals

• Strengthen the college access and readiness curriculum: Replicate the Bicentennial Scholars model over the next 10 years.

### **Consultants/Other Organizations**

Steve Ridini from Health Resources in Action facilitated a handful of community meetings in 2012.

### **Data Sources**

Community Focus Groups, Hospital, MassCHIP, Surveys, Other - MADPH, BPHC, DOE, YRBS, ETO

## Select Community Benefits Programs

### Revere Cares: Alcohol, Tobacco, and Other Drugs (ATOD) Initiative

#### Brief Description or Objective

Revere CARES is an award winning coalition with 350 members dedicated to preventing alcohol and drug abuse among Revere youth. Coalition members represent a variety of sectors, including parents, youth, government officials, educators, health professionals, first responders and law enforcement. The Coalition oversees two major initiatives, the Alcohol, Tobacco, and other Drugs (ATOD) and the Food & Fitness Initiatives. Since 1997, the Coalition has taken a comprehensive approach to reducing youth substance use through strengthening policies to limit access to ATOD and enforce consequences, changing community norms through education, developing and supporting alternative activities for youth and advocating for age-appropriate treatment. Additionally, in light of concerning trends of fatal and non-fatal opioid overdoses among adults in the community, Revere CARES' ATOD initiative has expanded in recent years to include opioid overdose prevention.

#### Program Type

Community Education,Community Participation/Capacity Building Initiative,Healthy Communities Partnership,Prevention

#### Target Population

- **Regions Served:** Revere
- **Health Indicator:** Injury and Violence, Mental Health, Other: Alcohol and Substance Abuse, Other: Drunk Driving, Other: Smoking/Tobacco, Substance Abuse, Tobacco Use
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

#### Goals

**Statewide Priority:** Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations

#### Goal Description

Reduce alcohol, tobacco and other drug (ATOD) use among middle school and high school students measured by Revere's Youth Risk Behavior Survey (YRBS).

#### Goal Status

The rates of current drinking among high school students have declined both in Revere and at the State level. However, in 2009, Revere (at 43%) dropped slightly below the State rate (of 44%) and was on par with the State rate of 40% in 2011.

Reduce alcohol, tobacco and other drug (ATOD) use among middle school and high school students measured by Revere's Youth Risk Behavior Survey (YRBS).

The percent of high school youth who reported binge drinking (5 or more drinks at least once in the past 30 days) decreased from 41% in 1999 to 24% in 2011, a 41% decrease.

Reduce alcohol, tobacco and other drug (ATOD) use among middle school and high school students measured by Revere's Youth Risk Behavior Survey (YRBS).

Since 2001, Revere's rates of alcohol use among high school students have been considerably higher than state rates.

Reduce alcohol, tobacco and other drug (ATOD) use among middle school and high school students measured by Revere's Youth Risk Behavior Survey (YRBS).

Over the past 10 years, however, Revere has consistently declined and dipped below the state rate (2011 YRBS, Revere: 62%, Massachusetts: 68%).

Reduce alcohol, tobacco and other drug (ATOD) use among middle school and high school students measured by Revere's

Additionally, the percent decrease from 2001 to 2011 for Revere is 25% compared to the State decrease of 16%.

## Youth Risk Behavior Survey (YRBS).

Increase youth engagement in the schools, coalition and community. Increase youth engagement in the schools, coalition and community.

Spring 2013, Revere CARES staff invited graduating 8th grade students from all 3 middle schools to write on a post it note how they were going to stay Above the Influence during the summer

Increase youth engagement in the schools, coalition and community.

204 8th grade students participated in the post-it note program and received an Above the Influence t-shirt.

Increase youth engagement in the schools, coalition and community.

In the spring of 2013, a total of 346 high school students participated in the Above the Influence wheel activity which provided ATOD education and challenged youth to re-think the myths around substance use.

Increase youth engagement in the schools, coalition and community.

The Above the Influence campaign was reenergized during the third annual Community Walk to Recovery on September 29, 2013. Over 300 students attended the event and received an Above the Influence t-shirt.

Increase youth engagement in the schools, coalition and community.

A total of 523 middle and high school students participated in the "Get the Facts" contest in which students had to write down at least 7 of 10 ATOD myths and their corresponding facts

Increase youth engagement in the schools, coalition and community.

The facts compiled were (listed on posters scattered throughout schools) and submitted them to a designated teacher in order to qualify for the "Get the Facts" contest prize.

Decrease opioid overdose deaths.

According to a review of Revere's death certificate data, the number of deaths involving one or more opioid has declined (2009: 15 deaths, 2010: 10 deaths, 2011: 8 deaths—preliminary data).

Decrease opioid overdose deaths.

In 2013, MGH issued determination of Needs payment to City of Revere to sustain the Drop-In Center that began under MassCALL2 funds

Decrease opioid overdose deaths.

The Drop-In Center was open 52 days during FY2013 for a total of 104 hours.

Decrease opioid overdose deaths

As of September 2013, Narcan administered by the RFD had successfully reversed 105



	opioid overdoses since February 2010
Decrease opioid overdose deaths.	With regional providers and partners, the coalition hosted two regional opioid prevention summits each having over 130 participants.
Decrease opioid overdose deaths.	This regional partnership well prepared Revere in applying for the Massachusetts Opioid Abuse Prevention Collaborative grant which was successfully awarded in April 2013.
Change parental social norms regarding youth drinking and substance use and educate and engage parents.	As part of the parent Power of Action campaign, the coalition conducts a pledge drive at all Revere schools during the Fall parent teacher conferences.
Change parental social norms regarding youth drinking and substance use and educate and engage parents.	Parents were asked to pledge to talk to their kids about not using drugs alcohol. In late 2012 (FY2013), 757 parents signed the pledge drive.
Change parental social norms regarding youth drinking and substance use and educate and engage parents.	A full length community page was printed on the Revere journal on April 25, 2013, related to the parent Power of Action campaign.
Change parental social norms regarding youth drinking and substance use and educate and engage parents.	This community page encouraged parents to visit our online "Conversations for Prevention" resource and since it was prom and graduation season, it reminded parents that it is illegal and unacceptable to serve alcohol to minors.
Increase youth engagement in the schools, coalition and community.	In FY2013, approximately 40 students were members of the three leadership clubs at Revere High School
Decrease opioid overdose deaths.	Combined with North Suffolk Mental Health Association's in-kind contribution of space this Drop-In Center is open every Tuesday night in order to better support families of opioid users.

## Partners

Partner Name, Description	Partner Web Address
North Suffolk Mental Health Association	<a href="http://northsuffolk.org/">http://northsuffolk.org/</a>
City of Revere	<a href="http://www.revere.org/">http://www.revere.org/</a>
Revere Chamber of Commerce	<a href="http://www.reverechamber.org/">http://www.reverechamber.org/</a>
Revere Police	<a href="http://www.reverepolice.org/">http://www.reverepolice.org/</a>

Department  
Revere Public Schools <http://www.revere.mec.edu/>  
Revere School Committee <http://www.revere.mec.edu/>  
Revere Health Department <http://www.revere.org/>  
Revere Fire Department <http://www.revere.org/>  
Revere Parks and Recreation Department <http://www.revererec.com/info/default.aspx>  
Revere After School Partnership <http://www.revere.org/>  
Chelsea District Court <http://www.mass.gov/courts/courtsandjudges/courts/chelseadistrictmain.html>  
Cataldo Ambulance, Inc. <http://cataldoambulance.com/>  
Revere Beach Partnership <http://www.savetheharbor.org/index.php/en/program-areas/reconnect/the-revere-beach-partnership>  
CASTLES <http://www.reverecastles.org/>  
Revere Journal <http://www.reverejournal.com/>  
Massachusetts Organization for Addiction and Recovery (MOAR) <http://www.moar-recovery.org/>  
CASA Winthrop [http://www.town.winthrop.ma.us/pages/WinthropMA\\_WebDocs/casa](http://www.town.winthrop.ma.us/pages/WinthropMA_WebDocs/casa)  
CAPIC, Inc. <http://www.capicinc.org/>  
The Neighborhood Developers <http://www.theneighborhooddevelopers.org/>  
Revere Youth in Action <http://www.theneighborhooddevelopers.org/>  
Chelsea Substance Use Disorder Leadership Team <http://www.massgeneral.org/cchi/>  
Saugus Anti-Drug Coalition <http://www.saugusantidrug.org/>  
Saugus We Care <https://www.facebook.com/SaugusWeCare>  
CASA Winthrop [http://www.town.winthrop.ma.us/pages/WinthropMA\\_WebDocs/casa](http://www.town.winthrop.ma.us/pages/WinthropMA_WebDocs/casa)  
Revere Youth in Action <http://www.theneighborhooddevelopers.org/>

**Contact Information**

Kitty Bowman, Director, Revere CARES Coalition, 781-485-6132, [rbowman@partners.org](mailto:rbowman@partners.org) or Viviana Catano-Merino, Interim ATOD/ Communication Manager, Revere CARES Coalition, 781-485-6440, [vcatano-merino@partners.org](mailto:vcatano-merino@partners.org) , [vcatano-merino@partners.org](mailto:vcatano-merino@partners.org)

**Detailed Description**

Not Specified

## Immigrant and Refugee Health Programs

<b>Brief Description or Objective</b>	Provides a continuum of care across multiple settings to ensure the well being of refugees and asylees in Chelsea. To date, over 1600 refugees have been served.
<b>Program Type</b>	Direct Services, Outreach to Underserved
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Chelsea</li> <li>• <b>Health Indicator:</b> Access to Health Care, Other: Uninsured/Underinsured</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> All</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul>

**Goals**  
**Statewide Priority:** Address Unmet Health Needs of the Uninsured, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
Provide a continuum of care across multiple settings to ensure the well being of refugees and asylees in Chelsea.	268 adult patients were served in FY2013; Countries of origin include: Bhutan (27%), Eritrea (15%), Iraq (14%), Somalia (8%), Congo (7%), Haiti (5%), Burundi (4%) and Ethiopia (3%).
85 % of patients will have the 1st Refugee Health Assessment visit within 30 days of arrival in US.	93 new refugee patients had a scheduled RHS visit. Of those, 32% were within 30 days of arrival. Challenges were experienced with our scheduling system, refugee patients and the referring resettlement agencies during the reporting period.
Better coordination of care and increased knowledge among refugee women on basic health information related to primary care, nutrition and physical fitness.	There were 238 contacts with 175 refugee women related to care coordination, navigation, concrete services, home visits and other services. 64% of activities involved care coordination, 38% consult with providers, and 32% telephone calls with patients
Better coordination of care and increased knowledge among refugee women on basic health information related to primary care, nutrition and physical fitness.	6 monthly education groups (119 total participants) focused on the importance of primary care, nutrition, and healthy lifestyle and were conducted for women from Iraq, Bhutan, Somalia, Congo and Burundi.

## Partners

Partner Name, Description	Partner Web Address
MA Department of Public Health	<a href="http://www.mass.gov/dph/refugee">http://www.mass.gov/dph/refugee</a>
International Institute of Boston	<a href="http://www.iiboston.org">www.iiboston.org</a>
Catholic Charity Boston	<a href="http://www.ccab.org">www.ccab.org</a>

MA DTA	<a href="http://www.mass.gov/eohhs/gov/departments/dta">www.mass.gov/eohhs/gov/departments/dta</a>
CAPIC	<a href="http://www.capicinc.org">www.capicinc.org</a>
ROCA	<a href="http://rocainc.org">http://rocainc.org</a>
REACH	<a href="http://www.reachma.org/">http://www.reachma.org/</a>
Chelsea School System	<a href="http://www.chelseaschools.com/cps/">http://www.chelseaschools.com/cps/</a>

**Contact Information** Chantal Kayitesi, Refugee Women's Health Access Program , [ckayitesi@partners.org](mailto:ckayitesi@partners.org)

**Detailed Description** Not Specified

## HAVEN (Helping Abuse and Violence End Now)

**Brief Description or Objective** The program provides direct services to survivors of intimate partner abuse (patients, employees, community members) and training to MGH providers. Since program inception in 1997, nearly 7000 survivors have been helped.

**Program Type** Direct Services, Health Professional/Staff Training, Prevention

**Target Population**

- **Regions Served:** Boston, Chelsea, Revere
- **Health Indicator:** Injury and Violence, Other: Domestic Violence, Other: Safety, Other: Safety - Home
- **Sex:** All
- **Age Group:** All Adults
- **Ethnic Group:** All
- **Language:** All

## Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Provide direct services to survivors of intimate partner abuse	700 survivors served; 448 new referrals were made to HAVEN 50% were Brief Interventions; of these, 44% were for safety planning, 13% were for legal services, 12% were for housing/emergency shelter
Provide direct services to survivors of intimate partner abuse	HAVEN advocates had 5,848 contacts with clients. 22% of these contacts were in Spanish; 27% of these contacts included emotional support; 13% were for legal purposes; 8% were for children's issues
Increase legal services for survivors of intimate partner abuse	Through a partnership between MGH and Casa Myrna Vazquez , advocates consulted with a lawyer specializing in intimate partner violence 213 times on behalf of 69 clients
Increase legal services for survivors of intimate partner abuse	The Casa Myrna Vazquez lawyer actively worked with 82 HAVEN clients in 319 contacts; Legal Topics included: 21% Family Law, 20% Children's Issues, 21% Safety Planning, 12% Restraining Orders
Increase providers knowledge of HAVEN and dynamics of intimate partner abuse	HAVEN provided 57 trainings and outreach activities to a total of 1074 MGH staff; 14 trainings were given on HAVEN services; 14 trainings

were given on intimate partner violence; 12 trainings were given on Teen Dating Violence

## Partners

Partner Name, Description	Partner Web Address
SAGE Boston Boston Regional DV Directors	
Chelsea Domestic Violence Task Force	<a href="http://www.ci.chelsea.ma.us/public_documents/ChelseaMa_PDCommRm/S017439B6-0176E392?formid=161">http://www.ci.chelsea.ma.us/public_documents/ChelseaMa_PDCommRm/S017439B6-0176E392?formid=161</a>
Revere Adolescent Task Force	<a href="http://reverecares.org/ai1ec_event/revere-on-the-move-task-force-meeting/?instance_id=">http://reverecares.org/ai1ec_event/revere-on-the-move-task-force-meeting/?instance_id=</a>
CASA DIVERT, Chelsea/Revere/Winthrop High Risk Team	<a href="http://www.capicinc.org/Eng/E_CrisisIntervention.html">http://www.capicinc.org/Eng/E_CrisisIntervention.html</a>
Greater Boston Legal Services Department of Justice Partnership	<a href="http://www.gbls.org/our-work/immigration">http://www.gbls.org/our-work/immigration</a>
Conference of Boston Teaching Hospitals DV Council	<a href="http://www.cobth.org/dom_violence.html">http://www.cobth.org/dom_violence.html</a>
Jane Doe, Inc.	<a href="http://www.janedoe.org/">http://www.janedoe.org/</a>

**Contact Information** Elizabeth Speakman, Director Haven at MGH 617-726-3810 , [espeakman@partners.org](mailto:espeakman@partners.org)

**Detailed Description** Not Specified

## MGH Youth Programs

**Brief Description or Objective** MGH Youth Program's mission is to provide youth (grades 3- 12 and beyond with academic, life, and career skills that will expand and enhance their educational and career options. Through the assistance of MGH administrators, faculty, and staff, who volunteer their time, the program provides youth with hands on enrichment opportunities, career exploration, and mentorship relationships that are connected to Science, Technology, Engineering, and Math (STEM) education.

**Program Type** Mentorship/Career Training/Internship,School/Health Center Partnership

**Target Population**

- **Regions Served:** Boston, Chelsea, Revere
- **Health Indicator:** Other: Education/Learning Issues
- **Sex:** All
- **Age Group:** Child-Teen
- **Ethnic Group:** All
- **Language:** English , Haitian Creole , Spanish

## Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
Increase students' interest, excitement and confidence in STEM subjects	612 youth served (Includes all youth served across all programs and events).
Bring in MGH employees or other individuals in the STEM field to discuss their background and career and act as positive role models	424 MGH Volunteers provided 14,896 volunteer service hours.
Develop partnerships and collaborations with area organizations	Developed a total of 9 new partnerships and/or programs to enhance the Youth Programs work with students.

	Opportunities included, but not limited to: a leadership workshop for high school males, a one-week intensive STEM CAMP for 9th graders
Further increase students' scientific literacy, inquisitiveness, problem solving, critical thinking, teamwork, and overall engagement in STEM learning. Students develop positive relationships with their peers and with MGH professionals.	Pre and Post surveys indicate students: • felt positively challenged and engaged with the MGH Youth Programs • felt an increased sense of competency for learning • felt supported within the Youth Programs
Further increase students' scientific literacy, inquisitiveness, problem solving, critical thinking, teamwork, and overall engagement in STEM learning. Students develop positive relationships with their peers and with MGH professionals.	Pre and Post surveys indicate students :• were taking steps toward planning for their futures and are communicating with supportive adults about their goals • enjoy their internships and shadowships at MGH and making professional connections
Further increase students' scientific literacy, inquisitiveness, problem solving, critical thinking, teamwork, and overall engagement in STEM learning. Students develop positive relationships with their peers and with MGH professionals.	Additionally, 18 Science Fair students, mentored by MGH employee volunteers, went on to compete at the City-Wide Science Fair.
Develop partnerships and collaborations with area organizations	Through a collaboration with Wheelock College. These types of enrichment opportunities provide students in the MGH Programs with opportunities to expand their STEM education beyond the MGH environment.

## Partners

Partner Name, Description	Partner Web Address
American Repertory Theater	<a href="http://www.americanrepertorytheater.org/">http://www.americanrepertorytheater.org/</a>
ACE: Turner Construction	<a href="http://www.turnerconstruction.com/about-us/community-involvement/youth-and-education">http://www.turnerconstruction.com/about-us/community-involvement/youth-and-education</a>
Boston Private Industry Council	<a href="http://www.bostonpic.org/">http://www.bostonpic.org/</a>
Camp Harborview	<a href="http://chvf.org/">http://chvf.org/</a>
Charlestown Boys and Girls Club	<a href="http://www.bgcb.org/locations_clubs_charlestown.cfm">http://www.bgcb.org/locations_clubs_charlestown.cfm</a>
East Boston High School	<a href="http://www.bostonpublicschools.org/school/east-boston-high-school">http://www.bostonpublicschools.org/school/east-boston-high-school</a>

Edward M. Kennedy Academy for Health Careers <http://www.kennedyacademy.org/>

Efficacy Institute <http://www.efficacy.org/>

Richard Murphy Elementary School <http://www.rjmurphyschool.com/>

Science Club for Girls <http://www.scienceclubforgirls.org/>

Tutors for All <http://www.tutorsforall.org/>

Yawkey Boys and Girls Club [http://www.bgcb.org/locations\\_clubs\\_yawkey.cfm](http://www.bgcb.org/locations_clubs_yawkey.cfm)

Academy of the Pacific Rim <http://www.pacrim.org/>

Chelsea High School <http://www.chelseaschools.com/cps/high-school.htm>

Posse Foundation [www.possefoundation.org](http://www.possefoundation.org)

Wheelock College <http://www.wheelock.edu/>

Health Resources in Action [www.hria.org](http://www.hria.org)

Revere High School <http://www.revereps.mec.edu/reverehighschool/>

Boston Leadership Institute <http://www.bostonleadershipinstitute.com/forensics.html>

Big Brother Big Sisters of Mass Bay <http://www.bbbsmb.org>

Harvard Kent <http://www.bostonpublicschools.org/school/harvardkent-elementary-school>

Kaplan Institute / SAT Prep <https://www.kaplancareerinstitute.com/>

Accelerated College Experiences <http://acceleratedcollegeexperiences.org>

**Contact Information** Christyanna Egun Director Boston Youth Partnerships 617-724-2950 , [cegun@partners.org](mailto:cegun@partners.org)

**Detailed Description** Not Specified

### Boston Health Care for the Homeless Program (BHCHP) at MGH

**Brief Description or Objective** The Boston Health Care for the Homeless Program delivers direct care in multidisciplinary teams in two hospital clinics and over 75 shelters and community sites throughout metropolitan Boston. MGH has been one of those sites for almost 29 years. In 2013, BHCHP conducted 2,741 primary care and psychiatry visits for homeless individuals at MGH.

**Program Type** Direct Services, Health Screening, Outreach to Underserved

**Target Population**

- **Regions Served:** Boston
- **Health Indicator:** Access to Health Care, Mental Health, Other: Homelessness
- **Sex:** All

- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All

## Goals

**Statewide Priority:** Address Unmet Health Needs of the Uninsured

Goal Description	Goal Status
Ensure access to the Thursday Street Team clinic at the MGH MWIU	There were 1,045 primary care and psychiatry visits to the MGH site during the Thursday clinic. An additional 2,061 nursing and case management encounters were recorded at the Thursday clinic in 2013.
Continue services for housed Street Team patients through specialized clinics, home visits, and the use of medical respite as a supportive housing service	129 housed Street Team patients accounted for 840 visits in the MGH MWIU.
Promote services for housed Street Team patients through specialized clinics, home visits, and the use of medical respite as a supportive housing service	During CY13, medical and behavioral health clinicians made 850 home visits to 129 housed patients.
Assure services for housed Street Team patients through specialized clinics, home visits, and the use of medical respite as a supportive housing service	34% of the patients seen in home visits were also admitted to our medical respite facility, the Barbara McInnis House for the purpose of clinical stabilization and housing support.
Foster further collaboration between MGH, Partners Healthcare, and BHCHP	BHCHP nursing liaisons made 922 visits to homeless and formerly homeless inpatients at MGH and Brigham and Women's Hospital for screening for admission to the Barbara McInnis House after hospital discharge.
Foster further collaboration between MGH, Partners Healthcare, and BHCHP	459 patients received integrated medical and behavioral care as part of a collaborative grant through MGH and the Department of Mental Health.
Foster further collaboration between MGH, Partners Healthcare, and BHCHP	Additionally, 108 patients were seen in 344 visits at the West End Shelter in the Erich Lindemann Mental Health Center by a BHCHP physician and RN, working closely with 2nd year psychiatry residents in part of the MGH Community Psychiatry rotation.
Foster further collaboration between MGH, Partners Healthcare, and BHCHP	These residents also joined the Street Team each Friday for street rounds.

## Partners

Partner Name, Description	Partner Web Address
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Not Specified

**Contact Information** Jim O'Connell, MD President BHCHP 857-654-1000 , jjoconnell@partners.org**Detailed Description** Not Specified**Patient Navigation -Avon**

**Brief Description or Objective** Since 2001, the Avon Foundation has generously provided critical funding to help the Massachusetts General Hospital (MGH) reduce disparities in breast cancer in Boston through the MGH Avon Breast Care Program. The goal of this program is to establish models for breast cancer screening, diagnosis, and care that would effectively penetrate the disadvantaged minority communities in greater Boston. The Avon Breast Care Program serves MGH Chelsea patients as well as patients from Mattapan Community Health Center and Harbor Health Services (Geiger Gibson, Neponset and Mid Upper Cape Community Health Centers). The program promotes screening, timely follow-up of abnormal findings, and ensures early detection and comprehensive treatment for patients with breast cancer. Since the programs' inception, 9452 patients have been served, including 218 patients with breast cancer. In FY13, 2178 patients were served across all program sites.

**Program Type** Direct Services,Health Screening,Outreach to Underserved,Prevention

**Target Population**

- **Regions Served:** Barnstable, Boston-Dorchester, Boston-Mattapan, Chelsea
- **Health Indicator:** Other: Cancer - Breast
- **Sex:** All
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All

**Goals**  
**Statewide Priority:** Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

**Goal Description**

Address barriers to accessing and receiving timely, quality health care for all patients

91% of patients arrive within 60 days for follow-up on an abnormal finding

Organize outreach events to promote breast cancer awareness and educate patients and the community on the importance of screening and breast health

Increase the number of patients who receive patient navigator assistance with screening

**Goal Status**

The Avon Breast Health Navigators provided 502 language translations, 66 financial assistance referrals, 49 transportation assistance, 19 material support referrals, and 17 support group/counseling referrals.

92% of patients referred for follow-up on an abnormal finding arrived to a first appointment in 60 days or less.

18 outreach events reached 1321 participants.

1921 patients received assistance with screening.

**Partners**

<b>Partner Name, Description</b>	<b>Partner Web Address</b>
Mattapan Community Health Center,	<a href="http://www.mattapanchc.org/">http://www.mattapanchc.org/</a>
Geiger Gibson Community Health Center	<a href="http://www.hhsi.us/metro-boston/geiger-gibson-community-health-center/">http://www.hhsi.us/metro-boston/geiger-gibson-community-health-center/</a>

Mid Upper Cape Community Health Center	<a href="http://www.hhsi.us/">http://www.hhsi.us/</a>
Neponset Community Health Center	<a href="http://www.hhsi.us/metro-boston/neponset-health-center/">http://www.hhsi.us/metro-boston/neponset-health-center/</a>

**Contact Information**

Yasmine Hung, MGH Avon Breast Care Coordinator, MGH Chelsea, Jennifer Morisset, LPN, Breast Health Nurse, Mattapan Community Health Center Sharmila Hazra, Breast Health Coordinator, Harbor Health Services, [yhung1@partners.org](mailto:yhung1@partners.org); [morissetj@matchc.org](mailto:morissetj@matchc.org); [shazra@hhsi.us](mailto:shazra@hhsi.us)

**Detailed Description**

Not Specified

**Patient Navigation - Abnormal Follow-Up, Cervical****Brief Description or Objective**

The Cervical Health Outreach Program began in 2004 to reach out to MGH Chelsea patients with abnormal Pap smear results in order to reduce barriers to timely follow-up care and to educate patients on cervical health. In FY13, 218 women were served by the program.

**Program Type**

Direct Services, Health Screening, Outreach to Underserved, Prevention

**Target Population**

- **Regions Served:** Chelsea
- **Health Indicator:** Other: Cancer - Cervical
- **Sex:** Female
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All

**Goals**

**Statewide Priority:** Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

**Goal Description**

Address barriers to accessing and receiving timely, quality health care for all patients.

**Goal Status**

The Cervical Health Coordinator provided 274 attempts to schedule appointments, 211 appointment reminders, 133 provider/clinic communications, 43 procedure/preparation instructions, 43 patients with education

Address barriers to accessing and receiving timely, quality health care for all patients.

The Cervical Health Coordinator provided 29 emotional support, 12 financial assistance referrals, 11 appointment accompaniments, 3 transportation assistance and 2 home visits.

Earlier detection of abnormal findings (fewer high grade lesions over time).

A study comparing 533 navigated and 253 non-navigated Latina women showed navigation can prevent cervical cancer by increasing colposcopy clinic attendance, shortening time to follow-up, and decreasing cervical lesion severity.

**Partners****Partner Name, Description Partner Web Address**

Not Specified

**Contact Information**

Erica Guimares, Patient Navigator/Manager , [EGUIMARAES1@PARTNERS.ORG](mailto:EGUIMARAES1@PARTNERS.ORG)

<b>Detailed Description</b>	Not Specified
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## Child Protection Program

<b>Brief Description or Objective</b>	The Program provides consultations to MGJ clinicians to issues of child abuse and neglect. Through consultation and training, MGH clinicians are provided with basic skills and knowledge necessary to provide a full range of support and services including screening, identification, assessment, intervention, referral, and follow-up. In FY13, 777 consults were performed.
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<b>Program Type</b>	Health Professional/Staff Training
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<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Boston, Chelsea, Revere</li> <li>• <b>Health Indicator:</b> Injury and Violence, Other: Domestic Violence, Other: Safety, Other: Safety - Home</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> All Children</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul>
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## Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Provide clinicians with basic skills and knowledge necessary to provide a full range of support and services	777 consultations were performed with providers; 66% of consults were concerning the child; 26% were concerning the mother; 40% of cases were for suspected neglect and 16% were for substance use; 39% had a 51A filed

## Partners

### Partner Name, Description

### Partner Web Address

District Attorneys' offices	
DCF	<a href="http://www.mass.gov/eohhs/gov/departments/dcf/">http://www.mass.gov/eohhs/gov/departments/dcf/</a>
Children's Advocacy Center	<a href="http://www.suffolkcac.org/">http://www.suffolkcac.org/</a>
Pediatric SANE program	<a href="http://mova.state.ma.us/">http://mova.state.ma.us/</a>
Children's Advocacy Center	<a href="http://www.suffolkcac.org/">http://www.suffolkcac.org/</a>

<b>Contact Information</b>	Debra Drumm, LICSW, ddrumm@partners.org; Susan Lipton, LICSW, sjlipton@partners.org; Alice Newton, MD, anewton@partners.org, ddrumm@partners.org; sjlipton@partners.org; anewton@partners.org
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<b>Detailed Description</b>	Not Specified
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## Patient Navigation - Screening, CRC

<b>Brief Description or Objective</b>	The Colorectal Cancer Screening Program is designed to improve colorectal cancer prevention and early detection in all eligible MGH Chelsea patients. Its primary aim is to decrease disparities in colorectal cancer screening (CRCS) rates, and increase CRCS rates in low-income patients and patients with limited English proficiency (LEP) in Chelsea with a goal to reduce colorectal cancer for all patients served. In FY13, the program reached out to 160 patients and 82 patients completed colonoscopies.
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<b>Program Type</b>	Direct Services,Health Screening,Outreach to Underserved,Prevention
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<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Chelsea</li> <li>• <b>Health Indicator:</b> Other: Cancer - Colo-rectal</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> Adult</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul>
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<b>Goals</b>
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<b>Statewide Priority:</b> Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
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<b>Goal Description</b>	<b>Goal Status</b>
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Decrease incidence of colorectal cancer amongst patients served through screening.	82 colonoscopies were completed and 87 polyps were removed.
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Address barriers to accessing and receiving timely, quality health care for all patients.	The Colon Cancer Coordinator provided 333 attempts to schedule appointments, 328 appointment reminders, 190 patients with education, 189 provider/clinic communications, 188 procedure/preparation instructions, 145 language translations
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Educate patients and the community on colorectal cancer and the importance of screening.	1 poster presentation on the colorectal cancer navigation program results in the MGH Bulfinch tent reached 50 people.
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Address barriers to accessing and receiving timely, quality health care for all patients.	The Colon Cancer Coordinator provided 136 emotional support, 40 appointment accompaniments, 36 pharmacy assistance, 19 transportation assistance, 3 home visits, 2 financial aid assistance referrals, 2 childcare assistance and 2 social services referrals.
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<b>Partners</b>
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<b>Partner Name, Description</b>	<b>Partner Web Address</b>
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Not Specified	
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<b>Contact Information</b>	Erica Guimares, Patient Navigator/Manager , EGUIMARAES1@PARTNERS.ORG
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<b>Detailed Description</b>	Not Specified
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<b>Food for Families</b>
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<b>Brief Description or Objective</b>	Food for Families screens MGH Chelsea patients for food insecurity in the departments of Pediatrics, Obstetrics, and Urgent Care. The program connects patients with local and federal food resources such as SNAP benefits (formerly known as Food Stamps), the WIC (Women, Infants, and Children) Program, food pantries, and community meal sites. In FY13, 226 families received in-person consultation from the Food for Families Program Coordinator.
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<b>Program Type</b>	Community Education,Direct Services,Health Screening,Prevention
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<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Chelsea</li> <li>• <b>Health Indicator:</b> Other: Nutrition</li> <li>• <b>Sex:</b> All</li> </ul>
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- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

## Goals

**Statewide Priority:** Address Unmet Health Needs of the Uninsured, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

### Goal Description

Increase number of patients screened for food insecurity

### Goal Status

3,153 patients were screened for food insecurity in Pediatrics and OB in FY13. Of the 3,023 patients screened, 18% (560) had a 'Yes' result, indicating that they were running out of money for food, and/or needed food assistance from a counselor

Screen patients for food insecurity

In FY2013, of the families screened for food insecurity, 135 received an in-depth, in-person consultation from the Food for Families Program Coordinator to assess their families' need, representing 215 adults and 205 children

Assist patients with food insecurity

In total, 226 families were seen by the program, and either received in-depth consultation (n=135) or assistance with a discrete and time-limited need (n=91).

Assist patients with food insecurity

All 226 families were provided information about local community food resources specific to their needs, such as food pantries, community kitchens, or bulk food buying programs.

Assist patients with food insecurity

Of these 226 households, 161 also received in-person SNAP application assistance, and 60 households received emergency gift cards to purchase food at a local grocery store.

Increase patient knowledge of food resources in the community

100% of all patients who screened positive for food insecurity received a follow-up phone contact to schedule an in-person interview. All patients who came in for in-person interviews received information about food resources.

Increase knowledge about healthy eating on a budget amongst participants

In FY13, 58 participants attended comprehensive "healthy eating and cooking on a budget" courses in partnership with Cooking Matters Massachusetts.

Increase knowledge about healthy eating on a budget

In FY13, 7 participants attended a pilot "Shopping

amongst participants	Matters" course to learn about "healthy shopping and eating on a budget".
Assist patients with food insecurity	22 Families attended the new weekly food pantry at the Health Center.

## Partners

### Partner

**Name, Description**      **Partner Web Address**

Cooking Matters Massachusetts Department of Transitional Assistance, MA	<a href="http://cookingmatters.org/cooking-matters-massachusetts/">http://cookingmatters.org/cooking-matters-massachusetts/</a>
Project Bread	<a href="http://www.mass.gov/eohhs/gov/departments/dta/">http://www.mass.gov/eohhs/gov/departments/dta/</a>
	<a href="http://www.projectbread.org">www.projectbread.org</a>

### Contact Information

Benjamin Brennan, Program Coordinator, [BJBrennan@partners.org](mailto:BJBrennan@partners.org)

### Detailed Description

Not Specified

## Healthy Chelsea

### Brief Description or Objective

Healthy Chelsea is comprised of approximately 75 community leaders, organizations, and residents to identify the social and environmental factors influencing Chelsea's high obesity prevalence, and to develop and implement an action plan. The coalition is executing systematic changes to bring about lasting improvements throughout the community. Healthy Chelsea serves the entire city of Chelsea.

### Program Type

Community Education, Healthy Communities Partnership, Prevention

### Target Population

- **Regions Served:** Chelsea
- **Health Indicator:** Other: Nutrition, Overweight and Obesity, Physical Activity
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

### Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

### Goal Description

Facilitate the growth of a citywide coalition with participation from a broad base of community leaders, organizations and residents

### Goal Status

75 individuals representing residents, local government, state government, school administrators and faculty, community organizations, health care providers, and businesses participate in the Healthy Chelsea Coalition

Sustain Coalition initiatives

Healthy Chelsea applied for and received a 2nd year of funding from the Olivia's Organics Foundation to support physical activity throughout the school day in the Chelsea Public Elementary Schools;

Sustain Coalition initiatives

Healthy Chelsea entered its 2nd of funding (a total of 4 years have been awarded) by

Sustain Coalition initiatives	the Mass in Motion program and Partners Healthcare to support additional personnel; Healthy Chelsea was granted 2 consecutive years of funding from Trefler Foundation to support a student –run campaign advocating for healthy foods at Chelsea High School
Make healthy foods accessible available, and affordable	Fresh Fruit and Vegetable Program implemented in 1 elementary school serving 520 students, 3 days per week
Make physical activity opportunities widely available and safe	Fitness Minutes in 4 Chelsea Elementary Schools serving a total of 2,100 students, increasing their physical activity by nearly 15 minutes a day
Make healthy foods accessible available, and affordable	The Youth Food Movement internship was launched to establish a formal youth-adult partnership to advocate for improved nutrition quality and increased student participation in School Lunch.
Make healthy foods accessible available, and affordable	The internship engages approximately 30 Chelsea High School students. Participants meet afterschool once a week, have lunch with the Healthy Chelsea supervisor once a week, and complete additional projects outside of school as needed.
Make healthy foods accessible available, and affordable	Chelsea Corner Store Connection is a partnership with 3 intervention stores and 3 control stores to increase the variety, quantity, & quality of fresh fruit/vegetables, while making these products more prominent in the store.
Advocate and provide assistance to cities, school, and organizations	Healthy Chelsea appointed as co-chair of school district's wellness committee. Revised Wellness Policy approved.
Advocate and provide assistance to cities, school, and organizations	Board of Health confirmed artificial trans-fat regulation for City of Chelsea.
Facilitate the growth of a citywide coalition with participation from a broad base of community leaders, organizations and residents	Approximately 45 of whom attend bimonthly Healthy Chelsea meetings on a regular basis. Subcommittee meetings occur as-needed for time limited projects.
Sustain Coalition initiatives	

## Partners

### Partner Name, Description Partner Web Address

Not Specified

<b>Contact Information</b>	Melissa Dimond, Manager Community Health Initiatives , mdimond@partners.org
<b>Detailed Description</b>	Not Specified

### Komen Breast Care Program

**Brief Description or Objective** Since 2008, the Komen Foundation has generously provided critical funding to improve breast cancer screening in refugee and immigrant women from the Former Yugoslavia, Somalia, and the Middle East, receiving care at MGH Chelsea HealthCare Center and/or residing in surrounding communities. The program aims to increase awareness of breast cancer screening, the rate of completion of screening mammograms, and to ensure timely follow-up of abnormal results. From 10/1/12 thru 3/31/13 (end of grant), 262 patients were served.

**Program Type** Direct Services,Health Screening,Outreach to Underserved,Prevention

**Target Population**

- **Regions Served:** Chelsea
- **Health Indicator:** Other: Cancer - Breast
- **Sex:** Female
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All

**Goals**  
**Statewide Priority:** Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

#### Goal Description

Identify and outreach to female refugees that are due for breast cancer screening.

Promote breast health awareness and educate patients and the community on breast cancer screening. Conduct at least 2 outreach activities per year.

Address barriers to accessing and receiving timely, quality health care for all patients.

#### Goal Status

The program reached 45 new patients and 117 refugee women received mammograms.

Breast health information tables at 3 outreach events reached 240 participants.

The Refugee Cancer Coordinator provided 324 attempts to schedule appointments, 154 language translations, 144 appointment reminders, 81 patients with education,

### Partners

#### Partner Name, Description Partner Web Address

Not Specified

<b>Contact Information</b>	Erica Guimares, Patient Navigator/Manager , , EGUIMARAES1@PARTNERS.ORG
<b>Detailed Description</b>	Not Specified

### MGH Revere Adolescent Health Initiative

**Brief Description or Objective** Health services are provided for pre-teens, teens, and young adults at the MGH Revere School Based Health Center (SBHC), located within Revere High School (RHS), the MGH Revere Health Center, the Adolescent Health Center (AHC), a confidential teen clinic, and the MGH Youth Zone (YZ), a free afterschool program for 10-17 years of age. The SBHC had over 1300 visits and the AHC over 600 visits in FY2012. At RHS, Dolores DiFillipo,M.Ed.,LSW@ MGH Revere meets with ALL 9th grade classes on prevention/education on ATOD and Lifeskills.

**Program Type** Direct Services,Health Screening,School/Health Center Partnership

**Target Population**

- **Regions Served:** Revere
- **Health Indicator:** Access to Health Care, Mental Health, Other: Child Care, Other: Family Planning, Other: Pregnancy



- **Sex:** All
- **Age Group:** Child-Preteen
- **Ethnic Group:** All
- **Language:** All

## Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

### Goal Description

To educate parents, students and school faculty on teen sexual health.

To educate parents, students and school faculty on alcohol, tobacco, and other drugs.

Increase adolescent and young adult access to confidential, free or low cost reproductive health care.

### Goal Status

The SBHC and Revere Public Schools are participating in the Healthy Relationship Taskforce organized by the Revere CARES Coalition.

RHS students participate in weekly ATOD prevention/education/Lifeskills classes with Dolores DiFillipo, M.Ed LSW @MGH Revere-Revere High School Partnership. RHS/MGH Partnership allows for Advisory meetings, Parent, School & MGH Open house participation.

The AHC is engaging in an outreach and visibility campaign to increase awareness of our services.

## Partners

### Partner Name, Description Partner Web Address

Revere Afterschool Partnership

Revere Public Schools

[www.revereps.mec.edu](http://www.revereps.mec.edu)

City of Revere

[www.revere.org](http://www.revere.org)

### Contact Information

Debra Jacobson; Kerstin Oh, MD; , [dsjacobson@partners.org](mailto:dsjacobson@partners.org); [koh@partners.org](mailto:koh@partners.org)

### Detailed Description

Not Specified

## MGH Roca Youth Health Center

### Brief Description or Objective

A fully-licensed satellite clinic operated by MGH Chelsea at Roca, a Chelsea-based youth development organization offering: health education and promotion services integrated into arts, education, and leadership programming; Family planning counseling; STD and HIV testing and treatment; and training for nurse practitioner students, medical students, and medical residents. In FY13, the clinic served 276 young people, mostly women (201). 126 of those served had insurance.

### Program Type

Direct Services,Health Screening,Mentorship/Career Training/Internship,School/Health Center Partnership

### Target Population

- **Regions Served:** Boston-East Boston, Chelsea, Lynn, Revere, Somerville
- **Health Indicator:** Access to Health Care, Other: Family Planning, Other: HIV/AIDS, Other: Sexually Transmitted Diseases, Responsible Sexual Behavior
- **Sex:** All
- **Age Group:** Adult-Young, Child-Teen
- **Ethnic Group:** All
- **Language:** All

## Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

### Goal Description

Increase education focusing on Efforts to reach young men

### Goal Status

adolescent sexual health	and women were strong, but attendance varied for both men and women's programs. The Stay N Ship program was delivered effectively by FPC Barboza and Roca RN: Nicole Andrade for young mothers.
Promote interprofessional clinical education	Continue substance abuse using CRAFFT evidence-based screening tool with motivational interviewing. Relatively high positive rate.
Promote interprofessional clinical education	This identified a crucial need to have access for referring youth to substance abuse services that are appropriate for age and backgrounds.
Develop community learning exchange with Youth Star program	Three sessions conducted with young mothers and MGH IHP SON NP students in Adolescent Health.
Develop community learning exchange with Youth Star program	Collaborated with Kathleen Miller, MGH CHA, to celebrate Circle of Red events for 2013.

## Partners

Partner Name, Description	Partner Web Address
ROCA	<a href="http://www.rocainc.org/">http://www.rocainc.org/</a>
Chelsea Public Schools	<a href="http://www.chelseaschools.com/cps/">http://www.chelseaschools.com/cps/</a>
ABCD Boston Family Planning	<a href="http://www.bostonabcd.org/boston-family-planning-program-sites.aspx">http://www.bostonabcd.org/boston-family-planning-program-sites.aspx</a>

**Contact Information** Lisa Sibert Carr, MD; Gail B Gall, APRN, BC, [lcarr1@partners.org](mailto:lcarr1@partners.org); [ggall@mghihp.edu](mailto:ggall@mghihp.edu)

**Detailed Description** Not Specified

## MGH Senior HealthWISE

**Brief Description or Objective** The program was designed in 2002 to enhance the health and well being of older adults in the neighborhoods surrounding Mass General, and provides a wide array of services. The goal of HealthWISE is to improve health management through education and support, as well as provide opportunities for socialization, exercise and connection to community resources. Programs are offered on the Mass General campus, at local community sites, and three senior residences. All services are free of charge and open to individuals age 60+. In 2013, 315 residents registered for services totaling 2,607 clinical contacts.

**Program Type** Community Education, Direct Services

**Target Population**

- **Regions Served:** Boston-Beacon Hill
- **Health Indicator:** Other: Elder Care
- **Sex:** All
- **Age Group:** Adult-Elder
- **Ethnic Group:** All
- **Language:** All

**Goals**  
**Statewide Priority:** Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Provide wellness services to West End and Beacon Hill Seniors	For 2013, 315 residents were registered for services totaling 2,607 clinical contacts.
Assessment and intervention	Total registered at the senior

with both individual and residence in the community	residences for all services in year 2013: Amy Lowell-92 individuals, Beacon House- 81 individuals, Blackstone-142 individuals.
Support older adults' capacity for self-care and independent living.	There were 2,607 clinical contacts in 2013.
Improve health management and wellness through education and support	In 2013, there were 310 events held in senior residences and in the community for older adults on health education sessions such as Hearing and Balance, Glaucoma, Oral Health, Eating Well, Home Safety and Healthy Heart.
Improve health management and wellness through education and support	For 2013, there were 977 individuals receiving benefits of the membership to community programs which includes monthly newsletters, educational events and local discounts.
Improve health management and wellness through education and support	Membership also includes access to twice monthly Chair Yoga and weekly Tai Chi classes at the Clubs at Charles River Plaza. All programs provided at no cost to attendees.
Improve health management and wellness through education and support	Additional activities: Staff is trained in Evidence Based Programs: Chronic Disease Self Management, Healthy Eating, Matter of Balance and Stay Sharp.

## Partners

Partner Name, Description	Partner Web Address
Boston Senior Homecare: ASAP	
FriendShip Works; Medical Escort, Friendly Visiting	<a href="http://www.fw4elders.org/our-programs/medical-escort/">http://www.fw4elders.org/our-programs/medical-escort/</a>
SHINE (Serving The Health Information Needs Of Elders)	<a href="http://www.mass.gov/elders/healthcare/shine/serving-the-health-information-needs-of-elders.html">http://www.mass.gov/elders/healthcare/shine/serving-the-health-information-needs-of-elders.html</a>
ABCD	<a href="http://bostonabcd.org/shine.aspx">http://bostonabcd.org/shine.aspx</a>
Amy Lowel, Beacon	<a href="http://bostonabcd.org/shine.aspx">http://bostonabcd.org/shine.aspx</a>

House &  
Blackstone  
Apartments

**Contact Information** Barbara E. Moscowitz, MSW, LICSW, Director , bmoscowitz@partners.org

**Detailed Description** Not Specified

### Police Action Counseling Team (PACT)

**Brief Description or Objective** The Police Action Counseling Team (PACT) is an police-mental health partnership which teams a mental health clinician with Chelsea Police officers to provide clinical intervention to children. Officers are trained to identify children (and sometimes other vulnerable persons) at the scenes of police calls where they are victims of or witnesses to violence or other trauma. The goal of PACT interventions is to lessen the impact of traumatic experiences on the health and mental health of these children. Swift interventions aim to facilitate children's active participation in their own well-being, promote resilience and to increase parental knowledge of the symptoms and longer term effects of trauma.

**Program Type** Direct Services,Prevention

**Target Population**

- **Regions Served:** Chelsea
- **Health Indicator:** Injury and Violence, Mental Health, Other: Domestic Violence, Other: Parenting Skills, Other: Rape, Other: Safety
- **Sex:** All
- **Age Group:** All, All Children
- **Ethnic Group:** All
- **Language:** All

### Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

#### Goal Description

Foster and increase officer engagement with children in the community and at 911 calls.

Foster and increase officer engagement with children in the community and at 911 calls.

Provide timely clinical interventions to children and their caretakers in the home, the clinic, the police station or other venue and connect children and their families to appropriate services.

Provide timely clinical interventions to children and their caretakers in the home, the clinic, the police station or other venue and connect children and their families to appropriate services.

Provide timely clinical interventions to children and their caretakers in the home, the clinic, the police station or other venue and connect children and their families to appropriate services.

Improve communication

#### Goal Status

Chelsea police officers collaborated with PACT clinicians on 45 cases in FY2013 regarding 56 children, of which 94% were exposed to violence in the community.

9% of these children were injured in the incident and all of these children received medical care.

Among these cases, 56 percent had reports of suspected abuse or neglect (51-A's) (89% filed by police); 50% of cases were directly related to domestic violence

Of the cases PACT has contact with, 61% of these contacts were face-to-face; 47% of contacts resulted in Safety Planning; 10 of these contacts resulted in re-training of police.

A total of 56 referrals were made to families: 38% of cases were referred to HAVEN services and 56% were made to mental health services.

Participation in monthly CASA

around primary care, mental health and social service providers and provide hospital staff, police and outside groups with information on violence awareness, intervention and services.

DIVERT meetings.

Improve communication around primary care, mental health and social service providers and provide hospital staff, police and outside groups with information on violence awareness, intervention and services.

Participation in ongoing DCF Domestic Violence Case Reviews.

Improve communication around primary care, mental health and social service providers and provide hospital staff, police and outside groups with information on violence awareness, intervention and services.

Participation in training of Harvard Medical Students who rotate through CHC Pediatrics Department, orienting them to PACT, bringing them to a case review meeting at the police station, and arranging for a police ride along.

Improve communication around primary care, mental health and social service providers and provide hospital staff, police and outside groups with information on violence awareness, intervention and services.

Trained three new police officers who joined the CPD in Child Development-Community Policing principals and how to access PACT services.

Improve communication around primary care, mental health and social service providers and provide hospital staff, police and outside groups with information on violence awareness, intervention and services.

Participated in training of four Chelsea High School students who completed an internship at the Chelsea PD.

Improve communication around primary care, mental health and social service providers and provide hospital staff, police and outside groups with information on violence awareness, intervention and services.

Participated in a national evaluation for the Fred Rogers Co. of the police training curriculum, "One On One: Connecting Cops and Kids," which is used in police training in Chelsea.

Improve communication around primary care, mental health and social service providers and provide hospital staff, police and outside groups with information on violence awareness, intervention and services.

Participated in a training through the Children's Trust Fund on a curriculum for training parents to keep children safe. Focus was on prevention of sexual abuse; goal being to provide this training at CHC via Pediatrics and Behavioral Health services.

Provide timely clinical interventions to children and their caretakers in the home, the clinic, the police station or other venue and connect

Among these cases, 44% had a history of domestic violence; 29% of cases had an emergency restraining order obtained.

children and their families to appropriate services.

## Partners

### Partner Name, Description Partner Web Address

Chelsea PD	<a href="http://www.chelseama.gov">http://www.chelseama.gov</a>
Police Department Newcomer Program	<a href="http://www.chelseama.gov">http://www.chelseama.gov</a>
CASA DIVERT Program	<a href="http://www.chelseama.gov">http://www.chelseama.gov</a>
Department of Children and Families (DCF)	<a href="http://www.mass.gov/dcf">http://www.mass.gov/dcf</a>

### Contact Information

Georgia Green, LICSW, MGH Chelsea; Lt. Thomas Dunn, Chelsea Police ,  
ggreen1@partners.org

### Detailed Description

Not Specified

## Prenatal Outreach Program

### Brief Description or Objective

The Prenatal Outreach Program provides support, health education and referrals to concrete services to the diverse Chelsea patient population during pregnancy and up to the first six weeks postpartum in order to ensure a healthy pregnancy and engagement in primary care for both mother and child. The Prenatal Outreach Program also encourages and engages fathers in prenatal care. In FY13, 296 patients were served.

### Program Type

Outreach to Underserved, Prevention

### Target Population

- **Regions Served:** Chelsea
- **Health Indicator:** Mental Health, Other: Pregnancy
- **Sex:** All
- **Age Group:** Adult, Child-Teen
- **Ethnic Group:** All
- **Language:** All

## Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

### Goal Description

Referrals are made to Primary Care, Mental Health, Community Health Improvement programs within the health center and/or other appropriate social service providers for all patients.

Referrals are made to Primary Care, Mental Health, Community Health Improvement programs within the health center and/or other appropriate social service providers for all patients.

Assist patients with 28-week packet as needed (includes depression screening).

Increase patient knowledge of: prenatal care, birth and delivery, breast feeding, post-partum depression, safety and contraception.

### Goal Status

Of the 296 patients served, 42% were referred to Vincent's Newborn Program (provides essential baby clothes and supplies to mothers who are unable to afford them);

5% to Primary Care; 9% to Mental Health; 13% to Visiting Mom's Program; 10% to Food for Families Program; and 2% to LINC Program.

79 patients received assistance with 28-week. All 296 were screened for depression.

94 patients received education on pre/postnatal topics like breast feeding, post-partum depression, safety, contraceptives, etc. on one or more occasions.

## Partners

Partner Name, Description	Partner Web Address
Vincent's Newborn Necessities Program	<a href="http://www.thevincentclub.org/support">http://www.thevincentclub.org/support</a>
Cradles to Crayons	<a href="http://cradlestocrayons.org/">http://cradlestocrayons.org/</a>
Harbor Area Healthy Families Program-ROCA	<a href="http://www.rocainc.org/services_programs.php">http://www.rocainc.org/services_programs.php</a>

**Contact Information** Diana Maldonado , [djmalonado@partners.org](mailto:djmalonado@partners.org)

**Detailed Description** Not Specified

### MGH Charlestown Monument Street Counseling Center

**Brief Description or Objective** MGH Charlestown HealthCare Center opened a counseling and behavioral services center in the Bunker Hill Housing Development of the Boston Housing Authority, focusing on addiction services in 2008. In FY13, there were 2,644 visits by 214 patients.

**Program Type** Direct Services

**Target Population**

- **Regions Served:** Boston-Charlestown
- **Health Indicator:** Mental Health, Other: Alcohol and Substance Abuse, Other: Drunk Driving, Other: Smoking/Tobacco, Substance Abuse, Tobacco Use
- **Sex:** All
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** English , Spanish

**Goals**  
**Statewide Priority:** Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Serve residents of Charlestown with substance abuse and mental health disorders	53% are female, 75% are white, 53% are single, 93% speak English. The majority are 24-36 years old. 73% of patients seen for substance use related disorders, 8% also have depression, 32% have chronic medical conditions including Hepatitis C.
Serve residents of Charlestown with substance abuse and mental health disorders	Individual and group visits available within 1-2 weeks of referral from a MGH Charlestown physician.
Serve residents of Charlestown with substance abuse and mental health disorders	34% of patients live within the Boston Housing Authority site, the majority of the remaining patients live in Charlestown. Current Staffing: 3 FTE LICSW, 0.5 FTE Psychiatrist.

### Partners

Partner Name, Description	Partner Web Address
BHA	
CSAC	<a href="http://www.csac-chad.org/">http://www.csac-chad.org/</a>

MGH West [http://www.massgeneral.org/psychiatry/services/west\\_end\\_home.aspx](http://www.massgeneral.org/psychiatry/services/west_end_home.aspx)  
End Clinic

MGH <http://www2.massgeneral.org/allpsych/arms/>  
Addiction  
Recovery  
Management  
Services

**Contact Information** Tracey Davey, MSW, LICSW , tdavey@partners.org

**Detailed Description** Not Specified

### Chelsea High School Student Health Center

**Brief Description or Objective** The center provides comprehensive health care to teens. The center currently has approximately 300 active participants. There were approximately 1650 visits to the center in FY2013.

**Program Type** Direct Services, Health Screening, School/Health Center Partnership

**Target Population**

- **Regions Served:** Chelsea
- **Health Indicator:** All
- **Sex:** All
- **Age Group:** Child-Teen
- **Ethnic Group:** All
- **Language:** All

**Goals**  
**Statewide Priority:** Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Provide comprehensive health care to teens, including primary care and behavioral health.	300 active participants
Collaboration with Chelsea High School regarding behavioral health services provided at the school	All services offered by MGH mental health providers: - Acupuncture sessions offered each semester through Student Health Center; After-school groups offered each semester
Collaboration with BU sports medicine team regarding new concussion policies.	Concussion policy in place regarding Return to Play and Return to Learn; Working with school administrators, guidance counselors, coaches/athletic trainer, school nursing team, and MGH Chelsea pediatricians to ensure compliance.
SHC NP included in Student Support Team formed at CHS to better help at risk tier 2 students	Team includes CHS administrators, social workers, guidance counselors, school nurse, special ed, deans, outreach worker.
Collaboration with CHS outreach worker to improve health and educational outcomes for pregnant and parenting students	Case management for all pregnant and parenting students - Monthly support group meetings for teen mothers; Attendance at Teen Parent Lobby Day 3/28/13, arranged meetings with legislators
Collaboration with CHS	Clarified maternity leave



outreach worker to improve health and educational outcomes for pregnant and parenting students	policies and procedures, child care resources, vouchers for daycare. Participation with other CBOs;
Collaboration with High School support staff to address Teen Dating Violence	Implemented Coaching Boys into Men program with varsity baseball team; Created Healthy Relationship Week with outreach activities Feb 2013; Co-led Healthy Relationship psycho-ed group with school social worker spring 2013
Promote student success through work training	Helped coordinate internships at MGH Chelsea for CHS students in the Health and Life Sciences track; Recruited and helped with hiring process of summer interns at MGH Chelsea through the Jobs4Youth program.
Collaboration with CHS outreach worker to improve health and educational outcomes for pregnant and parenting students	Sit on Young Parent Advisory Board at ROCA; 15 pregnant/parenting graduates June 2013; 100% pregnant CHS students enrolled in prenatal care

## Partners

Partner Name, Description	Partner Web Address
Chelsea High School	<a href="http://www.chelseaschools.com/cps/high-school.htm">http://www.chelseaschools.com/cps/high-school.htm</a>
MGH Chelsea	<a href="http://www2.massgeneral.org/primarycareweb/primary_chelsea.htm">http://www2.massgeneral.org/primarycareweb/primary_chelsea.htm</a>

**Contact Information** Jordan Hampton, RN, MSN, CPNP, [jhampton@partners.org](mailto:jhampton@partners.org)

**Detailed Description** Not Specified

## Legal Initiative for Children (LINC)

**Brief Description or Objective** Civil legal services for MGH Chelsea pediatric patients and their families in order to improve environmental health and socio-economic conditions. The program attorney, who is on-site one day a week, provides representation to patient families to prevent eviction, maintain utility services in the home, apply for subsidized housing, appeal denial of disability awards and, in general, facilitate access to public benefits. The ultimate goal of LINC is to improve the health and well-being of children by improving environmental and social conditions of their families. In FY13, 92 families received legal services, approximately five each week. Over the ten year life of the program, LINC assisted 507 families.

**Program Type** Direct Services, Outreach to Underserved

**Target Population**

- **Regions Served:** Chelsea
- **Health Indicator:** Environmental Quality, Other: Homelessness, Other: Safety - Home, Other: Uninsured/Underinsured
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** Spanish

**Goals**  
**Statewide Priority:** Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

**Goal Description**

Provide representation to patient families in order to prevent eviction, maintain utility services in the home, apply for subsidized housing, appeal denial of disability awards and, in general, facilitate access to public benefits.

Provide representation to patient families in order to prevent eviction, maintain utility services in the home, apply for subsidized housing, appeal denial of disability awards and, in general, facilitate access to public benefits.

Provide representation to patient families in order to prevent eviction, maintain utility services in the home, apply for subsidized housing, appeal denial of disability awards and, in general, facilitate access to public benefits.

Provide representation to patient families in order to prevent eviction, maintain utility services in the home, apply for subsidized housing, appeal denial of disability awards and, in general, facilitate access to public benefits.

Organize in-house training sessions for medical providers and collaborate with external legal partners.

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Organize in-house training sessions for medical providers and collaborate with external legal partners.

Organize in-house training

**Goal Status**

FY13, 92 families received legal services, Social Security benefits attained for 18 families, Disability benefits obtained for persons, Eviction prevented for 4 families,

FY13, 4 families were placed in shelters, Transitional Assistance obtained for 4 families. Other outcomes included: section 8 reinstated, public housing attainment, infestation control and passing of the citizenship test

FY13, 356 processes performed, meetings with client: 136, paper work filed: 92, negotiated with Housing Authority: 39

FY13, Other processes include: attended hearings, negotiated with shelters and landlords, filed appeals

March 20, 2013 LINC joined a working group at MGH on evaluation software for the Medical Legal Partnership

April 10-11, 2013 LINC presented the Chelsea MGH Medical Legal Partnership program at a two-day Summit meeting of 300 health care providers and administrators in Bethesda, Maryland

May 8, 2013 LINC made a presentation to the Pediatric residents at the Brigham and Women's Hospital on health status disparities

May 15, 2013 LINC lectured by video conference at the College of Social and Behavioral Science at the University of Texas-Pan American. Issues related to legal representation of non-English speaking clients.

May 21, 2013 LINC attended

sessions for medical providers and collaborate with external legal partners

the award ceremony and reception at the Museum of Fine Arts: Laura was included among the 100 most influential for the Massachusetts Hispanic Community.

Organize in-house training sessions for medical providers and collaborate with external legal partners.

September 11, 2013 LINC made a presentation on Social Security disability programs before the Primary Care residents at the Brigham and Women's Hospital

## Partners

### Partner Name, Description

### Partner Web Address

Lawyers' Committee for Civil Rights and Economic Justice	<a href="http://www.lawyerscommittee.org/">http://www.lawyerscommittee.org/</a>
Mass Law Reform Institute	<a href="http://www.mlri.org/">http://www.mlri.org/</a>
Volunteer Lawyers' Project	<a href="http://www.vlpnet.org">http://www.vlpnet.org</a>
Suffolk Law School Clinics	<a href="http://www.law.suffolk.edu/academic/clinical/contact.cfm">http://www.law.suffolk.edu/academic/clinical/contact.cfm</a>
International Institute of Boston	<a href="http://iine.us/">http://iine.us/</a>

### Contact Information

Laura Maslow-Armand, Esq., Lawyers' Committee for Civil Rights and Economic Justice , [laurama@lawyerscom.org](mailto:laurama@lawyerscom.org)

### Detailed Description

Not Specified

## Medical Interpreter and Community Health Worker Services

### Brief Description or Objective

Target Population Provides professional language and community health worker services to MGH Chelsea patients. Program staff facilitates communication between limited English proficient patients and providers, serve as patient advocates, and help patients navigate the healthcare system. In FY13, approximately 7,273 patients were served.

### Program Type

Direct Services, Outreach to Underserved

### Target Population

- **Regions Served:** Chelsea
- **Health Indicator:** Access to Health Care
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

### Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

### Goal Description

### Goal Status

Provides professional language and community health worker

In FY13, ~7,273 patients served (19 staff members –

services to MGH Chelsea patients	23 different languages)
Meet the needs of existing and new patients at MGH Chelsea by bridging the language gap	The Medical Interpreting/CHW Team reported: a. 19,797 Medical Interpreting encounters (21% increase from FY12); b. 11,523 Community Health Work encounters; c. 925 On-call encounters coordinated
Work closely with MGH and other community programs to help organize educational workshops for LEP patients	Multiple educational workshops were held for specific patient groups in association with the Immigrant and Refugee Program, the Food for Families Program, the Chelsea Police Department, and Chelsea Schools.

## Partners

Partner Name, Description	Partner Web Address
Jewish Vocational Services	
Centro Latino de Chelsea	<a href="http://www.centrolatino.org/">http://www.centrolatino.org/</a>
CAPIC	<a href="http://www.capicinc.org/">http://www.capicinc.org/</a>
Chelsea, Winthrop, Revere Elder Services	<a href="http://www.crwelderservices.org/default.asp">http://www.crwelderservices.org/default.asp</a>
Deaf, Inc	<a href="http://www.deafinonline.org/">http://www.deafinonline.org/</a>
INCA Relief	<a href="http://icnarelief.org/site2/">http://icnarelief.org/site2/</a>
Bosnian Community for Resource Development (Lynn)	<a href="http://www.bccrd.org/">http://www.bccrd.org/</a>
ROCA	<a href="http://www.rocainc.org/">http://www.rocainc.org/</a>
Jewish Vocational Services	<a href="http://www.jvs-boston.org/">http://www.jvs-boston.org/</a>

**Contact Information** Anna Spiro, Manager, [aspiro@partners.org](mailto:aspiro@partners.org)

**Detailed Description** Not Specified

## MGH CHA: Access to Resources for Community Health (ARCH)

<b>Brief Description or Objective</b>	Access to Resources for Community Health (ARCH) increases access to high-quality health information and resources among clinicians, patients, and community-based agencies.
<b>Program Type</b>	Community Education, Outreach to Underserved
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Boston-Back Bay, Boston-Charlestown, Boston-North End, Chelsea, Everett, Revere</li> <li>• <b>Health Indicator:</b> All</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> All</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul>

**Goals**  
**Statewide Priority:** Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Improve access to high-quality health education and promotion materials online and offline	Received another award from the National Library of Medicine/New England Region (NLM/NER) for a new ARCH Outreach Project to serve John F. Kennedy Family Service Center in Charlestown.
Improve access to high-quality health education and promotion materials online and offline	The funding enabled the JFK Center to purchase 9 computers and 3 iPads to strengthen onsite health education efforts.
Improve access to high-quality health education and promotion materials online and offline	Between Jan 2013 and Oct 2013, the ARCH website at <a href="http://www.arch-mgh.org">www.arch-mgh.org</a> had more than 280,000 page views.
Improve access to high-quality health education and promotion materials online and offline	As of this report time (Dec 2013), self-directed hands-on ARCH training for JFK staff is on – more than 30 teachers are taking the training being offered online.
Improve access to high-quality health education and promotion materials online and offline	MGH Community Health Associates (ARCH lead agency) and MGH Treadwell Library are preparing another grant proposal to expand the ARCH website to NLM/NER.
Provide education to empower patients to become active partners in their own health care	Program continues to provide hands-on ARCH training for seniors at Revere Elderly Affairs and Chelsea Senior Center.

## Partners

Partner Name, Description	Partner Web Address
Chelsea Senior Center	<a href="http://www.ci.chelsea.ma.us/Public_Documents/ChelseaMA_Elder/index">http://www.ci.chelsea.ma.us/Public_Documents/ChelseaMA_Elder/index</a>
Revere Elderly Affairs	<a href="http://www.revere.org/departments/elder-affairs">http://www.revere.org/departments/elder-affairs</a>
Jack Satter House	<a href="http://www.hebrewseniorlife.org/jack-satter-house">http://www.hebrewseniorlife.org/jack-satter-house</a>
CAPIC Head Start	<a href="http://www.capicinc.org/">http://www.capicinc.org/</a>
JFK Family Service Ctr	<a href="http://bostonabcd.org/john-f-kennedy-fsc.aspx">http://bostonabcd.org/john-f-kennedy-fsc.aspx</a>

**Contact Information** Ming Sun, MPH, CHES, [msun@partners.org](mailto:msun@partners.org)

**Detailed Description** Not Specified

## MGH CHA: Family Planning Program

<b>Brief Description or Objective</b>	MGH Community Health Associates' (CHA) works collaboratively with the MGH Health Centers to provide high quality, innovative health care programs. We are committed to delivering comprehensive, evidence-based preventive health services to low income, uninsured and underserved populations who live and work in the Charlestown, Chelsea, Everett, and Revere
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communities.

**Program Type**

Direct Services, Health Screening, Prevention, School/Health Center Partnership

**Target Population**

- **Regions Served:** Boston-Charlestown, Chelsea, Everett, Revere
- **Health Indicator:** Other: Family Planning, Other: Pregnancy, Other: Sexually Transmitted Diseases, Responsible Sexual Behavior
- **Sex:** All
- **Age Group:** Child-Preteen, Child-Teen
- **Ethnic Group:** All
- **Language:** All

**Goals****Statewide Priority:** Promoting Wellness of Vulnerable Populations**Goal Description****Goal Status**

Family Planning services include confidential counseling and education; testing, diagnosis, treatment of STDs; and access to free contraceptives.

In CY2013, more than 2,300 visits (from 1,262 unduplicated patients) were made across MGH Charlestown, MGH Chelsea Roca Adolescent Clinic,

Family Planning services include confidential counseling and education; testing, diagnosis, treatment of STDs; and access to free contraceptives.

MGH Chelsea School Based Health, MGH Revere Pediatric Unit, MGH Revere School Based Health Center, and MGH Revere Adolescent Health Center combined.

Program expansion

MGH Chelsea Pediatrics became a new and the 7th delivery site of the program this year. The FP Clinic onsite opens 1 afternoon per week. ABCD increased Title X fund to make it possible for the Family Planning Counselor to work at this new site.

**Partners****Partner****Name, Description****Partner Web Address**

Boston ABCD <http://www.bostonabcd.org>

CHA <http://www.massgeneral.org/cha/programs/familyplanning.aspx>

MGH Chelsea <http://www.massgeneral.org/chelsea/>

MGH Charlestown <http://www.massgeneral.org/charlestown/>

Roca <http://www.rocainc.org>

Chelsea High School <http://www.chelseaschools.com/cps/high-school.htm>

Revere High School <http://www.revereps.mec.edu/reverehighschool/>

Roca <http://www.rocainc.org>

**Contact Information**Ming Sun, MPH, CHES, [msun@partners.org](mailto:msun@partners.org)**Detailed Description**

Not Specified

**MGH CHA: Healthy Steps for Young Children****Brief Description or**

Healthy Steps for Young Children provides timely well child visits/ immunizations and increased

<b>Objective</b>	parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families. Healthy Steps has 662 families enrolled.
<b>Program Type</b>	Community Education, Direct Services, Health Screening, Prevention
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Revere</li> <li>• <b>Health Indicator:</b> Access to Health Care, Other: Child Care</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> All Adults, Child-Infant</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> English , Other , Portuguese , Spanish</li> </ul>

## Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

### Goal Description

The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families.

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The goals of the Healthy Steps for young children program include timely well child

### Goal Status

In FY2013, Healthy Steps had 639 families enrolled. 158 new referrals were made.

Healthy Steps specialists conducted 1604 office visits. The specialists conducted 70 early intervention visits.

The MGH Revere Health Center was awarded a grant from the Massachusetts Department of Public Health- Family Home Visiting Program

The grant will be used to expand the current Healthy Steps Program in order to reach those families at highest risk within the communities served.

A Healthy Steps social worker was hired in July 2012 to begin providing services to

visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families.

those families most at risk for maternal depression, behavioral health issues, substance use, domestic violence, and family stress.

The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families.

A second social worker is also providing services. A family advocate assists the families in accessing resources and coordinates the Raising a Reader program with interested families.

The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families.

The Healthy Steps Home Visiting Program has 31 families enrolled. The social workers have conducted 123 home visits, and they have participated in 197 pediatric well child visits and 34 prenatal OB visits with expectant mothers.

The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families.

The family advocate conducted 29 home visits to further support these families with information on resources, play activities, etc.

The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families.

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The family advocate conducted 29 home visits to further support these families with information on resources, play activities, etc.



The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families.

The Healthy Steps specialist collaborated with Sue Ellen Oblom from the Revere Council for Families and Children to host some literacy groups for preschoolers.

The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families.

The Community Breastfeeding Support Program provided training, support and encouragement to women served by the program from March- August 2013.

The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families.

The program components included: 2) Breastfeeding Training was provided to 75% of Pediatric and Family Medicine staff and OB support staff.

The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families.

The program components included: 3) Phone Support: Parents of babies 5-10 days old who were breastfeeding received 1-2 phone calls to follow up on breastfeeding. They were offered additional appointments with trained Lactation Support staff as needed

The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families.

4) A Breastfeeding Resource packet was created to give to staff and patients.

The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the

Through DPH's Mass Home Visiting grant, MGH Revere started a Parents as Teachers program. A parent educator was hired to conduct home visits with eligible families in this evidenced-based program, and staff attended the

program seeks to improve access to care for all patients and their families. trainings

The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families. During FY2013, 11 families were referred to the program and 6 families accepted the program. Three families were enrolled during FY2013, and 5 home visits were conducted.

The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families. The program components include: 1) A Prenatal Breastfeeding Group, which was offered once every 2 months to all pregnant mothers in the practice. Mothers and their primary support network (fathers, extended family, etc.) participated in a group discussion

## Partners

### Partner Name, Description

### Partner Web Address

Family Support EIP

Revere Council for Families & Children

CAPIC Head Start <http://www.capicinc.org/>

Cradles to Crayons <http://cradlestocrayons.org/>

HAVEN <http://www.mghpcs.org/socialservice/programs/haven/>

Food For Families <http://www.massgeneral.org/cchi/services/treatmentprograms.aspx?id=1502>

Harbor Area EIP <http://www.talkreadplay.org/?q=content/harbor-area-early-intervention-program>

Raising a Reader <http://raisingareaderma.org/>

### Contact Information

Harwood Egan, MD , [hsegan@partners.org](mailto:hsegan@partners.org)

### Detailed Description

Not Specified

## MGH CHA: Hepatitis C Program

### Brief Description or Objective

The program works to improve clinical care and increase the understanding of HCV through provider and patient education, and community outreach activities. In FY2013, 250 patients received evaluation, treatment, and/or outreach services.

### Program Type

Direct Services

### Target Population

- **Regions Served:** Boston-Charlestown, Chelsea, Revere
- **Health Indicator:** Other: Hepatitis
- **Sex:** All

- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All

**Goals**

**Statewide Priority:** Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations

**Goal Description**

Provide outreach to Hepatitis C patients residing in Charlestown, Chelsea, and Revere.

**Goal Status**

In FY2013 250 patients received community based outreach services.

Provision of improved clinical care and access to care to Hepatitis C patients

In FY2013 140 patients were referred, evaluated and/or treated at MGH health centers.

**Partners****Partner****Name, Description****Partner Web Address**

MGH Gastrointestinal Unit	<a href="http://www.massgeneral.org/gastroenterology">http://www.massgeneral.org/gastroenterology</a>
MA State Laboratory	<a href="http://www.mass.gov/dph/bls">http://www.mass.gov/dph/bls</a>
Charlestown Substance Abuse Coalition	<a href="http://www.csac-chad.org">http://www.csac-chad.org</a>

**Contact Information**

Ann-Marie K. Duffy-Keane, MPH , [aduffy@partners.org](mailto:aduffy@partners.org)

**Detailed Description**

Not Specified

**MGH CHA: "Pack It In": Tobacco Treatment and Referral Program****Brief Description or Objective**

Tobacco treatment, outreach and referral services to residents in the communities served by the MGH Community Health Centers. In CY2013, 55 individuals were referred for treatment services and 25 patients participated in smoking cessation individual or group interventions.

**Program Type**

Direct Services,Prevention,Support Group

**Target Population**

- **Regions Served:** Boston-Charlestown, Chelsea, Everett, Revere
- **Health Indicator:** Access to Health Care, Other: Smoking/Tobacco, Tobacco Use
- **Sex:** All
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All

**Goals**

**Statewide Priority:** Chronic Disease Management in Disadvantage Populations

**Goal Description**

Building on existing MGH Health Center services, Pack-It-In enhances provider and staff's ability to help patients who smoke to quit.

**Goal Status**

Fifty-five patients were referred for smoking cessation services and received one follow-up phone contact/coaching and mailed literature

Building on existing MGH Health Center services, Pack-It-In enhances provider and staff's ability to help patients who smoke to quit.

Ten of these 55 patients participated in a 6-session educational support group program that was offered at various times over the course of the year.

Building on existing MGH

Fifteen additional patients

Health Center services, Pack-It-In enhances provider and staff's ability to help patients who smoke to quit.

received cessation counseling in the context of exploring wellness services offered by the MGH Benson-Henry Institute Wellness Center located in Revere.

Building on existing MGH Health Center services, Pack-It-In enhances provider and staff's ability to help patients who smoke to quit.

Group drop-in sessions provided support and counseling for patients who were thinking about quitting and for those who quit and need continued support.

## Partners

### Partner Name, Description Partner Web Address

Not Specified

### Contact Information

JT Gorenstein, JTgorenstein@partners.org

### Detailed Description

Not Specified

## MGH Youth Programs Alumni

### Brief Description or Objective

The Alumni Summer Program provides alumni/graduates of the MGH Youth Scholars (high school) program with full-time paid summer internships at Massachusetts General Hospital. Students also participate in weekly professional and educational workshops as part of their continued learning and professional development. Participants must be pursuing undergraduate or graduate degrees and in good academic standing to participate in the program.

### Program Type

Mentorship/Career Training/Internship,School/Health Center Partnership

### Target Population

- **Regions Served:** Boston
- **Health Indicator:** Other: Education/Learning Issues
- **Sex:** All
- **Age Group:** Adult-Young
- **Ethnic Group:** All
- **Language:** English , Haitian Creole , Other , Spanish

## Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations, Reducing Health Disparity, Supporting Healthcare Reform

### Goal Description

Provides students who are pursuing undergraduate or graduate degrees with full-time internships that will help to increase their knowledge about their fields of study.

Students stay connected with the MGH Youth Programs' team, allowing us to continue to connect them to resources while they are in college

Students have opportunities to cultivate relationship with leadership at the hospital and various science and health care professionals.

Students strengthen skills, such as communication, problem-solving, time management and networking, which will be essential to them in college and beyond.

### Goal Status

In 2013, 20 Alumni students were hired and mentored by 22 MGH supervisors. Five of the students returned from the previous summer.

80% of the students were placed in internships that directly connected to their fields of study in college.

The following outcomes were reported from the 20 Alumni students surveyed at the end of the program:

Alumni were highly satisfied with the internship placements.

Students strengthen skills, such as communication, problem-solving, time management and networking, which will be essential to them in college and beyond.

Alumni felt better prepared for the workforce

Students strengthen skills, such as communication, problem-solving, time management and networking, which will be essential to them in college and beyond.

Alumni felt that they would get references from their respective supervisors and/other department.

Students strengthen skills, such as communication, problem-solving, time management and networking, which will be essential to them in college and beyond.

61% felt they had gained proficiency in developing research skills – problem solving, data analysis and drawing conclusions

Students are further motivated to stay in and graduate from college.

The networking workshop and guest speaker luncheons provided valuable information and access to leadership within MGH. The following quotes taken from the post satisfaction surveys underscore this further:

Students are further motivated to stay in and graduate from college.

“Working side by side with doctors’ everyday and treating patients has made me want to pursue a career in nursing even more”.

Students are further motivated to stay in and graduate from college.

“By networking with the right individuals I discovered a career path that is a great fit for my interests and field of study”.

Students are further motivated to stay in and graduate from college.

“I learned a lot about different lab procedures that I will actually be using this fall in the lab at my school”.

Students have opportunities to cultivate relationship with leadership at the hospital and various science and health care professionals.

Outcome 1: 100% reported they had a clearer vision of what they want to do as it relates to their fields of study (56% of respondents strongly agreed!)

Students have opportunities to cultivate relationship with leadership at the hospital and various science and health care professionals.

Outcome 2: 100% felt they were more effective networkers

Students have opportunities to cultivate relationship with leadership at the hospital and various science and health care professionals.

Outcome 3: 89% felt they had developed lasting connections to MGH professionals

Students have opportunities to cultivate relationship with leadership at the hospital and various science and health care professionals.

Outcome 4: 90% felt they were supported by their respective mentors

## Partners

### Partner Name, Description

The Posse Foundation

### Partner Web Address

<http://www.possefoundation.org/>

### Contact Information

Tracy Stanley, Sr. Manager for Youth Programs, 617-724-6424, stanley2@partners.org

### Detailed Description

Not Specified

## MGH Bicentennial Scholars

### Brief Description or Objective

In 2011 Massachusetts General Hospital celebrated its bicentennial anniversary. MGH offered a "gift" to the community as one of many important activities that marked this milestone. Because there is a direct correlation between educational attainment and health status, MGH developed the MGH Bicentennial Scholars Program, an initiative to support college completion for young people in the MGH high school program. This program offers support, including tutoring, mentoring and access to array of services, as well as up to \$5,000 per year in college.

### Program Type

Mentorship/Career Training/Internship,School/Health Center Partnership

### Target Population

- **Regions Served:** Boston, Chelsea, Revere
- **Health Indicator:** Other: Education/Learning Issues
- **Sex:** All
- **Age Group:** Child-Teen
- **Ethnic Group:** All
- **Language:** English , Haitian Creole , Other , Spanish

## Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations, Reducing Health Disparity, Supporting Healthcare Reform

### Goal Description

Increase youth's exposure to STEM subjects and careers

### Goal Status

65% of the Bicentennial Scholars (college students, class of 2016) participated in paid internships opportunities at MGH during the academic year or during the summer

Increase number of youth who see themselves as successful college students

Bicentennial Scholars graduation and matriculation status: 96% successfully graduated from high school (25/26); 88% matriculated on to post-secondary education (23/26); 100% of the Scholars completed the common application for undergraduates

Increase number of youth who see themselves as successful college students

100% of the Scholars applied to a minimum of 3 colleges and universities; 92% of the Scholars participated in the Accelerated College Experiences (ACE), first year college experience immersion weeklong session.

Increase knowledge about the college financial aid process

96% completed the Free Application for Federal Student Aid (FAFSA)

Mentorship

100% of the Bicentennial Scholars were provided with MGH mentors who supported and assisted them with their transition from high school student to college freshman.

Mentors will continue to support the Scholars via email once they matriculate.

## Partners

Partner Name, Description	Partner Web Address
East Boston High School	<a href="http://ebhsjets.com/">http://ebhsjets.com/</a>
Edward M. Kennedy Academy for Health Careers	<a href="http://www.kennedyacademy.org/">http://www.kennedyacademy.org/</a>
Tutors for All	<a href="http://www.tutorsforall.org/">http://www.tutorsforall.org/</a>
Health Resources in Action	<a href="http://hria.org">http://hria.org</a>
Accelerated College Experiences	<a href="http://acceleratedcollegeexperiences.org">http://acceleratedcollegeexperiences.org</a>

**Contact Information** Rebecca Garcia, Bicentennial Manager, [rgarcia@partners.org](mailto:rgarcia@partners.org)

**Detailed Description** Not Specified

## MGH Summer Jobs Program

**Brief Description or Objective** As one of the city's largest healthcare employer, MGH recognizes its responsibility to provide meaningful summer employment opportunities to youth in Boston, Chelsea and Revere. Since 1991, MGH has employed students from East Boston High School, Timilty Middle School, Edward M. Kennedy Academy for Health Careers and Science Club for Girls. The MGH departments and health centers that employ Summer Jobs students range from Anesthesia, Molecular Biology, Inpatient Patient Care Services, Pharmacy, various Outpatient Clinics, the Charlestown, Chelsea and Revere HealthCare Centers and the Pediatrics Immunology Lab as some of the job sites students were placed in. During their six week employment, students also participated in bi-weekly professional and educational workshops as part of their continued learning and professional development.

**Program Type** Mentorship/Career Training/Internship,School/Health Center Partnership

**Target Population**

- **Regions Served:** Boston, Chelsea, Revere
- **Health Indicator:** Other: Education/Learning Issues, Other: Nutrition, Overweight and Obesity, Physical Activity
- **Sex:** All
- **Age Group:** Child-Teen
- **Ethnic Group:** All
- **Language:** English , Haitian Creole , Other , Spanish

## Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Provide students with a meaningful learning experience during the summer months.	165 high school age youth served (includes Youth Scholars & non-core); 101 MGH volunteer supervisors mentored students.
Students to develop and/or strengthen essential skills in the work place such as – punctuality, working in a team environment, accepting feedback, and asking for help.	The students were required to attend orientation meetings prior to the start of the program that incorporated best practices in the workplace.
Students to develop and/or strengthen essential skills in the work place such as – punctuality, working in a team	The 2-day progressive workshops mentioned above also incorporated professional development strategies around

environment, accepting feedback, and asking for help. Provide students with additional opportunities to learn skills for life and in the workplace.	communication, listening and asking for help. 16 rising 9th graders, who graduated from the Timilty Middle School in 2013 and placed in summer jobs at MGH, also participated in a summer fitness club two times a week at the end of the students' work day.
Provide students with additional opportunities to learn skills for life and in the workplace.	Students met twice a week at the end of the day with a certified health and fitness coach who had them create personal health goals and led them in interactive dance and yoga activities.
Provide students with additional opportunities to learn skills for life and in the workplace.	MGH supervisors/mentors were also coached/trained on strategies for making the workplace a positive learning environment for their assigned students.
Students to develop and/or strengthen essential skills in the work place such as – punctuality, working in a team environment, accepting feedback, and asking for help. Students to develop and/or strengthen essential skills in the work place such as – punctuality, working in a team environment, accepting feedback, and asking for help.	All of the students attended the 5th workshop - a career panel of several MGH professionals from various departments. The panelists shared their roles within the hospital, the skills required to be successful and their educational backgrounds/requirements
Students to develop and/or strengthen essential skills in the work place such as – punctuality, working in a team environment, accepting feedback, and asking for help.	In 2013, 5 workshops were tailored to two student cohorts (9-10th and 11-12th graders) each cohort participated in 2-day progressive workshops focused on health and wellness and taught students strategies for cultivating healthy, supportive relationships
Students develop and/or strengthen essential skills in the workplace such as-- punctuality, working in a team environment, accepting feedback, and asking for help.	The panelists shared their roles within the hospital, the skills required to be successful and their educational backgrounds/requirements

## Partners

### Partner Name, Description

### Partner Web Address

East Boston High School	<a href="http://ebhsjets.com/">http://ebhsjets.com/</a>
Edward M. Kennedy Academy for Health	<a href="http://www.kennedyacademy.org/">http://www.kennedyacademy.org/</a>



Careers

MGH Chelsea <http://www.massgeneral.org/chelsea/>  
Health Center

MGH Revere <http://www.massgeneral.org/revere/>  
Health Center

MGH <http://www.massgeneral.org/charlestown/>  
Charlestown  
Health Center

Health <http://www.hria.org/>

Resources in  
Action  
(Developed  
and  
facilitated  
Summer  
Workshops)

Leslie <http://www.lesliesalmonjones.com/index.html>  
Salmon-Jones  
Summer Fit  
Club Health

MGH <http://www.massgeneral.org/charlestown/>  
Charlestown  
Health Center

Boston <http://www.bostonpic.org/>  
Private  
Industry  
Council

Partners <http://www2.massgeneral.org/jobs/bulfinch.htm>  
Bulfinch  
Temps (HR)

Timilty Middle <http://www.timiltymiddle.school.org/>  
School

Tutors For All <http://www.tutorsforall.org/>

Big Sister <http://www.bigsister.org/>  
Association of  
Greater  
Boston

Academy of <http://www.pacrim.org/>  
the Pacific  
Rim Charter  
School

Revere High <http://www.revere.mec.edu/reverehighschool/>  
School

Charlestown <http://www.csac02129.org/>  
Substance  
Abuse  
Coalition

**Contact Information**

Tracy Stanley, Sr. Manager for Youth Programs, stanley2@partners.org

**Detailed Description**

Not Specified

**Revere on the Move (formerly the Food and Fitness Task Force)**

**Brief Description or Objective**

Revere on the Move (formerly the Food and Fitness Initiative) promotes healthy eating and active living in the community of Revere through policy and environmental changes targeting youth and their families.

**Program Type**

Community Education, Healthy Communities Partnership, Prevention

**Target Population**

- **Regions Served:** Revere
- **Health Indicator:** Other: Nutrition, Other: Public Safety, Overweight and Obesity, Physical

## Activity

- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

**Goals**

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

**Goal Description**

Make healthy foods accessible, available, and affordable in communities, including provision of farmers markets and small store initiatives.

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Make healthy foods accessible, available, and affordable in communities, including provision of farmers markets and small store initiatives.

Make healthy foods accessible, available, and affordable in communities, including provision of farmers markets and small store initiatives.

Work with municipalities to change community design standards to make streets & open spaces safe for all users, including pedestrians, bicyclists and users of public transit

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Work with municipalities to change community design standards to make streets & open spaces safe for all users,

**Goal Status**

Approximately 70% of Farmers Market sales went to WIC coupon carriers

This past summer was the second season of the community garden. The development of the community garden leadership group has been a success. Plot owners and the leadership group function almost independently from staff.

5 restaurants have signed up for the healthy dining initiative and plan to follow standardized criteria from the Ma Department of Public Health in order to offer health options to the public.

4 Corner Stores have been recruited as part of a Healthy Market initiative. These corner stores will implement standardized criteria to improve access and availability of healthy foods.

Two urban trails have been created in total, The second urban trail was inaugurated this year. Two more are being planned and requested by interested neighborhood groups in the City.

Residents are seen walking the trails for exercise and pleasure

A total of 16 parks have been worked on, updated, beautified and cleaned, 3 this past summer. Anecdotal evidence suggests young people have developed pride and ownership of the spaces they have worked on.

The Department of Public Works has been very responsive and helpful collaborating with the

including pedestrians, bicyclists and users of public transit transportation of materials and the planning of improvements

Work with municipalities to change community design standards to make streets & open spaces safe for all users, including pedestrians, bicyclists and users of public transit This program set the stage for one of the parks to get substantial funding through Kaboom and a complete make-over.

Work with municipalities to change community design standards to make streets & open spaces safe for all users, including pedestrians, bicyclists and users of public transit The first bike lane was striped in Revere along Revere Street, connecting the City's main street, Broadway, to Revere Beach.

Work with municipalities to change community design standards to make streets & open spaces safe for all users, including pedestrians, bicyclists and users of public transit The City's Department of Development is taking into account plans to incorporate the next bike lane into the capital improvement plans for 2014, as suggested by the Metropolitan Area Planning Department.

Provide evidence based curricula in schools, community, sports, and youth organizations 5 of 6 elementary schools have a weekly walk to school program

Provide evidence based curricula in schools, community, sports, and youth organizations Revere on the Move is the co-chair of the wellness committee; lead the creation on wellness challenges in all schools, lead the implementation of the Healthy Schools assessment, facilitated a mini grant program within the schools.

Facilitate communication between community members, providers, patients, CCHI staff and other professionals. Build collaboration with outside agencies. Engage youth in HEAL activities in schools and in the community 2 successful city-wide fitness challenges have been held in the City with over 200 people participating each year

Facilitate communication between community members, providers, patients, CCHI staff and other professionals. Build collaboration with outside agencies. Engage youth in HEAL activities in schools and in the community We've successfully partnered and implemented one organized neighborhood group in the City.

Facilitate communication between community members, providers, patients, CCHI staff and other professionals. Build collaboration with outside agencies. Engage youth in HEAL activities in schools and in the community Revere on the Move is able to offer a small amount of funding to community organizations for projects and policy, system, and environmental changes focusing on healthy eating and active living. This year, they had 3 rounds of mini grants in the community

Work with municipalities to The Dept. of Public Works has

change community design standards to make streets & open spaces safe for all users, including pedestrians, bicyclists and users of public transit.

Work with municipalities to change community design standards to make streets & open spaces safe for all users, including pedestrians, bicyclists and users of public transit.

adopted these trails and considers them a priority during the development of their annual capital improvement plan, an important systems change.

Schools have adopted the trails as safe routes to school and developed walk to school programs.

## Partners

### Partner Name, Description

### Partner Web Address

MGH Revere Healthcare Center

City of Revere <http://www.revere.org/>

Revere Public Schools <http://www.revereps.mec.edu/>

Revere School Committee <http://www.revereps.mec.edu/>

Revere Police Department <http://www.reverepolice.org/>

Revere Parks & Recreation Department <http://www.revererec.com/info/default.aspx>

Revere After School Partnership

Revere Beach Partnership <http://www.savetheharbor.org/index.php/en/program-areas/reconnect/the-revere-beach-partnership>

Revere Beautification Committee <http://reverebeautification.com/>

MGH Revere Healthcare Center MGH Revere Healthcare Center

### Contact Information

Sylvia Chiang, Manager, [srchiang@partners.org](mailto:srchiang@partners.org)

### Detailed Description

Not Specified

## VIAP (Violence Intervention Advocacy Program)

### Brief Description or Objective

The program provides direct services to victims of community violence (stab wounds, gunshot wounds, and assaults), most of whom have come through the MGH Emergency Department. The mission of the program is to assist victims of violence to recover from physical and emotional trauma and empower them with skills, services and opportunities, so they can return to their communities, make positive changes in their lives, strengthen others who have been affected by violence, and contribute to building safer and healthier communities.

### Program Type

Direct Services, Mentorship/Career Training/Internship, Prevention

### Target Population

- **Regions Served:** Boston, Cambridge, Chelsea, Lynn, Revere, Somerville
- **Health Indicator:** Injury and Violence, Mental Health, Other: Public Safety, Substance Abuse

- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

## Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

### Goal Description

### Goal Status

Connect and meet with victims of community violence while they are in the hospital.

123 patients seen while they were in the hospital.

Provide direct services and referrals to resources to victims of community violence (support and/or referrals for mental health, housing, employment, education, substance abuse, financial, and legal).

324 contacts provided in total. (While patients were in the hospital and post discharge from hospital, to include working with patients in the community).

Provide a learning experience for students and professionals through observership placement within program.

MD/MPH student observed weekly for one semester; learning about program in order to create new program in Detroit, Michigan.

Provide a learning experience for students and professionals through observership placement within program.

Hosted both high school and college students to shadow a through CCHI's Youth Scholar Program.

Increase awareness and knowledge about the Violence Intervention Advocacy Program and best practices of hospital based violence intervention programs.

Started the Boston Hospital Community Violence Collaborative. MGH, BMC, BI, BWH all meeting and working together for information sharing to further develop and enhance programs.

Increase awareness and knowledge about the Violence Intervention Advocacy Program and best practices of hospital based violence intervention programs.

Participated in the National Network of Hospital Based Violence Intervention Programs Conference (in Philadelphia).

## Partners

### Partner Name, Description

### Partner Web Address

BNI-ART Institute at Boston University School of Public Health

<http://www.bu.edu/bniart/>

Inner City Weightlifting SMART Team: Supporting Multi-need-families with Advocacy, Resources and Tenacity

<http://www.innercityweightlifting.org/>  
phone: (617) 686-7720 Jeff Butts

Massachusetts Violence Intervention Advocacy Program (Boston Medical Center and Baystate Hospital)

<http://nnhvip.org/network-membership/massachusetts-violence-intervention-advocacy-program>

National Network of Hospital Based Violence

<http://nnhvip.org/>

Intervention Programs  
(NNHVIP)

<b>Contact Information</b>	Amanda Breen, Violence Intervention Advocate at MGH 617-643-4303 , abreen@partners.org
<b>Detailed Description</b>	Not Specified

**Chelsea Violence Prevention/Intervention Programs**

<b>Brief Description or Objective</b>	Funding for the Chelsea Police Department to prevent and intervene around violence for "newcomers" to the community, particularly newly arriving immigrants and refugees.
<b>Program Type</b>	Community Education, Grant/Donation/Foundation/Scholarship, Prevention
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Chelsea</li> <li>• <b>Health Indicator:</b> Injury and Violence, Other: Domestic Violence, Other: Public Safety, Other: Safety</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> Adult</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul>

**Goals****Statewide Priority:** Promoting Wellness of Vulnerable Populations

<b>Goal Description</b>	<b>Goal Status</b>
Provide outreach and supportive services on behalf of the CPD to newcomers and already existing immigrant and refugee communities. Connect with these populations via community networking and collaboration.	Continued long term relationship building both with these organizations and with community leaders has been central to the success of the program. Via collaboration have served 850 community members. Collaborated on ten community partnership events.
Ensure that fear, misunderstanding, language and trauma are not barriers to accessing public safety and police services.	Created and maintained avenues for newcomers to access police services without the intense experience of one-on-one interactions with officers. Continue to meet newcomers in locations that are not the station if they are uncomfortable there.
Ensure that fear, misunderstanding, language and trauma are not barriers to accessing public safety and police services.	Continue to stress that advocate will never carry a gun or wear a uniform. Provide services for newcomers with respect to their trauma.
Adjust function of program to changing demographics of the community.	Chelsea has sustained a large immigrant and refugee population but has seen fewer arrivals in the last year.
Adjust function of program to changing demographics of the community.	As a result much of the work of the program has focused on maintaining current relationships so that folks in the community continue to feel confident and comfortable in their relationships with local law enforcement.
Adjust function of program to changing demographics of the community.	Served 9 separate incidences of case management in addition to Q&A style

Provide public safety related information and resources to newcomer families.	information during ESL presentations. Organized Fire Safety Workshop for Bhutanese community, regularly distributed informational brochures with phone numbers and explanations of the function of 911 at various workshops.
Ensure that fear, misunderstanding, language and trauma are not barriers to accessing public safety and police services.	Have helped to dissolve these experiences through presence at citizenship classes, hunger network collaborations and informational tables at eight different community events.
Provide outreach and supportive services on behalf of the CPD to newcomers and already existing immigrant and refugee communities. Connect with these populations via community networking and collaboration.	Ongoing partnerships with major community organizations (MGH, The Chelsea Collaborative, The Neighborhood Developers, Centro Latino) produce referrals and allow the Newcomer Program to connect with individuals who may otherwise not access police services
Establish greater trust and understanding between the CPD and newcomer community.	Organized and led ongoing cultural awareness workshops and bulletins for both the police department and other community bodies to help foster awareness and understanding between different groups. Twelve separate trainings were conducted.
Ensure that fear, misunderstanding, language and trauma are not barriers to accessing public safety and police services.	Presence at citizenship classes, hunger network collaborations and informational tables at eight different community events.
Ensure that fear, misunderstanding, language and trauma are not barriers to accessing public safety and police services.	Adjust to the needs and empowerment of the community. Served as communication liaison with police department about neighborhood noise and safety.

## Partners

### Partner Name, Description Partner Web Address

Not Specified

### Contact Information

Claire Contreras,

### Detailed Description

Not Specified

## Healthy Beginnings

### Brief Description or Objective

The Healthy Beginnings program at MGH Chelsea evolved in 2013 to include two more areas in addition to Healthy Families America (HFA) and Healthy Steps for Young Children (Healthy Steps): a Prenatal Outreach and a Fatherhood Coordinator were added to round out the

program for our MGH pediatric patients and their families. The goals remain the same: build secure parent-child attachment, enrich child development, foster empathetic parents, support families to reduce their stress and build protective buffers for their children. The two new programs reinforce these objectives. For example, the many reactions parents have to a new pregnancy create an opportunity to explore feelings and reduce stress related to it. By preparing for the new baby early on, and supporting involved and nurturing fathers in addition to the mothers, children in the future will more likely avoid drug use and criminal activity, do well in school, exhibit empathy for others, and report a positive sense of identity. The original two programs that continue to be implemented are Healthy Families America and Healthy Steps for Young Children. Healthy Families America is a nationally- recognized, evidence-based home visiting program model designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment. The pediatric model of Healthy Steps for Young Children (Healthy Steps) is a national initiative that facilitates a close relationship between health care professionals and parents in addressing the physical, emotional, and intellectual development of children from birth to age three. Healthy Families America at MGH Chelsea is a home visitor service provided to first-time parents including those newly arrived in this country. The program runs from pregnancy through the child's third birthday. Bi-cultural home visitors go to the homes of high-risk pregnant women and new mothers and provide emotional and concrete support for the participants and families who are adjusting to a new culture and health care system. We aim to empower mothers in a culturally appropriate manner to help them find effective solutions and reduce parental stress. Healthy Steps at MGH Chelsea is comprised of three Infant-Parent Specialists who accompany first-time parents to every well-child visit from birth to age three. The specialists enhance the information and services available to parents at the well-child visits by engaging parents in discussions of child development, parenting, and relationships. The specialists have training in child development and address behavioral and developmental issues, focusing on a whole baby-whole family brand of primary care. This approach is being implemented in pediatric and family practices across the country, and is meeting an array of community needs while preserving its unique linkage to a team of health care professionals.

#### Program Type

Community Education, Direct Services, Health Screening, Prevention

#### Target Population

- **Regions Served:** Chelsea
- **Health Indicator:** Access to Health Care, Other: Child Care, Other: Parenting Skills
- **Sex:** All
- **Age Group:** Adult, Child-Infant
- **Ethnic Group:** All
- **Language:** All

#### Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

#### Goal Description

Provide support and positive connections for new parents

#### Goal Status

Healthy Beginnings served 246 families in FY2013; 76% of families were Latino; 61% were single/never married; 48% reported their primary language as Spanish

Improve parent and baby interaction

100% of Healthy Beginnings Staff report observing positive interactions between parent and baby.

Increase child's social behavior, emotion regulation, and emotional well-being at 6 months

95% of children demonstrated mastery for social behavior, emotion regulation, and emotional well-being at 6 months

Increase child's mastery of developmental milestones at 12 months

87% of children demonstrated mastery in their communication, language, and emergent literacy at 12 months; 80% of children demonstrated mastery for cognitive skills including gross



	motor, fine motor, and problem solving
Increase bonding and attachment with baby	85% of participants report reading, singing or telling stories to their child 4-7 days a week.
Improve maternal and child health	100% of families reported having insurance coverage; 80% of encounters between Healthy Beginnings Staff and families focused on Child Development and Developmental Milestones; 85% of children are connected to a medical home
Increase role of fathers in children's lives	A full time fatherhood coordinator was hired to implement activities and coaching in the health center with dads, as well as build the capacity of health center staff to interact with dads and ensure their positive involvement in their children's lives.

## Partners

Partner Name, Description	Partner Web Address
CAPIC Headstart	<a href="http://www.capicinc.org/">http://www.capicinc.org/</a>
Chelsea/Revere Family Network	<a href="http://www.capicinc.org/">http://www.capicinc.org/</a>
Raising a Reader	<a href="http://www.raisingareader.org/">http://www.raisingareader.org/</a>
Centro Latino	<a href="http://centrolatino.org/">http://centrolatino.org/</a>
SDC-Somali development center	<a href="http://www.krichevsky.com/maac-3/prof-Somali.html">http://www.krichevsky.com/maac-3/prof-Somali.html</a>
Early Learning Center- Adult Literacy English Classes	<a href="http://www.bu.edu/sed/community-outreach/programs/intergenerational-literacy/">http://www.bu.edu/sed/community-outreach/programs/intergenerational-literacy/</a>
Early Learning Center- Harbor Area early Intervention	<a href="http://www.talkreadplay.org/?q=content/harbor-area-early-intervention-program">http://www.talkreadplay.org/?q=content/harbor-area-early-intervention-program</a>
Mediation for Results	<a href="http://mediationforresults.org/">http://mediationforresults.org/</a>
Harbor Area Healthy Families Program-ROCA	<a href="http://www.rocainc.org/services_programs.php">http://www.rocainc.org/services_programs.php</a>
Cradles to Crayon	<a href="http://cradlestocrayons.org/">http://cradlestocrayons.org/</a>

**Contact Information** Manuella Anorga, [manorga@partners.org](mailto:manorga@partners.org)

**Detailed Description** Not Specified

## Patient Navigation-Screening, TopCare

### Brief Description or Objective

The TopCare program (Technology for Optimizing Population Care in a Resource-limited Environment) was established by the MGH General Medicine Department to increase cancer screening rates among vulnerable patients cared for in any primary care practice at Massachusetts General Hospital. A key part of the TopCare program is the navigation of patients that are at high risk of not completing preventive breast, cervical and colorectal cancer screening. In FY13, 278 patients were served.

### Program Type

Direct Services,Health Screening,Outreach to Underserved,Prevention

### Target Population

- **Regions Served:** Boston, Chelsea, Everett, Revere
- **Health Indicator:** Other: Cancer - Breast, Other: Cancer - Cervical, Other: Cancer - Colorectal
- **Sex:** All
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All

### Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations, Reducing Health Disparity, Supporting Healthcare Reform

#### Goal Description

Identify and outreach to vulnerable patients in need of breast, cervical and colorectal screening.

Address barriers to accessing and receiving timely, quality health care for all patients.

Address barriers to accessing and receiving timely, quality health care for all patients.

#### Goal Status

The program reached out to 278 patients, including 218 new patients, and 52 cancer screenings were completed (24 colonoscopies, 21 mammograms, 7 Pap smears).

TopCare Patient Navigators provided 525 attempts to schedule appointments, 340 patients with education, 176 appointment reminders, 133 emotional support, 99 provider/clinic communications,

76 procedure preparation instructions, 69 language translations, 24 pharmacy assistance, 4 financial assistance referrals, 2 accompanied to appointments and 2 transportation assistance.

### Partners

#### Partner Name, Description Partner Web Address

Not Specified

#### Contact Information

Erica Guimaraes, TopCare Patient Navigator, [eguimaraes1@partners.org](mailto:eguimaraes1@partners.org)

#### Detailed Description

Not Specified

## Refugee School Program

### Brief Description or Objective

Provides a continuum of care across multiple settings to ensure the well being of refugees and aslyees in Chelsea. To date, over 315 refugee students have been served.

### Program Type

Direct Services,Outreach to Underserved,School/Health Center Partnership

### Target Population

- **Regions Served:** Chelsea
- **Health Indicator:** Access to Health Care, Other: Education/Learning Issues, Other: Uninsured/Underinsured
- **Sex:** All
- **Age Group:** All Children

**Ethnic Group:** All  
**Language:** All

## Goals

**Statewide Priority:** Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

### Goal Description

Provide a continuum of care across multiple settings to ensure the well being of refugees and aslyees in Chelsea.

Support refugee students transitioning into school

Support refugee students transitioning into school

Support refugee students transitioning into school

### Goal Status

122 students in Chelsea Public Schools were served in FY2013; Countries of origin were: Somalia (69%), Bhutan (13%) and Iraq (8%)

The Refugee School coordinator had 504 contacts with 122 refugee students. 74% of these contacts also involved the parents of the students. All contacts include a teacher, principal, dean, school social worker or guidance counselor.

Coordinator also conducted a Refugee Boy's Group weekly (about 23 sessions during past school year) to discuss issues specifically related to middle school male students.

These contacts occurred due to inappropriate behavior, obtaining appropriate forms for school enrollment, academic frustration, and alienation, among others.

## Partners

### Partner Name, Description

### Partner Web Address

MA Department of Public Health  
 Refugee resettlement agencies  
<http://www.mass.gov/dph/refugee>

Catholic Charity Boston,  
 International Institute of Boston  
[www.ccab.org](http://www.ccab.org) [www.iiboston.org](http://www.iiboston.org)

ROCA

REACH

Chelsea School System

DTA [www.mass.gov/eohhs/gov/departments/dta](http://www.mass.gov/eohhs/gov/departments/dta)

CAPIC [www.capicinc.org](http://www.capicinc.org)

### Contact Information

Ali Abdullahi, Refugee School Program, [aabdullahi1@partners.org](mailto:aabdullahi1@partners.org)

### Detailed Description

Not Specified

## MGH CHA: Stay in Shape

### Brief Description or

The Stay In Shape program addresses the issue of healthy living against childhood obesity

<b>Objective</b>	through health education programming among adolescent girls in schools and in the community.
<b>Program Type</b>	Community Education, Prevention
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Boston-Charlestown, Chelsea, Revere</li> <li>• <b>Health Indicator:</b> Other: Nutrition, Other: Stress Management, Overweight and Obesity, Physical Activity</li> <li>• <b>Sex:</b> Female</li> <li>• <b>Age Group:</b> Child-Preteen, Child-Teen</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul>

## Goals

**Statewide Priority:** Promoting Wellness of Vulnerable Populations

### Goal Description

Promote healthy lifestyles for adolescent girls by providing health education, nutrition, exercise, and stress reduction activities

### Goal Status

In school year 2011 – 2012, Stay in Shape served a total of 200 participants at 7 public schools and 3 community settings, with improved knowledge, skills, and behaviors in living a healthy life.

## Partners

### Partner

Partner Name, Description	Partner Web Address
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Chelsea High School	<a href="http://www.chelseaschools.com/cps/high-school.htm">http://www.chelseaschools.com/cps/high-school.htm</a>
Revere High School	<a href="http://www.revereps.mec.edu">http://www.revereps.mec.edu</a>
Rumney Marsh Academy	<a href="http://www.revereps.mec.edu/Schools/Rumney/index.html">http://www.revereps.mec.edu/Schools/Rumney/index.html</a>
Warren Prescott School	<a href="http://www.bostonpublicschools.org/school/warrenprescott-k-8-school">http://www.bostonpublicschools.org/school/warrenprescott-k-8-school</a>
Clarence R. Edwards School	<a href="http://www.bostonpublicschools.org/school/edwards-middle-school">http://www.bostonpublicschools.org/school/edwards-middle-school</a>
MGH Revere Youth Zone	<a href="http://www.massgeneral.org/revere/">http://www.massgeneral.org/revere/</a>
Roca – Youth Star	<a href="http://www.rocainc.org">http://www.rocainc.org</a>
Clark Avenue School	<a href="http://www.chelseaschools.com/cps/schools/clark.htm">http://www.chelseaschools.com/cps/schools/clark.htm</a>
Eugene Wright Middle School	<a href="http://www.chelseaschools.com/cps/schools/wright.htm">http://www.chelseaschools.com/cps/schools/wright.htm</a>
MGH Revere Youth Zone	<a href="http://www.massgeneral.org/revere/">http://www.massgeneral.org/revere/</a>
Chelsea Boys & Girls Club	<a href="http://www.bgcb.org/locations_clubs_jordan.cfm">http://www.bgcb.org/locations_clubs_jordan.cfm</a>

### Contact Information

Ming Sun, MPH, MCHES, [msun@partners.org](mailto:msun@partners.org)

<b>Detailed Description</b>	Not Specified
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### MGH CHA: Pediatric Asthma Quality Initiative

<b>Brief Description or Objective</b>	The goals of the Pediatric Asthma Program are to decrease ED visits and improve the quality of patient care within the MGH Health Center & Suburban Pediatric Practices. In Flu Season 2012-2013, out of 2,049 patients who were identified with persistent asthma, 1,563 received an influenza vaccine or documented a refusal and 926 received a prescription for an asthma controller medication.
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<b>Program Type</b>	Community Education, Direct Services, Health Screening, Prevention
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<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Boston-Back Bay, Boston-Beacon Hill, Boston-Charlestown, Boston-East Boston, Boston-North End, Boston-South Boston, Chelsea, Everett, Other-Metrowest, Revere</li> <li>• <b>Health Indicator:</b> Access to Health Care, Other: Asthma/Allergies</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> Child-Preteen, Child-Primary School, Child-Teen</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul>
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<b>Goals</b>	<p><b>Statewide Priority:</b> Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity, Supporting Healthcare Reform</p>
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Goal Description	Goal Status
In Flu Season 2012-2013, out of 2,049 patients who were identified with persistent asthma, 1,563 received an influenza vaccine or documented a refusal, and 926 received a prescription for an asthma controller medication.	Flu Shot actual performance: has exceeded previous year's performance.

Patients age 5-17, identified with persistent asthma (using HEDIS definition); receive both an influenza vaccine or documented refusal and a prescription for an asthma controller medication during the measurement year.	Flu Shot actual performance: 76.3%. Active Controller actual performance: 45.2%
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### Partners

Partner Name, Description	Partner Web Address
Not Specified	

<b>Contact Information</b>	Eileen Manning, RN, BS , emanning@partners.org
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<b>Detailed Description</b>	Not Specified
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### MGH: Wellness Center-A Service of the Benson-Henry Institute for Mind Body Medicine

<b>Brief Description or Objective</b>	The Wellness Center works collaboratively with the MGH Health Centers to provide high quality, innovative health care programs and fostering community based research. We are committed to delivering comprehensive, evidence-based preventive health services
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<b>Program Type</b>	Prevention, Support Group
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<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Boston, Boston-Back Bay, Boston-Beacon Hill, Boston-Charlestown, Boston-North End, Boston-South Boston, Everett, Revere</li> <li>• <b>Health Indicator:</b> Mental Health, Other: Cardiac Disease, Other: Elder Care, Other: Stress Management, Physical Activity</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> Adult, Adult-Elder</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul>
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**Goals**

**Statewide Priority:** Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

**Goal Description**

Provide accessible and affordable wellness programs to MGH-Health Center patients.

**Goal Status**

508 MGH health center patients were referred to the Wellness Center in FY 2013, for programs that enhanced resiliency and self-care, including: acupuncture, massage therapy, yoga, Tai-Chi, mind body stress reduction, and support and education groups.

Provide accessible and affordable wellness programs to MGH-Health Center patients.

Visits: 1397 Acupuncture, 575 Massage, 726 Yoga, 494 Tai Chi, 401 Mind Body Groups, 246 Other, 563 Heart Health Education

Patients will report benefits from participating in wellness programs.

Tai Chi / Yoga Outcome evaluations were done at 6 month intervals, on 22 frail, socially isolated seniors with at least one chronic condition, from MGH Revere Senior Wellness.

Patients will report benefits from participating in wellness programs.

The seniors participated in Chair/ Gentle Yoga and/or Tai Chi at the Wellness Center. 27% improved physical function, 36% maintained, and 36% had declines.

Patients will report benefits from participating in wellness programs.

Mind Body Intervention for Depression (MBID) In collaboration with the Benson-Henry Institute for Mind Body Medicine at MGH, conducted a retrospective review of clinical outcomes of 124 depressed health center patients

Patients will report benefits from participating in wellness programs.

Measurements we taken before and after participation in an 8-week Mind Body Intervention for Depression.

Patients will report benefits from participating in wellness programs.

Depression Measure: Center for Epidemiological Studies Depression Scale (CES-D-10)

Patients will report benefits from participating in wellness programs

Anxiety Measure: (State-Trait Anxiety Inventory–State Subscale, STAI-State)

Patients will report benefits from participating in wellness programs

Perceived stress Measure: (Perceived Stress Scale, PSS-10)

Patients will report benefits from participating in wellness programs.

The mind-body intervention was associated with a significant decrease in depressive symptoms (95% CI -6.0 to -2.6,  $p < .001$ ), anxiety (95% CI -12.6 to -2.2,  $p = .007$ ), and perceived stress

(95% CI -7.6 to -2.0, p=.001).

Seamless integration of patient-centered, "whole person" Wellness Services into Primary Care services.

Patient's self-identified health and wellness goals are entered into the electronic medical record.

Seamless integration of patient-centered, "whole person" Wellness Services into Primary Care services.

Wellness Center is part of the Partners CRMS (Clinical Referral Management System), to enhance patient tracking and follow-up.

Seamless integration of patient-centered, "whole person" Wellness Services into Primary Care services.

Wellness Rx Pads are distributed to primary care, for use with patients.

Seamless integration of patient-centered, "whole person" Wellness Services into Primary Care services.

Wellness referrals, patient contact and treatment notes are documented in the electronic medical record.

Provide professional development opportunities for patient-centered Mind Body care.

Collaborate with MGH - Institute for Health Professions and Benson Henry Institute, to teach and mentor Mind Body Spirit Nursing Certification program that has been endorsed by the national American Holistic Nurse Association.

Provide professional development opportunities for patient-centered Mind Body care.

Provide educational placement opportunities and mentoring, for students, residents, and interns.

Provide professional development opportunities for patient-centered Mind Body care.

Presented at local, regional and national conferences in 2013, including:

Provide professional development opportunities for patient-centered Mind Body care.

American Society on Aging 2013 Annual National Conference, Chicago.

## Partners

### Partner Name, Description Partner Web Address

Lesley University <http://www.lesley.edu>

Tufts Foundation <http://www.tuftshealthplanfoundation.org>

MGH-Institute for Health Professions <http://www.mghihp.edu/academics/nursing/>

Harvard School of Public Health <http://www.hsph.harvard.edu>

### Contact Information

Kathleen M. Miller, [kmiller16@partners.org](mailto:kmiller16@partners.org)

### Detailed Description

Not Specified

## Chelsea Substance Use Disorder (SUD) Leadership Team

### Brief Description or Objective

The Chelsea Substance User Disorders Leadership Team strengthens protective factors and decreases risk factors to prevent substance use and abuse for youth, adults and families through education, prevention, and intervention strategies.

### Program Type

Community Education,Community Health Needs Assessment,Community Participation/Capacity

Building Initiative, Healthy Communities Partnership, Prevention

**Target Population**

- **Regions Served:** Chelsea
- **Health Indicator:** All
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

**Goals****Statewide Priority:** Promoting Wellness of Vulnerable Populations**Goal Description****Goal Status**

Engage community leadership and conduct community health assessment.

In FY2013, community leaders, representing multiple community sectors, participated in a community health assessment using the MAPP approach.

Engage community leadership and conduct community health assessment.

A Quality of Life survey was completed by 959 people and a total of 10 focus groups of underrepresented community members were conducted and were attended by a total 109 in Chelsea.

Engage community leadership and conduct community health assessment.

The community assessment committee hosted a community forum, a highly successful event attended by over 75 people. CCHI analyzed all of the data and presented to assessment committee members.

Engage community leadership and conduct community health assessment.

They discussed how or if their organization was already addressing the priorities, what additional resources, if any, were needed, and recommended possible solutions

Engage community leadership and conduct community health assessment.

Once priorities were selected committee members formulated goals, objectives and strategies for each priority area

Determine priorities.

By a significant margin, Chelsea identified substance abuse, and the effects it has on quality of life including perceptions of violence and public safety, as their top issue.

Hire full-time manager of community based substance use disorders prevention initiative

The City of Chelsea, in partnership with Massachusetts General Hospital has worked closely with a strong oversight committee to build a comprehensive community-based, environmental approach to reducing substance abuse and



Hire full-time manage of community based substance use disorders prevention initiative	perception of safety. In Spring 2013, a new Manager of Community-based Substance Abuse Initiatives was hired.
Hire full-time manage of community based substance use disorders prevention initiative	This Manager is responsible for providing overall leadership to the development and implementation of a comprehensive city wide substance abuse plan where organizations, providers and residents have a role.
Engage community leadership and conduct community health assessment.	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.

## Partners

<b>Partner Name, Description</b>	<b>Partner Web Address</b>
City of Chelsea - 500 Broadway, Chelsea, MA 02150	<a href="http://www.ci.chelsea.ma.us">www.ci.chelsea.ma.us</a>
Chelsea Police Department - 19 Park St, Chelsea, MA 02150	<a href="http://www.chelseapolice.com">www.chelseapolice.com</a>
The Neighborhood Developers - 4 Gerrish Avenue, Chelsea, MA 02150	<a href="http://www.theneighborhooddevelopers.org/">www.theneighborhooddevelopers.org/</a>
ROCA Community Substance Abuse Centers - 175 Crescent Avenue, Chelsea, MA 02150	<a href="http://www.rocainc.org/">www.rocainc.org/</a> <a href="http://www.csacmethadone.com/Chelsea.htm">www.csacmethadone.com/Chelsea.htm</a>
Centro Latino - 267 Broadway, Chelsea, MA 02150	<a href="http://www.centrolatino.org">www.centrolatino.org</a>
Chelsea Public Schools - Chelsea City	<a href="http://www.chelseaschools.com/cps/">www.chelseaschools.com/cps/</a>

Hall 500  
Broadway,  
Chelsea, MA  
02150

North Suffolk [www.northsuffolk.org/](http://www.northsuffolk.org/)  
Mental Health  
Associates -  
301

Broadway,  
Chelsea, MA  
02150

Chelsea Boys [www.bgcb.org/jobs/jordan-club-chelsea/](http://www.bgcb.org/jobs/jordan-club-chelsea/)  
& Girls Club -  
30 Willow St,  
Chelsea, MA  
02150

CAPIC - 9 [www.capicinc.org/](http://www.capicinc.org/)  
Arlington  
Street,  
Chelsea, MA  
02150

Chelsea [www.mass.gov/courts/courtsandjudges/courts/chelseadistrictmain.html](http://www.mass.gov/courts/courtsandjudges/courts/chelseadistrictmain.html)  
District Court  
(Probation) -  
120

Broadway,  
Chelsea, MA  
02150

Chelsea [www.mass.gov/courts/courtsandjudges/courts/chelseadistrictmain.html](http://www.mass.gov/courts/courtsandjudges/courts/chelseadistrictmain.html)  
District Court  
(Drug Court)  
- 120

Broadway,  
Chelsea, MA  
02150

Bay Cove [www.baycove.org/BCExternal/index.cfm?objectID=D96C9430-52EE-11DF-844D000423B5542E](http://www.baycove.org/BCExternal/index.cfm?objectID=D96C9430-52EE-11DF-844D000423B5542E)  
(Chelsea  
ASAP) - 100

Everett  
Avenue, Suite  
#4 Chelsea ,  
MA 02150

**Contact Information** Dan Cortez, [dcortez@partners.org](mailto:dcortez@partners.org)

**Detailed Description** Not Specified

#### Expenditures

Program Type	Estimated Total Expenditures for FY2013	Approved Program Budget for 2013
<a href="#">Community Benefits Programs</a>	<a href="#">Direct Expenses</a> \$62,119,905 <a href="#">Associated Expenses</a> Not Specified <a href="#">Determination of Need Expenditures</a> \$1,319,447 <a href="#">Employee Volunteerism</a> Not Specified <a href="#">Other Leveraged</a> \$14,852,020	\$118,765,240  *Excluding expenditures that cannot be projected at the time of the report.

	<b>Resources</b>	
<a href="#">Net Charity Care</a>	<a href="#">HSN Assessment</a>	\$33,578,526
	<a href="#">HSN Denied Claims</a>	\$2,313,827
	<a href="#">Free/Discount Care</a>	\$3,302,417
	<a href="#">Total Net Charity Care</a>	\$39,194,770
<a href="#">Corporate Sponsorships</a>		\$1,279,098
	<b>Total Expenditures</b>	\$118,765,240
<b>Total Patient Care-Related Expenses for FY2013</b>		\$2,036,062,715
<b>Comments:</b> None		

### Optional Information

Expenditures	Amount
<a href="#">Community Service Programs</a>	<a href="#">Direct Expenses</a> Not Specified <a href="#">Associated Expenses</a> Not Specified <a href="#">Determination of Need Expenditures</a> Not Specified <a href="#">Employee Volunteerism</a> Not Specified <a href="#">Other Leveraged Resources</a> Not Specified
<b>Total Community Service Programs</b>	Not Specified
<b>Bad Debt:</b>	Not Specified      Not Specified
<b>IRS 990:</b>	Not Specified