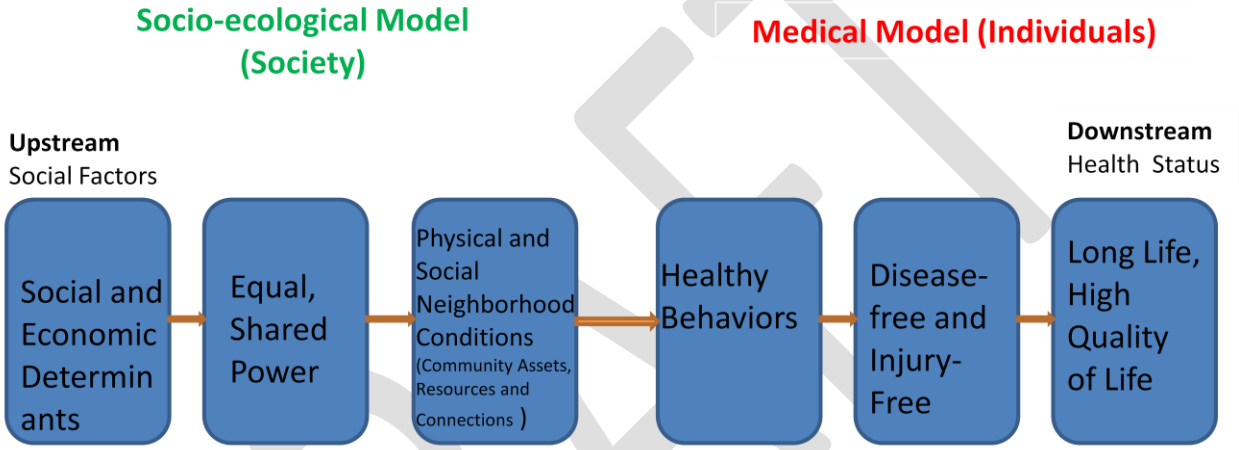
Boston Alliance for Community Health
MAPP Citywide Assessment Summaries

Community Health Status Assessment

Process: On April 5th, 2013, BACH's Data STAT reconvened to review and prioritize citywide data for the Community Health Status Assessment. Eight BACH members and affiliates met to reexamine the list of indicators that had been previously collected. These indicators came from BACH's data framework, seen below. Data sources included the 2010 US Census, American Community Survey, Boston Police Department Neighborhood Survey, Behavioral Risk Factor Surveillance Survey, and Vital Statistics. Using health equity and social determinants of health lenses, the group came up with the following key findings.



Key Findings:

Social, Economic and Environmental Determinants

Income, Poverty, Employment

- The median annual household income in 2010 for Latino households was $23,243 compared with $61,636 for White households, $35,564 for Black households, and $37,889 for Asian households.
- In 2010, 60% of female-headed households with children under age 5 had income below the poverty level compared with 18% for all family households in Boston. This is an increase from 2000 when 45.6% of female-headed householders with children under age 5 had income below the poverty level compared to 15.3% of all family households.
- Black male residents had an unemployment rate of 32%, almost four times the rate of 9% for White male residents in 2010. In 2000, Black male residents had an unemployment rate of 7.8% while White male residents had an unemployment rate of 4.2%.
- More than 3 in 10 people employed in Boston are in the industries of *educational services, and health care and social assistance*

Housing

- 54% of households in Boston were non-family households in which no one in the household was related by marriage, blood, or adoption.

- 66% of occupied housing units in Boston were renter-occupied, while 34% were owner-occupied in 2010, compared to 68% renter-occupied and 32% owner-occupied in 2000.
- More than 7,600 homeless individuals were counted in Boston in 2011; 33% of these individuals were children. This is an increase from a homeless population of 5821 in 2000, of which 22% were children.

Transportation

- Only 33% of Boston's employed residents took public transportation to work in 2010, with 29.0% of White residents, 38.0% of Black residents, 36.0% of Asian residents, and 39.1% of Hispanic residents utilizing public transportation to get to work.

Education

- For the 2010-2011 school year, 53% of White youth in Boston attended public schools, compared to 71% of Black youth, 88% of Asian youth and 91% of Latino youth. This is consistent with both 2009-2010 and 2011-2012 school years.
- In 2010, Boston Public Schools had a 4-year graduation rate of 63%, an increase over the59% in 2006.
- The percentage of Boston residents with less than a high school diploma or GED was significantly higher among Latino adults (32%), Asian adults (24%) and Black adults (20%) compared with White adults (7%). This indicates increased educational attainment compared to 2000 when 42.7% of Latino adults, 35.7% of Asian adults, 26.9% of Black adults, and 13.8% of White adults had less than a high school diploma or GED.

Language

- In 2010, 35% of Boston residents (ages 5 and older) reported speaking a language other than English at home. This is an increase from 2000, when 33% of residents spoke a language at home other than English.

Physical and Social Environment

- Boston has approximately 8.3 acres of green space per resident as of 2009
- Bostonians' trust in their neighbors decreased from 81% in 2007 to 75% in 2010.

Equal Shared Power

- 75.1% of Boston's voting age population is registered to vote. 65.9% of these residents voted in the 2008 elections and 62.1% voted in the 2012 elections.

Health Behaviors and Outcomes

- The adolescent birth rate for Boston female residents ages 15-17 decreased 9% from 2005 to 2010 and the overall percentage of preterm births among all Boston resident births decreased from 11% in 2005 to a preliminary 9% in 2010.
  - The 5year rolling average infant death rate for Black infants declined 11% from the period 2001-2005 to 2006-2010, based on preliminary data, compared to a decline of 8% for Boston overall.
    - Infant mortality in white babies may be increasing
  - Boston's heart disease hospitalization rate decreased 10% from 2005 to 2011 and the heart disease death rate decreased 16% from 2005 to 2010 based on preliminary death data for 2010.

- From 2001 to 2011, the percentage of Boston public high school students who reported smoking cigarettes decreased. Similarly, the percentage of Boston adult residents who reported smoking cigarettes decreased from 2001 to 2010.
- From 2001 to 2011, the percentage of Boston public high school students who reported persistent sadness (feeling sad, blue, or depressed every day for two weeks straight during the past year) decreased
- From 2001 to 2011, the percentage of public high school students getting regular physical activity during the past week and the percentage reporting excessive alcohol consumption (binge drinking) during the past month remained statistically similar.
- From 2007 to 2011, the percentage of public high school students who reported drinking one or more sodas per day and the percentage considered obese remained statistically similar.
- From 2001 to 2010, the percentage of Boston adult residents considered obese increased.
- The percentage of Boston adults who reported getting regular physical activity, having asthma, having diabetes, and having persistent sadness (being sad, blue or depressed 15 or more days during the past month) remained statistically similar from 2001 to 2010 having diabetes, and having persistent sadness (being sad, blue or depressed 15 or more days during the past month) remained statistically similar from 2001 to 2010.
    - Asthma visits to the ER have decreased, despite the prevalence of asthma remaining the same

- Compared to residents of color, Boston's White residents had higher rates of:
    - Suicide
    - Substance Abuse
- Compared to Boston's White residents, Black and Latino residents had higher rates of:
    - Births to adolescent females
    - Low birth weight births
    - Infant deaths
    - Asthma emergency department visits among children less than 5 years old
    - Heart disease hospitalizations
    - Cerebrovascular disease (including stroke)-related hospitalizations
    - Diabetes hospitalizations
    - Nonfatal gunshot and stabbing injuries resulting in emergency department visits
    - Homicide
    - Adult obesity (based on self-reported height and weight)
    - Adults who selfreported having persistent sadness (feeling sad, blue or depressed 1 5 or more of the past 30 days)
- Compared to Boston's adult residents whose income was greater than $25,000, adult residents with income of less than $25,000 had higher rates of:
    - Smoking
    - Asthma
    - Diabetes
    - High blood pressure
    - Obesity
    - Depression
- Compared to Boston's adult residents whose income was less than $25,000, adult residents with incomes of more than $25,000 had higher rates of:

- Heavy drinking
- Physical activity
- Fruit and vegetable consumption
- Mammograms within the past year

Gaps- data on the social environment, data on youth ages 5-15, data on the 65+ population, data on immigrants, data from outpatient healthcare settings

Community Themes and Strengths Assessment

Process: On April 22nd, BACH hosted an assessment retreat to conduct the citywide Community Themes and Strengths Assessment. Nearly 40 people from BACH's Steering Committee, Health Planning and Improvement Committee and BACH affiliates convened to identify community themes, strengths, and quality of life across the city and in subsets of neighborhoods. The data used in this analysis were drawn from the BACH's neighborhood coalitions and focus groups in 5 additional neighborhoods. The group considered which issues were "high impact", and how to address issues with a systems approach. Using a structured group process, retreat participants developed the following key findings.

Key Findings:

<u>Across All Neighborhoods:</u>

Themes -

- Behavioral health concerns
- Language/cultural issues
- Health food access/affordability
- Education/job readiness
- Economy – need to strengthen, more opportunities, address poverty, affordability
- Public safety
- Community cohesion/coordination
- Quality/diverse housing stock
- Education and schools in neighborhoods-school assignment

Strengths-

- Active civic engagement
- Community engagement
- Partnerships
- High rate of satisfaction w/quality of life – people know each other
- Diversity is embraced/values
- Many, high quality hospitals and community health centers
- Institutions of higher education
- Research funds

<u>Subsets of neighborhoods:</u>

Themes-

- Increasing green space (HP, Matt, South Bos, Dot)
- Transportation (Rox, Dor, HP, Matt)
- Need to engage newcomers and people of color in community leadership (E Bos, Ros, Rox, HP, Charlestown)
- Trash (Matt, Chinatown)
- Jobs
- Youth Development (Charlestown, Codman, JP, Ros)
- Brownfield cleanup (HP, E Bos, Dor)
- Access to quality care

High Impact Issues of Note:

- Violence and crime
- Gentrification (SB, So End, Charlestown)
- Lack of community cohesion (Allston/Brighton, Mission Hill, Fenway)
- Substance Abuse (Charlestown, SoBos, SoEnd, Codman Square)
- Poverty and Racism (all neighborhoods)- need equity in jobs and employment
- Housing- affordable, accessible, stable
- Educational quality and access (EB, JP, SoBos)
- Access to transportation (HP,Matt,Franklin Field, JP,Ros)
- Obesity/diabetes (Codman Sq, EB, Mission Hill, JP)
- Immigration and immigrants (+/-) (Charlestown/EB)

Correlations/Systems Approach [1]

- Mental health- substance abuse- public safety
- Youth development- jobs
- Obesity/diabetes- fresh food- exercise- public safety
- Open space- public safety
- Education- neighborhood schools- community cohesion
- Behavioral health (substance abuse, mental health)- access to care- economy
- Early education and care
- Violence- individual and community trauma- mental health- public safety

[1] A systems approach is the process of understanding how things (individuals, organizations, communities) influence one another within a whole. Systems thinking has been defined as an approach to problem solving, by viewing "problems" as parts of an overall system, rather than reacting to specific part, outcomes or events and potentially contributing to further development of unintended consequences. A systems approach claims that the only way to fully understand why a problem or element occurs and persists is to understand the parts in relation to the whole.

Forces of Change Assessment

Process: In addition to engaging in the Community Themes and Strengths Assessment, the April 22nd retreat participants conducted the citywide Forces of Change Assessment. Participants engaged in structured conversations to determine the forces that affect the context in which Boston's local public health system operates. The group came up with the following overarching forces.

Key Findings:

- **Inequitable public transportation system**
  - Fairmont Indigo Line
    - Creation of 5 new stations on commuter rail line increases access to Downtown and jobs for Dorchester and Roxbury residents but has infrequent trains
  - Transportation for seniors and people with disabilities
    - Not all busses are accessible and "The Ride" is underfunded and difficult to use
  - MBTA budget process and rising cost of public transportation
    - City of Boston has minimal input on MBTA budget; fares keep increasing

- **Community engagement**
  - MAPP process
    - Multi-stakeholder involvement in many neighborhoods and cross-sector involvement of many organizations
  - Community-based best practices
    - There are many successful and evidence-based programs in Boston
  - Lack of community capacity to engage residents
    - It is very difficult to engage residents due to time and money when there is not a perceived crisis
    - Student population is transient, not as cohesive with neighborhood

- **How prevention money gets spent**
  - Affordable Care Act
    - There is significant funding for multi-sector "community transformation" in the ACA and payment reform incentivizes providers to engage in prevention
  - Prevention Trust
    - Massachusetts has a 5 year, $15 million per year funded trust that cannot be "raided" by the legislature in lean times.
  - Shift to wellness and disease management
  - Providers and employers are moving in this direction
  - Primary care providers
    - Increasing understanding of social determinants of health and need to link primary care and prevention
  - MA Dept of Public Health Determination of Need process
    - Requirement that 5% of the capital outlay for clinical space and equipment must be directed to community health and prevention
  - IRS requirement of non-profit hospitals to conduct community health assessments
    - Hospitals are required to engage the community intheir assessment process which gives more opportunities for neighborhood coalitions to connect to hospital prevention and community benefits programs

- **Consideration of the entire life spectrum**
  - Focus on early childhood and family
    - Increased call for increasing early childhood education and health care funding
  - Increasing senior population
    - Presents major challenges for chronic disease management as well as socio-economic issues associated with aging
  - Dynamic flux of community demographics
    - Ethnic and racial diversity in some neighborhoods presents opportunities and challenges for increased inclusion in decision making and community cohesion

- **Policy drivers**
  - City planning- licensing, zoning
  - State lab scandal
    - Decreased public confidence in public health and large numbers of incarcerated people with substance abuse and violent backgrounds released into the community suddenly.
  - Affordable housing and homelessness policies; rising housing demand squeezing out middle income population
    - Subsidized "affordable" housing and greater gentrification in many neighborhoods
  - Medical marijuana regulations and implementation
    - Unknown impact, particularly on youth
  - Place-based strategies create funding inequity
    - Double-edged sword - Some neighborhoods in need improve while others get left out
  - Institutional barriers in public benefits
    - System is difficult to navigate and results in people not getting benefits for which they are entitled

- **Violence and trauma**
  - Effects of trauma, violence, natural disasters
    - Homicide, suicide and the effects of substance abuse and untreated mental illness means some neighborhoods are traumatized on the community level
  - National Rifle Association
    - Their increased radical opposition to gun control results in increased accidental and purposeful gun deaths and injuries
  - Emergency response system
    - Flu response and marathon bombing response shows an effective system in Boston that includes public health and public safety.

- **Political changes**
  - Mayoral and city council election
    - We have had a mayor who is highly committed to public health. Many unknowns about the future. Existing relationships may not be able to continue and energy and time will need to be invested in building new personal and institutional relationships
  - Federal sequestration

- **Boston Public Schools**
  - Relationships with neighborhoods
    - Since many children do not attend school in their neighborhood, it is difficult for community groups and schools to partner effectively.
  - School assignment plans
    - Unclear how the new plan will change relationships and affect health

- **Higher education accessibility**
  - Employment trends
    - Many of the available and new jobs require high skills and education
  - Rising cost of college
    - Increases wealth gap and potential for success
  - Access for local youth
    -

- **Communication across all ages**
  - Social media fragmented by age
    - Need to develop different modes of communication with different age groups

Digital divide in communities So much communication happens digitally and poorer communities have less access

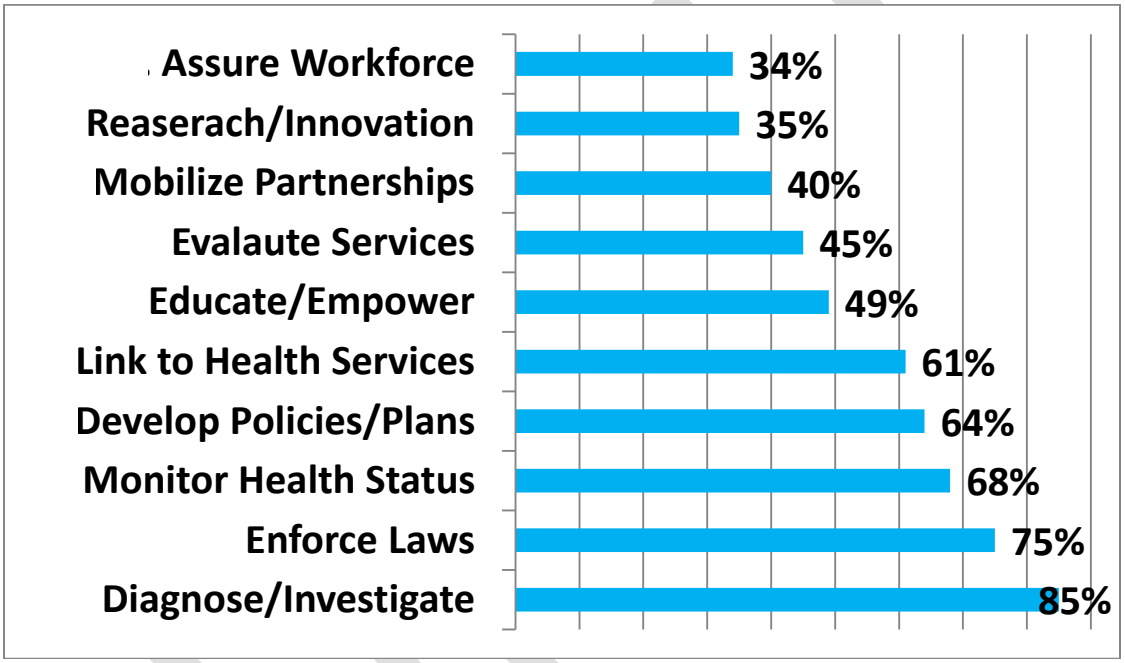
Local Public Health System Assessment

Process: On February 2nd, 118 local residents and public health leaders and dozens of volunteers came together to conduct the Local Public Health System Assessment. Using the National Public Health Performance Standards Program, the group determined the activities, capacities, and competencies of Boston's public health system related to the 10 essential public health services. The results of the Local Public Health System Assessment are presented below. At a follow-up meeting on April 1st, a group of community stakeholders prioritized the following Essential Public Health Services (**bolded below**):

- Mobilize Community Partnerships to Identify and Solve Health Problems
- Inform, Educate, and Empower Individuals and Communities about Health
- Develop Policies and Plans that Support Individual and Community Health Efforts

Key Findings:

Rank Ordered Performance Score of 10 Essential Public Health Services



Strengths and Weakness of Each Essential Public Health Service

1. Assure a Competent Public and Personal Health Care Workforce- 34%
    a. Strengths
        i. Strong emergency preparedness plans in place
        ii. Workforce standards, e.g. job descriptions
    b. Weaknesses
        i. Lack of collaborative leadership
        ii. Applying health equity/racial justice lens to professional development, e.g. training, hiring, practice, etc.

2. Research for New Insights and Innovative Solutions to Health Problems- 35%
    a. Strengths

i. Large amounts of research dollars
ii. Some community-based organizations propose and conduct their own studies
iii. More research over the past year on health inequities
iv. Strong partnership between LPHS and institutions of higher learning and/or research organizations

b. Weaknesses
i. Sectors not working together
1. E.g. Community based organizations often do not know about research projects and therefore cannot participate or give input as to what hypothesis should be tested
ii. History- racial victimization and communities not benefitting from research; cultural disconnect between research institutions and communities
iii. Challenge of moving best practice from literature to actual practice
iv. Organizations don't have resources or the capacity to do annual reviews

3. Mobilize Community Partnerships to Identify and Solve Health Problems- 40%

a. Strengths
i. Lots of citywide and neighborhood level activity– outreach, surveys, goal setting, engagement, i.e. Yearly Neighborhood Health Status report, Health of Boston is neighborhood specific, hospitals and CHCs conduct community based assessment
ii. Flu response
iii. Messaging penetrating throughout city
iv. Cross-sector alliances

b. Weaknesses
i. Residents not accessing information
ii. Language and literacy barriers
iii. Haphazard mechanism in city to identify and engage constituents
iv. Activity siloed by topic and/or neighborhood – challenge crossing lines
v. Few large scale efforts
vi. Funding/resources; consistency; sustainability

4. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services- 45%

a. Strengths
i. Provision of health services
ii. Collective achievement has lead to high rates of insured residents
iii. LPHS recognizes that disparities are real, that they relate to determinants other than economic status, and they are ready to help correct these disparities

b. Weaknesses
i. Lack of assessment of community satisfaction
ii. Redundancies
iii. Lots of gaps for how information is used and disseminated
iv. Lack of system wide partnerships or system wide evaluations

5. Inform, Educate, and Empower Individuals and Communities about Health- 49%

a. Strengths
i. Information going out and consistency in messaging, e.g. flu response

ii. Emergency preparedness- trainings, evaluation, data
iii. City council/policy makers

b. Weaknesses
i. Information not reaching citizens– barriers to engaging and communicating, i.e. distrust, literacy, language, cultural
ii. Resources available but segmented
iii. Turf issues
iv. Difficult to evaluate health messaging

6. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable- 61%
a. Strengths
i. Identifying gaps
ii. Rich array of organizations and perspectives
iii. High visibility of healthy food and healthy activity promotion at the city level
iv. Agency capability to conduct assessments
v. Many avenues for disseminating and receiving info

b. Weaknesses
i. Racial, financial barriers
ii. Many redundancies and shortage of services: social services not widely offered (disability), mental health and substance use not fully identified in community health systems
iii. System is a maze- not everyone can navigate

7. Develop Policies and Plans that Support Individual and Community Health Efforts- 64%
a. Strengths
i. Strong level of youth engagement
ii. Flu mobilization and emergency response
iii. Good relationships/communication between city and state
iv. Robust Boston Public Health Commission, organizational structure, and coordination with stakeholders, significant involvement in health equity issues
v. Increased knowledge about laws and regulations
vi. Public meetings and hearings that allow for greater citizen representation
vii. Huge effort to coordinate and support coalitions
viii. Cross-sector support from BACH
ix. Strategic, multiyear plan is reviewed annually

b. Weaknesses
i. No community health improvement process or plan
ii. Policies that lead to unfair distribution of resources
1. Programs driven by funding, not by need – i.e. lacking resources for harm reduction, losing direct service workers
iii. Need more coordination between larger hospitals and community health centers, provide more resources
iv. Lack of outreach to and representation of Asian and Pacific Islander residents

8. Monitor Health Status to Identify Community Health Problems- 68%
a. Strengths

i. Amount and organizations collecting/reporting, e.g. The Indicators Project, Health of Boston
ii. Use of registries, e.g. Boston Police Department, healthcare

b. Weaknesses
i. Combining neighborhoods, i.e. combining neighborhoods, defining neighborhoods differently
ii. Data collected by many organizations- not shared, no "community health profile," overlaps/gaps
iii. Limited communication with residents, i.e. do not address multiple languages in the community in data collection and sharing
iv. Need more effective enforcement of regulations and protocols

9. Enforce Laws and Regulations that Protect Health and Ensure Safety- 75%
a. Strengths
i. Widespread knowledge about laws and regulations
ii. Systematic approach, e.g. tobacco
iii. Many initiatives to promote health and safety, i.e. inspections of nail salons
iv. Most individual organizations have an emergency response plan
v. Flu response – lots of coordination

b. Weaknesses
i. No regular review
ii. Emergency response plans often aren't shared or known
iii. Public health system needs to understand that non-health laws (social justice issues) also impact equity
iv. Uneven enforcement of existing regulations (tobacco advertising, store window signage)

10. Diagnose and Investigate Health Problems and Health Hazards in the Community- 85%
a. Strengths
i. City-wide emergency preparedness and response (i.e. Shots fire program – sensors around city that recognize fire arm shooting), risk communication, emergency preparedness, and response
ii. Excellence in flu response
iii. Coordinated effort with agencies, i.e. EMS existing in BPHC creates great link
iv. Laboratories
v. Interconnectedness of health centers
vi. Providers - mandated to ask demographic questions, trainings
vii. Grants to community organizations to improve emergency preparedness

b. Weaknesses
i. State lab situation
ii. Communication with community
iii. Many providers still use paper- not current standard/best practice, late submission of data and currently no consequence, questionable quality of data - no standard collection system around ethnicity, cultural values, etc.
iv. Serious issues around resources