



NEW ENGLAND BAPTIST®
H O S P I T A L

**Community Health Needs Assessment and
Community Benefit Planning Project**

**EXECUTIVE SUMMARY
JULY 2013**

**Conducted on behalf of:
New England Baptist Hospital
President's Council by:
John Snow, Inc.**



ACKNOWLEDGEMENTS

This assessment was conducted on behalf of the New England Baptist Hospital (NEBH) President's Council and was overseen by Christine Dwyer, NEBH's Director of Public Affairs and Community Relations. Additional support and guidance was provided by NEBH's Community Benefits Committee and NEBH's Patient and Family Advisory Council. All participants of these groups were involved in various ways throughout the process and provided information and feedback that was vital to the outcome of the project.

Since the beginning of the project in March, dozens of individuals were interviewed by John Snow, Inc. (JSI), the consulting company hired by NEBH to assist with the assessment, including administrative and clinical staff from the Hospital, representatives from the leading health and social service agencies in the Mission Hill and Roxbury communities, Boston Public Health Commission staff, and other public and elected officials. JSI also conducted two focus groups with community residents, service providers, and other community health stakeholders. The information gathered as part of these efforts allowed NEBH to engage the community and gain a better understanding of the health status, health care needs, service gaps, and barriers to care of those living in Mission Hill and Roxbury, NEBH's primary service for its community benefit efforts.

NEBH's President's Council would like to thank everyone that was involved in this assessment, particularly the community members and service providers who participated in interviews and focus groups. While it was not possible for the JSI project team to talk with all of the community's leading service organizations and community leaders, they talked with most, and it was inspiring to see how committed this group was to strengthening and improving the health of their community. The President's Council would also like to thank Ms. Dwyer for her determined efforts to advocate for and improve the health and well-being of those living in the Mission Hill and Roxbury communities. NEBH has been in the Mission Hill community for over 120 years and recognizes that the health and strength of the Hospital is linked to the health and strength of its neighborhood. Ms. Dwyer exemplifies this commitment and NEBH is more committed than ever to engaging with and maintaining its connection to one of Boston's great neighborhoods.

NEW ENGLAND BAPTIST HOSPITAL PRESIDENT’S COUNCIL

Trish Hannon, President & CEO
Frederick Basilico, MD, Chair, Medicine
Robert Bode, MD, Chair, Anesthesia
Jihad Hayek, MD, Chair, Pathology
Joel Newman, Chair, Radiology
John Richmond, MD, Chair, Orthopedics
James Bono, MD, Vice Chair, Orthopedics
Gary Kearney, MD, Vice Chair, Surgery
David Mattingly, MD, Chair, Aufranc Fellowship, Chief, Joint Reconstruction
Maureen Broms, Vice President, Quality/Chief Clinical Information Officer
Tom Gheringhelli, Vice President, Finance, Chief Financial Officer
Beth Greenspan, Vice President, Strategy and Business Development
Rachel Rosenblum, Vice President, Ambulatory Operations and Program Development
Mary Sullivan-Smith, Vice President, Clinical Operations & CNO
Linda Thompson, Vice President, Human Resources and Service Excellence

COMMUNITY BENEFITS COMMITTEE

Beth Greenspan, Vice President, Strategy and Business Development
Christine Dwyer, Director, Public Affairs and Community Relations
Heather Mason, MSPT, Director of Rehab Services
Haley Salinas, Director, Research & Financial Administration
Lindsay Holland, Patient Relations Specialist
Jen Rex, RD, LDN, Clinical Nutrition Manager, Food & Nutrition
Lynn Stewart, Manager, Amenities and Student Services
Ashley Dubois, HRIS Coordinator, Human Resources
Janet McCarthy, RN, Registered Nurse and Community Member
Eileen O’Donnell, RN, Registered Nurse, Employee Health
Brooke Dixon, Receptionist, Amenities and Community Member

PATIENT AND FAMILY ADVISORY COUNCIL

Lindsay Holland, Patient Relations Specialist	Alan Harris, Member
Julie Thistlethwaite, Patient Relations Volunteer	Tedi Hughes, Director, Patient Care Services
Ellan Anspach, Member	Carol Kelley, Member
Russell Anspach, Member	Bill Meserve, Member
Mary Antonelli, Sr. Director, Health Care Quality	Mary Miles, Member
Sandy Bakalar, Member	Jon Shaker, Administrative Fellow
Ryan Bugler, Patient	Lynn Stewart, Manager, Volunteer Services, Students & Amenities
Carrie Farmer, Member	Mary Sullivan-Smith, Vice President, Clinical Operations & CNO
Louise (Reddi) Ford, Member	
Eileen Galvin, Director, Case Management	
Sue Harris, Member	

I. PURPOSE AND BACKGROUND

New England Baptist Hospital (NEBH) is one of Boston's leading health care organizations and is nationally recognized for its expertise in orthopedic surgery as well as musculoskeletal disorders and disease. NEBH was the site of one of the first artificial hip replacements in the country and continues to lead the way in new methods to diagnose and treat musculoskeletal disease and promote musculoskeletal health. NEBH prides itself on its ability to blend exceptional patient care and advanced medical knowledge in ways that allow it to achieve the best outcomes for its patients.

In addition to its commitment to clinical excellence, NEBH is committed to collaborating with community partners and residents from across Boston to identify areas of special need and improve the overall health of the region. NEBH works with all segments of the population but in recognition of its strong ties to its surrounding community and its specific clinical expertise, NEBH focuses its community benefit efforts on improving the health and well-being of the low income, underserved populations living in Mission Hill and Roxbury and on musculoskeletal health. NEBH currently operates numerous educational, outreach, and community-strengthening initiatives, collaborates with many of the community's leading service organizations. The Hospital contributes over \$2.5 million annually to support its community benefit commitments and the Massachusetts uncompensated care pool. NEBH is eager to explore ways that it can further engage and enrich its connections to the community.

This report and associated Community Health Improvement Plan is the culmination of four months of work. This project was borne largely out of NEBH's desire to better understand and address the health-related needs of those living in its surrounding community. However, the project also fulfills long-standing requirements of the Massachusetts Attorney General's Office and a new Federal Internal Revenue Service (IRS) requirements, which mandate that all nonprofit hospitals conduct a periodic community health needs assessment (CHNA) and strategic planning process. The Commonwealth requires nonprofit hospitals and managed care organizations to update their CHNAs every year and the IRS requires that a CHNA be conducted every three years. More specifically, the Commonwealth and IRS regulations require that NEBH assess community health need, engage the community, identify priority health issues, and create a community health strategy that describes how the hospital, in collaboration with the community and local health department, will address the needs and the priorities identified by the assessment.

In light of these requirements, NEBH hired John Snow, Inc. (JSI), a nationally recognized public health consulting firm, to conduct a comprehensive community health needs assessment focusing on Mission Hill and Roxbury, its primary service area with respect to its community benefit initiatives. The overall goal of the assessment was to compile information from a range of quantitative and qualitative sources to clarify the health care needs and priorities of community residents and assess the overall strengths and weaknesses of the area's health and social service systems. Ultimately, the purpose of the assessment was to facilitate the development of a strategic plan that would guide how NEBH would work with stakeholders in Mission and Hill and Roxbury to strengthen the community and improve health status moving forward.

II. ASSESSMENT APPROACH AND METHODS

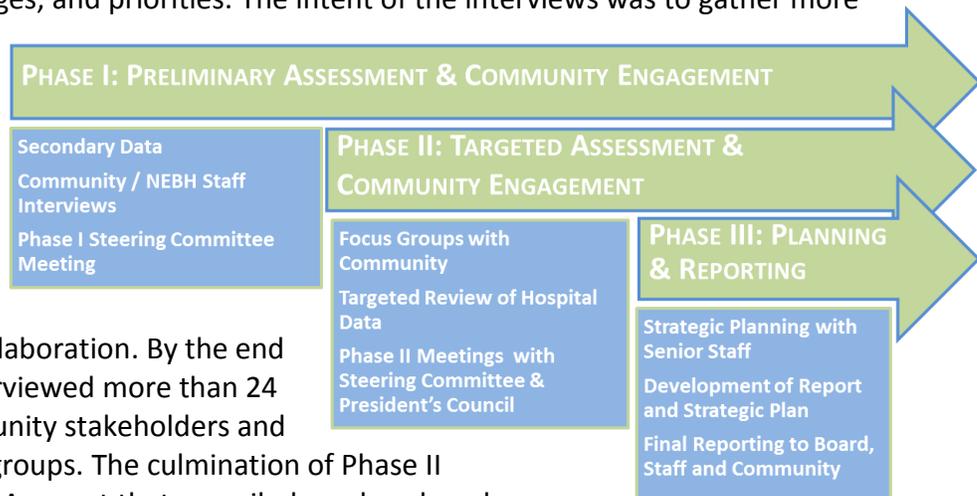
The CHNA was conducted in three phases. In Phase I, the JSI project team conducted a preliminary needs assessment that relied heavily on quantitative health-related data drawn from the Massachusetts Community Health Information Profile (MassCHIP) system as well as other national, state, and local sources. These data allowed the JSI project team to understand the underlying characteristics of area residents and identify the specific segments of the community most at-risk. These data also allowed the project team to better understand the leading causes of morbidity and mortality and the associated health-related risk factors. The culmination of Phase I was a series of meetings with the NEBH President’s Council and the Community Benefits Committee, which allowed JSI to vet its initial findings and get input from key community leaders as well as NEBH clinicians and senior staff.

In Phase II, JSI conducted a series of interviews with key stakeholders and two focus groups with community members. The focus groups helped the JSI project team to engage the community and better understand their health status, health-seeking behaviors, service gaps, health-related challenges, and priorities. The intent of the interviews was to gather more in-depth information

regarding the leading health issues and priorities, better understand how NEBH should address these issues, and identify

partners for future collaboration. By the end of the project, JSI interviewed more than 24 NEBH staff and community stakeholders and conducted two focus groups. The culmination of Phase II was a preliminary CHNA report that compiled, analyzed, and integrated all of the data collected in Phases I and II of the project. The content of this report was then presented to the President’s Council, other NEBH staff, and key community leaders in order to gather their input.

In Phase III, Christine Dwyer, Director of Public Affairs and Community Relations, and Beth Greenspan, Vice President, Chief Strategy Officer, worked with JSI to integrate the CHNA’s findings, including feedback from NEBH staff and the community, and developed NEBH’s Community Health Improvement Plan. In Phase III, JSI also developed a final CHNA report, obtained approval for its Community Health Improvement Plan from NEBH’s Board of Trustees, and disseminated the results of the project to internal and external stakeholders.



NEW ENGLAND BAPTIST HOSPITAL COMMUNITY BENEFIT SERVICE AREA

- NEBH's primary service area spans Greater Boston and beyond
- NEBH's community benefit service area includes Mission Hill and parts of Roxbury and Jamaica Plain



III. SUMMARY OF COMMUNITY CHARACTERISTICS & DETERMINANTS OF HEALTH

An understanding of community need and health status in NEBH's community benefit service area begins with knowledge of the population's characteristics as well as the underlying economic and environmental factors that impact health. This information is critical to recognizing disease burden, identifying target populations, setting health-related priorities, and targeting strategic responses. The assessment captured a wide range of quantitative data from the U.S. Census Bureau and other state and local sources related to age, gender, race/ethnicity, income, poverty, family composition, education, crime, unemployment, access to food and recreational facilities, violence, and other determinants of health. Qualitative information from interviews and focus groups provided community perceptions on underlying health-related issues, highlighted service gaps and barriers to access, and clarified community health priorities.

The following are key findings related to community characteristics and the determinants of health for NEBH's community benefit service area. Since Mission Hill is the dominant geography in NEBH's community benefit service area, the focus of this summary is on Mission Hill as compared to Roxbury and Boston overall.

- **Age:** Mission Hill's population has larger proportions of older adults (65+) and smaller proportions of children (<18) than the populations in Roxbury and Boston overall. With respect to age, the most striking finding is the extremely large proportion of young adults (college students) that reside in Mission Hill compared to Roxbury and Boston overall, which skews the age distribution. More than 40% (40.2%) of Mission Hill's population is between 18 and 24 years old, compared to 16.4 for Roxbury and 19.0% for Boston overall.
- **Race/Ethnicity, Foreign Born Status, and Language:** The proportion of racial/ethnic minority populations in Mission Hill is high relative to the Commonwealth of Massachusetts overall but mirrors the proportions in both Roxbury and Boston overall. However, the specific characteristics of the racial/ethnic minority population in Mission Hill are very different. In Mission Hill there are much larger percentages of Asian residents and smaller proportions of African American and Hispanic residents compared to Roxbury. Across Mission Hill, Roxbury, and Boston overall, more than one-third of the populations are foreign born and more than one-third of the populations speak a language other than English at home. There are clear and well-recognized health disparities among racial/ethnic minority and foreign populations compared to the majority non-Hispanic white population. In addition, there are significant health literacy issues among racial/ethnic minorities, particularly with foreign-born populations and for those with limited ability to speak English.
- **Income/Poverty:** Large proportions of the populations in Mission Hill and Roxbury live in poverty (< 100% of the Federal Poverty Level - FPL) or low-income households (< 200% FPL) and struggle to pay for food and other basic household items. In Mission Hill 39% of the households are living in poverty, compared to 35% in Roxbury, and 21% in Boston overall. The significant and negative impacts of poverty were also discussed in nearly all of interviews and in each focus group. The Mission Hill figures are somewhat skewed by the large numbers of college students that live in the area and do not have a regular income. If

these young adults living in non-family households are taken out of the analysis, Mission Hill fairs slightly better than Roxbury. However, poverty and its impacts are still major issue for Mission Hill's families and other more permanent residents.

- **Education:** Compared to Boston, residents of Mission Hill are less likely to have a high school diploma. Compared to Roxbury, however, Mission Hill residents are more likely to have a high school diploma. Once again, this data is skewed by the high number of transient young adult residents who attend Boston's many universities and colleges and live in Mission Hill.

Demographic and Socio-Economic Characteristics of Mission Hill, Roxbury, and Boston

(Source: US Census Bureau, 2007-2011 ACS Survey Estimates)

	Boston		Roxbury		Mission Hill	
Total Population						
Total Population	609,942		45,829		15,883	
Gender						
Male	291,879	47.9%	21,116	46.1%	7,806	49.1%
Female	318,063	52.1%	24,713	53.9%	8,077	50.9%
Age						
< 18	104,147	17.1%	12,156	26.5%	2,050	12.9%
18-24	115,878	19.0%	7,471	16.3%	6,392	40.2%
25-44	204,421	33.5%	11,578	25.3%	3,771	23.7%
45-64	124,145	20.4%	10,247	22.4%	2,013	12.7%
65-74	31,474	5.2%	2,228	4.9%	750	4.7%
75+	29,877	4.9%	2,149	4.7%	907	5.7%
Race/Ethnicity						
White (non-Hispanic)	287,554	47.1%	3,695	8.1%	7,591	47.8%
Black / Af.Am. (non-Hispanic)	140,612	23.1%	26,081	56.9%	2,859	18.0%
Asian (non-Hispanic)	1,069	0.2%	1,345	2.9%	2,234	14.1%
Hispanic or Latino	105,484	17.3%	12,647	27.6%	2,775	17.5%
Other	75,223	12.3%	2,061	4.5%	424	2.6%
Foreign born Status						
Foreign born	165,394	27.1%	10,812	23.6%	3,798	23.90%
Language Spoken at Home (5 Years and Over)						
Speaks Language Other than English	208,550	36.1%	17,261	40.5%	5,474	35.6%
Speaks only English	369,435	63.9%	25,310	59.5%	9,911	64.4%
Speaks Spanish	89,354	15.5%	10,732	25.2%	2,191	14.2%
Speaks other Language	119,196	20.6%	6,529	15.3%	3,283	21.3%
Educational Attainment (25 Years and Over)						
< High School Diploma	61,454	15.8%	6,458	24.6%	1,240	16.7%
High school graduate / GED	89,373	22.9%	7,515	28.7%	1,787	24.0%
Bachelor's degree or higher	166,991	42.8%	5,379	20.5%	2,870	38.6%
Poverty by Household Type						
Total households:	247,621	100.0%	17,291	100.0%	6,230	100.0%
Households in Poverty	52,424	21.2%	6,054	35.0%	2,418	38.8%
Family households in Poverty	18,642	16.0%	3,127	31.6%	461	22.3%
Non-family households in Poverty	33,782	25.7%	2,927	39.6%	1,957	47.0%
Housing Type						
Total Occupied housing units	247,621	100.0%	17,291	100.0%	6,230	100.0%
Owner-occupied	85,756	34.6%	3,850	22.3%	623	10.0%
Renter-occupied	161,865	65.4%	13,441	77.7%	5,607	90.0%

- **Lack of Employment, the Economic Downturn, and its Impacts:** While Mission Hill residents appear better off than residents of Roxbury on this issue, a large proportion of the Mission Hill population are either unemployed or do not consider themselves part of the workforce. The unemployment rate in Mission Hill for people over the age of 16 years old is just 8.1%, compared to 16.5% in Roxbury and 10.2% in Boston overall. However, in order to get a clear picture of this issue one must also consider the number and proportion of the population who do not consider themselves part of the workforce. In Mission Hill nearly 40% (5,873) of the 16-year-old-and-over population does not consider itself to be part of labor force, which means that 41% (5,873) of the total population is not employed. Viewed in this manner, Mission Hill is still better off than Roxbury but not nearly to the extent that unemployment figures alone suggest. In Roxbury, 51% (17,837) of the population is not employed and in Boston overall the figure, not surprisingly, is much lower at 38% (199,006).

Unemployment and the impact that the economic downturn has had on the Mission Hill community over the past 3-5 years was one of the dominant, if not the most dominant, themes in the interviews and focus groups. Lack of employment opportunities for Mission Hill's youth and adults has greatly impacted their ability to provide food and other basic household items, to say nothing of other comforts that many take for granted. These issues have also impacted people's emotional health and led to isolation, particularly for older adults on limited fixed incomes. Certainly, poverty, unemployment, isolation, and emotional well-being are important determinants of health and wellness.

- **Food Insecurity:** Another dominant theme from the interviews and focus groups was the lack of access to affordable, healthy foods. Interviewees and focus group participants discussed the fact that there are few places for residents of Mission Hill and Roxbury to buy reasonably priced fresh vegetables and other nutritional foods. Participants also spoke of the high prices and lack of fresh vegetables at the large, local grocery stores in the area and the long distances that they had to travel to access more affordable healthy food options.
- **Transportation:** Given the steep and hilly landscape of Mission Hill, transportation was seen as a major barrier and determinant of health and well-being. Lack of transportation was a leading theme from the assessment interviewees and focus group participants, especially for older adult and low-income residents lacking a personal vehicle. Interviewees and focus group participants discussed challenges related to navigating the hilly terrain on Mission Hill, the isolation that those without a personal car experienced, the necessity for many to travel outside the Mission Hill area to find affordable food and other basic items, and the importance of the Mission Link public transportation service.
- **Access to Recreational Facilities:** Despite the density of the Mission Hill community, access to recreational facilities and open spaces is one of Mission Hill's assets. There are a number of parks, recreational areas, and indoor community centers. As will be discussed later in the report, a high proportion of the population is overweight and does not get regular physical exercise, but not necessarily because recreational facilities or open spaces are in short supply.

- **Violence:** Rates of homicide and non-fatal gunshot wounds seen in the city's hospital emergency departments are considerably higher in Roxbury (including Mission Hill) than in Boston overall. While there was a clear consensus among interviewees and focus group participants that this issue had improved dramatically over the past 2 decades and that Mission Hill was considerably safer than Roxbury overall, this group agreed that violence still had a major impact on the community. Violence negatively affects the health of those directly involved but also has major negative emotional effects on those who are indirectly involved and the community more broadly. These impacts include mental health issues, isolation, and lack of community cohesion. Nearly everyone who was interviewed or involved in focus groups discussed the impacts of violence and its associated trauma, particularly on the area's youth and their families. Nearly everyone we talked with said that they knew someone who had been impacted directly by violence and understood first-hand the toll it took on the community.

IV. KEY HEALTH-RELATED FINDINGS

At the core of the CHNA process is an understanding of the leading causes of illness and death and the extent that communities participate in certain risky behaviors. This information is critical to assessing health status, clarifying health-related disparities, and identifying community health priorities. The assessment captured a wide range of quantitative data from the Boston Public Health Commission's (BPHC) Health of Boston Report and the Massachusetts Department of Health's Community Health Information Profile (MassCHIP) system. Specifically, data was captured related to health risk factors (e.g., tobacco use, physical exercise, poor nutrition, and alcohol abuse), chronic disease (e.g., heart disease, diabetes, asthma, and stroke), mental health and substance abuse, maternal and child health (e.g., adolescent birth rate, low birth weight, and infant deaths), and infectious disease, (e.g., HIV and pneumonia). Again, qualitative information gathered from the assessments interviews and focus groups greatly informed this section by providing community perceptions on the leading causes of illness and health priorities.

The following are key findings related to health risk factors, chronic disease, mental health and substance abuse, maternal and child health, and infectious disease. Given the major disparities that are known to exist by race/ethnicity for the leading health indicators, the analysis compares disease rates or prevalence of certain risk factors by community and race/ethnicity group. It should be noted, however, that unlike the data related to community characteristics and social determinants, the Mission Hill community is considered to be part of the Roxbury neighborhood and data is not broken out specifically for Mission Hill.

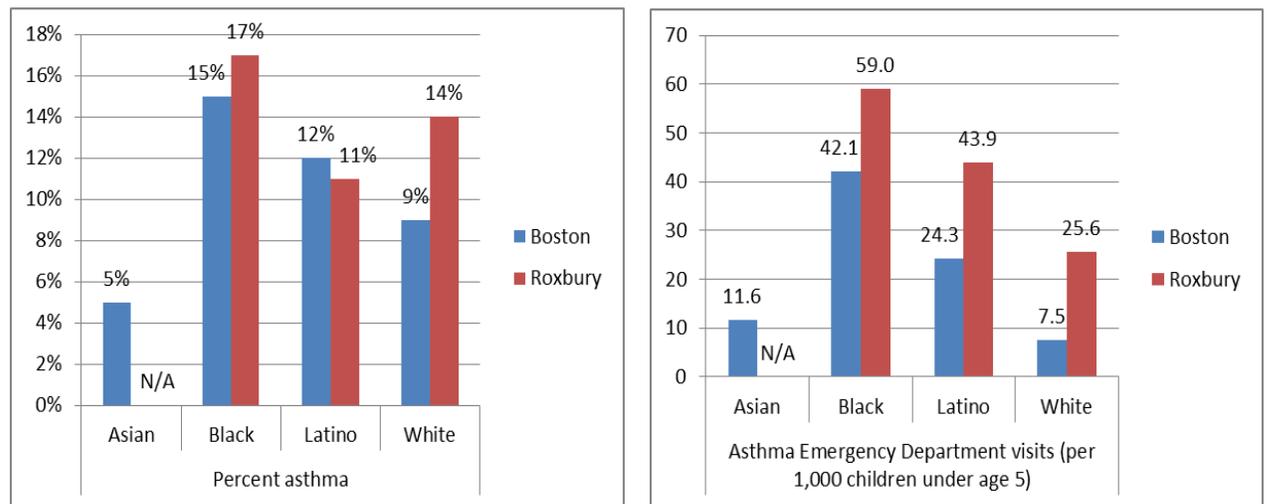
- **Health Risk Factors:** There is a growing appreciation of the effects that certain risk factors, such as obesity, tobacco use, and lack of physical exercise, have on health status and the burden of chronic disease. Non-Hispanic white (white) and African Americans/black (black) residents of Roxbury and Mission Hill are more likely than black and white residents from Boston to use tobacco and be obese. The rates of those who do not get adequate physical exercise are not significantly higher in Roxbury and Mission Hill than in Boston overall.

However, the rates are still high, with approximately 50% of residents of Roxbury and Mission Hill, across all race/ethnicity categories, not getting regular physical exercise. Qualitative information from the assessment interviews and focus groups corroborated these findings and nearly all discussion participants cited obesity, poor nutrition, and lack of physical exercise as leading health issues.

- Chronic Disease:** Cardiovascular disease (heart disease), cancer, and cerebrovascular disease (stroke) are the three leading causes of death in the United States, Massachusetts, and Boston. Diabetes is also ranked in the top 10 across all three of these geographic areas. All these issues share the health risk factors cited above as the principal causal factors. With little doubt, the current burden of chronic disease reflects past exposure to these risk factors, and the future burden will be largely determined by current exposures to these factors. There are major health disparities with respect to many of the leading chronic disease rates for those living in Roxbury compared to those living in Boston overall. The disparities between Boston and Roxbury rates cut across all racial/ethnic minority categories, but blacks face disparities across more of the leading chronic diseases than other race/ethnicity groups.

Whites in Roxbury are nearly 3 times more likely to have an emergency department visit for asthma than whites in Boston. Hispanics in Roxbury are nearly twice as likely to have an emergency department visit for asthma as Hispanics in Boston overall, and blacks in Roxbury are 30% more likely to have a visit for asthma than are blacks in Boston overall.

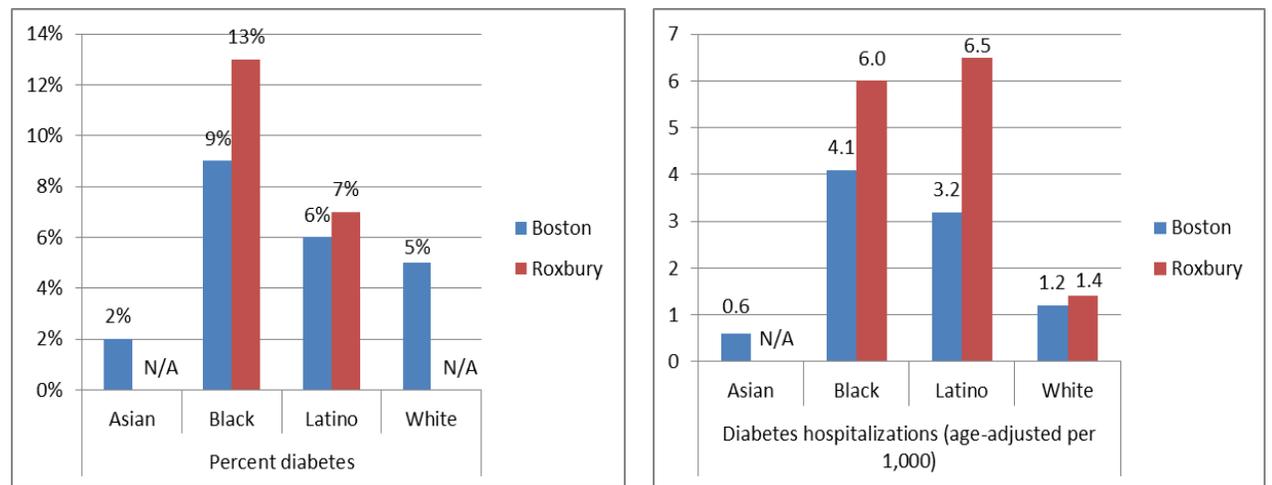
Prevalence of Asthma and Asthma-related Emergency Department Visits for Boston and Roxbury Residents (Source: Health of Boston Report, 2012-2013)



Similar but less extreme findings are found for heart disease and diabetes, which show geographic disparities across all race/ethnicity categories, but particularly for blacks. It should be noted that in some cases, for example with respect to stroke, the data does not necessarily show a disparity in health status for Roxbury residents compared to Boston residents overall. This does not mean that the rates are not high and unacceptable. Stroke is

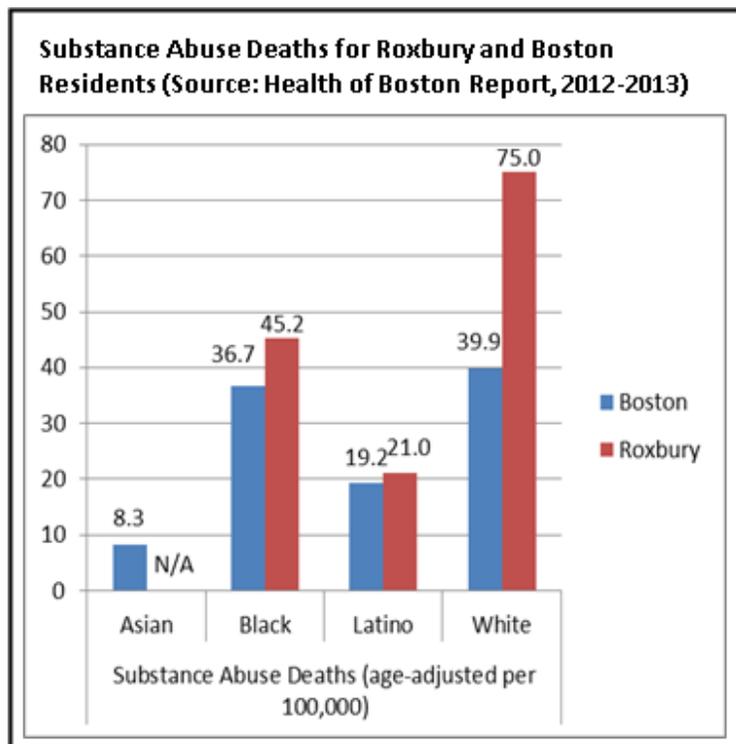
still the third-leading cause of death, and the fact that Roxbury's rates are not worse than Boston's does not mean that it is not a major health issue. Once again, qualitative information from the assessment interviews and focus groups corroborated these findings. Chronic disease was cited by most discussion participants as one of the leading health issues.

Prevalence of Diabetes and Diabetes-Related Hospitalizations for Boston and Roxbury Residents (Source: Health of Boston Report, 2012-2013)



- Mental Health and Substance Abuse:** The burden of poor mental health and substance abuse in the United States is among the highest of all health issues. Data from the Centers for Disease Control and Prevention suggests that approximately 1 in 4 adults in the United States has a mental health disorder and an estimated 22 million Americans struggle with drug or alcohol problems. Depression, anxiety, and alcohol abuse are directly associated with chronic disease, and a high proportion of those living with these issues also have a chronic medical condition.

Substance abuse death rates for those living in Roxbury are substantially higher than for those living in Boston overall across all race/ethnicity categories. While the prevalence



of depression (persistent sadness) is not substantially higher in Roxbury compared to Boston overall, the rates are still high in their own right, with more than 1-10 people experiencing persistent sadness. Qualitative information from interviews and focus groups highlighted the impact of depression and isolation, particularly for older adults in Mission Hill. Substance abuse was cited as a major health issue for young adults but not for the population overall.

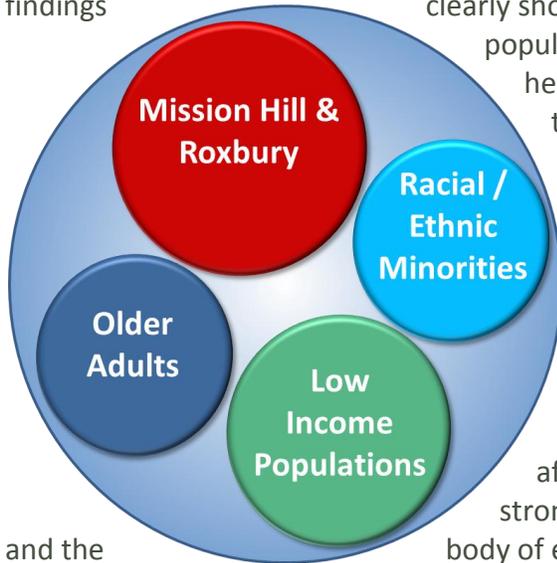
- **Maternal and Child Health:** The health disparities with respect to the leading maternal and child health indicators (e.g., infant mortality, prenatal care, adolescent births, and low birth weight) for racial/ethnic minority populations in the nation's urban areas are well known. Boston is not immune to these issues and while the disparities have lessened over the years, there are still significant disparities in outcomes, particularly for blacks and Hispanics. The infant death rate for Hispanics in Boston overall is twice the rate of whites, and for blacks the rate is three times the rate of whites. Hispanic adolescents in Boston overall are three times more likely to give birth to a babies as white adolescents.
- **Infectious Disease:** Infectious diseases are caused by bacteria, viruses, parasites or fungi and can be spread, directly or indirectly, from one person to another. Sexually transmitted disease (e.g., HIV/AIDS, Chlamydia, Gonorrhea, Syphilis), food borne illnesses (e.g., salmonella), vaccine preventable conditions (e.g., pertussis, Tuberculosis), and pneumonia are the most common infectious diseases. Nearly across the board, rates of infectious disease nationally, statewide, and locally are declining partly attributed to improvements in sanitation, living conditions, the development and widespread use of vaccines to prevent illnesses, and drugs to treat and cure disease. However, as with most leading health indicators there are major disparities with respect to race and ethnicity across nearly all infectious diseases. In the case of infectious disease, there are also disparities with respect to age. Throughout Boston, African Americans and Hispanics/Latinos are more at-risk and have higher rates of many of the most common infectious diseases and with respect to sexually transmitted disease, youth and young adults are most at-risk.

The 2012-2013 Health of Boston Report that was the basis for much of this assessment has limited data on infectious disease and there is no current information reported for Mission Hill and Roxbury. Sexually transmitted diseases, particularly for youth and young adults was mentioned in our qualitative interviews and focus groups. Pneumonia, particularly in older adults, was also mentioned in our interviews and focus groups. However, infectious disease was not identified as a priority.

V. COMMUNITY HEALTH PRIORITIES AND TARGET POPULATIONS

Target Populations

NEBH is committed to improving the health status and well-being of those living throughout its community benefit service area. NEBH's Community Health Improvement Plan, provided in the next section, includes many activities that will impact all residents. However, the assessment's findings



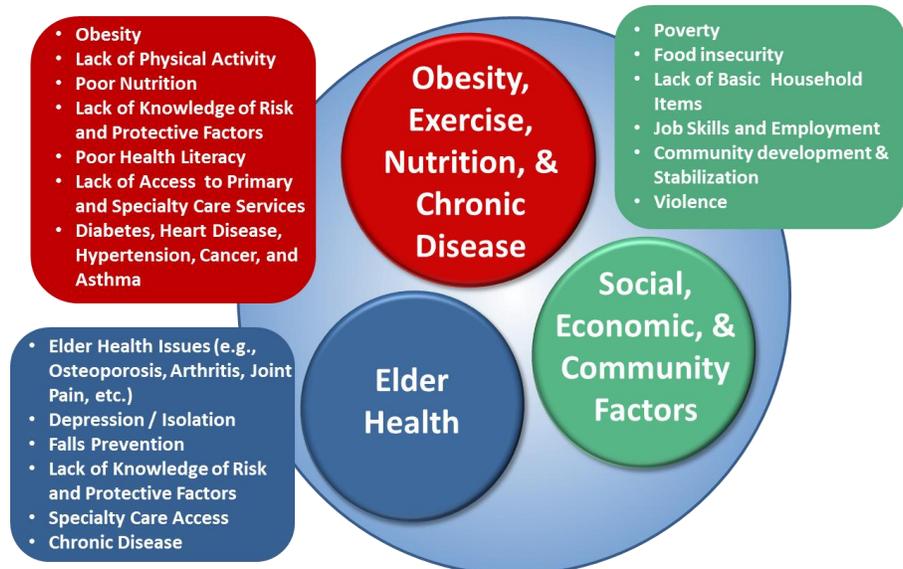
and the

clearly showed that low income and racial/ethnic minority populations are most at-risk and that there are major health disparities for these populations compared to their majority non-Hispanic white counterparts and for more affluent populations overall. More specifically as discussed above at length, African Americans, Hispanics/Latinos, and Asians have poorer health outcomes and are more likely to struggle with health risk factors than their non-Hispanic white counterparts. While there was no data that looked specifically at the health status of low-income populations as compared to more affluent populations, the data certainly suggests a strong link between poor health outcomes and income, body of evidence state- and nation-wide showing this link is irrefutable. Information from the assessment's interviews and focus groups also alluded to low-income populations being the most significant at-risk group. Finally, the assessment's finding showed that older adults are disproportionately affected by many health issues, particularly chronic medical and mental health conditions.

Community Health Priorities

The CHNA's approach provided ample opportunity to vet the quantitative and qualitative data compiled during the assessment. In addition, interview and focus group participants were asked what they perceived to be the leading community health priorities. Ultimately, there was little debate that the most

significant health-related issue facing the communities surrounding NEBH was the broader social and economic determinants (e.g., poverty, unemployment, food insecurity, violence, transportation), which prevent many residents, particularly low income, racial/ethnic minority, and older adult residents



from maintaining a healthy lifestyle and/or accessing the regular preventive and acute health services they need. In addition to this underlying priority, issues related obesity, lack of physical exercise, and poor nutrition as well as the chronic diseases that are often associated with these factors were seen as another priority. Finally, issues related to older adult health (e.g., general health and wellness, falls prevention, isolation/depression, osteoporosis, chronic disease) were also a priority. This is particularly true if one prioritizes the more permanent residents of the community, who are disproportionately older than the community overall.

VI. SUMMARY COMMUNITY HEALTH IMPROVEMENT PLAN

Priority Area 1: Social and Economic Determinants of Health				
Goal	Target Population	Programmatic Objectives	Community Activities	Community Partners
Increase Access to Healthy Foods and other Basic Household Needs	<ul style="list-style-type: none"> • Low-income individuals and families 	<ul style="list-style-type: none"> • Educate individuals and families about healthy eating, meal planning, household budgeting, etc. • Decrease the number of individuals and families who suffer from food insecurity and/or lack basic household items 	<ul style="list-style-type: none"> • Support community food pantries • Support and promote the development of community workshops, cooking classes, and educational sessions • Promote a mobile farmers' market to the community at a discounted rate 	<ul style="list-style-type: none"> • Action for Boston Community Development (ABCD) Parker Hill/Fenway and Jamaica Plain • Mission Hill Elementary School to combat hunger • Roxbury Tenants of Harvard (RTH) • Tobin Community Center
Increase Job Opportunities for Youth and Adults	<ul style="list-style-type: none"> • Youth and adults 	<ul style="list-style-type: none"> • Provide summer internship and employment opportunities for youth • Provide career training and employment opportunities for adults interested in health careers 	<ul style="list-style-type: none"> • Support the Meredith Cameron Youth Opportunity Internship • Promote hospital job opportunities to Mission Hill residents 	<ul style="list-style-type: none"> • Action for Boston Community Development (ABCD) Parker Hill • Sociedad Latina • Roxbury Tenants of Harvard (RTH) • Mission Main
Improve Access and Safety to Essential Community Venues for Mission Hill Residents	<ul style="list-style-type: none"> • Mission Hill community 	<ul style="list-style-type: none"> • Increase the number of Mission Hill residents who have access to affordable transportation to ensure access to basic needs and reduce isolation • Improve accessibility and beautify community parks and other areas • Remove trash and provide cleaning services in community settings 	<ul style="list-style-type: none"> • Support Mission Link • Maintain McLaughlin Field • Make community improvements to walkways and other public areas • Provide trash truck and clean public areas after move-in day 	<ul style="list-style-type: none"> • Mission Link • Friends of McLaughlin Park • City of Boston • Problem Properties Task Force
Develop and Stabilize Community Housing Market	<ul style="list-style-type: none"> • NEBH staff 	<ul style="list-style-type: none"> • Provide mortgage and rental assistance to NEBH employees interested in moving to Mission Hill 	<ul style="list-style-type: none"> • Promote Mission Hill Mortgage and Rental Assistance Program to NEBH staff in order to stabilize housing market and promote more permanent residency 	<ul style="list-style-type: none"> • No partners necessary

Priority Area 2: Obesity, Fitness, Nutrition, and Chronic Disease				
Goal	Target Population	Programmatic Objectives	Community Activities	Community Partners
Promote General Health and Wellness	<ul style="list-style-type: none"> • Children • Youth • Adults 	<ul style="list-style-type: none"> • Educate the public about health risk factors, health promotion, and basic wellness 	<ul style="list-style-type: none"> • Support and promote the development of community workshops and educational sessions on key health issues in community venues 	<ul style="list-style-type: none"> • Boston Public Health Commission • Sociedad Latina • Roxbury Tenants of Harvard (RTH) • Mission Main
Increase Physical Activity	<ul style="list-style-type: none"> • Children • Youth • Adults 	<ul style="list-style-type: none"> • Educate on healthy eating and active living • Increase the number of children and adults who are physically active • Improve accessibility and beautify of walkways, community parks, and recreation areas 	<ul style="list-style-type: none"> • Support and promote the development of community workshops and educational sessions • Support and promote the development of walking and other physical activity groups in community venues • Maintain McLaughlin Field • Make community improvements to walkways and other public areas • Support Little League • Support Summer Camp at the Tobin Community Center 	<ul style="list-style-type: none"> • Tobin Community Center • Mission Hill Health Movement • Action for Boston Community Development (ABCD) • Public Housing Facilities • Little League • McLaughlin Field • Legacy Project
Increase Healthy Eating	<ul style="list-style-type: none"> • Children • Youth • Adults 	<ul style="list-style-type: none"> • Educate on healthy eating and active living • Decrease the number of individuals and families who suffer from food insecurity • Increasing access to healthy foods, fruits, and vegetables 	<ul style="list-style-type: none"> • Support community food pantries • Support and promote the development of community workshops, cooking classes, and educational sessions • Promote participation in mobile farmers' markets • Collaborative 	
Increase Screening, Identification, and	<ul style="list-style-type: none"> • Children • Youth 	<ul style="list-style-type: none"> • Promote obesity screening for children and youth in community- 	<ul style="list-style-type: none"> • Support and promote community health fairs and 	<ul style="list-style-type: none"> • Sociedad Latina • Tobin Community Center

<p>Referral for People with Chronic Disease and/or Associated Risk Factors</p>	<ul style="list-style-type: none"> • Adults 	<p>based settings</p> <ul style="list-style-type: none"> • Link children and youth who are overweight or obese to evidence-based programs that promote healthy eating and active living • Increase the number of adults screened for hypertension, diabetes, depression, high cholesterol, and other leading chronic diseases • Link those who have chronic disease or its associated risk factors to primary care and/or evidence-based chronic disease management programs 	<p>screening/referral events</p> <ul style="list-style-type: none"> • Develop primary and specialty care referral networks for those in need 	<ul style="list-style-type: none"> • Mission Hill Health Movement • Action for Boston Community Development (ABCD) • Roxbury Tenants of Harvard (RTH) • Public Housing Facilities • NEBH and Care Group Member Organizations
---------------------------------------------------------------------------------------	------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>Priority Area 3: Elder Health</p>				
<p>Goal</p>	<p>Target Population</p>	<p>Programmatic Objectives</p>	<p>Community Activities</p>	<p>Community Partners</p>
<p>Promote General Health and Wellness for Elders</p>	<ul style="list-style-type: none"> • Elders 	<ul style="list-style-type: none"> • Increase general knowledge about chronic disease, physical activity, nutrition, behavioral health, and falls prevention 	<ul style="list-style-type: none"> • Support and promote the development of community workshops and educational sessions • Create an elder health education and prevention center • Participate in MA Department of Public Health Stanford Self-Management Support Program Initiative 	<ul style="list-style-type: none"> • Boston Public Health Commission • Mission Hill Health Movement • Action for Boston Community Development (ABCD) • Roxbury Tenants of Harvard (RTH) • Legacy Project • Public Housing Facilities
<p>Reduce Falls in Elders</p>	<ul style="list-style-type: none"> • Elders 	<ul style="list-style-type: none"> • Increase balance training and physical activity; medical management of existing illness; and environmental/home modifications 	<ul style="list-style-type: none"> • Participate in MA Department of Public Health Matter of Balance Program and other evidence-based initiatives 	<ul style="list-style-type: none"> • MA Department of Public Health • Boston Public Health Commission • Roxbury Tenants of Harvard (RTH) • Legacy Project

<p>Decrease Depression and Social Isolation in Elders</p>	<ul style="list-style-type: none"> • Elders 	<ul style="list-style-type: none"> • Increase the number of Mission Hill residents who have access to affordable transportation • Reduce isolation • Increase screening, identification, and referral for elders with depression 	<ul style="list-style-type: none"> • Support Mission Link • Develop or support communal activities that bring elders together • Support activities sponsored by Legacy Project • Develop or support elder health screening initiatives that include depression screening 	<ul style="list-style-type: none"> • Mission Hill Health Movement • Public Housing Facilities • Legacy Project • Roxbury Tenants of Harvard (RTH) • Action for Boston Community Development (ABCD)
<p>Increase Screening, Identification, and Referral for Health Issues such as Osteoporosis, Arthritis/Lupus, and Depression</p>	<ul style="list-style-type: none"> • Elders 	<ul style="list-style-type: none"> • Increase the number of elders screened for osteoporosis, arthritis/lupus, depression, joint issues, and other leading elder health issues/conditions • Link those who have chronic disease or other health issues to appropriate primary and specialty care 	<ul style="list-style-type: none"> • Develop or support elder health screening initiatives • Develop primary care and specialty care referral networks for those in need 	<ul style="list-style-type: none"> • NEBH and Care Group Member Organizations • Public Housing Facilities • Legacy Project • Roxbury Tenants of Harvard (RTH)

VI. ON-GOING PLANNING, COMMUNITY ENGAGEMENT, AND IMPLEMENTATION

Historically, NEBH has relied heavily on Mission Hill's and Roxbury's leading health and social service organizations to implement its community benefit initiatives. To this end, the Hospital has provided financial support directly to community organizations such as Sociedad Latina, the Tobin Community Center, Mission Hill Health Movement, Action for Boston Community Development (ABCD), Mission Hill Little League, and the Roxbury Tenants of Harvard (RTH). NEBH will continue to operate in this manner but will also expand existing and develop new community education, outreach, health promotion, and community enrichment activities. This assessment was meant to ensure that the community benefit program was aligned with and responsive to the needs of its target population. All the activities discussed in NEBH's Community Health Improvement Plan are aligned with key findings identified during the assessment.

The efforts that are part of NEBH's Community Health Improvement Plan will be implemented and coordinated by Christine Dwyer, Director of Public Affairs and Community Relations at NEBH, who will work in close concert with NEBH's Community Benefit Committee and Patient and Family Advisory Council as well as key stakeholders throughout the community. Ultimately, the Community Health Improvement Plan will be overseen by Beth Greenspan, Vice President of Strategic Planning and Network Development, and NEBH's President's Council, which is comprised of the hospital's senior leadership team.

New England Baptist Hospital is committed to collaborating with community partners and residents to strengthen the community and improve overall health and well-being. NEBH is also committed to leveraging existing resources and building local capacity. NEBH looks forward to strengthening its connections and to continued collaboration with the area's social service organizations, community groups, and residents.