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Executive Summary

While the full effects of health reform in the United States have yet to be realized, one thing is certain: from the largest teaching hospital to the smallest rural clinic, the assumptions that drive care delivery are changing. No longer will a patient's immediate condition be treated without consideration of the factors that have given rise to that situation - the external determinants that drive either health or illness and overpower the impact of a discrete prescription or an isolated emergency room visit. The results of such a myopic approach are evidenced in the status quo: fragmentation of care, disconnect between providers, duplication of services, and an overuse of resources.

Recognition of this critical situation has produced a renewed commitment across the US health system to focusing on three principal issues: improving the experience of patient care, providing care that improves the health of whole populations, and reducing the per capita cost of health care. Collectively referred to as the Triple Aim, these three goals create a roadmap for health systems to look both internally and externally at the conditions and drivers of health, and by innovation, to discover new ways of addressing those factors. The aim of this Population Health Improvement Report (PHIR) is to present the areas of opportunity for St. Elizabeth's Medical Center to optimize health system quality and address while confronting the pressing health concerns impacting the populations in its community.

This report details the most imminent concerns that arose from the examination of health related data in St. Elizabeth's Medical Center's (SEMC) service area population retrieved from sources such as the US Census Bureau and the Boston Public Health Commission's Health of Boston 2011 Report. We also collected primary data through a survey of SEMC's Community Benefits Advisory Committee and focus group discussions with local residents. Internally, discussion with hospital staff and leadership and directors of patient services and systems at SEMC were done and examined for areas of action for improvement in quality and cost. Five areas of opportunity emerged:

**Obesity and Chronic Disease**
Both Brookline (27.0%) and Newton (28.5%) have a higher percentage of deaths due to heart disease than the US as a whole (24.6%). Waltham (26.7%) and Watertown (28.0%) have a higher percentage of deaths due to cancer than the US as a whole (23.0%). Obesity is also an issue, with close to 25% of West Roxbury residents in this category. Additionally, chronic disease is an area of major concern because afflicted patients are more susceptible to issues resulting from fragmentation of care.

**Health Insurance and Access to Care**
In Waltham, approximately 6% of residents report having no health insurance; this is higher than the state rate of uninsured of 4.2%. Although health insurance coverage was made available to all Massachusetts residents in 2006, barriers to care remain due to lack of knowledge of available resources, lack of availability of appointments with physicians, and inflexible time schedules.

**Underserved Populations**
SEMC's primary service area (PSA) includes a higher-than-average percentage of foreign-born residents. Approximately 25% of St. Elizabeth's PSA is foreign-born, as compared to just 14% of the Massachusetts population. West Roxbury (16.36%), Watertown (14.98%), and Newton (15.24%) have a larger percentage of persons ages sixty-five and over when compared to the state average. This elderly population was identified in the focus groups as an underserved community requiring increased resources and support for their healthcare needs.
Behavioral Health
Waltham's age-adjusted discharge rate for mental health disorders is 964.5/100,000 people, which is higher than the Massachusetts average. Behavioral health issues, particularly within the elderly population, are a concern for this community according to focus group data. Lack of caretaker support and knowledge of available resources were also cited as issues within SEMC’s PSA.

Substance Abuse
Alcohol and substance abuse rates in both Waltham and Watertown increased slightly from 2008-2009. Similarly, although below the state rate, rates of hospitalizations due to opioid-related injuries increased from 2008-2009 throughout St. Elizabeth’s service area. Lack of resources for substance abuse was also listed as an area of concern in both the focus group and survey responders for the SEMC community.

Recommended Actions for the Health System

Chronic Disease and Obesity
• Implement a Farmers’ Market Prescription Program for persons with diabetes to access fresh fruits and vegetables from local markets. In addition, patients will enroll via the diabetes education program to gain necessary information to help in disease management.
• Develop and implement a program that provides elderly congestive heart failure patients with culturally appropriate, low-sodium, and low-fat meals to encourage healthy eating patterns at home and to avoid hospital readmissions.
• Partner with local religious and community-based organizations to conduct outreach and education around nutrition, portion control, and the importance of physical activity.

Health Insurance and Access to Care
• Continue to support the utilization of Community Health Advocates to provide follow-up enrollment assistance for uninsured patients who visit the emergency department
• Conduct neighborhood-level outreach in strategic areas to offer assistance enrolling in available state health insurance programs.
• Utilize social media to inform community members of St. Elizabeth’s community partnerships and community benefit initiatives.

Underserved Populations
• Develop an Elderly Outreach program to provide education for seniors on relevant health topics such as medication adherence and reducing transportation barriers.
• Conduct more primary care physician outreach to the elderly, Russian, Latino, and Asian populations to increase healthcare access.
• Utilize bilingual Community Health Advocates to conduct outreach to underserved populations.

Behavioral Health
• Develop a support group for caretakers of patients with dementia and Alzheimer’s disease.
• Further assess barriers to mental health treatment in the Allston-Brighton neighborhood.

Substance Abuse
• Institute a patient navigator that will link individuals with substance abuse patients to clinical services as well as primary care and social and mental health services in the community.
• Continue collaboration with the Allston-Brighton Substance Abuse Coalition.
Introduction

Part of the Steward Health Care System, St. Elizabeth’s Medical Center (SEMC) is a community-based tertiary care hospital located in the Brighton neighborhood of Boston. Steward Health Care System is a community-based accountable care organization and community hospital network serving more than one million patients annually in more than 150 communities in Massachusetts, New Hampshire, and Rhode Island.

With 252 acute-care beds, St. Elizabeth’s is an inpatient and outpatient facility that is also a teaching affiliate of Tufts University School of Medicine. Its clinical strengths include family medicine, cardiovascular care, women and infants’ health, cancer care, neurology care, and orthopedics. Located just west of downtown Boston, SEMC is accessible by local bus routes and by car. The hospital serves the neighborhoods and towns of West Roxbury, Newton, Allston-Brighton, Back Bay, Brookline, Waltham, and Watertown.

St. Elizabeth’s Medical Center maintains a Community Health Department that focuses on integrating care across the spectrum of hospital, primary, and community-based care. A Community Benefits Advisory Committee comprised of hospital leadership, representatives of local health and human service organizations, city health departments, community centers, and schools guides the planning and execution of the community health initiatives.

This report provides the results of an examination of the health conditions and social factors affecting the people living in the neighborhoods and towns surrounding SEMC as well as the key issues the hospital needs to address to improve quality and address cost. Evaluation of both the needs of the community and the strategic goals of the hospital furthers the prospect of working collectively to improve both the health delivery system and the health of the population. Opportunities are realized at the intersection of the hospital’s strengths, the community’s needs, and the new direction of health care in the United States.

The current US health care system, characterized by fee for service payment models and widely condemned for its exorbitant per capita costs and less than optimal health outcomes, is faced with an opportunity for transformation at a critical moment of unprecedented policy change. The prospect of shifting from a system that rewards providers for volume of services to one that rewards health systems based on the end goals of healthy populations is a highly attractive solution to the current state of affairs.

Health care transformation is also highly debated, particularly in terms of means and methods. Long-standing practices and cultures must be shifted to embrace the idea of caring for populations instead of individuals alone and of examining medical practices with the aim of reducing health care costs.

The Institute for Healthcare Improvement’s Triple Aim framework is a widely recognized model for health care transformation. It is a paradigm that calls for improving simultaneously the experience of care, the per capita costs of health care, and the health of populations. While these pursuits are all necessary to improve the current health care system, they are interrelated and must be considered in balance. The challenges of widespread change, including developing infrastructure to support new models of caring for populations, require thoughtful planning, determined execution, and intentional learning from experience. This report aims to answer the call for thoughtful planning by using the triple aim framework to reveal the opportunities for health care transformation within Steward Health Care System hospitals and their communities. The results and recommendations here are designed to be the basis for strategic actions for SEMC and its community partners.

2 Ibid.
Methods

The approach for the Population Health Improvement Report (PHIR) consisted of the following steps, each of which is briefly described in the order they were implemented.

1. Extensive public data was collected and key findings were derived from the research of online data sources such as the U.S. Census and the Massachusetts Community Health Information Profile (MassCHIP). Online research of Administrative policies and legal ordinances were done to identify and analyze policies and regulations that affect population health status.

2. A Community Provider Survey was distributed to the St. Elizabeth’s Community Benefits Advisory Committee and other key community-based organizations. Local health and human service organizations, government agencies, boards of health, community centers, and churches were among the organizations that were surveyed.

3. A focus group was conducted to capture community data on perceived health issues and barriers to health resources.

From these sources, data on health behaviors, health conditions (also referred to as health outcomes), access to and utilization of health services, and health care costs were examined for opportunities where the hospital, in partnership with local community service providers, could make a difference in lowering per capita health care costs, improving quality and improving the health of populations.

The priority concerns to be addressed were selected based on the following criteria:

- Disease or condition rates higher than the state average
- Disease or condition rates increasing over time
- Identified as concerns by focus group participants and provider survey respondents
- Aligns with the strategic goals and objectives of SEMC
- Availability of potential resources to address the issue/problem identified
- Ability to reduce per capita costs

A detailed version of the methods is available in Appendix A. Data on demographics and additional health indicators are available in Appendix B.
Results

Chronic Disease

There are an estimated 90 million Americans living with at least one chronic disease, and chronic disease contributes to over 70% of deaths in the U.S. each year. The majority of adults in the US with high cholesterol and about half of adults with high blood pressure do not have their conditions under control. Despite the relatively low cost and proven effectiveness of treatments for these common and preventable - but potentially deadly - conditions, many Americans are not getting better.

Figure 1: Total Deaths by Chronic Disease.

In most of the towns within St. Elizabeth’s service area, heart disease, followed by cancer, are the leading causes of death from chronic disease. The rates of cancer were either at or above the state average in all towns with available data. Brookline and Newton in particular have a higher percentage of deaths due to heart disease than the state or national rates. Waltham and Watertown have a higher percentage of deaths due to cancer, though the diabetes rates in these towns tend to be lower than the state or national rates. The focus group identified high blood pressure and high cholesterol (due to stress and inability to access healthy food) as issues for this PSA. Programs providing cardiovascular health and cancer screenings are essential in early identification of heart disease and cancer. Identified early, the consequences of these diseases can be mitigated, reducing the number of deaths that they cause each year.

3 Center for Disease Control and Prevention, Chronic Disease Prevention (http://www.cdc.gov/program/performance/fy-2000plan/2000vii.htm)
4 Center for disease Control and Prevention, High Blood Pressure and Cholesterol, Improved care could save more than 100,000 lives a year (www.cdc.gov/vitalsigns/pdf/2011-02-vitalsigns.pdf)
SEMC’s service area does have policies in effect that could impact the chronic disease rates in this area. As a part of the city of Boston, Allston-Brighton has a sugar-sweetened beverage ban on city property as well as a ban on serving food with artificial trans-fat, except for packaged foods, which must be labeled in vending machines. It is illegal to smoke in restaurants, workplaces, and hotels, and illegal to sell tobacco products in health care institutions and educational facilities. There are also several tobacco cessation resources available in the service area for people who are seeking to quit smoking.

**Access to Healthcare**

The ability to access health resources has a profound effect on every aspect of health, yet almost one in four Americans do not have a Primary Care Provider (PCP) or health center where they can receive regular medical services. Approximately one in five Americans (children and adults under age sixty-five) do not have medical insurance. People without medical insurance are more likely to lack a usual source of medical care, such as a PCP, and are more likely to skip routine medical care due to costs, increasing their risk for serious and disabling health conditions. When they do access health services, they are often burdened with large medical bills and out-of-pocket expenses.

**Figure 2: Uninsured Population by Age.**

![Figure 2: Uninsured Population by Age.](source: 2010 Census Data)

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5 [HealthyPeople.gov, Access to Health Services](http://www.healthypeople.gov/2020/LHI/accessCare.aspx)
6 Ibid.
7 Ibid.
8 Ibid.
As a result of Massachusetts’ health care reform in 2006, rates of those who are uninsured are much lower than the national averages. Nonetheless, rates of uninsured in Waltham and Watertown in particular stand out as higher than those in the rest of St. Elizabeth’s population. Adults aged eighteen to sixty-four had the largest uninsured population, which may indicate that more outreach needs to be done for this group. A possible solution to this would be to continue utilizing community health workers in enrolling such populations in health insurance, reducing the cost of unreimbursed care for the hospital.

During the focus group, participants mentioned that, while there are community health centers and a major hospital in the area, the community is still experiencing barriers to health care because some doctors are not taking new patients or it may take a long time to get an appointment. This may cause people to utilize the Emergency Department inappropriately for non-emergent needs. There was also consistent call for improved information dissemination. The focus group participants felt there was a lack of knowledge of available health resources available to the community and thought that one website or organization should have a repository of community health resources.

Community health centers are valuable community based organizations, often located in areas with a high underserved population that brings comprehensive primary health care and social support services to the community. The St. E’s service area contains one community health center- the Joseph M. Smith Community Health Center (CHC) with two locations in St. E’s PSA. The Joseph M. Smith CHC provides community-based health care services to the medically underserved population of Massachusetts. The CHC aids in insurance enrollment for all, provides medical translation in nearly twenty languages, including Spanish, Portuguese, Haitian-Creole, Thai, Vietnamese, and Russian, and helps with finding transportation to appointments, finding childcare, housing problems, and other issues.

Access to health care is often dependent on the ability to get to the health resources. There are various means of transportation in the area. All seven areas are located in the Greater Boston Area, which has multiple sources of public transportation, rail, and highway access. Principal highways are the Massachusetts Turnpike and Route 128. Allston-Brighton, Back Bay, Brookline, and West Roxbury all have access to the subway while bus service is available in all service areas.
Underserved Populations

The percentage of residents within St. Elizabeth’s service area identifying as White was slightly lower than Massachusetts as a whole. However, that percentage ranges from about 73% (West Roxbury) to almost 89% in the Back Bay neighborhood. St. Elizabeth’s population includes a higher-than-average percentage of residents identifying as Asian, with much of that population centered in Allston-Brighton. Additionally, up to 31% of students in the public school population in some of St. E’s service areas identify as Hispanic. This is another population that could require more culturally-appropriate outreach. The diversity of St. Elizabeth’s population highlights the importance for culturally and linguistically-appropriate services with a particular focus on the Asian population.

Table 1: Race by Town.

<table>
<thead>
<tr>
<th>Town</th>
<th>% White</th>
<th>% Black</th>
<th>% American Indian/Alaskan</th>
<th>% Asian</th>
<th>% Native Hawaiian/Other Pacific Islander</th>
<th>% Some Other Race</th>
<th>% Two or More Races</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allston-Brighton</td>
<td>77.00%</td>
<td>3.71%</td>
<td>0.14%</td>
<td>16.64%</td>
<td>0.03%</td>
<td>1.50%</td>
<td>0.98%</td>
</tr>
<tr>
<td>Back Bay</td>
<td>88.58%</td>
<td>2.72%</td>
<td>0.28%</td>
<td>7.39%</td>
<td>0.00%</td>
<td>0.17%</td>
<td>0.86%</td>
</tr>
<tr>
<td>Brookline</td>
<td>77.07%</td>
<td>2.64%</td>
<td>0.17%</td>
<td>15.23%</td>
<td>0.00%</td>
<td>2.47%</td>
<td>2.43%</td>
</tr>
<tr>
<td>Newton</td>
<td>83.75%</td>
<td>1.53%</td>
<td>0.01%</td>
<td>12.03%</td>
<td>0.16%</td>
<td>0.84%</td>
<td>1.68%</td>
</tr>
<tr>
<td>Waltham</td>
<td>77.24%</td>
<td>5.01%</td>
<td>0.20%</td>
<td>9.82%</td>
<td>0.18%</td>
<td>5.82%</td>
<td>1.72%</td>
</tr>
<tr>
<td>Watertown</td>
<td>87.72%</td>
<td>2.78%</td>
<td>0.08%</td>
<td>5.90%</td>
<td>0.13%</td>
<td>1.66%</td>
<td>1.74%</td>
</tr>
<tr>
<td>West Roxbury</td>
<td>73.26%</td>
<td>9.72%</td>
<td>.01%</td>
<td>6.47%</td>
<td>0.02%</td>
<td>0.39%</td>
<td>1.60%</td>
</tr>
<tr>
<td>Total</td>
<td>79.91%</td>
<td>3.62%</td>
<td>.12%</td>
<td>11.77%</td>
<td>0.09%</td>
<td>2.11%</td>
<td>1.64%</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>80.40%</td>
<td>6.6%</td>
<td>0.29%</td>
<td>5.30%</td>
<td>0.03%</td>
<td>4.60%</td>
<td>2.63%</td>
</tr>
</tbody>
</table>

Source: 2010 Census Data

Table 2: Race in Public School Population.

<table>
<thead>
<tr>
<th>Town</th>
<th>% White</th>
<th>% Black</th>
<th>% Hispanic</th>
<th>% Asian</th>
<th>% Other</th>
<th>% Multi-Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allston-Brighton</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Back Bay</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Brookline</td>
<td>57.80%</td>
<td>6.70%</td>
<td>9.60%</td>
<td>18.20%</td>
<td>.10%</td>
<td>7.60%</td>
</tr>
<tr>
<td>Newton</td>
<td>66.60%</td>
<td>5.40%</td>
<td>7.00%</td>
<td>15.60%</td>
<td>.10%</td>
<td>5.30%</td>
</tr>
<tr>
<td>Waltham</td>
<td>50.20%</td>
<td>9.60%</td>
<td>31.40%</td>
<td>6.30%</td>
<td>.40%</td>
<td>2.30%</td>
</tr>
<tr>
<td>Watertown</td>
<td>71.80%</td>
<td>3.90%</td>
<td>11.80%</td>
<td>8.00%</td>
<td>.70%</td>
<td>3.80%</td>
</tr>
<tr>
<td>West Roxbury</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>MA average</td>
<td>68%</td>
<td>8.3%</td>
<td>16.1%</td>
<td>5.7%</td>
<td>.3%</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

Source: MA Department of Elementary and Secondary Education, 2011 District Profiles
<table>
<thead>
<tr>
<th></th>
<th>% Persons under age 5 years</th>
<th>% Persons ages 20-29 years</th>
<th>% Persons ages 65 and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allston-Brighton</td>
<td>3.43%</td>
<td>40.79%</td>
<td>8.83%</td>
</tr>
<tr>
<td>Back Bay</td>
<td>2.80%</td>
<td>30.14%</td>
<td>10.80%</td>
</tr>
<tr>
<td>Brookline</td>
<td>5.46%</td>
<td>23.10%</td>
<td>12.76%</td>
</tr>
<tr>
<td>Newton</td>
<td>5.28%</td>
<td>11.44%</td>
<td>15.24%</td>
</tr>
<tr>
<td>Waltham</td>
<td>5.26%</td>
<td>22.38%</td>
<td>12.30%</td>
</tr>
<tr>
<td>Watertown</td>
<td>5.71%</td>
<td>16.78%</td>
<td>14.98%</td>
</tr>
<tr>
<td>West Roxbury</td>
<td>7.90%</td>
<td>9.83%</td>
<td>16.36%</td>
</tr>
<tr>
<td>Total (avg.)</td>
<td>5.24%</td>
<td>22.97%</td>
<td>13.30%</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>5.70%</td>
<td>13.70%</td>
<td>13.50%</td>
</tr>
</tbody>
</table>

Source: 2010 Census Data

When examining the data, one will notice the youthfulness of Allston-Brighton; roughly 40% of the residents of Allston-Brighton are between the ages of twenty and twenty-nine. SEMC’s primary service area has a large concentration of colleges and universities (Harvard, Boston College, and Boston University, among others) and many resources in this area are catered towards this population. However, other towns, such as West Roxbury (16.36%), Watertown (14.98%), and Newton (15.24%) have a larger percentage of persons age sixty-five and over than the state average. This elderly population was identified in the focus groups as an underserved community, requiring more resources and support for their healthcare needs.

St. Elizabeth’s service area includes a higher-than-average percentage of foreign-born residents. Approximately 25% of St. Elizabeth’s population is foreign-born, as compared to just 14% of the Massachusetts population. Within the foreign-born population, the majority are of Asian and European origin. Brookline and Watertown in particular have large foreign-born Asian populations, and Newton has both a large Asian and a large European population. Once more, cultural competency should be a focus of the community health programs.
Additionally of note is the high percentage of residents within St. Elizabeth’s service area who are not naturalized U.S. citizens. Citizenship status (e.g., citizen, legal immigrant, or undocumented alien) impacts a person's ability to obtain health coverage by affecting the likelihood of having a job that offers health insurance and a person’s eligibility for Medicaid or other subsidized programs. Furthermore, those who are undocumented may be hesitant to seek health care for fear of being identified as such.

Community health programs should include Community Health Workers who are culturally-competent and able to seek out hard-to-reach populations (such as those who lack citizenship) in their communities. Efforts to reach these populations in their homes or workplaces and with appropriate language capabilities could significantly reduce the amount of unreimbursed care the hospital must provide each year. Additionally, the large percentage of foreign-born residents, in particular from Asia and Europe, highlight the need for culturally and linguistically-appropriate educational materials and community health program settings.

Reproductive and Sexual Health

Services that focus on reproductive and sexual health are important resources for public health. For many, reproductive and sexual health services are the entry point into the medical care system. These services improve health and reduce costs by not only covering pregnancy prevention, HIV and STD testing and treatment, and prenatal care, but also by screening for intimate partner violence and cancers of the reproductive system, providing substance abuse treatment referrals, and counseling on nutrition and physical activity.

Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women, including reproductive health problems and infertility, fetal and perinatal health problems, cancer, and further sexual transmission of HIV.

Figure 4. Incidence Rates of Sexually-Transmitted Infections, 2010.
Incidence rates of sexually-transmitted infections were lower in St. Elizabeth’s service area than the state or national rates. The prevalence of HIV/AIDS was lower with the exception of Waltham, whose rate was higher than the state’s.

Percentages of mothers who received adequate prenatal care were higher in any of St. Elizabeth’s towns than the state or national percentages. Additionally, infant mortality rates were lower within the service area than the state or national rates. Once more, these promising figures may in part be the result of reproductive health services offered on college and university campuses.
Behavioral Health

Behavioral health is essential to a person’s wellbeing, healthy family, and interpersonal relationships, and the ability to live a full and productive life. People with untreated behavioral health disorders are at a high risk for many unhealthy and unsafe behaviors including alcohol or drug abuse, violent or self-destructive behavior, and suicide, which is the eleventh leading cause of death in the United States for all age groups and the second leading cause of death among people ages twenty-five to thirty-four. Behavioral health disorders also have a serious impact on physical health and are associated with the prevalence, progression, and outcome of some of today’s most pressing chronic diseases, including diabetes, heart disease, and cancer.

Hospital discharges for behavioral health disorders in St. Elizabeth’s service area average around the state rate, with Brookline and Newton having lower rates and Waltham having a higher rate. In 2009, the suicide rate in each of the hospital’s towns was lower than the state rate, with Watertown having none at all.

Focus group and survey responders identified behavioral health issues as a major problem in SEMC’s community. Particularly, behavioral health issues in elderly patients, such as Alzheimer’s and dementia, were mentioned multiple times as an area lacking resources. More resources are needed to support caretakers of these patients as well, as the stress they face can lead to detrimental health effects.

Figure 7: Hospital Discharges for Mental Disorders (Age-Adjusted Rate) (2009).

Source: MassCHIP
Obesity

Obesity rates in the United States have increased dramatically over the last thirty years and obesity is now an epidemic. The number of overweight children has doubled in the past two decades, leading to a generation at risk for cardiovascular disease, diabetes, and other serious health problems. This outcome is complicated in the cities by food deserts – urban neighborhoods and rural towns without ready access to fresh, healthy, and affordable food. Food deserts prevent individuals, children, and families from easily accessing healthy foods needed to support a healthy lifestyle. Preventing obesity in our children is one of the most important public health issues facing the nation today. Regular physical activity and healthy eating habits can mitigate or prevent obesity and contribute to overall health. However, innovative approaches and partnerships are needed to help address this growing problem.

Figure 9: Overweight or Obese Children in Grades 1, 4, 7, and 10.

Source: EOHHS Publications and Reports

Childhood obesity rates are alarmingly high nationwide, and St. Elizabeth’s population is not immune to this condition. In Waltham in particular, almost 40% of children in grades one, four, seven, and ten are either overweight or obese. Waltham and Watertown both have rates higher than those in neighboring Brookline. Adult obesity rates are highest in West Roxbury, with rates reaching almost 25%. Survey responders repeatedly listed nutrition services as one of the greatest need within this area. Participants in the focus group also stated that more nutritional education and promotion of healthy eating habits would be necessary for preventing obesity and obesity-related chronic diseases.

While there are farmers’ markets and grocery stores in each of the service areas, Allston/Brighton, Brookline, Newton, and Watertown each have food deserts. A food desert is an area without a supermarket, small grocery store, food pantry, or farmer’s market. Food deserts and food availability can be a major concern for families with a limited income. Allston/Brighton had the smallest food desert in the PSA while Newton had the largest. Watertown and Brookline also had significant areas without immediate accessibility to fresh produce.

Substance Abuse

Substance abuse may directly involve the misuse of drugs and alcohol, but it is also associated with a range of destructive behaviors and conditions, including family disruptions, financial problems, lost productivity, failure in school or the workplace, domestic violence, child abuse, and crime. Moreover, both societal attitudes and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex of public health issues.
Alcohol and substance-related hospitalizations tend to be lower than the state rate in St. Elizabeth’s service area, though rates in Waltham and Watertown increased slightly from 2008-2009. Similarly, though below the state rate, rates of hospitalizations due to opioid-related injuries increased from 2008-2009 throughout St. Elizabeth’s service area. Admissions to DPH-funded programs stayed relatively constant over the past three years throughout the hospital’s service area. We should note here that this lower rate could be due to underreporting. Many times, families request that “overdose” not be listed as the cause of a hospital admission.

Focus group and survey data both identified substance abuse as a major concern for the St.E’s community. There is a need for more health information to help the community understand the symptoms and the negative outcomes of drug addiction. Many focus group participants stated that there was a lack of support groups for people in recovery as well as for their caretakers. They thought this was a much-needed resource for this community, and identified this intervention as one that the hospital should pursue.
Though alcohol and substance abuse in St. Elizabeth’s service area is relatively low as compared to statewide rates, this is likely due to the strong programs that are in effect at the various colleges and universities as well as St. Elizabeth’s own Screening, Brief Intervention, and Referral to Treatment (SBIRT) program. In order to maintain lower rates, particularly given the usual prevalence of alcohol and substance abuse among younger student populations such as those in Allston-Brighton, St. Elizabeth’s should keep up partnerships such as that with the Allston-Brighton Substance Abuse Task Force. St. Elizabeth’s also houses SECAP, the St. Elizabeth’s Comprehensive Addiction Program, which provides in-patient and out-patient addition treatment services as well as support programs for families of those struggling with addiction.

Some towns within the SEMC service area have developed resources to address the substance abuse needs of this community. Founded in part by St. Elizabeth’s, The Allston Brighton Substance Abuse Task Force is a coalition of community agencies and residents that mobilize youth, families, community members, and leaders to prevent and reduce substance abuse among youth and adults in our community. Bridge Under Troubled Waters, another community organization, provides drug and alcohol counseling for teens.

Figure 13: Admissions to DPH-Funded Substance and Alcohol Abuse Programs (2006-2010).

Source: MassCHIP
Crime

Crime and violence affect the interpersonal and the intrapersonal, the individual and the community. Violent crime may result in premature death or injury and it is linked to disability, mental health issues, and increased medical costs. Physical assaults, homicides, rapes or sexual assaults, and robberies are direct and adverse health outcomes for a community. In many low-income communities, homicides account for the largest number of years of avoidable life lost. Community violence also impacts the perceived safety of a neighborhood, inhibiting social interactions and adversely impacting social cohesion. Finally, people are less likely to walk and children are less likely to engage in outdoor physical activity in neighborhoods with higher crime rates and low perceived safety.

Figure 14: Violent and Property Crime (2007-2010).

![Violent and Property Crime (2007-2010)](source: Massachusetts Crime Reporting Unit)

Figure 15: Homicide Deaths (Age-Adjusted Rate), 2009.

![Homicide Deaths (Age-Adjusted Rate), 2009](source: MassCHIP)
Rates of property crime increased in Brookline and Newton from 2008-2010, with only a slight decrease over the same period in Waltham and rates in Watertown remaining relatively constant. Rates of violent crime remained relatively constant across all towns. Homicide rates were lower in all of St. Elizabeth’s towns than the state rate.

Recommendations

St. Elizabeth’s Medical Center is well positioned to address the following areas:

- Obesity and Chronic Disease
- Health Insurance and Access to Care
- Underserved Populations
- Behavioral Health
- Substance Abuse

These areas represent opportunities for St. Elizabeth’s Medical Center to address population health, improving the experience of care and reducing per capita cost. The remaining health topics detailed in the results section of this report are significant and should also be addressed. SEMC should look for ways to collaborate with community partners to support efforts to impact and improve on these areas.

Recommendations for the health system are given below. Where appropriate, community-wide recommendations are given, representing actions that are beyond the scope of the hospital but efforts in which the hospital can play a part.

Chronic Disease and Obesity

Health System Recommendations:

- Implement a Farmers’ Market Prescription Program for persons with diabetes to access fresh fruits and vegetables from local markets. In addition, patients will enroll via the diabetes education program to gain necessary information to help in disease management.
- Develop and implement a program that provides elderly chronic heart failure patients with culturally-appropriate, low-sodium, and low-fat meals to encourage healthy eating patterns at home, as well as to avoid hospital readmission.

Community-wide Recommendation:

- Partner with local religious and community-based organizations to conduct outreach and education around nutrition, portion control, and the importance of physical activity.

Almost a quarter of adults in West Roxbury, and close to 20% in Watertown and Waltham are obese. It is critical that the hospital takes leadership in reducing these rates. It is recommended that the hospital develop a vegetable voucher pilot program that will provide patients with diabetes from the community with vouchers that can be used at local farmers’ markets to buy fresh fruits and vegetables. Participants would also enroll in Steward’s Diabetes Education Program, where they will receive instruction from the diabetes nurse and hospital nutritionist, as well as group sessions that provide instruction in healthy eating and portion control.

Two of SEMC’s service areas having higher heart disease mortality rates than the city average, making heart disease and other related conditions such as hypertension are an area of concern for the hospital. In particular, elderly patients have a much higher likelihood of being readmitted after discharge for congestive heart failure (CHF) if they ingest foods high in sodium. SEMC should develop a Healthy Meals pilot program, which will provide elderly patients recovering from CHF with low-sodium meals for a number of weeks post discharge. This, coupled with nutrition counseling, would help elderly patients from the community become more aware of the dangers of a high-sodium diet and encourage them to incorporate healthy eating and exercising in their daily routine.
Combating chronic disease requires education and modification of health behavior and healthcare organizations should work to promote healthy behaviors such as an active lifestyle, healthy eating, and disease self-management. SEMC should continue to collaborate with social-service organizations and schools to provide counseling on healthy eating and the importance of physical activity. Focus group participants identified diabetes in teenagers as an issue for the PSA, and outreach to high schools could help encourage a healthier lifestyle for this population. SEMC physicians can support this effort by collaborating with organizations interested in increasing awareness of chronic diseases particularly diabetes, heart disease, and cancer.

Access to Health Care

Health System Recommendations:

- Continue to support the utilization of Community Health Advocates to provide follow-up enrollment assistance for uninsured patients who visit the emergency department.
- Conduct neighborhood-level outreach in strategic areas to offer assistance enrolling in available state health insurance programs.
- Utilize social media to inform community members of St. Elizabeth’s community partnerships and community benefit initiatives.

One plausible solution to increasing health access is to implement Community Health Advocates (CHA). CHAs outreach and assist patients in enrolling and navigating access to health insurance. While St. Elizabeth’s employs a team that offers insurance enrollment services in the Emergency Department, it is ultimately the patient’s responsibility to follow up with forms and required documentation. Employing CHAs would allow for hospital-initiated follow-up with uninsured patients to provide them with assistance in enrolling in appropriate insurance plans.

In outreaching and working with patients, CHAs also have the opportunity to gather more comprehensive data on the community. Information on patient experience, preferences, demographics, and socio-economic status can be collected in order to better understand and improve quality of care.

The use of community outreach workers would improve the health access of the community and decrease the hospital’s bad debt. From 2011-2012, SEMC’s bad debt totaled $4,766,040. CHAs can help eliminate this bad debt and, in doing so, free up funds to be used to further improve patient care and population health.

SEMC should develop media disseminating initiatives to engage and inform SEMC’s PSA of community benefit services offered by the hospital. By utilizing web resources, social media, and collaborating with community based organization (such as the BACH) SEMC can bring awareness of health resources that are available to the community. Such initiatives can take the form of information distributing through the hospital website, Facebook, twitter, brochures, and health fairs. Focus group and survey input should be gathered to inform the hospital on which type of media is most effective for outreach to the community.

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Underserved Populations

Health System Recommendations:
- Develop an Elderly Outreach program to provide education for seniors on relevant health topics such as medication adherence and reducing transportation barriers.
- Conduct more primary care physician outreach to the elderly and Russian, Latino, and Asian populations to increase healthcare access.
- Utilize bilingual Community Health Advocates to conduct outreach to underserved populations.

In SEMC focus groups, the elderly population came up repeatedly as an underserved population. SEMC should develop an outreach program that specifically addresses medication adherence and transportation issues - two major issues for this population according to focus group participants. By partnering with Allston-Brighton elder care centers, SEMC could develop an education series for this population. Topics included in the series could be medication adherence and nutrition needs for the elderly. SEMC could partner with nutrition students from BU to stress the importance of a low-fat, sugar and sodium diet, which is linked to readmission in chronic heart failure patients. SEMC could also partner with the Independent Transportation Network in Brighton to provide elderly patients with transportation to primary care appointments. This could help prevent unnecessary readmissions for untreated medical issues and help with overall disease management.

One way of increasing minority patient access at SEMC would be to promote culturally-competent primary care physician practices affiliated with the hospital. SEMC has physicians that speak a multitude of languages. By promoting events and opportunities for these physicians to connect with the large Russian, Asian, and Latino populations in Allston-Brighton, SEMC can link these residents who might need culturally-competent primary care services with providers that can provide them with such services.

Community Health Advocates should have a list of these physicians on hand when enrolling residents into health insurance plans. The community health advocates can connect patients (particularly ones with Limited English Proficiency) with primary care physicians who can relate to them linguistically and culturally.

Behavioral Health

Health System Recommendations:
- Develop a support group for caretakers of patients with dementia and Alzheimer’s.

Community-wide Recommendations:
- Further assess barriers to mental health treatment in the Allston-Brighton neighborhood.

Lack of support for caretakers of dementia and Alzheimer’s patients was identified as an issue in the SEMC community. A support group could be held at SEMC that would address typical caretaker issues (such as lack of knowledge surrounding dementia and Alzheimer’s resources in the community) and the stress associated with this role. Physicians at the hospital could inform caretakers of these patients, and SEMC could partner with community organizations that cater to the elderly population to create awareness of the group. In collaboration with the BACH (Boston Alliance for Community Health) and other strong neighborhood organizations and coalitions, SEMC could also create a resource guide for caretakers with information about caring for Alzheimer’s and dementia patients.

Focus group and survey responders stated that there were several barriers to accessing mental health treatment and resources. SEMC should partner with organizations such as the Brighton-Allston Mental Health Association and the local community health center to conduct more research into these barriers. This research could inform outreach for populations with excessive barriers and also allow mental health providers to gain insight into how to better connect with their patients.
**Substance Abuse**

**Health System Recommendations:**

- Institute a patient navigator that will link individuals with substance abuse disorders to clinical services as well as primary care, social, and mental health services in the community.

**Community-wide Recommendation:**

- Continue collaboration with the Allston-Brighton Substance Abuse Coalition.

In collaboration with the Boston Public Health Commission, Carney Hospital, and local community health centers, SEMC should develop the PAATHS Program, an enhanced resource and referral center for individuals with substance abuse disorders (SUD) -- particularly those identified as most at risk for fatal and non-fatal overdose. The PAATHS program will operate with a Navigator who will identify needed services and supports as well as provide care and linkages to care that address all of the clinical and non-clinical care needs of the individuals. The Navigator, who will be out stationed at community-based health facilities on a regularly scheduled rotation, will effectively link active drug users with clinical services that incorporate primary care, social, and mental health services and will improve engagement, retention, and adherence. The presence of a staff resource dedicated to substance abuse issues will support primary care teams at the partnering health facilities.

The Allston-Brighton Substance Abuse Task Force is a coalition of community agencies and residents that mobilizes youth, families, community members, and leaders to prevent and reduce substance abuse among youth and adults in our community. Formed in 2003, the task force has become a recognized leader in fighting underage drinking and prescription drug abuse. SEMC should continue to support the task force as it works to address the risk factors leading to substance use and abuse, and educate parents and loved ones about prevention and treatment.

**Limitations**

Thorough data collection was done on the primary service area; however some secondary data sources lacked information on certain PSA towns. Often, these were towns that had smaller populations. In such cases, we could only collect data where it existed. In order to compensate for the lack of secondary data, we tried to collect primary data that represented the smaller towns. Moving forward, we will collect more detailed quantitative data and continue to research available secondary data sources to fill the data gaps.

Focus group data was collected for the PHIR. Though a focus group informs the report with essential primary data from the community, there are some limitations. Focus group data is qualitative because it is based on the opinions of a very small number of participants. The small sample size means the groups may not fully represent the entire population.

Members of St. Elizabeth's Community Benefits Advisory Committee were surveyed to gather input on the hospital's service area. Many of these board members are affiliated with local community based organizations. A major limitation is that organizations focus on their mission and constituents, which may not directly align with or be representative of the community as a whole. Additionally, a sampling of community-based organizations many not accurately represent the larger population.
Appendix A: Methods

The Massachusetts Department of Public Health-defined service area for St. Elizabeth’s Medical Center was used as the geographical area for this report. This service area includes West Roxbury, Newton, Allston-Brighton, Back Bay, Brookline, Waltham, and Watertown. Secondary data were collected by Steward Health Care community health managers for the hospital primary service area as defined by the Massachusetts Department of Public Health. Online research of administrative policies and legal ordinances were done to identify and analyze policies and regulations that affect population health status. Sources included:

- United States Census www.census.gov
- The Massachusetts Executive Office of Health and Human Services’ Massachusetts Community Health Information Profile (MassCHIP) http://www.mass.gov/eohhs/researcher/community-health/MassCHIP/
- Massachusetts Department of Elementary and Secondary Education http://www.doe.mass.edu/
- Federal Reserve Bank of Boston, Research Department http://www.bos.frb.org/
- Massachusetts Department of Public Health Bureau of Health Information, Statistics, Research and Evaluation
- Health of Boston Reports; Boston Public Health Commission http://www.bphc.org/about/research/Pages/HOB2011.aspx
- Massachusetts Department of Public Health HIV/AIDS Surveillance Program, Bureau of Communicable Disease Control Registries
- Sexually Transmitted Disease Program and Epidemiology Program
- Massachusetts Crime Reporting Unit Web Site http://www.ucrstats.com

St. Elizabeth’s gathered primary data through a survey to community providers and opinion leaders, and through a focus group which contained a demographic survey, an evaluation survey, and a consent form. A community provider survey entitled “St. Elizabeth’s Medical Center Community Health Needs Assessment Survey” was sent on Oct. 22, 2012 to community leaders affiliated with health services, social services, business, churches, education, families, youth, adults, and seniors. Three people responded to the survey.

The focus group was held on December 6, 2012 from 6:00 p.m. to 7:30 p.m. at SEMC’s Seton Auditorium. The event was advertised through an email distributed to members of St. Elizabeth’s Community Benefits Advisory Committee. Thirteen residents from SEMC’s primary service area attended the meeting. Attendees were asked to complete a consent form, demographic survey, and evaluation. A light dinner was served for all participants.
Table 5. Focus Group Participants Characteristics

<table>
<thead>
<tr>
<th>Q1. What is your current age?</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td>3</td>
</tr>
<tr>
<td>26-35</td>
<td>2</td>
</tr>
<tr>
<td>36-45</td>
<td>2</td>
</tr>
<tr>
<td>46-55</td>
<td>2</td>
</tr>
<tr>
<td>56-65</td>
<td>4</td>
</tr>
<tr>
<td>66-75</td>
<td></td>
</tr>
<tr>
<td>76+</td>
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</table>

<table>
<thead>
<tr>
<th>Q2. What is your biological sex?</th>
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</thead>
<tbody>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Intersex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q3. What is your gender identity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Transgendered</td>
</tr>
<tr>
<td>Other (Specify)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q4. Which group below most accurately describes your racial background?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaskan Native/Native American/Indigenous</td>
</tr>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>Black/African-American</td>
</tr>
<tr>
<td>Latino(a)/Hispanic (Non-White)</td>
</tr>
<tr>
<td>Pacific-Islander/Native Hawaiian</td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>Multiracial</td>
</tr>
<tr>
<td>Other (Please Specify)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q5. What is the highest grade in school, year in college, or post-college degree work you've completed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
</tr>
<tr>
<td>9th-12th grade (No diploma)</td>
</tr>
<tr>
<td>High school graduate or equivalency</td>
</tr>
<tr>
<td>Some college (no degree)</td>
</tr>
<tr>
<td>Associate’s Degree</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
</tr>
<tr>
<td>Graduate/Professional Degree</td>
</tr>
<tr>
<td>Other (Please Specify)</td>
</tr>
</tbody>
</table>
Appendix B. Demographic data and additional health indicators

1: Annual Unemployment Rate 16 years and over (2010)
2: Median Housing Price
3. Age-adjusted Mortality Rates: Diabetes Mellitus
4. Asthma Related-Hospitalizations Age Adjusted Rate per 100,000
5. Mental Health-Related Visits to Emergency Departments (2006-2010)
13. % of Households participating in Supplemental Nutrition Assistance Program (2010)
15. Local Ordinances Affecting Health (2010)
1. Annual Unemployment Rate 16 years and over (2010).

Source: 2010 Census Data


Source: Federal Reserve Bank of Boston.

Source: MASSCHIP

4. Asthma Related-Hospitalizations Age Adjusted Rate per 100,000.

Source: MASSCHIP
5. Hospital Discharges for Mental Disorders (Age-Adjusted Rate) (2009).

![Bar chart showing hospital discharges for mental disorders by educational attainment for Back Bay, Brookline, Newton, Waltham, Watertown, and Massachusetts.](source)

Source: MASSCHIP


<table>
<thead>
<tr>
<th></th>
<th>No High School</th>
<th>Some High School</th>
<th>High School Graduate</th>
<th>Some College</th>
<th>Associate Degree</th>
<th>Bachelor Degree</th>
<th>Graduate Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back Bay</td>
<td>1.00%</td>
<td>1.00%</td>
<td>6.00%</td>
<td>6.00%</td>
<td>2.00%</td>
<td>40.00%</td>
<td>44.00%</td>
</tr>
<tr>
<td>Brookline</td>
<td>1.95%</td>
<td>1.39%</td>
<td>6.66%</td>
<td>7.13%</td>
<td>3.29%</td>
<td>30.87%</td>
<td>48.72%</td>
</tr>
<tr>
<td>Newton</td>
<td>1.78%</td>
<td>2.08%</td>
<td>11.67%</td>
<td>7.80%</td>
<td>3.90%</td>
<td>27.61%</td>
<td>45.15%</td>
</tr>
<tr>
<td>Waltham</td>
<td>5.75%</td>
<td>5.33%</td>
<td>25.72%</td>
<td>12.63%</td>
<td>5.83%</td>
<td>25.95%</td>
<td>18.79%</td>
</tr>
<tr>
<td>Watertown</td>
<td>4.69%</td>
<td>3.02%</td>
<td>20.27%</td>
<td>12.26%</td>
<td>5.91%</td>
<td>29.07%</td>
<td>24.78%</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>4.90%</td>
<td>6.40%</td>
<td>26.70%</td>
<td>16.00%</td>
<td>7.60%</td>
<td>21.90%</td>
<td>16.40%</td>
</tr>
</tbody>
</table>

Source: 2010 Census Data

Source: 2010 Census Data.

Source: 2010 Census Data


Source: 2010 Census Data

Source: 2010 Census Data


Source: 2010 Census Data

Source: 2010 Census Data


Source: 2010 Census Data

Source: Federal Reserve Bank of Boston

15. Median Gross Rent.

Source: 2010 Census Data
### 16. Local Ordinances Affecting Health- 2010.

<table>
<thead>
<tr>
<th></th>
<th>Obesity</th>
<th>Tobacco</th>
<th>Cancer Prevention</th>
<th>Schools</th>
<th>Zoning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Newton</strong></td>
<td>“Be Active” programs to encourage physical activity</td>
<td>-No sales to minors, no vending machines, no public advertisements</td>
<td>- Wellness policy, no trans fats, Walk to Schools Program</td>
<td>-Transportation Advisory Committee recommendations for improving and encouraging all modes of transportation- will encourage activities that would relate to healthy lifestyles, open space/recreational districts, mixed use districts.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Waltham</strong></td>
<td>Healthy Waltham: activities that promote health, nutrition, and physical activity.</td>
<td>Smoke Free Communities Project</td>
<td>N/A</td>
<td>Healthy Waltham contributes to evolution of wellness policies.</td>
<td>Farm stands</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Watertown</strong></td>
<td>N/A</td>
<td>No access for minors</td>
<td>N/A</td>
<td>PE requirement for graduation</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| **West Roxbury** | -Sugar Sweetened beverage ban on city property.  
- Ban on serving food with artificial trans fat* | -Smoke-free restaurants, workplaces, and hotels | -Cancer Prevention and Control Program through DPH  
- Mayor’s Cancer Ride Program | -Wellness policy, Chef initiative to improve nutritional choices at schools. | Open space plan for increased use of open space districts, Urban agriculture Initiative |
| **Allston-Brighton** | -Sugar Sweetened beverage ban on city property.  
- Ban on serving food with artificial trans fat* | -Smoke-free restaurants, workplaces, and hotels | -Cancer Prevention and Control Program through DPH  
- Mayor’s Cancer Ride Program | -Wellness policy, Chef initiative to improve nutritional choices at schools. | Open space plan for increased use of open space districts, Urban agriculture Initiative |
| **Back Bay**     | -Sugar Sweetened beverage ban on city property.  
- Ban on serving food with artificial trans fat* | -Smoke-free restaurants, workplaces, and hotels | -Cancer Prevention and Control Program through DPH  
- Mayor’s Cancer Ride Program | -Wellness policy, Chef initiative to improve nutritional choices at schools. | Open space plan for increased use of open space districts, Urban agriculture Initiative |
Appendix C. Community Provider Survey

1. How would you identify your geographic service area (town, city, zip code, etc.)?
2. How would you identify the community that you work with?
3. What is healthy about the community you work with?
   a. What is unhealthy?
4. What are the top three areas of concern within the community that you work with?
   a. What are some strategies that could address these concerns?
5. What are the top three health concerns within the community you work with?
   a. What are some strategies that could address these concerns?
6. What do you feel are the biggest obstacles to health access within the community you work with?
7. What populations would you identify as underserved or underrepresented within the community?
8. What services do you perceive as being most needed within the community?
   a. Which population would most benefit from this service?
9. In what ways is St. Elizabeth’s Medical Center serving the community well?
10. In what ways could St. Elizabeth’s Medical Center serve the community better?
11. What is the number one thing that St. Elizabeth’s Medical Center can do to improve the health and quality of life of the community?
12. Is mental health a primary concern within the community?
    a. What about mental health is a concern?
    b. How might this concern be addressed?
13. Is nutrition a primary concern within the community?
    a. What about nutrition is a concern?
    b. How might this concern be addressed?
14. Is there any other concern that you would like to address?
Appendix D. Focus Group Protocol and Questions

1. Is there a sense of community where you live?
   a. Why or why not?

2. What is healthy about your community?

3. What are the top three areas of health concern within the community?
   a. What are some strategies that could address these concerns?

4. What populations would you identify as underserved or underrepresented within the community?

5. What do you feel are the biggest obstacles to health access for your community?

6. Is mental health a major issue within your community?
   a. Do you know a lot of people with mental health issues?

7. Do you have issues with chronic disease (Chronic disease are health issues like diabetes, hypertension, obesity which require continuous monitoring and treatment)?
   a. How do these issues affect the way you live work play? (to the moderator look for possible issues that chronic disease causes – asthma preventing school attendance, diabetes hindering job prospects)

8. Do you have or do you know of anybody with issues of Dementia or Alzheimer?
   a. Do you see this issue as increasing, decreasing or staying the same?

9. When was the last time you had dental work done?
   a. What was it?

10. How often do you have your teeth cleaned and checked?

11. How easy or hard is it to access dental health resources/services?

12. What services do you perceive as being most needed within the community?

13. In what ways is St. Elizabeth’s Medical Center serving the community well?

14. In what ways could St. Elizabeth’s Medical Center serve the community better?

15. What is the number one thing that the St. Elizabeth’s Medical Center can do to improve the health and quality of life of the community?
For Additional Information:
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Brighton, MA 02135
617-779-6578
sasha.corken@steward.org