

## MASSACHUSETTS GENERAL HOSPITAL COMMUNITY BENEFIT ANNUAL REPORT FY2012




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### Organization Information

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<b>Organization Name:</b>	Massachusetts General Hospital
<b>Address (1):</b>	101 Merrimac Street
<b>Address (2):</b>	Not Specified
<b>City, State, Zip:</b>	Boston , Massachusetts 02114
<b>Web Site:</b>	massgeneral.org/cchi
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<b>Contact Title:</b>	Executive Director
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(If different from above)	
<b>Contact Address (2):</b>	Suite 603
<b>City, State, Zip:</b>	Boston , Massachusetts 02114

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### Organization Type and Additional Attributes

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<b>Organization Type:</b>	Hospital
<b>For-Profit Status:</b>	Not-For-Profit
<b>DHCFP ID:</b>	Not Specified
<b>Health System:</b>	Partners HealthCare
<b>Community Health Network Area (CHNA):</b>	Alliance for Community Health (Boston/Chelsea/Revere/Winthrop)(CHNA 19)
<b>Regional Center for Healthy Communities (RCHC):</b>	6
<b>Regions Served:</b>	Boston, Chelsea, Everett, Revere, Boston-Charlestown, Boston-North End, Boston-East Boston

### Community Benefits Mission Statement

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

**Target Populations:** Residents of Charlestown, Chelsea, and Revere; other special populations (the elderly, homeless, immigrants and refugees, and Boston youth).

**Basis for Selection:** Commitment to the Health Center communities served by MGH, to vulnerable populations, and to engaging underserved and diverse youth from the City of Boston.

**Publication of Target Populations:** Marketing Collateral, Website

**Hospital/HMO Web Page Publicizing Target Population:**

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

### Key Accomplishments of Reporting Year

2012 was a year of affirmation and expansion. Following the 2011 national Association of Academic Medical Colleges' (AAMC) Spencer Foreman Award for Outstanding Community Service the MGH was selected as a 2012 Finalist, for the Foster G. McGaw Prize from the American Hospital Association.

CCHI spent the year working on its current priorities while assessing new community needs in Revere, Chelsea and Charlestown. The results of our most recent community health needs assessment (see details in assessment section) affirmed our current priorities and added some new ones. In addition, it strengthened and renewed our relationships in the community and created the platform to develop new strategies to address community needs. As a result, CCHI is working toward delivering and expanding cross-cutting strategies that affect multiple health needs. Following are highlights from each of our primary areas:

- **Promote Healthy Living:** Our Healthy Chelsea coalition helped pass a trans fat ban, and the Chelsea schools are incorporating daily physical activity into the classroom. Revere on the Move helped create an urban walking trail, Walking School Bus and has long supported a farmers' market.
- **Access to Care:** In 2012 MGH Senior HealthWISE reached 212 low-income, frail elders living in housing next to MGH through their nursing outreach. MGH Chelsea and Revere with new funding from Mass. DPH is expanding home visiting services to new mothers and families. Chelsea and Revere child development specialists will serve up to 1000 new parents and make home visits to 125 families yearly in order to identify and reduce multiple risks factors such as substance abuse, violence and obesity.
- **Prevention & Detection of Cancer:** Over 1000 Chelsea patients received navigation to screening or to follow-up on abnormal findings for breast, colorectal or cervical cancer.
- **Substance Abuse Prevention:** 67 overdoses caused by opiates were reversed by Narcan administration by the Revere Fire Department since Revere CARES helped the fire department obtain the license to use as first responders in the City. In 2012 Charlestown launched its first Drug Court with alternative sentencing to treatment; 282 Revere middle school students participated in the national "Above the Influence" Drug Facts Contest.
- **Youth Programs:** Mass General has an ambitious program with Boston, Chelsea and Revere youth in grades three through college to stimulate interest in science, technology, engineering and math (STEM) as a pathway out of poverty. In 2012, 527 youth participated in our STEM and other youth-focused programs. This effort is aided by more than 250 MGH volunteer mentors.

## Plans for Next Reporting Year

In 2013, CCHI plans to work with communities and the hospital to address the health priorities identified through the assessments. In addition we plan on connecting the findings of community health needs assessments with the mandate to better manage the care and reduce the costs of high risk, vulnerable MGH patients. This approach will integrate primary prevention in the community into MGH's care redesign model. As a hospital, substance abuse prevention and treatment and obesity will be areas of focus.

## Community Benefits Leadership/Team

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

## Community Benefits Team Meetings

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

## Community Partners

ABCD Boston Family Planning	Boys and Girls Clubs of Boston
Adult Literacy English Classes	Bunker Hill Housing Development
After School and Beyond	Community Action Programs Inter-City (CAPIC)
American Civil Liberties Union	CAPIC Headstart
BayCove Human Services	Chelsea Domestic Violence High Risk Team
Beachmont Improvement Committee	(CASA DIVERT) Program
Beth Israel Deaconess Health Center of Chelsea	Community Against Substance Abuse (CASA)
Boston Housing Authority	Winthrop
Big Brothers Big Sisters of Mass Bay	Revere Caring Alumni Supporting The Learning
Bosnian Community for Resource Development	and Enrichment of Students (CASTLES)
(Lynn)	Cataldo Ambulance, Inc.
Boston Area Health Education Center- BAHEC	Catholic Charities
Boston Health Care for the Homeless	Centro Latino – LUNA program
Program Boston Mayor's Office of	Centro Latino de Chelsea
Neighborhood Services	Charlestown Against Drugs (CHAD)
Boston Police Department	Charlestown Boys and Girls Club
Boston Private Industry Council (PIC)	Charlestown Community Center
Boston Public Health Commission	Charlestown Court: Probation Department
Boston Regional Domestic Violence Directors	Charlestown High School
Boston Senior Homecare	Charlestown Lacrosse and Learning Center

Charlestown Little League  
 Charlestown Mother's Association  
 Charlestown Neighborhood Council  
 Charlestown Recovery House  
 Chelsea Board of Health  
 Chelsea Collaborative  
 Chelsea District Court  
 Chelsea Court: Probation  
 Chelsea Domestic Violence Task Force  
 Chelsea DV Task Force  
 Chelsea Health and Human Services  
 Department  
 Chelsea High School  
 Chelsea Housing Authority  
 Chelsea Human Service Collaborative  
 Chelsea Planning and Development  
 Chelsea Police Department  
 Chelsea Public Schools  
 Chelsea REACH Program  
 Chelsea Senior Center  
 Children's Advocacy Center  
 City of Boston Mayor's Office  
 City of Chelsea  
 City of Revere  
 Coastal School for Girls  
 Conference of Boston Teaching Hospitals  
 (COBTH) DV Council  
 Cooking Matters  
 Cradles to Crayons  
 CREW (Chelsea, Revere, Everett, & Winthrop)  
 Elders Services  
 Deaf, Inc  
 Dennis McLaughlin House  
 Department of Children and Families (DCF)  
 District Attorneys' offices  
 Massachusetts Department of Translational  
 Assistance (DTA)  
 Early Learning Center- Harbor Area early  
 Intervention  
 East Boston High School  
 Edward M. Kennedy Academy for Health  
 Careers  
 Edwards Middle School  
 Elder Services  
 Everett High School  
 First Congregational Church, Revere  
 For Kids Only Afterschool, Inc.  
 FriendShip Works; Medical Escort, Friendly

Visiting  
 Geiger Gibson Community Health Center  
 Greater Boston Legal Services  
 Harbor Area Healthy Families  
 Harbor Health Services, Inc.  
 Harvard Medical School  
 Health Resources in Action (HRiA)  
 Healthy Families  
 Healthy Steps  
 Hyams Foundation  
 Institute for Health & Recovery  
 International Institute of Boston  
 Islamic Center of North America  
 J. Maheras Company  
 James P. Timilty Middle School  
 Jewish Family and Children Services  
 Jewish Vocational Services  
 John F. Kennedy Family Service Center  
 Jordan Boys and Girls Club of Chelsea  
 Kennedy Academy for Health Careers  
 KidSmart School Age Program  
 Lawyers' Committee for Civil Rights Under Law  
 MA Association for School-Based Health Care  
 MA Department of Public Health  
 Mass Law Reform Institute  
 Massachusetts Organization for Addiction and  
 Recovery (MOAR)  
 Mattapan Community Health Center  
 Mediation for Results  
 Mid Upper Cape Community Health Center  
 Mintz, Levin, Cohn, Ferris, Glovsky and Popeo  
 PC  
 MissionSafe Charlestown  
 Neighborhood Health Plan  
 Neponset Health Center  
 North Suffolk Mental Health Association  
 Olivia's Organics  
 Peabody Properties/Mishawum Park Apartment  
 Complex  
 Pediatric SANE program  
 Phoenix Charter Academy  
 Project Bread - The Walk for Hunger  
 Raising a Reader  
 Refugee and Immigrant Assistance Center  
 Refugee and Immigrant Health Program, DPH  
 Retired Senior and Volunteer Program (RSVP)  
 Revere Afterschool Partnership  
 Revere Beach Partnership

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

### Community Health Needs Assessment

#### Date Last Assessment Completed and Current Status

CCHI's last community health needs assessment was completed in the winter of 2012.

Periodic updates of community health assessments have been conducted in each community since 1995. CCHI used this new requirement as an opportunity to formalize our assessment methods using the MAPP framework (Mobilizing for Action through Planning and Partnerships, created by the CDC in 2000). MAPP recommends that assessments be community driven, involve diverse sectors of the community, and that data be collected through multiple sources such as focus groups, key informant interviews and public health sources. CCHI collaborated with communities to conduct the assessment process. Almost 3000 people had input into this process through the following methods:

In the fall and winter of 2011/2012, CCHI convened assessment committees in Charlestown, Chelsea and Revere in alignment with community processes already underway in order to create a vision and oversee the assessment process.

For each committee, careful efforts were made to include community leaders, residents and organizations across sectors, and focused outreach was conducted to engage community members and cultural groups who might not otherwise be involved.

Following the initial planning phase, community members developed a collective vision of their ideal community that guided the distinct assessments processes. CCHI provided training to assessment committee members, and worked with them to conduct a comprehensive information gathering process incorporating both quantitative and qualitative community health data. Our methodology included:

- A Quality of Life survey adapted with input from committee members. The survey was translated into Spanish, Arabic, Mandarin and Portuguese and distributed widely via the web

and in person within each community. A total of 2,260 surveys were returned, including 959 in Chelsea, 756 in Revere, and 545 in Charlestown.

- Public forums in each community to distribute the survey and talk openly about health. The forums drew 150 participants in Charlestown, 122 in Chelsea and 50 in Revere.
- Focused discussions during community assessment committee meetings about the community's strengths, threats and opportunities, characteristics of a healthy community and the forces of change within each community that affect health.
- A total of 35 focus groups engaged underrepresented individuals and groups. The groups were co-facilitated by CCHI and community assessment committee members, and were attended by a total of 354 participants including 161 in Charlestown, 109 in Chelsea and 84 in Revere. Attendees received a \$20 gift card to a local supermarket or Target in appreciation for their participation.
- Public health data gathered from the U.S. Census, MA Department of Education, Boston Public Health Commission, MA Department of Public Health, local police departments and community based organizations.

CCHI analyzed all of the data and presented it at committee and community-wide meetings. Participants identified priorities and discussed how or if their organization was already addressing the priorities, what additional resources, if any, were needed, and recommended possible solutions. Each community then formulated goals, objectives and strategies. A Community Health Committee of the MGH Board of Trustees was formed in 2011 and met twice to review the plan. The final report was presented to the full MGH Board of Trustees on September 21, 2012.

By a significant margin, all three communities identified substance abuse, and the effects it has on quality of life including perceptions of violence and public safety, as their top two issues. Obesity/healthy living, cancer prevention/early detection, and access to care for vulnerable populations were also identified by all three communities. Finally, developing the assets of youth and encouraging educational attainment were also identified to protect against multiple high risk behaviors. The table below displays the health issues supported by both qualitative and quantitative data and the priorities selected, resulting in MGH CCHI's six priority areas.

Assessment outcomes and strategic plans will be reported in a community-wide forum in each community in the winter/spring of 2013. Additionally, assessment results are available to the public via the MGH CCHI website, and will be made available to communities on other public websites. Media outlets such as radio, television, and local newspapers will also be used to disseminate this information in each community as the assessment committees see fit.

**Consultants/Other Organizations:** Steve Ridini from Health Resources in Action facilitated a handful of community meetings.

**Data Sources:** Community Focus Groups, Hospital, MassCHIP, Surveys, Other - MADPH, BPHC, DOE, YRBS, and ETO



## Community Benefits Programs

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

<b>Program Type</b>	Community Education, Prevention
<b>Brief Description or Objective</b>	Revere CARES is an award winning coalition with 350 members dedicated to preventing alcohol and drug abuse among Revere youth. Coalition members represent a variety of sectors, including parents, youth, government officials, educators, health professionals, first responders and law enforcement. The Coalition oversees two major initiatives, the Alcohol, Tobacco, and other Drugs (ATOD) and the Food & Fitness Initiatives. Since 1997, the Coalition has taken a comprehensive approach to reducing youth substance use through strengthening policies to limit access to ATOD and enforce consequences, changing community norms through education, developing and supporting alternative activities for youth and advocating for age-appropriate treatment. Additionally, in light of concerning trends of fatal and non-fatal opioid overdoses among adults in the community, Revere CARES' ATOD initiative has expanded in recent years to include opioid overdose prevention.
<b>Target Population</b>	<p><b>Regions Served:</b> Revere</p> <p><b>Health Indicator:</b> Injury and Violence, Other: Alcohol and Substance Abuse, Overweight and Obesity, Substance Abuse, Tobacco Use</p> <p><b>Sex:</b> All</p> <p><b>Age Group:</b> All</p> <p><b>Ethnic Group:</b> All</p> <p><b>Language:</b> All</p>

### Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Reduce alcohol, tobacco and other drug (ATOD) use among middle school and high school students measured by Revere's Youth Risk Behavior Survey (YRBS).	The rates of current drinking among high school students have declined both in Revere and at the State level. However, in 2009, Revere (at 43%) dropped slightly below the State rate (of 44%) and was on par with the State rate of 40% in 2011.
Reduce alcohol, tobacco and other drug (ATOD) use among middle school and high school students measured by Revere's Youth Risk Behavior Survey (YRBS).	The percent of high school youth who reported binge drinking (5 or more drinks at least once in the past 30 days) decreased from 41% in 1999 to 24% in 2011, a 41% decrease.
Decrease opioid overdose deaths.	According to a review of Revere's death certificate data, the number of deaths involving one or more opioid has declined (2009: 15 deaths, 2010: 10 deaths, 2011: 8 deaths— preliminary data). The Revere CARES Opiates Task Force worked towards its goal of d
Reduce alcohol, tobacco and other drug (ATOD) use among middle school and high school students measured by Revere's Youth Risk Behavior Survey (YRBS).	Since 2001, Revere's rates of alcohol use among high school students have been considerably higher than state rates. Over the past 10 years, however, Revere has consistently declined and

	dipped below the state rate (Revere: 62%, Massachusetts: 68%).
Reduce alcohol, tobacco and other drug (ATOD) use among middle school and high school students measured by Revere’s Youth Risk Behavior Survey (YRBS).	Additionally, the percent decrease from 2001 to 2011 for Revere is 25% compared to the State decrease of 16%.
Increase youth engagement in the schools, coalition and community.	In FY2012, approximately 60 students were members of the four leadership clubs at Revere High School.
Increase youth engagement in the schools, coalition and community.	In FY2012, 45 students participated in the Education and Community Action (ECA) programs sponsored by Revere CARES and Revere Public Schools.
Increase youth engagement in the schools, coalition and community.	In the spring of 2012 Revere CARES staff invited graduating students from 2 middle schools to write on a post it note how they were going to stay Above the Influence during the summer; 178 students participated and received an Above the Influence t-shirt
Increase youth engagement in the schools, coalition and community.	The Above the Influence campaign was reenergizing during the second annual Community Walk to Recovery on September 23, 2012.
Increase youth engagement in the schools, coalition and community.	Over 350 students attended the event and received an Above the Influence t-shirt. <a href="http://reverecares.org/2012/10/recovery-month-events/">http://reverecares.org/2012/10/recovery-month-events/</a>
Increase youth engagement in the schools, coalition and community.	A total of 523 middle and high school students participated in the "Get the Facts" contest and received a campaign promotion item.
Decrease opioid overdose deaths.	In 2012, Revere CARES worked closely with the City of Revere to re-establish funding through the MassCALL 2 grant for a drop-in center at North Suffolk Mental Health in order to better support families of opioid users.
Decrease opioid overdose deaths.	As of August 2012, Narcan administered by the RFD had successfully reversed a total 63 overdoses
Decrease opioid overdose deaths.	Revere CARES is a member of the Good Samaritan campaign steering committee and actively advocated for this legislation.
Change parental social norms regarding youth drinking and substance use and educate and engage parents.	In FY2011, the parent Power of Action campaign was launched and a proclamation adopting the campaign was signed by the Mayor. In late 2011 (FY2012), 1034 parents signed the pledge drive.
Change parental social norms regarding youth drinking and substance use and educate and	As part of the parent Power of Action, pledge drive which takes place during parent teacher



engage parents.	conferences in the Fall, parents were also asked to share their email address to join the Parent Network. To this date we have collected over 1400 emails.
Change parental social norms regarding youth drinking and substance use and educate and engage parents.	From July 2009 through August 2012, a total of 26 parent coffees sessions, which served a total of 176 participants (133 English-speaking, 43 Spanish-speaking), were held. Six of the 26 coffee sessions were in Spanish. There were on average about 6 to 7
Change parental social norms regarding youth drinking and substance use and educate and engage parents.	This year the Coalition also sponsored a new series of Skill Building Workshops. The workshops took place during 3 separate dates in the summer of 2012 and a total of 26 parents participated.
Change parental social norms regarding youth drinking and substance use and educate and engage parents.	In FY 2012, the coalition also added a new resource for parents called, "Conversations For Prevention."

**Partner Name, Description**

**Partner Web Address**

North Suffolk Mental Health Association

<http://northsuffolk.org/>

City of Revere

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

Revere Chamber of Commerce

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

Revere Police Department

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

Revere Public Schools

<http://www.revereps.mec.edu/>

Revere School Committee

<http://www.revereps.mec.edu/>

Revere Health Department

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

Revere Fire Department

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

Revere Parks and Recreation Department

<http://www.revererec.com/info/default.aspx>

Revere After School Partnership

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

Chelsea District Court

<http://www.mass.gov/courts/courtsandjudges/courts/chelseadistrictmain.html>

Cataldo Ambulance, Inc.

<http://cataldoambulance.com/>

Revere Beach Partnership

<http://www.savetheharbor.org/index.php/en/pr ogram-areas/reconnect/the-revere-beach->

	<a href="#">partnership</a>
CASTLES	<a href="http://www.reverecastles.org/">http://www.reverecastles.org/</a>
For Kids Only Afterschool, Inc.	<a href="http://www.fkoafterschool.org/">http://www.fkoafterschool.org/</a>
KidSmart School Age Program	<a href="http://www.kidsmartschoolage.com/work.html">http://www.kidsmartschoolage.com/work.html</a>
Revere Journal	<a href="http://www.reverejournal.com/">http://www.reverejournal.com/</a>
Massachusetts Organization for Addiction and Recover (MOAR)	<a href="http://www.moar-recovery.org/">http://www.moar-recovery.org/</a>
CASA Winthrop	<a href="http://www.town.winthrop.ma.us/pages/WinthropMA_WebDocs/casa">http://www.town.winthrop.ma.us/pages/WinthropMA_WebDocs/casa</a>
CAPIC, Inc.	<a href="http://www.capicinc.org/">http://www.capicinc.org/</a>

**Contact Information**      Kitty Bowman, Director, Revere CARES Coalition 781-485-6132, [rbowman@partners.org](mailto:rbowman@partners.org)  
 Catherine Sugarman, Assistant Director, Revere CARES Coalition 781-485-6404, [cmsugarman@partners.org](mailto:cmsugarman@partners.org)  
 Catherine Sugarman, Revere CARES ATOD Initiative Manger , [cmsugarman@partners.org](mailto:cmsugarman@partners.org)

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**Immigrant and Refugee Health Programs**

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<b>Program Type</b>	Direct Services, Outreach to Underserved
<b>Brief Description or Objective</b>	Provides a continuum of care across multiple settings to ensure the well being of refugees and asylees in Chelsea. To date, over 1500 refugees have been served.
<b>Target Population</b>	<b>Regions Served:</b> Chelsea <b>Health Indicator:</b> Access to Health Care, Other: Uninsured/Underinsured <b>Sex:</b> All <b>Age Group:</b> All Adults, All Children <b>Ethnic Group:</b> All <b>Language:</b> All

**Statewide Priority:** Reducing Health Disparity

Goal Description	Goal Status
Provide a continuum of care across multiple settings to ensure the well being of refugees and asylees in Chelsea.	247 adult patients were served in FY2012; Countries of origin were: Iraq (19%), Bhutan (18%), Eritrea (16%), Somalia (12%), Burundi (5%), and Sudan (4%).
85 % of patients will have the 1st Refugee Health Assessment visit within 30 days of arrival in US.	58% of all new refugee patients had a scheduled RHS visit within 30 days of arrival (116 patients). Challenges experienced with our scheduling system, refugee patients and the referring resettlement agencies during the reporting period.

85 % of patients will have the 1st Refugee Health Assessment visit within 30 days of arrival in US.	Efforts are being made to increase access to care (3 new residents participating in the refugee program) and improve communication with resettlement agencies and refugee patients.
Better coordination of care and increased knowledge among refugee women on basic health information related to primary care, nutrition and physical fitness.	615 contacts with refugee women related to care coordination, navigation, concrete services, home visits and other services. 68% of activities involved care coordination, 37% telephone calls with the patient and 33% consult with provider.
Better coordination of care and increased knowledge among refugee women on basic health information related to primary care, nutrition and physical fitness.	10 monthly education groups (92 participants) focusing on the importance of primary care, nutrition, and healthy lifestyle were conducted for women from Iraq, Bhutan, Somalia, Congo and Burundi.

**Partner Name, Description**

MA Department of Public Health

International Institute of Boston

Catholic Charity Boston

MA DTA

CAPIC

ROCA

REACH

Chelsea School System

**Partner Web Address**

<http://www.mass.gov/dph/refugee>

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

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

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

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

<http://rocainc.org>

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

<http://www.chelseaschools.com/cps/>

**Contact Information**

Eric Kamba, Refugee Health Assessment; Chantal Kayitesi, Refugee Women’s Health Access Program , [ekamba@partners.org](mailto:ekamba@partners.org); [ckayitesi@partners.org](mailto:ckayitesi@partners.org)

**HAVEN (Helping Abuse and Violence End Now)**

**Program Type**

Direct Services, Prevention

**Brief Description or Objective**

The program provides direct services to survivors of intimate partner abuse (patients, employees, community members) and training to providers. Since program inception in 1997, nearly 6500 survivors have been helped.

**Target Population**

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

**Ethnic Group:** All

**Language:** All

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

Goal Description	Goal Status
Provide direct services to survivors of intimate partner abuse	630 survivors served; 376 new referrals were made to HAVEN 32% were Brief Interventions 55% were for safety planning 14% were for legal services 13% were for housing/emergency shelter
Provide direct services to survivors of intimate partner abuse	HAVEN advocates facilitated 29 support groups
Increase legal services for survivors of intimate partner abuse	New partnership with Casa Myrna Vazquez allows access to legal counsel for HAVEN clients
Increase legal services for survivors of intimate partner abuse	Advocates consulted with the Casa Myrna Vazquez lawyer on behalf of 60 clients
Increase legal services for survivors of intimate partner abuse	The Casa Myrna Vazquez lawyer actively worked with 46 HAVEN clients over 341 hours Legal Topics included: 23% Family Law 21% Children’s Issues 17% Safety Planning 16% Restraining Orders
Increase providers knowledge of HAVEN and dynamics of intimate partner abuse	HAVEN provided 81 trainings and outreach activities to a total of 1847 participants; 22 trainings were given on HAVEN services; 18 trainings were given on intimate partner violence; 16 trainings were given on Teen Dating Violence

**Partner Name, Description**

**Partner Web Address**

SAGE Boston

Boston Regional DV Directors

[http://www.ci.chelsea.ma.us/public\\_documents/ChelseaMa\\_PDCommRm/S017439B6-0176E392?formid=161](http://www.ci.chelsea.ma.us/public_documents/ChelseaMa_PDCommRm/S017439B6-0176E392?formid=161)

Chelsea Domestic Violence Task Force

Revere Adolescent Task Force

[http://reverecares.org/ai1ec\\_event/revere-on-the-move-task-force-meeting/?instance\\_id=](http://reverecares.org/ai1ec_event/revere-on-the-move-task-force-meeting/?instance_id=)

CASA DIVERT, Chelsea/Revere/Winthrop High Risk Team

[http://www.capicinc.org/Eng/E\\_CrisisIntervention.html](http://www.capicinc.org/Eng/E_CrisisIntervention.html)

Greater Boston Legal Services Department of Justice Partnership

<http://www.gbls.org/our-work/immigration>

Conference of Boston Teaching Hospitals DV Council

[http://www.cobth.org/dom\\_violence.html](http://www.cobth.org/dom_violence.html)

Jane Doe, Inc.

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

**Contact Information**

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

**MGH Youth Programs**

<b>Program Type</b>	Mentorship/Career Training/Internship, School/Health Center Partnership
<b>Brief Description or Objective</b>	MGH Youth Program’s mission is to provide youth (grades 3- 12 and beyond) with academic, life, and career skills that will expand and enhance their educational and career options. Through the assistance of MGH administrators, faculty, and staff, who volunteer their time, the program provides youth with hands on enrichment opportunities, career exploration, and mentorship relationships that are connected to Science, Technology, Engineering, and Math (STEM) education.
<b>Target Population</b>	<p><b>Regions Served:</b> Boston, Chelsea, Revere</p> <p><b>Health Indicator:</b> Other: Education/Learning Issues</p> <p><b>Sex:</b> All</p> <p><b>Age Group:</b> Child-Teen</p> <p><b>Ethnic Group:</b> All</p> <p><b>Language:</b> English , Haitian Creole , Spanish</p>
<b>Statewide Priority:</b> Promoting Wellness of Vulnerable Populations	

<b>Goal Description</b>	<b>Goal Status</b>
Increase students’ interest, excitement and confidence in STEM subjects	465 youth served (Includes all youth served across all programs and events)
Bring in MGH employees or other individuals in the STEM field to discuss their background and career and act as positive role models	364 MGH Volunteers provided 8,707 volunteer service hours
Develop partnerships and collaborations with area organizations	Developed a total of 8 new partnerships to enhance the Youth Programs work with students
Further increase students’ scientific literacy, inquisitiveness, problem solving, critical thinking, teamwork, and overall engagement in STEM learning. Students develop positive relationships with their peers and with MGH professionals.	Pre and Post surveys indicate students: • felt positively challenged and engaged with the MGH Youth Programs • felt an increased sense of competency for learning • felt supported within the Youth Programs
Further increase students’ scientific literacy, inquisitiveness, problem solving, critical thinking, teamwork, and overall engagement in STEM learning. Students develop positive relationships with their peers and with MGH professionals.	• were taking steps toward planning for their futures and are communicating with supportive adults about their goals • enjoy their internships, shadowships and making professional connections
Further increase students’ scientific literacy, inquisitiveness, problem solving, critical thinking, teamwork, and overall engagement in STEM learning. Students develop positive relationships with their peers and with MGH professionals.	Additionally, 17 Science Fair students, mentored by MGH employee volunteers, went on to compete at the City-Wide Science Fair

<b>Partner Name, Description</b>	<b>Partner Web Address</b>
American Repertory Theater	<a href="http://www.americanrepertorytheater.org/">http://www.americanrepertorytheater.org/</a>
ACE: Turner Construction	<a href="http://www.turnerconstruction.com/about-us/community-involvement/youth-and-education">http://www.turnerconstruction.com/about-us/community-involvement/youth-and-education</a>
Boston Private Industry Council	<a href="http://www.bostonpic.org/">http://www.bostonpic.org/</a>
Camp Harborview	<a href="http://chvf.org/">http://chvf.org/</a>
Charlestown Boys and Girls Club	<a href="http://www.bgcb.org/locations_clubs_charlestown.cfm">http://www.bgcb.org/locations_clubs_charlestown.cfm</a>
Coastal Study for Girls	<a href="http://www.coastalstudiesforgirls.org/">http://www.coastalstudiesforgirls.org/</a>
Dana Farber CURE	<a href="http://www.dfhcc.harvard.edu/center-initiatives/iecd/student-training/cure-program/">http://www.dfhcc.harvard.edu/center-initiatives/iecd/student-training/cure-program/</a>
East Boston High School	<a href="http://www.bostonpublicschools.org/school/east-boston-high-school">http://www.bostonpublicschools.org/school/east-boston-high-school</a>
Edward M. Kennedy Academy for Health Careers	<a href="http://www.kennedyacademy.org/">http://www.kennedyacademy.org/</a>
Efficacy Institute	<a href="http://www.efficacy.org/">http://www.efficacy.org/</a>
Murphy Elementary School	<a href="http://www.bostonpublicschools.org/school/murphy-k-8-school">http://www.bostonpublicschools.org/school/murphy-k-8-school</a>
Richard Murphy Elementary School	<a href="http://www.rjmurphyschool.com/">http://www.rjmurphyschool.com/</a>
Science Club for Girls	<a href="http://www.scienceclubforgirls.org/">http://www.scienceclubforgirls.org/</a>
Tutors for All	<a href="http://www.tutorsforall.org/">http://www.tutorsforall.org/</a>
United Way's Math Science Technology Initiative	<a href="http://supportunitedway.org/youth/msti">http://supportunitedway.org/youth/msti</a>
Yawkey Boys and Girls Club	<a href="http://www.bgcb.org/locations_clubs_yawkey.cfm">http://www.bgcb.org/locations_clubs_yawkey.cfm</a>
Academy of the Pacific Rim	<a href="http://www.pacrim.org/">http://www.pacrim.org/</a>
Chelsea High School	<a href="http://www.chelseaschools.com/cps/high-school.htm">http://www.chelseaschools.com/cps/high-school.htm</a>
Posse Foundation	<a href="http://www.possefoundation.org">www.possefoundation.org</a>

Wheelock College	<a href="http://www.wheelock.edu/">http://www.wheelock.edu/</a>
Health Resources in Action	<a href="http://www.hria.org">www.hria.org</a>
Revere High School	<a href="http://www.revereps.mec.edu/reverehighschool/">http://www.revereps.mec.edu/reverehighschool/</a>

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

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

<b>Program Type</b>	Direct Services, Health Screening, Outreach to Underserved
<b>Brief Description or Objective</b>	The Boston Health Care for the Homeless Program delivers direct care in multidisciplinary teams in two hospital clinics and over 75 shelters and community sites throughout metropolitan Boston. MGH has been one of those sites for almost 28 years. In 2012, there were more than 2,536 primary care visits to the MGH site.
<b>Target Population</b>	<b>Regions Served:</b> Boston <b>Health Indicator:</b> Access to Health Care, Mental Health, Other: Homelessness <b>Sex:</b> All <b>Age Group:</b> Adult <b>Ethnic Group:</b> All <b>Language:</b> All

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

Goal Description	Goal Status
Increase access to the Thursday Street Team clinic at the MGH MWIU	There were over 1,014 primary care and behavioral health visits to the MGH site during the Thursday clinic. An additional 2,224 nursing and case management encounters were recorded at the Thursday clinic in 2012.
Expand the services for housed Street Team patients through specialized clinics, home visits, and the use of medical respite as a supportive housing service	119 housed Street Team patients accounted for 666 visits in the MGH MWIU.
Expand the services for housed Street Team patients through specialized clinics, home visits, and the use of medical respite as a supportive housing service	In 2012, medical and behavioral health clinicians made 1108 home visits to 176 housed patients, an increase from 161 housed patients in 2011.
Expand the services for housed Street Team patients through specialized clinics, home visits, and the use of medical respite as a supportive housing service	45% of the patients seen in home visits were also admitted to our medical respite facility, the Barbara McInnis House.
Foster further collaboration between MGH, Partners Healthcare, and BHCHP	BHCHP liaisons, RNs and NPs, made over 1,500 screening visits to homeless and formerly homeless inpatients at MGH and Brigham and Women’s Hospital for admission to the Barbara



	McInnis House after hospital discharge.
Foster further collaboration between MGH, Partners Healthcare, and BHCHP	BHCHP liaisons, RNs and NPs, made over 1,500 screening visits to homeless and formerly homeless inpatients at MGH and Brigham and Women’s Hospital
Foster further collaboration between MGH, Partners Healthcare, and BHCHP	for admission to the Barbara McInnis House after hospital discharge.

**Partner Name, Description**

**Partner Web Address**

Not Specified

**Contact Information**

Jim O’Connell, MD President BHCHP 857-654-1000 , [joc@bhchp.org](mailto:joc@bhchp.org)

**Patient Navigation - Screening, Abnormal Follow-Up, Breast**

<b>Program Type</b>	Direct Services, Health Screening, Outreach to Underserved, Prevention
<b>Brief Description or Objective</b>	Since 2001, the Avon Foundation has generously provided critical funding to help the Massachusetts General Hospital (MGH) reduce disparities in breast cancer in Boston through the MGH Avon Breast Care Program. The goal of this program is to establish models for breast cancer screening, diagnosis, and care that would effectively penetrate the disadvantaged minority communities in greater Boston. The Avon Breast Care Program serves MGH Chelsea patients as well as patients from Mattapan Community Health Center and Harbor Health Services (Geiger Gibson, Neponset and Mid Upper Cape Community Health Centers). The program promotes screening, timely follow-up of abnormal findings, and ensures early detection and comprehensive treatment for patients with breast cancer. Since the programs’ inception, 7274 patients have been served, including 196 patients with breast cancer. In FY12, 1612 patients were served across all program sites.
<b>Target Population</b>	<b>Regions Served:</b> Barnstable, Boston-Dorchester, Boston-Mattapan, Chelsea <b>Health Indicator:</b> Other: Cancer - Breast <b>Sex:</b> All <b>Age Group:</b> Adult <b>Ethnic Group:</b> All <b>Language:</b> All

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

Goal Description	Goal Status
Address barriers to accessing and receiving timely, quality health care for all patients	The Avon Breast Health Navigators provided 349 language translations, 77 financial assistance referrals, 30 transportation assistance, 15 material support and 2 social service referrals
90% of patients arrive within 60 days for follow-	91% of patients referred for follow-up on an

up on an abnormal finding	abnormal finding arrived to a first appointment in 60 days or less
Organize outreach events to promote breast cancer awareness and educate patients and the community on the importance of screening and breast health	19 outreach events reached 505 participants.
Increase the number of patients who receive patient navigator assistance with screening	1389 patients received assistance with screening

**Partner Name, Description**

**Partner Web Address**

Not Specified

**Contact Information**

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

**Bridging the Gap – The Refugee Family Service Project**

<b>Program Type</b>	Direct Services
<b>Brief Description or Objective</b>	A partnership between MGH Chelsea and Harvard Medical School in which medical students are paired with immigrant or refugee families. Students participate in sessions and act as advocates, educators, mentors and learn about cultural barriers. In FY12, 4 families were served.
<b>Target Population</b>	<b>Regions Served:</b> Chelsea <b>Health Indicator:</b> Access to Health Care <b>Sex:</b> All <b>Age Group:</b> Adult <b>Ethnic Group:</b> All <b>Language:</b> All

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

Goal Description	Goal Status
Increase cultural competency of future physicians in the American health care system	7 volunteers from Harvard Medical School participated
Ensure that newly arrived refugees feel welcomed and not isolated	Approximately 32 contacts between the students and families were made
Ensure timely integrated access to medical, mental health and social services at MGH Chelsea	Ensure timely integrated access to medical, mental health and social services at MGH Chelsea All the medical students had a dedicated clinician who ensured feedback to pediatricians, community health workers and adult medicine providers

**Partner Name, Description**

Harvard Medical School

**Partner Web Address**

[www.hms.harvard.edu](http://www.hms.harvard.edu)

**Contact Information**

Ana Spiro; Tamara Leaf, Psy.D. , [aspiro@partners.org](mailto:aspiro@partners.org);  
[tleaf@partners.org](mailto:tleaf@partners.org)

**Patient Navigation - Abnormal Follow-Up, Cervical**

<b>Program Type</b>	Direct Services, Health Screening, Outreach to Underserved, Prevention
<b>Brief Description or Objective</b>	The Cervical Health Outreach Program began in 2004 to reach out to MGH Chelsea patients with abnormal Pap smear results in order to reduce barriers to timely follow-up care and to educate patients on cervical health. In FY12, 373 women were served by the program.
<b>Target Population</b>	<b>Regions Served:</b> Chelsea, Everett, Revere <b>Health Indicator:</b> Other: Cancer - Cervical <b>Sex:</b> Female <b>Age Group:</b> Adult <b>Ethnic Group:</b> All <b>Language:</b> All

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

Goal Description	Goal Status
Address barriers to accessing and receiving timely, quality health care for all patients	The Cervical Health Coordinator provided 573 appointment reminders, 337 scheduled appointments, 152 provider/clinic communications, 33 financial assistance referrals,
Address barriers to accessing and receiving timely, quality health care for all patients	24 procedure/preparation instructions, 20 patients with education, 16 appointment accompaniments, 3 home visits, 2 pharmacy assistance, 1 transportation assistance and 1 social services referral
Earlier detection of abnormal findings (fewer high grade lesions over time)	A study comparing 533 navigated and 253 non-navigated Latina women with abnormal Pap smears requiring follow-up at the MGH Colposcopy Clinic showed navigation can prevent cervical cancer
Earlier detection of abnormal findings (fewer high grade lesions over time)	by increasing colposcopy clinic attendance, shortening colposcopy follow-up, and decreasing cervical lesion severity over time

**Partner Name, Description**

**Partner Web Address**

Not Specified

**Contact Information**

Diana Maldonado, Cervical Health Coordinator ,  
[djmaldonado@partners.org](mailto:djmaldonado@partners.org)

**Charlestown Substance Abuse Coalition**

<b>Program Type</b>	Community Education, Community Participation/Capacity Building Initiative
<b>Brief Description or Objective</b>	The Charlestown Substance Abuse Coalition works to increase access to and resources for successful treatment and recovery from substance abuse. The Coalition also strengthens protective factors and decreases risk factors to prevent substance use and abuse for youth, young adults and families, through education, prevention, and intervention strategies.

<b>Target Population</b>	<p><b>Regions Served:</b> Boston-Charlestown</p> <p><b>Health Indicator:</b> Other: Alcohol and Substance Abuse</p> <p><b>Sex:</b> All</p> <p><b>Age Group:</b> All</p> <p><b>Ethnic Group:</b> All</p> <p><b>Language:</b> All</p>
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**Statewide Priority:** Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Increase protective factors among youth in order to prevent substance use	420 5th, 6th, 7th, 8th, and 10th graders received evidence-based prevention curriculum in the middle schools, including information on current trends such as prescription drug abuse.
Decrease opioid overdoses	The Charlestown Opiate Reduction & Education Coordinator provided community linkages to 132 substance users.
Decrease opioid overdoses	Hospital discharges from opioid overdoses decreased by 44% between 2004 and 2009
Reduce impact of second-hand smoke by increasing smoking cessation	10 youth created a PSA to promote tobacco cessation services in preparation for upcoming smoke free homes policy in the Boston Housing Authority developments.
Decrease number of unused prescription drugs in the home	580 vials of prescription medication and 53 vials of narcotic medications were collected at a Prescription Drug Take Back day arranged for the entire community.
Revise strategic plan	The Coalition completed assessment activities using the CDC-sponsored Mobilizing for Action through Planning and Partnerships (MAPP). The priorities have been chosen and the community continues to work on action and implementation plans.
Reduce impact of second-hand smoke by increasing smoking cessation	10 youth created a PSA to increase awareness of the harmful affects of tobacco. 30 youth completed a mural project in preparation for upcoming smoke free homes policy in the Boston Housing Authority developments
Reduce impact of second-hand smoke by increasing smoking cessation	75 youth participated in a basketball tournament and provided information and resources for smoking cessation.
Reviewed the results the Youth Health Survey conducted in FY 11 from two local middle schools.	600 surveys that had been administered and analyzed were used to inform the Coalition’s strategic plan and application for the SAMHSA Drug Free Communities Grant Application.
DFC awarded	The Coalition was awarded a five year DRUG Free Communities Grant.
Creating a Charlestown Drug Court	The Coalition spent the year establishing partnerships, looking at best practices, creating documents, protocols and procedures for approval and implementation of a Charlestown Drug Court.
Connect2Prevent Website	The Coalition spent the year creating a community-based website for parents that provides them with thoughtful content on how to enhance communication skills with their youth around drugs and alcohol.
Connect2Prevent Website	Work went into designing the site and its content, including

	filming video clips of local parents, youth, professionals and individuals in recovery.
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<b>Partner Name, Description</b>	<b>Partner Web Address</b>
Representatives from elected Officials Winn Co./Charles Newtown Charlestown residents Charlestown Chamber of Commerce	<a href="http://www.charlestownbusiness.com/">http://www.charlestownbusiness.com/</a>
Youth Connect (A joint program of B&G Club and Boston Police)	<a href="http://www.boston.com/yourtown/news/dorchester/2013/02/youth_connect_program_helps_se.html">http://www.boston.com/yourtown/news/dorchester/2013/02/youth_connect_program_helps_se.html</a>
Greater Boston Center for Healthy Communities Boston Public Health Commission	<a href="http://www.hria.org/">http://www.hria.org/</a> <a href="http://www.bphc.org/Pages/Home.aspx">http://www.bphc.org/Pages/Home.aspx</a>
John F. Kennedy Family Service Center	<a href="http://www.bostonabcd.org/john-f-kennedy-fsc.aspx">http://www.bostonabcd.org/john-f-kennedy-fsc.aspx</a>
Boston Police Department Area A-1: Community Service Office Warren Prescott K-8 School	<a href="http://www.cityofboston.gov/police/districts/a1.asp">http://www.cityofboston.gov/police/districts/a1.asp</a> <a href="http://warrenprescott.com/">http://warrenprescott.com/</a>
Edwards Middle School	<a href="http://www.bostonpublicschools.org/school/edwards-middle-school">http://www.bostonpublicschools.org/school/edwards-middle-school</a>
Charlestown High School	<a href="http://boston.k12.ma.us/charlestown/">http://boston.k12.ma.us/charlestown/</a>
City of Boston Mayor’s Office	<a href="http://www.cityofboston.gov/mayor/">http://www.cityofboston.gov/mayor/</a>
Charlestown Boys & Girls Club	<a href="http://www.bgcb.org/our-location/charlestown-club/">http://www.bgcb.org/our-location/charlestown-club/</a>
Charlestown Recovery House	<a href="http://www.charlestownrecoveryhouse.org/">http://www.charlestownrecoveryhouse.org/</a>
BayCove Human Services	<a href="http://www.baycove.org/bcexternal/index.cfm">http://www.baycove.org/bcexternal/index.cfm</a>
Charlestown Against Drugs (CHAD)	<a href="http://www.csac-chad.org/">http://www.csac-chad.org/</a>
Charlestown Neighborhood Council	<a href="http://www.charlestownbusiness.com/cnc.html">http://www.charlestownbusiness.com/cnc.html</a>
The Dennis McLaughlin House	<a href="http://www.dennismclaughlinhouse.org/">http://www.dennismclaughlinhouse.org/</a>
Charlestown Community Center	<a href="http://www.cityofboston.gov/bcyf/facilities/">http://www.cityofboston.gov/bcyf/facilities/</a>
MissionSafe Charlestown	<a href="http://www.missionsafe.org/home.asp">http://www.missionsafe.org/home.asp</a>
Charlestown Mother’s Association	<a href="http://www.charlestownmothersassociation.org/">http://www.charlestownmothersassociation.org/</a>

Charlestown Lacrosse and Learning Center <http://www.charlestownlacrosse.com/>

Peabody Properties/Mishawum Park Apartment Complex <http://www.peabodyproperties.com/cms/our-communities/view-all-communities/64-mishawum-park.html>

Bunker Hill Housing Development Bunker Hill Housing Development

**Contact Information** Beth Rosenshein, [brosenshein@partners.org](mailto:brosenshein@partners.org)

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### Child Protection Program

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<b>Program Type</b>	Health Professional/Staff Training
<b>Brief Description or Objective</b>	The Program provides leadership in the response to issues of child abuse and neglect. Through consultation and training, MGH clinicians are provided with basic skills and knowledge necessary to provide a full range of support and services including screening, identification, assessment, intervention, referral, and follow-up. In FY12, 750 consults were performed.
<b>Target Population</b>	<b>Regions Served:</b> All Massachusetts, Boston-Charlestown, Chelsea, Revere <b>Health Indicator:</b> Other: Safety - Home <b>Sex:</b> All <b>Age Group:</b> All Children <b>Ethnic Group:</b> All <b>Language:</b> All

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

Goal Description	Goal Status
Provide clinicians with basic skills and knowledge necessary to provide a full range of support and services	750 consultations were performed with providers

### Partner Name, Description

### Partner Web Address

District Attorneys' offices

DCF

<http://www.mass.gov/eohhs/gov/departments/dcf/>

Children's Advocacy Center

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

Pediatric SANE program

<http://mova.state.ma.us/>

**Contact Information** Debra Drumm, LICSW, [ddrumm@partners.org](mailto:ddrumm@partners.org)  
Susan Lipton, LICSW, [sjlipton@partners.org](mailto:sjlipton@partners.org)  
Alice Newton, MD, [anewton@partners.org](mailto:anewton@partners.org)

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### Patient Navigation - Screening, CRC

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<b>Program Type</b>	Direct Services, Health Screening, Outreach to Underserved, Prevention
<b>Brief Description or</b>	The Colorectal Cancer Screening Program is designed to improve colorectal

<b>Objective</b>	cancer prevention and early detection in all eligible MGH Chelsea patients. Its primary aim is to decrease disparities in colorectal cancer screening (CRCS) rates, and increase CRCS rates in low-income patients and patients with limited English proficiency (LEP) in Chelsea with a goal to reduce colorectal cancer for all patients served. In FY12, the program reached out to 196 patients and 125 patients completed colonoscopies.
<b>Target Population</b>	<b>Regions Served:</b> Chelsea, Everett, Revere <b>Health Indicator:</b> Other: Cancer - Colo-rectal <b>Sex:</b> All <b>Age Group:</b> Adult <b>Ethnic Group:</b> All <b>Language:</b> All

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

Goal Description	Goal Status
Decrease incidence of colorectal cancer amongst patients served through screening	125 colonoscopies were complete and 105 polyps were removed
Address barriers to accessing and receiving timely, quality health care for all patients	The Colon Cancer Coordinator scheduled 351 appointments, provided 283 appointment reminders, 233 provider/clinic communications, 158 procedure preparation instructions,
Address barriers to accessing and receiving timely, quality health care for all patients	148 patients with education, 104 language translations, 38 transportation assistance, 31 accompanied to appointments, 29 pharmacy assistance, 2 home visits and 1 social services referral
Educate patients and the community on colorectal cancer and the importance of screening. Conduct at least 2 outreach activities per year	3 presentations on the colorectal program/results reached 241 people and a recurring Chelsea cable television educational show has reached approximately 1500 people in the community

<b>Partner Name, Description</b>	<b>Partner Web Address</b>
Not Specified	
<b>Contact Information</b>	Gloria Gamba, Colon Cancer Coordinator; Rade Boskovic, Colon Cancer Coordinator , <a href="mailto:ggamba@partners.org">ggamba@partners.org</a> ; <a href="mailto:rboskovic@partners.org">rboskovic@partners.org</a>

**Food for Families**

<b>Program Type</b>	Community Education, Direct Services, Health Screening
<b>Brief Description or Objective</b>	Food for Families screens MGH Chelsea patients for food insecurity in the departments of Pediatrics, Obstetrics, and Urgent Care. The program connects patients with local and federal food resources such as SNAP benefits (formerly known as Food Stamps), the WIC (Women, Infants, and Children) Program, food pantries, and community meal sites. In FY12, 380 families received in-person consultation from the Food for Families Program Coordinator.
<b>Target Population</b>	<b>Regions Served:</b> Chelsea



**Health Indicator:** Other: Nutrition

**Sex:** All

**Age Group:** All

**Ethnic Group:** Hispanic/Latino

**Language:** Spanish

**Goals**

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

Goal Description	Goal Status
Increase number of patients screened for food insecurity	3,661 patients were screened for food insecurity in Urgent Care, Pediatrics and OB in FY12. Of the 3,661 patients screened, 25% (929) had a 'Yes' result, indicating that they were running out of money for food, and/or needed food assistance from a counsel
Screen patients for food insecurity	In FY2012, 380 families that were screened for food insecurity in out-patient medical practices received an in-depth, in-person consultation from the Food for Families Program Coordinator to assess their families' need, representing 531 adults and 431 chi
Assist patients with food insecurity	All 380 families were provided information about local community food resources specific to their needs, such as food pantries, community kitchens, or bulk food buying programs.
Assist patients with food insecurity	Of these 380 households, 257 also received in-person SNAP application assistance, and 45 households received emergency gift cards to purchase food at a local grocery store.
Increase number of patients screened for food insecurity	339 Adult Medicine patients self reported as food insecure, and were referred to the Food for Families program in FY12. Going forward the referral-based system will be maintained.
Increase number of patients screened for food insecurity	All departments also have the autonomy to refer patients to the Food for Families Program when extreme conditions are identified or a patient expresses concerns about his/her food security.
Increase patient knowledge of food resources in the community	100% of all patients who screened positive for food insecurity received a follow-up phone contact to schedule an in-person interview. All patients who came in for in-person interviews received information about food resources.
Increase knowledge about healthy eating on a budget amongst participants	In FY12, 54 participants attended comprehensive "healthy eating and cooking on a budget" courses in partnership with Cooking Matters Massachusetts.
Increase knowledge about healthy eating on a budget amongst participants	In FY12, 20 participants attended a pilot "Shopping Matters" course to learn about "healthy shopping and eating on a budget".

**Partner Name, Description**

Cooking Matters Massachusetts

**Partner Web Address**

<http://cookingmatters.org/cooking-matters-massachusetts/>

Department of Transitional Assistance, MA  
Project Bread

<http://www.mass.gov/eohhs/gov/departments/dta/>

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

**Contact Information**

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

**Healthy Chelsea**

<b>Program Type</b>	Community Education, Prevention
<b>Brief Description or Objective</b>	The initiative has convened and maintains a multidisciplinary team of approximately 75 community leaders, organizations, and residents to identify the social and environmental factors influencing Chelsea’s high obesity prevalence, and to develop and implement an action plan. The coalition is executing systematic changes to bring about lasting improvements throughout the community. Healthy Chelsea serves the entire city of Chelsea.
<b>Target Population</b>	<p><b>Regions Served:</b> Chelsea</p> <p><b>Health Indicator:</b> Other: Nutrition, Physical Activity</p> <p><b>Sex:</b> All</p> <p><b>Age Group:</b> All</p> <p><b>Ethnic Group:</b> All</p> <p><b>Language:</b> All</p>

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

<b>Goal Description</b>	<b>Goal Status</b>
Facilitate the growth of a citywide coalition with participation from a broad base of community leaders, organizations and residents	75 individuals representing residents, local government, state government, school administrators and faculty, community organizations, health care providers,
Facilitate the growth of a citywide coalition with participation from a broad base of community leaders, organizations and residents	and businesses have participated in bimonthly Healthy Chelsea meetings. Subcommittee meetings occur on an as-needed basis.
Sustain Coalition initiatives	o Healthy Chelsea applied for and received a 2nd year of funding from the Olivia’s Organics Foundation to support physical activity throughout the school day in the Chelsea Public Elementary Schools;
Sustain Coalition initiatives	o Healthy Chelsea was granted 4 years of funding by the Mass in Motion program and Partners Healthcare to support additional personnel;
Sustain Coalition initiatives	o Healthy Chelsea was granted a 1-year award by the Trefler Foundation to support a student –run campaign advocating for healthy foods at Chelsea High School
Launch the Healthy Corner Store Connection to improve residents’ access to healthy, fresh foods in the neighborhoods where they live	Results of the 2011 Chelsea Food Stores Survey were analyzed to determine the neighborhoods of highest need. The Program Coordinator has recruited 4 corner stores to the project, with 2-3 more who will likely sign-on.
Launch the Healthy Corner Store Connection to improve residents’ access to healthy, fresh foods in the neighborhoods where they live	Three Community Partner organizations have agreed to recruit neighborhood residents as focus group participants who will share their needs and wants as customers. Two wholesalers from the New England Produce Center have also signed-on as program

	partners
Advocate and support a trans fat free regulation for prepared foods served at Food Service Establishments in the city of Chelsea	A half-time employee was added to the payroll to provide ongoing education about artificial trans fats and technical assistance to restaurant and bakery owners who need to make changes in their products in order to comply with Chelsea's new regulation.
Advocate and support a trans fat free regulation for prepared foods served at Food Service Establishments in the city of Chelsea	. Healthy Chelsea worked in close partnership with the Chelsea Board of Health, providing consultation and staff support to the Board. Healthy Chelsea secured legal technical assistance from the Massachusetts Association of Health Boards in order to confirm
Advocate and support a trans fat free regulation for prepared foods served at Food Service Establishments in the city of Chelsea	confirm implementation and enforcement plans. Healthy Chelsea partnered closely with Chelsea's Department of Inspectional Services to identify restaurants and bakeries needing hands-on assistance, and put a reporting system in place as of 1/1/2013.
Implement Physical Activity in the Classroom techniques to fulfill a standard of 30 minutes of classroom based physical activity per day in grades 1-4	The Physical Education faculty of all 4 Elementary Schools received 7 hours of training at the beginning of the 2012-2013 school year. They are now serving as in-house trainers and mentors to the classroom teachers within their schools.
Implement Physical Activity in the Classroom techniques to fulfill a standard of 30 minutes of classroom based physical activity per day in grades 1-4	All 4 schools are implementing daily physical activity breaks within the classrooms, and are working towards a goal to achieve 30 minutes of classroom-based physical activity per day in at least 75% of classrooms by January 2014.
Facilitate and support a partnership between student leaders at Chelsea High School and Chelsea Schools Administrators to improve nutrition quality and participation within the School Lunch Program	A survey of 455 High School students was completed in June 2012. Results were analyzed and a formal presentation for School Administrators was scheduled for early October 2012.
Facilitate and support a partnership between student leaders at Chelsea High School and Chelsea Schools Administrators to improve nutrition quality and participation within the School Lunch Program	A group of 10 students ranging from 8th grade through 11th grade who are participants in the Chelsea REACH Program are meeting weekly with the Healthy Chelsea Schools Coordinator throughout the 2012-2013 School Year

**Partner Name,**  
**Description**

**Partner Web Address**

Not Specified

**Contact Information**

Melissa Dimond, Manager Community Health Initiatives ,  
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**Komen Breast Care Program**

<b>Program Type</b>	Direct Services, Health Screening, Outreach to Underserved, Prevention
<b>Brief Description or Objective</b>	Since 2008, the Komen Foundation has generously provided critical funding to improve breast cancer screening in refugee and immigrant women from the Former Yugoslavia, Somalia, and the Middle East, receiving care at MGH Chelsea HealthCare Center and/or residing in surrounding communities. The program aims to increase awareness of breast cancer screening, the rate of completion of screening mammograms, and to ensure timely follow-up of abnormal results. In FY12, 339 patients were served.
<b>Target Population</b>	<b>Regions Served:</b> Chelsea, Everett, Revere <b>Health Indicator:</b> Other: Cancer - Breast <b>Sex:</b> Female <b>Age Group:</b> Adult <b>Ethnic Group:</b> All <b>Language:</b> All

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

Goal Description	Goal Status
Identify and outreach to female refugees that are due for breast cancer screening	The program reached 210 new patients and 144 refugee women received mammograms
Identify barriers to breast cancer screening and care	Refugee Cancer Coordinator interviewed 18 Bosnian speaking women to explore and better understand their barriers to breast cancer screening and care
Conduct at least 2 outreach activities per year	5 outreach events reached 265 participants
Address barriers to accessing and receiving timely, quality health care for all patients	Refugee Cancer Coordinator scheduled 362 appointments, provided education to 162 patients, 161 language translations, 160 appointment reminders,
Address barriers to accessing and receiving timely, quality health care for all patients	102 procedure/preparation instructions, 22 provider/clinic communications, 21 transportation assistance, 16 accompaniments to appointments, 7 home visits and 5 pharmacy assistance

**Partner Name, Description**

**Partner Web Address**

Not Specified

**Contact Information**

Jelena Katadzic, Refugee Cancer Coordinator  
Kaftun Ahmed, Refugee Cancer Coordinator , [jkatzdzic@partners.org](mailto:jkatzdzic@partners.org) ; [kmahmed@partners.org](mailto:kmahmed@partners.org)

**MGH Revere Adolescent Health Initiative**

<b>Program Type</b>	Direct Services, School/Health Center Partnership
<b>Brief Description or Objective</b>	Health services are provided for pre-teens, teens, and young adults at the MGH Revere School Based Health Center (SBHC), located within Revere High School (RHS), the MGH Revere Health Center, the Adolescent Health Center (AHC), a confidential teen clinic, and the Youth Zone (YZ), a free afterschool program for kids. The initiative has recently partnered with the Institute of Psychotherapy to increase access to counseling. The SBHC had over 1300 visits and the AHC over 500 visits in FY2012.

<b>Target Population</b>	<b>Regions Served:</b> Revere <b>Health Indicator:</b> Access to Health Care <b>Sex:</b> All <b>Age Group:</b> Adult-Young, Child-Preteen <b>Ethnic Group:</b> All <b>Language:</b> All
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**Statewide Priority:** Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
To educate parents, students and school faculty on teen sexual health.	The SBHC and Revere Public Schools are participating in the Healthy Relationship Taskforce organized by the Revere CARES Coalition.
Become more visible in the school community.	SBHC staff are creating a video that can be accessed through the Revere Public Schools website. Students, parents, and staff will be able to learn about our services and how students can access care.
Establish partnerships with local community mental health providers to facilitate mental health referrals.	SBHC staff will be attending a monthly systems of care meeting coordinated by our Community Service Agency. In addition, we are identifying liaisons for mental health referrals and care coordination at our local mental health agencies.

Partner Name, Description	Partner Web Address
Revere Afterschool Partnership Revere Public Schools	<a href="http://www.revereeps.mec.edu">www.revereeps.mec.edu</a>
City of Revere	<a href="http://www.revere.org">www.revere.org</a>

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

**MGH Roca Youth Health Center**

<b>Program Type</b>	Direct Services, School/Health Center Partnership
<b>Brief Description or Objective</b>	A fully-licensed satellite clinic operated by MGH Chelsea at Roca, a Chelsea-based youth development organization offering: health education and promotion services integrated into arts, education, and leadership programming; Family planning counseling; STD and HIV testing and treatment; and training for nurse practitioner students, medical students, and medical residents. There were 445 visits in FY2012.

<b>Target Population</b>	<b>Regions Served:</b> Boston-East Boston, Chelsea, Lynn, Revere, Somerville <b>Health Indicator:</b> Access to Health Care, Other: Family Planning, Other: HIV/AIDS, Other: Sexually Transmitted Diseases, Responsible Sexual Behavior <b>Sex:</b> All <b>Age Group:</b> Adult-Young, Child-Teen <b>Ethnic Group:</b> Hispanic/Latino <b>Language:</b> All
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**Statewide Priority:** Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
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Increase education focusing on adolescent sexual health	FPC Andrea Barboza prepared weekly talks for drop ins at the Health Center focusing on topics including STD prevention and contraception. Participation began very slowly and did not solidify until fall 2012.
Promote interprofessional clinical education	Teaching site for MGH primary care residents, medical students, and MGH IHP SON NP students.
Improve quality of services focusing on substance abuse	Began screening all new patients for substance abuse using CRAFFT evidence-based screening tool with motivational interviewing.
Develop community learning exchange with Youth Star program	A. NP and NP student conducted weekly health promotion activities with program participants focusing on healthy relationships, STD prevention, and postponing second pregnancy.
Develop community learning exchange with Youth Star program	B. As a Schweitzer Fellow for the MGH IHP School of Nursing, NP student Katie Seamon developed and delivered a “Infant Well-being” Curriculum for Youthstar mothers for their own edification and to be able to present to other teen mothers.
Develop community learning exchange with Youth Star program	C. Ming Sun and NP students from the MGH IHP Community Health Class under the supervision of MGH Chelsea NP and IHP SON faculty NP Barbara Kelley, involved Youthstar mothers in “Stay N Shape “ program
Develop community learning exchange with Youth Star program	D. Collaborated with Kathleen Miller, MGH CHA, to celebrate Circle of Red events for 2012. Participated in planning grant for involving teen mothers in 2013 activities.
Adapt to Roca’s changing population target	Roca has changed its primary focus from young women to young men. Anticipate that the Youthstar program which provided leadership training, work, and scholarship to young mothers will be discontinued.
Adapt to Roca’s changing population target	Current focus is on young men, aged 18-24 involved in juvenile justice system. Challenges exist for the Youth Health Center to improve utilization for this population based on their needs and perceptions of preventive and primary care.

**Partner Name, Description      Partner Web Address**

ROCA

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

Chelsea Public Schools

<http://www.chelseaschools.com/cps/>

ABCD Boston Family Planning

<http://www.bostonabcd.org/boston-family-planning-program-sites.aspx>

**Contact Information**

Lisa Sibert Carr, MD; Gail B Gall, APRN, BC, lcarr1@partners.org; ggall@mghihp.edu

**MGH Senior HealthWISE**

**Program Type**

Direct Services

**Brief Description or Objective**

The program was designed in 2002 to enhance the health and well being of older adults in the neighborhoods surrounding Mass General, and provides a wide array of services. The goal of HealthWISE is to improve health

management through education and support, as well as provide opportunities for socialization, exercise and connection to community resources. Programs are offered on the Mass General campus, at local community sites, and three senior residences. All services are free of charge and open to individuals age 60+. In 2012, 208 residents registered for services totaling 3,011 clinical contacts.

<b>Target Population</b>	<b>Regions Served:</b> Boston-Beacon Hill <b>Health Indicator:</b> Other: Elder Care <b>Sex:</b> All <b>Age Group:</b> Adult-Elder <b>Ethnic Group:</b> All <b>Language:</b> All
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**Statewide Priority:** Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Provide wellness services to West End and Beacon Hill Seniors	For 2012, 208 residents were registered for services totaling 3,011 clinical contacts.
Assessment and intervention with both individual and residence in the community	Total registered at the senior residences for all services in year 2012: Amy Lowell-74 individuals, Beacon House- 54 individuals, Blackstone-80 individuals.
Support older adults' capacity for self-care and independent living.	There were 3,011 clinical contacts in 2012.
Improve health management and wellness through education and support	In 2012, there were 369 events (an increase from 314 in 2011) held for older adults on health education sessions such as Hearing and Balance, Glaucoma, Oral Health, Eating Well, Home Safety and Healthy Heart.
Improve health management and wellness through education and support	For 2012, there were 868 individuals (a 36% increase since 2011) receiving benefits of the membership to community programs which includes monthly newsletters, educational events and local discounts.
Improve health management and wellness through education and support	Membership also includes access to monthly community hypertension checks at the Boston Public Library West End Branch, and twice monthly Chair Yoga classes at the Clubs at Charles River Plaza. All programs provided at no cost to attendees.
Improve health management and wellness through education and support	Additional activities: Staff is trained in Evidence Based Programs: Chronic Disease Self Management, Healthy Eating, Matter of Balance and Stay Sharp.

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



Blackstone Apartments

**Contact Information** Barbara E. Moscovitz, MSW, LICSW, Director , [bmoscovitz@partners.org](mailto:bmoscovitz@partners.org)

**Police Action Counseling Team (PACT)**

<b>Program Type</b>	Direct Services, Prevention
<b>Brief Description or Objective</b>	The Police Action Counseling Team (PACT) is a team of mental health clinicians who collaborate with Chelsea Police officers. Officers identify children at the scenes of police calls. Once physical safety is established, MGH clinicians provide urgent, intervention to these children who are victims of or witnesses to violence or other trauma. The goal of PACT interventions is to lessen the impact of traumatic experiences on children’s health and mental health. Immediate interventions aim to facilitate children’s active participation in their own well-being and to increase parental knowledge of the symptoms and longer effects of trauma on children.
<b>Target Population</b>	<p><b>Regions Served:</b> Chelsea</p> <p><b>Health Indicator:</b> Injury and Violence, Other: Domestic Violence, Other: Rape, Other: Safety</p> <p><b>Sex:</b> All</p> <p><b>Age Group:</b> All, All Children</p> <p><b>Ethnic Group:</b> All</p> <p><b>Language:</b> All</p>

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

Goal Description	Goal Status
Foster and increase officer engagement with children in the community and at 911 calls.	Chelsea police officers collaborated with PACT clinicians on 80 cases in FY2012 regarding children exposed to violence in the community.
Chelsea police officers collaborated with PACT clinicians on 80 cases in FY2012 regarding children exposed to violence in the community.	Among the PACT cases, 81 percent of reports of suspected abuse or neglect (51-A’s) were filed by police (a 44% increase since 2008).
Provide urgent interventions to children and their caretakers at the scene of the crime/traumatic event and connect children and their families to appropriate services.	PACT clinicians spoke directly with 60 families (75 percent of cases) either on the phone or in person and provided 102 referrals to 63 percent of these families.
Provide urgent interventions to children and their caretakers at the scene of the crime/traumatic event and connect children and their families to appropriate services.	PACT provided face-to-face interventions to 38 families.85% of these cases involved a child exposed to violence. PACT discussed safety planning with 68% of these families. Emergency restraining orders were issued to 42% of domestic violence cases.
Improve communication around primary care, mental health and social service providers and provide hospital staff and outside groups with information on violence awareness, intervention and services.	Anna Maria College - Provided training to over 120 social workers, police officers, health care and education professionals on the theory and practice of interdisciplinary, community response to promote healthy development in children affected by violence

Improve communication around primary care, mental health and social service providers and provide hospital staff and outside groups with information on violence awareness, intervention and services.	Vera Institute- Met with representatives of Vera Institute regarding police and mental health collaboration around the Newcomer Program for immigrants and refugees.
<b>Partner Name, Description</b> Chelsea PD	<b>Partner Web Address</b> <a href="http://www.chelseama.gov">http://www.chelseama.gov</a>
Police Department Newcomer Program	<a href="http://www.chelseama.gov">http://www.chelseama.gov</a>
CASA DIVERT Program	<a href="http://www.chelseama.gov">http://www.chelseama.gov</a>
Department of Children and Families (DCF)	<a href="http://www.mass.gov/dcf">http://www.mass.gov/dcf</a>
<b>Contact Information</b>	Georgia Green, LICSW, MGH Chelsea; Lt. Thomas Dunn, Chelsea Police , <a href="mailto:ggreen1@partners.org">ggreen1@partners.org</a>

**Prenatal Outreach Program**

<b>Program Type</b>	Outreach to Underserved
<b>Brief Description or Objective</b>	The Prenatal Outreach Program provides support, health education and referrals to concrete services to the diverse Chelsea patient population during pregnancy and up to the first six weeks postpartum in order to ensure a healthy pregnancy and engagement in primary care for both mother and child. In FY12, 259 patients were served.
<b>Target Population</b>	<b>Regions Served:</b> Chelsea, Everett, Revere <b>Health Indicator:</b> Other: Pregnancy <b>Sex:</b> Female <b>Age Group:</b> Adult, Child-Teen <b>Ethnic Group:</b> All <b>Language:</b> All

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

Goal Description	Goal Status
Referrals are made to Primary Care, Mental Health, Community Health Improvement programs within the health center and/or other appropriate social service providers for all patients.	Of the 259 patients served, 44% were referred to Vincent’s Newborn Program; 27% to Cradles to Crayons; 15% to Primary Care; 14% to Mental Health; 12% to Visiting Mom’s Program; 10% to Food for Families Program; and 2% to LINC Program.
Assist patients with 28-week packet as needed (includes depression screening).	79 patients received assistance with 28-week packet and were screened for depression.
Increase patient knowledge of: prenatal care, birth and delivery, breast feeding, post-partum depression, safety and contraception.	74 patients received education on pre/postnatal topics like breast feeding, post-partum depression, safety, contraceptives, etc. on one or more occasions. The program also had 10 participants in a Somali Centering Care pilot.

<b>Partner Name, Description</b> Vincent’s Newborn Necessities Program	<b>Partner Web Address</b> <a href="http://www.thevincentclub.org/support">http://www.thevincentclub.org/support</a>
Cradles to Crayons	<a href="http://cradlestocrayons.org/">http://cradlestocrayons.org/</a>
Harbor Area Healthy Families Program-ROCA	<a href="http://www.rocainc.org/services_programs.php">http://www.rocainc.org/services_programs.php</a>
<b>Contact Information</b>	Anna Spiro, Manager of Medical Interpreters/Community Health Workers , <a href="mailto:aspiro@partners.org">aspiro@partners.org</a>

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**MGH Charlestown Monument Street Counseling Center**

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<b>Program Type</b>	Direct Services
<b>Brief Description or Objective</b>	MGH Charlestown HealthCare Center opened a counseling and behavioral services center in the Bunker Hill Housing Development of the Boston Housing Authority, focusing on addiction services in 2008. In FY12, there were 3910 visits.
<b>Target Population</b>	<b>Regions Served:</b> Boston-Charlestown <b>Health Indicator:</b> Substance Abuse <b>Sex:</b> All <b>Age Group:</b> Adult <b>Ethnic Group:</b> All <b>Language:</b> English , Spanish

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

Goal Description	Goal Status
Serve residents of Charlestown with substance abuse and mental health disorders	73% of patients seen for substance use related disorders. 34% of patients live within the Boston Housing Authority site. In FY12 – 3910 visits. Current Staffing: 3 FTE LICSW, 0.5 FTE Nurse Practitioner. Additional group services offered.

<b>Partner Name, Description</b> BHA CSAC	<b>Partner Web Address</b> <a href="http://www.csac-chad.org/">http://www.csac-chad.org/</a>
MGH West End Clinic	<a href="http://www.massgeneral.org/psychiatry/services/west_end_home.aspx">http://www.massgeneral.org/psychiatry/services/west_end_home.aspx</a>
MGH Addiction Recovery Management Services	<a href="http://www2.massgeneral.org/allpsych/arms/">http://www2.massgeneral.org/allpsych/arms/</a>
<b>Contact Information</b>	Tracey Davey, MSW, LICSW , <a href="mailto:tdavey@partners.org">tdavey@partners.org</a>

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**Chelsea High School Student Health Center**

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<b>Program Type</b>	Direct Services, School/Health Center Partnership
<b>Brief Description or Objective</b>	The center provides comprehensive health care to teens. The center currently has approximately 400 active participants. There were approximately 1600 visits to the center in FY2012.
<b>Target Population</b>	<b>Regions Served:</b> Chelsea <b>Health Indicator:</b> All <b>Sex:</b> All

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**Age Group:** Child-Teen  
**Ethnic Group:** All  
**Language:** All

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

Goal Description	Goal Status
Provide comprehensive health care to teens.	400 active participants
Collaboration with Chelsea High School regarding mental health services provided at the school	All services offered by MGH mental health providers: - Acupuncture sessions offered each semester through Student Health Center - After-school groups offered each semester
Collaboration with BU sports medicine team regarding new concussion policies.	- Concussion policy in place - Working with school administrators, guidance counselors, coaches/athletic trainer, school nursing team, and MGH Chelsea pediatricians to ensure compliance.
SHC NP included in new Student Support Team formed at CHS to better help at risk tier 2 students	- Team includes CHS administrators, social workers, guidance counselors, school nurse, special ed, deans, outreach worker. - Introductory meeting June 2012, now ongoing
Collaboration with CHS outreach worker to improve health and educational outcomes for pregnant and parenting students	- Case management for all pregnant and parenting students - Monthly support group meetings - Attendance at Teen Parent Lobby Day 3/5/12, arranged meetings with legislators. - Clarified maternity leave policies and procedures, child care resources, voucher
Collaboration with CHS outreach worker to improve health and educational outcomes for pregnant and parenting students	vouchers for daycare. - Participation with other CBOs; sit on Young Parent Advisory Board at ROCA - 16 pregnant/parenting graduates June 2012 - 100% pregnant CHS students enrolled in prenatal care

**Partner Name, Description**

**Partner Web Address**

Chelsea High School

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

MGH Chelsea

[http://www2.massgeneral.org/primarycareweb/primary\\_chelsea.htm](http://www2.massgeneral.org/primarycareweb/primary_chelsea.htm)

**Contact Information**

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

**Legal Initiative for Children (LINC)**

**Program Type**

Direct Services, Outreach to Underserved

**Brief Description or Objective**

Civil legal services for MGH Chelsea pediatric patients and their families in order to improve environmental health and socio-economic conditions. The program attorney, who is on-site one day a week, provides representation to patient families in order to prevent eviction, maintain utility services in the home, apply for subsidized housing, appeal denial of disability awards and, in general, facilitate access to public benefits. The ultimate goal of LINC is to improve the health and well-being of children by improving environmental and social conditions of their families. In FY12, 54 families received legal services, approximately five each week. Over the ten year life

	of the program, LINC assisted 415 families.
<b>Target Population</b>	<p><b>Regions Served:</b> Boston, Chelsea, Everett, Lynn, Malden, Revere</p> <p><b>Health Indicator:</b> Environmental Quality, Other: Homelessness, Other: Safety - Home, Other: Uninsured/Underinsured</p> <p><b>Sex:</b> All</p> <p><b>Age Group:</b> All</p> <p><b>Ethnic Group:</b> All</p> <p><b>Language:</b> All</p>

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

Goal Description	Goal Status
Provide representation to patient families in order to prevent eviction, maintain utility services in the home, apply for subsidized housing, appeal denial of disability awards and, in general, facilitate access to public benefits.	FY12, 54 families received legal services. Outcomes: - Disability benefits obtained for 7 persons (12 pending appeals) -Eviction prevented for 5 families -Public housing obtained for 9 families -Public housing applications completed for 11 families
Provide representation to patient families in order to prevent eviction, maintain utility services in the home, apply for subsidized housing, appeal denial of disability awards and, in general, facilitate access to public benefits.	-Reverse denial of eligibility for housing for 5 families. - Utilities maintained for 3 families -Transitional Assistance obtained for 4 families 56 process assessments completed: -Advocacy through letters and telephone calls on behalf of 17 families
Provide representation to patient families in order to prevent eviction, maintain utility services in the home, apply for subsidized housing, appeal denial of disability awards and, in general, facilitate access to public benefits.	Facilitated citizenship process for 9 persons Prepared filings for bankruptcy attorneys from the Volunteer Lawyers Project.
Organize in-house training sessions for medical providers and collaborate with external legal partners.	LINC provided in-house training session to unit chiefs, social workers, community health workers, pediatricians, adult medicine providers, medical assistants, administrative assistants

Partner Name, Description	Partner Web Address
Lawyers’ Committee for Civil Rights Under Law	<a href="http://www.lawyerscommittee.org">http://www.lawyerscommittee.org</a>
Mass Law Reform Institute	<a href="http://www.mlri.org">http://www.mlri.org</a>
Suffolk Law School Clinics	<a href="http://www.law.suffolk.edu/academic/clinical/contact.cfm">http://www.law.suffolk.edu/academic/clinical/contact.cfm</a>
International Institute of Boston	<a href="http://iine.us">http://iine.us</a>
Volunteer Lawyers’ Project	<a href="http://www.vlpnet.org">http://www.vlpnet.org</a>

**Contact Information** Laura Maslow-Armand, Esq., Lawyers’ Committee for Civil Rights Under

Law, [laurama@lawyerscom.org](mailto:laurama@lawyerscom.org)

**Medical Interpreter and Community Health Worker Services**

<b>Program Type</b>	Direct Services, Outreach to Underserved
<b>Brief Description or Objective</b>	Target Population Provides professional language and community health worker services to MGH Chelsea patients. Program staff facilitates communication between limited English proficient patients and providers, serve as patient advocates, and help patients navigate the healthcare system. In FY12, approximately 9,414 patients were served.
<b>Target Population</b>	<p><b>Regions Served:</b> Chelsea</p> <p><b>Health Indicator:</b> Access to Health Care</p> <p><b>Sex:</b> All</p> <p><b>Age Group:</b> All</p> <p><b>Ethnic Group:</b> All</p> <p><b>Language:</b> All</p>

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

Goal Description	Goal Status
Provides professional language and community health worker services to MGH Chelsea patients	In FY12, ~9,414 patients served
Meet the needs of existing and new patients at MGH Chelsea by bridging the language gap	The Medical Interpreting/CHW Team reported: a. 16,356 Medical Interpreting encounters; b. 11,501 Community Health Work encounters (a 14% increase from FY11); c. 1,060 On-call encounters coordinated (a 2% increase from FY11)
Work closely with MGH and other community programs to help organize educational workshops for LEP patients	Multiple educational workshops were held for specific patient groups in association with the Immigrant and Refugee Program, the Food for Families Program, the Chelsea Police Department, and Chelsea Schools

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

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

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

<b>Program Type</b>	Community Education, Outreach to Underserved
<b>Brief Description or Objective</b>	Access to Resources for Community Health (ARCH) increases access to high-quality health information and resources among clinicians, patients, and community-based agencies.
<b>Target Population</b>	<p><b>Regions Served:</b> Boston-Back Bay, Boston-Charlestown, Boston-North End, Chelsea, Everett, Revere</p> <p><b>Health Indicator:</b> All</p> <p><b>Sex:</b> All</p> <p><b>Age Group:</b> All</p> <p><b>Ethnic Group:</b> All</p> <p><b>Language:</b> All</p>

**Statewide Priority:** Supporting Healthcare Reform

Goal Description	Goal Status
Improve access to high-quality health education and promotion materials online and offline	Completed the grant-funded ARCH Chelsea Senior Center Outreach Project which resulted in six fully upgraded computers for use by seniors and hands-on ARCH training for staff and seniors.
Improve access to high-quality health education and promotion materials online and offline	Between Jan 2012 and the time of this report (Jan 10, 2013), the ARCH website at <a href="http://www.arch-mgh.org">www.arch-mgh.org</a> had 14,547 visits with 186,918 page views.
Improve access to high-quality health education and promotion materials online and offline	Worked in collaboration with MGH Treadwell Library, MGH Charlestown Health Center, and the JFK Family Services Center in Charlestown in submitting another grant proposal to the National Library of Medicine/New England Region.
Improve access to high-quality health education and promotion materials online and offline	If funded, this project will replicate the success of previous ARCH outreach projects in Revere and Chelsea to improve access to high-quality health information and resources among vulnerable populations.
Provide education to empower patients to become active partners in their own health care	Program provides hands-on internet training for seniors, using newly purchased user-friendly systems designed for senior users.

Partner Name, Description	Partner Web Address
Chelsea Senior Center	<a href="http://www.ci.chelsea.ma.us/Public_Documents/ChelseaMA_Elder/index">http://www.ci.chelsea.ma.us/Public_Documents/ChelseaMA_Elder/index</a>
Revere Elderly Affairs	<a href="http://www.revere.org/departments/elder-affairs">http://www.revere.org/departments/elder-affairs</a>
Jack Satter House	<a href="http://www.hebrewseniorlife.org/jack-satter-house">http://www.hebrewseniorlife.org/jack-satter-house</a>
CAPIC Head Start	<a href="http://www.capicinc.org/">http://www.capicinc.org/</a>
<b>Contact Information</b>	Ming Sun, MPH,CHES, <a href="mailto:msun@partners.org">msun@partners.org</a>



**MGH CHA: Family Planning Program**

<b>Program Type</b>	Prevention
<b>Brief Description or Objective</b>	MGH Community Health Associates' (CHA) works collaboratively with the MGH Health Centers to provide high quality, innovative health care programs and fostering community based research. We are committed to delivering comprehensive, evidence-based preventive health services to low income, uninsured and underserved populations who live and work in the Charlestown, Chelsea, Everett, and Revere communities.
<b>Target Population</b>	<p><b>Regions Served:</b> Revere</p> <p><b>Health Indicator:</b> Access to Health Care, Other: Family Planning, Other: Pregnancy, Other: Sexually Transmitted Diseases</p> <p><b>Sex:</b> All</p> <p><b>Age Group:</b> Child-Preteen, Child-Teen</p> <p><b>Ethnic Group:</b> All</p> <p><b>Language:</b> All</p>

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

Goal Description	Goal Status
Family Planning services include confidential counseling and education; testing, diagnosis, treatment of STDs; and access to free contraceptives.	In CY2012, a total of 950 patients (with a total of 2,106 FP visits)* were made at MGH Charlestown, MGH Chelsea Roca Adolescent Clinic, MGH Chelsea School Based Health, MGH Revere Pediatric Unit
Family Planning services include confidential counseling and education; testing, diagnosis, treatment of STDs; and access to free contraceptives.	, MGH Revere School Based Health Center, and MGH Revere Adolescent Health Center combined. * The numbers reflect the period of Jan – Oct 2012 at the time of this report.

**Partners**

Partner Name, Description	Partner Web Address
Boston ABCD	<a href="http://www.bostonabcd.org">http://www.bostonabcd.org</a>
CHA	<a href="http://www.massgeneral.org/cha/programs/familyplanning.aspx">http://www.massgeneral.org/cha/programs/familyplanning.aspx</a>

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

**MGH CHA: Healthy Steps for Young Children**

<b>Program Type</b>	Community Education, Prevention
<b>Brief Description or Objective</b>	Healthy Steps for Young Children provides timely well child visits/ immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families. Healthy Steps has 662 families enrolled.
<b>Target Population</b>	<p><b>Regions Served:</b> Boston-East Boston, Chelsea, Lynn, Revere, Winthrop</p> <p><b>Health Indicator:</b> Access to Health Care, Other: Child Care</p> <p><b>Sex:</b> All</p> <p><b>Age Group:</b> All Adults, Child-Infant</p> <p><b>Ethnic Group:</b> All</p> <p><b>Language:</b> English , Other , Portuguese , Spanish</p>

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

<b>Goal Description</b>	<b>Goal Status</b>
The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families.	In FY2012, Healthy Steps had 662 families enrolled. 227 new referrals were made.
The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families.	Healthy Steps specialists conducted 2098 office visits, 343 phone calls with families, and 18 home visits. A total of 106 parents participated in parenting groups. The specialists conducted 83 early intervention visits.
The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families.	The MGH Revere Health Center was awarded a grant from the Massachusetts Department of Public Health-Family Home Visiting Program to expand the current Healthy Steps Program in order to reach those families at highest risk within the communities served.
The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families.	A Healthy Steps social worker was hired in July 2012 to begin providing services to those families most at risk for maternal depression, behavioral health issues, substance use, domestic violence, and family stress.
The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families.	The Healthy Steps Home Visiting Program has 12 families enrolled. The social worker has conducted 21 home visits and 30 office visits, including pediatric well child visits and prenatal OB visits with expectant mothers.
The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families.	The social worker has conducted 93 phone calls with families and their related service providers. In addition, she has made 19 referrals to outside services on behalf of families.
The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental	During the past year, the Healthy Steps specialists have collaborated with providers in the mental health department, OB

knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families.	department, and Family Support Early Intervention Program to reach out to the more isolated parents of our practice.
The goals of the Healthy Steps for young children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families.	The Healthy Steps specialist collaborated with Sue Ellen Oblom from the Revere Council for Families and Children to host some literacy groups for preschoolers.

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

Family Support EIP  
Revere Council for Families & Children  
CAPIC Head Start

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

Cradles to Crayons

<http://cradlestocrayons.org/>

HAVEN

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

Food For Families

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

Harbor Area EIP

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

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

**MGH CHA: Hepatitis C Program**

<b>Program Type</b>	Direct Services
<b>Brief Description or Objective</b>	The program works to improve clinical care and increase the understanding of HCV through provider and patient education, and community outreach activities. In FY2012, 150 patients received evaluation, treatment, and/or outreach services.
<b>Target Population</b>	<b>Regions Served:</b> Boston-Charlestown, Chelsea, Revere <b>Health Indicator:</b> Other: Hepatitis <b>Sex:</b> All <b>Age Group:</b> Adult <b>Ethnic Group:</b> All <b>Language:</b> All

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

<b>Goal Description</b>	<b>Goal Status</b>
Provide outreach to Hepatitis C patients residing in Charlestown, Chelsea, and Revere.	In FY2012 105 patients received community based outreach services.

Provision of improved clinical care and access to care to Hepatitis C patients	In FY2012 75 patients were evaluated and/or treated at MGH health centers.
<b>Partner Name, Description</b> Coalition for Substance Abuse in Charlestown MGH Gastrointestinal Unit	<b>Partner Web Address</b> <a href="http://www.csac-chad.org">http://www.csac-chad.org</a>  <a href="http://www.massgeneral.org/gastroenterology">http://www.massgeneral.org/gastroenterology</a>
MA State Laboratory	<a href="http://www.mass.gov/dph/bls">http://www.mass.gov/dph/bls</a>
<b>Contact Information</b>	Ann-Marie K. Duffy-Keane, MPH , <a href="mailto:aduffy@partners.org">aduffy@partners.org</a>

**MGH CHA Care Coordination Program at the MGH Chelsea HealthCare Center**

<b>Program Type</b>	Health Screening, Outreach to Underserved, Prevention
<b>Brief Description or Objective</b>	The goal of this program is to provide more comprehensive care coordination, services, and a patient-centered medical home for low income women and men age 40 to 64. To date, the program has assisted with the successful completion of breast cancer screenings and provided health education to community members. In FY 2012, staff assisted with the successful completion of 91% of mammograms in patients who had originally not shown up for the screening. The program ended in March 2012 but staff spent most of the past nine months closing out the program and assuring patients had new resources for these services.
<b>Target Population</b>	<b>Regions Served:</b> Chelsea <b>Health Indicator:</b> Other: Cancer, Other: Smoking/Tobacco, Overweight and Obesity <b>Sex:</b> Female <b>Age Group:</b> Adult <b>Ethnic Group:</b> All <b>Language:</b> All

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

Goal Description	Goal Status
Systems improvement to increase access to care coordination, healthy lifestyle education and navigation for more women at the MGH Chelsea Health Center.	Program staff spent time transitioning clients from the CCP Program to resources at the Health Center. The mammogram program was transitioned to a screening/tracking program at the MGH Chelsea Health Center
Enhance Risk Reduction Educator (RRE) expertise and education offerings.	RRE educator, provided tobacco counseling clients who smoke through years end.
Systems improvement to increase access to care coordination, healthy lifestyle education and navigation for more women at the MGH Chelsea Health Center.	The staff maintained a 90% rate of completion of mammograms until December 2012.
Systems improvement to increase access to care coordination, healthy lifestyle education and navigation	The Program officially ended in March 2012 In FY2011, staff continued to successfully assist with the completion of mammograms for woman that had not shown up for their

for more women at the MGH Chelsea Health Center.	mammograms.
<b>Partner Name, Description</b> MA DPH Women's Health Network	<b>Partner Web Address</b> <a href="http://www.mass.gov/dph/whn">http://www.mass.gov/dph/whn</a>
<b>Contact Information</b>	Eileen Manning, RN, BS, <a href="mailto:emanning@partners.org">emanning@partners.org</a>

**MGH CHA: "Pack It In": Tobacco Treatment and Referral Program**

<b>Program Type</b>	Prevention, Support Group
<b>Brief Description or Objective</b>	Tobacco treatment, outreach and referral services to residents in the communities served by the MGH Community Health Centers. In CY2012, 45 individuals were referred for treatment services and 25 patients participated in smoking cessation individual and group interventions.
<b>Target Population</b>	<b>Regions Served:</b> Boston-Charlestown, Chelsea, Everett, Revere <b>Health Indicator:</b> Access to Health Care, Other: Smoking/Tobacco, Tobacco Use <b>Sex:</b> All <b>Age Group:</b> Adult <b>Ethnic Group:</b> All <b>Language:</b> All

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

Goal Description	Goal Status
Building on existing services provided in MGH's health centers, Pack It In enhances the ability of providers and staff to identify, encourage, and help smokers to quit.	45 patients were referred to the program this year and 25 participated in smoking cessation individual and group interventions and 6 group support sessions were provided.
Building on existing services provided in MGH's health centers, Pack It In enhances the ability of providers and staff to identify, encourage, and help smokers to quit.	Group drop in sessions began in the Fall of 2012 and provide support and counseling for patients who are thinking about quitting and for those who have quit and need continued support

<b>Partner Name, Description</b> Not Specified	<b>Partner Web Address</b>
<b>Contact Information</b>	Ann-Marie K. Duffy-Keane, MPH, <a href="mailto:aduffy@partners.org">aduffy@partners.org</a>

**MGH CHA: Wellness Center**

<b>Program Type</b>	Prevention
<b>Brief Description or Objective</b>	The Wellness Center works collaboratively with the MGH Health Centers to provide high quality, innovative health care programs and fostering community based research. We are committed to delivering comprehensive, evidence-based preventive health services to low income, uninsured and underserved populations who live and work in the Charlestown, Chelsea, Everett, and Revere communities. The goal of the program is to enhance the well-being and quality of life for patients by

providing culturally appropriate, easily accessible, and affordable wellness programs that are integrated into their medical care. In FY2012, patients received 4,180 units of wellness services. In addition, participants in the program have reported increased wellness and relaxation, decreased pain, and a higher quality of life.

**Target Population** **Regions Served:** Boston-Back Bay, Boston-Beacon Hill, Boston-Charlestown, Boston-North End, Chelsea, Everett, Revere  
**Health Indicator:** All  
**Sex:** All  
**Age Group:** Adult  
**Ethnic Group:** All  
**Language:** All

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

Goal Description	Goal Status
Provide accessible and affordable wellness programs to MGH-Health Center patients.	390 MGH health center patients were referred to the Wellness Center in FY 2012, for programs that enhanced resiliency and self-care, including: acupuncture, massage therapy, yoga, Tai-Chi, Zumba, mind body stress reduction, and support and education group
Provide accessible and affordable wellness programs to MGH-Health Center patients.	# visits / units of service: 1443 Acupuncture 378 Massage 874 Yoga 513 Tai Chi 187 Zumba /Cardio Fitness 176 Mind Body Depression 409 Heart Health Education
Patients will report benefits from participating in wellness programs.	72 acupuncture patients participated in a program evaluation conducted. There was a significant correlation between the number of acupuncture sessions and the change in the participants' health and wellbeing after the acupuncture treatment
Patients will report benefits from participating in wellness programs.	The seniors participated in Chair/ Gentle Yoga and/or Tai Chi at the Wellness Center. 36% improved physical function, 41% maintained, and only 23% had declines.
Patients will report benefits from participating in wellness programs.	In collaboration with the Benson- Henry Institute for Mind Body Medicine at MGH, clinical outcomes of 24 depressed health center patients were measured pre-, post-, and 3 months post-MBID.
Patients will report benefits from participating in wellness programs.	Significant post-treatment improvements were shown in depressive symptoms (CES-D; p=.001), spiritual growth (HPLP-II; p=.002), mental health (SF-12; p=0.001), and quality of life (QoL; p= 0.008).
Seamless integration of patient-centered, "whole person" Wellness Services into Primary Care services.	a) Patient's self-identified health and wellness goals are entered into the electronic medical record.
Seamless integration of patient-centered, "whole person" Wellness Services into Primary Care services.	b) Wellness Center is now part of the Partners CRMS (Clinical Referral Management System), to enhance patient tracking and follow-up.
Seamless integration of patient-centered, "whole person" Wellness	c) Wellness Rx Pads are distributed to primary care, for use with patients.

Services into Primary Care services.	
Seamless integration of patient-centered, “whole person” Wellness Services into Primary Care services.	d) Wellness referrals, patient contact and treatment notes are documented in the electronic medical record.
Provide professional development opportunities for patient-centered Mind Body care.	a) Collaborate with MGH - Institute for Health Professions and Benson Henry Institute, to teach and mentor new Mind Body Spirit Nursing Certification program, that has been endorsed by the national AHNA.
Provide professional development opportunities for patient-centered Mind Body care.	b) Provide educational placement opportunities and mentoring, for students, residents, and interns.
Provide professional development opportunities for patient-centered Mind Body care.	c) Presented at local, regional and national conferences in 2012.

Partner Name, Description	Partner Web Address
Lesley University	<a href="http://www.lesley.edu">http://www.lesley.edu</a>
Tufts Foundation	<a href="http://www.tuftshealthplanfoundation.org">http://www.tuftshealthplanfoundation.org</a>
MGH-Institute for Health Professions	<a href="http://www.mghihp.edu/">http://www.mghihp.edu/</a>
Harvard School of Public Health	<a href="http://www.hsph.harvard.edu/">http://www.hsph.harvard.edu/</a>
<b>Contact Information</b>	Kathleen M. Miller, RN, MA, PhD, <a href="mailto:kmiller16@partners.org">kmiller16@partners.org</a>

**MGH CHA: Heart Awareness and Primary Prevention in Your (HAPPY) Neighborhood Heart Trial**

<b>Program Type</b>	Community Education, Prevention
<b>Brief Description or Objective</b>	Patients participate in a lifestyle based cardiovascular risk reduction program for up to two years, to examine the potential benefit of a lifestyle risk reduction program integrating aggressive medical treatment of risk factors with stress reduction. To date, there are 65 participants enrolled in the study.
<b>Target Population</b>	<p><b>Regions Served:</b> Chelsea, Revere</p> <p><b>Health Indicator:</b> Other: Cardiac Disease</p> <p><b>Sex:</b> Female</p> <p><b>Age Group:</b> Adult</p> <p><b>Ethnic Group:</b> All</p> <p><b>Language:</b> All</p>

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

Goal Description	Goal Status
To develop a screening program for CVD risk factors which will accurately identify risk and serve as a motivator for women to participate in a lifestyle risk reduction program.	65 patients were enrolled in the study in 2012. The study has closed on December 1, 2012.
To develop a screening program for CVD risk factors which will accurately identify risk and serve as a motivator for women to participate	Of the 43 women who had complete ultrasound data at the time the data was analyzed, metabolic syndrome was represented in 32 (74%) women;



in a lifestyle risk reduction program.	the mean body mass index was $35.0 \pm 8.2$ . Obesity was present in 29 (67%) of the women.
To develop a screening program for CVD risk factors which will accurately identify risk and serve as a motivator for women to participate in a lifestyle risk reduction program.	Nevertheless, all of the women had Framingham risk scores of less than 10%, putting them in the low-risk category.
To develop a screening program for CVD risk factors which will accurately identify risk and serve as a motivator for women to participate in a lifestyle risk reduction program.	The majority of patients had two abnormalities; typically, there was one abnormality in the heart and a second in the carotids.
To develop a screening program for CVD risk factors which will accurately identify risk and serve as a motivator for women to participate in a lifestyle risk reduction program.	In addition, there was a clear correlation between the number of the five metabolic syndrome components and a greater number of abnormal ultrasound findings, including LAE, LVH, diastolic dysfunction, or increased carotid IMT or plaque.
To develop a screening program for CVD risk factors which will accurately identify risk and serve as a motivator for women to participate in a lifestyle risk reduction program.	the study shows that women with obesity alone or the presence of metabolic syndrome have high rates of abnormal ultrasound findings.
To develop an individualized approach to reduction of cardiovascular risk factors. The specific program will identify barriers to potential success of the program in low-income women and will incorporate potential solutions to these obstacles.	65 patients are currently enrolled in the study. Results TBD.
To examine the potential benefit of a lifestyle risk reduction program integrating aggressive medical treatment of risk factors with stress reduction modalities including yoga, tai-chi, relaxation response training and group education/participation on individual stress, anxiety and depression.	65 patients are currently enrolled in the study. Results TBD.

**Partner Name, Description**

MGH Women’s Heart Health Program

**Partner Web Address**

<http://www.massgeneral.org/heartcenter/services/treatmentprograms.aspx?id=1011>

**Contact Information**

Donna Peltier-Saxe RN, MSN, [dpeltiersaxe@partners.org](mailto:dpeltiersaxe@partners.org)

**Longitudinal Elective in Community-Oriented Primary Care**

**Program Type**

Health Professional/Staff Training

**Brief Description or Objective**

Residents in the MGH pediatrics, internal medicine, and medicine-pediatrics programs participate in a two week class in Community Oriented Primary Care/Community Based Participatory Research and are exposed to ongoing projects conducted in partnership with local community organizations. After the two week didactic session, interested residents may partner with a community affiliated with MGH to participate in ongoing community-based projects.

<b>Target Population</b>	<b>Regions Served:</b> Boston, Boston-Charlestown, Chelsea, Revere <b>Health Indicator:</b> All <b>Sex:</b> All <b>Age Group:</b> All Adults, All Children <b>Ethnic Group:</b> All <b>Language:</b> All
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**Statewide Priority:** Supporting Healthcare Reform

Goal Description	Goal Status
Change the format of the program to allow for increased resident participation.	With the new ACGME Pediatric Residency Program requirements, which require more “community medicine” time, all of the first year pediatric residents will be meeting weekly as a class to participate in activities which include a community medicine curriculum
Change the format of the program to allow for increased resident participation.	We are planning to move the COPC curriculum to this venue so that it will be available for all of the pediatric residents with the hope that the residents will then join ongoing CCHI community projects to participate in.
Change the format of the program to allow for increased resident participation.	We are still brainstorming how we will make the curriculum available to the internal medicine residents who do not have these requirements.

**Partner Name, Description**

**Partner Web Address**

Not Specified

**Contact Information**

Ariel Frey, MD, [afrey@partners.org](mailto:afrey@partners.org)

**MGH Youth Programs Alumni Report**

<b>Program Type</b>	Mentorship/Career Training/Internship, School/Health Center Partnership
<b>Brief Description or Objective</b>	The Alumni Summer Program provides alumni/graduates of the MGH Youth Scholars program with full-time paid summer internships at Massachusetts General Hospital. Students also participate in weekly professional and educational workshops as part of their continued learning and professional development. Participants must be pursuing undergraduate or graduate degrees and in good academic standing to participate in the program.

<b>Target Population</b>	<b>Regions Served:</b> Boston <b>Health Indicator:</b> Other: Education/Learning Issues <b>Sex:</b> All <b>Age Group:</b> Adult-Young <b>Ethnic Group:</b> All <b>Language:</b> English , Haitian Creole , Other , Spanish
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**Statewide Priority:** Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Provides students who are pursuing undergraduate or graduate degrees with full-time internships that will help to increase their knowledge about their fields of study.	In 2012, 10 Alumni students were hired and mentored by 10 MGH supervisors . Five of the students returned from the previous summer.

Students stay connected with the MGH Youth Programs’ team, allowing us to continue to connect them to resources while they are in college	80% of the students were placed in internships that directly connected to their fields of study in college.
Students have opportunities to cultivate relationship with leadership at the hospital and various science and health care professionals.	<ul style="list-style-type: none"> <li>• They were better able to identify specific professions and populations they wanted to work with.</li> <li>• Had more clarity about what type of work they want to do within the hospital setting i.e. outpatient care/vs. inpatient care.</li> </ul>
Students strengthen skills, such as communication, problem-solving, time management and networking, which will be essential to them in college and beyond.	<ul style="list-style-type: none"> <li>• Were highly satisfied with the internship placements.</li> <li>• Felt better prepared for the workforce.</li> <li>• Felt that they would get references from their respective supervisors and/other department .</li> </ul>
Students are further motivated to stay in and graduate from college.	<ul style="list-style-type: none"> <li>• The networking workshop and guest speaker luncheons provided valuable information and access to leadership within MGH.</li> </ul>

**Partner Name, Description**

The Posse Foundation

**Partner Web Address**

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

**Contact Information**

Tracy Stanley, Sr. Manager for Youth Programs, 617-724-6424, [stanley2@partners.org](mailto:stanley2@partners.org)

**MGH Bicentennial Scholars**

<b>Program Type</b>	Mentorship/Career Training/Internship, School/Health Center Partnership
<b>Brief Description or Objective</b>	In 2011 Massachusetts General Hospital celebrated its bicentennial anniversary. MGH offered a “gift” to the community as one of many important activities that marked this milestone. Because there is a direct correlation between educational attainment and health status, MGH developed the MGH Bicentennial Scholars Program, an initiative to support college completion for young people currently in the MGH high school program. This program will offer support, including tutoring, mentoring and access to array of services, as well as up to \$5,000 per year in college.
<b>Target Population</b>	<p><b>Regions Served:</b> Boston, Chelsea, Revere</p> <p><b>Health Indicator:</b> Other: Education/Learning Issues</p> <p><b>Sex:</b> All</p> <p><b>Age Group:</b> Child-Teen</p> <p><b>Ethnic Group:</b> All</p> <p><b>Language:</b> English , Haitian Creole , Other , Spanish</p>
<b>Statewide Priority:</b> Promoting Wellness of Vulnerable Populations	

Goal Description	Goal Status
Increase youth’s exposure to STEM subjects and careers	76% of the Bicentennial Scholars participated in paid internships opportunities at MGH during the academic year or during the summer (20/26)
Increase number of youth who see themselves as successful college students	Bicentennial Scholars graduation and matriculation status: 96% successfully graduated from high school (25/26) 88% matriculated on to post-secondary education (23/26) 100% of

	the Scholars completed the common application for undergraduates
Increase number of youth who see themselves as successful college students	100% of the Scholars applied to a minimum of 3 colleges and universities 92% of the Scholars participated in the Accelerated College Experiences (ACE), first year on-boarding college experience immersion weeklong session.
Increased knowledge about the college financial aid process	96% completed the Free Application for Federal Student Aid (FAFSA)
Mentorship	100% of the Bicentennial Scholars were provided with MGH mentors who supported and assisted them with their transition from high school student to college freshman. Mentors will continue to support the Scholars via email once they matriculate.

**Partner Name, Description**

**Partner Web Address**

Science Club for Girls  
The Engineering School  
Camp Harborview

<http://chvf.org/>

Dana Farber CURE

<http://www.dfhcc.harvard.edu/cancer-disparities/for-students/cure-program/>

East Boston High School

<http://ebhsjets.com/>

Edward M. Kennedy Academy for Health Careers

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

Let’s Get Ready – SAT Prep

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

Tutors for All

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

Efficacy Institute

<http://www.efficacy.org/AboutUs/Staff/tabid/243/Default.aspx>

**Contact Information**

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

**MGH Summer Jobs Program**

**Program Type**

School/Health Center Partnership

**Brief Description or Objective**

As one of the city’s largest healthcare employer, MGH recognizes its responsibility to provide meaningful summer employment opportunities to youth in Boston, Chelsea and Revere. Since 1991, MGH has employed students from East Boston High School, Timilty Middle School, Edward M. Kennedy Academy for Health Careers and Science Club for Girls. The MGH departments and health centers that employ Summer Jobs students range from Anesthesia, Molecular Biology, Radiation Oncology, the Charlestown, Chelsea and Revere HealthCare Centers and the Tissue Engineering Lab as some of the job sites students were placed in. During their six week employment, students also participated in weekly professional and educational workshops as part of their continued learning and professional

	development.
<b>Target Population</b>	<b>Regions Served:</b> Boston <b>Health Indicator:</b> Other: Education/Learning Issues <b>Sex:</b> All <b>Age Group:</b> Child-Teen <b>Ethnic Group:</b> All <b>Language:</b> English , Haitian Creole , Other , Spanish

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

Goal Description	Goal Status
Provide students with a meaningful learning experience during the summer months.	143 youth served; 59 MGH volunteer supervisors mentored students.
Students to develop and/or strengthen essential skills in the work place such as – punctuality, working in a team environment, accepting feedback, and asking for help.	In 2012, five workshops were conducted in total. The students participated in 2-day progressive workshops that focused on health and wellness and taught students strategies for cultivating healthy, supportive relationships in their lives, as key contribut
Students to develop and/or strengthen essential skills in the work place such as – punctuality, working in a team environment, accepting feedback, and asking for help.	On the last week of the program, all of the students came together for a career panel that featured a diverse group of STEM professionals from the hospital.
Provide students with additional opportunities to learn skills for life and in the workplace.	In an effort to curb summer weight gain, 16 rising 9th graders, who graduated from the Timilty Middle School in 2012 and were placed in summer jobs at MGH, also participated in a summer fitness club a .
Provide students with additional opportunities to learn skills for life and in the workplace.	. During the six weeks of the Program, this cohort of students met twice a week at the end of the work day with a certified health and fitness coach who had them create personal health goals and led them in interactive dance & yoga activities

Partner Name, Description	Partner Web Address
Science Club for Girls The Engineering School MGH Charlestown Health Center	
Boston Private Industry Council	<a href="http://www.bostonpic.org/">http://www.bostonpic.org/</a>
East Boston High School	<a href="http://ebhsjets.com/">http://ebhsjets.com/</a>
Edward M. Kennedy Academy for Health Careers	<a href="http://www.kennedyacademy.org/">http://www.kennedyacademy.org/</a>
Partners Bulfinch Temps (HR)	<a href="http://www2.massgeneral.org/jobs/bulfinch.htm">http://www2.massgeneral.org/jobs/bulfinch.htm</a>
Timilty Middle School	<a href="http://www.timiltymiddle school.org/">http://www.timiltymiddle school.org/</a>
MGH Chelsea Health Center	<a href="http://www.massgeneral.org/chelsea/">http://www.massgeneral.org/chelsea/</a>

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

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

Health Resources in Action (Developed and facilitated Summer Workshops) <http://www.hria.org/>

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

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

**Contact Information** Tracy Stanley, Sr. Manager for Youth Programs, [stanley2@partners.org](mailto:stanley2@partners.org)

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

<b>Program Type</b>	Community Education, Prevention
<b>Brief Description or Objective</b>	Revere on the Move (formerly the Food and Fitness Initiative) promotes healthy eating and active living in the community of Revere through policy and environmental changes targeting youth and their families.
<b>Target Population</b>	<p><b>Regions Served:</b> Revere</p> <p><b>Health Indicator:</b> Other: Nutrition, Overweight and Obesity, Physical Activity</p> <p><b>Sex:</b> All</p> <p><b>Age Group:</b> All</p> <p><b>Ethnic Group:</b> All</p> <p><b>Language:</b> All</p>

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

Goal Description	Goal Status
Increase access to healthy, affordable foods in the community, in schools and during after-school programs and summer lunch programs.	In FY 2012 the Farmers' market encountered challenges due to changes in management. For Fy13, a new work group has been formed by residents interested in making the market succeed and will be a new work plan together with new strategies in place.
Increase access to healthy, affordable foods in the community, in schools and during after-school programs and summer lunch programs.	Revere's first Community Garden was inaugurated in the Spring of 2012; the garden had 15 plots that were all cultivated during the summer season. The reception of the garden by the neighborhood was extremely positive
Increase access to healthy, affordable foods in the community, in schools and during after-school programs and summer lunch programs.	The City of Revere, a partner, piloted a healthy dinner program in two after school elementary programs; 110 students participated.
Create policy and environmental changes to promote active living	A total of three new parks were cleaned up and beautified during the summer.
Create policy and environmental changes to promote active living	The City of Revere held a successful first City-wide Fitness Challenge and is planning host one annually from now on. Two hundred and ten people participated

	and a total 154 pounds were lost.
Create policy and environmental changes to promote active living.	Data showed a 48% increase in the number of miles walked by our students as a whole from week one to week four and an increase in the number of students walking during the same duration by 51%.
Create policy and environmental changes to promote active living.	It was also observed that since the program started that there has been an increase of parents walking by themselves, utilizing the Urban Trail Loop that encompasses the school, during the morning for exercise when their children are at school.
Create policy and environmental changes to promote active living.	During late Spring, Revere on the Move, Revere School District and WalkBoston/Safe Routes to School (SRTS) came together as a new partnership to establish a district-wide walk to school program. A district SRTS coordinator position was created and filled.
Change community attitudes and behaviors through a social marketing campaign.	The Revere on the Move task force formed a communication work group. This group developed a communication plan with the purpose of capitalizing on all media resources and opportunities to educate inform and maintain visibility in the community.

**Partner Name, Description**

**Partner Web Address**

MGH Revere Healthcare Center  
City of Revere

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

Revere Public Schools

<http://www.revere.mec.edu/>

Revere School Committee

<http://www.revere.mec.edu/>

Revere Police Department

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

Revere Parks & Recreation  
Department

<http://www.revererec.com/info/default.aspx>

Revere After School Partnership  
Revere Beach Partnership

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

Revere Beautification Committee

<http://reverebeautification.com/>

MGH Revere Healthcare Center

MGH Revere Healthcare Center

**Contact Information**

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

**VIAP (Violence Intervention Advocacy Program)**

**Program Type**

Direct Services, Prevention

**Brief Description or Objective**

The program provides direct services to victims of community violence (stab wounds, gunshot wounds, and assaults), most of whom have come



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

<b>Target Population</b>	<p><b>Regions Served:</b> Boston, Cambridge, Chelsea, Lynn, Revere, Somerville</p> <p><b>Health Indicator:</b> Injury and Violence</p> <p><b>Sex:</b> All</p> <p><b>Age Group:</b> Adult-Young, Child-Teen</p> <p><b>Ethnic Group:</b> All</p> <p><b>Language:</b> All</p>
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**Statewide Priority:** Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Connect and meet with victims of community violence while they are in the hospital.	111 patients seen while they were in the hospital.
Provide direct services and referrals to resources to victims of community violence (support and/or referrals for mental health, housing, employment, education, substance abuse, financial, and legal).	384 services provided in total. (While patients were in the hospital and post discharge from hospital, to include working with patients in the community).
Provide a learning experience for undergraduate students through an internship placement within program.	Two college students worked 20 hours per week over two semesters.
Increase awareness and knowledge about the Violence Intervention Advocacy Program and best practices of hospital based violence intervention programs.	Submitted an abstract to American Public Health Association.
Increase awareness and knowledge about the Violence Intervention Advocacy Program and best practices of hospital based violence intervention programs.	Presented a poster at the American Public Health Association Annual Meeting entitled Violence Prevention and Intervention in the Emergency Department: The Massachusetts General Hospital Experience

Partner Name, Description	Partner Web Address
BNI-ART Institute at Boston University School of Public Health	<a href="http://www.bu.edu/bniart/">http://www.bu.edu/bniart/</a>
Inner City Weightlifting	<a href="http://www.innercityweightlifting.org/">http://www.innercityweightlifting.org/</a>
Department of Public Health-Bureau of Substance Abuse Services	<a href="http://www.mass.gov/dph/bsas">http://www.mass.gov/dph/bsas</a>
SMART Team: Supporting Multi-need-families with Advocacy, Resources and Tenacity	phone: (617) 686-7720 Jeff Butts
Massachusetts Violence Intervention	<a href="http://nnhvip.org/network-membership/massachusetts-">http://nnhvip.org/network-membership/massachusetts-</a>

Advocacy Program (Boston Medical Center and Baystate Hospital) [violence-intervention-advocacy-program](http://violence-intervention-advocacy-program)

National Network of Hospital Based Violence Intervention Programs (NNHVIP) <http://nnhvip.org/>

**Contact Information** Amanda Breen, Violence Intervention Advocate at MGH 617-643-4303 , [abreen@partners.org](mailto:abreen@partners.org)

**Chelsea Violence Prevention/Intervention Programs**

<b>Program Type</b>	Grant/Donation/Foundation/Scholarship, Prevention
<b>Brief Description or Objective</b>	Funding for the Chelsea Police Department to prevent and intervene around violence for “newcomers” to the community, particularly newly arriving immigrants and refugees.
<b>Target Population</b>	<b>Regions Served:</b> Chelsea <b>Health Indicator:</b> Other: Safety <b>Sex:</b> All <b>Age Group:</b> Adult <b>Ethnic Group:</b> All <b>Language:</b> All

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

Goal Description	Goal Status
Provide outreach on behalf of the CPD to newcomers to ensure a smooth and safe transition to their new community and to avoid the serious conflicts that have arisen in other local communities	. Through a multiplicity of partnerships with organizations inside and outside the city, served approximately 1,000 through individual cases, group workshops, classroom presentations and collaborative community events.
Provide outreach on behalf of the CPD to newcomers to ensure a smooth and safe transition to their new community and to avoid the serious conflicts that have arisen in other local communities	Connected with ten new populations in different capacities within the last year.
Establish greater trust and understanding between the CPD and newcomer community	General safety workshops and specialty workshops focusing on domestic violence and fire safety were held for the Bhutanese, Somali Bantu, Congolese and Iraqi populations.
Establish greater trust and understanding between the CPD and newcomer community	Assisted newcomers in navigating the police system on a case by case basis: how to report crime, how to contact a detective, how to obtain records.
Provide public safety related information and resources to newcomer families.	Helped newcomers navigate family probate court and understand how to apply for divorce. Continued facilitating ESL officer presentations. Carried out cultural awareness training for 95 members of the Chelsea Police Department.

**Partner Name, Description**

**Partner Web Address**

Not Specified

**Contact Information** Claire Contreras

**Healthy Beginnings**

**Program Type** Direct Services, Prevention

**Brief Description or Objective** At MGH Chelsea HealthCare Center, our Healthy Beginnings program combines two models, Healthy Families America (HFA) and Healthy Steps for Young Children (Healthy Steps), to create a voluntary and free-of-charge hybrid program for our MGH pediatric patients and their families. Healthy Families America is a nationally- recognized, evidence-based home visiting program model designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment. The pediatric model of Healthy Steps for Young Children (Healthy Steps) is a national initiative that facilitates a close relationship between health care professionals and parents in addressing the physical, emotional, and intellectual development of children from birth to age three.

Healthy Families America at MGH Chelsea is a home visitor service provided to first-time parents including those newly arrived in this country. The program runs from pregnancy through the child’s third birthday. There are no income guidelines. Bi-cultural home visitors go to the homes of high-risk pregnant women and new mothers and provide emotional and concrete support for the participants and families who are adjusting to a new culture and health care system. We aim to empower mothers in a culturally appropriate manner to help them find effective solutions and reduce parental stress.

Healthy Steps at MGH Chelsea is comprised of three Infant-Parent Specialists who accompany first-time parents to every well-child visit from birth to age three. The specialists enhance the information and services available to parents at the well-child visits by engaging parents in discussions of child development, parenting, and relationships. The specialists have training in child development and address behavioral and developmental issues, focusing on a whole baby-whole family brand of primary care. This approach is being implemented in pediatric and family practices across the country, and is meeting an array of community needs while preserving its unique linkage to a team of health care professionals.

**Target Population** **Regions Served:** Boston-East Boston, Chelsea, Everett, Lynn, Revere  
**Health Indicator:** Access to Health Care, Other: Child Care, Other: Parenting Skills  
**Sex:** Female  
**Age Group:** Adult  
**Ethnic Group:** All  
**Language:** All

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

Goal Description	Goal Status
Provide support and positive connections for new parents	Healthy Beginnings served 111 families in FY2012; 68% of families were Latino; 26% were born in El Salvador, 13% in the United State, 11% in Honduras, 11% in Somalia, 39% were born in other countries.
Improve parent and baby interaction	91% of Healthy Beginnings Staff report observing positive interactions between parent and baby; 75% of encounters between Healthy Beginnings Staff and families focused on Child Development and Developmental Milestones
Increase bonding and attachment with baby	89% of participants report reading, singing or telling stories to their child 4-7 days a week.
Improve maternal and child health	Healthy Beginnings Staff were present at 84% of Well Child Visits; 75% of encounters between Healthy Beginnings Staff and families focused on Child Development and Developmental Milestones

Partner Name, Description	Partner Web Address
CAPIC Headstart	<a href="http://www.capicinc.org/">http://www.capicinc.org/</a>
Chelsea/Revere Family Network	<a href="http://www.capicinc.org/">http://www.capicinc.org/</a>
Raising a Reader	<a href="http://www.raisingareader.org/">http://www.raisingareader.org/</a>
Centro Latino	<a href="http://centrolatino.org/">http://centrolatino.org/</a>
SDC-Somali development center	<a href="http://www.krichevsky.com/maac-3/prof-Somali.html">http://www.krichevsky.com/maac-3/prof-Somali.html</a>
Early Learning Center- Adult Literacy English Classes	<a href="http://www.bu.edu/sed/community-outreach/programs/intergenerational-literacy/">http://www.bu.edu/sed/community-outreach/programs/intergenerational-literacy/</a>
Early Learning Center- Harbor Area early Intervention	<a href="http://www.talkreadplay.org/?q=content/harbor-area-early-intervention-program">http://www.talkreadplay.org/?q=content/harbor-area-early-intervention-program</a>
Mediation for Results	<a href="http://mediationforresults.org/">http://mediationforresults.org/</a>
Harbor Area Healthy Families Program-ROCA	<a href="http://www.rocainc.org/services_programs.php">http://www.rocainc.org/services_programs.php</a>
Cradles to Crayon	<a href="http://cradlestocrayons.org/">http://cradlestocrayons.org/</a>
<b>Contact Information</b>	Manuella Anorga, Samira Bensafa, Yahaira Guzman, Fadumo Hirsi; Tania Soares; Infant-Parent Specialists: Kristin Dennison, Sarah McLanahan and Maria Yolanda Wigozki, <a href="mailto:manorga@partners.org">manorga@partners.org</a> , <a href="mailto:sbensafa@partners.org">sbensafa@partners.org</a> , <a href="mailto:ygzuzman@partners.org">ygzuzman@partners.org</a> , <a href="mailto:fhirsi@partners.org">fhirsi@partners.org</a> , <a href="mailto:tasoares@partners.org">tasoares@partners.org</a> , <a href="mailto:kdennison@partners.org">kdennison@partners.org</a> , <a href="mailto:mwigozki@partners.org">mwigozki@partners.org</a> , <a href="mailto:smclanahan@partners.org">smclanahan@partners.org</a>

**Aspire**

<b>Program Type</b>	School/Health Center Partnership
<b>Brief Description or</b>	The program provides summer day camp programs, teen and young adult

**Objective** programs, social skills groups, parenting support, and school-based consultation and trainings for youth and young adults on the autism spectrum. In FY12, approximately 300 youth and young adults in Charlestown and Greater Boston were served through various programs and trainings.

**Target Population**  
**Regions Served:** Boston, Boston-Charlestown, Boston-Greater  
**Health Indicator:** Mental Health  
**Sex:** All  
**Age Group:** Adult-Young, Child-Preteen, Child-Primary School, Child-Teen  
**Ethnic Group:** All  
**Language:** All

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

Goal Description	Goal Status
Help children, teens and young adults on the autism spectrum develop the social skills necessary for success at home, in school and beyond.	Served approximately 300 youth and young adults in Charlestown and Greater Boston through various programs and trainings
Provide participants with the knowledge and skills necessary to make social connections and develop independence leading to successful and fulfilling lives.	Served approximately 300 youth and young adults in Charlestown and Greater Boston through various programs and trainings

**Partner Name, Description** 15 Public School Systems in the Boston Metropolitan Area  
**Partner Web Address** [www.massgeneral.org/children/aspire](http://www.massgeneral.org/children/aspire)  
**Contact Information** Scott McLeod, PhD, Executive Director, [dmcLeod@partners.org](mailto:dmcLeod@partners.org)

**Patient Navigation-Screening, TopCare**

**Program Type** Direct Services, Health Screening, Outreach to Underserved, Prevention  
**Brief Description or Objective** The TopCare program (Technology for Optimizing Population Care in a Resource-limited Environment) was established by the General Medicine Department to increase cancer screening rates among vulnerable patients cared for in any primary care practice at Massachusetts General Hospital. A key part of the TopCare program is the navigation of patients that are at high risk of not completing preventive breast, cervical and colorectal cancer screening. In FY12, 342 patients were served.

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

**Statewide Priority:** Reducing Health Disparity

Goal Description	Goal Status
Identify and outreach to vulnerable patients in need of	The program reached 322 new patients and 105 cancer screenings were completed (47 mammograms, 38

breast, cervical and colorectal screening	colonoscopies, 20 Pap smears)
Address barriers to accessing and receiving timely, quality health care for all patients	TopCare Patient Navigators assisted with scheduling 868 appointments, provided 365 patients with education, 221 appointment reminders, 179 provider/clinic communications,
Address barriers to accessing and receiving timely, quality health care for all patients	123 language translations, 78 procedure preparation instructions, 19 pharmacy assistance, 9 accompanied to appointments, 6 transportation assistance and 2 financial assistance referrals

**Partner Name, Description**

**Partner Web Address**

Not Specified

**Contact Information**

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

### Refugee School Program

<b>Program Type</b>	Direct Services, Outreach to Underserved, School/Health Center Partnership
<b>Brief Description or Objective</b>	Provides a continuum of care across multiple settings to ensure the well being of refugees and aslyees in Chelsea. To date, over 284 refugee students have been served.
<b>Target Population</b>	<p><b>Regions Served:</b> Chelsea</p> <p><b>Health Indicator:</b> Access to Health Care, Other: Education/Learning Issues, Other: Uninsured/Underinsured</p> <p><b>Sex:</b> All</p> <p><b>Age Group:</b> All Children</p> <p><b>Ethnic Group:</b> Not Specified</p> <p><b>Language:</b> All</p>

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

Goal Description	Goal Status
Provide a continuum of care across multiple settings to ensure the well being of refugees and aslyees in Chelsea.	161 students in Chelsea Public Schools were served in FY2012; Countries of origin were: Bhutan (40%), Somalia (26%) and Eritrea (17%)
Support refugee students transitioning into school	The Refugee School coordinator had 555 contacts with 152 refugee students. 82% of these contacts also involved the parents of the students.
Support refugee students transitioning into school	These contacts occurred due to inappropriate behavior, obtaining appropriate forms for school enrollment, academic frustration, and alienation, among others

**Partner Name, Description**

MA Department of Public Health

**Partner Web Address**

<http://www.mass.gov/dph/refugee>

Refugee resettlement agencies  
 Catholic Charity Boston, [www.ccab.org](http://www.ccab.org) [www.iiboston.org](http://www.iiboston.org)  
 International Institute of Boston  
 ROCA  
 REACH  
 Chelsea School System  
 DTA [www.mass.gov/eohhs/gov/departments/dta](http://www.mass.gov/eohhs/gov/departments/dta)  
 CAPIC [www.capicinc.org](http://www.capicinc.org)

**Contact Information** Ali Abdullahi, Refugee School Program, [abdullahi1@partners.org](mailto:abdullahi1@partners.org)

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**MGH CHA: Stay in Shape**

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<b>Program Type</b>	Community Education
<b>Brief Description or Objective</b>	The Stay In Shape program addresses the issue of healthy living against childhood obesity through health education programming among adolescent girls in schools and in the community.
<b>Target Population</b>	<p><b>Regions Served:</b> Boston-Charlestown, Chelsea, Revere</p> <p><b>Health Indicator:</b> Other: Nutrition, Other: Stress Management, Overweight and Obesity, Physical Activity</p> <p><b>Sex:</b> Female</p> <p><b>Age Group:</b> Child-Preteen, Child-Teen</p> <p><b>Ethnic Group:</b> All</p> <p><b>Language:</b> All</p>

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

Goal Description	Goal Status
Promote healthy lifestyles for adolescent girls by providing health education, nutrition, exercise, and stress reduction activities	In school year 2011 – 2012, Stay in Shape served a total of 200 participants at 7 public schools and 3 community settings, with improved knowledge, skills, and behaviors in living a healthy life.

Partner Name, Description	Partner Web Address
Chelsea High School	<a href="http://www.chelseaschools.com/cps/high-school.htm">http://www.chelseaschools.com/cps/high-school.htm</a>
Revere High School	<a href="http://www.revereps.mec.edu">http://www.revereps.mec.edu</a>
Clark Avenue School	<a href="http://www.chelseaschools.com/cps/schools/clark.htm">http://www.chelseaschools.com/cps/schools/clark.htm</a>
Rumney Marsh Academy	<a href="http://www.revereps.mec.edu/Schools/Rumney/index.html">http://www.revereps.mec.edu/Schools/Rumney/index.html</a>
Warren Prescott School	<a href="http://www.bostonpublicschools.org/school/warrenprescott-k-8-school">http://www.bostonpublicschools.org/school/warrenprescott-k-8-school</a>
Eugene Wright Middle School	<a href="http://www.chelseaschools.com/cps/schools/wright.htm">http://www.chelseaschools.com/cps/schools/wright.htm</a>
Clarence R. Edwards School	<a href="http://www.bostonpublicschools.org/school/edwards-middle-school">http://www.bostonpublicschools.org/school/edwards-middle-school</a>



- MGH Revere Youth Zone <http://www.massgeneral.org/revere/>
- Roca – Youth Star <http://www.rocainc.org>
- Chelsea Boys & Girls Club [http://www.bgcb.org/locations\\_clubs\\_jordan.cfm](http://www.bgcb.org/locations_clubs_jordan.cfm)

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

**MGH CHA: Pediatric Asthma Quality Initiative**

<b>Program Type</b>	Community Education, Prevention
<b>Brief Description or Objective</b>	The goals of the Pediatric Asthma Program are to decrease ED visits and improve the quality of patient care within the MGH Health Center & Suburban Pediatric Practices. In Flu Season 2011-2012, out of 2,207 patients who were identified with persistent asthma, 1,487 received an influenza vaccine or documented a refusal, and 1,052 received a prescription for an asthma controller medication.
<b>Target Population</b>	<p><b>Regions Served:</b> Boston-Back Bay, Boston-Beacon Hill, Boston-Charlestown, Boston-East Boston, Boston-North End, Boston-South Boston, Chelsea, Everett, Other-Metrowest, Revere</p> <p><b>Health Indicator:</b> Access to Health Care, Other: Asthma/Allergies</p> <p><b>Sex:</b> All</p> <p><b>Age Group:</b> Child-Preteen, Child-Primary School, Child-Teen</p> <p><b>Ethnic Group:</b> All</p> <p><b>Language:</b> All</p>

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

Goal Description	Goal Status
In Flu Season 2011-2012, out of 2,207 patients who were identified with persistent asthma, 1,487 received an influenza vaccine or documented a refusal, and 1,052 received a prescription for an asthma controller medication.	Flu Vaccine performance has exceeded 2009 year's performance. 2011 Composite Target: 57.29% (FS,AC,AAP)
Patients age 5-17, identified with persistent asthma (using HEDIS definition); receive both an influenza vaccine or documented refusal and a prescription for an asthma controller medication during the measurement year.	Flu Shot actual performance 67.37%. Active Controller actual performance: 47.67%.

**Partner Name, Description**

**Partner Web Address**

Not Specified

**Contact Information** Eileen Manning, RN, BS 781-485-6400, [emanning@partners.org](mailto:emanning@partners.org)

**MGH CHA: Celebrating Women, Living A Vibrant Healthy Life!**

<b>Program Type</b>	Community Education
<b>Brief Description or Objective</b>	Celebrating Women is a bi-annual, inter-generational program that increases access among girls and women of all ages to health information

and health care services. , The event took place on May 2, 2012 at the Everett High School. The program featured health screening, healthy living demonstrations, and health education offers for 750 participants. This year's theme was "Women: Moving Through The Ages" featuring guest speakers Wayne Wescott, PhD, Director of the exercise science program at Quincy College, a dynamic researcher, teacher, author of 24 fitness books including Strength Training Past Fifty, and Youth Strength Training, and Raheem "Rae" Bararka, ACE-CPT, CFM, Director of Fitness & Employee Wellness Program, MGH Revere HealthCare Center. Rae delivered an interactive presentation featuring some of his students who represent a broad range of ages. All of this designed for guests to leave the event inspired with a spirit of "Yes, that's something I can do to keep Moving through the Ages." Special guest moderator for the even again was Dr. Malika Marshall, MGH Physician. She is also Medical Director for the Internet's medical news and information source: Everyday Health on ABC stations. She is currently a contributing medical reporter for New England Cable news.

<b>Target Population</b>	<p><b>Regions Served:</b> Boston-Charlestown, Boston-North End, Chelsea, Everett, Revere, Winthrop</p> <p><b>Health Indicator:</b> Access to Health Care</p> <p><b>Sex:</b> Female</p> <p><b>Age Group:</b> All</p> <p><b>Ethnic Group:</b> All</p> <p><b>Language:</b> All</p>
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**Statewide Priority:** Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Produce an intergenerational educational event for women and girls from the communities served by the MGH HealthCare Centers.	A free intergenerational educational event held in FY2012 reached 750 women and girls from the harbor areas communities.

Partner Name, Description	Partner Web Address
Not Specified	
<b>Contact Information</b>	Eileen Manning, RN, BS, <a href="mailto:emanning@partners.org">emanning@partners.org</a>

**Expenditures**

Community Benefits Programs	
Expenditures	Amount
Direct Expenses	\$52,028,295
Associated Expenses	Not Specified
Determination of Need Expenditures	\$1,892,831
Employee Volunteerism	Not Specified
Other Leveraged Resources	\$14,708,833

<b>Net Charity Care</b>	
Expenditures	Amount
HSN Assessment	\$39,983,872
HSN Denied Claims	\$2,007,539
Free/Discount Care	\$2,451,898
<b>Total Net Charity Care</b>	<b>\$44,443,309</b>

Corporate Sponsorships	\$901,159
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<b>Total Expenditures</b>	<b>\$113,974,427</b>
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<b>Total Revenue for 2012</b>	<b>\$6,418,019,000</b>
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<b>Total Patient Care-related expenses for 2012</b>	<b>\$1,948,486,091</b>
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<b>Approved Program Budget for 2013</b> (*Excluding expenditures that cannot be projected at the time of the report.)	\$113,974,427
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**Comments:**  Not Specified

**Optional Information**

<b>Community Service Programs</b>	
Expenditures	Amount
Direct Expenses	Not Specified
Associated Expenses	Not Specified
Determination of Need Expenditures	Not Specified
Employee Volunteerism	Not Specified
Other Leveraged Resources	Not Specified
<b>Total Community Service Programs</b>	<b>Not Specified</b>

**Full-Text PDF Report:** Not Specified

**Original Full-Text Report:** Not Specified

**Bad Debt:** Not Specified Not Specified

**IRS 990:** Not Specified