COMMUNITY HEALTH NEEDS ASSESSMENT

2013

TUFTS MEDICAL CENTER

Community Health Improvement Programs

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ACKNOWLEDGEMENTS

We would like to extend our appreciation to the members of the Asian and Dorchester Health Initiatives for their guidance and leadership. They helped to ensure that the health needs of the Chinatown and Boston Asian communities and Dorchester community were a priority in the Medical Center's grant-funded initiatives.

We would also like to extend our thanks to the many stakeholders in the South Boston, Dorchester and Chinatown communities for their insights into the critical issues affecting the health and well-being of their neighbors and constituents.

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Executive Summary

Tufts Medical Center ("Tufts MC" or "Medical Center") is the oldest permanent medical facility in the United States. Since its inception, Tufts MC has provided high-quality health care to Boston residents and has endeavored to improve access to health care by initiating a variety of programs to overcome barriers to care. Initiatives include instituting home visiting programs; providing financial support to community health centers; creating grant programs that build the capacity of community organizations to promote health education; and integrating outreach and prevention into Tufts MC's core services. Each one of these initiatives serves to deepen the Medical Center's commitment to maintaining and improving the health of Boston-area residents and patients.

Historically, Tufts MC has conducted community health needs assessments every three years so that it can address critical health issues for community residents and patients. The community health needs assessment that was initiated in late 2012 and concluded in the fall of 2013, provided the data to establish priorities for the Dorchester and Asian Health Initiatives and supported on-going institutional efforts to improve maternal and infant health and provide mental health and substance abuse recovery services.

Requests for Proposals ("RFP") were developed for the Dorchester and Asian Health Initiatives to solicit community-based services to address the goals of the physical and emotional health and well-being of residents in those communities. For the Dorchester community, violence prevention is also a priority. The Dorchester RFP was released in the summer of 2013 in order to identify grantees and services for the Medical Center's new fiscal year. The RFP for the Asian Health Initiative was slated for release in the Fall of 2013 to solicit proposals for calendar year 2014.

Financial support for organizations and services to the South Boston community continues to be made available through agreements that were initiated in response to a crisis in the early 1990s – high suicide rates among youth and young adults and high rates of substance abuse (alcohol, tobacco and opioids). Health data and the input of key informants supports the on-going commitments to the community of South Boston.

2013 Community Health Needs Assessment

Background: Located in Downtown Boston within Chinatown and the Theater District, Tufts MC is the oldest permanent medical facility in the United States. Founded by early American patriots, Paul Revere, Samuel Adams and Oliver Wendell Holmes, Tufts MC continues to honor its original mission to provide care to Boston residents while fulfilling important roles as the principal teaching hospital for Tufts University School of Medicine and a full service tertiary and quaternary referral and research hospital.

The commitment to meeting the needs of Boston residents, in particular the residents from the neighborhoods of Chinatown, Dorchester and South Boston who are in close proximity to the Medical Center (where many of our local patients reside), is reflected by special and grant funded initiatives which respond to the health needs of the three neighborhoods.

The health needs of the residents with whom Tufts MC has had long and historic relationship, is reviewed on a regular basis and guides the allocation of resources through grant funded initiatives and the efforts of medical departments to address specific health disparities. Tufts MC conducted its first health needs assessment in 1995 to inform the grant-making process for the Asian Health Initiative. The last triennial needs assessment was conducted in 2010 and identified priorities for both the Asian and Dorchester Health Initiatives and confirmed the on-going need for the Parent-to-Parent Program, which focuses on infant and maternal health. Assessing the health needs of the communities is the responsibility of the Medical Center's Office for Community Health Improvement Programs.

The Office for Community Health Improvements (CHIP) was established in 1992 to serve as a catalyst for the development and coordination of programs that focus on building community relationships to improve community health. CHIP activities are overseen by the Community Outreach Committee of the Board of Governors, which includes members of the Board of Governors, community representatives and Medical Center senior managers, including the Senior Vice President for Strategic Services.

Target Populations: Based upon the Medical Center's mission, its location and the neighborhoods and communities in which patients live, Tufts MC prioritizes its community health efforts on three neighborhoods: South Boston, Dorchester and Chinatown. These three neighborhoods historically have been communities of working families, whose access to health care was often limited by various barriers, including lack of health care coverage, easy physical access and economic, linguistic and/or cultural barriers. These three neighborhoods also reflect the cultural, ethnic, economic and linguistic diversity of the city and reflect the health disparities for many racial/ethnic groups and the vulnerability of some populations for poor health.

Methodology: Historically, Tufts MC has relied on health data from the Boston Public Health Commission, which publishes an annual report "Health of Boston" and neighborhood specific reports and the recommendations of advisory committees to establish priorities for grant funded initiatives. Public health sources do not adequately collect or provide data regarding non-English Asian-speaking residents. For this community needs assessment, the methodology was expanded to not only include the review of public health data, but also the compilation and review of demographic data from the 2010 census, the inclusion of data from key informants as well as any health findings from neighborhood coalitions which had initiated

community health assessments in 2012. A review of patient zip codes for the in- patient and out-patient services and Emergency Department was also conducted.

The participatory research approach ("PRA") was selected as the framework for the needs assessment because of its short duration, non-hierarchal structure, flexibility and limited statistical analyses. The PRA is also the approach that supported the participation of community members and the sharing of their concerns and priorities. It was particularly important to acknowledge the critical information and insights from community leaders, service providers and key informants about their communities. This approach also offered the opportunity to include findings from community coalitions, which began community health assessments in 2012 and continued their work into 2013. For Tufts MC, community involvement also included the presentation of health data for review by community advisors for the Medical Center's Asian and Dorchester Health Initiatives.

For each of the communities of importance to Tufts MC, a minimum of five key informants from the community were interviewed. Their roles or responsibilities provided insights about the residents and their health concerns or critical health needs. Among each group of key informants represented, at least one was, a health care provider and at least one other was familiar with the needs of youth in their community.

Chinatown	Dorchester	South Boston
Multi-service agency	Health centers	Health center
Youth center	Wellness coalition	Youth agency
Housing manager	Health center collaborative	Youth program
Church	Multi-service agency	Residential program
Health center		Neighborhood coalition

Neighborhood profiles were compiled to identify statistical indicators including population size and characteristics, public health indicators and health information provided by key informants. If neighborhoods experienced significant population changes between the 2000 and 2010 census, that comparison is included in this report, as well as any changes in social indicators that would influence the health of the community.

The individual neighborhood profiles for Chinatown, Dorchester and South Boston may include some references to the community health needs assessments sponsored by the Boston Alliance for Community Health and the data available from those processes. The community health needs assessments undertaken by community coalitions using the Mobilizing for Action through Planning and Partnerships ("MAPP"), however, were on an extended timeline that did not correspond with this assessment.

Neighborhood Profile: Chinatown

The first Asians to settle in Boston were Chinese. They arrived in the early 1870s after helping to construct the transcontinental railroad, to take advantage of the growing demand for workers in manufacturing. They settled in the South Cove on Oxford Street, in the area that is now considered the heart of Chinatown's business and historical district.

The Chinatown neighborhood grew slowly due to various restrictive immigration laws that were in effect until the 1960s. The normalization of relationships with the Peoples' Republic of China in the early 1970s contributed to rapid increase in the Chinese/Asian population in Boston's Chinatown and the growth of a number of Metropolitan Boston communities, most notably Quincy and Malden. Chinatown's growth, both in terms of footprint and population, has been limited because of a lack of housing and limited opportunities for physical expansion; Chinatown's downtown location is surrounded by two interstate highways and a major cultural and retail district. Chinatown, however, continues to function as a service hub for many newcomers looking for English language classes, child care, job training, employment and/or health care services.

Chinatown is approximately 41 acres in size and is situated between the Leather District on the east, Downtown Crossing/Midtown Cultural District on the north, the Theater District on the west and the Mass Turnpike on the south. Within Chinatown, institutional use takes up approximately one third of the land and separates the residential area from the business and historical parts of the community. Chinatown falls within zip code 02111 along with luxury housing in the Midtown Cultural District. It straddles parts of census tracts 704 and 701, but is primarily within census tract 702.

The construction of new housing has resulted in a population increase in Chinatown over the last three decennials (census periods) . The population has risen from 3,714 in 1990 to 4,861 in 2000, to 6,323 in 2010. The change in population also reflects demographic changes, as the new housing stock includes more market rate and luxury housing than it does affordable and family sized units:

- The percentage of Asians living in Chinatown in 1990 was 89%, with 85% of Chinese ancestry.
- The percentage of Asians living in Chinatown in 2000 decreased to 69%, and in 2010 decreased to 56%.
- The percentage of Whites living in Chinatown increased from 7% in 1990 to 26% in 2000, to 38% in 2010.
- Despite the changes in educational attainment and income, the poverty rate has increased from 30% to 43% due in part to a high unemployment rate and a high percentage of residents who are seniors.

The data comparison above was based on a sub-planning district defined by the Boston Redevelopment Authority - Neighborhood Statistical Area ("NSA"). The NSA most closely mirrors the definition of Chinatown's boundaries as defined by the community, its elected neighborhood council and the Boston Redevelopment Authority. A combination of data sources were used to obtain the comparative population data, including Census data and American Community Service Datasets.

Obtaining health data for Chinatown has been an on-going challenge. The Boston Public Health Commission ("BPHC") includes Chinatown as a subsection of an expanded definition of the South End, which extends

beyond the Downtown area up to Beacon Hill, rather than as a distinct neighborhood. Disaggregating the data specifically for Chinatown has been beyond the capacity of the Medical Center and community groups to accomplish. Based upon the advocacy of Medical Center representatives, the BPHC attempted to isolate health data for Chinatown based upon zip code 02111 and the three census tracts referenced above. The result did not yield comparative annual rates for selected health indicators in the BPHC's Health of Boston 2012-2013 report because the sample size/numbers were based upon counts that were less than 20. BPHC has not collected data for non-English Chinese speaking residents or Asian specific data in Chinatown.

Since Chinatown is not only a neighborhood of residents and businesses, but a service hub for Boston's Asian community, health data for Asians across the city of Boston was reviewed, both for 2011 and for prior periods of 1995 and 2004, to identify health disparities and emerging health issues. Key informants from the community were interviewed and a summary of findings was presented to advisors for Tufts MC's Asian Health Initiative.

From **BPHC's Health of Boston 2011**:

Life Expectancy	Boston's Asian population has the highest life expectancy
Leading Causes of Death	• Cancer (lung, liver, colorectal) • Heart Disease • Stroke • Chronic Obstructive Pulmonary Disease • Alzheimer's Disease
Infectious Diseases	• Tuberculosis among Boston Asian residents is three times the rate for the general population • Hepatitis B among Boston Asian residents is seven times the rate for the general population (BPHC 2010) • Salmonella rates for Boston Asian residents now approximate that of the general population
Obesity/Diabetes	• Incidences and/or available data show that rates for both are low
Hospitalizations	• Boston Asian children have the lowest rate of hospitalizations and emergency department visits • Incidence of heart disease hospitalizations for Boston Asians is 50% the rate of the general population • Heart disease hospitalizations for Asian males than for Asian females

Key informants provided insights into the health issues for a broad spectrum of community members: Chinatown residents and non-residents, new immigrants, youth, church members and patients at the South Cove Community Health Center. From the health center's perspective, the critical health issues are diabetes, hypertension, women's health (breast and cervical cancer), asthma, tuberculosis and hepatitis B.

Another key issue that was identified is the seniors' lack of understanding about their illnesses, which prevented them from properly managing their health. In addition, key informants raised concerns about unmet mental health issues. They spoke about the stresses associated with the immigration process and the impact upon an individual's physical and emotional health. They noted that this was an even more difficult situation for individuals who have sought asylum in the United States, did not have family or social support networks

and had limited employment opportunities. Key informants also identified the negative impact of addictive behaviors, most notably gambling, on the health of individual family members and the family as a whole and cited an increase in domestic violence, economic hardships, chronic stress and divorces. Finally, key informants identified the financial and emotional stress that occurs with the loss of a working parent in a family with young children.

The data cited above was reviewed by an Advisory Committee for Tufts MC, comprised of Board of Governor members, senior managers and community leaders. Health priorities were identified for a new round of funding for the Asian Health Initiative in calendar year 2014.

Priorities and strategies:

- Develop and release a Request for Proposals for the Asian Health Initiative to solicit services to address reducing health disparities and promote physical and emotional health and well-being.
- Identify opportunities to collaborate with organizations serving the Chinatown and Boston Asian community to promote health, provide screenings and encourage early treatment for diseases that adversely affect the Boston Asian community.
- Share disparities and health priorities with and assess the capacity of medical departments to address disparities for their Asian patients.

Chinatown Health Needs Assessment: The Chinatown Coalition ("TCC") attempted to conduct a community and health needs assessment in 2012 as part of the Boston Alliance for Community Health's efforts to foster Mobilizing for Action through Planning and Partnerships (MAPP) – a community-driven planning process developed by the Centers for Disease Control and Prevention to improve health.

By using focus groups, TCC was successful in identifying what community members perceived as the strengths and challenges for the community; but only one focus group identified a health issue. That focus group, which was comprised of youths working on tobacco use and smoking cessation, identified concerns about the pervasive cigarette smoking among Asian adults.

TCC's efforts to create comparative health data for Boston Asians over a 15 year period were unsuccessful. Since the source of the health data, BPHC, collected and analyzed data differently over that period of time, even though Tufts MC contributed resources and a consultant to assist in the endeavor, the data was too inconsistent with which to work.

Neighborhood Profile: Dorchester

Dorchester is Boston's largest neighborhood. It was annexed by the city of Boston in 1870 and with the construction and availability of rail and trolley lines it became a major residential neighborhood. The major sub-neighborhoods and business districts include: Adams Village, Ashmont, Codman Square, Fields Corner, Grove Hall, Harbor Point, Jones Hill, Meeting House Hill, Lower Mills, Neponset Circle and Uphams Corner.

Dorchester encompasses 32 census tracts, includes four zip codes and reflects the racial/ethnic and economic diversity of Boston.

Given its size, both the Boston Public Health Commission and the Boston Redevelopment Authority divide Dorchester into South and North Dorchester for their respective data collection and planning purposes. However, it should be noted that the boundaries vary slightly, as does the demographics for the residents.

Dorchester demographics include:

	No. Dorchester	So. Dorchester	Dorchester (Total)
Total Population	77,013 (100%)	42,532 (100%)	119,545 (100%)
White	16,743 (22%)	14,180 (33%)	30,923 (26%)
Black/African American	35, 281 (46%)	21,600 (51%)	56,881 (48%)
Hispanic/Latino	15,631 (20%)	5,123 (12%)	20,754 (17%)
Asian/Pacific Islander	8,138 (11%)	2,651 (6%)	10,789 (9%)
Multiracial	1,814 (2%)	1,126 (3%)	2,940 (3%)
Other race	14,672 (19%)	2,826 (7%)	17,498 (15%)
Ages (0-17 years)	20,391 (26%)	10,172 (24%)	30,563 (26%)
Ages (18-64 years)	50,532 (66%)	27,457 (65%)	77,989 (65%)
Ages (65 years and over)	6,090 (8%)	4,903 (12%)	10,993 (9%)
Unemployment rate	16.2%	13.1%	15.1%
Median House Hold Income	$35,048	$49,989	$49,876
Percent of poverty (*)	27.0%	17.0%	22.0%

Additional demographic information:

- The majority of Asian Pacific Islanders in the North Dorchester community are Vietnamese and are concentrated in the Fields Corner neighborhood
- There is a higher percentage of Spanish speakers residing in North Dorchester
- Both North and South Dorchester have the same percentage of people who speak French/Creole in the home (8%)
- Seven percent of the population in North Dorchester speak Portuguese which reflects the large number of residents from Cape Verde

Selected Health indicators:

Indicator	No. Dorchester	So. Dorchester	Boston
Diabetes hospitalizations (per 1,000 population)	1.7	1.6	1.2
Obese adult residents (percentage)	32	28	22
Heart disease hospitalizations (per 1,000 population)	24.1	22.1	19.4
Infant mortality	10.6	6.5	6.5
Low birth weight (percentage)	10.7	9.9	9.3
Preterm births (percentage)	11.0	11.0	10.0
Chlamydia rates (new per 100,000 population)	1,493	1,196	752
Adults who think their neighborhood is safe (%)	24	35	43
Homicide rates (deaths per 100,000 population)	8.5	18.2	21.1

Community members interviewed for this needs assessment identified a range of health concerns, including hepatitis B and C, asthma, mental health issues, family violence, violence, obesity and diabetes and their consequences, including cardiovascular disease. The three top issues from the key informants were diabetes and obesity, violence and mental health needs. Some key informants and some Dorchester Health Initiative advisors concurred that not only should the health issues be addressed, but the root causes for the health issues should be examined as well.

Priorities and strategies:

- Develop and release a Request for Proposals for the Dorchester Health Initiative to solicit services to address health issues such as obesity, diabetes and other chronic diseases to promote physical and emotional well-being.

- Identify opportunities to collaborate with Dorchester organizations to promote health, provide screenings and encourage early treatment for diseases that adversely affect the diverse communities within Dorchester.
- Review patient data, identify health disparities and assess the capacity of medical departments to address health disparities for their Dorchester patients

Dorchester Health Needs Assessment: Two neighborhood coalitions initiated neighborhood specific health needs assessment. One assessment was led by the elected Codman Square Neighborhood Council and the other by the Franklin Hill/Franklin Field Healthy Boston Coalition. Neighborhood assessments were not available at the time that this report was drafted.

Neighborhood Profile: South Boston

The neighborhood of South Boston is situated on a peninsula. A year after it was annexed by Boston in 1804, a bridge was constructed to connect it to the rest of the city. South Boston is, and has been, a diverse community and a residential hub for the generations of workers and their families who were employed by the industrial economy based there. The many industries that were historically located in South Boston include: iron foundries, shipyards, machine shops, railroads and commercial fishing. In recent years, there has been a transition to technology, financial and hospitality services, as leading employers relocate to sub-neighborhoods of South Boston. There also has been a wave of housing construction, which has brought young professionals and young families to a traditional working class community and artists' enclave.

Because South Boston's boundaries are easily and consistently defined by residents and government agencies, data for the neighborhood is easily obtained and compared. South Boston has only one zip code and all census tracks fall entirely within the neighborhood's defined boundaries. Over the last 20 years, census data has shown the following changes:

- The population of South Boston increased from 29,938 in 2000 to 32, 011 in 2010.
- Racial and ethnic diversity within the population increased from 13.1% to 17.3%.
- The population of residents under 5 years, 5-9 years and 10-14 years all decreased between 2000 and 2010.
- The population of residents between the ages of 25 and 34 increased from 23.7% 5o 28.6%.
- The total number of households increased from 14,030 in 2000 to 16,214 in 2010.
- Education levels changed: the percentage of high school graduates decreased (7.5%) while the percentage of increased by 14%.
- The percentage of household incomes at the $50-$74,999, $75-$99,999 and $100-$149,000 and above all showed significant increases (5.6-7.8%).
- The median income increased from $40,865 to $58,611.

Based upon the review of selected health indicators from the BPHC's 2012-13 "Health of Boston" identifies the following health issues for the South Boston community:

- The incidence of hepatitis C is more than 5.5 times higher than the average annual rate for Boston.
- The average annual rate of cerebrovascular disease deaths, including stroke, is 45.8 while the city average is 35.3.
- The average annual rate of substance abuse deaths, per 100,000 residents, is 48.4 and the city rate is 33.9.

- Two of the leading causes of death are cancer and diseases of the heart, and during the periods of 2005-2010 the annual rates for South Boston were higher than the corresponding rates for Boston for the same years.

There was a strong consensus among key informants that there was one critical health issue for the South Boston community: substance abuse (heroin, other opiates, alcohol and tobacco use/smoking) and its consequences. Of concern were the effects of drug and alcohol abuse on family stability, the emotional and economic impact on multiple generations of families and concerns about the ramifications for children whose parents abused drugs and alcohol, including mental health and behavioral issues, which place children and youth's physical health and well-being at risk.

The South Boston community has been struggling with substance abuse and related problems since the mid-1990s. BHPC data from the 2003 Health Status Report for South Boston indicated that even then the incidence of hepatitis C was the fourth highest in the city of Boston and that substance abuse hospitalizations and mortality were the highest annual average rates.

South Boston Health Needs Assessment: The South Boston CAN Reduce Underage Drinking Coalition is spearheading the MAPP community health assessment that is funded by the Boston Alliance for Community Health. Staff members were among the key informants interviewed for this health assessment. The coalition's community health assessment had not been completed at the time this report was being prepared.

Priorities and Strategies:

- Continue to provide financial support to the South Boston Community Health Center to sustain programs that build youth's knowledge, life skills and resilience so they may identify and access resources to help them achieve their educational and career goals and personal aspirations.
- Continue to provide financial support for recovery services for youth and young adults through the Gavin Foundation.
- Maintain relationship with the South Boston Behavioral Clinic to ensure the availability of behavioral health services to the South Boston residents in the community.

Patient Data Analysis

Three sets of patient data from Fiscal Year 2012 were reviewed to identify the Boston neighborhoods and Metropolitan communities patients reside in and the racial/ethnic demographics of the patients. The goals of the analyses were to confirm the alignment of the Medical Center's established community relationships and programming as well as to consider opportunities to meet the health needs of new and possibly underserved populations moving forward.

The analysis of each set of patient data (outpatient, inpatient and Emergency Department) was based upon the patients' home zip codes. Patient data was then aggregated for Boston neighborhood zip codes and for 18 communities within the Metropolitan Boston area, communities within Route 128. Additional data was compiled for communities immediately west of Route 128 and for the community of Lowell where Tufts MC has an established relationship with Lowell General Hospital.

The following table illustrates the percentages of patients from Boston neighborhoods and Metropolitan Boston communities seeking care from the outpatient or emergency department as well as those who received inpatient care. The data, however, does not isolate patients who obtained care across the three categories.

The analysis was undertaken to identify which neighborhoods or communities contributed to the patient population, possible trends on the utilization of services by the Medical Center's priority neighborhoods and patient populations.

The last set of tables provides a comparison between patient data from 2012 to patient data from years 2005/2006. Again the goal was to ascertain if there were significant changes. The tables also show the percentage of Asian patients as the growth of the Asian community in Massachusetts has been one of the most rapid among newcomer groups. Table 1 reflects cumulative data for all patients (outpatient, inpatient and Emergency Department patients) from major Boston zip codes and Metropolitan Boston zip codes. Communities for which there was a 5% or greater change are highlighted. No conclusions can be drawn about the contributing factors to the increase or decrease in patient representation.

2012 Patient Analysis by Zip Codes

Outpatients	
Major Boston Zip Codes	25%
Metropolitan Boston Zip Codes (within Route 128)	22%
Adjacent to Route 128	27%
Other MA Zip Codes/Out of State	26%
Inpatients	
Major Boston Zip Codes	20%
Metropolitan Boston Zip Codes (within Route 128)	17%
Adjacent to Route 128	22%
Other MA Zip Codes/Out of State	41%

Emergency Department	
Major Boston Zip Codes	49%
Metropolitan Boston (within Route 128)	20%
Adjacent to Route 128	3%
Other MA Zip Codes/Out of state	28%

2013 Patient Data Comparison: Asian Patients

Table 1

	Total Patients: 2005-2006	Total Patients: 2012	
	Percentage	Percentage	Change
Outpatient	10.9	11.8	0.90%
Inpatient	8.3	8.4	0.10%
Emergency	10.4	10.2	-0.20%
Total	10.6	11.3	0.70%

Table 2

	Outpatient 2005-2006	Outpatient 2012	
City/Town	Percentage	Percentage	Change
Boston	19.1	23.7	4.60%
Braintree	13.4	22.0	8.40%
Brookline	17.4	21.6	4.20%
Cambridge	10.7	14.3	3.60%
Chelsea/Everett/Revere	11.8	17.8	6.00%
Malden	40.8	51.0	9.20%
Medford	9.7	16.7	6.80%
Newton	15.6	23.8	8.20%
Quincy	39.4	46.3	6.90%
Randolph	26.1	11.4	-14.70%
Somerville	14.3	16.3	2.00%
Chinatown/SE	40.9	51.4	10.50%
Dorchester	12.0	12.2	0.20%

Table 3

	Inpatient 2005-2006	Inpatient 2012	
City/Town	Percentage	Percentage	Change
Boston	17.7	20.9	3.20%
Braintree	10.4	11.0	0.60%
Brookline	27.3	38.5	8.20%
Cambridge	8.8	14.9	6.10%
Chelsea/Everett/Revere	6.5	24.7	18.20%
Malden	25.2	42.0	6.80%
Medford	4.9	12.7	7.80%
Newton	15.1	14.3	-0.80%
Quincy	31.5	37.0	5.50%
Randolph	26.2	22.3	-3.90%
Somerville	6.0	12.8	6.80%
Chinatown/SE		44	
Dorchester	18.7	16.6	-2.10%

Table 4

	Emergency 2005-2006	Emergency 2012	
City/Town	Percentage	Percentage	Change
Boston	9.8	11.9	2.10%
Braintree	11.6	14.9	3.30%
Brookline	26.8	17.9	-8.90%
Cambridge	11.9	6.6	-5.30%
Chelsea/Everett/Revere	8.3	8.6	0.30%
Malden	33.5	46.0	12.50%
Medford	12.9	14.1	1.20%
Newton	21.7	19.4	-2.30%
Quincy	31.9	36.1	4.20%
Randolph	26.3	18.1	-8.20%
Somerville	4.5	9.6	5.10%
Chinatown/SE	19.9	16.6	-3.30%
Dorchester	7.5	7.9	0.40%

Table 5

All Patients by Community: Percentage of Asian Patients

City/Town	2005-2006 Percentage	2012 Percentage	Change
Boston	15.2	20.4	5.20%
Braintree	12.8	20.1	7.30%
Brookline	19.0	23.2	4.20%
Cambridge	10.8	13.1	2.30%
Chelsea/Everett/Revere	10.5	16.2	5.70%
Malden	38.3	49.5	11.20%
Medford	9.5	15.9	6.40%
Newton	16.1	23.2	7.10%
Quincy	37.3	43.9	6.30%
Randolph	26.1	23.5	-2.60%
Somerville	13.2	15.0	1.80%
Chinatown/SE	34.6	34.5	-0.10%
Dorchester	11.4	11.3	-0.10%

Implementation:

The community health needs assessment was conducted over an extended period of time. Each community's data was compiled and reviewed in a sequence to support grant funded initiatives that were created to provide community benefits to the Chinatown/Boston Asian and Dorchester communities.

The Dorchester Health Initiative's health priorities were identified by its Advisory Committee and a Request for Proposals ("RFP") was developed and released to solicit services to promote knowledge and life skills that enable program participants, Dorchester residents, to adopt healthier lifestyles and achieve physical and emotional health and well-being. Examples of critical health issues and chronic diseases affecting the Dorchester community were provided in the RFP. Another priority listed in the RFP was violence prevention. It was anticipated that applicants would focus on health issues specific to their constituents and their organizational capacity.

The higher rates of premature births, low birth weights and infant mortality in the Dorchester neighborhood are addressed by Tufts MC's Parent-to-Parent (P2P) program which was completing its first year of a three year grant cycle. As with the DHI, health data was reviewed prior to the development and release of an open and competitive RFP. Four grants were awarded to provide maternal and infant health services in Dorchester. One grant was awarded to an agency in Chinatown for pregnancy prevention services for teens at risk for poor birth outcomes.

For the community of Chinatown, health data was reviewed and priorities identified by the Asian Health Initiative's Advisory Committee for the grant cycle which would begin on January 1, 2014. An RFP identifying critical health issues for the Chinatown and Boston Asian population was developed and released. The priorities identified in the RFP were maintaining or improving the physical and emotional health of community members. The leading causes of death among Boston Asians were presented with the intent that services might be proposed to prevent these diseases. Emotional health was identified as a critical health issue, most notably as a consequence of addiction to gambling.

As with the DHI, it was anticipated that grant applicants would propose services based upon the needs of their constituents and their individual organizational capacities.

The community benefits provided to the South Boston neighborhood continue to focus on substance abuse prevention, recovery and behavioral health. The relationships and commitments have been longstanding and date back to the early 1990s and are supported by the available public health data and community key informants.

Tufts MC relies upon the guidance of community members and community leaders in the review of health data for their respective communities and in identifying the health priorities to be addressed by MC's community benefits activities and available funding.