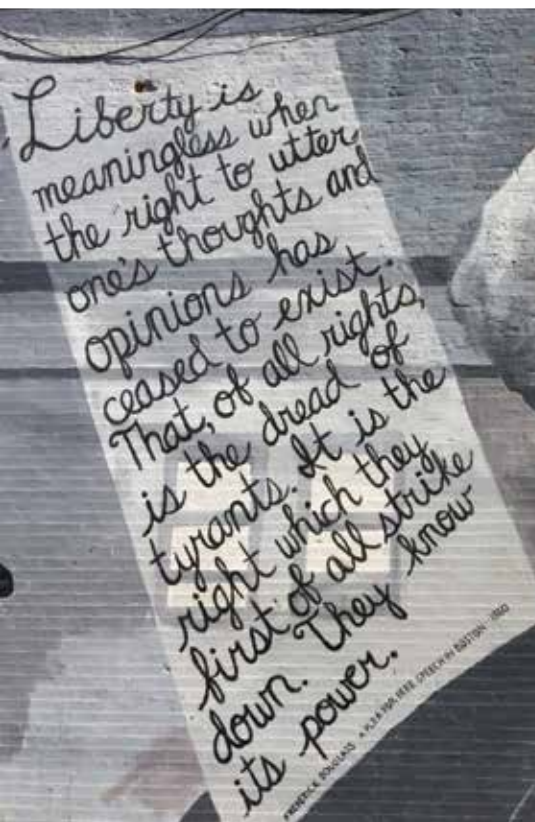
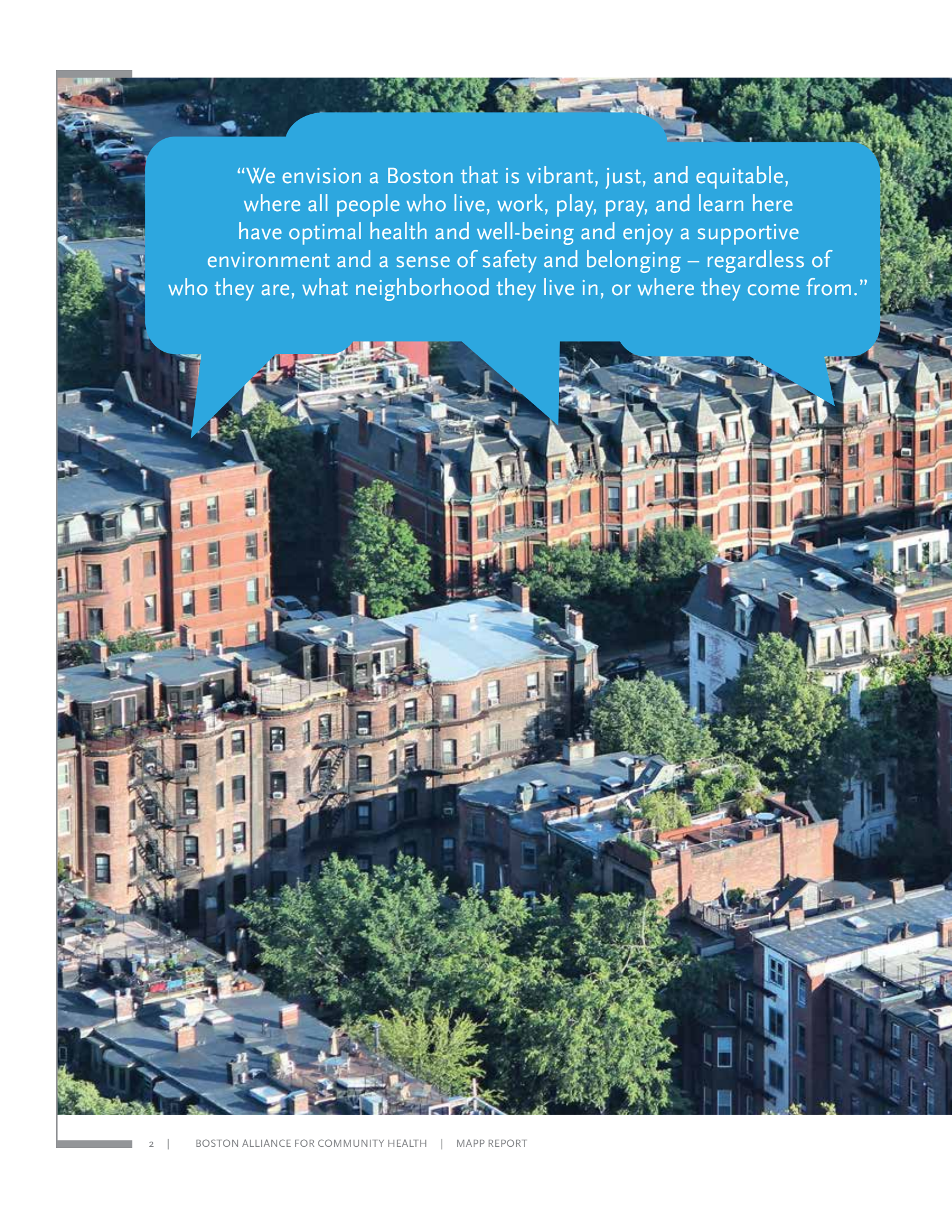


# Boston Alliance for Community Health

MAPP Report 2014



An aerial photograph of a dense urban neighborhood in Boston, featuring multi-story brick buildings with varied rooflines and numerous windows. The buildings are interspersed with green trees. A large, blue, speech-bubble-shaped graphic is overlaid on the upper portion of the image, containing white text. The text reads: "We envision a Boston that is vibrant, just, and equitable, where all people who live, work, play, pray, and learn here have optimal health and well-being and enjoy a supportive environment and a sense of safety and belonging – regardless of who they are, what neighborhood they live in, or where they come from." The speech bubble has a tail pointing towards the bottom center of the image.

“We envision a Boston that is vibrant, just, and equitable, where all people who live, work, play, pray, and learn here have optimal health and well-being and enjoy a supportive environment and a sense of safety and belonging – regardless of who they are, what neighborhood they live in, or where they come from.”

## Dear Colleagues in Health:

We are proud to present the community health assessment and improvement plan for the City of Boston. It is the result of the contributions and hard work of thousands of people in numerous languages and scores of organizations from many sectors and neighborhoods of Boston over the past two and a half years.

Led by the members of the Boston Alliance for Community Health (BACH), we embarked on an ambitious process called Mobilizing for Action through Planning and Partnership (MAPP). As the name implies, this extensive health planning process emphasizes that by creating partnerships and assessing the community's health from many different perspectives, we have mobilized people from all across the city to get to work on the Action Plan that you see today.

This Action Plan comes from gathering opinions and ideas of residents about what the important components of a healthy community are; carefully analyzing health and socio-economic data gathered from many sources; examining the socio-cultural and political forces, including the effects of racism, that will help or hinder achieving our goals; and examining the many interventions and organizational relationships that combine to create an effective public health system in the city. We did this through community meetings from Allston-Brighton to Dorchester, from Charlestown to Roxbury, and from East Boston to Jamaica Plain, as well as other neighborhoods. We distributed thousands of quality of life surveys to residents and held focus groups from Mission Hill to Hyde Park and Roslindale. We then had a series of large community meetings to discuss the findings and prioritize emerging strategic issues. Finally, five work groups representing 85 different organizations created this Action Plan.

This is NOT BACH's strategic plan. This is an "ASPIRATIONAL" plan where, regardless of the size of your organization or the issues on your block and neighborhood, everyone can find ways to contribute their talents, expertise, and resources to achieving these goals.

You may be wondering why you are receiving this because you don't think of yourself or your organization as part of the "health" sector. The broad goal of creating healthy communities needs the skills, resources, and passions of people and individuals from many sectors of society, not just what we usually think of as "health care" or "health". For instance, if you develop housing, everything from the building materials you use to the smoking policies in effect to the supportive services you provide will affect residents' and the neighborhood's health. And if there are no safe places to play or to buy affordable fresh food, telling families with children to exercise more and eat more nutritious food does little to affect the health of the neighborhood.

We are very grateful to all those who helped build this plan with particular thanks to the BACH Steering Committee and BACH-affiliated coalitions, the Boston Public Health Commission and Health Resources in Action staff, and many of Boston's hospitals whose funds helped support this effort. Together, we can move towards our vision of a

"Boston that is vibrant, just, and equitable, where all people who live, work, play, pray, and learn here have optimal health and well-being and enjoy a supportive environment and a sense of safety and belonging – regardless of who they are, what neighborhood they live in, or where they come from."

Please join with us in making this vision a reality.

Sincerely,

David Aronstein  
Director

Patricia Milano  
Steering Committee Chair



## WHO WE ARE:

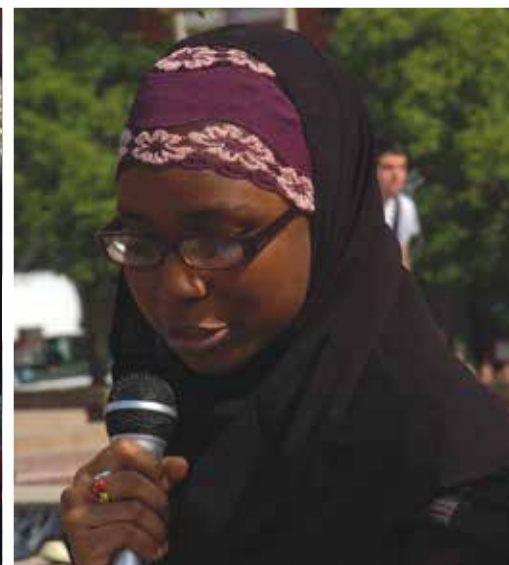
The Boston Alliance for Community Health (BACH) is a partnership of eleven Boston neighborhood coalitions, hospitals, nonprofits and community-based organizations, health centers, government agencies, and residents. BACH was created over twenty years ago as part of a Massachusetts Department of Public Health initiative and is the Community Health Network Area (CHNA) for Boston. Currently, BACH convenes people from over 75 organizations working to address social determinants of health, improve a broad spectrum of health outcomes, and achieve health equity.

BACH is governed by a 21-person steering committee whose members are dedicated and experienced community and professional volunteers. All of them play leadership roles in their communities and organizations, as well as in a range of citywide

and regional planning and policy efforts. They are responsible for guiding BACH through participatory decision-making on important strategies and policy advocacy issues that lead to improved health among Boston's residents. Steering committee members also participate in a range of subcommittees that help BACH do its work.

### These subcommittees are:

- Health Planning and Improvement
- Community Engagement and Membership
- Community Investment
- Racial Equity
- Finance



## PARTNERS

### BACH Affiliated Coalitions:

Allston-Brighton Health Collaborative  
Codman Square Neighborhood Council  
Charlestown Substance Abuse Coalition  
East Boston Collaborative for Families  
Franklin Field/Franklin Hill Dorchester Healthy Boston Coalition  
Healthier Roxbury  
Healthy Chinatown Alliance  
Jamaica Plain Tree of Life/Arbol de Vida Coalition  
Mattapan United  
North Dorchester Coalition  
Roxbury Community Alliance for Health  
South Boston Collaborative Advisory Network  
South End Healthy Boston Coalition

### Hospitals

Beth Israel Deaconess Medical Center  
Boston Children's Hospital  
Boston Medical Center  
Brigham and Women's Hospital  
Carney Hospital  
Dana-Farber Cancer Institute  
Massachusetts General Hospital  
New England Baptist Hospital  
St. Elizabeth's Hospital  
Tufts Medical Center  
Steward HealthCare

### Community Health Centers

Boston Health Care for the Homeless Project  
Bowdoin Street Health Center  
Brookside Community Health Center  
Dimock Center  
Dorchester Multi-Service Center  
East Boston Neighborhood Health Center  
Fenway Health  
Harbor Health Services, Inc.  
Martha Eliot Health Center

Roslindale Medical and Dental Center  
Southern Jamaica Plain Health Center  
Upham's Corner Health Center  
Whittier Street Health Center

### Public Agencies

Boston Office of Fair Housing & Equity  
Boston Housing Authority  
Boston Jobs and Community Services Department  
Boston Public Health Commission  
Boston Public Schools  
Massachusetts Department of Mental Health  
Massachusetts Department of Public Health  
Office of New Bostonians

### Associations

Conference of Boston Teaching Hospitals  
Massachusetts Associations of Community Development Corporations  
Massachusetts League of Community Health Centers  
Metropolitan Area Planning Council  
NAACP – Boston Chapter  
American Heart Association

### Community-Based Organizations

Alternatives for Community and Environment (ACE)  
American Red Cross of Massachusetts  
Asthma Regional Council of New England  
Atrius Health  
Cape Verdean Community UNIDO  
Center for Community Health, Education, Research and Services (CCHERS)  
The Chinatown Coalition  
Community Catalyst  
Connect to Protect (C2P)  
Ethos  
Family Nurturing Center of Massachusetts

Family Van  
Fenway Institute  
Health Resources in Action  
Hispanic Black Gay Coalition  
Justice Resource Institute  
La Alianza Hispana  
Livable Streets Alliance  
Madison Park Community Development Corporation  
Massachusetts Alliance of Portuguese Speakers  
Massachusetts Health Quality Partners  
Massachusetts Organization for Addiction Recovery  
Mission Hill Health Movement  
Mothers for Justice and Equality  
Nuestra Comunidad Development Corporation  
Project R.I.G.H.T.  
Social Capital, Inc.  
Sociedad Latina  
Viet-Aid  
Violence Intervention Program  
YMCA of Boston  
YWCA of Boston  
Youth and Family Enrichment Services  
YouthBuild Boston

### Universities and Foundations

Boston University School of Social Work  
Bunker Hill Community College  
Harvard School of Public Health  
MGH Institute of Health Professions  
The Boston Foundation  
University of Massachusetts Boston

## MISSION:

*The Boston Alliance for Community Health unites public, private, and non-profit partners in neighborhood-based, data-driven health planning and improvement to influence policy-making, program development, service delivery, and resource allocations that protect, promote, and improve the health and well-being of all Boston residents.*

Central to BACH's mission is the understanding that good health starts long before we get in the doctor's office. Health is something that starts in our homes, our schools, our workplaces, our streets, and playgrounds- from the air we breathe and the food we eat to the homes we live in and the jobs we secure.

BACH believes that Boston residents can be healthier. Still, we know that many face significant barriers that threaten their prospects for good health and a longer life because of differences in race, ethnicity, income, and access to opportunities. These health inequities are unnecessary, unfair, and avoidable. One of the major reasons for these inequities is structural and institutional racism, which influence a range of social determinants of health.

As a citywide alliance, BACH promotes dialogue and learning on health issues that both unite and challenge communities. We enhance policy advocacy efforts by convening and facilitating the strength and resources of diverse groups to create a more powerful voice for change. BACH has four central activities to achieve its vision for a healthier Boston:



- **Community Health Planning and Improvement:** BACH supports planning efforts on two levels. In neighborhoods, community residents and organizations assess and prioritize their broad health needs in order to be most successful at addressing issues through education, programming, service delivery, and resource allocation. At the city and state level, BACH works closely with government and other partners to create + implement a comprehensive citywide health plan.
- **Policy Advocacy:** BACH and its members work on a range of public policy issues on the local, state, and federal levels. Together, they advocate for policy and systems changes that can directly affect the social determinants of health to lessen inequities and improve the overall health of Bostonians.
- **Community Engagement:** BACH offers technical assistance, training, and support to local community coalitions to help strengthen and build neighborhood-based groups. These groups work with youth and adults on a range of broad health and quality-of-life issues.
- **Resource Allocation:** BACH works closely with the city and state health departments as well as hospitals and other community health funders to make equitable and effective investments to improve health. BACH provides funds for community planning and organizing to support the growth and work of community coalitions, as well as support for implementing the issues highlighted in this report.

## GOALS OF BACH

*With a focus on eliminating health inequities, BACH aims to collaborate with all key stakeholders to develop and implement neighborhood-based and citywide data-driven health plans to improve the health status of Bostonians, with a focus on eliminating health inequities.*

In addition, BACH seeks to ensure that individuals, coalitions, and BACH members have the skills, resources, and competencies to effectively engage in health planning and improvement.

Prior to 2011, BACH had been bringing together partners across Boston to network and take action on several pertinent health issues in the city. Small grants were given to coalitions for neighborhood-level programmatic work. Recognizing the need to reinvigorate the core of BACH and reconvene health partners across Boston, as well as respond to the national shift toward community health assessment and planning for policy, systems and environment change, BACH seized the opportunity to redefine itself and change the way it does its work.

BACH engaged in an extensive internal strategic planning process to decide on a health planning framework and plan for moving forward. The chosen framework, Mobilizing for Action through Planning and Partnerships (MAPP), was developed by the National Association of County and City Health Officials and the Centers for Disease Control and Prevention. MAPP is a data-driven, asset-based framework for community-driven strategic planning, which has been used by hundreds of communities across the country.

This report is the culmination of over two years of hard work by hundreds of dedicated professionals and committed residents.

## STRATEGIC ISSUES

- 1 How can we achieve racial and ethnic health equity?
- 2 How can we improve coordination and integration of healthcare and community-based prevention activities and services?
- 3 How can we build and increase resilience in communities impacted by trauma?
- 4 How can we improve health outcomes by focusing on education, employment, and transportation policies and practices?
- 5 How can we increase the number of immigrants, people of color, and other under-represented residents in meaningful leadership roles and decision-making processes?

## STEERING COMMITTEE

August 2014

Arnesse Brown  
*South End Healthy Boston Coalition*

Magnolia Contreras  
*Dana Farber Cancer Institute*

Sara Coughlin  
*Charlestown Substance Abuse Coalition*

Denise de las Nueces  
*Boston Health Care for the Homeless*

John Erwin  
*(Clerk, Steering Committee)*  
*Conference of Boston Teaching Hospitals*

Val Frias  
*(Chair, Policy and Advocacy Committee)*  
*Allston Brighton Health Collaborative*

Mae Fripp  
*Committee for Boston Public Housing, Inc.*

Phillip Gonzalez  
*(Chair, Community Investment Committee)*  
*Community Catalyst*

Chien-Chi Huang  
*Healthy Chinatown Alliance*

Pam Jones  
*(Chair, Health Planning and Improvement Committee)*  
*Boston Public Health Commission*

Cynthia Lewis  
*Mattapan United*

Lilly Marcelin  
*Resilient Sisterhood Project*

Jamiese Martin  
*Franklin Field/Franklin Hill Dorchester Healthy Boston Coalition*

Pat Milano  
*(Chair, Steering Committee)*  
*East Boston Family Collaborative*

David Price,  
*(Chair, Racial Justice Committee)*  
*Nuestra Comunidad Development Corporation*

Ryan Ribeiro  
*Harbor Health Services, Inc.*

John Riordan  
*Jamaica Plain Tree of Life/Arbol de Vida Coalition*

Charlotte "Dee" Spinkston  
*Urban Pride*

Kay Walsh  
*South Boston Collaborative Advisory Network*

Corey Yarbrough  
*(Chair, Community Engagement and Membership Committee)*  
*Hispanic Black Gay Coalition*

## BACH STAFF

David Aronstein  
*Director*

Allyson Auerbach  
*Health Planning Manager*

Jamiah Tappin  
*Community Organizer*

Federico Rivera  
*Healthier Roxbury Coordinator*





## PHASES OF MAPP

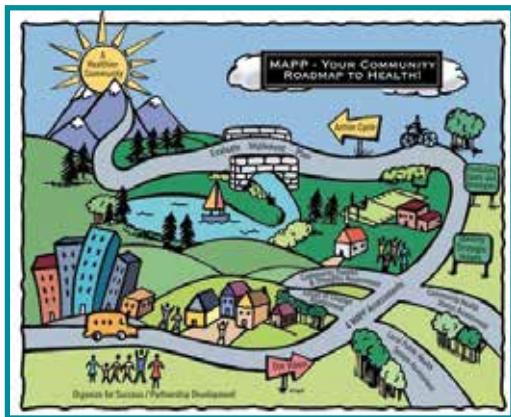
The section below provides an overview of the MAPP phases. Additional details about the MAPP process in Boston can be found in *Appendix A*.

### Organizing for Success and Partnership Development

The first phase of MAPP involved two critical and interrelated activities: organizing the planning process and developing the planning partnerships. The purpose of this phase was to structure a planning process that built commitment, engaged participants as active partners, used participants' time well, and resulted in a plan that could be realistically implemented.

### Visioning

Visioning, the second phase of MAPP, guided the community through a collaborative, creative process that led to a shared community vision. BACH and its partners developed the following vision: "We envision a Boston that is vibrant, just, and equitable, where all people who live, work, play, pray, and learn here have optimal health and well-being and enjoy a supportive environment and a sense of safety and belonging—regardless of who they are, what neighborhood they live in, or where they come from."



### Assessments

The core of MAPP was the four assessments, which collectively helped the community understand the factors that affect the local public health system and the health of the community.

“Regardless of the scale on which a community assessment is conducted, it is likely to be most effective if it combines multiple methods, respects both stories and studies, and places its heaviest emphasis on eliciting high-level community participation throughout the assessment process.”

– Trevor Hancock and Meredith Minkler, 2006: “Community Organizing and Community Building for Health”, p. 155

**COMMUNITY HEALTH STATUS ASSESSMENT** – This assessment was about measuring the health status, quality of life, and risk/protective factors that contribute to health using a range of health and socio-economic data from a variety of sources including Boston Public Health Commission’s Health of Boston annual reports and the United States Census.

**LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT** – Through a series of discussions guided by a tool developed by the Centers for Disease Control and Prevention, over 120 participants assessed the capacity and competency of the Boston public health system to conduct the ten essential public health services.

**COMMUNITY THEMES AND STRENGTHS ASSESSMENT** – This assessment identified themes that interest, concern, and engage the community, perceptions of quality of life, and community assets using a variety of methods including mapping, surveys, community meetings, and focus groups.

**FORCES OF CHANGE ASSESSMENT** – This assessment identified trends, factors, and events that are occurring or will occur that will affect the community or the local public health system.

## PHASES OF MAPP (CONTINUED)

### Identifying Strategic Issues

Strategic issues were identified by exploring the convergence of the results of the four MAPP assessments and determining how those issues affect the achievement of the vision. Strategic issues are fundamental policy choices or critical challenges that are important, forward thinking, and seize on current opportunities.

### Formulating Goals and Strategies

During the goals and strategies phase of MAPP, participants took the strategic issues identified in the previous phase and formulated goal statements related to those issues. They then identified broad strategies for addressing issues and achieving goals related to the community's vision. The result is the development and adoption of an interrelated set of strategy statements focused on policy, systems, and environmental change.

### Action Cycle

This phase linked three activities: planning, implementation, and evaluation. Each of these activities built upon the others in a continuous and interactive manner. While the Action Cycle is the final phase of MAPP, it is by no means the "end" of the process. During this phase, the efforts of the previous phases began to produce results, as we developed the action plan for addressing the priority goals and strategies in this report.

This framework was chosen because it addresses issues of sustainability, cultural competency, social determinants of health, and health equity and is designed to build on the assets a community has to offer. BACH members have been engaged in MAPP at the neighborhood level and citywide.

For some communities, MAPP is enhancing conversations that had already begun; for others, it is helping them to think strategically and broadly about public health, identify gaps in services, and determine the resources needed to address them.

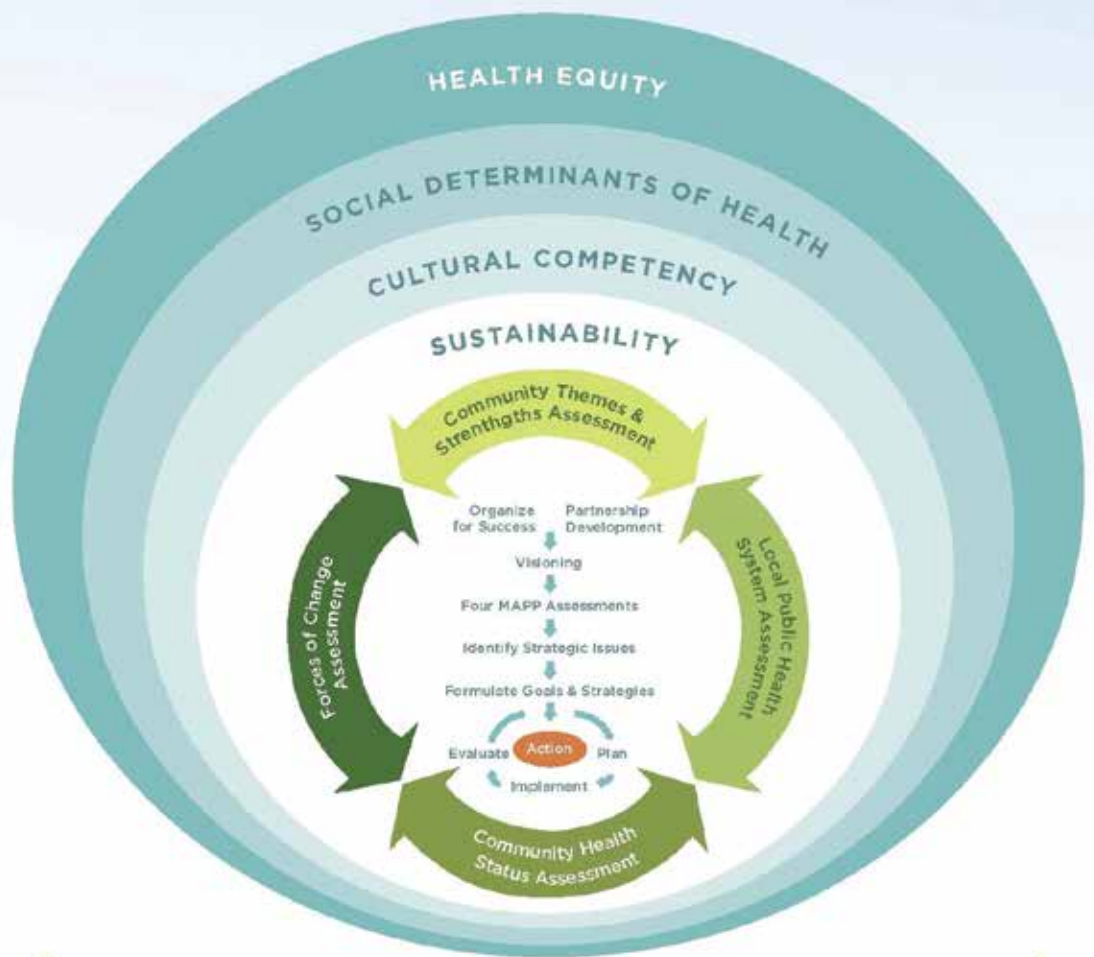
### MAPP for Boston

In September 2011, BACH and its partners began the MAPP process to develop an aspirational community health improvement plan for Boston. This report gives an overview of the findings of the MAPP process organized by the five strategic issues that were developed. Additional details about the full process and findings can be found in *Appendix A*.



## Mobilizing for Action through Planning and Partnership (MAPP) Process

MAPP is a health planning model that emphasizes the importance of organizing in communities to engage in health planning and improvement over the long run. The outer rings symbolize BACH's commitment to addressing health equity, social determinants of health, cultural competency and sustainability as central to our work.



“It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change.”

*(Smedly and Syme, 2000)*



## STRATEGIC ISSUE:

# How Can We Achieve Racial And Ethnic Health Equity?

*Connection to the Vision: We envision **a Boston that is vibrant, just, and equitable**, where all people who live, work, play, pray, and learn here have optimal health and well-being and enjoy a supportive environment and a sense of safety and belonging – **regardless of who they are, what neighborhood they live in, or where they come from.***

### Sample Supporting Assessment Data

- The percentage of Boston residents with less than a high school diploma or GED was significantly higher among Latino adults (32%), Asian adults (24%), and Black adults (20%) compared with White adults (7%) (*Community Health Status Assessment*)
- Compared to Boston’s White residents, Black and Latino residents had higher rates of births to adolescent females (*Community Health Status Assessment*)
- Residents across the city report higher rates of crime and violence in communities of color (*Community Themes and Strengths Assessment*)
- There is an unfair distribution of resources in Boston (*Local Public Health System Assessment*)
- Barriers exist to engaging and communicating with residents (*Local Public Health System Assessment*)
- Place-based strategies may create funding inequities (*Forces of Change Assessment*)
- Some neighborhoods are experiencing greater gentrification (*Forces of Change Assessment*)

### Goal

Public and private institutions will adapt, implement, and enforce comprehensive system-wide policies and practices that achieve racial equity and justice.

### Strategies

- Develop a context and shared language where race is primary
- Identify and build on locally developed models of effective community engagement, organizing, and accountability
- Develop an equitable and collaborative infrastructure that will include community residents, organizations, private and public institutions that develop equitable policies and practices

### Action Steps with Timeframe for Implementation

#### Short-Term (1 year)

- Convene an active community of practice by identifying and connecting local and neighboring groups already engaged in racial equity activity
- Identify existing models that articulate racial equity language
- Utilizing identified models, articulate a shared language around race and racial equity
- Evaluate existing training models with the goal of identifying gaps and creating one that is widely available and can be used in diverse settings
- Identify a tool to assist in determining organizational readiness for racial equity training
- Shift from an emphasis on diversity in training to a comprehensive focus on racial equity and other systems of privilege and oppression
- Sustain and expand existing and successful racial equity training

#### Medium-Term (1-3 years)

- Establish an equity roundtable for identification and oversight, including representation from most impacted communities, multiple sectors
- Identify and support shared understanding of the history of Boston
- Activate key levers and agents of change across institutions and systems to promote and implement policies, practices

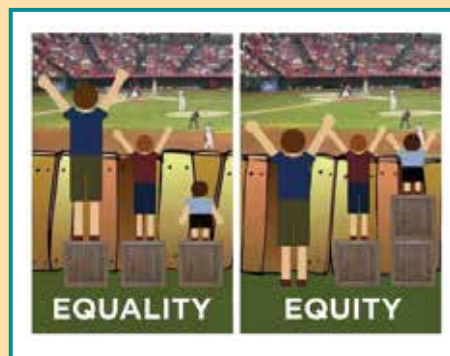
## COMMUNITY SPOTLIGHT

The Jamaica Plain Tree of Life/Arbol de Vida Coalition has been engaging in work to address health equity and racial justice in Jamaica Plain and Egleston Square. Although this issue was only recently prioritized by BACH and its partners, the coalition has been interested in and working on it for several years. Since 2006-2007, the Coalition has used the documentary *Unnatural Causes*<sup>2</sup> as an integral guide to their work. Additionally, a strong partnership was formed with the coalition's member, the Southern Jamaica Plain Health Center, on the issue of health equity and racial justice among youth. Qualitative data indicated that there were differences in opportunities and outcomes related to employment for youth of color in Jamaica Plain. Community conversations illustrated that youth needed positive activities and highlighted the connection between lack of summer employment and health.

In 2010, the Coalition came out with a report entitled "02130 health and youth," which focused on the social determinants of health, specifically housing, education, employment, safety, and food, among other issues. In talking with community members at a health forum, it became clear that people wanted to discuss race and the role it plays in the health of Jamaica Plain residents. The Jamaica Plain Health Equity Collaborative previously focused on youth health equity and racial justice decided to expand its audience and broaden its focus. Strengthening its partnership with the Southern Jamaica Plain Health Center, the Coalition has worked to get all of its members trained on health equity and racial justice, and also bring this training to other groups in Jamaica Plain and across Boston.

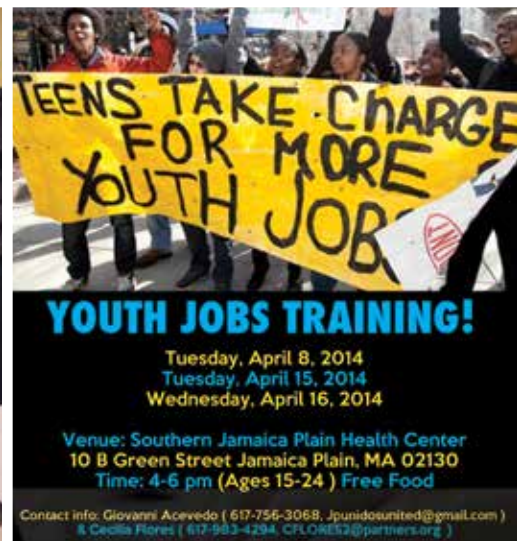
The Coalition continues to educate providers and residents about the impact of social determinants and racism on health. Through this education, the Coalition and the Health Equity Collaborative have made agreements to have all health and human service providers serving Jamaica Plain/Egleston Square adopt a health equity and racial justice framework around practices of hiring, services and policy decisions. The Coalition's leaders have been champions for the planning around Strategic Issue #1. They hope to scale up Jamaica Plain's successes and bring a racial health equity framework to the citywide level.

<sup>2</sup>Unnatural Causes is a seven-part documentary broadcast by PBS and used around the country to tackle to root causes of socioeconomic and racial inequities in health. <http://www.unnaturalcauses.org/>



Left: Jamaica Plain Tree of Life/Arbol de Vida Coalition

Right: Jamaica Plain Youth Job Training



## 2

### STRATEGIC ISSUE:

## How can we improve coordination and integration of healthcare and community-based prevention activities and services?

*Connection to the Vision: We envision a Boston that is vibrant, just, and equitable, where all people who live, work, play, pray, and learn here have **optimal health and well-being** and enjoy a **supportive environment** and a sense of safety and belonging – regardless of who they are, what neighborhood they live in, or where they come from*

### Sample Supporting Assessment Data:

- In 2010, 35% of Boston residents (ages 5 and older) reported speaking a language other than English at home. (*Community Health Status Assessment*)
- Boston's heart disease hospitalization rate decreased 10% from 2005 to 2011. (*Community Health Status Assessment*)
- Asthma visits to the ER have decreased, despite the prevalence of asthma remaining the same. (*Community Health Status Assessment*)
- Compared to Boston's White residents, Black and Latino residents have higher rates of asthma ER visits among children younger than five, hospitalizations for heart disease, cerebrovascular disease, and diabetes (*Community Health Status Assessment*)
- Boston has many high quality hospitals and community health centers (*Community Themes and Strengths Assessment*)
- There is significant funding for multi-sector "community transformation" in the Affordable Care Act and incentives for providers to engage in prevention (*Forces of Change Assessment*)
- The federal and state requirements for community health assessments and improvement plans as well as the Massachusetts Determination of Need Community Health Initiative process required of not-for-profit hospitals and health plans provide opportunities to bridge clinical and community health (*Forces of Change Assessment*)
- Many clinical and community health resources exist, but the system can be hard for residents to navigate. Influenza and marathon bombing responses are examples of the local public health system effectively working together (*Local Public Health System Assessment*)
- The system does a good job of monitoring health status, but there is no easily accessible central portal for cross-sector data (*Local Public Health System Assessment*)

### Goal

Improve population health by better integration of the health care delivery system with community-based prevention activities.

### Strategies

- Demonstrate the return on investment (financial and quality of life) and advocate for equitable funding mechanisms including insurance reimbursement, hospital community benefits, and philanthropic initiatives for prevention and wellness activities
- Advocate for a robust, accessible shared data platform for Boston that medical providers, public health practitioners, community-based organizations, and residents can use to identify issues and track improvements in health, including social determinants of health
- Develop a system of mutual accountability and transparency that represents multi-sector commitments to improve coordination and integration of efforts to achieve health equity



## Action Steps with Timeframe for Implementation

### Short-Term (1 year)

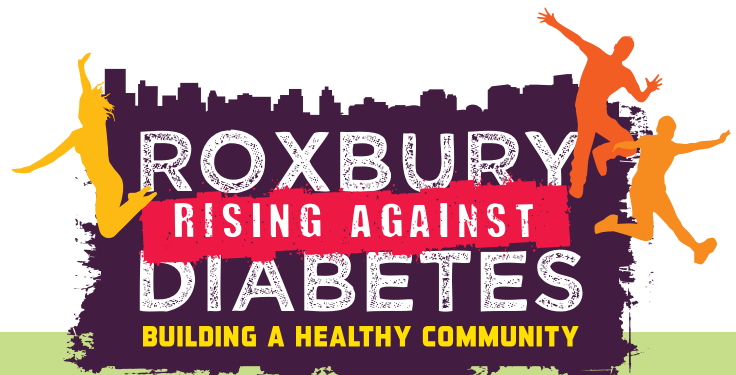
- Educate community residents and organizations about available funding and advocacy opportunities.

### Medium-Term (1-3 years)

- Work with medical providers, community-based organizations, funders and payers to develop sustainable community health worker programs to reach those in need of care and those in care.
- Convene a multi-partner task force, including non-traditional partners, to oversee the funding, design, implementation, and maintenance of the data platform
- Develop training and education for community residents to use available data for assessment and advocacy.

### Long-Term (3-5+ years)

- Partner with primary care provider organizations (hospitals, community health centers, large physician practices), Boston Public Health Commission, MA Department of Public Health, and community-based organizations to align funding and programming to have the largest collective impact to promote health and wellness.



## COMMUNITY SPOTLIGHT

Healthier Roxbury, a multi-organization collaboration convened by Massachusetts Health Quality Partners and funded by Robert Wood Johnson Foundation's Aligning Forces for Quality Initiative, is an effort to bring the community together by strengthening connections between hospitals, health centers, and community programs and residents to achieve better health, beginning first with adult-onset diabetes and pediatric asthma. While Roxbury has a solid infrastructure of programs, institutions, and groups dedicated to improving the health of community residents, its rates of hospitalizations for adults with diabetes and emergency room visits for children with asthma are the highest among all Boston neighborhoods.

BACH's Healthier Roxbury coordinator and a team of volunteers are mobilizing community residents and organizational partners to address diabetes. While many diabetes programs exist, the Coalition realized that effective, sustainable change would need to come from the community. To that end, the Coalition hosted a series of "Listen and Learn" conversations with

non-profits, community health centers, social service agencies, and the residents they serve throughout Roxbury as a strategy to listen and learn directly from community members with diabetes as well as their families, about what it is like living with diabetes in their neighborhood.

The next step is a community forum in which information from these conversations will be discussed by a variety of clinical and community partners. In the fall of 2014, Healthier Roxbury is sponsoring "Roxbury Rising Against Diabetes" dedicated to bringing people together across sectors to discuss diabetes, learn new skills, build community leaders, network, and talk about and build on what's working related to diabetes prevention and care in the community. The Coalition believes that this has the potential to enhance patient-centered care systems and inform policies and practices to help improve diabetes care in Roxbury. Targeting its efforts on the interface between primary care and community prevention presents an important opportunity to improve quality, equity and access for patients, as well as reduce healthcare costs.

### 3

#### STRATEGIC ISSUE:

## How Can We Build and Increase Resilience in Communities Impacted by Trauma?

*Connection to the Vision: We envision a Boston that is vibrant, just, and equitable, where all people who live, work, play, pray, and learn here have optimal health and well-being and **enjoy a supportive environment and a sense of safety and belonging** – regardless of who they are, what neighborhood they live in, or where they come from.*

### Sample Supporting Assessment Data

- Bostonians' trust in their neighbors decreased from 81% in 2007 to 75% in 2010. (*Community Health Status Assessment*)
- Compared to Boston's White residents, Black and Latino residents had higher rates of infant death, homicide, obesity, and persistent sadness. (*Community Health Status Assessment*)
- Many neighborhoods report a lack of community cohesion (*Community Themes and Strengths Assessment*)
- Violence and crime are high impact issues in Boston (*Community Themes and Strengths Assessment*)
- Distrust and cultural barriers exist to engaging and communicating with residents (*Local Public Health System Assessment*)
- The local public health system needs more resources for harm reduction (*Local Public Health System Assessment*)
- Homicide, suicide and the effects of substance abuse and untreated mental illness means some neighborhoods are traumatized on the community level (*Forces of Change Assessment*)

### Goal

Nurture the natural and existing strengths and resilience of the Boston community to ensure that all residents, regardless of background, have the skills to prevent traumatic events, when possible, and are prepared to cope with traumas and chronic stressors on any scale.



### Strategies

- Inventory all current trauma prevention and response resources to identify gaps in the continuum of care
- Develop and connect a range of community resilience strategies and build on the existing capacity of communities by increasing access to training and educational resources
- Educate community residents and human service providers about what resources are available, when and how to access them.

### Action Steps with Timeframe for Implementation

#### Short-Term (1 year)

- Develop shared, basic trauma and resilience language
- Implement community-wide Psychological First Aid Trainings
- Convene a trauma and resilience community of practice

#### Medium-Term (1-3 years)

- Identify lead trauma response organization in each neighborhood
- Create/update human network of trauma responders
- Integrate systems used to track traumatic incidents and responses
- Develop training protocol for where, when, and how to access trauma and resilience resources
- Develop public service campaign for accessing trauma resources
- Organize individuals and agencies to hold media accountable for negative reporting



## COMMUNITY SPOTLIGHT

For years, the community of South Boston has struggled with issues of substance use and mental illness. In the late 1990s, a suicide cluster in the neighborhood traumatized the community, but also brought together federal, state, and local partners to creatively address these issues. Multiple community partners convened to help develop a local plan for addressing these traumatic events. During that time, the South Boston Collaborative Advisory Network (CAN) was formed with the aim of increasing community resilience in South Boston. Individuals were trained and trauma response teams were formed.

In the past two decades, suicides have ebbed and flowed as the community had waves of interest and passion about working on mental health issues. About five years ago, the South Boston community saw a tide of quiet suicides that people did not want to discuss. At the same time, there was a surge in opiate overdoses. More recently, through the MAPP process, the Coalition has learned that trauma from violence and suicide is one of the greatest quality-of-life issues reported by community residents. Consequently, the Coalition has worked to get the trauma response teams reinvigorated and focused not only on individuals with mental health and substance use issues but also their families and

communities. They believe, and the literature shows, that one of the most effective ways to reduce the effects of trauma is to build resilience in all sectors of the community.

As champions of Strategic Issue #3, the Coalition's leaders and a citywide group of stakeholders linking trauma responders and prevention efforts are seeking to address trauma and community resilience in several ways in South Boston and the city as a whole. They recognize that each neighborhood has its own traumas that need to be addressed by that unique community and the members that live there. In South Boston, the Coalition is providing locally tailored resilience training and education to community residents and service providers. At the City level, the Coalition is hopeful that Boston can create a reporting protocol in which trauma incidents and resources can be mapped and then neighborhood-level resources can be dispatched. The Coalition is eager to engage in additional strategies to build and increase community resilience.

*Left: Trauma Team St. Patrick's Day Parade Narcan Trainings*

*Right: Dr. Robert Macy speaking at Post Traumatic Stress Management Training*



## 4

### STRATEGIC ISSUE:

## How Can We Improve Health Outcomes by Focusing On Education, Employment, and Transportation Policies and Practices?

*Connection to the Vision: We envision a Boston that is vibrant, just, and equitable, **where all people who live, work, play, pray, and learn here have optimal health and well-being and enjoy a supportive environment** and a sense of safety and belonging – regardless of who they are, what neighborhood they live in, or where they come from.*

### Sample Supporting Assessment Data

- More than 3 in 10 people employed in Boston are in the industries of educational services and health care and social assistance (*Community Health Status Assessment*)
- Only 33% of Boston’s employed residents took public transportation to work in 2010, with 29.0% of White residents, 38.0% of Black residents, 36.0% of Asian residents, and 39.1% of Hispanic residents utilizing public transportation to get to work. (*Community Health Status Assessment*)
- In 2010, Boston Public Schools had a 4-year graduation rate of 63%, an increase over the 59% in 2006. (*Community Health Status Assessment*)
- Residents across the city report a need for affordable, accessible, stable housing (*Community Themes and Strengths Assessment*)
- Youth development and employment opportunities vary across Boston (*Community Themes and Strengths Assessment*)
- Large hospitals are not well positioned for cross-sector engagement (*Local Public Health System Assessment*)
- Rising housing demand is squeezing out the middle-income population (*Forces of Change Assessment*)
- Many of Boston’s new jobs require high skills and education (*Forces of Change Assessment*)

### Goal

Enhance and build collaborations that consider health in all policies and practices to ensure optimal quality of life within and across all neighborhoods

### Strategies

- Develop and communicate a shared language and understanding about health in all policies and practices and its importance to decision-makers and community members

- Develop new and more inclusive ways for getting meaningful participation of community members in decisions that impact health
- Establish a coordinating body that will support communication and implementation of health in all policies and practices work

### Action Steps with Timeframe for Implementation

#### Short-Term (1 year)

- Advocate for City of Boston to commit to the City Bike Plan, which includes a community feedback loop to learn about residents’ transportation experiences
- Participate in Boston Jobs Coalition by inserting a health lens into the coalition’s advocacy work and sharing data related to health impacts of policy priorities

#### Medium-Term (1-3 years)

- Use data on travel times, demographic information, and resident feedback to advocate on a timely basis for bus upgrades that are not listed on the T’s Key Bus Line Upgrade List
- As part of a zero fatality vision, bring to scale current efforts to increase safety between pedestrians/cyclists and buses/trucks, such as side guards and detector arms and formalized RMV training for commercial licenses.
- Link and build on community colleges’ allied health and building trades career pathways, as well as vocational education high schools’ and hospitals’ career pathways

#### Long-Term (3-5+ years)

- Organize parents of Boston Public Schools students to advocate, through the District Wellness Council, for the inclusion of health in BPS policies and practices, including building repairs and the district’s capital budget

## COMMUNITY SPOTLIGHT

Brigham and Women's Hospital and its Center for Community Health and Health Equity has a long history of working on the social determinants of health and health equity, with a particular focus on youth. The Hospital's community health needs assessments have shown that young people in the Boston neighborhoods around Brigham and Women's have too few opportunities to get ahead; many are people of color, poverty rates are above 25%, and school dropout rates are high. Recognizing the strong links between these factors and health, Brigham and Women's Hospital developed the Student Success Jobs Program to address some of these critical community issues.

The Student Success Jobs Program is an intensive year-round employment and mentoring program for students of Boston public high schools. The program introduces students in 10th through 12th grades to careers in health, science, and medicine by offering paid internships with the Hospital, and by providing the guidance of health care professionals (physicians, nurses, researchers, administrators) who serve as role models and mentors.

### The goals of the program are to

- 1) address the need for proficient and traditionally underrepresented populations in health, science, and medical careers;
- 2) enhance students' interest in health careers through mentorship by health care professionals;

- 3) support academic progress and post-secondary education of participating Boston Public School students; and
- 4) foster networking opportunities for emerging and underrepresented health care professionals with peers and the hospital community.

Since 2000, the program has enrolled 509 students, including 90 students starting in Fall 2014. A recent evaluation shows that the program has had a significant impact on its student participants.

- 97% have enrolled in or graduated from college
- 95% felt the program helped prepare them for college
- 92% felt the program helped them prepare for employment

Brigham and Women's Hospital looks forward to continuing the Student Success Jobs Program and its other neighborhood and citywide efforts to partner with community organizations, neighborhood residents, and institutions in order to address social determinants of health and ultimately improve health and reduce health inequity among low-income individuals and families with disproportionately poor health and social indicators.

*Left: SSJP student, Jessica instructed by SSJP alumni and current mentor, Kevin in the Lemere Lab at the Center for Neurologic Diseases*

*Right: SSJP students Eva and Angelina with their mentor, Amanda in the Endocrinology Lab*



# 5

## STRATEGIC ISSUE:

# How Can We Increase the Number of Immigrants, People of Color, and Other Underrepresented Residents in Meaningful Leadership Roles and Decision-Making Processes?\*

*Connection to the Vision: We envision a Boston that is vibrant, just, and equitable, where all people who live, work, play, pray, and learn here have optimal health and well-being and enjoy a supportive environment and a sense of safety and belonging – **regardless of who they are, what neighborhood they live in, or where they come from.***

### Supporting Assessment Data:

- More than half of Boston residents are people of color, and more than one-quarter of Boston residents were born outside the U.S. (*Community Health Status Assessment*)
- 35% of Boston residents (age 5 and older) report speaking a language other than English at home (*Community Health Status Assessment*)
- 75.1% of Boston’s voting age population is registered to vote. 65.9% of these residents voted in the 2008 elections and 62.1% voted in the 2012 elections. (*Community Health Status Assessment*)
- Many stakeholders identified the need to engage newcomers and people of color in community leadership (*Community Themes and Strengths Assessment*)
- There is a digital divide among communities, specifically elderly, low-income, and people of color (*Forces of Change Assessment*)
- While there are public meetings and hearings that allow for some participation, the city lacks effective, consistent mechanisms for community engagement in the local public health system (*Forces of Change Assessment and Local Public Health System Assessment*)

### Goal

Increase the number of immigrants, people of color, and other underrepresented residents in meaningful and effective leadership roles and decision-making processes.

### Strategies

- Identify existing Boston-based decision-making bodies that influence the core equity areas and assess for leadership of immigrants, people of color, and other underrepresented groups
- Examine institutional and structural policies and practices that hinder immigrants, people of color, and other underrepresented groups from serving in leadership roles and decision-making processes
- Build on existing capacity to develop and support immigrants, people of color, and other underrepresented groups for sustained leadership roles through training, mentoring, and organizational/institutional change

### Action Steps with Timeframe for Implementation

#### Short-Term (1 year)

- Identify priority organizations, institutions, and decision-making bodies
- Assess representation of immigrants, people of color, and other underrepresented groups in leadership positions
- Conduct interviews with immigrants, people of color and other underrepresented residents who currently hold leadership positions to get their perspectives on opportunities, or assets and barriers
- Identify resources to assist organizations to adopt and implement policies that increase representation of immigrants and people of color

\* Decision-making bodies are prioritized by those that influence core equity areas of education, transportation, public planning, land use, housing, health, and jobs, e.g. civic associations, neighborhood councils, school-parent councils, planning boards, advisory boards, etc.

## Action Steps with Timeframe for Implementation (continued)

### Medium-Term (1-3 years)

- Engage ethnic media to include for information dissemination
- Identify resources to assist organizations to adopt and implement policies that increase representation of immigrants and people of color in leadership roles
- Identify funds to develop new and support existing programs to empower and train youth to become leaders
- Conduct an awareness campaign such as a storytelling project highlighting immigrants in leadership positions on a city level



Parent leaders help facilitate discussion on “Forces of Change” assessment in multiple languages.

## COMMUNITY SPOTLIGHT

East Boston is a neighborhood with a rich demographic history. Long a base for Irish, Russian Jewish, and Italian immigrants, the neighborhood has seen a more recent influx of Latin American and North African residents, which provides both opportunities and challenges for the neighborhood. The East Boston Collaborative for Families has used key organizing strategies to engage the diversity of the community and empower residents to add their voices to the MAPP process.

The process began with a partnership with the East Boston Adult Education Collaborative at the Mario Umana Academy (operated by Harborside School Council) convening a community meeting to create a vision for a healthy East Boston. Over 200 individuals, participating in English, Spanish, Portuguese, and Arabic, came together to discuss what they hope for the future of East Boston to make it a healthy place for themselves, their families, and their communities.

The result was a successful evening of fun, food, and dialogue across sectors and demographics, resulting in the following vision for a healthy East Boston – *We, the residents of East Boston, envision a safe, healthy, and equitable community where people from all ages, cultures, races, and religions can flourish economically, spiritually, socially, physically and emotionally.*

Moving into the assessment phase, the Collaborative used several new strategies to keep diverse

neighborhoods residents engaged in the process. They provided a training on how to facilitate a focus group, which was attended by over a dozen resident leaders who speak Spanish, Portuguese, and Arabic. These leaders then went out into their communities and had conversations with friends and neighbors about different health issues they face in the community. This information was combined with interviews and a quality of life survey of nearly 300 East Boston residents, which is being used to identify priority issues that the Collaborative will work on.

The Collaborative coordinator noted, “The MAPP process in East Boston moved forward with the help of local residents and partner organizations...we needed to be mindful of how [demographic change] impacts the community and how we went about collecting data so that it is representative of the neighborhood.”

Looking ahead, the Collaborative recognizes the need not only to engage diverse residents in assessment and planning process, but also to ensure that they have a voice in making decisions for the neighborhood. The Collaborative will work to identify what decision-making boards exist in the neighborhood, for example the Chamber of Commerce, school site and wellness councils, East Boston Health Center, and others, and look at how they can increase the diversity of individuals who move into leadership roles in this vibrant neighborhood.

## HOW TO USE BOSTON'S MAPP REPORT

### WHAT CAN YOU DO AS A RESIDENT OF BOSTON?

#### Become an educator!

Educate your family, your friends, and your coworkers about important public health issues and the social determinants of health. Inform anyone you can get to listen about the possibilities outlined in this Community Health Improvement Plan. This document is for all of us to use together.

#### Take Action/Get Involved!

Whether you hold a neighborhood meeting about a recent traumatic incident, or present the idea of a walking school bus to a group of parents – remember that every effort makes a difference toward improving the health of our community. Inspire change!

Here are some simple steps on how to get involved and make a difference:

- Pick up the phone and start making some calls. Maybe health equity is the issue that you care most about. Go back to the report, think about the key organizations for strategic issue #1, and start reaching out. Find out how you can support the agencies that are involved in making sure this plan gets carried out.
- Maybe neighborhood safety is most important to you and your family. Attend your neighborhood watch meeting or if your neighborhood does not have an established watch, visit a nearby meeting and get the information you need to establish your own neighborhood watch.

This report was not developed to sit on a shelf and collect dust in the offices of the agencies involved in putting it together and supporting it. This report should be on your kitchen table or on your bedside table.

### WHAT CAN YOU DO AS AN ORGANIZATIONAL PARTNER?

#### Listen!

Review the report and see how much of your strategic planning reflects the desires of the community you are serving.

#### Innovate and Partner!

Maybe you can address some of the strategies discussed in the report; maybe you already are working on some of the pieces, but need a partner to help complete or enhance an activity? Use the key resources to think about what other agencies you can engage in successfully implementing some of these interventions.

#### Suggestions by Community Sector

This Community Health Improvement Plan is not a plan solely for City action. It is a plan for the entire public health system – all those individuals and institutions with a stake in a healthy population. The efforts of organizations and individuals from numerous sectors of the community will be necessary to achieve the long-term and intermediate goals related to the CHIP. Suggestions for how different sectors of the community can use the CHIP are listed below:

#### Health Care Systems

- Plan for use of Medicaid 1115 Waiver funds
- Plan for Non-Profit Hospital Community Benefits initiatives
- Incorporate recommendations into organizational strategic planning
- Lead your organization and the health care industry in responding to the health needs of the community

#### Health Care Professionals

- Identify important health issues and barriers that exist for your clients and use recommended practices to make changes
- Share the information in this plan with your colleagues
- Lead your peers in advocating for actions that will improve the health of the community

## Health Plans

- ❑ Educate employers and other health insurance purchasers about the benefits of preventive health care and responding specifically to the health needs of the community

## Legislators and Policy Makers

- ❑ Understand and promote priority health issues in the community
- ❑ Adopt policies that align with health improvement needs and recommendations in this plan

## Government Agencies

- ❑ Understand and promote priority health issues in the community
- ❑ Identify barriers to health in the community and make plans for action
- ❑ Invest in programs, services, and policy changes that will support the health needs of the community

## Community Planning and Transportation Agencies

- ❑ Identify health challenges and recommendations in this plan that relate to community planning and development
- ❑ Work with health officials and government agencies to employ the recommendations in the course of planning and building areas of new and re-development

## Employers

- ❑ Understand priority health issues and recommendations in this plan and how they apply to your workforce
- ❑ Change your work environment and augment your benefits plans to support healthier employees
- ❑ Educate your management team and employees about the link between employee health and work productivity

## Community-Based Organizations

- ❑ Understand and promote priority health issues among the audiences and stakeholders you serve

- ❑ Align activities and outreach efforts with health improvement needs and recommendations in this plan
- ❑ Advocate for changes that improve health when interacting with policy makers and legislative officials

## Faith-Based Organizations

- ❑ Understand and promote priority health issues among the community members you serve
- ❑ Talk to members about the importance of wellness and connect them with resources
- ❑ Create opportunities for your organization and members to take action to support the recommendations in this plan

## Philanthropy

- ❑ Understand and promote priority health issues among the communities you serve
- ❑ Support the health issues and recommendations in this plan when considering allocation of funding resources

## Child & Adolescent Education

- ❑ Understand and promote priority health issues and recommendations in this plan and incorporate them as educational lessons in health, science, social studies, and other subjects
- ❑ Create opportunities to take action at schools to support the recommendations in this plan that impact students, faculty, staff, and parents

## Higher Education

- ❑ Understand and promote priority health issues and recommendations in this plan when designing research studies or projects with the community
- ❑ Incorporate the health priorities, barriers, and solutions as educational lessons for students in health, science, education, sociology, and community service subjects
- ❑ Create opportunities to take action at institutions to support the recommendations in this plan that impact students, faculty, staff, and the surrounding community

# Boston Alliance *for* Community Health

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