

Boston Alliance *for* Community Health

Annual Report | July 2011 – June 2012





Youth in South Boston created a mural celebrating "Smoke-Free Living" in all Boston Housing Authority developments.



Our 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 policymaking, program development, service delivery, and resource allocations that protect, promote, and improve the health and well-being of all Boston residents.



Dear Friends

Oct. 1, 2012

We are happy to present BACH's Annual Report for the July 1, 2011 – June 30, 2012 year. During this time we have embarked on a challenging and important project – Mobilizing for Action through Planning and Partnership (MAPP). In ten different neighborhoods throughout Boston, community leaders and residents, neighborhood service providers and community-based organizations, young and old, have been organizing planning processes by building new partnerships and creating visions of a healthy neighborhood to guide them into the future.

BACH members are actively engaged in helping to better align the assessment work that Boston's hospitals are doing with the work our coalitions are doing in order to reduce duplication and to strengthen our partnerships with hospitals and our mutual goals of community health improvement.

This coming year, our members will be doing a series of assessment projects to better understand the strengths and assets of their neighborhoods as well as the health-related issues challenging them. This will culminate in a series of strategic goals that we will be able to work on at the local and city-wide levels. We will be expanding our work into new neighborhoods to engage community groups and members in joining our alliance to improve the health of their communities through our planning process and the collective strength that comes from working together. Membership in BACH is open to any organizations, coalitions and individuals committed to our work and a simple application form can be found on our website: www.bostonalliance.org

We are doing this work so that we can be strong and effective voices for change, health improvement and health equity. Our advocacy will be based on a clear understanding of the issues that mobilize our neighborhoods backed up by data. In a city that has a wealth of health care services available, we continue to strive to prevent illness among the most vulnerable by addressing the root causes of ill health including: economic opportunity, education, violence, the built environment, housing, food access so that the healthy choice is the easy choice – for all residents, regardless of race, ethnicity, age, gender, or sexual orientation...in every neighborhood.

We are thankful for our hospital and public health funders. We are grateful for the many people, professionals and community residents, who work so hard, every day, to make Boston a city where everyone has an equal chance of living a productive and healthy life.

Sincerely,

Beth Rosenshein
Chair, Steering Committee

David Aronstein
Director



(Top) Codman Square Neighborhood Council's annual "Hidden Heros Awards"

(Bottom) Child care group allowing parents to participate in a Charlestown community meeting

Our Partners

Beth Israel Deaconess Medical Center
 Boston Medical Center
 Boston Police Dept
 Boston Public Health Commission
 Boston Public Schools
 Boston University School of Social Work
 Brigham and Women's Hospital
 Brookside Community Health Center
 Carney Hospital
 Children's Hospital Boston
 Codman Square Health Center
 Conference of Boston Teaching Hospitals
 Dana-Farber Cancer Institute
 Dorchester House
 Ethos
 Faulkner Hospital
 Fenway Community Health
 Greater Boston Center for Healthy Communities
 Harvard Vanguard Medical Associates
 Health Resources in Action/HRIA
 Harvard Catalyst
 Harvard School of Public Health

Harvard Street Neighborhood Health Center
 La Alianza Hispana
 Latin American Health Institute
 Massachusetts Department of Public Health
 Massachusetts General Hospital
 Massachusetts League of Community Health Centers, Boston Conference
 Massachusetts Public Health Association
 Metropolitan Area Planning Council
 New England Baptist Hospital
 Nuestra Comunidad Development Corporation
 Planet MassCONNECT
 Project RIGHT
 Roslindale Medical and Dental Center
 St. Elizabeth's Hospital
 Steward Health
 The Boston Foundation
 Tufts Medical Center
 United South End Settlements

If we inadvertently omitted your organization from this list, please let us know and accept our apologies

BACH Affiliated Coalitions

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

BACH wants to involve additional neighborhoods in our work. If your neighborhood is not represented, please call us at 617-279-2240 ext. 509.

"Working together through BACH - its member coalitions and partners – our hospitals are able to develop relationships and partnerships that better enable all of us to meet the unmet health needs of Boston's residents."

–John Erwin, Executive Director Conference of Boston Teaching Hospitals

Organizing for Success

Building Strong and Vibrant Neighborhoods

(Top) Jamaica Plain's Tree of Life/Arbol de Vida Coalition has sponsored exercise groups for senior women as one way of preventing osteoporosis.

Over the past 2 years, BACH has restructured its process and taken on a comprehensive health planning process. We have a Steering Committee that represents neighborhood coalitions, hospitals, community health centers, other community based organizations and renewed partnerships with the Boston Public Health Commission and the Massachusetts Department of Public Health. Our Health Planning and Improvement Committee is overseeing the implementation of our health planning process, giving guidance and support to neighborhoods as they take on this challenging task. A Community Investment Committee is overseeing the grant making process that supports our neighborhood coalitions' work and our Community Engagement and Membership Committee is helping us connect to residents and bring their perspectives into our thinking.

BACH also continued funding successful neighborhood projects such as Jamaica Plain's Gladys' Seniors in Action exercise program, Roxbury's Weigh-In nutrition and weight control program, and Codman Square's BOLD Teens.

Some of our affiliated coalitions whose histories are rooted in substance abuse prevention such as Charlestown Against Substance Abuse, South Boston Collaborative Action Network, and South End Healthy Boston have expanded their missions to reflect the growing understanding that building healthy communities needs to address the range of interconnected issues affecting a neighborhood's health. As a result, coalitions have expanded their membership to include the police, local business, housing providers, youth groups, early childhood development, mental health, and nutrition programs, and political representatives, among others.

Meanwhile, neighborhood coalitions have initiated Farmers' Markets to increase the availability of fresh fruits and vegetables, promoted prescription drug turn-in days and smoking cessation programs, helped the Boston Housing Authority developments prepare for going "smoke-free" this year, all through engaging the energy and experience of Bostonians, young and old.

This coming year, BACH will be working in neighborhoods to which we have been less connected including North Dorchester and Mattapan as we work to weave together all Boston's unique and different neighborhoods into an alliance of strong and effective voices for collective action.

(Bottom) BACH's Community Engagement and Membership Committee developed this and other resources for our members to support their efforts to increase the number of residents involved in our health improvement work


I decided to change my old ways of living and started to eat healthy food and do more exercise in order to stay fit. Luckily for me, I loved Cecile's zumba class and Gladys yoga class. Anytime I went to these classes I felt good about myself and wanted to do more. So I finally got the courage to go to Gladys and ask her how I could get more fitness and look like her. That's when she told me she had a weightlifting class at Julia Martin House in Jamaica Plain. She welcomed me to come and see if I would like to take it. When I got in, I love it, and haven't stopped going.

Before I started this program my weigh was sky high, getting to 175 pounds, I got tired easily when climbing stairs, and I was having difficulty breathing. So my goal is to lose at least 40 pounds because of my health risk of high cholesterol, which we all know can result to high blood pressure, heart attack and stroke just to mention a few.

I will continue to strive towards achieving my set goals and I pray by the end of this program, I will be able to confidently speak about the success of the program to the neighborhood.


I therefore urge you all to continue with your daily exercise in order to be in good shape and in good health like instructor Miss Gladys. We should not let laziness discourage us from achieving our goals. I end this speech by saying: "Exercise, relax, eat healthy, drink plenty of water and do not forget with God all things are possible for those who believe in him."

Thank you,
Elizabeth Imafidor



Boston Alliance for Community Health

Community Engagement Guide



Inside...

- Practical tips, tools, and strategies to achieving community engagement
- Evidence of the importance of good community engagement
- And more...

August, 2012

Visioning and Creating Change

Imagining a Positive Future For Ourselves, Our Children, and Our Communities

Although Boston is a city of just over 600,000 people it is made up of distinct neighborhoods, each of which reflects its unique history and the character of its diverse residents. Often the vision for a city focuses on the downtown and commercial districts. So many reports about Boston's neighborhoods are filled with the problems confronting residents – violence, inadequate housing, drug use, poverty... That's why it is so important to build a positive vision of what a healthy neighborhood would look and feel like – the diversity of people living there; the safe and green places to walk and play; the good jobs, schools, and housing; the way residents treat each other; the way that collective action can make real change. These visions can guide us as we develop strategic goals.

While people recognize that some of the changes we want will take a long time, there is a first step in any journey into the future.

“The most striking thing for me was having 170 people in a room for a community meeting; a very diverse group, five different languages being spoken, and an incredible sense of camaraderie regarding concerns and strengths of the community.”

– Resident of Charlestown commenting about a neighborhood meeting

Supported by BACH staff and annual grants overseen by the Community Investment Committee, neighborhood coalitions have developed work plans, invited in new partners from many sectors as well as residents in order to build that vision. In Roxbury, over a hundred people, speaking English, Spanish and Somali spent an evening working on a vision that began with a call-out from the participants in response to the question: “What do you love about Roxbury?” In Codman Square, residents of many colors, ages, birthplaces, and languages gathered to list assets in the neighborhood which included, food access through the Farmer's Market (developed by the Neighborhood Council); neighborhood gardens; corner stores. And most importantly, they noted the high regard they had for their fellow residents and the importance of safety, reframed positively as “peace promotion” so they can use the broad range of community groups, services, schools, parks and bicycle lanes and lead active, healthy lives without fear.

All across the city, groups gathered to create their vision of what they hope their healthy neighborhood will look like. The vision will guide them as they create their future.

Groups used all sorts of techniques to express their vision of a healthy future (pictured: one group's vision of a Healthy Roxbury)



Planning and Reaching Our Potential

Improving Health Through Community Partnerships and Neighborhood Planning



BACH's members and its affiliated neighborhood coalitions have begun a health planning process for the city of Boston: Mobilizing for Action through Partnership and Planning (MAPP), a nationally recognized strategic planning approach for community health. It builds capacity on the local level in the short-run and focuses on identifying the strengths and assets of a community in order to harness residents' energy to implement action plans that will result in a healthier neighborhood in the long-run. After carefully looking at 9 different models of planning MAPP was chosen by BACH's Health Planning and Improvement Committee made up of volunteers from many sectors, including education, public safety, housing, substance abuse, elder services, as well as public health and health care.

Each of ten neighborhoods has organized their process based on their unique character, demographics and history. In Charlestown, Beth Rosenshein, whose Charlestown Against Substance Abuse coalition took the lead in the planning process in partnership with the Center for Community Health Improvement at Massachusetts General Hospital states,

"We have been very successful at engaging, and newly engaging many community residents, touching each of Charlestown's diverse demographics, including youth. We were able to involve residents, partners and experts in the assessment process and all took away lessons and new experiences. We created common dialogue, language, education and learning experiences, and created a place for healthy and necessary discussion." – Beth Rosenshein, whose Charlestown Against Substance Abuse coalition

This collaborative model of neighborhood coalitions and hospitals partnering to assess community assets and needs and developing strategies together is one that BACH sees as the way of the future, particularly as hospitals are required to assess community needs every three years by the Affordable Care Act. It uses the complementary strengths and resources of the medical center and the community to get a clear and shared understanding of the neighborhood.

(Top) BACH adapted the MAPP model in order to ensure that all perspectives are represented and that everyone looks at issues and strategies through the lenses of health equity, sustainability, and cultural competence which are three of BACH's core values and principles.

(Right) The MAPP process gives many opportunities for residents to be involved in building a healthier community *(Pictured: Allston Brighton Health Collaborative Community Meeting)*





“I am glad I am part of the Learning Community. Understanding MAPP is a learning process that’s good for me and the community. I like MAPP’s comprehensive approach, working with the common person like me in the planning process – that helps.” – Darryl Golston, Member, Codman Square Neighborhood Council

BACH’s Health Planning and Improvement Committee developed a framework for data which provides each neighborhood with data on socio-economic issues (e.g. housing stock, education level), resident empowerment (e.g. percent of voters), social and physical environment (e.g. how well people know their neighbors, amount of green space), disease and injury free healthy behaviors (e.g. tobacco free living and daily fruit and vegetable intake) and disease measures (e.g. causes of death) because we know that addressing social determinants of health such as poverty, education, housing, and, above all, racism and other oppressions is an essential strategy to improve community health. This and other data will be available on our website at www.bostonalliance.org.

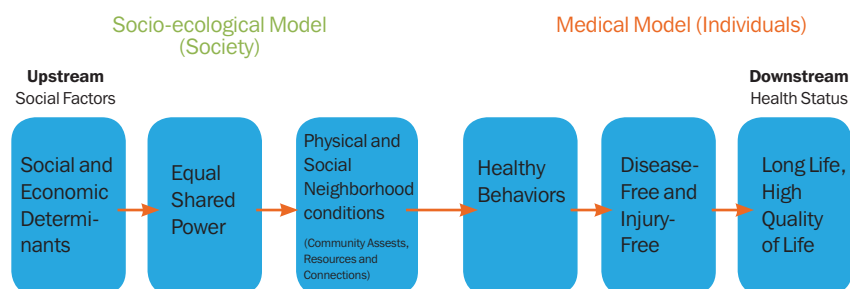
BACH initiated a monthly Coalition Learning Community where coalition members have an opportunity to learn from “Stories from the Field” – each others’ experiences of what worked and what didn’t. At one meeting the South Boston Collaborative Action Network discussed how the changing demographics and economics (more people of color, more young professionals) of their neighborhood has influenced the focus of their work and some of the challenges those changes create. At coalitions’ suggestion, BACH is creating a set of interactive maps that will include a broad range of data in each neighborhood so powerful stories about poverty, race, place, and health can be seen graphically and will be available on our website for anyone to use. The coalitions are strategizing about how we can use what we are learning to develop and communicate a compelling and clear picture of what we need to do collectively to improve Bostonians’ health.

Indicator	Baseline: East Boston
Car, truck or van- drove alone	29.70%
Car, truck or van- carpoled	12.28%
Public transportation, excluding taxi	48.68%
Walked	6.94%
Other means	1.08%
Existence/location of public transit services	
Housing:	
% of occupied vs. vacant residences	
% occupied	91.98%
% vacant	8.02%
% of owner vs. renter-occupied residences	
Owner-occupied	28.43%
Renter-occupied	71.57%
# of BHA/CDC/Subsidized elderly housing units*	
Foreclosures	166
Median home price	\$325,866.70

(Top) Simple changes in the streetscape such as durable park furniture can improve the social cohesion and use of open space (Pictured: street furniture in Chinatown)

(Middle) BACH created Community Health Status Assessments for each neighborhood so each community can see the socio-economic, demographic, and health status of their community (Pictured: Part of the East Boston profile)

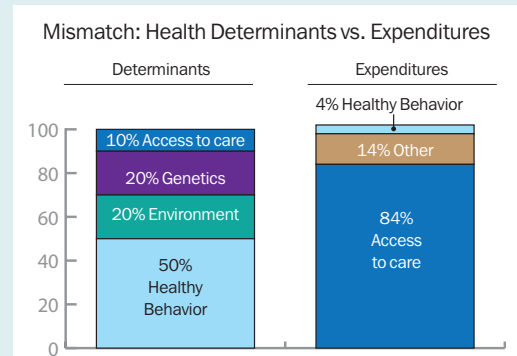
(Bottom) BACH adopted a model of using data that helps neighborhoods look “upstream” at root causes of health inequities as well as “downstream” at the medical and health consequences.



Changing Policy

Advocating Sound Policies to Create Health Equity for Boston Residents

BACH believes that collective action focusing on changing the context in which people live and addressing socioeconomic factors that affect people’s health can have the largest impact on our community’s health. This past year we completed our participation in the Communities Putting Prevention to Work project focusing our efforts on tobacco cessation and policy reform. We promoted smoking cessation assistance for people who are already smoking because we know how difficult that is without support. We worked across the city to organize support for regulations that reduced youth access to tobacco, recognizing that helping youth not to start smoking is the most effective way of reducing the smoking rate over time.



(Left) Coalitions from 10 different neighborhoods successfully worked to convince the Boston Board of Health to limit youth access to other nicotine products such as electronic cigarettes, the tobacco industry’s latest tactic to addict youth.

(Middle) BACH supported raising the price of tobacco products in Massachusetts through a social media campaign “Face off Against Tobacco” because there is good evidence that increasing the cost decreases the number of people (particularly youth) who start smoking.

(Right) At the moment, while only 10% of health determinants are related to Access to Care, 84% of health resources go to providing Access to Care. BACH is committed to increasing prevention resources for prevention and systems change where there can be the greatest impact.

We presented over 400 signatures supporting the regulation changes and had youth activists testify in support of the changes. As Taylor Kimball, age 18, a South Boston Youth Health Ambassador stated:

“My entire life the smell of Marlboro cigarettes has filled my home. Both of my parents were smokers, my mother sadly still is. As a result of growing up in a smoke filled home, at the age of eleven I was diagnosed with asthma and through the years it has been an up and down experience. The thing I am most concerned with is the dangers you can’t see or smell, nicotine. The e-cigarette may not smell, and you may not smell any smoke, but there lies the real danger. The e-cigarette has never been deemed safe and the thought of not having a regulation on the distribution of nicotine is ludicrous in my mind.”

BACH is also working with the Massachusetts Department of Public Health and local hospitals to direct financial resources to effectively address community health issues based on data and evidence-based programming thus supporting a range of initiatives in neighborhoods throughout the city.

Stepping Up

Addressing Issues that Challenge and Unite Us

Eliminating health disparities, those differences in health that are avoidable and caused by endemic problems including racism and other oppressions, poverty and other social determinants of health, and unequal access to resources, is central to BACH's mission. These are woven into the social fabric of our communities and it takes courage to face them. Some of BACH's members' initiatives include:

- Jamaica Plain's Tree of Life/Arbol de Vida has initiated a series of Health Equity and the Impact of Racism Trainings in which 77 youth and adults participated this past year. As one coalition member stated, "Racism is unhealthy in any form."
- South Boston's C.A.N. took on the challenge of creating safe places for people of all races and ethnicities during the St. Patrick's Parade that has been plagued by intolerance and violence fueled by inebriation over the years.

"The coalition had teams of teens and adults at festivals handing out information and having people sign pledges to cut down smoking, distributing laminated smoke free signs from BACH that are in the windows outside of the building. We thought this was really great for BACH to do. BACH really feels like a coalition, people work together, sharing resources and ideas.

– Jane Leung, Executive Director of Boston Asian Y.E.S.

- The Roxbury Community Alliance for Health has reached out to and included members of the growing Somali community who face many health issues that come from immigrating to a new and different culture.
- Boston Asian YES, a member of The Chinatown Coalition, are confronting the widespread acceptance of tobacco smoking in many Asian cultures brought on by aggressive marketing by American tobacco companies which has made starting to smoke a "rite of passage" in many ethnic groups.
- Charlestown Against Substance Abuse successfully engaged young and old, white and Latino, poor and wealthy, old-timers and newcomers in community meetings where they discussed the common challenges they all face in their neighborhood.
- Codman Square Neighborhood Council took a careful look at the availability of fresh food at retailers in a multi-ethnic neighborhood that lacks a large supermarket.
- The Allston Brighton Health Collaborative is addressing the difficulty of getting to green space because much of it is separated from residents by highways as well as the challenge corporate and university expansion presents to their residents.



(Top) As the Boston Housing Authority moved to become "Smoke Free" in September, 2012, youth groups from Charlestown, South Boston, and Codman Square painted murals Celebrating "Tobacco Free Living" that are now hanging in BHA developments in their neighborhoods (pictured: South Boston youth in front of the mural they created)



(Bottom) Mayor Menino and community members open the newly designed "Reverend Loesch Family Park" which was designed through a community process organized by the Codman Square Neighborhood Council and named in honor of its founder and BACH Steering Committee member, Reverend Bill Loesch.

Financial Picture

Fiscal Year 2012 (July 1, 2011 – June 30, 2012) is the first full year that BACH has operated under its new fiscal structure in partnership with Health Resources in Action, Inc. with whom we have a Memo of Understanding to provide fiscal, human resources and other administrative functions for us. For FY 2012 BACH closed the year ahead of its approved budget by \$27,731. Revenue for FY 2012 included funds spent from Temporarily Restricted funds of \$567,823.

Our FY 13 budget projects that we will use most of our temporarily restricted funds and will end FY 13 with a much smaller temporarily restricted fund balance. This means that without increasing our revenues in coming years, we will not be able to sustain our efforts over the long term.

We are grateful to Boston's teaching hospitals and the Massachusetts Department of Public Health for providing BACH with Determination of Need Funds which are the major financial resource supporting BACH's activities.

Additionally, this past year marked the end of our participation in the two year Communities Putting Prevention to Work project funded by the Boston Public Health Commission and the Centers for Disease Control and Prevention.

This financial picture does not reflect the hundreds of hours of work donated to BACH and its affiliated neighborhood coalitions by professionals, organizations, and residents, without whom we would not be able to operate. Thank you, one and all.

FY 2012 Actual Results of Operations

(July 1, 2011–June 30, 2012)

REVENUE

FY 12 Determination of Need (DoN) Funds	\$354,540	(45% of revenue)
CPPW	\$350,000	(44% of revenue)
Breathe Free for Kids	\$83,359	(11% of revenue)
Total:	\$787,899	(100%)

EXPENSES

Consultant Services to Support Health Planning	\$44,586	(5% of total expenses)
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DIRECT COALITION SUPPORT AND SERVICE FUNDS

Coalition Infrastructure Support Fund	\$35,000	
Mini-grant Transitional Fund	32,000	
Health Planning and Improvement Grants	160,625	
CPPW Tobacco Coalition Grants	200,000	
Subtotal:	\$427,625	(48% of total expenses)

OTHER EXPENSES

Personnel Salary, Fringe and Taxes:	\$285,045	(32% of total expenses)
Program Expenses	24,259	(3% of total expenses)
Overhead and Operating Expenses	113,440	(13% of total expenses)

TOTAL	\$894,855	(100%)
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Change in net assets	(\$106,956)
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Temporarily Restricted Net Assets

-Beginning Balance	586,106
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Temporarily Restricted Net Assets

-Ending Balance	\$460,867
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Steering Committee

As of June 30, 2012

Community Coalitions

- Kevin Hepner, *South End Healthy Boston Coalition*
Dumas Lafontant, *Roxbury Community Alliance for Health*
Kye Liang, *The Chinatown Coalition*
Bill Loesch, *Codman Square Neighborhood Council*
Jamiese Martin, *Franklin Field/Franklin Hill Dorchester Healthy Boston Coalition*
Pat Milano, *East Boston Collaborative for Families*
Beth Rosenshein, *Charlestown Against Substance Abuse (Chair)*
Kay Walsh, *South Boston Collaborative Action Network*

Hospitals

- John Erwin, *Conference of Boston Teaching Hospitals*
John Riordan, *Children's Hospital Boston*

Community Health Centers

- Barbara Lottero, *Roslindale Medical and Dental Center*
Paula McNichols, *Brookside Community Health Center*

At-Large

- Mae Fripp, *Committee for Boston Public Housing, Inc.*
Phillip Gonzalez, *Community Catalyst*
David Price, *Nuestra Comunidad Development Corporation*

Boston Public Health Commission

- Pam Jones, *Director of Policy and Planning*

Massachusetts Department of Public Health

- Linda Shepherd, *Boston Regional Manager*

Greater Boston Center for Healthy Communities

- Tracy Desovich, *Director*

BACH Staff

- David Aronstein, *Director*

BACH Staff:



David Aronstein, *Director*



Sharon Odametey, *Community Health Worker, Breathe Free for Kids*



Allyson Scherb, *Health Planning Manager*



Jamiah Tappin, *Community Organizer*



Boston Alliance *for* Community Health

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