



Institute for Community Health

Building sustainable community health, together

A collaboration of the Cambridge Health Alliance, Mount Auburn Hospital, and Partners Healthcare

Spring 2012

Welcome to the Institute for Community Health's Spring 2012 Newsletter!

With over a decade of success behind us and 2012 now underway, the [Institute for Community Health](#) (ICH) remains a leader in sustainable community health improvement. Using a participatory approach to evaluation and research, we work with communities to build on local strengths and resources and to generate and disseminate knowledge about local public health issues. Our commitment to building the evidence base for health programs and service effectiveness, along with building community capacity, allows us to maximize the positive impact of our work for underserved groups.

In the past year, we have expanded our work with familiar and new community partners. Already a significant local partner with public health departments, school systems, and community organizations in Cambridge, Everett, Somerville, and Greater Boston, ICH now has a growing presence in communities across the state. We are also working closely with the primary care community as healthcare undergoes major systemic changes. We pride ourselves on our ability to work with partners like you to collaboratively advance public health in Massachusetts and beyond, and hope to further expand our work as 2012 continues!



*Karen Hacker, MD, MPH
Executive Director, Institute for Community Health
Associate Prof. of Medicine, Harvard Medical School*

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Our Vision – The Institute for Community Health is a nationally recognized catalyst for sustainable community health improvement, uniting real world practice with academic research.

Our Mission – The Institute for Community Health utilizes participatory research and evaluation approaches to generate and disseminate knowledge about public health issues affecting communities. Core to ICH's approach is the development of long-term partnerships, a commitment to co-learning and capacity building, and a deep appreciation for the diverse experiences, perspectives, values and resources that partners contribute to community health improvement.

Our Values – The values of our organization are aligned with many of the principles that are foundational to community-based participatory research:

- ❖ Our work builds on the strengths and resources within the community;
- ❖ A belief in the power of collaborative and equitable partnerships in all phases of a research or evaluation project;
- ❖ A commitment to co-learning and capacity building for all partners;
- ❖ Valuing the diversity of experience, perspective and skill sets that partners contribute;
- ❖ Balance research and action for the mutual benefit of all partners;
- ❖ Shared generation of knowledge can lead to community health improvement.



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ICH and Mass Alliance on Teen Pregnancy: success in partnering

Teen pregnancy rates in Massachusetts are lower these days than in the past, but there is still more that can be done to reduce them. For over ten years, the Institute for Community Health (ICH) has worked in partnership with the [Massachusetts Alliance on Teen Pregnancy](#), a non-profit organization that supports communities seeking evidence-based solutions to the complex issues associated with teen pregnancy. This successful partnership has entered a new era with the award of a five-year federal grant - the *Youth First* project.



The goal of the grant, from the Centers for Disease Control and Prevention (CDC), is to assist the Western Massachusetts communities of Springfield and Holyoke in reducing their rates of teen pregnancy through using effective community-wide strategies to enhance access to quality sexual health education and reproductive health services.

“This is a big project with a lot of players,” says Jessica Waggett, evaluator at ICH. *Youth First* is an initiative that is guided by the community. Thus, in the first year of the grant, ICH has worked in collaboration with *Youth First*'s lead organizations, the Alliance and the YEAH! Network, as well as numerous local organizations and community members – including young people themselves.

As stated by Waggett, a critical step to a successful public health program – especially one in a “high-profile area” such as teen pregnancy – is conducting a comprehensive community needs and resources assessment. By determining the communities’ resources and gaps up front with input from community members, it helps identify targeted teen pregnancy prevention strategies and use resources effectively that can make a “strong impact,” she says.

The needs and resources assessment presented an opportunity for ICH to foster community partners’ knowledge and skills around evaluation. One of the values ICH brings to their partner organizations is to “build capacity” and to provide them with ICH’s resources to continue to “make data-informed decisions” as they carry out a program. As one part of the assessment, ICH met with *Youth First*'s local collaborating clinics to understand their infrastructure, organizational capacity, and clinical practices to identify areas for the *Youth First* initiative to support their efforts to deliver quality, evidence-informed adolescent reproductive health services. ICH met with multi-disciplinary teams of clinic staff – clinicians, administrative staff and IT specialists – and continues to have conversations with them about collecting reproductive health service visit data to help build their capacity to gather and understand the data to identify gaps and enhance their services.

Results of this CDC grant, in its first year alone, are already significant. After working through the fall of 2011 with ICH evaluators, clinics have increased knowledge and capacity to collect the appropriate data to inform changes in their practices, which they have begun to implement, and their data has shown that these transformations have resulted in improvements in their clinical care. Erica Fletcher, project coordinator for *Youth First*, says: “The ICH team has been crucial to the first-year successes of the *Youth First* initiative. They are experts at helping agencies and individuals use data to improve their services for young people, from quality implementation of sexuality education curricula to youth-friendly delivery of reproductive health services. As part of the “face” of the Alliance in Springfield and Holyoke, ICH is a trusted partner in building local professionals’ capacity to prevent teen pregnancy.”

“We are helping organizations make decisions,” says ICH evaluator Elisa Friedman. ICH uses “mixed methods” of data collection, and Friedman says people gain a better understanding of the issues by having qualitative data as well as quantitative data. “We help people use information in a way they understand.” Organizations call on ICH because they “see us as a resource,” says Waggett. “People know that when they contract with us, they get a team.”



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Men's Health League puts long-term heart health first

If you pay attention to popular media, taking care of cardiovascular health is not always at the top of men's list of priorities. However, the Cambridge-based [Men's Health League](#) (MHL) aims to change that – especially for men of color, who are disproportionately affected by cardiovascular disease and other chronic diseases.

This unique program was first conceived in 2007 with federal funding from the Office of Minority Health. Program staff recently organized a special event, “An Evening of Data, Stories and Discussion” at the Pisani Center in Cambridge, with ICH lead evaluator Shalini Tendulkar, ScD and ICH Director of Evaluation Elisa Friedman, MPH. Partners, stakeholders, and other community members attended the event, and as data collected and analyzed by ICH shows, there have been changes in how these men take care of their health.



Photo courtesy of Cambridge Public Health Department

“The evening was an opportunity for us to share our evaluation findings with those involved with the program and hear from them about the program's impact on men,” Shalini says. It was significant, she notes, that men who had participated in the program in the past, those currently involved, and a variety of other community partners came in to discuss and show support for this program.

The Men's Health League is run by the Cambridge Public Health Department, and was developed through a partnership with the [Margaret Fuller Neighborhood House](#) and the [Cambridge Family YMCA](#), with goals of reducing men's risk of heart disease, stroke and type II diabetes.

“Engaging men of color in taking better care of their health is a challenge that we need to take on as a community,” says Albert Pless, Jr., program manager. “Each organization has contributed something different to the League's success.”

With support from the Institute for Community Health, program partners developed a mixed-methods evaluation including collecting pre- and post-program data from participants and assessing their clinical outcomes. This evaluation was also bolstered by qualitative data collected through conversations with men involved in the program and with staff to further delve into the impact of the program. The event in November was a chance for ICH's Shalini to share the results.

“We noted important changes in participating men regarding knowledge and behaviors around physical activity and nutrition after the program,” says Shalini. These results are encouraging and provide the basis for both additional programming in this area and additional data collection to assess the initiative's effectiveness, says Shalini.

In 2012 and beyond, ICH would like to continue to support the program partners in building the evidence base to show that programs such as the MHL can have a positive, measurable impact on men's health. ICH also hopes to have more rigorous data collection to better understand how this program is able to produce lifestyle changes in men. ICH and program partners are currently exploring other opportunities to support their efforts to identify the “secret sauce” that makes this program work. From the program partners' perspective, the MHL represents a unique opportunity to work with men in other areas including fatherhood, an area that recently became of interest to this community.

Shalini says that the success of the MHL-ICH partnership has largely to do with the participatory approach to research and evaluation championed by ICH. This approach, while time consuming, allows the time and space needed to build trust and the foundation for future work in a community. Shalini hopes to get the story of the Men's Health League out to more communities as a model public health program, and looks forward to continuing her work with the MHL partners on this critical health need in Cambridge.



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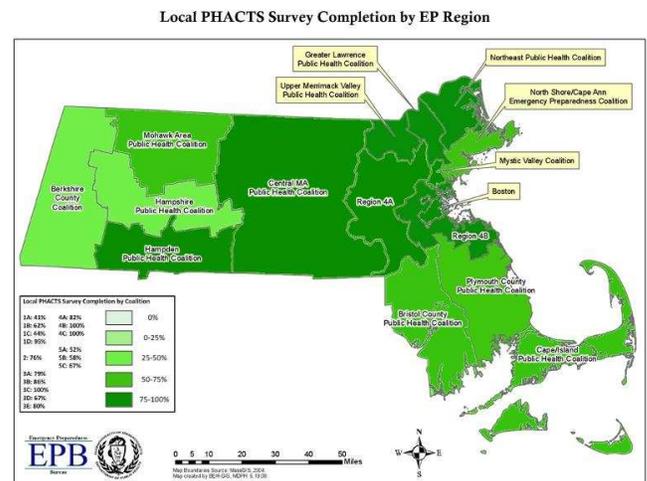
PHACTS study to shape public health departments in future

There is a strong tradition of “home rule” among municipalities in Massachusetts, says Justeen Hyde, Senior Scientist at the Institute for Community Health. In addition to being free to pass laws and ordinances to meet local needs, home rule in Massachusetts requires that every municipality ensure that governmental services are provided to local residents, including assuring access to public health services through the local Board of Health. Hyde says this local control is beneficial in some ways, as these departments know their local health issues well. But as state aid to municipalities has been significantly cut in recent years, many are questioning whether having an individual public health department for each city and town is the best way to deliver public health services – or if cross-jurisdictional service sharing could be more cost-effective, more efficient, and result in better capacity to protect the public’s health.

One of the challenges faced by public health leaders who want to make smart, equitable improvements to the local public health system is a lack of data on the structure and organization of governmental public health services. With a belief that improvement efforts should begin with a good understanding of the current strengths and gaps of local service delivery, the Institute for Community Health spearheaded the efforts of a group of public health providers and academics to create a survey for Massachusetts’ 351 local boards of health. Known as the Local PHACTS (Public Health Activities, Capacities, and Technical Skills) survey, it was designed to gain formative information about the local public health infrastructure in the state and examine the capacity that each municipality has to provide essential public health services.

Data were collected between November 2010 and October 2011. Seventy percent of municipalities across the state participated in the study, including numerous small towns that, in the past, have chosen not to participate in public health studies. Initial analysis of the data has focused on understanding the impact of population size on capacity and identifying influences on capacity that affect communities of all sizes. One key

finding is that municipalities with local elected officials who have a good or very good understanding of the roles and responsibilities of local boards of health have greater capacity to perform essential services. This is an exciting discovery to the group of public health practitioners and academics who worked together to develop the study, as it provides a tangible and targeted strategy for improving resources dedicated to local public health services.



Analysis of the survey data has just begun and will ideally continue over the next several months in collaboration with the practice-based and academic partners who shaped the study. The goal, Hyde says, is to ask critical questions of the data and work together to develop recommendations for systems-level improvements. Additional funding is needed for this project to continue supporting analysis of the data in a manner that is collaborative and engaged with diverse interests. Ultimately, ICH would like to see the results of the study provided to public health associations in Massachusetts, elected officials of the individual municipalities, and advocacy groups to help support improvements in local public health services.

For more information, see the Massachusetts Practice-Based Research Network (MA PBRN) website at: <http://sph.bu.edu/Regionalization/ma-practice-based-research-network/menu-id-617452.html>. The MA PBRN is a local public health systems research collaborative that includes ICH.



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Compass project helps give homeless teens direction

Teen homelessness in central Massachusetts is a problem that continues to grow. In 2010, a survey of Worcester teens by Clark University and the Worcester Teen Housing Task Force found that an astounding 20% reported experiencing homelessness at some point in the last year. Locally, multiple partners including the City of Worcester, local funders, community-based service providers, academics, and evaluators such as ICH's Dr. Justeen Hyde are coming together to address this significant public health and social justice problem for teens.

Homelessness among young people is defined in a number of ways, including "couch surfing," "doubling up," or "living on the street." Young people who are disconnected from their parents or guardians and experience homelessness are more likely to use drugs and alcohol, be exposed to violence and other traumatic events, suffer from mental health problems, and have poor overall health. Preventing young people from becoming homeless should be a primary goal for every community. Recognizing that identification of young people who are at risk for homelessness is challenging, early intervention services are also needed.



To address teen homelessness before it becomes a chronic problem for teens in later years, the Worcester Teen Housing Task Force and other partner organizations decided to create a system of care to prevent youth homelessness and services to intervene early if teens do become homeless. In 2011, The Health Foundation of Central Massachusetts awarded a five-year Synergy Grant to a network of community providers to

develop such a system. Gordon Benson from [LUK, Inc.](#) and Laurie Ross from Clark University have agreed to lead the development of this system of care, with the Justeen Hyde at the Institute of Community Health serving as the lead evaluator.

The first year (2011) of the Synergy Grant was dedicated to conducting a formative needs assessment and engaging a range of community stakeholders in the development of a model of care. ICH worked in partnership with local stakeholders to review literature to identify best practices, interview providers from across the country to identify successful prevention and early intervention models, conduct focus group interviews with homeless young people and community service providers, and support a local asset mapping of real and potential resources for young people. A striking finding was that lack of prevention models for teen homelessness, making the use of evidence-based practices challenging. However, the formative data collection activities did highlight common risk factors and intervention strategies that have demonstrated some success with young people. The data collected during the formative stage were presented to the Compass Project Steering Committee and used to inform the development of a comprehensive system of care model.

In March of 2012, the Compass Project will formally launch a pilot program to help refine and assess the proposed system of care model.

At the heart of the model is strengths-based case management with community-based wrap around services. "One of the services we are most excited about," says Hyde, "is family mediation." Family conflict is a primary driver of youth homelessness. If conflicts can be negotiated and resolved, young people have a better chance of being able to stay with their families until they are ready to leave home. The system of care also includes a close partnership with the [Worcester Youth Center](#), which provides a range of educational, vocational, and life skills services for youth.

Diversified funding would benefit ICH's work with the Compass Project in a number of ways. First, given the lack of evidence in the literature and other forums for

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dissemination, ICH could help increase awareness about the need for prevention and create communication strategies for on-going sharing of lessons learned with state and national audiences. Since there are no established models for preventing teen homelessness, this may be one of the first to generate real evidence that it is both possible and worth the investment. Second, Worcester is a relatively new community for ICH to partner with to identify and address public health issues. Hyde believes that support to spend more time in Worcester would “deepen our understanding of local issues and, as a result, learn what it takes to make this systems change sustainable.” As it exists, this program will require the coalition of organizations invested in reducing teen homelessness to “harness funding at local and state agencies” to keep this coordinated care and prevention system going.

ICH boosts research on immigrant health

It has been well-documented that immigrants do not have adequate access to health care services. At best, they are receiving inconsistent care – and without the protections of health insurance, the cost of even a single hospitalization can bring many into debt. With sustained funding, ICH can be instrumental in gathering data that will help to develop innovative approaches that could yield solutions to this complex problem.

“Immigrants are resilient; after all, they got themselves here,” says Karen Hacker, M.D. MPH, Executive Director of the Institute for Community Health. And “it’s a good thing they are” she says, since in holding down often 3-4 jobs, this population often does not have time to make health care a priority.

Immigrants often have multiple health issues, and one issue often triggers another problem. For instance, a person who is diabetic and has a cleaning job may have inconsistent access to healthy food while on the job. “They won’t be able to keep their blood sugar in check,” says Hacker. Tight schedules and multiple jobs also make planning and cooking healthy meals more difficult, and workers may face additional health challenges on the

job such as increased physical strain from lifting equipment or increased exposure to toxins in cleaning fluids.

Mental health is becoming another important factor in the immigrant health puzzle. Depression rears its head with many recent immigrants or their adolescent children as they cope with job instability, absence of family members for social support, and a lack of guidance on how to adapt to life in a new culture. Further, prescribing medicine alone often doesn’t address the myriad of factors contributing to the depression, says Hacker of a teenage immigrant patient who showed signs of depression. If a teen who has grown up in the U.S. loses her parents to deportation and joins them abroad, she doesn’t know anyone in her parents’ home country. If she stays in the U.S., she faces joblessness and lack of support for future steps toward stability, such as college. Health care needs to address this holistically, rather than compartmentalize health needs from social needs.



Photo by Gig Harmon, included in the February 2010 presentation of results from the "Impact of Immigration Enforcement on Immigrant Health" project. This project was completed through one of ICH's local partnerships to address immigrant health needs.

It might seem that documented immigrants’ health care isn’t affected, but that’s not always the case. Often documented immigrants still report feeling “profiled,” says Hacker. For example, she says even the treatment of

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immigrants by local police forces can influence the tone and health of a community. In addition, deportation of one family member can create upheaval for a family. Stress related to role changes when grandparents become primary caregivers, or when children lose their siblings who are undocumented, is not uncommon for many "mixed status" families.

Many of these challenges culminate in immigrants having low utilization of health services, even when they are needed. They may avoid visits for flu shots, or to manage serious illnesses. As stated by one community partner who works with immigrant groups, many immigrant patients "tend not to go to a doctor until something's very serious, because they're just afraid that they're not going to get help and if they get the help, they can't afford it." Immigrants thus often end up using the emergency room once health problems have already progressed, says Hacker, instead of taking advantage of primary care to prevent major health problems.

ICH envisions that sustained funding would enable us to work with community institutions and coordinate health care better for immigrant populations. "There's no straight shot," Hacker says – but if health care providers understand more about the whole picture of their patients' lives, patients will receive more effective care. Interventions that are data- and evidence-driven need to be part of meeting health needs of immigrants in our communities. It takes data and research by organizations such as ICH to understand the needs of diverse immigrant populations, and with better data available, better action could be taken by public health departments, primary health care providers, and schools to protect the health of vulnerable groups.



ICH researcher Virginia Chomitz accepts faculty position at Tufts



Virginia Chomitz, PhD and David A. Link, MD - ICH Board of Directors Chair and Chief of Pediatrics, Cambridge Health Alliance and Mount Auburn Hospital

It is with both sadness and congratulations that ICH has recently bid farewell to Senior Scientist Dr. Virginia (Ginny) Chomitz, who left ICH in December to take on a full-time faculty position at Tufts University, where she was half-time since July 2010.

Dr. Chomitz was with ICH since its beginning, and according to ICH Executive Director Dr. Karen Hacker, she "was instrumental in creating the organization and in growing all our work related to obesity prevention." While Dr. Chomitz's work at ICH focused primarily on promoting healthy weight through school-based nutrition and physical activity programs, she was also a key person in ICH's community engagement efforts over the years. She served as the ICH liaison to the Healthy Children Task Force, and worked tirelessly with countless partners in ICH's target communities

ICH will continue its commitment to obesity prevention and physical activity promotion and plans to continue to work with Dr. Chomitz in her new role to develop projects and proposals that serve local needs. Everyone at ICH wishes Dr. Chomitz the best in her new position, and thanks her for her incredible contributions to ICH over the last decade and a half!



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ICH staff receive writing award for article on Asian student mental health

According to research by Drs. Lisa Arsenault, Lise Fried, and Karen Hacker of ICH and Dr. Suzan Song, Medical Director and Pediatric and Adult Psychiatrist of the Asian Americans for Community Involvement in California, risk factors for depression amongst Asian youth can vary from those that place Caucasian youth at risk.

A recent article publishing these findings, titled "Asian Student Depression in American High Schools: Differences in Risk Factors," has been selected by The Journal of School Nursing Editorial Advisory Board for their annual Scholarly Writing Award. This award aims to recognize excellence in writing as well as significant contribution to school nursing through providing an evidence base for improving school nursing practice. The authors hope that this article will help inform school-based health provider screening for depression amongst Asian students in particular.

For the article abstract and more on the awarding journal, see: <http://jsn.sagepub.com/content/27/6/455>. Congratulations to all involved!



Institute for Community Health Staff

To celebrate our success and help get the word out about our work, the Institute for Community Health has recently begun a new, coordinated effort to become more visible to our partners - we've launched this quarterly newsletter, and we are increasing our online presence on Facebook and Twitter. We are also planning to launch a blog to share our knowledge with others.

We hope that this first e-newsletter has helped give you a taste of where and how we are working with our partners to develop innovative public health programs and promote better health. We also invite you to join us in recognizing and promoting ICH's work in the community and among public health stakeholders by following us on Twitter (@icommhealth) and "liking" us on Facebook (<http://www.facebook.com/instituteforcommunityhealth>).

We thank you for your support and look forward to continued opportunities to communicate as 2012 moves forward!

Lise Fried, DSc, MS
Associate Director, Institute for Community Health



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