

Fall 2007

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“Community Voices” Photo Essay Engages Youth in the Fight to Eliminate Health Disparities

This summer, CCHERS ran its first Community Voices program, an innovative and cross-cutting project to address the persistent racial and ethnic health disparities and to encourage students of color to pursue health careers.

Seven high school students were selected to participate in this unique program to develop their own photo essay on health disparities in Roxbury. The students were exposed to a broad curriculum taught by fourteen different experts in healthcare, photography and writing. The students paired this classroom experience with employment in three Roxbury community health centers (CHCs)—Dimock Community Health Center, Roxbury Comprehensive Health Center, and Whittier Street Health Center. Using what they learned in the classroom and what they observed in the health centers, students are developing their own photo essay that will educate others about the persistent disparities and inequalities in health and healthcare for Boston’s racial and ethnic minority residents.

CCHERS, in partnership with the Health Careers Academy (HCA) and Boston Area Health Education Center (BAHEC) and member artists of ACT (Arts, Culture, Trade) Roxbury, received funding from the Society of the Arts in Healthcare to develop the Community Voices project in the fall of 2006. Though many healthcare facilities use the arts in clinical or therapeutic capacities (e.g. dance therapy, art therapy), this program is one of the few that incorporates



Students like Lewis Gay, 10th grader from the John D. O’Bryant School, were taught photography by three experts. Photo by Deneen Roberts, 12th grade, Health Careers Academy

arts into healthcare advocacy or health systems reform. The Community Voices program planning began in January, with students beginning the seven-week program in July.

CCHERS drew on a wide range of resources in developing the Community Voices program, and students were exposed to lessons on health disparities, chronic illness, qualitative research methods, photography, creative writing and journalism. Link McKie, a lecturer at the Northeastern School of Journalism who taught the students about journalism and interviewing commented, “I enjoyed the students, and appreciated how enthused and engaged they were, and the sharp ways in which they responded to what we discussed in class. A good group, and each of them should be proud of what he or she brings to the table.”

The students utilize “Photovoice”, a community-based participatory research method that incorporates photography, writing and social action, to

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Executive Director's Corner

Expanding Coverage and Addressing Health Disparities

Posted by *CommonHealth Blog* at www.wbur.org, Thursday, August 30th, 2007

In the year since enacting Massachusetts' comprehensive plan for expansion of health insurance coverage to all citizens of the Commonwealth (what many mistakenly promote as health reform) two seminal reports have been issued this summer providing recommendations to address the persistent racial and ethnic disparities in the health and health care of its citizens of color. One, issued in July, the Pay-for-Performance to Reduce Racial and Ethnic Disparities in Health Care in the Massachusetts Medicaid Program, contains recommendations from the Massachusetts Medicaid Disparities Policy Roundtable. The second, issued earlier this month, is the long awaited final report of the legislative Commission to End Racial and Ethnic Health Disparities, chaired by Senator Dianne Wilkerson and Representative Peter Koutoujian with its own set of recommendations emanating from a three year process that began before discussions of health reform in the state.

The concern with P4P in MassHealth is that it has the potential of possibly making disparities in health worse for this population. The word is still out on pay-for-performance programs and particularly with the Medicaid population. We are all too familiar with the "creaming" and "cherry picking" that was evident in the early years of managed care; and the more recent outright denials of service to Medicaid recipients due to lower than cost reimbursement; and the potential of some providers to select better off patients. There is also the potential for penalizing certain providers such as community health centers that serve greater numbers of minority patients than most other providers. One of the most significant disparities in health care is the number of poor, uninsured, and minority patients utilizing emergency departments as their primary source of care... those without a medical home.

The Commission report recognizes the broad determinants of health in its comprehensive range of recommendations for ending disparities in health in the Commonwealth. The work of the usual and customary subcommittees, access to health care, health care quality and delivery, and workforce development and diversity, in this case was eclipsed by the committee on the social context of health. It addresses the social, political, economic and environmental factors that influence health and contribute to health inequity and health care inequality experienced by racial and ethnic minorities.

The Disparities Action Network along with Critical MASS and Health Care for All supports HB 2234 An Act to Eliminate Racial and Ethnic Health and Health Care Disparities in the Commonwealth for its comprehensive approach similar to the Commission recommendations. It represents a strategic beginning for all who want to work to end disparities and calls for a Center charged with the goal to end racial and ethnic health disparities in the Commonwealth but falls short of placing it at the level of the Governor's cabinet. There is real opportunity here. ❖

Contact: Elmer Freeman, Executive Director, CCHERS at e.freeman@neu.edu

CCHERS Implements Clinical Pharmacist Asthma Intervention

CCHERS, in partnership with the Northeastern University School of Pharmacy, was awarded funding from the Blue Cross/Blue Shield of Massachusetts Foundation's "Closing the Gap on Racial and Ethnic Health Care Disparities" grant to implement an Asthma Management and Education Program. The purpose of the intervention is to use clinical pharmacists, an under-utilized resource for asthma management in the clinical setting, to increase the understanding and knowledge of asthma among Black and Latino adolescents, 12-17 years old in Roxbury, Dorchester, and Mattapan.

The Asthma Management and Education Program is an educational and clinical pharmacy services intervention to improve adolescent patients' self-management of their asthma and interaction with their providers. The clinical pharmacist facilitates a six-week educational curriculum and guides adolescent patients in the development of a personalized asthma action plan. Adolescent patients will keep an asthma journal to document adherence to their personalized asthma action.

Mattapan Community Health Center along with the Upham's Corner Health Center, and two high schools, Health Careers Academy and Hyde Park Education Complex, are participating in the intervention.

The first cycle of the Asthma Program was implemented at the Health Careers Academy and the Hyde Park Community Academy of Science and Health. Twenty-three students enrolled in the asthma program. Over the course of the program, students gained knowledge about their disease, a newfound comfort discussing common challenges to managing their asthma with their peers and learned new skills to help them manage their asthma. Another cycle of the Asthma Program will begin in the fall at the schools and community health centers.

Contact: Katherine Rushfirth, Project Coordinator, krushfirth@gmail.com

CCHERS to Study Inequality and Disparities with Harvard Researchers

Word from the National Institutes of Health is that funding is forthcoming to support a community-based study looking at the relationship between racial discrimination and the risk of chronic disease. The study builds on a very successful pilot study conducted at Neponset and Geiger-Gibson health centers by Dr. Nancy Krieger and a team of researchers at Harvard School of Public Health and CCHERS. The study is based on self-report on the newly psychometrically validated "Experiences of Discrimination" instrument developed by Krieger and an implicit association test developed by psychologists at Harvard.

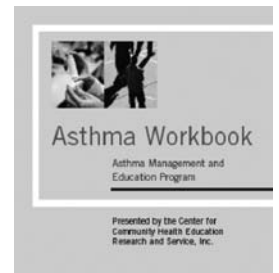
The potential significance of the study is the contribution to the very limited research on the links between racial discrimination and risk of chronic disease. It could also provide preliminary data that may be relevant to estimating health care costs imposed by racial inequality, thus contributing to insights regarding racial and ethnic disparities in health and health care.

Contact: Elmer Freeman, Executive Director, CCHERS, e.freeman@neu.edu

New Report Calls for Center for the Elimination of Health Disparities

The Commission to End Racial and Ethnic Health Disparities, co-chaired by Senator Dianne Wilkerson and Representative Peter Koutoujian, issued its report in early August. The report called for the creation of a statewide agency to track differences in health status among racial and ethnic groups and to work to bridge gaps in care. The report is part of the continued efforts of health researchers to explore the medical, social, and economic roots of disparities, including the effects of racism on health care and health outcomes.

To view the report, visit www.hcfama.org under Advocacy & Policy—Racial/Ethnic Health Disparities.



Michael Dukakis Comments on Chapter 58

Way back in April of 1988, with bands playing and flags flying in front of the State House, I signed a universal health care bill designed to guarantee comprehensive health insurance for every resident of Massachusetts. We based our bill on the system that had been in place in Hawaii since 1975, and it required all employers and employees in Massachusetts to contribute to health insurance for employees and their families on a 75-25 percentage basis. It also required all students, including graduate students, to purchase health insurance provided through their colleges and universities and imposed a small increase of \$16.80 per employee on the unemployment compensation tax to provide health coverage for employees laid off from their jobs.

Both the student mandate and health insurance for the unemployed were implemented before I left office and have provided health coverage for hundreds of thousands of students and unemployed workers and their families. Unfortunately, my successor, Bill Weld, didn't share my enthusiasm for guaranteeing health coverage for working people and their families. He did everything he could to delay and then stop the full implementation of the employer-employee mandate, and I am sorry to say he was successful. Had the 1988 bill been fully implemented as we expected it would, Massachusetts today would have joined Hawaii as one of only two states in the country to have universal health coverage.

Several years later, Governor Romney, Senate President Travaglini and Speaker DiMasi sat down to see if they could hammer out another approach to the problem that would ensure that all or virtually all of the people of the Commonwealth had comprehensive health coverage. The process took a long time. Many people and organizations in Boston and across the Commonwealth were deeply involved. It wasn't a partisan fight. Speaker DiMasi and Senate President Travaglini had their own differences as well as honest differences of opinion with the governor on how to get the job done. Fortunately, they finally were able to come to agreement, and a final bill was passed overwhelmingly by the legislature.

The new plan does a number of things. First, it requires that all residents of the Commonwealth be insured, and it penalizes those that aren't with fines and tax penalties.

Second, it requires non-insuring employers with ten or more employees to pay a tax of \$295 per employee to the Commonwealth to help fund health insurance for those people in the state whose employers don't cover them. That \$295 tax is way below the thousands of dollars that it costs to insure an employee and his or her family, but Speaker DiMasi fought hard for the principle that all employers should contribute something, and that it was fundamentally unfair to continue to expect responsible employers who do insure to carry the burden by themselves. I personally doubt very much that the \$295 will come close to providing the additional funds that will be required by the bill to close the uninsured gap, and I was particularly disappointed that Governor Romney in the end insisted on vetoing even that piddling amount. However, he was hugely overridden by the Legislature, and at least the principle that all employers must contribute has now been established in Massachusetts law.

Third, it sought to use most of the money in the so-called "free care pool" to pay for coverage for poor and moderate income people and their families and it expanded eligibility for Medicaid to children in families with incomes up to three times the poverty line. That may sound like a pretty decent income, but at a time when Massachusetts has one of the highest costs of housing in the country and a comprehensive family health insurance policy costs twelve thousand dollars, three times poverty doesn't pay for a lot in the Commonwealth.



Finally, it created something called the Connector, which is a new state agency designed to negotiate with insurance companies for policies that uninsured people can afford to buy. Those who are poor will get their coverage for free, and thousands have already signed up. As people go up the income scale, they will have to contribute to their health insurance on a sliding scale. Those with incomes in excess of three times poverty will have to buy coverage out of their own pocket.

A lot of good people both in and out of state government are working hard to try to make the new plan work, and they deserve our thanks and our praise. They have already made it possible for thousands of our fellow citizens to get health insurance—many for the first time—and they are doing their best to ensure that all of us have reasonably decent health coverage.

They face some very difficult challenges, however. For one thing, it looks as if the plan will require additional contributions from the state treasury of some four hundred million dollars, and given the state's fiscal condition and its huge unmet infrastructure needs, that money is going to be hard to find. That means that Governor Patrick and the legislature will have to face squarely the question of whether non-insuring companies ought to be required to pay a lot more than a mere \$295 per employee as their contribution to the new plan. At a time when the Republican governor of California, who has proposed a plan very much like the Massachusetts plan, wants non-insuring employers to pay a four percent payroll tax, one would think that we could do a lot better than what is at best a token contribution from employers who are contributing little or nothing to solve the problem.

The second, and perhaps even more serious challenge, is the issue of health costs themselves. Massachusetts currently pays some of the highest health costs in the country, and health costs per person in the United States are literally double what they are in most of the other advanced industrialized countries of the world with which we compare ourselves. Moreover, all those countries have universal coverage and far better health outcomes than we do. And none of them indulge in the notion that the market works in health care. They regulate prices, and they have been doing it for a long time.

That raises the question which in my judgment ultimately will determine the fate of the new plan. Can we get health costs under control before they bankrupt Massachusetts employers and, now under the new plan, the Commonwealth itself?

I believe we must get cracking on this problem. A lot of people did a pretty remarkable job of achieving consensus around the new plan for much expanded health insurance. Now, they—and we—must do the same if we are going to make it possible for employers, employees and the Commonwealth itself to pay for the new plan. ❖

Community Voices continued from page 1

reflect their experiences in the community and in the CHCs. Photovoice is documented as being a highly effective method of ensuring and encouraging community involvement and critical dialogue in addressing social issues. And as former ACT Roxbury director and Community Voices advisory board member Candelaria Silva said, “Combining the power of photos and the power of words is a winning experience for all involved.”

Throughout the summer, each student worked on an individual project focusing on the how the specific topics of racism, Diabetes, HIV/AIDS, and teen pregnancy relate to health disparities. The students took photographs, passed out surveys, conducted interviews and wrote creative pieces on their individual topics, on health disparities and on the health system as a whole. The students are currently working on formulating the final collective photo essay.

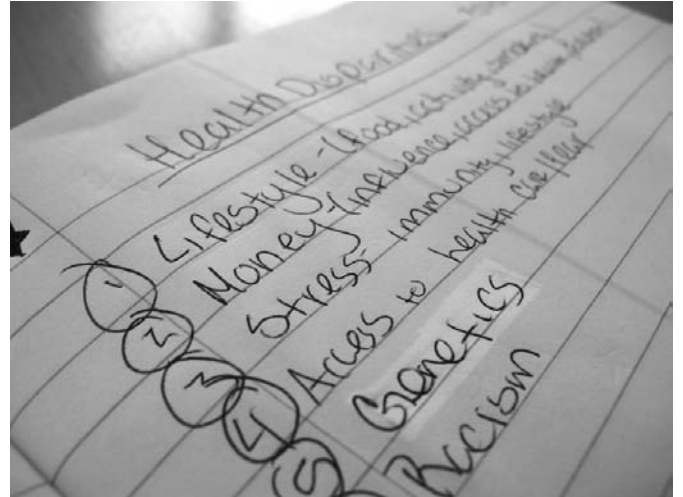
Students’ sense of creativity and ownership over their photo essay has allowed them to become personally invested in tackling the issues surrounding health disparities. Deneen Roberts, a 12th grader at Health Careers Academy, commented, “I want to continue to be involved with the Community Voices project because I think that health disparities need to be addressed as soon as possible and I want to help do that. Also I would love to use my photography to show people and give them a visual on how health disparities affect us all.” Their enthusiasm and commitment has encouraged CCHERS to extend the Community Voices program as a year-round after-school activity. Students have expressed interest in continuing to talk with and work with health advocacy groups, and in doing educational outreach in schools and in the community.

Alexandrea Puckerine, a 10th grader at Weston High School, wrote “I loved [the program because] it brought out an opportunity of letting one’s voice to be heard so we can cry out to the community about the issues that go on nowadays. I will be able to help others learn more about spreading their community voices just like I’m spreading mine.” Alexandrea will be one of the Community Voices students speaking as a community representative at the October 3rd Disparities Action Network Lobby Day.

The Community Voices photo essay will be available in the fall at several different venues. The students’ work can be seen at the October 3rd Lobby Day and the October 18th “Confronting Health Care Disparities” conference in Holyoke. Students will be holding their own presentation at the John D. O’Bryant African American Institute at Northeastern University in early November. They will also be developing a website and publishing a booklet of the photo essay, which will be available in the winter. ❖

For more information on the program and the public displays, please contact Katherine Rushfirth, Project Coordinator, at 617-373-5787 or krushfirth@gmail.com

(below) Students learned about the various factors affecting disparities, and discussed the limitations of attributing health differences to genetic differences. Photo by Deneen Roberts



I read an article in Jet Magazine issued on August 13, 2007 that really caught my eye. It was written by Dr. Vickie Mays and she has done a study about how racism can be affecting the health and medical care of African Americans. I was really excited when I saw this article because this program I am involved in is presenting how racism can be linked to health disparities. Dr. Mays told JET that when a person experiences racial discrimination, it creates a mental and physiological response to the body which eventually wears out the body: “Dealing with racism keeps us stressed out and result in us not having the best health.” People, especially Blacks in the community, that experience racism are at a higher risk of developing high blood pressure, or hypertension, due to the fact that dealing with racism leads to physical and emotional stress.

—Except from the essay
“Can racism affect the health and medical care of Blacks?”
by Verola Jeanty, 11th grade, Health Careers Academy



(above) Students documented their experience in three Roxbury community health centers, including Whittier Street. Photo by Deneen Roberts

CHAMP Partnership Begins Diabetes and Hypertension Intervention

CCHERS, in collaboration with Brigham and Women's Hospital and Harvard Medical School, have established the Community Health and Academic Medicine Partnership (CHAMP) to address the persistent racial and ethnic health disparities. CHAMP has been funded by the National Heart, Lung, and Blood Institute to carry out a community-based participatory research project to understand access and barriers to care for Black and Latino diabetes and hypertension patients in Dorchester, Jamaica Plain, Roxbury and Mattapan.

This project links the unique knowledge and skill set of community members, health service researchers and clinicians to determine the plausible patient-related, provider-related, health center-related and health systems-related factors that act as barriers to quality care for residents with these conditions and to explore strategies to improve care for these conditions.

CHAMP researchers will be conducting site visits at community health centers (CHCs), conducting focus groups with minority residents from the four neighborhoods, and obtaining input from key stakeholders within the community. The findings of the site visits, focus groups, and the input of the stakeholders will be translated into pilot interventions at the CHCs aimed at improving care and outcomes for Black and Latino hypertension and diabetes patients.

Contact: Beverley Russell, CCHERS Director of Research and Evaluation, be.russell@neu.edu

Critical MASS to Release Toolkit at Holyoke Conference

The second annual regional forum on health disparities titled, "Confronting Healthcare Disparities: Is Commonwealth Care the Answer?" will take place Thursday October 18, 2007 at the Holyoke Health Center in Holyoke, MA. The forum is being produced by El Diálogo Newspaper, Holyoke Health Center, Holyoke Medical Center, and Critical MASS for eliminating health disparities. Jarrett T. Barrios, former State Senator for Massachusetts and current President of the Blue Cross/Blue Shield of Massachusetts Foundation will deliver the keynote address. The forum will bring together a diverse group of healthcare professionals, healthcare activists, community health workers, professors in the field and political leaders to discuss the impact of Massachusetts Healthcare reform on racial and ethnic health disparities. The forum is free and open to the public.

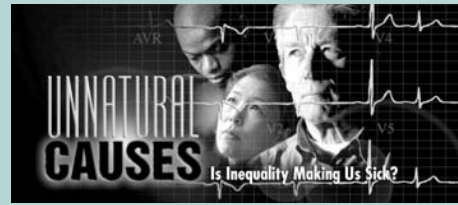
The Critical MASS toolkit, Taking Community Action on Health Disparities: A Critical MASS Toolkit will be released at the annual regional forum in Holyoke. Critical MASS has been working on the toolkit to help individuals and organizations at the community level mobilize towards the elimination of health disparities within their surrounding community.

After using the toolkit, readers should/will be able to:

- Identify health disparities in their community.
- Organize stakeholders from the appropriate organizations, sectors, etc. to discuss and address community/local/regional health disparities issues and solutions.
- Understand where to find additional resources in this process.
- Understand the role and activities that local communities can take to impact the effort to address and eliminate healthcare disparities at a statewide level.

The toolkit will be widely distributed to communities throughout the state. Copies of the toolkit can be ordered by calling 617.373.8597 or emailing Lu.clarke@neu.edu.

Upcoming Events



Premiere Screening of "Unnatural Causes: Is Inequality Making Us Sick?"

October 2, 2007, 3:00 - 6:00 PM

The Conference Center at Harvard Medical School
77 Avenue Louis Pasteur, Boston, MA 02115

Free and open to the public!

The Disparities Action Network Lobby Day

Wednesday, October 3, 2007,
10:00 am - 12:00 pm

Support House Bill 2234, An Act to Eliminate Racial and Ethnic Health Disparities in the Commonwealth!

Nurse's Hall, State House, Boston

More Info: Camille Watson, Health Disparities Policy Coordinator,
Health Care For All, 617-275-2936; cwatson@hcfama.org



APHA Expo

3107.0: Policy and Advocacy: Partnerships for Better Healthcare and Wellness

Monday, November 5, 2007: 10:30 am - 12:00 pm

This session will review advocacy efforts focusing on improving healthcare and wellness through community coalition, effective partnerships, and public health policy.

Learning Objectives: Identify effective community partnerships. Improve health through community coalition.

10:30 AM

Building a policy roadmap for partners to advance organizational practice change and public policy for healthy eating and active living

10:50 AM

Community voices: A photo documentary of health disparities in Roxbury

Elmer Freeman, MSW, Katherine Rushfirth, BA,
Beverley Russell, PhD, Jonathan Ringer, BA

11:10 AM

Empowering community-based organizations to replicate beauty salon-based health initiatives

11:30 AM

A New Approach for Working with Faith-Based Organizations: The ISIS Project

News of Our Partners

Welcome Back, Barbara

Dr. Barbara Ferrer, who served as Deputy Director of the Boston Public Health Commission for several years with John Auerbach and left to become Headmaster at the Parkway Academy for Technology and Health at West Roxbury Education Complex, returned in July to lead the Commission as Executive Director.

Northeastern Approves MPH Program

Bouvé College of Health Sciences announced the approval of a Masters in Public Health Program in Urban Health with the opening of school this September. They will begin enrolling students in September 2008, are recruiting new faculty and have announced a search for a Department Chair for the Department of Health Sciences, which houses the new program.

Health Careers Academy Reorganization

Caren Walker, Assistant Headmaster at Health Careers Academy, was named Headmaster. Albert Holland assumed his role as Executive Director focused on the development of strategic partnerships, corporate and community relations, and fundraising and institutional advancement.

CDC, EPA Partner with BPHC

The Centers for Disease Control and Prevention and the US Environmental Protection Agency have selected Boston as one of four sites for a pilot program on environmental health, pledging support to help the city advance its environmental protection and public health goals.

Codman Square and Walczak Survive Sabbatical

Bill Walczak, President/CEO of Codman Square Health Center, was one of several recipients of the Barr Fellowship. The Fellowship intends to honor the contributions of the Boston area's nonprofit and public school leaders, and kicked off with a one-month trip to Southern Africa, followed by two months of reflection on his career. The Fellowship required him to have no contact with Codman Square for a period of three months.



Center for Community Health Education, Research and Service

716 Columbus Avenue
Suite 398
Boston, MA 02120