

Community Advocacy Program at 10 Years

A Celebration of Survival

Boston's First Lady, Angela Menino, welcomed friends and supporters of the CCHERS Community Advocacy Program (CAP) to "A Celebration of Survival" at the Golf Clubhouse at Franklin Park on May 4th.

Recognizing the ten-year history of the program, participants shared moments of tears and memories with the dedication of the celebration to the memory of Terry Lee Keefer, sister-in-law of the program's co-founder, Dr. Toby Ayers. Celebrants applauded and honored Mary Kerr, the founding Family Advocate for her courage and strength. It was an emotional and extremely powerful celebration in tribute to the strong women and their children who have survived domestic violence and to the Family Advocates who help, encourage, and support their journey to safety.

Displays and exhibits at the breakfast event included an overview of important and significant milestones through the program's ten-year history, the most popular being a colorful poster made by CAP's New Beginnings Group for children exposed to domestic violence. The original has been reproduced into a poster along with greeting cards for sale to benefit the CAP program. The funds raised are being used

for emergency assistance and other victim support services. The Celebration of Survival Breakfast will remain a special memory for all of those who attended.

A special thanks goes to **Angela Menino** as Chairwoman and the Committee of the following individuals:

JudyAnn Bigby

Gloria Larson

James Champy

Stacy Lucchino

Michael Dukakis

Maria Sanchez

Maureen Finnerty-Turner

Darryl Settles

Matt Fishman

Sarah-Ann Shaw

Richard Freeland

Elaine Ullian

Elmer Freeman

Bill Walczak

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Amiee Thompson, Director Close to Home, Jane Oldfield, Sue Chandler, CAP Director, Mary Kerr, Mrs. Menino, Elmer Freeman, Executive Director CCHERS, Dr. Toby Ayers, CAP founder

Executive Director's Corner

Massachusetts Commission to Eliminate Racial and Ethnic Disparities in Health

The decades of persistent disparities in the health status and health outcomes for African-Americans, Native Americans, Latinos and other racial ethnic minorities in the United States have been called the civil rights issue of the 21st Century. Over the past ten years, thanks to the efforts of Surgeon General David Satcher, there has been a focus on these disparities that lead to shorter life expectancies, higher mortality, and greater morbidity among racial ethnic populations of US society. The Healthy People 2000 and 2010 governmental calls to action have respectively stated as goals, reducing and eliminating disparities in health and health care based on race, ethnicity, and socio-economic status. Dr. Satcher's legacy provides us the opportunity to focus resources, research and real reform on promoting social justice and health equity for racial ethnic populations.

Massachusetts has taken the lead among states by being the only state to establish a legislative commission with the charge of reducing racial and ethnic health disparities in the Commonwealth. Under the leadership of Senator Dianne Wilkerson and Representative Peter Koutoujian, many academic, practice and community experts have provided informational sessions to educate commission members. On April 5, 2005 the Commission held a public hearing at Gardener Auditorium and invited testimony from various stakeholder groups. The following are the recommendations presented as a part of my testimony. They relate to key strategies to (1) increase the racial and ethnic diversity in the state's health care workforce; and (2) improve the quality of health care services and delivery to racial and ethnic populations in Massachusetts.

Workforce Diversity

1. Support development of public/private partnerships to support pipeline programs like the Health Careers Academy that serve to increase the number of under-represented minority students entering the health professions.
2. Authorize funding for a feasibility study looking at replication of the model of the Sophie Davis Medical School in the City University of New York at University of Massachusetts Boston with the four medical schools in the state.

Health Services Research and Quality

3. Support the development of a Center for Research to Eliminate Health Disparities at the University of Massachusetts Medical School in partnerships with academic medical centers and communities statewide.
4. Invest in and allocate resources to support evidence-based community interventions that are effective in reducing racial and ethnic health disparities.

Recognition of persistent disparities in the health and health care of Blacks, Latinos, Native Americans, and Asians as compared to whites requires recognition of the impact of institutionalized racism and discrimination on these divergent outcomes. Local scholars Byrd and Clayton document, in two impressive volumes, the history of African-Americans with the health care system, and conclude that the health disparities we see in this population today are part of the legacy of slavery.

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Research to Reduce Disparities in Childhood Asthma

Asthma prevalence and morbidity rates among poor minority children living in urban environments persist with alarming disparities. The disparities are manifested in higher rates of hospitalizations, emergency room visits, and school absenteeism. In the Roxbury neighborhood of predominantly African-American (62.6%) and Latino (24.4%) residents, the average annual asthma hospitalization rate among children under 5 years old, is five times the statewide average. As a partner in the Asthma Center on Community Environment and Social Stress (ACCESS), CCHERS conducted a series of focus groups with caregivers of asthmatic and non-asthmatic children, and physicians and allied health professionals from participating community health centers. This formative research uncovered three salient themes from the focus groups: (1) medical treatment for asthma; (2) stress; and (3) asthma and the environment.

The focus groups data shed light on the many obstacles that community residents face to effectively manage asthma including financial, cultural, and language barriers. Moreover, a great deal of discussion among caregivers and health care providers focused on issues relating to medication, the subject of this article.

Caregivers faced many questions when caring for a child with asthma. They often managed the care of their children without sufficient information from health care providers and drew from their own experiences with asthma within their family and in the community. Further, they developed individualized strategies to manage their child's asthma. Their information search included learning about the side effects of various asthma medications.

Caregivers reported that side effects from asthma medication sometimes seemed worse than the disease itself. Fear of adverse effects from asthma medication, as well as the actual experience of side effects from medication led caregivers to use it sparingly and intermittently. Side effects led caregivers to discontinue administering asthma medication to their children. Finally, caregivers also ceased using medication as a result of financial constraints that their families confront. Health care providers also shared concerns about medication use including patients sharing medication, patients not taking the medication that was prescribed, and patients misusing medication.

The findings from this initial study will serve as a springboard for future research investigations using the principles of community-based participatory research to study health disparities. In addition, they will serve as the foundation for educational forums for caregivers and their children afflicted with asthma, as well as for health care providers.

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A Royal Visit to Health Careers Academy

The 206 students at Health Careers Academy (HCa) know the drill... stay in school, avoid drugs and alcohol, and make good decisions, but on May 2, 2005, the message came from an unexpected source, 26-year-old Prince Cedza Dlamini of Swaziland. Flanked by Lieutenant Governor Kerry Healey, Dlamini delivered a message from his campaign, "It's About Choice, Not Chance: Youth Across the Globe Overcoming Challenges to Create a New Future." The Prince won HCa students over immediately, confessing that his path to making good choices started the day his mother came home early and caught him with a pocket full of cigarettes. She immediately called on a host of relatives, and shipped the prince off to an uncle in Durban in South Africa. Students could also relate to the fact that the Prince's personal goals were not those that his grandfather, former South African President



Prince Cedza Dlamini with Lt. Governor Kerry Healey meet with HCa Senior Class

Nelson Mandela, had set for him. He followed his sister's example and headed to the United States seeking a university education and has been a student at Tufts University where he will graduate in May. Teenagers meeting royalty for the first time can be expected to ask the basics, "do they really put rose petals in front of you as you walk," but HCa students also probed deeper. Savvy seniors questioned

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Surviving Domestic Violence

The Community Advocacy Program (CAP) is a successful initiative of CCHERS, established in September, 1995, at the urging of some of its member health centers, providing identification, crisis intervention, and direct support services for victims of domestic violence, battered women in substance abuse treatment and recovery, and their children. Family Advocates are now located on-site at seven community health centers, serving the culturally, linguistically, and racially diverse neighborhoods of Dorchester, Roxbury, South Boston, and the surrounding areas. They provide the critical and often life-saving services needed by victims of domestic violence — victims who have been beaten down by the abuse and violence of their lives, and who may be unable to cope alone with what they perceive to be insurmountable obstacles they must overcome to escape to safer and more stable lives for themselves and their children.

By maximizing the already existing resources of familiar, safe, and accessible neighborhood health centers, the partnership has proven to be a particularly cost-effective and practical model of service delivery. While the

emphasis of CAP is direct service delivery, this model program also provides training that helps health professionals and students in the health professions to develop skills in screening, early identification, and appropriate and timely interventions with victims of domestic violence.

The words of the women served by CAP Family Advocates convey the most significant achievements of the program:

“My Advocate went with me to court to get a restraining order. I would never have gone alone. I was too scared.”

“Even with two broken ribs, a cut lip, and a busted collarbone, I still wouldn’t admit I was a battered woman until I talked to the Advocate at my health center. It was like opening a door and there was something on the other side. I still cry a lot and I still look over my shoulder but my kids and me are doing okay.”

“Thank you. You have helped me take back my life.”

If you, or someone you know, is a victim of domestic violence, please contact your community health center or the Family Advocate at one below:

Bowdoin Street 617-754-0034

Codman Square 617-822-8380

Dimock 617-442-8800 ext. 1629

Dorchester House 617-288-3230 X-2411

Geiger Gibson 617-288-1140

Harbor Family 617-269-0312

Neponset 617-282-3200

No one has to continue to be a battered woman — or man. Help is available.



Community Advocacy Program
Family Advocates

Health Care Domestic Violence Resources

Community Health Center Resources

Bowdoin Street Health Center	617-754-0034
Brookside Community Health Center	617-522-4700
Codman Square Health Center	617-822-8380
Dimock Community Health Center	617-282-1511 x1629
Dorchester House Multi-Service Center Vietnamese Services	617-288-3230 x411 617-288-3230 x608
East Boston Neighborhood Health Center	617-569-5800
Fenway Community Health, Violence Recovery Program	800-834-3242
Geiger-Gibson Community Health Center	617-288-1140
Greater Roslindale Medical & Dental Health Center	617-323-4440
Harvard Street Neighborhood Health Center	617-825-3400
Harbor Health Services, Inc	617-282-3200
Mattapan Community Health Center	617-296-0061
Neponset Health Center	617-282-3200
South Boston Community Health Center	617-269-7500
Southern Jamaica Plain Health Center	617-983-4100
Uphams Corner Health Center	617-740-8144
Whittier Street Health Center	617-427-1000

Hospital Resources

Child Witness to Violence Project, Boston Medical Center	617-414-4244
Women's Clinic for Health and Safety, Carney Hospital	617-296-4000 x4911
AWAKE Program, Children's Hospital	617-355-4760
Safe Transitions Program, Beth Israel Deaconess Medical Center	617-667-8141
Passageway Program, Brigham and Women's Hospital	617-732-8753
Violence Intervention Program, New England Medical Center	617-636-5136
HAVEN Program, Massachusetts General Hospital	617-724-0054

Sexual Assault Resources

Jane Doe Inc.: The MA Coalition Against Sexual Assault & Domestic Violence	617-248-0922
Boston Area Rape Crisis Center	617-492-7273
Rape Crisis Intervention Program, Beth Israel Deaconess Medical Center	617-667-4645
Fenway Community Health, Violence Recovery Program	800-834-3242

Domestic Violence Shelter & Sexual Assault Resources

Domestic Violence Shelter Resources

Casa Myrna Vazquez	800-992-2600
Jane Doe Inc.: The MA Coalition Against Sexual Assault & Domestic Violence	617-248-0922
Asian Task Force Against Domestic Violence	617-338-2355
Elizabeth Stone House	617-522-3417
FINEX House	617-288-1054
Renewal House	617-566-6881
The Network/ La Red (Lesbian, Bisexual, Transgender)	617-423-SAFE
Gay Men's Domestic Violence Project, safehome network	617-497-7317

Domestic Violence Resources

SafeLink statewide 24-hr. hotline	877-785-2020
Jane Doe Inc.: The MA Coalition Against Sexual Assault and Domestic Violence	617-248-0922
Suffolk County District Attorney's Office Domestic Violence Unit	617-619-4260
Children's Advocacy Center of Suffolk County	617-619-4276
Boston Police Department Domestic Violence Unit	617-343-4350
The Network/ La Red (Lesbian, Bisexual, Transgender)	617-423-SAFE
Gay Men's Domestic Violence Project	800-832-1901
Fenway Community Health, Violence Recovery Program	800-834-3242
Department of Social Services (DSS)	617-748-2333
Department of Transitional Assistance (DTA), Dorchester	617-989-6039
Greater Boston Legal Services	617-371-1234
Common Purpose Batterer Intervention Program	617-739-3831
Emerge Batterer Intervention Program	617-547-9879
Victim Compensation and Assistance	617-727-2200
MA Office for Victim Assistance	617-727-5200

**Developed by the
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in collaboration with the
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the Community Advocacy Program of CCHERS.**

"A Royal Visit", continued

the Prince about the war in Iraq, and turned the tables on the Lieutenant Governor as well. Health Careers underclassmen asked their royal guest what he perceived was the greatest problem in the world. His response to the question was, "apathy." The prince, the Lieutenant Governor and their audience all worked hard to understand each other better, and came together to focus on what it would take to make the world a better place. The conversation focused on choices, as the Prince himself continues to consider his own career path and the Lieutenant Governor spoke of shifting her professional priorities to a career in public service. The prince provided a new perspective on issues of choice for the HCa students who are noted for the public choices they make through their decision to attend HCa.

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Pharmacy Assistance Programs: Making Drugs Affordable

The spiraling cost of prescription drugs has created a crisis for the elderly and those living with chronic diseases in terms of accessing essential medications. In Massachusetts alone, there are approximately half a million uninsured and medically indigent residents. Unfortunately, this translates into higher mortality and morbidity rates, and overall lower quality of life among our most vulnerable citizens. This also means higher health care expenditures, more hospitalizations, and more expensive procedures. Limited access to affordable prescription drugs is an issue that affects all of us and not just a subset of our population.



After some congressional pressure and scrutiny, pharmaceutical companies have opted to create various types of *patient assistance programs*. These relatively new programs provide free or discount medication for individuals that otherwise would not have access to prescription drugs. In response to this issue, CCHERS developed a medication assistance program to access manufacturers' programs for uninsured health center patients. The program aims to inform health center providers and uninsured patients about eligibility and potential benefits of these programs. The program also seeks to provide applications and assistance to interest-

ed eligible individuals. It is our goal to implement this program throughout the CCHERS network of community health centers. The medication assistance program is a collaborative endeavor that could potentially bring significant financial relief to patients, physicians, and community health centers.

However, this initiative does not come without its limitations. Contrary to the massive mainstream drug marketing campaigns, pharmaceutical assistance programs have remained either unnoticed or unreachable to the majority of people that qualify for them. According to the Pharmaceutical Research and Manufacturers of America, (PhRMA), drug companies have provided free prescription medicine to over 6.2 million patients in the US in 2003. However, there are 38 million potential applicants that qualify for this type of program. In our current recruitment and dissemination efforts, we found the need for pharmaceutical manufacturers to establish consistent application requirements. Each company has its own eligibility criteria, process, and application form. The application procedure requires that: (1) indigent patients are expected to provide unrealistic income documentation; and (2) most programs are limited to US citizens or legal residents. This makes the entire process very time consuming and labor intensive. Already overwhelmed, community physicians are unable to help their clients handle the paperwork and other administrative challenges, because of their lack of time and resources. Perhaps the most serious limitation is the decision of some manufacturers to deny access to state uncompensated health care pool recipients.

Pharmacy Assistance Programs are part of a corporate charitable strategy taken by the drug industry to provide affordable and/or free pharmaceuticals for poor and marginalized individuals in this country. However, there are logistical issues deterring indigent patients from benefiting from these programs. They are well intentioned initiatives that need further crafting in order to make a significant difference in access for uninsured, indigent patients of community health centers.

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CCHERS News Briefs



Congratulations to HCa Class of 2005

The Health Careers Academy celebrated its seventh commencement on Thursday, June 14, 2005 at Northeastern University Blackman Auditorium. Dr. Theresa Perry, VP of Community Relations at Wheelock College delivered the Commencement Address, "Never was I so free as when I was reading," taken from Fredrick Douglas. The commencement ceremony for 40 students included many students with academic distinction including Ryan So (Valedictorian), Stephanie Joseph, and Miapheh Torpah all graduated with highest academic honors. Ten other students, Sharmila Baldeo, Triandra Donald, Asia Harris, Fabiola Melon, Camille Mitchell, Tara Myers, Michelle O'Neil, Ericka Pierribia, Ester Rivera and LaPorscha Wilson graduated with academic honors. Many graduates will make the big transition from high school to college/university campuses during the Fall. Further education is being pursued by 88% of the 2005 graduating class. Graduates of the class of 2005 will attend 12 different colleges and received numerous scholarships including Michelle O'Neil and Ryan So who received full scholarships to attend Northeastern University.

Boston Colleagues Publish Book on CBPR

"Community Research on Environmental Health: Studies in Science, Advocacy, and Ethics," a new book by colleagues Doug Brugge, Associate Professor of Family Medicine and Community Health at Tufts University School of Medicine, and H. Patricia Hynes, Professor of Environmental Health at Boston University School of Public Health, provide case examples of community-based participatory research (CBPR) across the United States with underserved communities. The editors and assembled authors discuss many examples from environmental health sciences research, pointing out the issues that need to be addressed when conducting community-collaborative research. The examples also show how social scientists and low-income residents form partnerships to effectively address the environmental health concerns impacting their communities. Published by Ashgate Publishing it is available at www.ashgate.com.


Center for Community Health Education Research and Service, Inc.

Presents
"A Right to Care"
A One Woman Performance by
The Obie Award Winner

Thursday September 22, 2005
6:30 pm

Blackman Auditorium
Northeastern University
360 Huntington Avenue
Boston, Massachusetts 02115

For more information go to
www.cchers.org or call CCHERS at
617-373-4591 Tickets are available at
the Blackman Auditorium box office
(617) 373-2247.

News of Our Partners

New Dean at BUSM

Dr. Karen Antman became the new Dean of Boston University School of Medicine and Provost of the Boston University Medical Center Campus on May 1, 2005. In a meeting with CCHERS Executive Director, Elmer Freeman, the former National Cancer Institute researcher expressed her commitment to promoting community-based participatory research in partnerships with the CCHERS community health centers and the communities they serve.

BPHC Releases Mayor's Blueprint for Eliminating Health Disparities

The Boston Public Health Commission released the blueprint for eliminating racial and ethnic health disparities, developed by the Mayor's Task Force on Disparities in Health, chaired by Deborah Jackson of the American Red Cross of Massachusetts Bay and Gary Gottlieb of Brigham and Women's Hospital on June 23, 2005 along with the

announcement of \$1,000,000 in funding to eliminate racial and ethnic health disparities. Also released at the same time were a data report and analysis of disparities in the city of Boston as well as a hospital working group report with action steps and recommendations for Boston hospitals.

Bouvé Explores Partnership with BPHC

Beginning with a meeting between the senior leadership of the Boston Public Health Commission and key members of the faculty and staff of the Bouvé College of Health Sciences in the winter, and followed by the Race and Health forum held in March and the Bouvé faculty retreat in April, the BPHC and the Bouvé College are poised to operationalize a partnership to significantly impact the health of urban populations. CCHERS and the Institute on Urban Health Research will play key roles in this effort.

Codman Square Hosts Summit of Non-Profits

Codman Square Health Center convened a regional planning meeting for non-profit organizations in Boston in early June to discuss the Massachusetts Nonprofit Working Group recommendation for a shared agenda among nonprofit organizations to: (1) build public awareness of the role of the nonprofit sector in Massachusetts; (2) strengthen and reposition the sector to play a role in state economic and social policy; and (3) develop a mechanism for Massachusetts nonprofits to speak effectively for the sector and respond to opportunities and threats to our interests.



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Research and Service**

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