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**BOSTON  
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Health Disparities:  
narrowing the gap through  
**community  
partnerships**

**Boston University** School of Public Health  
Dean's Report 2009–2010



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**ON THE COVER:** Resident Housing Advocate Yanick Francois (right) visits with Miledy Santiago at the Boston Housing Authority's Whittier Street housing development. Francois is one of 54 public housing residents trained though the BUSPH Partners in Health and Housing Prevention Research Center to help public housing residents in Boston receive better access to health care.

Partnership with the community:

Bridging the Gap Between Good Research and Good Health

Universities that conduct biomedical research have been working hard in the last decade to improve the translation of scientific discoveries into meaningful clinical treatments, taking research—as the process is often described—from the bench to the bedside. Translation is an essential duty of government-funded science programs, ensuring that research is not done for its own sake, but to improve the lives of the taxpayers who fund it.

But if society is to realize the full promise of research, translation can’t stop at the bedside. It is the job of public health scientists to bridge the final gap between clinical knowledge and public health—conducting research that enables the transfer of clinical insights into policy, practice, and general knowledge that prevents disease and promotes healthier living across entire populations.

More than a decade ago, Boston University School of Public Health committed itself to community-based participatory research (CBPR), a research methodology that involves the community as partners, not only in choosing what to study, but in finding solutions, mounting responses, and evaluating results. The goal is to empower communities to set their own health agendas and take action to improve their lives. We believe this model holds great promise, not only for American communities, but also for resource-poor countries around the world where we are also engaged in this work. Accordingly, we have targeted the expansion of CBPR as a major goal of the School’s current five-year Strategic Plan, and it has become a primary focus of our fund-raising efforts.

As you will read in the following pages of the 2010 BUSPH Dean’s Report, CBPR is not easy to accomplish. Success requires the commitment of many people to forge relationships, create trust and to listen to and value the unique insights each participant brings to the effort as well as to nurture and sustain partnerships over time.

This work is absolutely the right fit for BUSPH, which is dedicated to the mission of improving the health of populations, especially the disadvantaged, underserved and vulnerable. I am pleased to be able to acknowledge in these pages the inspired and hard-working BUSPH researchers and Boston-area people, agencies and institutions who are working together to pursue these goals, as well as the donors who are helping to make it possible.

Robert F. Meenan, MD, MPH, MBA  
Dean



VIDEO EXTRA

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Look for this icon throughout the following pages for additional video content about community-based research at Boston University School of Public Health.



# Community-Based Participatory Research: A methodology for addressing health disparities

Since it was founded in 1976, the Boston University School of Public Health has been committed to conducting policy-changing applied research that addresses health issues of disadvantaged, underserved, and vulnerable populations. During the last decade, the School's epidemiologists, along with its environmental and social and behavioral scientists, have been building campus-community relationships with residents and organizations in and around Boston to prevent disease and to promote healthier living. They collaborate with public housing residents, school groups, neighborhood groups, and community health centers to address issues such as obesity, youth violence, access to health care, and environmental toxins. In doing so, they seek to address disparities in health among mostly urban populations who suffer greater rates of illness and health problems than the general population.



In the following interview with BUSPH Dean's Report editor Sharon Britton, Deborah Bowen, PhD, professor and chair of the Department of Community Health Sciences, talks about the School's efforts to work with the community on health issues of concern to residents. Bowen is senior deputy director of the Partners in Health and Housing Prevention Research Center (PRC), a Center for Disease Control and Prevention (CDC)-funded research center based at the School. She will become PRC director on Oct. 1, 2010, taking over leadership from Robert Horsburgh, outgoing director.

## Q&A with Deborah Bowen

**Q: What is community-based participatory research?**

A: CBPR is a methodology for conducting public health research that depends on the full participation of community partners—not only to help choose the research topics, but also to collaborate on the design, to implement and evaluate the results, and to develop action plans based on what we learn. It is a widely recognized methodology in public health research and is central to the national prevention research agenda today.

**Q: Sounds like it could complicate a straightforward research project. Why involve the community?**

A: After many years of working on public health research and interventions, academics have gradually grown to realize that we don't know everything. We are not always good at gauging what issues the community cares about or at figuring out the best ways to address the problems, even when we do understand them. In a number of cases, researchers have learned that sometimes they think they have a great idea for a public health study or intervention, but, when they try to recruit community people to participate, no one shows up. The best idea isn't much good if it is not relevant to the population it concerns.

**Q: How does CBPR change that?**

A: CBPR asks people what problems they care about, and it gets them involved in solving them. It is a real partnership. Having the insight of the populations you are studying and trying to help is

invaluable to public health research. It doesn't do any good if I, a researcher, want to address obesity in a Boston neighborhood but the residents are much more concerned about violence or safety. Through CBPR, residents get a voice in what should be a priority to study.

**Q: So how does BUSPH practice CBPR?**

A: There are a number of efforts going on between researchers and the community addressing issues such as youth violence, access to health care, and environmental toxins. We have researchers who are building their own relationships with neighborhoods, schools, and community health centers in Boston and Greater Boston. The Partners in Health and Housing Prevention Research Center is our most classic example of CBPR. It was spearheaded eight years ago by Center directors Dean Bob Meenan and Bob Horsburgh, professor and chair of epidemiology, and is the only center of its kind in the country to focus on improving the lives of public housing residents. The Center is a true collaboration linking BUSPH, the Boston Public Housing Authority, the Boston Public Health Commission, and the Community Committee for Health Promotion, a 25-member board connecting public housing residents and community agencies. The effort is funded by the CDC and builds on work done in the 1990s by Community Health Sciences Professor Jonathan Howland. Jonathan got returning Peace Corps volunteers who were students at the School to live in public

housing projects and work with residents to develop health-related programming with a grant through AmeriCorps. From that we gained important insights that led us to apply for the PRC grant.

**Q: So what does the Prevention Research Center do, and how does it work?**

A: Using the CBPR methodology, the Prevention Research Center works on health issues of concern to public housing residents. There are more than 50,000 residents of Boston who live in public housing or who receive rental assistance vouchers. In 2001, one of our epidemiologists, Dan Brooks, utilized a health survey conducted by the Boston Public Health Commission to look at the health of public housing residents specifically. That study found that Boston public housing residents have substantially poorer health than other residents in the city with similar access to health care. This study gave us a strong baseline of information to begin our work, and we resurvey each year to assess ongoing needs. Each year the Community Committee also conducts a survey of the residents to identify issues and needs that the residents articulate. Both sources of data help the PRC to chart its course.

**Q: How do you get started?**

A: The most important first step is engaging the community to build trust. This takes a lot of time, and the partners who got the PRC going worked very hard to become comfortable with one another and understand how each could contribute. The next step is to figure out what intervention strategies we want to undertake and demonstrate whether these are effective. After that, we attempt to institutionalize the strategies that work.

**Q: What are some of the projects the PRC is working on?**

A: One of our current core research projects looks at why public housing residents get fewer primary care services, even in places where there is access to a community health center within walking distance or a bus ride. In some developments, as many as half the people don't get primary care—even people with chronic conditions like hypertension and diabetes. We are also going to test an intervention—a version of a "patient navigator" system. We will train a number of public housing residents to serve as health system navigators for people who need help getting to their appointments. The navigator intervention has been successful in helping breast cancer patients get follow-up care, but it hasn't been tested for public housing residents.

“[Community Based Research] asks people what problems they care about, and it gets them involved in solving them. It is a real partnership.”  
—DEBORAH BOWEN

**Q: How will you determine whether this is successful?**

A: We will likely randomize the public housing developments: some will implement a navigator system right away, and others will wait six months. And then we will compare health-care access behaviors between the groups. The community partners will help design this and we will all work to make sure everything is equitable so that those who don't get the intervention right away will get it eventually.

**Q: I understand that some BUSPH researchers are working in the community on environmental issues. What is that about?**

A: Since the earliest days of the School, researchers in the Department of Environmental Health have been committed to the notion of environmental justice—working with residents to fight pollution in their neighborhoods and with workers and soldiers dealing with chemical exposures on the job. Madeleine Scammell is a bright, young assistant professor working in her hometown of Chelsea—a community with a lot of industry—to understand the effects of environmental pollution there.

**Q: You have also mentioned youth violence. What's happening on that front?**

A: Three researchers in my department, Emily Rothman, Judith Bernstein, and Renee Johnson, have been working on youth violence interventions in the community. Emily, for example, is working with a community group in Haverhill, Mass., on a multi-pronged project to steer at-risk youth away from violence.

**Q: Is there some aspect of this work you find particularly compelling?**

A: I'd have to say that watching the public housing residents develop their voices is gratifying. This is a group of folks who have had little opportunity to have their concerns heard. Not only are they learning to advocate for themselves, but they are addressing larger public health concerns. Last summer, the PRC was able to provide funding to allow about 20 residents to attend a public housing conference with people from all over the country. This is exciting and empowering for them, and it is also exciting for public health—what works here can likely be replicated in public housing developments around the country.





Collaborating at a recent meeting, PRC members include **BUSPH:** Tracy Battaglia, Deborah Bowen, Sarah Gees Bhosrekar, Robert Horsburgh, Pamela King, Nancy Maxwell, Jo-Anna Rorie, Madeleine Scammell, Lee Strunin; **Boston Housing Authority:** Rachel Goodman, John Kane; **Boston Public Health Commission:** Gerry Thomas; **Community Committee for Health Promotion:** Eugenia Smith.



# everyone at the table:

## addressing health disparities through community engagement

BY LISA CHEDEKEL

“In the beginning, there wasn’t a comfort level. It took us a while to build trust, to build relationships. We’d sit around the table and say, ‘Well, we want to do this or that project—what do you think?’ And the community board would basically say ‘yes’ or ‘no.’ It wasn’t a true partnership. It wasn’t a two-way street.”

—ROBERT HORSBURGH

In the early days, the partners in the Boston University School of Public Health’s Prevention Research Center were like kids from different neighborhoods, eyeing each other warily across the playground.

There were the landlords—the Boston Housing Authority—charged with overseeing the physical environment of public housing. There was the government—the Boston Public Health Commission—responsible for policing the overall health status of city residents, fewer than 10 percent of them living in public housing. There were the academics—researchers at the BU School of Public Health—who wanted to use public housing as an incubator for health studies.

And then there was the actual public housing community—assembled into an advisory board—wrestling with a host of real-live health problems.

“In the beginning, there wasn’t a comfort level. It took us a while to build trust, to build relationships,” recalled Robert Horsburgh, MD, MUS, chair of epidemiology at BUSPH and outgoing director of the Partners in Health and Housing Prevention Research Center (PRC). “We’d sit around the table and say, ‘Well, we want to do this or that project—what do you think?’ And the community board would basically say ‘yes’ or ‘no.’ It wasn’t a true partnership. It wasn’t a two-way street.”

Nine years later, all that has changed.

Nine years later, the landlords, the government, the academics and the community come together twice a month to share ideas and make decisions about how to spend federal grant money, engaged in a spirited back-and-forth that swings from intense debate to easy banter.

At a meeting this spring, for example, representatives of the Boston Housing Authority told their colleagues on the PRC Steering Committee that they were looking at making public housing developments “smoke-free” within the next few years.

“Is there going to be a way to evaluate the effects of the move to a smoke-free environment?” asked Deborah Bowen, chair of community health sciences at BUSPH and incoming director of the PRC.

“We’d love to work with you on how to evaluate it,” said John Kane, a planner with the housing authority.

At another point, steering committee member Madeleine Scammell, a BUSPH assistant professor of environmental health, talked about embarking on a project to map out health and recreation facilities and healthy food options near three public housing developments, with information provided by, and then shared with, residents.

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"Sounds like a great idea," said Eugenia Smith, a public housing resident who chairs the Community Committee for Health Promotion.

"I think there could be some synergy with the data we have," said Gerry Thomas, associate director of the community initiatives bureau of the Boston Public Health Commission.

This is community-based participatory research at its best—community representatives, public health researchers, and government agencies working side by side to design and steer research projects. The process is collaborative: public housing residents, supported by government partners, identify their health concerns and priorities, and researchers find ways to study and address those issues.

The payoff is profound: a body of evidence-based research that can be used to secure funding for disease prevention and health promotion programs that benefit the residents.

"Getting affected communities engaged in research just works," said Horsburgh, who has been involved with the PRC since its inception. "If people hear, 'We're the government' or 'We're the experts and we're here to help you,' they just run the other way. That doesn't happen when everyone's at the table."

### Training and Navigating

The Center at BUSPH was established in 2001 as one of 33 Prevention Research Centers nationwide, funded by the Centers for Disease Control and Prevention (CDC) to create academic-community partnerships aimed at reducing the burden of disease

and promoting health among at-risk populations. Together, the centers reach 41 million people in 66 partner communities.

BU's Center, which recently received a five-year, \$3.5 million award to continue its work, is the only such collaboration that focuses exclusively on public housing, engaging residents in activities and research designed to improve their health and well-being and reduce health disparities. About 50,000 people live in Boston public housing or receive rental-assistance vouchers.

Since its inception, the PRC has grown into a national model of community-based participatory research, a scientific approach that equitably involves multiple partners, including the at-risk community itself. All four of the PRC's partners—which now include the Community Committee for Health Promotion, composed of public housing residents and community representatives—jointly approve research projects and programs. Horsburgh believes that interventions that work in Boston could be replicated in public housing developments in cities across the country.

To date, the Center has tackled a variety of health issues of concern to public housing residents, including smoking, violence, obesity, diabetes, high cholesterol, dental problems, and lack of health insurance. Every year, the center trains a cadre of public housing tenants to become Resident Health Advocates (RHAs) in their housing developments, helping their fellow residents navigate the health system while also recruiting them for research studies and health promotion programs.

Because the advocates are peer leaders, they have helped to build trust between residents and the institutional collaborators.

"The design of our Center has always been oriented around the RHAs," Horsburgh said. "Instead of inserting people into public housing to serve as advocates, the idea was, why not train people who are already there? Let's identify opinion leaders, give them health skills, and let them be our bridge to residents. It's an approach that's proven very successful."

The RHAs themselves perform a variety of tasks, including some related to research. In 2007–08, the advocates were instrumental in recruiting residents of four housing developments to be screened via a mobile health van for high blood pressure, cholesterol, diabetes risk, and oral health problems. Results of that project found that such an accessible intervention significantly increased screening rates, with 65 percent of participants screening positive for at least one condition. Also, with assistance from the RHAs, the proportion of screened residents who attended follow-up medical appointments improved from 15 percent in 2007 to 55 percent in 2008.

"RHA recruitment of fellow residents, if sustained and coupled with clinical follow-up ... would lead to improved health and reduction in health disparities among public housing residents," a study of that project concluded. The PRC is now conducting a follow-up to that study, aimed at increasing residents' access to primary care.

Bowen, the PRC's incoming director, said that as many as half of residents in some housing developments don't receive regular primary care, although they may suffer from chronic conditions such as diabetes or high blood pressure. The new project, dubbed the "patient navigator" program, will use trained RHAs to help residents navigate the health system. By working with community clinics, hospitals, and dental clinics, they make appointments for

**“Getting affected communities engaged in research just works. If people hear, ‘We’re the government’ or ‘We’re the experts and we’re here to help you,’ they just run the other way... That doesn’t happen when everyone’s at the table.”**

— ROBERT HORSBURGH

residents, and they strive to remove logistical barriers to care, such as language, transportation, or insurance problems. The project, which will assess health outcomes of participants, is headed by Tracy Battaglia, MD, an assistant professor of epidemiology at BUSPH and of medicine at the BU School of Medicine.

Other research programs supported by the PRC have included the Latino Health Insurance Program, a community outreach effort headed by Milagros Abreu, MD, a BUSPH research associate in epidemiology. That program, through which community members were hired and trained as case managers, enrolled several hundred Latino children and adults from two East Boston public housing

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## Being the Change: Residents Learn to Set their Own Health Agenda

BY LISA CHEDEKEL

As a longtime tenant of the Cathedral Housing Development in Boston's South End, Ruth Barkley knows that her fellow public housing residents are more likely to suffer from ill health—including asthma, diabetes, and hypertension—than other city residents.

She also knows that many residents land in the health-care system ill-equipped, lacking information about issues ranging from choosing a doctor to buying prescription drugs.

Until recently, Barkley, 77, who has lived at Cathedral since 1965, didn't think she could do much to empower her neighbors around issues of health.

Now she knows differently.

The Cathedral tenants' association, which Barkley heads, was the first public housing residents' group to receive a health-promotion grant from the Partners in Health and Housing Prevention Research Center (PRC), based at BU School of Public Health. Barkley and another tenant leader, Joseph Jeans, spent weeks learning how to write a grant proposal and drafting plans for a series of health-education workshops they wanted to organize for Cathedral residents.

Their work paid off: The Cathedral Tenants United Task Force secured a \$3,000 grant from the PRC that it used to run workshops on elderly health, family health, addiction, and other topics.

"When we started out with the grant training, I didn't know what we were



getting into. I wasn't sure we could do it," said Barkley, a great-grandmother. "But by the final session, when we had designed a program that could be beneficial to all the age groups in our development, it was really exciting."

The training program, dubbed "Knowledge Is Power," or KIP, was the brainchild of Doris Bunte, a former administrator of the Boston Housing Authority who also chaired the PRC's Community Committee for Health Promotion. Bunte wanted to find ways to help public housing residents help themselves, teaching them how to apply for grants and tap community resources. She worked with BUSPH Environmental Health Professor Patricia Hynes, now retired, to design the KIP program.

Initially, groups of tenant leaders from three Boston housing developments went through the training program, learning how to analyze and submit a grant proposal. Bunte and Hynes designed a broad-based curriculum for the tenant leaders that covered issues ranging from the ethics of being responsible for a grant, to legal factors, to budgeting.

Two tenant groups, including the one from Cathedral, completed the training program. More tenant groups are expected to participate in the coming months.

Barkley said the workshops helped to educate residents of all ages about health issues and community resources, while also serving as a way to bring neighbors together.

"Too often in public housing, you become isolated to some degree from each other and from the community outside," Barkley said. "This was a way of bringing folks together and trying to build partnerships with the community."

Eugenia Smith, current chair of the Community Committee for Health Promotion, said one aim of the training program is to teach tenants' groups to advocate for community resources on their own. Over the last decade, federal and state programs

aimed at empowering public housing residents have dwindled, leaving groups like the PRC to step in and try to fill that gap.

"Once they have a successful program going, the hope is they'll be poised to go to other institutions and form partnerships," Smith said. "That's the long-term goal."

For her part, Barkley is proud that Cathedral, a 420-unit development that, she says, went through some "very bad years" of crime and violence, has regained a measure of stability and sense of community in recent years.

"We have our own little United Nations in Cathedral—blacks, whites, Asians, Jamaicans, Dominicans—you name it, we've got it," Barkley said. "The more ways we can find to bring everyone together, the better for all of us." ■





## Door-to-Door Service:

BY LISA CHEDEKEL

As the longest-serving resident health advocate in the Partners in Health and Housing Prevention Research Center (PRC), Yanick Francois has fielded dozens of requests for assistance from public housing residents who need health insurance, access to health care, and financial or other aid.

But the call that sticks out in her mind was a more urgent plea: A 30-year-old resident was ready to pack it in and kill himself.

"Someone called one morning and said there was a young man who was talking about suicide," Francois recalled, shaking her head. "I found him and took him over to the Whittier Street Heath Center and got him right in to see mental health. For a while,

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developments in health-insurance programs and connected them to primary care. The project has since been expanded to other immigrant communities outside of Boston (See story, page 24).

Through another PRC pilot program, focused on smoking cessation, a tobacco treatment specialist and trained public housing residents worked with residents of South Boston's West Broadway Housing Development to encourage participation in quit-smoking programs. The specialists held individual and group counseling sessions and provided participants with free nicotine patches and other types of treatment.

"Instead of having people travel to a program, we brought the program to the development," said Dan Brooks, associate professor of epidemiology at BUSPH, who led the project. He is planning to expand the program to multiple housing developments and test its effectiveness more formally.

In addition, the PRC is working with the BU Center for Research to Evaluate and Eliminate Dental Disparities on a project aimed at preventing dental cavities by promoting the use of a fluoride varnish application in children living in public housing. Also ongoing is a resident training program called Knowledge Is Power, in which tenant task forces are trained to apply for grants and tap community resources for health-related projects.

Horsburgh said all of the projects undertaken by the PRC have one thing in common: residents are the impetus and integral partners.

"That's what community-based participatory research is. You go to the community, you develop the relationships, and you embark on projects together," he said. "They get a better sense of what

they want over time, and you get a better sense of how you can meet their needs. That's the key to making it work."

### Building a Bridge of Trust

Eugenia Smith, a public housing resident who chairs the Community Committee for Health Promotion, sees the PRC as a bridge spanning the mistrust and misconceptions that exist between residents and the agencies concerned with safeguarding their health. The Community Committee consists of 13 public housing residents and 12 community agency representatives.

On the positive side, Smith said, the PRC is a venue for residents to communicate their health concerns straight to the people who can do something about them. She added that more work is needed to bolster the bridge of trust.

"I think a lot of residents are still getting to know what the PRC is—that it's not BU, and it's not the Boston Housing Authority, and it's not the government," she explained. "We're trying to get the word out that it's a partnership working to help residents."

To Smith, the strength of the PRC is its ability to hear directly from residents. The Community Committee for Health Promotion circulates a survey to residents every year that asks about their health concerns, covering everything from barriers to care, to access to recreation.

"That's the biggest positive for me—that we are gathering information directly from residents," Smith said. "When you go into a development and ask the questions, you get the voices of the people who live there, not something out of a book or out of some manual. To let people see that their voices are powerful and that someone is listening to them—that goes a long way."

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## Resident Health Advocates Connect People to Health Resources

I talked with him every day. Now he's doing OK—better than OK. You'd never even know he was in that state."

Francois, a single mother who lives in the Boston Housing Authority's Whittier Street housing development in lower Roxbury, is one of 54 public housing residents who have been trained as resident health advocates (RHAs) by the PRC during the past seven years. The advocates participate in 14 weeks of intensive training in public health and leadership skills and then are hired for eight-month paid internships with the housing authority, serving as resources on health information for their fellow residents. Many go on to jobs in health care or related fields; Francois has stayed on as an advanced RHA.

In the program's early years, the health advocates' primary function was to disseminate health information, coordinate workshops and surveys, and help tenants to connect with community health services. But as the PRC program has evolved, so have the RHAs' roles: They are now assisting with BU School of Public Health (BUSPH) studies of health-care access and disease prevention.

"Being a resident health advocate is not for the weak of heart," said Jo-Anna Rorie, associate professor of community health sciences at BUSPH, who coordinates the RHAs. "It's a challenging, demanding role. Most RHAs are seriously positive moral actors, driven to push for the change they wish to see."

The RHAs have been involved in the past few years in an intervention program to improve health screening and health-care access. In 2007–08, they were instrumental in recruiting residents of four housing developments to be screened, via a mobile health van, for high blood pressure, cholesterol, diabetes risk, and oral health problems. Results of that project showed that such an accessible, on-site intervention significantly increased screening rates.

The advocates now are involved in a follow-up to that study, in which they are helping residents navigate through the health-care system and are tracking their attendance at appointments by working with community clinics, hospitals, and



The PRC's research work is guided, in part, by the health surveys of residents. In 2008, Brooks, Horsburgh, and researchers from the Boston Public Health Commission published a study in the *American Journal of Public Health* based on survey results. The research found that public housing residents reported substantially poorer health than did other city residents. The reported prevalence of hypertension was twice that of other city residents; obesity and asthma rates also were higher. In addition, public housing residents were more than twice as likely as other residents not to have had a preventive dental visit in the past two years and were almost twice as likely to smoke.

The PRC partners are using information from the surveys to create databases of health indicators that will guide future research and programs.

According to Rachel Goodman, director of the Community Services Department of the Boston Housing Authority and a member of the PRC Steering Committee, the PRC has strengthened the ties between residents and the three institutional partners and has allowed for joint decision-making around issues of health and

wellness. Before the PRC, the housing authority had partnered with BUSPH on some projects and worked with Boston health officials on others.

"This has given us a means by which we can do more for residents' health and wellness, more thoughtfully," Goodman said. "Bringing all the partners together in a sustained and ongoing way has really helped us to think about how we want to address health and well-being, which are linked to residents' economic and social well-being."

While the PRC's focus remains on research, the group has embarked on a number of programs aimed at fostering better health among public housing tenants. At several developments, there have been exercise programs in which residents meet regularly for walks, with some participants reporting significant weight loss and increased energy. A corps of teenage RHAs has been trained and educated about health issues over the summer, and other summer programs have promoted healthy living among youth.

Also ongoing is a pilot project mapping recreational and food resources within walking distance of housing developments. Several BUSPH students are assisting with that effort, which could help

to inform residents while also shedding light on the correlations between health status and the availability of health resources.

Horsburgh and Bowen said each of the partners in the PRC wants to promote health among public housing residents but is limited in what it can do individually. The formal collaboration allows the partners to combine resources, share data, and design effective intervention programs.

"We feel that what BUSPH brings is the ability to look at a problem, gather the data, and then demonstrate whether an intervention works or doesn't work," Horsburgh said. "When you have that kind of research base behind you, it's easier to make your case to funders. In the end, the hope is that the residents who led us to the problems will be the ones who will benefit." ■

### Walking Themselves Healthy

One step at a time, South Boston residents Marie Greig, left, and Eileen Ronca are making their lives healthier. They are members of NeighborWalk, a program sponsored by the Partners in Health and Housing Prevention Research Center. Boston public housing development resident participants enjoy the health benefits of walking and the camaraderie of spending time with their neighbors.



(Left and Below) Resident Housing Advocate Yanick Francois makes her rounds at the Boston Housing Authority's Whittier Street housing development.

### VIDEO EXTRA

[sph.bu.edu/dr2010](http://sph.bu.edu/dr2010)

Francois, who has lived at Whittier since 2000, worked as a schoolteacher in her native Haiti and as a certified nurse's aide after immigrating to the United States. She said she views her RHA work as a kind of continuing education in health that allows her to give back to her community. The RHAs meet together regularly with Greg Davis, family services manager for the housing authority, to discuss their work and coordinate programs.

In addition to the RHA training, the PRC runs a summer program for teenagers that provides training in health promotion, violence prevention, health disparities, and leadership. The teen

resident health advocates serve as summer interns in community health centers and other settings. In 2009, four teens from Boston public housing were chosen to participate.

One of the teens, Keylanis Hernandez, 17, said the summer program made her think differently about health.

"I learned how important it is to eat healthy and live healthy and take care of yourself," Hernandez said. "I also realized I like to help other people, especially after working at a community health center. That was my first time in a job, and it was a wonderful experience. It made me feel good, just being able to help other people." ■

"We have a community dealing with so many issues—drugs and alcohol, teen pregnancy, unemployment.

I try to be a resource for them." —YANICK FRANCOIS



### Resident Advocates, continued from bottom of page 9

physicians. Rorie said BUSPH researchers plan to study health outcomes for those who receive care through the "patient navigator" program.

Francois said some of the residents she recruited for the van screening had not been seen by a doctor in years, and many suffered from hypertension and other conditions.

"Everyone had something—high blood pressure, high cholesterol, or their body mass index or blood sugar was too high," she said. "A few were emergencies; we had to rush with them to the hospital. One of the guys hadn't been to a doctor in 10 years."

Since the screenings, Francois, who works 15 hours a week as an RHA, has been tracking residents' health-care appointments to make sure they go for follow-ups. "All of my clients are good about that," she said proudly.

She also does outreach to residents to participate in annual health surveys; links residents with community resources; and negotiates conflicts between residents and the housing authority.

"I love her," said Marie Gould, manager of the Whittier development. "We work well together. She's been a big help."

Like other RHAs, Francois said the biggest challenge of her role is earning

the trust of her fellow residents, including some who see her as an arm of the housing authority. The rewards—especially helping families navigate not only the health-care system, but also issues ranging from child care to domestic violence—are what drive her.

"We have a community dealing with so many issues—drugs and alcohol, teen pregnancy, unemployment. A lot of the people keep to themselves," she said. "I try to be a resource for them. When I knock on a door, if somebody doesn't want to be approached, I back off. I try to keep a positive attitude. Maybe the next time I knock, things will be different."





“These kids are so passionate because so many of them have experienced violence firsthand.”

— CAROL IRELAND

BY MICHELLE SALZMAN

College-bound and full of hope, recent Haverhill High School graduates Roxana Patroni and Z’Heondre Calcano were not always on such a promising path.

When they talk about their early high school years, they describe behavior and attitudes that could have led them to trouble or seen them wrapped up in the culture of gang violence that consumes many young people in urban communities.

“Before VIP, I would describe myself as a rude person,” said Calcano, referring to the youth anti-violence program at Haverhill High that changed the direction of his life. “I was mad all the time for no reason. I never wanted to go to school.”

Similarly for Patroni, violence surrounded her life as a teenager. “At the high school level I know people that have been stabbed, jumped, gotten into fights,” she said. “My view on violence has changed a lot. Most people view violence as a means to get power, and through VIP I’ve learned what stops someone from going through with actions of violence is extra education, knowing that there’s other ways to solve issues.”

Violence Intervention and Prevention—VIP—was started at Haverhill High School in 2005 as a one-time, peer-led youth anti-violence conference. The effort has grown into a well-established leadership program involving both high school and middle school students. It also has become the centerpiece of a wider community-led partnership between the police and schools to stem the growth of youth violence.

In 2006, with gang-related violence on the upswing in Haverhill and Methuen, Mass., representatives from the

## it takes a **village** to prevent youth violence



**(Above)** Flashing the peace sign: (l. to r.) Taysia Barnes, Jonathan Figueroa, Roxana Patroni, Kevin Gaova.

**(Below left)** Participating in a teamwork exercise: Jonathan Figueroa, Isela Ramos, Z’Heondre Calcano.

schools, local law enforcement, and community-based anti-violence groups came together to work on a more comprehensive approach to the problem. The group applied for funding through the Massachusetts Executive Office of Public Safety and

Security under the Charles E. Shannon Jr. Community Safety Initiative. Receiving grants over four years totaling \$733,000, the communities have been able to tackle a number of issues, including strengthening the VIP program as well as introducing a new and productive Youth-Police Dialogues program and a data-driven “hot-spot” policing effort.

With additional funding from the Edward J. Byrne Justice Assistance Grant Program, the committee—known locally as the Shannon Grant Steering Committee—brought on Boston University School of Public Health researcher Emily Rothman, ScD, MS, to measure whether the interventions are turning around the problems the communities hoped to solve. Rothman, associate professor of community health sciences at BUSPH, was sought out for her special research expertise on the topic. She is involved in a number of youth-oriented research and prevention efforts across the state regarding teenage drinking, violence, and sexual assault. BUSPH graduates Abigail Isaacson, (SPH ’10), and Allyson Baughman (SPH ’07) joined Rothman as research assistants on the Shannon grant project.

This community effort is “a small constellation of different strategies that form a comprehensive youth violence prevention initiative” for Haverhill and Methuen, said Rothman. So far, the communities’ efforts are making a difference, she added.

“We’ve been able to detect that youth who have participated in the VIP program are less likely to participate in a gang, their physical fighting decreases, and their healthy relationship skills increase,” Rothman said. “We’ve also seen that their educational aspirations are growing and that the self-esteem of participants has improved.”

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Calcano, who will attend Middlesex Community College in Lowell this fall to study mechanical engineering, credits VIP for his new academic attitude in high school. "I noticed I needed to take high school more seriously. I calmed down more," he said. Similarly focused on her studies, Patroni will pursue biology at Suffolk University.

Some students join VIP on their own after finding out about it from friends. Others may be referred by guidance counselors who identify them as being at high risk for violence, having a history of delinquency, showing poor academic performance, or belonging to a gang.

As new members, they pledge to uphold the program's mission of peace. As they demonstrate dedication to non-violence, they can attain the rank of "leader" by giving presentations on violence prevention to their peers, attending training workshops on conflict resolution, or demonstrating leadership or public speaking abilities. Participants must maintain passing grades and refrain from disrespectful or violent behavior. Membership in VIP also gives students access to academic tutoring, job placement assistance, and field trips to local universities.

Lori Curry, a health educator in the Haverhill Public Schools and one of the program's advisors, said VIP creates a valuable

niche for teens who have leadership talents ripe for development but may not participate in traditional outlets like sports or the National Honor Society. "They have tremendous street knowledge and potential to be persuasive leaders with their peers," she said.

Carol Ireland, a student support specialist at Haverhill High School and another VIP advisor, said that for many of the participants the motivation is personal. "These kids are so passionate because so many of them have experienced violence firsthand," she said. "They become some of our best leaders because they don't want their friends to make the same decisions they've made." Both Curry and Ireland are members of the Shannon Grant Steering Committee.

Currently VIP has 40 high school members and 50 members at the Haverhill middle school level. The goal, said Ireland, is to extend the program to Haverhill elementary schools. "If you are talking about primary violence prevention," she noted, "that's where we need to be."

**Bridging the Gap between Cops and Kids**

In addition to VIP, the Youth-Police Dialogues program is opening up the channels of communication between youth and police to build trust and reduce animosity between the two groups.

In June 2009, nine police officers and 30 young people came together for three intensive dialogue sessions. The teen participants were recruited through VIP and the local Department of Youth Services.

Police officers talked openly about what compelled them to join the police force, and the teens talked about their gang experiences. Together they tackled issues such as personal responsibility to the community, and they brainstormed about goals police and youth could accomplish together.

Rothman surveyed the teens' attitudes about police before and after the sessions. In after-dialogue surveys, she found that participants were more likely to report that police officers are fair and that they understand youth, and she also discovered the teens were more willing to sit down and talk with a police officer.

"We found that the kids' attitudes really did shift. They had much better opinions of the police, and a lot of them said that they would consider becoming law enforcement officers when they grow up," Rothman said.

"I think when we came away from the program, we all had somewhat of a different outlook of each other's points of view," observed Haverhill Deputy Police Chief Donald Thompson, a member of the Shannon Grant Steering Committee who participated in the program. "The officers ended up finding a respect for the teens, and I think the teens found a respect for the officers," he said.

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"We have a lot of kids in VIP who have the kind of skills and knowledge that aren't typically sought out in other types of programs ... They have tremendous street knowledge and tremendous potential to be persuasive leaders with their peers."

—LORI CURRY

BUSPH researcher Emily Rothman (opposite page, back, in red) listens in on a gathering of VIP members, school counselors and local police.





**(Above)** VIP members Lorena Felix (left) and Xavier Roldan (middle) talk with Haverhill High School Outreach Specialist Andy Polanco.

**(Right)** (l. to r.) VIP members Britney Alasa, Lorena Felix, Haverhill Police Officer John Little, and Z'Heondre Calcano.

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"After talking to the police officers I got to understand why they act the way they act, what leads up to their actions," said Patroni, who now counts one of the officers among her mentors. "I absolutely love the police officers who were involved in the Youth-Police Dialogues. They took the time to talk to us and better the relationship between youth and the police."

Dialogue participants agreed to take follow-up action steps to keep the interaction going. For starters, they are planning a teens-versus-police baseball game and a collaboration to remove graffiti in the city.

## VIDEO EXTRA

[sph.bu.edu/dr2010](http://sph.bu.edu/dr2010)

### Cooling Off the Hot Spots

With funding from the Shannon Grant, the Haverhill Police Department was also able to use police report data to identify youth violence "hot spots" and then deploy officers to those areas. The officers "hit the hot spots and make contact with the youth," Thompson explained. "They take enforcement action, when needed, and open up lines of communication." The approach has been useful, and the number of complaints about youth activities has decreased. "I believe it has kept the level of street violence down. There is a noticeable difference when the patrol group is on the street," Thompson said.

### Continuing to Build the Community Partnership

"Developing a community and police partnership has been a long-range goal that has evolved in a positive direction, but not without difficulty," Ireland said. Getting the police on board with the prevention programs was not immediate. But the positive outcomes measured through Rothman's program evaluations helped capture police buy-in, she said. "Certainly, I think, we've made tremendous progress toward a better understanding, a better respect," she said.

"I think the police now are able to look at us—and the young people, especially—as really supporting them and helping them solve some of the community issues around violence, whether it be gang-related or drug-related," Curry said.

"The players in the community have really strengthened their relationships and their capacity to work together to solve specific problems," Rothman said. "Standing back, the overall picture is of a community where the capacity of stakeholders is increasing, the relationship between law enforcement and youth is increasing, and violence is decreasing."

"You really have to put your shoulder into it to get this work done," she said. "But it's worth it in the end." ■

"Standing back, the overall picture is of a community where the capacity of stakeholders is increasing, the relationship between law enforcement and youth is increasing, and violence is decreasing."

—EMILY ROTHMAN







# every **breath** they take: industrialized Chelsea considers air quality

BY LISA CHEDEKEL

Like his peers in Chelsea, teenager Carlos Fuentes grew up accustomed to the rumble of trucks passing by his window: the ones carrying road salt from the jagged piles of the Eastern Minerals Salt yard, where 800,000 tons of salt a year are unloaded from ships and stored for use on area roads; those carting jet fuel from tanks along the Chelsea Creek to nearby Logan Airport; and the cold-storage trucks delivering fruits and vegetables from all over the country to the New England Produce Center.

These were the sights and sounds of Fuentes' childhood—noise, vibrations, diesel exhaust—just a part of the fabric of life in this hardscrabble, close-knit community perched across the Mystic River from Boston.

If Fuentes hadn't landed in the youth corps at Chelsea Green Space two years ago, while a junior at Chelsea High School, he never would have heard the words "particulate matter"—or made the link between the trucks and public health. But he did

land at Green Space, a local environmental justice organization, just at the time when Boston University School of Public Health (BUSPH) researchers and the community group were embarking on a collaborative project to try to measure particulate matter in Chelsea's air and map pollution "hot spots."

"Everyone knows this is a heavy industrial city, but most people don't think a lot about the air quality. I definitely didn't," said Fuentes, now a social work major at Wheelock College. "Learning about environmental justice, it just opens your eyes. You want to be part of something bigger than you, something good."

That "something good" was a project coordinated by Madeleine Scammell, assistant professor of environmental health at BUSPH, that had youth and adult members of Green Space identifying sites in Chelsea that they believed were high in diesel pollution, and then working to measure particulate matter in the air. Scammell worked on the project—part of the BU Superfund Research Program—

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with David Ozonoff, BUSPH professor and chair emeritus of environmental health; Michael McClean, associate professor of environmental health; Greg Patts, an MPH student and staff member in the School's environmental health department; Jovanna Garcia-Soto, lead organizer of Green Space; and Roseann Bongiovanni, associate executive director of the Chelsea Collaborative, the umbrella organization of Green Space.

The project, funded by the National Institute of Environmental Health Sciences, was a textbook example of community-based participatory research—researchers getting input and assistance from the community, and then embarking on a collaborative study.

Because there had been no on-site monitoring of Chelsea's air quality, the academic-community partners decided to try it themselves. Patts trained Green Space's youth group to use portable air monitors, and the youth members then trained adults to place the monitors in various locations for 24 hours. The group also was taught how to use online mapping software to track and display suspected pollution sites.

"It was great to see the youth train the adult members of Green Space," said Scammell, a resident of Chelsea who serves on the city's Board of Health and has long been active in environmental advocacy as both a researcher and a resident. "It was a true

partnership—sharing our resources, doing the trainings, making decisions together. I think everyone involved in this has a much better idea of the effects of particulate matter on health generally, and exposures in Chelsea specifically."

Particulate matter is a term used to describe the mixture of solid particles and liquid droplets found in the air, often containing chemicals from fuel combustion, power plants, and diesel vehicles. The fine particles are of health concern because they easily reach the deepest recesses of the lungs. Scientific studies have linked particulate matter with health problems such as asthma, other respiratory ailments, heart disease, stroke, premature death, and low birth weights.

Chelsea has some of the highest asthma hospitalization rates in the state and similarly high heart and cardiovascular disease rates, according to health data collected by the Massachusetts health department.

The readings from the air monitoring by residents are being analyzed by a BUSPH doctoral student, and Scammell plans to compare those readings with state data and federal standards to see how Chelsea's air stacks up.

In the meantime, Scammell and colleagues have partnered with the Chelsea Collaborative on a cumulative risk assessment funded by the U.S. Environmental Protection Agency (EPA). This follow-up project seeks to identify links between a variety of social, demographic, and environmental factors and potential health outcomes. The new project will entail gathering detailed quantitative and qualitative health, socioeconomic, and other data on 500 residents of Chelsea.



**(Above)** (l. to r.) Madeleine Scammell, Chelsea Greenspace volunteers Carlos Fuentes, Dayla Umana, and Jovanna Garcia-Soto.



**(Previous page)** BUSPH researcher Madeleine Scammell surveys the Chelsea waterfront framed by the Tobin Bridge and decommissioned oil storage tanks.

**(Above)** Mapping environmental pollution (l. to r.) Madeleine Scammell, Jovanna Garcia-Soto, Carlos Fuentes, and Greg Patts, research assistance for the BUSPH Superfund Research Program.

**(Right)** Chelsea Green Space organizer Jovanna Garcia-Soto (far right) leads volunteers in a mapping activity. Also pictured (l. to r.) Carlos Fuentes, Madeleine Scammell, Dayla Umana, and Camilo Camacho.



"Usually when we measure exposures, we're looking at one or two chemical or environmental exposures at a time," Scammell explained. "The challenge has always been, how do you analyze the burden of cumulative exposures? We want to look at how the self-reported health status and concerns of residents relate to chemical, social, and biological factors."

The new project will test and build on software developed by BUSPH's Ozonoff in the hopes of analyzing "clusters" of health outcomes and exposures in Chelsea, Scammell said.

The striking lack of information on Chelsea's environmental and public health issues was noted in a 2003 report sponsored by the EPA.

"There is very little existing data about the water quality of the Chelsea Creek, the level of pollutants in the air, asthma rates, or the burden of traffic," the report said. "It is clear that more sampling and technical assistance is needed at a neighborhood level in order to help residents and community groups understand the quality of their air, water, land, and the public health implications."

Garcia-Soto, of Green Space, said the collaboration with BUSPH is providing the grassroots advocacy group with scientific resources and knowledge at a time when community interest in the environment has been heightened. In 2007, Chelsea residents came out in force to oppose a proposed diesel oil-fueled power plant in their city. Some believe that this opposition was a factor in a ruling by the state's top environmental regulator that killed

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the project. The plant was proposed for the banks of Chelsea Creek, next to an elementary school, in an area already burdened with air pollution.

"When we stopped [the plant], it really mobilized the community," Garcia-Soto said. "This is a way to keep the momentum going. It's a partnership that allows us to collect information so we can make our case" for a cleaner environment.

Bongiovanni, of the Chelsea Collaborative, said the partnership with BUSPH has been a great learning experience for Chelsea's

youth, who were taught how to use air monitors and do Google mapping by working directly with BU faculty and staff. Bongiovanni, who also serves on the Chelsea City Council, got a master's degree from BUSPH in 2001.

She said she is excited about the new EPA-funded study—a four-year venture that she hopes will produce "accurate and extensive data" about Chelsea's public health, social, and economic challenges.

"Everybody thinks they know about the factors that shape Chelsea's health outcomes, but the only real data we have is old, and there is little of it," Bongiovanni said. "The air-quality data we've used in the past was from Kenmore Square," not from Chelsea. "The hope is, in four years' time, we'll have actual data to show funders and the community."

For her part, Scammell's affinity for Chelsea is strong: She spent some of her childhood in the city and returned in 2001 after relocating from Atlanta. She earned a doctor of science degree at BUSPH in 2008 and now directs the Community Outreach and Research Translation Cores of the Superfund Research Program. In addition, she heads Partnerships and Collaborations for the Partners in Health and Housing Prevention Research Center at BUSPH.

As she led a visitor around her hometown on a recent day, Scammell talked about the gentrification of some neighborhoods, the environmental victories and defeats, and the potential she sees along the waterfront area as a result of working with Green Space.

Like young Carlos Fuentes, she was undisturbed by the frequent rumble of truck traffic, her voice rising over the familiar background noise.

"Can you imagine a park here someday?" she asked, standing amid the pilings of an old pier, in the shadow of oil tanks and the road-salt mountains. The afternoon sun glittered off the still waters as commuters made their way across the Tobin Bridge.

"Really," she said with a smile, "how cool would that be?" ■

**(Right)** Checking air quality: (front, l. to r.) Chelsea Greenspace volunteers Camilo Camacho, Dayla Umana, and Carlos Fuentes. (back, l. to r.) Jovanna Garcia-Soto, Madeleine Scammell, and Greg Patts.



**VIDEO EXTRA**

[sph.bu.edu/dr2010](http://sph.bu.edu/dr2010)





Milagros Abreu, in blue, director of the Latino Health Insurance Program, chats with a client (seated). LHIP staff member Christy Torres looks on.



LHIP case worker Yaneth Patrocinio takes down information from Jose Martinez, a new client of LHIP.

# eligible but uninsured:

closing the insurance gap for Latinos

“Our work is ... compassionately understanding the needs of the community and helping people achieve their goal of maintaining their health.”

— MILAGROS ABREU

BY ELANA ZAK

The Salvadoran immigrant who showed up Milagros Abreu’s office in East Boston had three children, and her oldest son had cerebral palsy. He had not been to a doctor in more than two years, said Abreu, who founded and runs the Latino Health Insurance Program.

Self employed, the woman had no pay stubs and thought she could not apply for state-subsidized health care without them. With help from Abreu’s staff, she applied for coverage through the state’s MassHealth program and was insured within weeks. The staff even helped her son get the disability benefits he was entitled to.

The immigrant woman and her children were just the kind of family Abreu, a physician, had in mind when she opened the first office of the Latino Health Insurance Program (LHIP) in East Boston in 2006, the year Massachusetts passed landmark health care legislation aimed at insuring nearly everyone in the state.

Four years later, Massachusetts now boasts nearly universal coverage of residents. Yet Latinos and other immigrants, especially the poor, are still slipping through the cracks of the system, said Abreu, a research project director for the Department of Epidemiology at the Boston University School of Public Health (BUSPH).

According to figures released in May 2010 by the Centers for Disease Control and Prevention, 97.3 percent of non-Hispanic whites, 96.5 percent of non-Hispanic blacks, and 98.4 percent of Asians have health insurance in Massachusetts. By contrast, only

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89 percent of Latinos in the state are insured, and that disparity translates into fewer routine medical services, more visits to hospital emergency rooms, and overall poorer health for the Latino adults and children, Abreu says.

Born and raised in the Dominican Republic, Abreu earned a medical degree in Santo Domingo before moving to United States in 1998 to continue medical study and pursue a master's in public health at the BUSPH. Besides English, she speaks both Spanish and Portuguese. She became interested in improving access to health care for Latino children while working with Environmental Health Professor Patricia Hynes, now retired, through the federally funded Partnership in Public Housing Prevention Research Center, based at BUSPH.

Between 2002 and 2004, working with the Department of Pediatrics at Boston Medical Center, Abreu and colleagues conducted a randomized trial study using a case management approach in East Boston, where 39 percent of the population was Latino, according to the 2000 U.S. Census. The study found that 37 percent of Latino children in East Boston were not enrolled in a health care program, even though in Massachusetts all children are eligible for health care regardless of immigration status. Significantly, the researchers also found that 96 percent of parents who worked with a case manager successfully obtained medical coverage for their children. The findings inspired Abreu to launch the LHIP in East Boston with a grant from the John Henry Family Foundation. Initially, the program targeted residents of East Boston's two public housing developments: Orient Heights and Maverick Landing. Setting an initial goal of registering 30 children, she advertised her program

at the developments, through churches, and in community seminars. In the first six months, her office helped 230 adults and children enroll in health programs.

"Our work is not only based on getting an individual an insurance card," says Abreu. "It's about compassionately understanding the needs of the community and helping people achieve their goal of maintaining their health."

The success of the East Boston program led Abreu to expand her work in 2008 to Framingham, a central Massachusetts town with a large immigrant population. With a \$100,000 grant from the Metro West Community Health Care Foundation, administered by BUSPH, she opened an office on Irving Street and began to spread the word.

In two years since opening the Framingham office, LHIP has helped enroll 2,047 people, Latinos as well as Brazilians, Asians, and others. Her staff serves any resident of Massachusetts who seeks their help, and they typically see 40 to 50 clients a week. They also help newly insured clients find help on a range of issues, such as identifying a primary care doctor, getting special medical services, obtaining food assistance, and eliminating medical debts.

"We have so many clients who come here after many years of not receiving medical attention," said Christy Torres, a case manager in the Framingham office who heard about the program through her church. "They worry about being able to take care of their families and homes financially. They forget about their health."



Milagros Abreu (center) and staff from the Framingham office of LHIP: (l. to r.) Alice Liu, Junia Arruda, Christy Torres, and Yaneth Patrocinio.



There are many reasons that Latinos wind up without health care coverage, even when they qualify, said Abreu. Working with Patricia Hynes again in 2009, Abreu published an article on chronic disease prevention that cited a number of health-care access barriers, including language and poor health literacy, that affected older people, immigrants, and the poorly educated. The study also found that misunderstandings about eligibility criteria are common and that the complexity of the application process for MassHealth and other public insurance plans can be a hurdle to access as well.

Her research found that some Latinos were afraid that using health benefits would diminish their chances of gaining citizenship or affect their relatives' likelihood of being allowed to immigrate to the United States. Fear of being reported to immigration authorities by a health-service provider was an obstacle reported by undocumented Latino immigrants.

As a community-based program sensitive to cultural issues of immigrants, the LHIP works to overcome these barriers.

The program, Abreu believes, could be a model for other communities seeking to help non-English-speaking immigrants. While her operation is small, employing only four paid staff members and some volunteers, she dreams of turning it into a national non-profit organization.

Alice Liu, a native Filipino client who needed help applying for state-assisted health coverage after losing her job, heard about LHIP from a friend. "My friend just gave them a glowing reference," Liu said. "You get comfortable telling them your situation and they empathize with you. So that gives you some feelings of being able to open up and being assured that they will be able to help."

"The people need help," said program volunteer Junia Arruda, a Brazilian resident of Framingham and former client who now visits local churches to spread the word about LHIP. "They need information and don't know where to go for it." ■



# Highlights 2009–2010

## Faculty and Staff

Environmental Health Professor **Richard Clapp**, DSc, MPH, one of the nation's foremost cancer epidemiologists, retired in July after 18 years teaching and conducting research at BUSPH. Clapp was named professor emeritus.

Associate Dean of Public Health Practice **Harold Cox**, MSSW, was awarded the 2010 Paul Revere Award, the Massachusetts Public Health Association's highest honor.

Professor of Biostatistics and Epidemiology **Adrienne Cupples**, PhD, MA, was named the recipient of the BUSPH Career Award in Research and Scholarship, a new award conferred for the first time at the BUSPH commencement in May. Nominators cited Cupples' crucial role as a national leader in the field of genetic epidemiology and her instrumental role in the exploration of genetic risk factors with the Framingham Heart Study. Her work has been published in 12 book chapters and more than 450 peer-reviewed publications.

**Joline Durant**, manager of faculty resources and support services, was honored in April with one of Boston University's highest honors for service to the University, the John S. Perkins Distinguished Service Award.

The 2010 BUSPH Gail Douglas Award for Public Health Practice was presented to **Sophie Godley**, MPH, deputy director of programs at the AIDS Action Committee of Massachusetts. The award honors a practitioner who has made an outstanding contribution to public health in the areas of education, research, and service.

**Michael Grodin**, MD, professor of health law, bioethics, and human rights, was named diplomate of the American Association of Integrative Medicine, a professional group that advocates a holistic approach to medicine. Grodin was also awarded the Massachusetts Department of Public Health Diversity Council Justice Award in recognition of his "dedication to peace, justice, public health, and human rights."

The 2010 Norman A. Scotch Award for Excellence in Teaching was presented to Associate Professor of Environmental Health **Wendy Heiger-Bernays**, PhD. Nominators cited her "skill and dedication to teaching" and her "rigorous and high-quality courses" and said she is known for devoting much time to mentoring students.

Epidemiology Chair and Professor **Robert Horsburgh**, MD, MUS, a tuberculosis researcher for 25 years, was named chairman of the steering committee of Research Excellence to Stop TB Resistance, also known as RESIST-TB. The worldwide effort comprises a diverse scientific group leading an effort to develop and promote clinical trial protocols for studies on drug efficacy and treatment shortening for drug-resistant tuberculosis.

**Wayne Lamorte**, MD, PhD, MPH, professor of epidemiology and assistant dean of education, was presented with the first BUSPH Educational Innovation Award, given as part of the John McCahan BU

Medical Campus Education Day. The award recognizes creative contributions to the development of innovative tools for the presentation of coursework, new curriculum design, and contributions to an improved teaching and learning environment at BUSPH.

**Wendy K. Mariner**, JD, MPH, professor of health law, bioethics, and human rights, was appointed Edward R. Utley Professor in Health Law at Boston University School of Public Health (BUSPH). In this role, Mariner succeeds Professor George J. Annas, chairman of the Department of Health Law, Bioethics, and Human Rights, who was named a William Warren Distinguished Professor in 2009.

**David Rosenbloom**, PhD, professor of community health sciences, was presented in April with one of the American Society of Addiction Medicine's highest honors, the John P. McGovern Award. Rosenbloom is director of BUSPH-based Join Together, an online clearinghouse of news and information that supports community-based efforts to advance effective alcohol and drug abuse prevention policy, prevention, and treatment.

An article by **Emily Rothman**, ScD, MS, associate professor of community health sciences, was selected as one of the best 20 articles of 2008 in the Rosabeth Moss Kanter Award for Excellence in Work-Family Research competition. By highlighting the "best of the best," the Kanter Award raises awareness of the exceptional family-work research done and promotes discussion to improve the standards of quality in work-family research.

**Yesim Tozan**, PhD, assistant professor of international health, was presented with one of Boston University's sought-after 2009 Ignition Awards. Tozan will use the \$50,000 prize to develop a "toolbox" for deployment of a new anti-malarial drug, artesunate suppositories, for pre-referral treatment of severe childhood malaria in rural areas of Africa. The biannual Ignition Award is presented to help BU faculty turn research findings into sustainable, marketable products.

**Catharine Wang**, PhD, assistant professor of community health sciences, was one of three recipients to be awarded a 2009 Peter Paul Career Development Professorship by Boston University. The award provides \$50,000 a year for three years in salary support and research funds. She will use the funding to pursue research related to translating genomic discoveries into programs that will improve human health.

## Students

**Don Allensworth-Davies**, a third-year doctoral candidate in health policy and management, was awarded a highly competitive grant for small research projects from the National Cancer Institute. Allensworth-Davies will receive \$150,000 over the next two years to examine quality-of-life outcomes for gay men who are diagnosed with or treated for localized prostate cancer, which is the topic of his PhD dissertation.

**Krista Huybrechts**, a doctoral candidate in epidemiology, was honored with the School of Public Health Dean's Award at the BU Science and Engineering Day. The award recognized research she is conducting on the safety of psychotropic medications used in older residents of nursing homes.

**John Macom**, MPH'10, was awarded a Fulbright Scholarship to study the sexual health knowledge and attitudes of men serving in Mongolia's uniformed services.

**Sumiko Mekaru**, a doctoral candidate in epidemiology, was awarded a 2009 environmental health scholarship from the Association of Schools of Public Health and the Centers for Disease Control and Prevention's National Center for Environmental Health. The \$25,000 scholarship is given to pursue doctoral-level studies regarding the relationship between public health and community design, and the relationship between public health and climate change.

**Evelyn Sakeah**, a doctoral candidate studying maternal and child health, was one of six candidates awarded a 2010 Margaret McNamara Memorial Fund Grant for Women from Developing Countries, sponsored by the World Bank. The \$15,000 grant supports the education of women from developing countries who are committed to improving the lives of women and children in their home countries.

## News

The BUSPH Office of Institutional Development announced the establishment of a new \$1 million scholarship fund made possible through an anonymous donation and a matching gift. **The BUSPH Outstanding Scholars Fund**, a permanently endowed fund, will provide scholarships to master's degree candidates who are academically ranked within the top 10 percent of their incoming class at BUSPH.

The BUSPH-based **Center for Global Health and Development** received an \$8.4 million grant from the Bill & Melinda Gates Foundation for a four-year, large-scale trial in the African nation of Zambia. Associate Professor of International Health **Davidson Hamer**, MD, will lead a team of researchers who are setting out to prove that using an antiseptic wash called chlorhexidine to clean the umbilicus stump of newborns will improve baby survival rates. More than 28,000 Zambian women will be recruited for the study.

Boston University announced a new **dual-degree program** that melds liberal arts and public health. The new program gives students the opportunity to earn an undergraduate degree from the College of Arts and Sciences and a master's degree from the School of Public Health in five years. The program was created in response to an unprecedented surge of student interest in public health.

The family of the late **Catherine Shine** made a gift to endow a lectureship in her memory to be organized each year by the

Department of Health Law, Bioethics, and Human Rights at BUSPH. The lectureship will be dedicated to advancing the human rights of patients and those in need of health care.

**The Peace Corps** recognized Boston University and BUSPH nationally as among those universities and schools producing the largest numbers of Peace Corps volunteers. The organization's chief of staff, Stacy Rhodes, presented BUSPH with a plaque honoring BU and the School's longstanding international master's program for contributions to the corps. With 55 alumni currently serving as Peace Corps volunteers, Boston University is number 18 in the 2010 rankings among universities, moving up from number 20 in 2009.

A \$100,000 gift from Initiatives Inc., a Massachusetts-based agency that supports governments and NGOs in 30 countries, established the **Jenny Huddart Scholarship Fund**. The fund will provide annual scholarship support to an international health student based on financial need.

## Events

**Is There Such a Thing as a Safe(r) Cigarette? The FDA and Tobacco Regulation** was the topic of the 2009 William J. Bicknell Lectureship in Public Health, held on October 23. The event addressed the Food and Drug Administration's new power to regulate tobacco and what it means for smokers, for public health, and for the future of the tobacco industry. The event featured a lecture by **Gregory Connolly**, DMD, MPH, professor, Harvard School of Public Health. A panel discussion featured **Patrick Basham**, founding director of the Democracy Institute, a politically independent think tank based in London and Washington, D.C.; **Cheryl Healtson**, DrPH, MPA, founding president and chief executive officer of the American Legacy Foundation; and **Michael Siegel**, MD, MPH, professor of community health sciences at BUSPH and a physician whose primary research interest is in the area of tobacco control.

**Theresa Marteau**, PhD, professor of health psychology at King's College, London, presented the **2009 Sol Levine Lectureship on Society and Health** in October on the topic of communicating genetic risks.

MacArthur Fellow **Wafaa El-Sadr**, MD, MPH, director of the International Center for AIDS Care and Treatment Programs (ICAP) and director of the Global Health Initiative at Columbia University's Mailman School of Public Health, delivered the commencement address at the Boston University School of Public Health 2010 **commencement ceremony** on May 16.

About 75 faculty members, staff, students, and alumni participated in Boston University's inaugural **Global Day of Service**, held April 17. BUSPH sponsored volunteer sites throughout Boston, including Habitat for Humanity, Healthcare for the Homeless, the Franklin Park Zoo, the Greater Boston Food Bank, and the Pine Street Inn.



Donors 2009–2010

Boston University School of Public Health depends on the generosity of alumni and friends to support its mission of teaching, research, and service. The following lists acknowledge gifts to various funds, including the School’s Annual Fund, made July 1, 2009, through June 30, 2010.

Gifts to BUSPH’s Annual Fund provide unrestricted support to the School’s highest priorities. Donors whose names are marked with the symbol ‡ have contributed to the School consistently for five years; donors noted with the symbol \* have made donations to the Annual Fund at levels that qualify them for membership in the following Annual Leadership Giving Societies: President’s Associates (\$10,000+); The Talbot Society (\$5,000+); Leaders Society (\$1,000+).

It is important to us that we acknowledge your gift properly; please inform us regarding any omissions or errors in listing your name or gift, by calling 617-638-4014.

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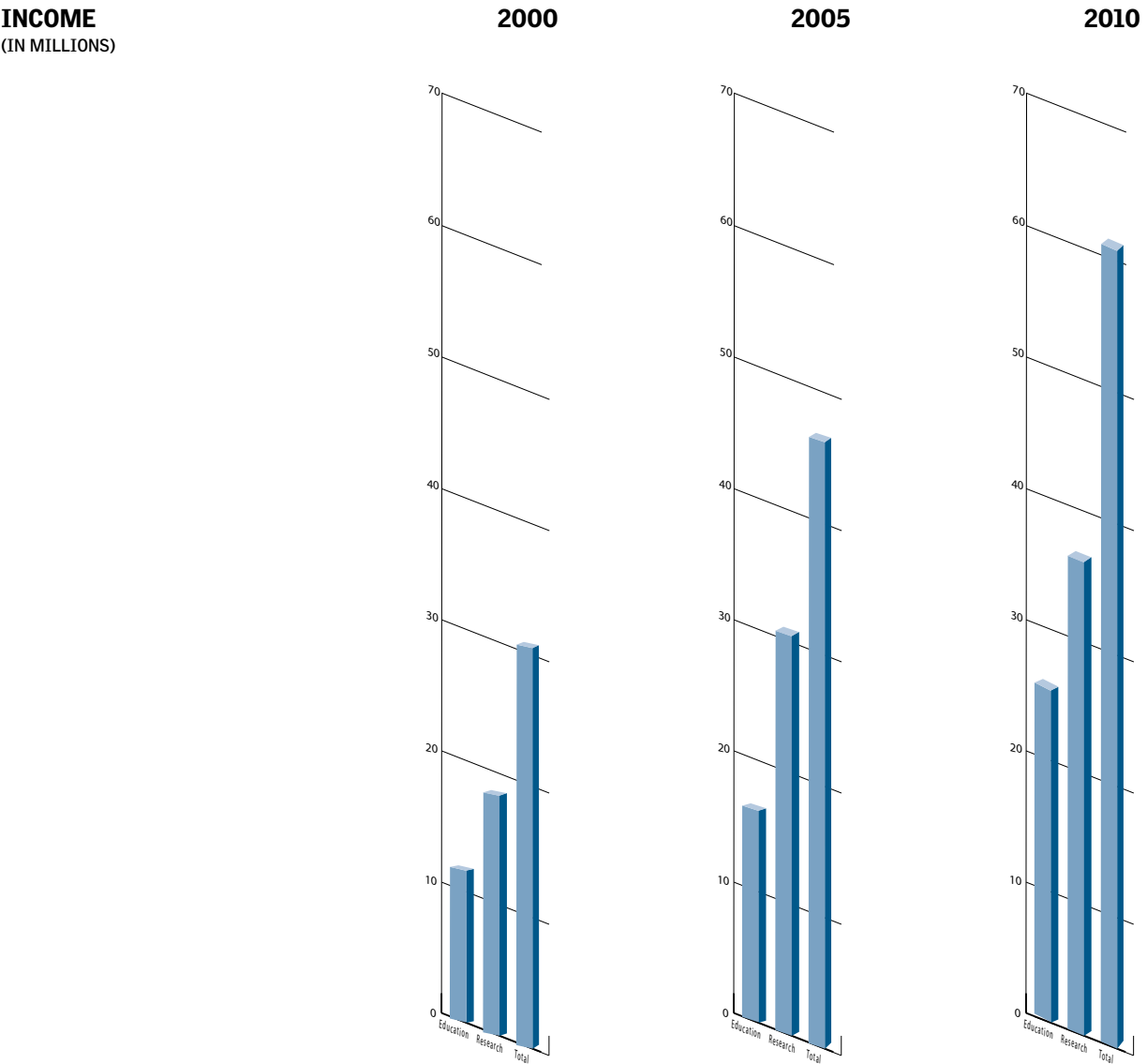
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By the numbers: a ten-year perspective



INCOME	2000	2005	2010
<b>Education</b>			
Tuition & Fees	\$11,446,540	\$16,024,672	\$24,560,495
Other	\$494,655	\$175,000	\$810,094
<b>Research</b>			
Direct Cost	\$15,339,190	\$25,267,366	\$29,452,847
Indirect Cost	\$3,007,200	\$5,037,907	\$7,073,365
<b>Total Income</b>	<b>\$30,287,585</b>	<b>\$46,504,945</b>	<b>\$61,896,802</b>
<b>Full-Time Faculty</b>	96	138	151
<b>Matriculated Students</b>	539	606	722
<b>Student Scholarship Program</b>	\$1,025,305	\$2,050,246	\$4,044,863