



Blueprints for a Healthy Community



...Leading, Learning, Communicating...

Vol. 1 No. 2

Massachusetts Partnership for Healthy Communities

Spring 2007

A Program of The Medical Foundation

Ending the Year in Celebration!

The Massachusetts Partnership is 5 years old now. The Partnership has accomplished a great deal and there is more to do. Our close out of the 5th year is filled with a sense of success which would not have been possible without the help from the 6 Regional Centers for Healthy Communities, the various divisions of DPH (particularly BSAS and the Office of Healthy Communities) and, above all, the people from the 31 communities that participated in the trainings, workshops and conferences.



learn from each other. Exhibit tables will be provided to showcase local “healthy community products and tools.” Share your successes and lessons learned with other communities.

We are VERY fortunate to have John Auerbach, the new Commissioner of MA Department of Public Health, and Debbie Klein Walker, President of the American Public Health Association. We will also have several

skills-building workshops on important prevention topics such as understanding and preventing health disparities, tobacco use and alcohol and other drug use and abuse, and the built environment. The First Annual Healthy Communities Conference will be a time to celebrate all the successes of communities across the Commonwealth. So MARK YOUR CALENDARS and COME!

This June we conclude Mass Forum IV with seven communities graduating. With their graduation we can count people from 31 communities as graduates who impact, with their community health improvement activities, about 1 million people across the Commonwealth. We can add to this all the people to whom our newsletters are distributed, the communities to which planning grants were awarded as well as all the other material information disseminated. That is a large number! Thanks.

This quarterly newsletter is intended to be a useful tool for you so your input is essential! Send in your suggestions, needs, and ideas to: Peter Lee, Phone: 617-279-2269 or Email: Plee@tmfnet.org

To officially celebrate our 5th Anniversary, we are hosting the First Annual Healthy Communities Conference; to be held at the Hoagland Pincus Conference Center in Shrewsbury, MA, June 20th from 9am – 4pm. Graduates of all Mass Forums, communities which received planning grants from the Partnership and ANYONE interested in healthy communities are encouraged to attend. This will be an opportunity for showcasing and sharing all the good work people in communities are doing. We will host a “Marketplace of Ideas” at the conference – an opportunity for attendees to visit, discuss and



For more information go to www.tmfnet.org/partnership

Save the Date!!!

First Healthy Communities Statewide Conference

Wednesday, June 20, 2007

Hoagland-Pincus Conference Center
Shrewsbury, MA

A HEALTHY COMMUNITY IS A GARDEN TO GROW PEOPLE IN



The Transformation of CHNA 15

In the beginning, agencies and organizations involved with CHNA 15 met regularly; members brought concerns, ideas and various agendas to the table. Their overall focus was to improve the health of people in the communities covered by CHNA 15. They shared in the planning process and they shared their resources. This cooperation was the glue that kept the group meeting and doing good work. Nevertheless, several steering committee members pushed for a vision that incorporated Healthy Communities principles in all aspects of CHNA 15 activities. This occurred through discussion, trainings, and development of RFPs for funding opportunities.

In 2003, the CHNA formed a team and participated in all nine sessions of the first MassForum training series in '03-'04. "We didn't really fully understand the impact of the MassForum training until we 'lived it.' The process of understanding the basic concepts of Healthy Communities and applying the principles was transforming for individuals and agencies as well as cities and towns," reports Jan Hanson, CHNA 15 Coordinator, "for example, incorporating the principle of a 'broad definition of health' helped to bring more community members to the table, and in so doing, our discussions became more far-reaching into the community, and so did our vision of what we could accomplish." The new community members joining CHNA 15 are the Boys' and Girls' Clubs, the Boy Scouts, the YMCA, senior centers and elder organizations, the public schools, conservation groups, and career/employment centers. These truly broaden the effective network.

This transformation did not happen overnight. The team was intentional about bringing back what they learned to the rest of the CHNA. Slowly, over time, these concepts and the Healthy Communities "language" started to permeate monthly meetings. "Now, all that is done by the CHNA is done intentionally under the umbrella of Healthy Communities. The recent cycle of the CHNA MiniGrants reflects this way of thinking. All proposals submitted were developed within the context of Healthy Communities principles. Applicants were asked to select one Healthy Community principle and describe how their project was expressive of that principle; surprisingly, five of the eight principles were included among the applications. Once you've experienced the impact of the principles and the concept, it's hard not to recognize the opportunities that exist in every aspect of our work." Hanson explains.

"The challenge today is that our world tends to be immediate and fast. This [HC] process is deep, [and] the outcomes are rich and long-lasting," states Hanson, "sometimes people were anxious to move forward to get results, but to be truly effective the process of incorporating the principles must be understood, accepted and then implemented – and that takes time." People need to see how the inclusion of Healthy Communities principles can enhance their community, workplace and personal life. Accepting the long-term approach inherent in Healthy Communities, more connections have been made within the community. The resulting impact has been obvious. "By taking steps incrementally, instead of giant leaps, outcomes have been dramatic," Hanson confirms.

Impact Woburn is creating more opportunities for community gatherings through arts and culture. Woburn held community meetings, conducted targeted focus groups, distributed a survey, and included local youth to develop their project. Wilmington Walks! Intends to map, clean up, and recruit volunteers in three trail areas to promote walking. Wilmington held a city-wide meeting, created a core working group, posted a website and distributed a survey for their project. Community input, community decision making and now community involvement and energy is carrying out these selected projects. "By accepting the long-term approach, more connections have been made; people think in more far-reaching terms, and as a result, they bring exciting ideas and projects to the area, including new funding sources," states Hanson.

Through a strong relationship with and funding from the Lahey Clinic, the CHNA funds planning grants for community capacity building that utilize Healthy Communities principles. Each year CHNA 15 awards up to three planning grants in new communities.

In addition, CHNA offers implementation grants to carry forward projects selected through the initial Healthy Communities Planning Process. Woburn and Wilmington have applied for Implementation Grants to support the outcomes of their Planning Process.

These projects represent a profound change in the way communities are working together, and perhaps best illustrate the success of the Healthy Communities process for CHNA 15. As Hanson suggests, "The best way to work with communities is to engage communities. Go out and listen to the community; it is transforming."



Building Communities through the Assets-Based Approach

A key step of the Strategic Prevention Framework of SAMHSA, or any planning process for that matter, is the assessment of community assets and needs. To assure deepening the skills of MassForum participants/graduates with assets assessment, the MassPartnership cosponsored the conference “Building Communities through the Assets-Based Approach.” The other cosponsor was the Northeast Leadership Project Led by John E. Walker. This two-day workshop was held in December 2006.

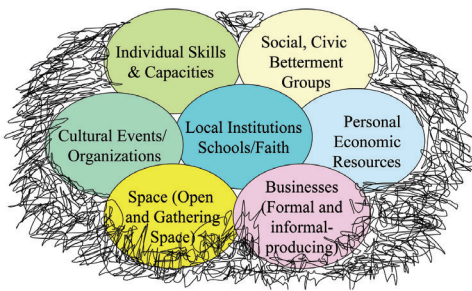
Tom Dewar, PhD, Instructor at the Bologna, Italy, Center of the School for Advanced International Studies (SAIS) of Johns Hopkins University, was the keynote speaker. He gave an inspiring talk about sustaining the passion and focus necessary for community change. “Having a list of community assets alone doesn’t help, there must be a connection between purpose and action,” reports Dr. Dewar. “So many communities collect lists but then do not know what to do with the list and it sits on a shelf.” Dr. Dewar offered ideas on how to go the next step and put the assets network to action.

During this conference a number of workshops were offered on topics including “Inclusion for People with Developmental Disabilities,” “Achieving Healthy Communities through a Strength Based Approach,” “Stepping Stones to Success in Youth Development Coalitions,” and “Outcomes and Evaluation.” Greg Ryan, Connecticut Assets Network, presented information on asset mapping software. In addition, an “Assets Town Meeting” gave participants the opportunity to explore the balance between community building theory and practical applications for strengths-based approaches to community development.

For more information contact John Walker, Director, Northeast Assets Leadership Project, jwalker3@maine.rr.com; Tom Dewar, PhD, SAIS, Johns Hopkins University, tdewar@jhbc.it; Greg Ryan, Connecticut Assets Network, ryan@ctassets.org.

Community Nest-Community Assets

All communities have assets. One can look at these assets as if they were a nest of eggs that have potential to help us. Our job is to find them, link with them and help them hatch so that the whole community is stronger.



1st Co-Consulting Network Meeting Held April 24th in Framingham

Representatives from Fall River and Revere participated in the first meeting of the Co-Consulting Network. Each community shared historical information, highlighted current activities and shared ideas for the future. In addition, each participant shared some challenges they faced and were able to brainstorm possible solutions and/or next steps.

If you are interested in participating in the next Co-Consulting Network, please contact Peter Lee at Plee@tmfnet.org or 617-279-2269.

Healthy Communities Principles

- Broad definition of health.
- Broad definition of community.
- Shared vision and values
- Quality of life for everyone.
- Diverse resident participation, widespread community ownership.
- Invests in youth leadership and development.
- Focus on “systems change”
- Capacity building using local assets and resources.
- Benchmark and measure process and outcomes.
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First Annual Healthy Communities Conference

Wednesday, June 20, 2007, 9am – 4pm
Hoagland Pincus Conference Center, Shrewsbury, MA,
Featuring:

- Debbie Klein Walker, President, American Public Health Association
- John Auerbach, Commissioner of Public Health, Massachusetts

- Workshops, skill-building, and networking opportunities on prevention strategies for addressing health disparities, tobacco, alcohol and other drug use and coalition building and maintenance.

See you June 20th!

Healthy Community Websites of Interest

1. www.mass.gov/dph/bsas

The Massachusetts Department of Public Health Bureau of Substance Abuse Services oversees the substance abuse prevention and treatment services in the Commonwealth. Responsibilities include: licensing programs and counselors; funding and monitoring prevention and treatment services; providing access to treatment for the indigent and uninsured; developing and implementing policies and programs; and, tracking substance abuse trends in the state.

Healthy Communities: 1) Conduct an assessment of community assets; 2) Mobilize and/or build capacity by a) using local assets; b) identifying community leaders and organizations; c) growing new leaders; d) building diverse citizen participation and community ownership; and d) equipping a broad segment of the community for action; 3) Using a broad definition of health, create a shared vision for social and systems change based on community values and focused on addressing quality of life for everyone; 4) Implement evidence-based prevention programs and infrastructure development activities that build on community assets and reflect community values; 5) Benchmark and measure progress and outcomes.

SAMSHA: 1) Conduct a community needs assessment; 2) Mobilize and/or build capacity; 3) Develop a comprehensive strategic plan; 4) Implement evidence-based prevention programs and infrastructure development activities; 5) Monitor process, evaluate effectiveness

MA Partnership Combined Approach: 1) Create a "community map" by identifying both the community's assets/resources and needs/deficits; 2) Mobilize and/or build capacity by a) using local assets; b) identifying community leaders and organizations; c) growing new leaders; d) building diverse citizen participation and community ownership; and d) equipping a broad segment of the community for action; 3) Using a broad definition of health, create a shared vision for social and systems change based on community values and focused on addressing quality of life for everyone, and use this shared vision to develop a comprehensive strategic plan; 4) Implement evidence-based prevention programs and infrastructure development activities that build on community assets and reflect community values; 5) Monitor process, benchmark and measure progress and outcomes, and evaluate effectiveness

2. **CDC's Healthy People in Healthy Communities: A Community Planning Guide Using Healthy People 2010:** <http://www.healthypeople.gov/Publications/HealthyCommunities2001/healthycom01hk.pdf>

3. www.thehdmtool.org

The Healthy Development Measurement Tool is an evidence-based guide for decision-makers to consider the health in land use planning developed by the San Francisco Department of Public Health Environmental Health Division. The Tool encompasses a community-based vision for planning and uses public health to explicitly connect physical and environmental planning to a wider set of social interests.

4. www.cdc.gov/healthyyouth/CSHP

A coordinated school health program (CSHP) model consists of eight interactive components. Schools by themselves cannot—and should not be expected to—solve the nation's most serious health and social problems. However, schools could provide a critical facility in which many agencies might work together to maintain the well-being of young people. A coordinated school health program (CSHP) model consists of eight interactive components and represents a way of bringing the community together.



Massachusetts Partnership for Healthy Communities
622 Washington Street • 2nd Floor
Dorchester, MA 02124-3548
Phone: (617) 451-0049 • Fax: (617) 282-3950
TTY: (617) 282-3950 • www.tmfnet.org/partnership

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