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EXECUTIVE SUMMARY

The purpose of this study is to identify what policies and supports communities offer their citizens to help them improve/maintain heart health and a healthy weight, and to identify what policies and supports local governments are willing to create to promote healthy habits, including proper nutrition, physical activity, blood pressure and cholesterol screenings, smoking cessation and safety.

Eighteen key informant interviews were conducted in four target communities, Fall River, New Bedford, Springfield, and Boston, and two other communities, Truro and West Newbury. The target communities selected had increased mortality rates from cardiovascular disease (cvd). As these were also urban areas, the other two communities selected had low cvd mortality rates and rural locations. In phone interviews, participants were asked nine questions, developed from the goals of the study.

Community Health Concerns and what can be done to Improve Health

Each community expressed concerns related to cardiovascular (cv) health, including smoking, diet, exercise and heart disease. Other concerns, which affect cv health, included access to affordable health care, drug addiction, and the root causes and conditions of poor health. To improve health, at least one participant in each target community mentioned increasing education/public awareness and outreach to specific populations (including immigrant communities, disadvantaged populations, parents of young children) as well as various ways of increasing access to affordable health care. Other ideas were improving the availability and use of outdoor space, examining the root causes of poor health (education, culture, economy), offering more programs on nutrition, exercise, and promoting healthy habits.

Health Policies and Supports Communities Offer, Encourage, Propose, and Would Like to See

Communities offer and encourage a range of policies, programs and supports for smoking cessation, physical activity, better diet, health screenings and management of heart disease. Fall River and Springfield use community needs assessments to identify problem areas and potential ways to improve heart health. Many smoking cessation initiatives are state-funded and include bans on smoking in public facilities, encouragement of storeowners to stop selling cigarettes, and teen education.

Physical activity is promoted and encouraged through agencies that offer exercise programs, such as community health centers, YMCA's, health clubs, the Department of Recreation, senior centers, and Councils on Aging. Some communities offer park systems, walking paths/sidewalks, and are examining the neighborhood safety and developing community-wide events, such as walk-a-thons and walking programs, to promote safety and community spirit. Schools are also developing programs to promote exercise.

Nutrition initiatives include workshops and information from community health centers and non-profit groups, city-run access projects that offer home visits, hospital-based nutrition programs, and other programs such as WIC that focus on maternal and child health. Local coalitions exist to increase the availability of healthy foods and examine nutrition in schools. Nutrition education is communicated through pamphlets, newspapers, and local cable tv and radio.

Health screenings and information are offered through community health centers, health departments, churches, hospitals, Councils on Aging, and various cultural organizations (Khmer, Portuguese). There are hospital and city-run programs on heart disease including outreach to specific populations. Local hospitals and health departments collaborate in running health fairs

where screenings and information are offered. One community, Truro, is designated a heart-safe community with a required number of public defibrillators and well-equipped ambulances.

Communities propose various heart health legislation including proposals to increase insurance coverage and to expand coverage of heart disease prevention and treatment. Other programs include training on defibrillator use and CPR, health screenings and wellness workshops, and hospital-run forums on race and health. There is one CHNA (Community Health Network Area) initiative to assess how health and human service agencies can come together to remove barriers to health, and one community is reorganizing their health department to streamline decision-making and responsibility.

A few of the programs communities would like to see implemented are increased police funding to ensure safe neighborhoods, increased funding and participation in exercise programs, education/public awareness on developing healthy eating habits and more health programs for the elderly. Other initiatives include expanding insurance coverage for preventive care, restoring state tobacco funds and increasing health education, increasing access to healthy foods, and promoting exercise in schools.

Barriers and what Communities Can Do to Remove Them

Barriers to health on an individual level included lack of resources, lack of language skills, lack of transportation, lack of participation and lack of political activism. Barriers to health on a government level included preventive health is low priority for state and federal governments due to lack of long-term vision, lack of courage, and lack of easy solutions. For the local government in particular health is not seen as being in its purview; health is not a priority when other basic needs can not be met, and policy-making sometimes occurs without all stakeholders at the table, assuring flawed implementation. Barriers to health on a school level

included lack of resources, resistance to change, and emphasis on standardized testing and academics more so than physical activity and nutrition.

To overcome these barriers communities offered a wide range of suggestions and ideas including education/public awareness and outreach, increased agency collaboration and cooperation, increased funding, more interpreter services at health centers, and the support and encouragement of state and local government and school leadership. A shift in the mindset of government to regard cv health as an important quality of life issue was also suggested.

Vision and what Communities Can Do to Move towards this Vision

Visions for community health emphasized access to health care, youth initiatives and basic needs such as employment, a clean environment, a safe environment, adequate housing, and access to services. Visions included better communication between residents and elected officials, and increased responsibility, especially of the federal government and corporations, as to how their decisions affect the economy and health. Increased overall funding and education and public awareness of preventive health were important. Physical activity and nutrition were prominent for many participants: more nutrition programs and access to healthy foods for low-income groups, decreased availability of cigarettes and unhealthy foods, city-wide opportunities for physical activity, and the improvement of nutrition and exercise in schools.

Communities can move towards their visions by developing healthy eating and exercise habits in children, increasing community advocacy and organizing efforts, encouraging agency collaboration and cooperation, emphasizing education and public awareness, including educating individuals to value preventive care, and providing solid leadership. Involving hospitals in preventive care, offering and increasing access to healthy foods, and increasing access to outdoor

space were also important. Achieving these community visions was limited by the current state budget cuts and other local financial constraints.

Each community identified at least one source for data on health outcomes and at least one participant from each community was interested in helping the state formulate policy regarding cv health.

Recommendations for further research and programs were developed, and include:

- Develop system supports that enable communities to meet their basic needs.
- Strengthen and develop community organizing, advocacy, and outreach.
- Expand innovative education and public awareness programs to promote cv health.
- Strengthen agency collaboration, cooperation and leadership on a local level.
- Strengthen and support school-based nutrition and exercise initiatives.
- Compare and Contrast Key Informant Interview findings with the Inventory of Policies and Programs Related to Health for Cities and Towns in Massachusetts (Sept 2002).

PURPOSE OF STUDY

The purpose of this study is twofold. First, is to identify what policies and supports communities offer their citizens to help them improve/maintain heart health and a healthy weight. Second, is to identify what policies and supports local governments are willing to create to promote healthy habits, including proper nutrition, physical activity, blood pressure and cholesterol screenings, smoking cessation and safety for the health of local citizens of all ages.

KEY QUESTIONS

The interview survey was composed of the following nine questions.

1. What are your community's biggest concerns regarding the health of the people you serve?
2. What would help the people you serve to improve their health?
3.
 - A. What community policies and supports are presently offered by your community to help area residents with their health, both adults as well as youth?
 - B. Are there any other policies and supports offered by your local government to help your area residents, of all ages, to improve or maintain health?
 - C. What, if anything, does your community do to encourage area residents of all ages to take care of their health?
4. Are there any policies or supports for health that your community is currently proposing?
5. Are there any policies or supports for health that your community would like to see implemented for the people you serve, in addition to those you've proposed?
6. What "barriers" impede these policies or supports from being implemented?
7. How could these "barriers" be removed?
8.
 - A. What would be your vision of a healthy community, in which the residents are as healthy as possible?
 - B. What could you see your community doing to move towards that vision?
 - C. Have you collected any data or information about this?
 - D. If "yes", may we see the results?
9. Would you have any interest in helping us formulate statewide policies in this area?

METHODS

Formulation of Questions

Goals and questions for the Key Informant Interviews were developed in conjunction with the Community Advisory Group. The Community Advisory Group developed goals for the Community Key Informant Interviews (see Purpose of Study). Based on these goals questions were then formulated by the Community Advisory Group. The Community Advisory Group and Cardiovascular Health Initiative (CVHI) evaluation and program staff then reviewed and revised the questions.

On January 22, 2003 three of the Community Key Informant Interviews were conducted as a pilot. Based on results of these three interviews it was decided that the length of time of each interview was appropriate. All three respondents expressed confusion over the use of the terminology "local government" in several questions. Therefore "local government" was changed to community in all questions. No other changes were made.

Sampling methodology

The Community Advisory Group decided to interview three people from each community including town moderators, selectmen, or city councilmen in larger cities/towns, Board of Health members, and local newspaper editors or reporters (the health editor if available). Names of town moderators, selectmen, or city councilors were obtained from the *Massachusetts Municipal Directory, 2000 - 2001*, published by the Massachusetts Municipal Association. Names of members of the local Boards of Health were obtained from www.mahb.org and www.mhoa.org. Names of local newspaper editors were obtained from members of the Community Advisory Group and the Internet.

The target communities for CVHI are Fall River, New Bedford, Springfield, and Boston. These communities were selected as target communities based on their increased mortality rates from cardiovascular disease (cvd) in these communities. As these are all urban areas, the Community Advisory Group decided to also interview people in rural areas with low cardiovascular disease mortality rates. The mortality rates for each city/town in Massachusetts from cvd for the years 1999 - 2000 were obtained from the Bureau of Health Statistics. Cities/towns were sorted based on mortality rates from highest to lowest. This list was then compared with a list of cities and towns that were ranked according to population density. Cities were selected that had both a low mortality rate from cvd (<200/100,000) and a low population density. Selected communities fell into two groups of population density < 300 people/square mile (Sheffield, Barre, Paxton, Douglas, West Newbury, Truro, Tolland, Chesterfield) and 300-850 people/square mile (Norfolk, Middleton, Wenham, Orleans). These communities were then randomized using the randomization procedure in Excel. The communities were then mapped to ensure that these communities fell in different parts of the state.

The interviewer was instructed to follow the randomized list, and to attempt to set up three interviews in two of these communities. If three interviews were not obtainable in one community, the interviewer was instructed to proceed to the next community.

Three interviews of city councilors/selectmen, members of the local Board of Health or Health Department, and newspaper editors/reporters were completed for each of the following communities:

- Boston
- Fall River
- New Bedford
- Springfield
- West Newbury
- Truro

The interviewer assured confidentiality and addressed confidentiality issues in the preliminary phone call to set up the interview and again in the interview itself. The interviewee was told that the interview was being taped for analysis purposes, but that his/her name would not be used. No identifying information was used in the data analysis or in the final report.

Data Analysis

All interviews were transcribed and entered into a qualitative data analysis software program Atlas.ti. To analyze the transcribed interview data, computer-aided grounded theory analysis was used. Grounded theory (Strauss & Corbin, *Basics of Qualitative Research*, 1990) uses an inductive approach, allowing themes to emerge from the data. Rather than starting out with codes and categories in mind, one builds upon a careful first coding of the data until categories emerge. A coding scheme was developed and applied consistently across the interview data. Atlas.ti facilitated analysis by allowing sorting and filtering of data according to code, variable, and community.

FINDINGS

The sample of eighteen interviewed participants included newspaper editors and reporters, city councilors, health department personnel, town selectmen, and Board of health members. Eight were men and ten were women. The findings are organized according to key questions and community.

Community Health Concerns and What Can Be Done to Improve Health (Q 1 & 2)

At least one participant in each community mentioned concerns that were related to cv health. At least one person in each target community was aware of their community's high-risk status according to the latest state rankings regarding heart disease, obesity, stroke and diabetes. At least one participant in each target community mentioned education/public awareness and outreach as ways to improve health. At least one participant in each target community mentioned health care; either increasing access or expanding what services are covered, or addressing cultural influences on the value of preventive care.

Boston

Health Concerns

All three participants mentioned access to affordable health care. The participants' other major concerns were air quality, lack of resources, cv health concerns (such as cv disease, stroke, smoking and diet) and addressing the root causes and conditions of poor health. One participant emphasized the connection between poverty, stress, and cv health in this way:

“The lack of an economy that functions for the majority of our people here in Boston...is the factor that probably is most dangerous for the health of people. And it leads to a level of stress which induces people to use drugs, to drink, to, you know, smoke cigarettes as a way of reducing the tension and stress they feel.”

What Can Be Done to Improve Health

All three participants mentioned ways to increase access to affordable health care: increase funding for community-based health centers, decrease the bureaucracy one faces when accessing free health care, and increase insurance coverage for preventive care, such as obesity counseling and treatment. Increasing the number of defibrillators available and increasing training for defibrillator use and CPR was mentioned. Education and public awareness on health prevention, specifically through the use of cable tv channels, were also mentioned as key to improving health. One participant focused on the availability and safety of outdoor space, including the maintenance of parks, the safety of neighborhoods, and the availability of bike paths, walking paths and sidewalks.

Fall River

Health Concerns

All three participants mentioned cv health concerns, such as heart disease and poor health habits including poor diet and smoking that lead to heart disease and cancer. Another concern was diabetes.

What Can Be Done to Improve Health

All three participants mentioned education and public awareness as important to improving health habits. Two participants specifically mentioned educating immigrant populations. One suggested promoting healthy eating habits and exercise to populations whose traditional foods, such as some Portuguese foods, are high in fat and cholesterol, and the other emphasized the importance of valuing preventive care:

“Preventive care and health education are really important. We have many immigrants here from other countries who don’t have the same concept of health care that we do. For example, we have a Cambodian population that, in their country, going to the hospital

was the last resort. We're trying to change that way of thinking to get people to seek regular health care and preventative care.”

New Bedford

Health Concerns

Two participants mentioned cv health concerns including diet and smoking. One participant mentioned poor health habits including poor diet and weight factors that lead to heart disease, cancer and other digestive disorders. Other concerns included drug/alcohol addiction, Hepatitis C, and HIV/AIDS.

What Can Be Done to Improve Health

Access to natural health care, increased access to affordable health care, and education/public awareness that helps people value prevention over cure were mentioned. One participant emphasized the important of examining the root causes/conditions of poor health:

“There has to be a lot of examination of issues...you have a lot of factors that deal with choices of behavior people make. Education is one of them, social pressures are another one, there are psychological states factors, economics is a factor, cultural conditions are a factor, housing situation is a factor... All of these things play into everything.”

Springfield

Health Concerns

Two participants mentioned access to affordable health care and HIV/AIDS. One cv health concern was a better diet for children:

“Our young children ...many times depend on the school system to give them a bona fide breakfast and lunch et cetera. Many times I see parents out – convenience stores, first thing in the morning, you know, Ring-Dings or potato chips, soda. That's not conducive to good health, and obtaining a good education, too.”

Other responses included drug/alcohol addiction and teen pregnancy.

What Can Be Done to Improve Health

Ways to improve access to health care were important, including increased prescription coverage at a state level, increased funding for free carpools, community outreach workers, and interpreter services. Another outreach idea was to provide more education and public awareness for parents about the importance of nutritious foods for their children.

Truro

Health Concerns

One participant expressed a cv health concern – the distance to the hospital in case of heart attack or other emergency, especially for the elderly. Other concerns included aquifer cleanliness, bacteria accumulation on beaches, air quality, radar tower induced cancer, and Lyme disease.

What Can Be Done to Improve Health

Developing more of a clinical use for the Council on Aging, including health screenings, and offering more exercise and nutrition programs were mentioned. One participant said it was already a healthy community and not in need of additional programs.

West Newbury

Health Concerns

One cv health concern expressed was the lack of physical activity and increased obesity in school children. Other concerns included the West Nile virus, breast cancer, and Lyme disease.

What Can Be Done to Improve Health

Developing more health programs at the Board of Health, increasing public awareness of the local hospital's health programs, and increasing community education on the important of healthy habits were mentioned. One participant explained, "I think something that address the whole big picture of healthy eating habits, as well as physical activity and not little blurbs about quick fixes." Another participant mentioned that the community values their privacy and independence, and therefore, she could not think of possible improvements.

Health Policies and Supports Communities Offer, Encourage, Propose, and Would Like to See (Q 3, 4, & 5)

Boston

Health Policies and Supports Offered or Encouraged

Smoking Cessation

Boston has several smoking cessation initiatives. One initiative encourages storeowners to stop selling cigarettes to teens, and educates residents on the dangers of smoking. Another initiative, proposed by City Council, banned smoking in public facilities. Both initiatives are supported through state funding sources. One participant said:

“The programs that get more emphasis are those that have funding streams, because they’ve been identified, you know, as – by particularly at the federal level, as major health problems, and therefore there’s a flow of, you now, of funds to deal with them.”

Physical Activity

Community-based health centers are active in Boston. They have programs on stress reduction, exercise, and offer a wide range of health information in the form of bulletin boards, workshops, and pamphlets. One program, Use Weights to Prevent Breaks, is focused on exercise for the elderly and those with disabilities. As one participant said, “I really give a lot of credit to community health centers because they’re the ones that really deal with the people within the neighborhoods.”

The YMCA also has exercise programs, though one participant mentioned there are more programs for youth than for the elderly. Health clubs sponsor annual events such as walk-a-thons, which use the local parks. There are community-coordinated walking programs to highlight neighborhood safety and promote community spirit. ACORN, a political action group, helped petition for streetlights at a dangerous intersection in response to pedestrian safety concerns.

Better Diet

Community health centers play a large role, with workshops on diet and health information. A local coalition, the Greater Boston Five-A-Day Coalition, grew out of a statewide conference on nutrition and is working on access to nutritious foods for residents. The Public Health Commission has a nutrition access project that uses home visits by nurses to perform nutrition assessments with mothers and children. Other programs offer prenatal and healthy baby programs to pregnant women and new parents.

Health Screenings/Heart Disease

The Public Health Commission in collaboration with community health centers has a Know Your Number Campaign that holds free cholesterol, blood pressure, body mass index and blood sugar screenings. There is a Reach Boston Elders project, which focuses on African Americans and heart disease. Several local hospitals have education programs that focus on heart disease, African Americans, and disparity in services.

Health Policies and Support Currently Being Proposed

The following is a list of Boston's current proposals:

- Boston EMS – to increase training for CPR and the use of defibrillators
- Public Health Commission
 - To increase Healthy Heart Screenings
 - To improve access to health insurance for Boston residents
 - To restore MassHealth benefits
- New England Coalition for Disease Prevention – to present a report to Council of Governors on improving heart health
- Health Now – to propose a bill to restore and expand access to prevention and treatment for heart disease.
- Local hospitals (Brigham, MGH) - to convene forums on race and health care.

Health Policies and Supports Community would like to see

One participant mentioned he would like to see improved indoor air quality, another wants more health programs for the elderly. This question was not asked of one participant.

Fall River

Health Policies and Supports Offered or Encouraged

Many of the supports that Fall River offers grew out of a community needs assessment, performed in 1995 by South Coast Health Systems. This assessment identified three major areas of concern for the community: heart health, substance abuse, and access to health care. The CHNA brought together numerous health and human services agencies, formed sub-committees to deal with each issue and since 1998 one sub-committee has been working to develop community programs and outreach on heart health.

“One of Fall River’s strong points is the fact that there are many health and human service agencies who have come together not just through the CHNA, but through other initiatives.”

“We have all kinds of different programs in the city...whether it comes from the local hospitals, whether it comes from health organizations, or even from the city. Whether it’s exercise, better eating habits, a smoking program, all kinds of other programs that exist within the community from a variety of sources, not just city government but rather more from private sources such as health groups and organizations and hospitals and so forth.”

Smoking Cessation

City Hall ran a tobacco control program until it lost state funding this past fall.

Physical Activity

There is a school-wide exercise curriculum. Senior centers offer exercise programs, including one in Westport that has a new exercise center. Wahoo, a new health club, opened and draws many residents. The Department of Recreation (DR) has summer exercise activities, sports programs, and allows access to over fifteen gymnasiums. The DR also offers teen programs that address the health risks of drug abuse.

Better Diet

Health First has a WIC program staffed by nutritionists. Various local hospitals provide nutrition services. Local radio and cable tv stations have programs on healthy foods and gardening.

Health Screenings/Heart Disease

A local hospital has been designated as an open-heart surgery hospital. Health First has blood pressure screenings. Various cultural organizations provide health information and screenings, such as the Portuguese Youth Cultural Organization, and the Khmer Family Resource Center. The Health Department participates in health fairs sponsored by the local hospitals and distributes health information in different languages. The local Diabetes Association and Red Cross are active in delivering health programs. There are many well-trained health workers due to the high number of medical centers and hospitals in the area.

Health Policies and Supports Currently Being Proposed

The following is a list of current proposals in Fall River:

- Health Department – to designate of one department, the Health and Human Services Department, to be in charge of health, which will streamline decision-making and delineate areas of responsibility.
- Health initiative – to bring together representatives from city health and human services agencies and the community to envision an ideal Fall River, and examine the barriers blocking that vision. This initiative is created by the CHNA and supported by mayor.

“The next step is for a design committee...to get together with all this information and start to analyze it to begin to put a program in place...to bring in more community members that are not just health and human services providers, to get their input on it...to develop initiatives that respond to what the people in Fall River would like to see.”

- City Hall – to propose closing a landfill.

Health Policies and Supports Community would like to see

- Restoration of state tobacco control funds
- Increased participation in physical activity programs

- Education/public awareness on developing healthy eating habits
- Increased funding for all programs
- Insurance coverage of preventive medical and dental care

New Bedford

Health Policies and Supports Offered or Encouraged

One participant mentioned that New Bedford has community education and outreach programs, while another stated that there were no healthy heart programs offered by the city. He said that health did not seem to be in the purview of the local government, “I hate to say this, but I don’t think that there are a whole lot of government agency or support systems that we have. You know, a lot of people privately pay for this thing.”

Smoking Cessation

There is a ban on smoking in public facilities, which grew out of a state-funded tobacco control program.

Physical Activity

The park system is well used for walking and running, as well as other forms of athletic participation. There is a good system of walking paths. Health clubs offer bodybuilding and exercise programs. The Council on Aging offers exercise programs to the elderly.

Better Diet

The schools offer healthy lunches to students. The Health Department has informational pamphlets on healthy eating and exercise, which are available at their by-weekly immunization clinic.

Health Screenings/Heart Disease

Several churches offer blood pressure and cholesterol screenings. Health programs are run out of St. Luke’s hospital.

Health Policies and Supports Currently Being Proposed

Two participants didn't know of any; the other said the only current proposal concerned smallpox vaccines.

Health Policies and Supports Community would like to see

One participant mentioned increased funding for drug addiction and TB. Two participants said there were no programs they would like to see, one because of the current funding situation, and one because he felt health was not in the purview of the local government.

Springfield

Health Policies and Supports Offered or Encouraged

One participant emphasized numerous times the importance of local leadership in Springfield, "the Commissioner has been very proactive in getting out the information, whether through the schools or public aspects."

Smoking Cessation

There are smoking cessation initiatives for teens, funded through the state, as well as a ban on smoking in public facilities.

Physical Activity/Better Diet

Springfield offers many policies and supports that focus on physical activity and better diet, though one participant expressed concern that many of these programs may be jeopardized by budget cuts. The following is a list of programs:

- Springfield Partners for Community Action, a non-profit, runs nutrition workshops.
- Serve New England, a non-profit, offers healthy food subsidies for low-income families.
- The Department of Health and Human Services has formed a partnership with the American Heart Association and Springfield College to conduct a community assessment, including diet and exercise, on heart health. This local initiative grew out of a state-level group.
- The Springfield Health Coalition is a city-led effort convened by the mayor, whose members include the Public Health Council and two area health systems, to examine nutrition and

exercise in schools and develop programs. They are also examining the safety of neighborhoods and parks and how to best encourage residents to exercise.

- Council on Aging offers exercise programs.
- Get Up and Move Campaign encourages residents to exercise.
- Department of Health and Human Services has a faith initiative to encourage the involvement of this community in the health of its members.
- Parks Department has many recreational programs and maintains the park system.
- Health Department offers youth anti-violence programs that encourage physical activity, such as basketball.

Health Policies and Supports Currently Being Proposed

Two participants said there were not any policies or supports that had not already been mentioned, and the third responded as to what he would like to see proposed, which is included below.

Health Policies and Supports Community would like to see

- A needle exchange program.
- A school initiative to ban junk food in vending machines and increase access to healthy foods for students as well as increase physical exercise during the day.
- Policies to assure neighborhoods are safe so residents can exercise.
- A school initiative to increase health education to parents and students.

“I’d like to see more of a home economics edge...because I don’t think that the kids, unfortunately, no matter what background they come from, creed and color doesn’t matter, they’re not, unfortunately, at times, getting it at home.”

Truro

Health Policies and Supports Offered or Encouraged

One participant said, “A lot of [programs are] informational and usually either through the school or the Council on Aging.”

Smoking Cessation

Truro passed an initiative that banned smoking in public facilities, despite restaurant owners’ fears that customers would stop coming.

Physical Activity/Better Diet

The Council on Aging and Adult Education Program has exercise and strength training programs. The Council on Aging also offers programs on nutrition and preventive medicine.

Health Screenings/Heart Disease

The Council on Aging offers blood pressure and cholesterol screenings. Truro is designated as a heart safe community with defibrillators in public places and well-equipped ambulances.

Health Policies and Supports Currently Being Proposed

The Board of Health, with the Council on Aging, is developing wellness workshops and health screenings for diabetes and cholesterol. The Council on Aging and Fire Department are developing informational brochures on what to do in case of a heart attack.

Health Policies and Supports Community would like to see

Two participants did not have suggestions and the third wanted to see more research on rates of breast cancer in the community.

West Newbury

Health Policies and Supports Offered or Encouraged

One participant said there were few support services in West Newbury.

“In general, the people who live in the town are fairly wealthy. And so, there’s not a need for a lot of social programs.”

Smoking Cessation

There is a statewide program in which West Newbury participates.

Physical Activity

There are walking paths and wide sidewalks in Truro. The Council on Aging offers exercise programs and the Youth League offers a variety of sports. The local school is working

to promote physical activity in school children through a CHNA grant, allows its gymnasium to be used for community athletic participation, and has a Parent Alliance which holds evening programs on a variety of health topics.

Health Screenings/Heart Disease

The Council on Aging offers blood pressure and blood sugar screenings. The local hospital, Anna Jacques, held a forum called Cardiovascular Health in Women, and has a cardiac rehab program.

Health Policies and Supports Currently Being Proposed

Two participants said they did not know of any proposals. One said that the town road committee proposes developing a sidewalk system along a busy section of road, but that given the current budget situation, people are generally not encouraged to propose initiatives.

Health Policies and Supports Community would like to see

One participant said the community wasn't in need of more programs. One participant didn't feel qualified to answer, and the question was not asked of the third participant.

Barriers and What Communities Can Do to Remove Them (Q 6 & 7)

Participants in all six communities mentioned lack of resources as a barrier. Participants in all target communities mentioned that cv health is of low priority because it is not seen as a basic or immediate need.

In terms of removing barriers, participants in all communities mentioned increasing funding. Participants in Boston and Springfield emphasized the importance of local leadership (mayor, superintendent), while one in New Bedford mentioned state leadership (governor, DPH), and one in Fall River explained the importance of a “shift in mindset” of how the government regards cv health. Boston and Springfield participants emphasized agency collaboration/coordination – the ability of stakeholders to come to the table and work out their differences.

Boston

Barriers

Lack of resources was mentioned as a barrier, as one participant explained, “if you have families that have to choose between buying prescriptions and putting that money into rent, for example, then, you know, you have an unhealthy situation.” Other barriers in Boston were related to politics and policy-making, including the following:

- Lack of action/political courage by local government on issues with no easy solutions.
- Lack of political activism by residents’ part.
- City Council did not take a position on a measure to ban smoking due to fear of economic effect on businesses.
- Federal priorities for taxpayer dollars do not go towards health but towards the military.
- Not all the stakeholders are involved in making policy, therefore implementation is difficult.

Removing Barriers

- Increase funding (federal).
- Implement outreach by City Hall to increase political activism and voter turnout.

- Improve the education/public awareness efforts of the Public Health Commission (currently they have a series of health awareness articles that run in local papers).
- Increase agency collaboration and coordination to ensure all stakeholders are present for policy-making, to find common ground.
- Maintain and encourage local leadership, the support of the mayor on cv health issues. One participant emphasized the important of this leadership:

“We’ve been very fortunate to have a mayor who has really been concerned about heart disease. If we didn’t have the mayor’s support, we probably wouldn’t have the funding to do some of the things that we’d like to do.”

Fall River

Barriers

- Lack of resources, state budget cuts
- Cv health is a low priority for the local government, as it is not seen as a basic or immediate need.

“They’re just trying to get kids educated and basic services and I think that a healthy lifestyle is sort of seen as a creature comfort, an extra that is not fundamental service that needs to be looked at right now.”

- Lack of long-term vision. The state and federal governments do not fully understand the long-term health effects of budget cuts.
- Lack of transportation and language barriers inhibit access to health care providers.

Removing barriers

- Increase funding
- Shift the mindset of the government to regard cv health as an important quality of life issue; as important as safety, drinking water, etc.
- Offer interpretive services. Health Access Network is training staff who speak a second language in medical interpreting with the goal of developing a network of interpreters that can be used by all health providers.

New Bedford

Barriers

- Lack of resources (government and individual).
- Cv health is a low priority to the state government and thus there are not adequate funding streams.
- Health in general is not seen as being in the purview of local government.
- Lack of action/ political courage on controversial issues (here, referring to needle exchange program).

- Lack of transportation.

Removing barriers

- Increase funding
- Increase Governor or DPH leadership role.

Springfield

Barriers

- Lack of resources (government and individual).
- Cv health is a low priority for the local government as it is not seen as a basic or immediate need, “the first priority is going to be things like you know – Fire, Police, Schools, Public Works.”
- Lack of resources and training for public safety officers to keep neighborhoods safe and for programs that occupy children after school
- School-related:
 - Requires change in systems that have operated the same way for many years, such as having vending machines in the schools. Also, in current economic climate, schools need the money the machines provide.
 - Emphasis on MCAS and academics has decreased time and money devoted to exercise.
- Lack of transportation (to buy healthy foods).

Removing barriers

- Increase funding.
- Increase agency collaboration and coordination to examine the root causes and conditions of poor health. One participant stated:

“We have a group of people who will work together to try to assist each other in making a difference, as far as the community is concerned. I don’t necessarily think that it always takes money, although I think it’s a big part of it. But the willingness of people to cooperate with each other.”

- Maintain and encourage local leadership, which is crucial during times of budget crisis on the state level, including the Superintendent and School Committee in evaluating the curriculum to include more nutrition and home economics.

Truro

Barriers

- Lack of resources
- Resistance of town government to adopt new programs.

- Lack of participation/interest, which is connected to the value in this particular community of privacy and independence.

Removing Barriers

The only suggestion made was to improve trust and communication between residents and town government. One participant did not know, and one participant was not asked the question.

West Newbury

Barriers

- Lack of resources, which means lack of staff, to take on new programs.
- Cv health and other preventive health measures are low priority for the local government, as they are not seen as basic or immediate needs.
- Lack of participation/interest, which is connected to the value in this particular community of privacy and independence.

One participant said there are no barriers to implementation in this community, as programs were functioning well.

Removing barriers

One participant suggested providing a staff support person to oversee any new program. Another stated that there were no barriers, as people do not want more government services. The question was not asked of the participant who did not identify any barriers.

Vision and What Communities Can Do to Move towards this Vision (Q 8A & B)

Access to affordable health was key to the vision of participants in Boston, Fall River and Springfield. Fall River, New Bedford, and Springfield mentioned youth health initiatives. To move towards their vision, participants in Springfield and Truro talked about starting early – developing healthy habits in young children. Boston participants emphasized community organizing/advocacy, while those in Springfield and Boston also explained the importance of encouraging more agency collaboration/cooperation.

Boston

Vision

A city where “basic needs are met” was how one participant summed up her vision. This included access to affordable healthcare, full employment, affordable housing, green space, safe places to walk and bike, and clean air. More specific ideas were to improve the relationship between residents and City Hall through better communication, increase funding of community health center programs, and decrease the number of fast food joints and the availability of alcohol/tobacco products.

On a federal level, one participant emphasized examining the relationship between federally-financed health care research and the pharmaceutical industry, corporate responsibility, and the development of a public works program.

“We can both be improving health through improving the infrastructure as well as stimulating the economy. So I think we have to think beyond just the question of the symptoms of the general problem, which are heart disease et cetera, and look at the conditions that lead to it.”

What Boston can do towards this Vision

Community organizing and political activism were key to moving towards this vision. Some current activities or ideas included community organizations advocating their ideas about

federal spending priorities to their elected officials, community members getting together to examine disparity in services, and parents and teachers organizing to ban vending machines from public schools.

“And I really think that one of the things that happens is that most communities – especially communities that are disadvantaged – don’t always have the resources or don’t always know how to go about advocating for themselves. And I think that that’s a really critical piece.”

The willingness of community agencies to collaborate and cooperate on issues of mutual interest and the inclusion of community advocacy components in public health programs were also important.

Fall River

Vision

A healthy Fall River would have access to affordable healthcare and full employment to meet people’s basic needs. One participant summed up his vision in this way:

“I think it needs to take into account the environment: clean air, water streets; safety; addressing the causes of violence and crime, as well as substance abuse; also providing a comfortable, attractive environment with trees and parks and water and places that people would like to gather. And I think it really needs to support families and really be a place that people feel connected to and involved in.”

Specific ideas for programs included more education on smoking cessation and healthy eating, incorporation of exercise components into community celebrations, and the examination and improvement of school lunch menus and school exercise curriculums.

What Fall River can do towards this Vision

Fall River is moving towards this vision through the establishment of a new Health and Human Services department and through participation in the Healthy Cities Initiative. One participant said her vision could only be accomplished through a shift in the mindset of individuals to regard cv health as important.

New Bedford

Vision

Increased funding for youth and senior citizen programs were key, including programs to promote exercise and better diet through the school system, and programs to increase exercise in the elderly. One participant talked about the importance of decreasing the consumption of high-fat Portuguese foods. Other ideas were a reduction in arthritis, increased funding for drug counseling, and more research into the relationship of cancer and the environment.

What New Bedford can do towards this Vision

One participant mentioned New Bedford is beginning to offer alternatives to high-fat foods, another that hospitals are becoming involved in preventive health measures and cardiac care and that they offer education in their drug rehabilitation facilities. One participant said that because the schools are laying off physical education teachers she doubted they could implement new or better exercise programs.

Springfield

Vision

One participant held a broad vision of universal access to affordable healthcare and of developing a more holistic view of health to meet peoples' basic needs:

“A healthy community would like, you know, health is physical, spiritual, mental, and emotional, so for me, my healthy community would have all four of those quadrants balanced in every individual, and a part of that would be the access to primary healthcare, access to safe neighborhoods, having their people’s mental health balanced in terms of their ability to access services that would allow them to help with some of the emotions around the work that they must do. So, I think that, you know, a healthy Springfield would balance all four quadrants.”

In terms of physical activity, increasing the accessibility and availability of citywide recreation activities, and increasing parent and child education around the importance of

participating in physical exercise were mentioned. In terms of better diet, participants talked about increased funding for nutrition programs aimed at lower income groups, including increased accessibility and availability of community gardens, farmers' markets, and healthy food subsidies, and emphasizing nutrition and home economics in the school curriculum. Offering more drug treatment programs was also mentioned.

What Springfield can do towards this Vision

Numerous Springfield agencies are involved in collaboration and cooperation, working together to actualize this vision. There are initiatives working with children, such as Cherish Every Child, and initiatives working to involve the faith community. Every neighborhood could have a community garden, and the City could promote programs such as Serve New England, which gives families subsidies to buy healthy foods. One participant talked about the importance of meeting basic environmental and safety needs, and then building upon this foundation by working with schools on nutrition education and increasing the availability of outdoor space for recreation.

Truro

Vision

One participant summed up her vision for a healthier Truro, and nation, in this way:

“I would like to have a town that’s full of people that are much more aware of how they can protect their own health and the health of their children just through consciousness of nutritional values, exercise and how important it is to take control of your destiny and prevent, rather than just cure with band-aids and aspirin. But I would like that for the nation, not just for Truro. And I know that if we had a somewhat better idea of the concepts of preventive health that we would be able to cut down on our medical expenses. We wouldn’t need so many doctors. And we wouldn’t need so many pills because we would be eating better food.”

Making sure basic needs are met, including transportation to the hospital in case of emergencies and expanding health screenings and program at the Council on Aging, were also mentioned.

What Truro can do towards this Vision

In terms of a better diet, one participant suggested more extensive school-based education of young children on diet and exercise will encourage the development of life-long healthy habits. Another said that physical activity is connected to preserving the rural character of the town and ensuring the availability of outdoor space. To increase health screenings, one participant said that Truro could build on the vitality and strength of its active Council on Aging.

West Newbury

Vision

A healthy, pollution-free environment was important to two participants. Also mentioned was improving exercise through better use of the town's vast outdoor space, through residents being more aware of programs offered by the local hospital, and through the town encouraging its residents to exercise. To improve diet, one participant said that she'd like to see West Newbury promote healthy eating habits which "start at pre-school level, continue through high school and are modeled by parents' behavior."

What West Newbury can do towards this Vision

One participant emphasized that West Newbury could participate more actively in education and public awareness through the use local cable channels or distribution of informational brochures. Holding seminars or other education programs would not work because "none of them would go to it." Another participant thought working with the schools would be a good place to start:

"I see them working with the school lunch program. I think many communities in Massachusetts are addressing that and trying to provide food that is appealing to the

students, as well as the schools need to continue the income that comes from many of the foods that are sold to students. So, it's kind of a double-edged sword.”

One participant did not have any ideas.

Sources for Data & Results (Q 8 C & D)

Boston

Health Care for All
Carmen Square Health Center
Boston Public Health Commission – Cardiovascular Health Report (1999)

Fall River

Charlton Memorial Hospital (member - South Coast Hospitals)
CHNA
Health Department

New Bedford

South Coast Hospitals

Springfield

Health Department

Truro

Council on Aging
Board of Health

West Newbury

CHNA – 12

Interest in Formulating Statewide Policies* (Q 9)

Boston

Yes – three participants

Fall River

Yes – Newspaper Editor, Director – Health Center

No – City Councilor

New Bedford

Yes – City Councilor

No – Newspaper Editor, Health Department

Springfield

Yes – Newspaper Editor, Health Department

No – City Councilor

Truro

Yes – Board of Health, Board of Selectmen

No – Newspaper Reporter

West Newbury

Yes – Health Department

No – Board of Selectmen, Newspaper Editor

*To assure confidentiality, the names are not included as a part of this report.

LIMITATIONS

Interviews were taped and transcribed to assure accuracy, however only one researcher was involved in data analysis, thus researcher bias may be present. Time/history bias may be present as the severity of state budget cuts increased over the course of time during which the interviews were conducted and may have influenced participant responses. The participants themselves were not randomly selected, but rather represent a sampling of convenience – those who could be contacted for information. The results are not intended to be representative.

RECOMMENDATIONS

- 1. Develop system supports that enable communities to meet their basic needs.** Cv health is interconnected with the other concerns listed by participants. If people are unemployed, they may not have adequate health care, transportation, or access to healthy foods; if a drug problem exists in the city, it may influence neighborhood safety and the ability of people to exercise; if people are uninsured, they are less likely to seek health care preventively. The state and federal government have a unique opportunity to create positive change. As participants noted – the issues that state and federal governments make priorities, in terms of time and money, influence priorities at the local level.
- 2. Strengthen agency collaboration, cooperation and leadership on a local level.** Many of the target communities have dedicated and skilled leaders working on a variety of health initiatives. Building supports to increase collaboration within communities and between communities is important. These supports may include developing opportunities to network and collaborate (for example, other communities could benefit from learning more about Springfield’s faith initiative), training negotiators to find common ground, and furthering collaboration between the local government, private and non-profit agencies. Encouraging and supporting local leaders, such as mayors, public health commissioners, and superintendents as they work on systems change is also crucial, as is building upon the community assessments in Springfield and Fall River and the many health coalitions in Boston. Though not as emphasized by participants, collaborating with local business leaders to achieve heart health may represent another opportunity to develop programs or supports.
- 3. Expand innovative education and public awareness programs to promote cv health.** Programs must provide information in a user-friendly manner, taking into account language,

educational level and culture, and do so through a variety of information channels, which may be specific to the community and include health fairs, community-wide events, local cable tv and radio shows, and newspaper articles. These programs must be implemented in collaboration with organizations that already have established access in the community.

Community health centers, well-baby and WIC clinics have access to disadvantaged populations. Fall River seems to have particular relationships with community cultural organizations. Building upon established relationships is an opportunity to conduct further research and implement cv health components.

4. **Strengthen and develop community organizing, advocacy, and outreach.** Community advocacy for disadvantaged groups, either through developing new programs or strengthening existing programs will empower residents to take positive steps towards protecting their own health. Further research can be done to examine what community advocacy groups exist, their methods, members, and effectiveness, and determine applicability to the health field.
5. **Strengthen and support school-based nutrition and exercise initiatives.** Many communities mention the importance of school-based health initiatives around what children are eating at school, what they are learning about nutrition, and how much exercise they are getting. This may include helping communities assess safety of neighborhoods and places where children can play when they are not in school.
6. **Compare and Contrast Key Informant Interview Findings with the Inventory of Policies and Programs Related to Health for Cities and Towns in Massachusetts (Sept 2002).** The results of this study may be particularly useful in determining unmet need and opportunities when used in conjunction with the data gathered in the quantitative survey. For

example, only one participant interviewed, in her vision of Boston, mentions use of bikes or bike paths. This result seems to corroborate the survey results that show that only 15% of cities require bikeways along roadways, 70% of cities have no bikeways, and 27% have bicycle parking at grocery stores and other shopping venues. Would an increase in bike parking and paths increase residents' interest in biking? What would it take for people to use bicycles in and around Boston, either for commuting or for exercise? Another example: the survey indicates that only 48% of municipal building cafeterias have a policy requiring the availability of healthy foods. And of the 64% that have vending machines, only 1% require healthy foods to be offered in them. How can what communities are doing with regards to school lunch programs and vending machines be carried over into this work environment?