



Blueprints...

...for Building a Healthier Community

Spring 2008

Volume 2

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The Medical Foundation, 95 Berkeley St., Boston, MA 02116

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The 5th MassForum graduating class includes teams from the following communities: Clinton, Milton, Everett, Weymouth, Great Barrington, Fitchburg, Reading, and Fall River and individuals from Worcester, Acton, Melrose, Boston, Burlington and Waltham.

2008 MassForum



WE ARE PLEASED TO HIGHLIGHT...

The 2nd Annual Healthy Communities Conference

"ACTION INTO POLICY"

& MassForum V Graduation

June 18th 2008, 9am-4pm

Hoagland-Pincus Conference Center, Shrewsbury, MA

Keynote Speaker: Lauren Smith, MD, MPH, Medical Director of Mass. Department of Public Health

Other Speakers include: Geoffrey Wilkinson, MA, DPH;
Shannon Melluzo, MPH; Steve Ridini, TMF;

Graduation Speaker: David Weed, PhD, Healthy City Fall River

Featured Workshops: Youth Development, Obesity, Substance Abuse, Logic Models, Health Disparities, Disabilities AND MORE!

Marketplace for Ideas Exhibits: Share ideas, methods, and successes!

TO REGISTER GO TO: WWW.MASSPARTNERSHIP.ORG

For info call: 617-279-2289 ext 500

"A Healthy Community is a Garden to Grow People in."

MassPartnership News...

The MassPartnership (MPHC) is in its sixth year of operation! The MassPartnership and the MassForum communities have accomplished significant milestones in 2007-2008, including:

- The 1st Annual Healthy Communities Conference was held in June 2007. Our presenters, John Auerbach, Geoff Wilkinson, and Deborah Klein Walker addressed 250 participants.
- MassForum V will graduate a record 65 people in June. The class includes 15 individuals and nine community teams.
- Thanks to the Lahey Clinic and the MGH Community Benefits Program, over \$185,000 in community planning and implementation grants have been disseminated. These grants have often been used to leverage other public and private funds.

MassForum Community Grads in Action...

- CHNA 15 awarded 10 health community planning grants in their region.
- Critical MASS published a community toolkit *Taking Community Action on Health Disparities*.
- Fall River, Everett, Waltham, Southbridge, Winchester, Medford, Alston-Brighton, Quincy, Somerville, Springfield, Worcester, Revere, and Winthrop each received substance abuse grants to expand their efforts.

Snapshots from Communities

Healthy City Fall River



Waltham



Winthrop CASA, Somerville Cares about Prevention, Middleboro (Jairus), Revere Cares, Medford



LEADING
LEARNING
COMMUNICATING

Healthy Community Planning and Implementation Grants

In 2007, the MassPartnership received funds from the Lahey Clinic Medical Center and the MGH Community Benefits Program to provide resources to communities to enhance their health improvement planning and implementation efforts. **2008 Grant applications are due June 30, 2008.** More information is available at www.tmfnet.org/partnership.

Town	Focus Area	Contact Information
Danvers: Danvers Healthy Community Task Force	To initiate and implement a community planning process to select priorities, develop a vision, and establish an action plan for the coalition. To recruit and mobilize a community coalition of youth and adults.	Gary Nihan 978/777-8932 x2277 nihan@danvers.org
Fall River: BOLD Coalition	To expand coalition membership to reflect the diversity of the community. To create a fundraising committee and implement a fundraising plan.	Karen Fischer 508/324-3537 kfischer@sstar.org
Holyoke: Holyoke Unites/ Holyoke Se Une	To develop a website and to conduct a community-wide visioning and assessment process. To work closely with Healthy City Fall River to develop a Holyoke vision process.	Betty Medina Lichtenstein 413/532-9300 betty@hfn.org
Lowell: Friends of the Lowell Council on Aging	To initiate, plan, and implement the Lowell Senior Count, a process of building and strengthening relationships among diverse community organizations and institutions that share common goals for a healthier, safer community. To assure that this assessment and planning process engages the whole community and helps Lowell develop a city-wide community health improvement effort.	Lynne Brown-Zounes 978/446-7185 lzounes@lowellma.gov
Mattapan: Mattapan Community Development Corporation Mattapan Healthy Community Planning	To initiate and implement a process of building and strengthening relationships among community entities who share a common goal for healthier communities. To create a community visioning process to enable citizens to articulate their ideas of a positive community.	Spencer DeShields 617/296-2000 sdeshields@mattapancdc.org
Milford: Juvenile Advocacy Group	To develop an organizational structure with operating principles for the Juvenile Advocacy Group. To conduct a cultural competence audit and increase representation of youth and other residents from Milford, Hopedale, and Bellingham with particular emphasis to include Latino and Portuguese speaking populations.	Amy Leone, MS, MA 508/478-6888 x 204 Amy_leone@waysideyouth.org
Worcester: Green Island Neighborhood Initiative - Oak Hill Community Development Corporation	Initiate a new planning initiative for the Green Island neighborhood in Worcester to recruit and organize a coalition of youth and adults; identify and collect data; , develop a vision, select priorities, and establish an action plan.	Mullen Sawyer 508/754-2858 msawyer@oakhillcdc.org

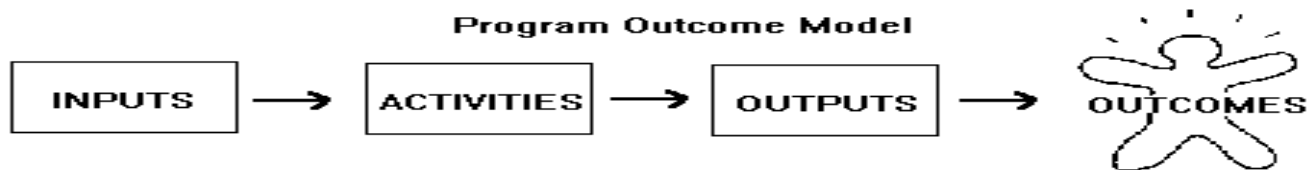


Introduction to Outcome Measurement: What are Outcomes?

More and more community coalitions and other non-profit organizations are asked by funders and other interested community leaders, "How do you know your program is making a difference?" In response, many community-based organizations and other health and human service agencies are documenting their efforts. An effective tool to assist with this type of documentation is to utilize a logic model. A logic model is a guide to program planning that identifies the links between community needs, assets, inputs, activities, and outcomes. A logic model represents an evaluative process that helps groups organize their activities to achieve the best possible outcomes.

Inputs are resources dedicated to a particular program. Examples include funds, staff time, volunteer time, facilities, equipment, supplies and community partners. **Activities** are what the organization/program does with the inputs to fulfill its mission. Activities include the strategies and techniques that comprise the program's service methodology. Some examples include providing parent education classes on substance abuse prevention, educating the broader public about the dangers of second hand smoke, or creating mentoring opportunities for youth. **Outputs** are the direct products of program activities and usually are measured in terms of the volume of work accomplished. Examples may include the *number* of classes taught, the *number* of educational materials distributed, and the *number* of people served. Outputs are important because they are intended to lead to a desired benefit for participants or target populations. **Outcomes** are benefits or changes for individuals or populations during or after program participation. Outcomes relate to a change in awareness and knowledge; a change in attitudes, skills, and/or abilities; and ultimately a change in behavior and/or community conditions. For example, *outputs* of a neighborhood clean-up campaign include the number of organizing meetings held, the number of weekends dedicated to the clean-up effort, and the number of people involved. Outcomes - benefits to the target population - may include reduced exposure to safety hazards and increased feelings of neighborhood pride.

The [program outcome model](#) depicts the relationship between inputs, activities, outputs, and outcomes.



<u>Dedicated program resources:</u>	<u>Use of program resources:</u>	<u>Direct result of program activities:</u>	<u>Participant benefits:</u>
<ul style="list-style-type: none"> ■ funding ■ staff ■ volunteers ■ partners ■ facilities ■ equipment ■ supplies 	<ul style="list-style-type: none"> ■ provide parent education classes on substance abuse prevention ■ educate the public about dangers of second hand smoke ■ create mentoring opportunities for youth 	<ul style="list-style-type: none"> ■ number of hours of service delivered ■ number of participants served ■ number of classes taught ■ number of educational materials distributed 	<p>Short term</p> <ul style="list-style-type: none"> ■ increased awareness ■ increased knowledge <p style="text-align: center;">↓</p> <p>Intermediate</p> <ul style="list-style-type: none"> ■ change in attitudes ■ change in skills and abilities <p style="text-align: center;">↓</p> <p>Long Term</p> <ul style="list-style-type: none"> ■ behavior change ■ improved condition

Source: United Way of America, 1996;

http://www.liveunited.org/_cs_upload/Outcomes/Resources/4206_1.pdf