



Boston Black Women's Health Institute Prospectus

Description:

Boston Black Women's Health Institute (BBWHI) is a membership organization that empowers Black women in Greater Boston to improve their own health and the health of their families and communities. Through a combination of wellness programming and advocacy training, Black women receive on-going peer support to make changes in their personal lives, the health care system and the public policies that impact their health.

Location: Dorchester, MA

Founded: 1995

Current Budget: \$112,000

Geography & People Served:

58,000 Black women living in Boston, with a focus on the neighborhoods of Dorchester, Roxbury, Jamaica Plain and Mattapan.

Social Problem:

- Black women in Boston can expect to live an average of 76.0 years, 3.6 years less than White women.
- Black women in Boston are more likely to die of breast cancer, even though they are more likely than White women to be screened for the disease.
- Black women in Boston deliver low birth weight babies, a leading cause of infant mortality, at twice the rate of White women.
- These disparities persist even when controlling for income or education.

Key Accomplishments & Social Impact

- Started out of the founder's home with all in-kind support; volunteered for first seven years.
- Created and launched the BBWHI Well Woman Programs – Sister Circle, Slim Down Sisters and Sister Strut - serving over 1,000 women in the last five years.
- For Slim Down Sisters, average weight loss for participants is six pounds over 12 weeks and nearly one-third lose 10 or more pounds.
- Selected to train for 50 grassroots organizers for the National Black Women's Health Imperative chapters across the country.
- The Boston Public Health Commission says BBWHI's "health promotion and disease prevention work at the grass roots level has been a model for us and other organizations around the city and the state."
- Organized 150 women from Boston to attend the 2004 March for Women's Lives in Washington, DC.

Goals – 18 Months (April 2006 – September 2007):

- Serve over 200 participants through 12 Well Woman Groups.
- Develop and implement a strategy to convert 100 participants to members.
- Train 30 women for leadership roles as wellness facilitators or advocates.

Total Philanthropic Investment – 18 Months: \$292,000



Social Innovator:

Lula Christopher

Contact Information:

(617) 436-2291

lula.christopher@bbwhi.org

Ways to Invest

In-Kind Support

- Conducting a search to hire another senior manager to complement the skills of the Executive Director
- Finding a partner organization to share office space
- Developing a website
- Adding 2-3 Black women with expertise in business, law and medicine to serve as Board members.
- Developing a database and reporting system
- Reviewing and improving the financial management system

Financial Support

\$50,000+	5 Wellness Program Groups, serving 100 women
\$25,000	Data management software, staff training and data entry
\$10,000	Annual conference for members
\$5,000	Health policy intern
\$1,000	Scales and blood pressure monitors

SOCIAL
innovation
FORUM Connecting Leaders, Skills,
Networks, and Capital

a Root Cause Initiative

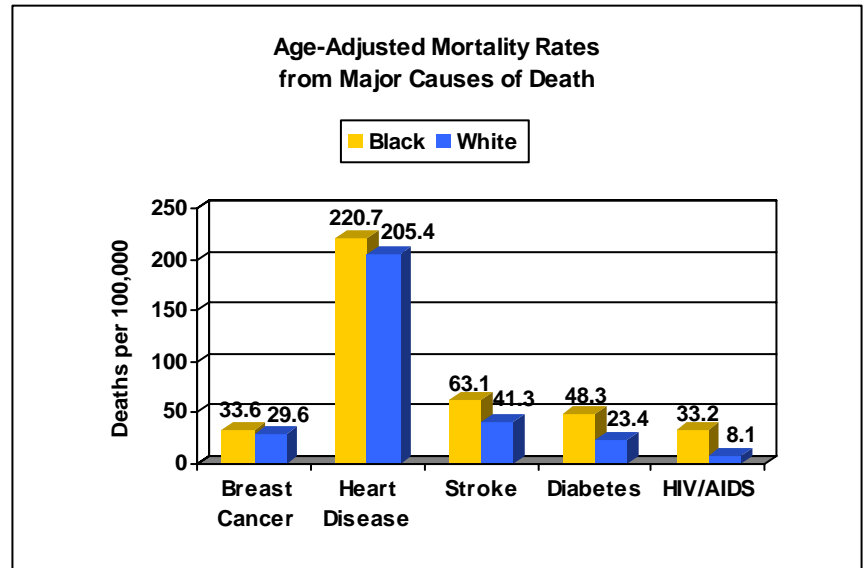


Need & Opportunity

Social Problem

In March 2002, the National Academies' Institute of Medicine (IOM) released the landmark report *Unequal Treatment: Confronting Racial/Ethnic Disparities in Health Care* that documented the striking disparities in the quality of health care services delivered to minority and white patients across the country. To better understand and address the problem in Boston, the Boston Public Health Commission developed a comprehensive data report as part of a citywide initiative to eliminate health disparities. The report, issued in June 2005, found that Black Bostonians have worse health outcomes than residents of other racial and ethnic

groups on a broad array of indicators. The striking differences are best illustrated by comparing mortality rates for leading causes of death, presented in the chart to the right.¹ Reviewing data specific to the 58,000 Black women in Boston², the following disparities stand out:



- Black women can expect to live an average of 76.0 years, 3.6 years less than White women,
- The incidence of HIV/AIDS is over 10 times higher for Black Women than White women,
- Black women are more likely to die of breast and cervical cancer, even though they are more likely than White women to be screened for the diseases. Black women in Boston have the highest mammography rates of all groups.
- Black women deliver low birth weight babies, a leading cause of infant mortality, at three times the rate of White women.

These disparities have widespread impact on families and communities, and result in increased costs to the health care system due to misdiagnosis, treatment delay and lack of appropriate care. Massachusetts spends \$55 million per year in federal dollars alone on treating preventable diseases.³

Root Cause Factors

Such staggering health disparities are a function of multiple social factors. The history of social and economic inequities between Blacks and Whites is often cited as the leading cause, but many disparities persist even when controlling for income and education – an indication that socio-economic status does not fully explain the problem. As an example, the infant mortality rate for White women who have not finished high school is *lower* than for Black women who have completed college.⁴

The complex array of contributing factors can be understood on three levels: personal, interpersonal and public policy. On a *personal level*, Black's women's experience with mental and emotional stresses caused by racism, directly contribute to the unequal burden of disease. According to the Women of Color Health Data Book, stress related to racism may underlie poor diet and resulting obesity and may be associated with the high prevalence of high blood pressure and diabetes⁵. At the same time, Black women's personal beliefs about the medical system— influenced by race, culture, gender – filter their experience of going to the doctor. Research shows that these

¹ Boston Public Health Commission (Jun 2005) Data Report. Available at www.bphc.org/disparities.

² U.S. Census 2000. Data for the city of Boston. Total count of Black females, age 18 and over.

³ Trust for America's Health. Massachusetts Report. Available: <http://healthyamericans.org/state/index.php?StateID=MA>.

⁴ Data analysis, Boston Public Health Commission. From Bigby, J. (Mar 2006). Health, Human Rights & Access: What Does Health Care for Women of Color Teach Us?. Presentation for the Social Innovation Forum, March 1, 2006. Boston, MA.

⁵ Leigh, W. and Jimenez, M. (2002). Women of Color Health Data Book. Office of Research on Women's Health. National Institutes of Health. NIH Publication No. 02-4247. Available: <http://orwh.od.nih.gov/pubs/wocEnglish2002.pdf>.

perceptions affect behavior - when women present for care, whether they ask questions, how much information they share and whether they will follow through with recommendations – all of which have major health implications.⁶

On an *interpersonal level*, the two-way trust between Black women and their doctors and their ability to communicate across culture and class lines often dictate the course of medical care – diagnostic tests, preventive services, therapeutic procedures, and treatment options offered (and accepted).⁷ A survey conducted by Action for Boston Community Development illustrates this point. Black participants reported that their doctors sometimes overlooked their needs and were prone to automatically ordering medications for “Black diseases” such as diabetes and heart disease, without considering a comprehensive picture of patient history and lifestyle.⁸ Complicating the problem is the under representation of people of color in medicine and nursing, which means that patients who would prefer to work with a provider of similar race or ethnicity may have trouble doing so.

Access to resources – often determined by decisions made at the *public policy level* – also affect health outcomes. Without a living wage and adequate health insurance – two public policy issues currently being debated - Black women are more likely to postpone seeing a doctor until their symptoms are more serious and more complicated to treat. In Boston, 12.8% of Black residents do not have health insurance compared to 6.3% of White residents⁹. Since the higher mortality rates for Black women are due to preventable diseases, access to early treatment could have a significant impact on outcomes.

Current Landscape

Government and health care organizations addressing health disparities tend to focus on disease management and prevention efforts that include public education campaigns, screening services and health workshops. Many of these programs, while effective at raising awareness, face challenges of adoption, compliance and retention. Despite all that has been done to document the problem of health disparities and its causes, there is still much to learn about how best to deliver services for Black women to reduce and eventually eliminate the gaps. As a result, the Mayor’s Task Force Blueprint recommends, “enhancing the ability of local community organizations and neighborhood residents to effectively address issue that have an impact on health disparities. Local practices with demonstrated positive outcomes should be identified, nurtured and replicated in other neighborhood communities.”¹⁰

Widely used around the world, self-help groups are a well-known strategy for addressing the mental and emotional health challenges that contribute to many negative health outcomes. More than 25 million people in the United States have some involvement in self-help groups over the course of a lifetime.¹¹ Participation in self-help groups gives members the opportunity to: experience less isolation, exchange ideas and effective ways to cope with problems, change their behavior and maintain that change with support from group members, and gain a new sense of control over their lives.¹² The limitation of these groups is that they are not typically linked to advocacy efforts aimed at fostering broader systemic change. Therefore, members’ voices – their experiences with many major health issues – are often not heard by decision-makers in the health care system and the government.

Social Innovation in Action: The Boston Black Women’s Health Institute Model

The Boston Black Women’s Health Institute (BBWHI) was launched in 1995 by a group of community activists who were concerned about their health and the health of all Black women in Boston. It is the only community-based membership organization in Greater Boston focused entirely on the health of women of African descent. A unique aspect of BBWHI’s model is the dual focus on wellness and advocacy, as shown in the graphic on the next page. This combination of activities allows the organization to address the problem of health disparities on multiple levels. BBWHI builds bonds of sisterhood and relationship among Black women, and provides them with skills and tools to implement their own solutions and serve as leaders for their community.

⁶ Bigby, J. (Mar 2005).

⁷ Ferrer, B. (2004). Taking Action: Understanding Health Inequities. Boston Public Health Commission.

⁸ Needs assessment conducted by Action for Boston Community Development for the REACH 2010 Boston Elders Coalition.

⁹ Behavioral Risk Factor Surveillance System (BRFSS), 2001 and 2003, Massachusetts Department of Public Health and Boston Public Health Commission

¹⁰ Boston Public Health Commission (Jun 2005). Mayor’s Task Force Blue Print. Available: www.bphc.org/disparities.

¹¹ Kessler, R., & Mickelson, K. (1997). Patterns and correlates of self-help group membership in the United States. *Social Policy*, 27(3), 27-47.

¹² National Self-Help Clearinghouse, <http://www.selfhelpweb.org/what.html>.

BBWHI's Well Woman Programs take a holistic approach, integrating physical, mental and spiritual health to foster personal development and wellness. The year-round sessions support and empower women to control their weight, eat healthier, and engage in regular physical activity. BBWHI uses a proven self-help methodology, developed by the National Black Women's Health Imperative, to help women tackle their underlying issues so that they can get to the core of their behaviors and beliefs and develop strategies for lasting change. Members progress through five steps to wellness:

1. Awareness – understanding the issues (personal and systemic)
2. Control – owning the problem
3. Support – drawing upon the strength of other members
4. Transformation – changing behavior
5. Maintenance – keeping the benefits gained

BBWHI offers the following wellness programs in 12-week cycles:

- *Sister Circles* – Helps participants create and integrate self-help techniques into their lives to achieve positive health outcomes. The weekly sessions include time for sharing stories, discussing health information, planning, asking for and accepting help and advocating for issues that promote health for Black women.
- *Sister Strut / Walking for Wellness* - Promotes walking as a regular physical activity to maintain physical and emotional health, reduce weight, increase cardio-vascular capacity and reduce the risk of disease..
- *Slim Down Sisters* – Brings women together to support each other in losing weight through nutrition awareness and exercise. Activities include presentations on nutrition, cooking demonstrations, recipe exchanges, movement classes and water aerobics. Each woman sets goals, develops a nutrition and exercise plan, and tracks her progress in meeting her goals.

Through the GREAT Institute (Grass Roots Education and Advocacy Training), members receive further training to lead and support BBWHI as Well Woman Facilitators and/or serve as community health advocates working for changes in public policy and the health care system. BBWHI's focus on advocacy is based on the knowledge that Black women alone cannot reduce health disparities; they must engage community groups, health care institutions and policy-makers to work together to close the gaps.



Social Impact

Well Woman Programs

The table below presents a sample of the data that BBWHI is collecting to measure its social impact. BBWHI asks participants in its programs to complete enrollment and exit forms. At different points in its history, BBWHI has received help with data management from the Boston Public Health Commission and the Boston School of Public Health. However, that assistance has been intermittent, rather than tied to a comprehensive evaluation strategy. In the future, BBWHI wants to be able to follow its participants over time to see if they are able to maintain the behavior changes they have made and identify how the program has contributed to their overall health. BBWHI has an opportunity to create an unprecedented data set on the health behaviors of Black women in Boston. The organization is committed to building its capacity to improve collection, management and analysis of participant data.

Well Woman Measures	Current Result
Average weight loss	6 lbs
% of participants losing 10 or more pounds	25-35%
% of participants who report watching less television	56%
% of participants who report smoking less	6%
% of participants who report doing more moderate exercise	61-65%
% of participants who report drinking less soda/sweetened juice	44%
% of participants who report eating more fruits and vegetables	67%
% of participants who report walking often more during the leisure time	55%

**Data on weight loss was analyzed by reviewing participants' weekly health measurements. Other indicators are from exit forms for Slim Down Sisters and Walking for Wellness.*

Advocacy

BBWHI is also looking at ways to track the results of its advocacy work, typically done in partnership with other organizations. The following are a sample of accomplishments of the Women's Health Ambassadors, a group of community organizers trained by BBWHI and supported by the Boston Public Health Commission:

- Completion of a survey to compare grocery stores in different Boston neighborhoods, evaluating customer service, price and food quality to assess how food availability affects the diets and overall health of local residents.
- Improvements in interpreters services for Haitian and Somali patients at area hospitals
- Creation of the Special Commission to Eliminate Health Disparities, a group of experts charged by the Massachusetts Legislature to develop a policy framework and goals to address disparities and foster greater diversity in the health care workforce.

Organizational & Program Health Measures

Boston Black Women's Health Institute is tracking the data below to measure the organization's growth and development:

	FY 2004	FY 2005	FY 2006E	FY 2007E	FY 2008E
Number of contributing members*	25	25	50	100	200
Number of Well Woman Groups	18	9	8	12	12
Number of Well Woman Program participants	217	239	200	260	285
Number of facilitators trained	20	6	15	15	20
Number of advocates trained	15	15	15	15	15

**Since its inception, BBWHI has always had contributing members. The organization is in the process of developing a membership strategy to establish a large constituency of Black women in Boston over the next five years.*

Financial Sustainability

BBWHI began operating in April 1995 as a grassroots organization supported largely by volunteers for its first seven years. In 2000, the organization raised enough money for the founder to begin working part-time for the organization, while maintaining a full-time job. BBWHI grew steadily and incorporated in 2002 with a budget of just over \$110,000. The founder was then hired to serve as the Executive Director on a full-time basis. With federal grants awarded from 2003 through 2005, BBWHI further refined its model by testing methodology and developing curricula for all three Well Woman Programs and creating intake and exit forms to begin capturing data on participants.

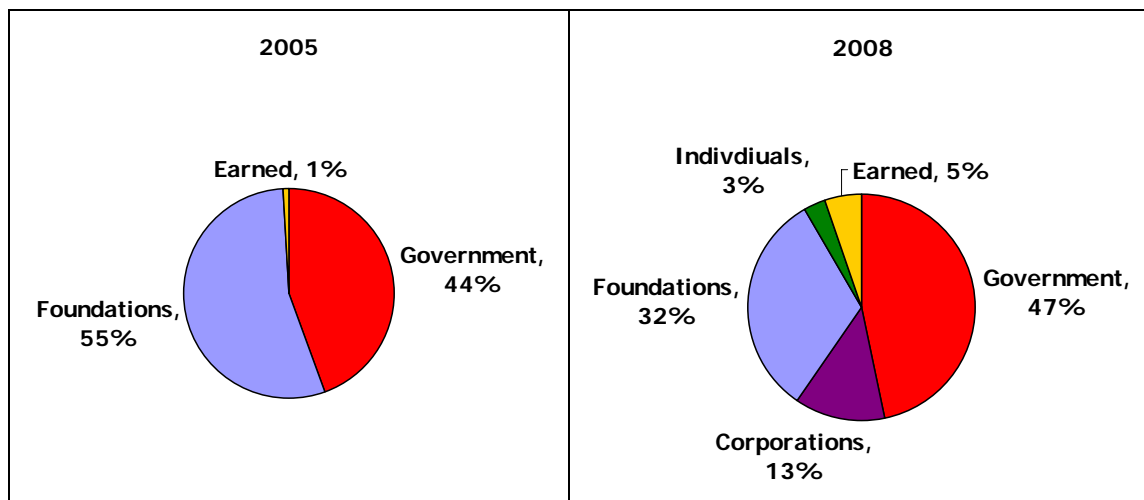
With its model developed, BBWHI is poised for capacity-building and growth. During the next six months, BBWHI will be raising funds to conduct a search and hire another senior manager to complement the skills of the Executive Director, help grow the membership of the organization and ensure long-term sustainability. BBWHI is currently seeking office space, and hopes to be housed with an organization that shares a similar mission by January 2007.

	FY 2004	FY 2005	FY 2006E	FY 2007E	FY 2008E
Budget	\$200,053	\$145,472	\$112,742	\$242,080	\$277,200
FTEs	1.5	1.5	1.0	2.25	2.5

**Fiscal year is Oct 1 to Sept 30.*

As shown in the charts below, BBWHI has relied primarily on government and foundation grants. The expectation is that government funds will continue to be a portion of revenue in the near future. The anticipated government dollars for 2008 are a combination of federal and state funds and represent grants being pursued in partnership with ABCD and the Boston Public Health Commission.

In 2005, BBWHI received its first corporate funds and is in the process of identifying additional corporate partners who share a common interest in Black women's health and would be willing to contribute both cash and in-kind resources. BBWHI is also planning to grow its individual donor base and increase revenue from membership dues and program fees. The organization has collected some membership dues and program fees in the past on a sliding scale, and wants further develop its earned income strategy.



Leadership

Lula Christopher, founder and Executive Director, has over 35 years of experience working on a variety of social issues affecting women and children in Boston as an educator, program director and activist. She began her career in education, working for the Boston Public Schools, Harvard University (a school partnership program), the Boston Zoological Society, and ABCD. Ms. Christopher then transitioned to the health care field, working with pregnant and parenting teens at Boston City Hospital. Prior to working full-time with BBWHI, Ms. Christopher was Director of the YWCA Boston Encore Plus, a breast cancer screening and recovery program for women of color and women without health insurance. She currently serves on a number of community coalitions and boards including: the National Black Women's Health Imperative, Planned Parenthood League of Massachusetts, Boston REACH 2010 Breast and Cervical Cancer Project, Women of Color for Reproductive Justice and the Women of Color Roundtable on HIV/AIDS.

As an organization by and for Black women, BBWHI's five-member board is comprised of women of African descent. Board members bring expertise in health education, prevention services, and nonprofit management. BBWHI is seeking to add 2-3 Board members with expertise in business, law or medicine. BBWHI is committed to engaging other supporters – men and women of all ethnic backgrounds - by developing an Advisory Board, Friends of BBWHI.

Key Funders:

BBWHI has received funding from a variety of sources, demonstrating support for the organization's approach and results to date:

- The Boston Foundation
- Boston Public Health Commission
- Boston Women's Fund
- DHHS/Office of Minority Health
- DHHS/Office on Women's Health
- Harvard Pilgrim Foundation
- Haymarket People's Fund
- Herman & Frieda Miller Foundation
- Partners Healthcare Foundation
- Roxbury Trust Fund
- Third Sector New England
- UCSF/Johnson & Johnson