



Lawrence, Massachusetts: Rewriting the Script in Lawrence



From the banks of the Merrimack River one can see both renovated mills and those that have yet to be refurbished, as well as Lawrence's distinctive clock tower

On a recent Sunday afternoon, downtown Lawrence, Mass., became a *ciclovía*, Spanish for cycleway. Orange traffic cones kept cars off eight blocks around City Hall, as kids on bikes, teens on scooters and mothers pushing strollers made loops around Essex and Common Streets.

“Ciclovía is about community. It is a very unique way for us to say, ‘You know what, come out and play,’” says Vilma Lora, coordinator of the Lawrence Mayor’s Health Task Force. At the same time, the physical activities also create those social connections that are so important for health. “We’re trying to promote physical activity to address the issues of obesity, diabetes and chronic diseases.”

This city of 78,000 embodies the notion that from pain comes power. Rewind to 2012. The state had just taken over the city’s chronically low-performing public schools, where only about half the high school seniors graduated. *Boston* magazine parachuted into Lawrence to discover problems that the community knew all too well: a high crime rate, a drug problem and overwhelming poverty. The ensuing piece, titled “The City of the Damned,” painted a simplistic picture of this complex community.

The residents of Lawrence knew that the turnaround had already begun years — really decades — earlier, something missed in the reporting of the article. Not content to let someone else write their story, the community rallied under

the banner, “We are Lawrence.” With that, they began to rewrite the script on what Lawrence was all about, and what it could become. Community groups stepped out of their silos of self-interest to collaborate even further on the shared goal of making Lawrence a healthier city. A spirit of resiliency, built on a legacy of activism stretching back a century, spurred neighbors on.

Wendy Barr is a family physician who trained in Lawrence. After working in New York City, she returned to become assistant director of the medical residency program at the Greater Lawrence Family Health Center.

“Lawrence is a hidden jewel,” she says. “Yes, it has issues. Yes, it has challenges. But there is an amazing breadth of community groups that have come together to create a sense that we’re going to make Lawrence a better place, a healthier place.”

Sixteen-year-old Junielly Vargas, a high school senior with the Lawrence Youth Council of the Mayor’s Health Task Force, echoes her. “I have a passion for my city and want to see what I can do to make it better.”

‘Health is in all policies’

Long a gateway community for immigrants, Lawrence has the largest Latino population in New England, with 74 percent of the city’s residents coming from the Caribbean or Central America. Residents face formidable health issues,



Parent ambassador Elenita Belem explains the services provided by the Family Resource Center to an attendee at Lawrence's annual National Night Out gathering

including high rates of asthma, heart disease, tobacco-related illness and diabetes. About 45 percent of children and 69 percent of adults are obese or overweight. Thirty-nine percent of children live in poverty. Leaders in Lawrence recognize that it will take a concerted effort on multiple, overlapping fronts to see improvement.

“There’s really a renaissance on how we build a community around this idea of a healthy place to live,” says Mayor Daniel Rivera, who, with the Mayor’s Health Task Force and the Board of Health, launched the Healthy Active Living Resolution and companion wellness campaign in 2014 to support active lifestyles.

It’s a challenge that means addressing the struggles of working families. It’s turning around schools and investing in youth. It’s revitalizing vacant land and derelict mills. It’s adding more open space, community gardens and bikeways. It’s seeing how everything is connected.

“Health is in all policies, and when you truly understand that, then you can create a Culture of Health,” says Lora, who is also director of social justice initiatives for the YWCA. “Unless you work in a collaborative manner, you really can’t

influence change. That means everyone matters. Residents, local government, public safety, nonprofits, environmentalists, planners, state legislators: Everyone has a voice.”

Activism then and now

Twenty-five miles north of Boston, Lawrence grew up around the textile trade. Nineteenth-century industrial tycoons built brick mills on both sides of the Merrimack River, harnessing the power of the waterway to create a wool-making capital. From anywhere in the mill district, workers could see the 260-foot-tall Ayer Mill Clock Tower in the heart of the city and know whether they were late for their shifts.

Residents draw great pride from Lawrence’s history of labor activism. In 1912, workers by the tens of thousands walked off their jobs after mill owners cut wages. The “Bread and Roses” strike — named for a popular labor movement slogan at the time — dragged on for 63 days and ended with improved workplace safety, higher pay and additional worker benefits.

The mills began closing after World War II, leaving the city haunted to this day with vacant buildings. Developers are gradually beginning

to convert abandoned brick structures into apartments and offices. The city, too, has made it a priority to transform industrial wasteland into open space and parks.

The revitalization has taken many shapes:

A blighted mill on the Merrimack River has been gutted and rehabilitated into Union Crossing, offering affordable housing for 60 families. It’s one of nearly half a dozen mill conversions adapting historic structures for modern uses.

An unused section of a city playground is now the Costello Urban Farm, where 50 high school students work part-time raising vegetables to sell to neighbors who otherwise have little access to fresh produce.

As the culmination of nearly 20 city park projects undertaken, the historic Campagnone Common has been upgraded with better lighting, a new playground, better walkways and new game tables for dominos. What was before a 3-mile stretch of trash-strewn riverfront is now a greenway along the Spicket River for runners, cyclists, and families walking to school and work.

A forgotten one-mile stretch of a defunct railroad is slated to transform into a walking and cycling trail.

A two-story, manmade hill is the centerpiece of the new Ferrous Urban Wild Park.

The Ferrous Park at the confluence of the Merrimack and Spicket Rivers is a good example of this Cinderella story of urban transformation. Motorists used to drive past the vacant site and

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Children enjoy the playground in Lawrence's Campagnone Common

pay no notice to the towering, weed-covered mound in its the middle — a former foundry dumping ground. In 2015, with government funding, the nonprofit Groundwork Lawrence began clearing the site. Workers stripped away dense brush, added soil over the mound, planted trees and meadow flowers and built a circular path to the hill's top.

"It's a model for regenerating brownfields," says Lesly Medina, community engagement director for Groundwork Lawrence, which changes places — and lives — by improving the environment. The improvements include parks, greenways and urban farms. Medina calls the finished Ferrous Park "a natural balcony" for people to enjoy panoramic views of Lawrence and the Merrimack River.

Physical and fiscal health

Next door to the park is Union Crossing, a rejuvenated mill on the Merrimack that's now a mixed-use housing and commercial site designed with community input. Just over five years ago, Lawrence CommunityWorks, the site's nonprofit developer, surveyed hundreds of neighbors about the challenges they faced. Money worries were the top source of stress; not only was there a critical need for safe and affordable homes, but also for help with employment and finances.

"There's a connection between physical health and fiscal health," says Jessica Andors, executive director of Lawrence CommunityWorks. "When somebody doesn't have some level of economic stability, it impedes their access to getting good health insurance and preventive healthcare, or being able to care for their children."

With support from the United Way, the nonprofit included a Financial Stability Center when it opened Union Crossing. The center offers residents help with employment, education and finances. More than 2,000 people have used its services since it opened in the summer of 2013.

"The financial stability center is a one-stop shop where we work with families based on their aspirations and challenges," Andors says.

The model is also being used by the Lawrence School District, which last year opened a Family Resource Center to help the parents of students meet financial and employment goals.

"If we're not promoting the economic self-sufficiency of our families, particularly our new immigrant families, then we're missing the boat," Lora says. Helping them find this path to financial success gives them a much better chance of "living a healthy life."

Though the RWJF Culture of Health Prize recognizing the work in Lawrence is gratifying and "an important milestone," Lora says, "the journey continues."

A medical center leads the way

As the city and community groups mobilized to address the economic, environmental and social factors that influence health, they found a strong partner in the Greater Lawrence Family Health Center.

People in Lawrence speak of their community health center with the same degree of civic pride as when they recall the defining Bread and Roses strike of 1912. They view it not just as a place for a doctor's visit or an X-ray, but as emblematic of the city's resiliency.



Members of the Lawrence community do zumba during the Ciclovía event



A boy enjoys a bike ride during the Cicolvia Event

Started in 1980, the federally qualified health center had a difficult time recruiting and retaining primary care physicians for its mostly immigrant patients with limited English proficiency and a high prevalence of chronic disease. Doctors who were assigned to the center through the National Health Service Corps usually left Lawrence once they fulfilled their commitments.

In 1994, the health center made the strategic decision to train its own primary care physicians by

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starting a residency program, the first of its kind in the nation for a federally funded clinic.

“The decision was made to grow our own, so to speak,” says Joseph W. Gravel Jr., chief medical officer of the health center and residency program director.

The family medicine program, which extends for four years instead of the usual three, emphasizes building ties in the community from the first day of training. Each doctor is paired with a local organization and given time to work on health issues. It could be holding a group meeting on managing diabetes or working with the YWCA to increase mammogram visits for Hispanic women. Residents also staff health centers at two high schools and are given work time for other forms of community service, such as cleaning up a river near the clinic or mentoring students.

The curriculum also sets aside time for doctors to become proficient in Spanish, says Gravel,

because bridging the language gap makes doctors more effective and better listeners.

“The patients bring stories to you,” Gravel says. “So, you hear many stories of courage, stories of first-generation immigrants trying to make it in this country.”

Of more than 150 program graduates, at least 30 have stayed in Lawrence. The city that could not attract enough doctors 20 years ago is now inundated with 800 applicants a year for eight spots in the family medicine residency.

Barr, the assistant residency director, says the health center’s unique approach of embedding doctors in the community means physicians are not just learning about the social and economic determinants of health in the abstract — they are witnessing them firsthand.

“It’s not a class,” she says. “It’s what you do day in and day out.”

This approach and way of thinking — born of innovation, led by people, fed by ongoing efforts — is indeed changing lives in Lawrence, day in and day out.

Read more at [RWJF.org/prize](https://www.rwjf.org/prize)

About the RWJF Culture of Health Prize

The *RWJF Culture of Health Prize* honors communities that are beacons of hope and progress for healthier people, families, and places. An annual award presented by the Robert Wood Johnson Foundation, the Prize reflects the Foundation’s vision of building a Culture of Health that enables all in our diverse society to lead healthier lives, now and for generations to come. Prize communities are pursuing innovative ideas and bringing partners together to create and implement solutions that put good health within everyone’s reach.



Everett, Massachusetts: Racial Justice and Health Equity Meet in Everett



Isaiah Ricardi Jean, 5, works on his hula hooping skills.

The people of Everett did not wait for a crisis to address the hot-button topic of police relations. They dealt with it head-on.

In a year marked by racial violence in cities such as Baltimore and Ferguson, Mo., residents of this city of 42,000 across the Mystic River from Boston held three forums between police and residents. One meeting in June attracted more than 100 people; two other sessions were only for teenagers.

“What makes Everett special is being able to have a space to talk about racial issues,” says Antonio Amaya, director of La Comunidad Inc., a non-profit that helps Spanish-speaking immigrants.

Everett has been forced to come to terms with issues of racial justice, immigration and assimilation. In 1990, foreign-born residents accounted for 11 percent of the population; by 2013, they made up 41 percent.

The rapid change in the city’s ethnic profile has been an impetus for action. Groups from all across the city — local government, police, public schools, health centers, churches and nonprofits — have come together to examine cultural and racial inequity and how they might affect residents’ well-being. Partners have worked to defuse racial tension while also taking steps to ensure that all people have an opportunity for good health.

They have gone deep, looking at ways to remove barriers to healthy lifestyles and address the needs of vulnerable residents, including teens who are homeless, immigrants without documentation and people re-entering society from prison. The result is that Everett’s city and community leaders are able to talk in broad terms about all the factors affecting the welfare of residents. They see health in its totality — everything from the need for more mental health services in schools to securing more quality jobs and affordable, safe homes for struggling residents.

“We realized a long time ago that we need to start talking about health equity, racial justice, and social justice, so all of our residents can be healthy, not just those who have the means to be healthy,” says Kathleen O’Brien, director of the Everett Community Health Partnership, a coalition of groups committed to raising the bar on health in Everett. “We’ve been working really hard on some really tough issues, and having that noticed on a national scale is just amazing.”

A cultural crossroads

Everett is a compact city, covering just 3.4 square miles. Many working-class residents worry that the escalating costs in Boston’s neighborhoods will price them out, as gentrification spreads across the Mystic River. The local economy could change dramatically: In 2014, the Massachusetts Gaming Commission awarded Wynn Resorts a license to build a \$1.6-billion hotel and casino on an empty wa-



Gustavo Castillo, a member of Teens in Everett Against Substance Abuse, surveys one of the guests at the One Everett block party.

terfront site in Everett. The project could bring as many as 4,000 jobs to the region.

On Broadway, the main street that bisects Everett, storefront signs are in Portuguese or Chinese, restaurants serve Salvadoran *pupusas* as well as Brazilian barbecue, and churches offer Sunday services in Spanish, Portuguese, Italian or Haitian Creole.

Many families in Everett can trace their roots to first-wave immigrants from Italy and Ireland. More recent residents have arrived from Central and South America, particularly El Salvador and Brazil, as well as Morocco, Haiti, Puerto Rico and the Dominican Republic.

Neighbors who measure their ties to Everett not in years but decades will relay two stories that were critical turning points in the city's history. Both go a long way toward explaining how Everett became a more welcoming place.

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The first was catalyzed in 1994 when a Latina in sixth grade broke her leg in three places, during school. She had no health insurance. “The parents didn’t speak English and didn’t know that there was a health insurance policy that they could have purchased for \$18 a year to cover their daughter during the school day,” recalls Jackie Coogan, a retired public school teacher in Everett.

Coogan was so disturbed by the incident that she founded the Joint Committee for Children’s Health Care in Everett (JCCHCE), a nonprofit that helps steer Everett residents, especially newcomers, through the maze of health care. It also connects them to social services offered through its network of more than 30 partnering agencies. The committee has an office on the second floor in Everett City Hall. Staffers offer services in English, Spanish, Portuguese, Arabic, French and Italian. To date the JCCHCE has provided assistance with health insurance, education and awareness to over 40,000 children and adults. Between August 2014 and July 2015, JCCHCE enrolled more than 4,500 people in state-provided health insurance.

The group has a satellite office nearby at St. Anthony’s Parish. For many immigrants from Brazil, Sister Elisete Signor is one of their first encoun-

ters in Everett. She arrived in the United States 15 years ago and runs the church’s Scalabrini Center. Born in Brazil to Italian parents and previously a missionary in Paraguay, she speaks Portuguese, Italian and Spanish and is “still learning English.”

Signor is a navigator for newcomers. She may help someone to sign up for health insurance or explain how to enroll a child in school or how to make a doctor’s appointment.

“It’s only simple things,” Signor says, “but sometimes they are not English speakers, and at our organization they can get help in so many languages, so this is great.”

From tragedy comes progress

The second story involves a lost 12-year-old girl from neighboring Chelsea who drowned in 2004 in the Mystic River. There were signs in English about swimming and safety. The girl only knew Spanish.

Patrick Johnston, an Everett police officer with a marine unit, saw rescuers pull the child’s body from the water. He said the incident forced residents to look in the mirror. Everett was changing and fast, but Johnston and many others felt the city needed to be more responsive and sensitive to the needs of the immigrant community.

“We couldn’t have an ‘us against them’ mentality,” Johnston says.



Rebecca Noelle Zama teaches adults in an English as a Second Language class at La Comunidad.



Nunotte Zama, left, and Rev. Myrlande DesRosiers watch the children playing games during a block party thrown by the One Everett organization

A multicultural alliance was started through the mayor's office, which brought people from all sectors of the community to the table to begin hashing out issues. At the top of the list for immigrants were police interactions.

At the time, complaints were mounting, particularly from members of the Brazilian community, who perceived racial profiling with traffic stops. Police Chief Steve Mazzie met with members of the community multiple times. On the heels of these discussions, the department put down in writing — in Spanish, Portuguese, Arabic and Haitian Creole — what people should expect when stopped by police. He also dispatched officers for crash courses in Spanish and Portuguese.

Last June, after protests in Baltimore, Mazzie joined Bishop Robert G. Brown, the African-American chaplain of the police department, in addressing a forum on police relations at Zion Church Ministries. Several people in the older, diverse crowd questioned the department's hiring practices. Of 100 officers, only six were people of color. Mazzie explained how officers were selected and pledged to add more diversity to the force.

"If something did happen in Everett," Mazzie told the crowd, "we'd be able to absorb it and deal with it because we've established long-lasting relationships."

Amaya of La Comunidad says the ongoing conversations on racial issues and police tactics "have not been easy." But they have created a way for people from different communities to discuss sensitive matters.

"We have done it and we have improved a lot, but there is more room to do it," Amaya says.

'Health is so much more'

Race, poverty and health intersect in communities across the nation, and the Everett Community Health Partnership works behind the scenes to address how these issues converge in Everett.

Launched a decade ago by Cambridge Health Alliance, the coalition focuses on the links between health and factors such as racism, income, jobs, education, and housing. Everett has high rates of chronic diseases, especially diabetes and hypertension, with rising rates of obesity, particularly among children of color.

"Health is so much more than just healthy eating and active living," says O'Brien, the partnership's director. "It's good jobs. It's housing. It's mental health. It's safe neighborhoods. It's a chain link, and without one of them, all of it could fall apart."

The health partnership has tackled such concerns as substance abuse, teen pregnancy, improving

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fitness, developing youth leaders and training police and community leaders in mental health first aid. The group also started "Energize Everett" in 2009 to improve the availability of fresh produce and to boost physical activity. Everett now hosts a farmers' market and has community gardens tended by dozens of families. The city even converted an old public high school into an affordable community fitness center.

Many immigrant-led organizations that work with Latino, Haitian and Brazilian communities have taken on jobs as a core concern. They have formed a coalition called One Everett, which recognizes that a living wage is the foundation for a healthy life. Families in Everett earn a median household income of \$48,319, compared with \$65,981 statewide.

At One Everett's first block party, volunteers conducted surveys on a variety of issues — hous-



Officer Joseph Imbornone stops to talk with cashier Ingrid de Freitas while walking his beat

ing, jobs, education, transportation, immigration and city services. The Rev. Myrlande Guillaume-DesRosiers, executive director of the Everett Haitian Community Center, a nonprofit that provides healthy housing and civil rights advocacy for residents, says the city is “making great strides,” but that there is room for improvement.

“We want to connect older immigrants to new immigrants. One Everett has become a voice for the entire community — children, adults, seniors and organizations. Everybody can be heard.”

One Everett joined a regional campaign that successfully advocated for higher base pay for workers at the Boston Logan International Airport. Only four miles from the airport, Everett is home to hundreds of airport service employees. They now earn \$1-an-hour more than the state’s new minimum wage of \$9 an hour.

On the horizon, One Everett is pressing for access to jobs that would arrive with the Wynn Casino. Members of One Everett testified at licensing hearings and continue to press the Massachusetts Gaming Commission for diversity in hiring for construction and casino jobs.

Education, a foundation of health

But it is in this city’s diverse public schools system where many of the community’s challenges are being met with the most innovative solutions. Enrollment has jumped from 5,700 to 7,500 students over the past decade. Students come from families speaking 50-plus languages and dialects.

Schools must contend with a changing student body and high rates of poverty — as well as the challenges that often come along with them: substance abuse, emotional distress and teen pregnancy. The district has responded by bringing more services directly to students in the schools. Cambridge Health Alliance operates a clinic at the high school, offering medical services, counseling and confidential reproductive health care.

“The bottom line is we have a responsibility to these young people,” Everett Superintendent of Schools Frederick Forestiere says.

The high school has formed a partnership with a program called YouthHarbors that aids youth who are homeless. The district has 153 students without permanent homes. Some fled trauma in

their homelands and suffer post-traumatic stress disorder. Many Haitian youth arrived alone in Everett after the 2010 earthquake.

“When people hear PTSD, they think of military veterans, and that’s simply not the issue in the schools,” says John Obremski, principal of the George Keverian School, a K-8 elementary school with 50 students who receive emotional or mental health counseling. “A traumatic episode for a child could be leaving their home country to come here.”

Through a \$1.2-million federal grant, the school system has added seven counselors and opened a mental health clinic at Keverian. Cambridge Health Alliance runs it and serves several hundred students from the district. Meanwhile, a nonprofit provider of mental health services in Everett — Eliot Community Human Services — has added services for children and families, hired 24 additional clinicians in the past three years, and works within all the Everett Public Schools.

“A healthy community isn’t going to work in isolation,” Obremski says. “It has to work in cooperation, and it takes an entire community to work together in order to solve the problems.”

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