

Coalition for a Healthy Greater Worcester Annual Report



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Greater Worcester Community Health Improvement Plan Annual Report

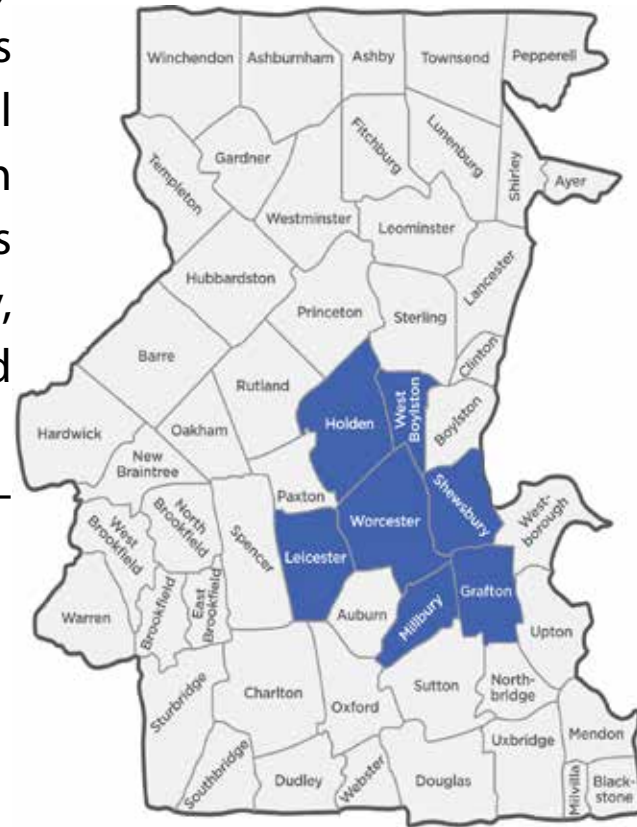
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November 2018

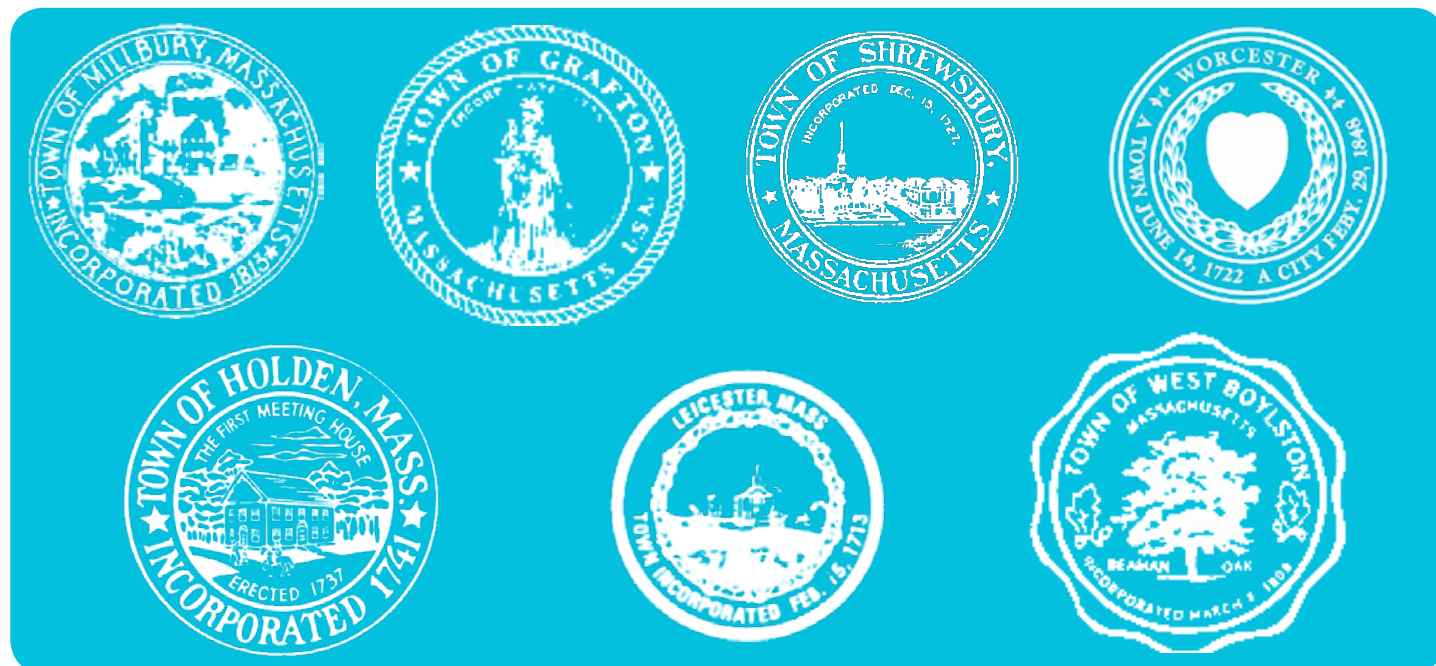
GREATER WORCESTER COMMUNITY HEALTH IMPROVEMENT PLAN

The 2016 Greater Worcester Community Health Improvement Plan (CHIP) focuses on the cities and towns of the Central Massachusetts Regional Public Health Alliance (CMRPHA), which includes Grafton, Holden, Leicester, Millbury, Shrewsbury, West Boylston and Worcester. The Report can be found at <http://www.worcesterma.gov/building-a-healthy-community>.



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ACKNOWLEDGEMENTS

On behalf of the Coalition for a Healthy Greater Worcester, we'd like to thank those organizations and individuals that have come together to make a difference. The Greater Worcester region has been incredibly fortunate to continue to have esteemed and engaged individual community members, community organizations, government agencies, and funders align their priorities in an effort to make this the healthiest city and region in New England by 2020.

STRATEGIC PARTNERS

- A Caring Touch Nursing and Home Care
- Abby's House
- Access to Recovery
- AIDS Project Worcester
- Alcoholics Anonymous - Worcester Area Intergroup
- Alternatives and The Bridge Of Central MA
- American Cancer Society
- American Heart Association
- Angels Net Foundation
- Anna Maria College
- Ascentria Care Alliance
- Becker College
- Belmont AME Zion Church
- Big Brothers Big Sisters of Central Mass/Metrowest
- Bottom Line
- Boys & Girls Club of Worcester
- Center for Health Impact
- Center for Living & Working, Inc.
- Central MA Regional Planning Commission
- Central MA Tobacco Free Community Partnership
- Central Mass Grown
- Central Massachusetts Housing Alliance
- Central Massachusetts Regional Planning Commission
- Central West Justice Center
- Centro Inc.
- Century Homecare, LLC
- Charles Hope Company
- Children's Friend Inc.
- City of Worcester
- City Manager's Advisory Council on the Status of Women
- City Manager's Coalition Against Bias and Hate
- Commission on Disability
- Executive Office of Economic Development
- Department of Health and Human Services
- Housing Development and Healthy Homes Program
- Human Resources
- Human Rights Commission
- Office of Human Rights & Disabilities
- Board of Health
- Division of Youth Opportunities
- Division of Public Health
- Division of Elder Affairs
- Senior Center
- Clark University
- Clemente Course
- Coalition for a Healthy Grafton
- Coalition for a Healthy Greater Worcester
- College of the Holy Cross
- Community Harvest Project
- Community Healthlink
- Community Legal Aid
- Department of State Treasurer -
- MA Office of Economic Development
- Diaspora Nurses Health Initiative
- Easter Seals Massachusetts
- Edward M. Kennedy Community Health Center
- Edward Street Child Services
- Elder Services Nutrition Program
- Elder Services of Worcester
- EPOCA
- Fallon Health
- Family Continuity
- Family Health Center of Worcester
- Farm to Health Center
- Fuller Foundation
- Gavin Foundation
- Girls Inc. of Worcester
- Grafton Job Corps.
- Greater Worcester Community Foundation
- Guild of St. Agnes
- Hanover Insurance
- Harvard Pilgrim Health Care
- Health Centric Advisor
- Health Foundation of Central MA
- Holden Department of Recreation
- HOPE Coalition
- Hope for Worcester
- Indigenous People's Network/Affiliated Tribes of Northwest Indians
- Institute for Health and Recovery
- Island Counseling Center

- Jeremiah's Inn
- Latin American Health Alliance
- Luk Inc.
- Main South CDC
- Mass Audubon
- Massachusetts Department of Public Health
- Massachusetts Organization for Addiction Recovery
- Massachusetts Public Health Association (MPHA)
- MassHire Central Career Centers
- MassHire Central Region Workforce Board
- MCPHS University
- Millbury Opioid Taskforce
- Multicultural Wellness Center
- Muslim Community Link
- My Choice Programs, Inc.
- National Network of Library Medicine - New England Region
- New Life Worship Center
- Next Step Grief Group
- Oak Hill CDC
- Office of District Attorney Joseph D. Early, Jr.
- Overlook Hospice
- Parent Professional Advocacy League
- Pathways for Change
- Pernet Family Health Service
- Planned Parenthood League of Massachusetts
- Rainbow Child Development Center
- Real You Revolutions
- Refugee and Immigrant Assistance Center
- Regional Environmental Council
- Regional Response to Addiction Partnership
- Reliant Foundation
- Reliant Medical Group
- Seven Hills Foundation
- Shrewsbury Public Schools
- Shrewsbury Youth & Family Services
- South Bay Mental Health
- South Worcester Neighborhood Center
- Southeast Asian Coalition
- Spectrum Health Systems, Inc.
- Storms Associates
- Tasks for Transit
- Telehealth Assisted Living Center
- The SHINE Initiative
- Town of Millbury
- Transportation Advocacy Coalition
- UMass Extension
- UMass Extension Nutrition Ed Program
- UMass Medical School (UMMS)
- UMass Memorial Health Care
- UMass Worcester Prevention Research Center
- UMMS - Family Medicine and Community Health
- UMMS - Center for Clinical and Translational Science
- UMMS - Graduate School of Nursing
- UMMS - Preventive and Behavioral Medicine
- UMMS- Center for Mindfulness
- United Way of Central Massachusetts
- Unitarian Universalist Church of Worcester
- UNITEY
- Visions Consulting LLC.
- Visitation House, Inc.
- Walk Bike Worcester
- Women In Action Inc.
- Worcester ACTS (Addresses Childhood Trauma)
- Worcester Area Mission Society
- Worcester Community Action Council
- Worcester Community Connections Coalition
- Worcester County Commission on the Status of Women
- Worcester County Food Bank
- Worcester County Sheriff's Office
- Worcester District Medical Society
- Central MA Regional Public Health Alliance
- Worcester Food Policy Council
- Worcester Free Clinic Coalition
- Worcester Head Start
- Worcester Healthy Baby Collaborative
- Worcester Housing Authority
- Worcester Impact on Sexual Health (W.I.S.H Task Force)
- Worcester Interfaith
- Worcester Jobs Fund
- Worcester Partnership for Racial and Ethnic Health Equity
- Worcester Police Department
- Worcester Public Library
- Worcester Public Schools (WPS)
- Worcester Regional Chamber of Commerce
- Worcester Regional Research Bureau
- Worcester Regional Transit Authority
- Worcester Roots
- Worcester State University
- Worcester Youth Center
- WRTA Rider Advisory Committee
- You Inc.
- Youth Council Worcester
- YouthConnect Worcester
- YMCA of Central MA
- YWCA of Central MA

The Coalition for a Healthy Greater Worcester (the Coalition) has a mission to promote the shared learning, reflection, and broad engagement that improves community decision-making, health and well-being for residents of Greater Worcester. Its primary function is to implement and evaluate the Community Health Improvement Plan (CHIP), while conducting ongoing community engagement activities. We work closely with our partners from UMass Memorial Health Care, Fallon Health and the Worcester Division of Public Health (WDPH)/ Central Massachusetts Regional Public Health Alliance (CMRPHA) who are the facilitating partners for the Community Health Assessment (CHA) that provides the foundation for the CHIP. The Coalition holds shared responsibility with WDPH for implementation of the 2016 CHIP by working together to build a healthy community with the overall goal of health equity. While the Coalition provides structure and management for CHIP meetings, WDPH provides staff support including the co-chair of the Steering Committee and for each of the subcommittees and working groups. WDPH also aligns staff workplans to CHIP strategies and objectives whenever possible and in many cases manages CHIP-related projects as leads. The Coalition's roles specifically include: **1.** ensuring continuous community engagement that is universally inclusive and representative of the diverse organizations, agencies, and residents of the region **2.** providing a mechanism for funding CHIP initiatives **3.** building accountability by tracking and evaluating progress toward outcomes **4.** providing project management of the CHIP including assessing and addressing gaps **5.** Creating momentum and alignment by encouraging and providing tools for partners to align their work with the CHIP. The Coalition provides structure and tools for communication, collaboration,

and reporting.

The Coalition is led by a Steering Committee which includes Community Health Assessment facilitating partners and representatives from each working group and subcommittee. Four subcommittees provide strategic and operational support and guidance.

- The **Community Engagement** subcommittee builds and maintains community engagement in Coalition activities and CHIP implementation, ensuring participation that is inclusive and representative of the diverse organizations and residents of the region. This subcommittee also reviews the reflective diversity of the Coalition's membership and leadership.
- The **Policy and Advocacy** subcommittee reviews the system and policy barriers to implementation of CHIP strategies. The committee also works to engage in activities to influence decision makers and mobilize allies at the policy level.
- The **Research and Evaluation** subcommittee develops a structure for qualitative and quantitative research, evaluating progress toward outcomes including methods for participating organizations to report back and for community members to provide feedback.
- The **Resource and Development** subcommittee creates a process for grant-making and makes decisions about allocation and disbursement of UMass Memorial Determination of Needs (DoN) funds for CHIP-specific initiatives, in addition to pursuing funding opportunities and building strategies for sustainability of the

FIGURE 1. COALITION STRUCTURE



Priority Area Working Groups

IMPLEMENTATION

Coalition. Leaders from the funding community including UMass Memorial, Fallon Health, Reliant Foundation, Harvard Pilgrim Foundation and Greater Worcester Community Foundation who have aligned most of their funding to support the CHIP participate in this subcommittee.

These subcommittees work to address both challenges identified by the working groups as well as provide a review of the Coalition's internal structure.

Each of the working groups (for each priority area) is chaired or co-chaired by community members engaged in CHIP-related work. The working groups meet to both report out their progress and to share best practices to assess and address gaps and to flag challenges for support through the Coalition's subcommittees. Groups have identified opportunities to address gaps in work on strategy areas including: topics for student research, new collaborative programs between agencies and identifying funding streams.

In 2017 there was a focus on biannual report outs focused on the outcomes of each strategy. Objective level data was collected through the Research and Evaluation subcommittee for both a baseline level and then through the RedCAP data collection platform for the 2017 year-1 implementation levels. These data are included in the Objective Outcome section of this report. The objective level data vary in terms of whether they encompass population wide trends ascertained from credible secondary sources, or strategy specific measures ascertained from grassroots or community organizations' primary sources of data. The Research and Evaluation subcommittee worked to choose the most appropriate datasets available as indicators for the objectives. However, this needs to be contextualized to understand how environmental changes, changes in

data availability, among other factors, may affect the reflection of whether an objective area is improving, showing no change or losing ground (getting worse).

Working Group Narratives: The 2016 CHIP was written through a community-driven process responding to the 2015 CHA and was designed to both elevate strategies that drew on assets and best practices found in the community, and also those that addressed gaps in policies and programs. The narrative below describes both the work of lead community agencies on strategies and also new collaborative efforts brought together through the Coalition, and its Academic Health Collaborative, the WDPH and new funding opportunities made possible through aligned funding pathways.

In line with the community centric and shared ownership model of the CHIP and the Coalition, we felt that it was important to share the words of community leaders from each priority area by including their assessment of what has been working and what has been most challenging. We asked lead members of each priority area working group to write their own narrative and describe some of the successes, challenges and processes of each priority area. In the following section of the report we share the status of each objective, by comparing baseline to year-1 implementation, and also the status of each strategy to date.



Attendees signing in at the Community Health Improvement Plan (CHIP) 2016 Public Release

RACISM & DISCRIMINATION

Aim: Improve population health by systematically eliminating institutional racism and the pathology of oppression and discrimination by promoting equitable access to, and use of, health promoting resources in the community, and significantly reduce the structural and environmental factors that contribute to health inequities, racism and discrimination.

Co-chairs: Thank you to Heather-Lyn Haley, Maritza Cruz and Chantel Bethea who served as Co-Chairs and Megan DeNubila and Jackie Ewuoso, WDPH staff liaisons.



The Racism and Discrimination working group was hosted by the Worcester Partnership for Racial and Ethnic Health Equity. To address strategies included under Objective 1.2, the Partnership organized two implicit bias workshops. Working with the People’s Institute for Survival and Beyond and the Worcester Division of Public Health, **the group hosted the two-day Undoing Racism workshop for 40 people in May of 2017, achieving the goal of Strategy 1.2.1** providing evidence-based educational opportunities for leaders in our community. In June 2017, the Partnership and WDPH worked with the c-Integral Group to host **two advanced two-day workshops on the topic of Latino Challenges Toward Racial**



Participants of ‘The Partnership for Racial and Ethnic Health Equity 2016’.

Justice, meeting the aims of Strategy 1.2.2 to allow for continuation of the learning and conversation beyond the content of the initial workshop. **A total of 73 people connected to the work of the** Coalition at these anti-bias workshops in 2017.

To accomplish strategy 1.2.3, the Partnership compiled a glossary of terms relevant to the topic of racial and ethnic health equity. Following review and approval by the steering committee, this glossary will be shared with all organizations working on the CHIP. The Partnership spent time reviewing their internal structure, member participation and relationships with other institutional players that align with the CHIP. Finally, in response to Strategy 1.2.4, the WDPH worked with an intern through the Academic Health Collaborative to begin the work of collecting and reviewing the mission statements of organizations who have CHIP-ed in.

One of the Partnership’s biggest challenges was to define, identify and keep “authentic community voices” at the table, which was the original intention of the Worcester Partnership. The Partnership and the Coalition have considered funding structures to support community member participation. In 2018, the Partnership decided to dissolve its current form. As a result, the Coalition is in the process of forming a working group to guide this priority area’s work going forward. The work of addressing institutional and structural racism is difficult and complicated. We will continue to focus on both process and outcomes as well as systems for public accountability as we continue this important work.

CULTURAL RESPONSIVENESS

Aim: Enhance the capacity of health and social services agencies to provide culturally-responsive and culturally-appropriate services to CMPRHA residents to improve health equity.

Co-chairs: Thank you to Nancy Esparza and Imrana Soofi who served as Co-Chairs and Megan DeNubila, WDPH staff liaison.



In 2017, WDPH, the Worcester Youth Office and the Center for Health Impact **collaborated to develop a plan for a pre-medical interpreter training for high school students in 2017, addressing strategy 6.2.1.**

An assessment of best practices led by Center for Health Impact (CHI) and a structure for a student survey was created in order to assess feasibility for a new training program. WDPH staff also reviewed the adapted National Standards for Culturally and Linguistically Appropriate Service (CLAS) standards for application to social service agencies as related to objective 6.1.

The Cultural Responsiveness group began meeting with the Access to Care working group in late 2017. The group will be working with the Worcester Board of Health and the MA Department of Public Health in an effort to improve understanding and applicability of the CLAS standards for institutions in the region. The Cultural Responsiveness working group will continue to develop workforce development strategies by collaborating with connected priority areas.



Participants of the ‘Latino Challenges Toward Racial and Justice training’ facilitated by the ‘Integral Change through Consciousness-in-Action’.



Participants of the ‘Undoing Racism Training’ facilitated by the ‘People’s Institute for Survival’.

By The Numbers#

OBJECTIVE STATUS

Objective	Status	Baseline Value (Year)	Midcourse Value (Year)	Target for Year 2020
<i>Racism & Discrimination</i>				
1.1. Integrate a framework of health equity into all CHIP objectives and strategies	Target met or exceeded	0	71	71
1.2. Increase the capacity of 500 leaders throughout the region to engage in anti-racism work*	Improving	119 (2016)	192 (2017)	500

Objective	Status	Baseline Value (Year)	Midcourse Value (Year)	Target for Year 2020
<i>Cultural Responsiveness</i>				
6.1. Ten key agencies will develop action plans to better provide culturally and linguistically appropriate services to the community through the use of adapted standards for such services.	Little or no detectable change	0 (2016)	0 (2017)	10
6.2. Increase the a) number of and b) use of in person qualified health care interpreters at health and community based organizations by 10%.				
a) number of in person qualified health care interpreters: UMass Memorial	Little or no detectable change	36 (2016)	36 (2017)	40
b) use of in person qualified health care interpreters: UMass Memorial	Improving	193,492 (2016)	198,753 (2017)	212,841

Strategy Status

STRATEGY STATUS

Strategy	Status
<i>Racism & Discrimination</i>	
Quarterly Report-out	In Progress
1.2.2 Support mechanisms for trained leaders to continue to engage in meaningful dialogue with each other regarding race, discrimination and, equity.	In Progress
1.2.3 Standard definitions regarding Racism and Discrimination	Target Met
1.2.2 Support mechanisms for trained leaders	In Progress
1.2.4 Integrate R/D in mission, vision and strategic plans	In Progress

Strategy	Status
<i>Cultural Responsiveness</i>	
Quarterly Report-out	In Progress
6.1.1. Adapt existing national Culturally and Linguistically Appropriate Services standards (CLAS standards) for local health and social service agencies in providing culturally and linguistically appropriate services in partnership with community organizations and community member, including self-assessment and mechanism for feedback.	Target Met
6.1.2. Promote and train organizations to CLAS-adapted standards and organizational assessment of compliance with those standards.	Not Started
6.1.3. Encourage the use of CLAS-adapted standards through the state and local funding eligibility criteria.	Not Started
6.1.4. Create cultural responsiveness leadership criteria and maintain inventory of organizations who meet this criteria.	Not Started
6.2.1 Enhance and coordinate existing training pipelines for local bilingual youth, adults, and older adults to become interpreters for health, social services and other agencies.	In Progress
6.2.2. Increase the number and use of certified, multilingual community health workers through training, advocacy, and funding availability.	In Progress
6.3.1. Build relationships among stakeholders who represent state agencies with local offices to facilitate conversation with these agencies regarding culturally responsive service provision and CLAS-adapted standards.	Delayed
6.3.3. Hold a summit to engage academia, students, providers, and community members in dialogue about best practices around cultural responsiveness.	Not Started
6.3.4. Develop community capacity for ongoing assessment of community perception and available resources in regards to cultural responsiveness.	Not Started

SUBSTANCE USE

Substance Use

Aim: Create a regional community that prevents and reduces substance use disorder and associated stigma for all populations.

Co-chairs: Thank you to Dr. Mattie Castiel and Tina Grosowsky who served as Co-Chairs and Myles Leo, WDPH staff liaison.



The Substance Use working group is hosted by the Regional Response to Addiction Partnership (RRAP). The group met with a steering committee and subcommittee structure in 2017.

The Worcester region successfully worked toward the objective to reduce fatal opioid overdoses in the region. In February of 2017, **113 City employees from multiple departments received training on how to administer Narcan**, a medication used to reverse opioid overdoses. The post-training evaluation indicated that 96% of participants said the training was helpful to their job in the City, and 83% reported feeling comfortable administering Narcan after the training. On August 31, 2017, in partnership with the City of Worcester, RRAP held an **overdose awareness vigil to raise awareness and mourn the loss caused by overdose. More than 200 people attended the vigil.** Participants shared memories of lost loved ones and their hope for greater recognition of addiction as a disease. The vigil received coverage in multiple media outlets helping to spread awareness about the impact of overdose in our community.

In line with our objective to reduce the proportion of youth having ever used nicotine delivery products by 10%, WDPH/CMRPHA provided technical assistance with the Boards of Health in the region to adopt policies that restrict tobacco youth access based on model regulations provided by the Massachusetts Department of Public Health.

The group's work also included a focus on top priority

policies including (see Table1):

1) Increase minimum age of sales to 21 (T21) for all nicotine products (Strategy 2.5.1). Worcester and Grafton Boards of Health have raised the minimum legal sales age to purchase tobacco products to age 21, effective September 1, 2017.

2) Eliminate all sales of nicotine products in pharmacies and healthcare facilities (Strategy 2.5.2).

3) Restrict sales of all flavored nicotine delivery products and devices to adult-only tobacconists (Strategy 2.5.3).

4) Pharmacy Restriction - restricts pharmacies or any place that acts as such, from selling tobacco products.

Individual partners were able to make strong progress in the strategies in this priority area in 2017. Moving forward the group will focus on collaborative efforts within the RRAP membership to address CHIP strategies.



	T21	Flavor	Capping	Cigar Min	Pharmacy
Grafton	✓	✓	✓	✓	✓
Holden	✓	✓	✓	✓	
Leicester			✓	✓	
Millbury				✓	
Shrewsbury			✓		
West Boylston	✓	✓	✓	✓	✓
Worcester	✓				✓

Table 1: Summary of tobacco policies implemented across the alliance during year one of the CHIP



Over 200 community members supported the 8th annual 'Worcester Cares about Recovery Walk 2017' on the Worcester City Hall Common.

Objective	Status	Baseline Value (Year)	Midcourse Value (Year)	Target for Year 2020
Substance Use				
2.1. a) Decrease the percentage of youth reporting their first drink of alcohol before age of 13 years	Target met or exceeded	11% (2015)	9% (2017)	10%
2.1. b) Reduce adult binge drinking (5+ drinks) rate by 10%	Little or no detectable change	18% (2015)	18.9% (2016)	16.3%
2.2. a) Reduce current marijuana use in youth under 21 by 5%	Target met or exceeded	20% (2015)	19% (2017)	19%
2.2. b) Maintain non-medical use among adults below state rates	Target met or exceeded	<1% - 8% (2014)	<1% - 2% (2015)	<4%
2.3. Decrease fatal opioid overdoses in the region by 10%*	Losing ground	94 (2016)	100 (2017)	85 (2020)
2.4. Identify trends in the use of emerging drugs among adults and youth	no data available			
2.5. Reduce proportion of youth having ever used a nicotine delivery product by 10%	Losing ground	26% (2015)	29% (2017)	23.5%

Strategy	Status
Substance Use	
Quarterly Report-out	In Progress
2.1.1. Support Screening, Brief Intervention, and Referral to Treatment (SBIRT) implementation in the regional public school systems.	Target Met
2.1.2. Increase use of environmental strategies to reduce alcohol misuse (such as social norms campaigns, parent education, retailer education, etc.) NB: SAPC Leicester, Worcester, Shrewsbury and Grafton	In Progress
2.1.3. Increase awareness of youth and adult treatment and recovery homes through public service announcements.	In Progress
2.1.4. Support Recovery High School enrolment by reducing barriers for underserved populations.	In Progress
2.2.1. Pass regulations to reduce harm from child use, including limit the THC levels, childproof packaging, and mandated warning labels	Delayed
2.2.2. Develop and implement universal social norming campaign to discourage non-medicinal use of Marijuana. (Especially in youth)	In Progress
2.2.3. Prohibit marijuana smoking in public areas.	Target Met
2.3.1. Increase education around naloxone availability through public service announcements/trainings	Target Met
2.3.2. Support research about innovative treatment approaches for opioid addiction treatment and monitoring.	In Progress
2.3.3. Support new collaborations/programs with Police Departments to better respond to overdose victims.	In Progress
2.3.4. Increase the use of certified recovery coaches to provide treatment options to overdose survivors.	In Progress
2.4.1. Advocate for an expansion of Governor Baker's Opioid Taskforce to include other prescription drug misuse.	Target Met
2.4.2. Expand referrals to integrative approaches such as mindfulness and stress reduction to provide alternatives to pharmaceutical therapies.	In Progress
2.4.3. Increase social-emotional learning curricula for youth.	Target Met
2.5.1. Increase minimum age of sales to 21 for all nicotine products.	Target Met
2.5.2. Eliminate all sales of nicotine products in pharmacies and healthcare facilities.	Target Met
2.5.3. Restrict sales of all flavored nicotine delivery products and devices to adult-only tobacconists.	In Progress
2.5.4. Increase cessation and treatment resources for nicotine addiction.	In Progress
2.5.5. Increase the number of smoke-free public housing units.	Target Met

ACCESS TO CARE Access

Aim: Create a well-coordinated, respectful, and culturally-responsive environment that encourages prevention of chronic disease, reduction of infant mortality, and access to quality comprehensive care for all.

Co-chairs: Thank you to Jose Ramirez and Noreen Johnson-Smith who served as the Co-Chairs and Jen Nakijoba, WDPH staff liaison.



The Access to Care group included members from UMass Memorial Health Care, Edward M. Kennedy Community Health Center (EMK CHC) and Family Health Center of Worcester (FHC) as well as other health care providers, workforce development agencies and community partners.

In 2017 an initial success was that the Health Professional Shortage Area (HPSA) score was reevaluated and reset by the Health Resources & Services Administration (HRSA) completing strategy 3.1.1. HPSAs are designations that indicate health care provider shortages in: primary care; dental health, or mental health.

There continues to be improved communication between the free clinics and the community health centers with ongoing work in these areas including the use of a referral form at free clinics (3.2.4). This working group will continue to strengthen this process and continue collaboration with the clinics and the Free Clinic Coalition.

EMKCHC and FHC have also pursued other venues to increase capacity to support patient's access to and support through the health insurance application process (3.2.1). For example, Edward M Kennedy offers their insurance support services at Ascentria Care Alliance, 631 Lincoln St and Main South. **Through these outreach efforts EMK CHC provided assistance with health insurance applications to 5,794 patients in 2016 and 6,233 patients in 2017.**

EMK CHC now offers insurance access assistance two Saturdays per month at their 19 Tacoma Street location for anyone in the community to receive support. EMKCHC has created a dedicated phone line for triaging. For example, patients are able to ask frequently asked inquiries such as "is my insurance active?"

Workforce development continues to be a central focus of activity in the Access to Care priority area (3.1.2, 3.2.3). **Health centers and hospitals are developing innovative ways to improve recruitment and retention at all levels of employment. Family Health Center of Worcester is an academic health center committed to workforce development to help meet the need for providers to work in underserved communities through residency and training programs including in family medicine, family nurse practitioner, advanced education in general dentistry, and optometry.**

A three year grant from HRSA was awarded to the UMASS Worcester Graduate School of Nursing to establish an academic and clinical partnership with three primary care practices (Edward M Kennedy Community Health Center, Reliant Medical Group, and Heywood Medical Group). Central MA Advanced Nursing Education Academic- Practice Partnership (CMAAPP) provides learning opportunities for Family Nurse Practitioner students with experiential training and supervision from trained, skilled faculty in the primary care practices to better prepare them for work with underserved and rural populations.

Strategy-specific challenges identified in 2017 including the continued need for resource allocation to support staff training to improve recruitment and retention. The challenges to workforce development in the health care field are complicated and range from accessibility to childcare, English to English to speakers of other languages (ESOL) classes and transportation, availability to training programs, recruitment practices, reimbursable costs and

to Care

payrates, tuition reimbursement and advancement support. The working group is seeking to expand their collaboration across priority areas and sectors to leverage additional expertise and resources.



Community Health Workers, patients and CDSMP leaders from Centro.



Health Benefits Advisor assisting client with insurance application at Family Health Center.

Objective	Status	Baseline Value (Year)	Mid-course Value (Year)	Target for Year 2020
Access to Care				
3.1. Increase the number of NP's, MD's and PA's who provide care for culturally diverse, low income patients at Worcester's Community Health Centers by 10%*				
Edward M Kennedy Community Health Center		302 (2016)	data not yet obtained	332
Family Health Center of Worcester		data not yet obtained	data not yet obtained	
3.2 a) Decrease rates of re-hospitalization by 15%				
St. Vincent Hospital	Improving	15.7% (2015)	14.6% (2016)	13.3%
UMass Memorial Medical Center	Little or no detectable change	17.2% (2015)	17.9% (2016)	14.6%
3.2 b) Decrease rates of preventable use of emergency departments by 15%		data not yet obtained	data not yet obtained	
3.3. Improve cultural awareness, responsiveness, and competence to improve the patient experience at area health providers.				
<i>UMass Memorial (UM), St. Vincent(St. V)</i>				
Patients who stated their doctor "Always" communicated well	Little or no detectable change	UM St.V 78% 80% (2016)	UM St.V 79% 79% (2017)	
Patients who "Strongly Agree" they understood health care on departure	Little or no detectable change	UM St.V 48% 48% (2016)	UM St.V 49% 47% (2017)	
Patients reporting that medical staff "Always" explained medicine before administering	Improving	UM St.V 59% 52% (2016)	UM St.V 63% 62% (2017)	
Patients reporting they were given information about what to do during recovery at home	Little or no detectable change	UM St.V 88% 90% (2016)	UM St.V 88% 90% (2017)	

Strategy	Status
Access to Care	
Quarterly Report-out	In Progress
3.1.1. Reevaluate and recalculate Worcester's community HPSA score to increase recruitment of national health service corps scholars.	Target Met
3.1.2. Assess, develop, and fund workforce development initiatives that support the local pipeline of licensed professional health care workers from Worcester academic institutions including physicians, nurse practitioners, physicians assistants, dentists, behavioral health clinicians, psychiatrists and others to our community health centers.	In Progress
3.2.1. Publicize and promote a community calendar of insurance enrollment outreach events and open hours for enrollment support in the community for use of all community organizations.	In Progress
3.2.2. Promote awareness of WRTA personal transportation services (PT1) among healthcare and health professionals.	In Progress
3.2.3. Increase the number of, use of, and reimbursement for trained, culturally diverse community health workers available to support area residents in accessing care and services in the community.	In Progress
3.2.4. Establish or improve referrals from free clinics to ongoing primary care and other needed services.	Target Met
3.2.5. Improve connections between clinical and community providers for residents with poor health outcomes such as asthma, hypertension, oral-ill health, sexual-ill health, and at risk for injuries such as falls, especially for underserved and vulnerable populations.	Target Met
3.2.6. Increase the distribution of the resource booklet produced by the Worcester Community Connections Coalition at area health centers, hospitals, community based organizations, and other locations.	Target Met
3.2.7. Increase the capacity of schools, through nursing services or school-based health centers, to provide screening, testing, treatment, and referral to services for school-aged children.	Target Met
3.3.1. Coordinate a quarterly series of free customer service trainings for direct health care staff in Worcester.	Not Started
3.3.2. Provide additional mechanisms for clinical providers to collect and review community voice concerning barriers to care, discrimination, cultural considerations in care, and gaps in services.	In Progress

Mental Health

Aim: Foster a community responsive to mental health needs of all populations, considerate of all ages and cultures, and resilient to changing environments and demographics.

Co-chairs: Special thanks to Ken Bates and Lorie Martiska who served as Co-Chairs and Cassandra Andersen, WDPH staff liaison.

for the community to locate provider resources and for providers to refer and collaborate on services for their patients and clients.



The Mental Health priority area of the CHIP is convened by Alternatives and The Bridge of Central Massachusetts.

In 2017, the group initially focused on reviewing the CHIP, the role of the Coalition, and review of the Mental Health Priority Area and the Report Out Process. It was noted from the beginning that this priority area requires action and report out alone would not enable the group to accomplish objectives. The key strategies the group focused on included implementing education and training programs in the schools via the Shine Initiative, assessing resources related to the training and supply of mental health providers, planning around the integration of the behavioral health assessment into the CHA process for the future, and discussion on the idea of a regional summit on mental health that would focus on integrated care models and evidence-based payment structures.

One development in collaborative work was the creation of the City of Worcester's Mayor's Mental Health Task Force under the leadership of Health and Human Services Commissioner, Mattie Castiel, MD. **The Task Force has assembled numerous influential players and focused attention and education on crucial topics such as barriers to access, impediments affecting the workforce and provider collaboration, as well as the changing landscape of MassHealth payment reform.**

A second strategy which began from the workgroup in 2017 was the encouragement of UMass Memorial Medical Center and Reliant Medical Group to collaborate on the creation and build-out of the Community HELP platform (4.2.2 and 3.2.5). **The platform provides the means**

The SHINE Initiative, a CHIP partner, is reversing the stigma of mental illness, and the discrimination felt by many who live with mental illness, by addressing it through direct conversations, education and information-sharing with thousands of young people and their caregivers (4.3).

Since July 1, 2016 the SHINE initiative has delivered 62 presentations and engaged 7,660 people in presentations, forums, trainings and mental health conferences.

Among the presentations and forums held in Worcester and the surrounding towns were: Doherty High School, Bancroft School, Venerini Academy, St. John's High School, Shrewsbury, Worcester Public School Principals, Worcester County Guidance Association, Wachusett Regional High School, North Worcester Business Association, and St. Peter's Parish (in conjunction with DA Early & Boys & Girls Club).

The group addressed challenges related to staffing transitions and clarity in roles with a renewed effort to maintain consistent voluntary leadership working in partnership with the Coalition and WDPH representatives. The group addressed a challenge related to the baseline data availability for objective 4.1 which previously read: "Increase the number of well-trained, culturally-diverse mental health providers in the region by 10%". The group determined that there was not a reliable data source for this objective and so proposed to the steering committee to modify the objective to "Establish a pipeline that serves a minimum of 10 people representing under-represented cultural groups to be trained and prepared to enter or move up in the mental health field". This change created a measurable framework while still addressing the same underlying purpose.



'The Shine Initiative' community outreach.



'Day of Play' sponsored by the Early Childhood Mental Health System of Care.

By The Numbers#

OBJECTIVE STATUS

Objective	Status	Baseline Value (Year)	Midcourse Value (Year)	Target for Year 2020
Mental Health				
4.1. Establish a pipeline that serves a minimum of 10 people representing under-represented cultural groups to be trained and prepared to enter or move up in the mental health field.*	Little or no detectable change	0 (2016)	0 (2017)	1
4.2. By 2018, develop a long-term plan for integrating ongoing assessment of the mental health needs of the region into ongoing Community Health Assessment, including academic, cultural, and faith-based organizations in the planning of which.	Target met or exceeded			
4.3. Engage 20,000 individuals in training or educating to reduce stigma surrounding mental health for adults and young children by 2020.	Improving	1820 (2016)	2945 (2017)	20,000
4.4. Implement 10 MOU's between Medical and Behavioral Health Providers to increase the use of collaborative care models and case management as tools for increasing access, efficacy and continuity of services, and to address social determinants through collaborative relationships with community organizations.	Little or no detectable change	0 (2016)	0 (2017)	10

Strategy Status

STRATEGY STATUS

Strategy	Status
Mental Health	
Quarterly Report-out	In Progress
4.1.1. Promote career options in the mental health field, beginning in high school	In Progress
4.1.2. Advocate for policy changes for mental health that remove barriers that prevent health professionals from interning and staying in the mental health field such as livable wages, tuition reimbursement, etc.	In Progress
4.2.1. Use the Mobilizing Action through Planning and Partnerships (MAPP) process to outline the scope of data collection to best assess the disparate needs, beliefs, and resources available for the many racial, ethnic, and cultural populations of the region, providing a mechanism for diverse residents to have shared power in the design and implementation of the assessment.	Target Met
4.2.2. Once assessment is Target Met, distribute inventory of resources in partnership with community leaders to empower residents to seek ongoing care.	Target Met
4.2.3. Identify and recommend best practices in culturally responsive mental health screening and referrals to help non-provider organizations screen and refer for mental health challenges.	In Progress
4.3.1. Implement evidence-based curricula and training programs to provide mental health education in schools and youth serving organizations in the Worcester region, in order to increase knowledge of mental health and reduce stigma	Target Met
4.3.2. Implement public awareness campaigns that reduce stigma surrounding mental health for the adult population developed in partnership with community.	In Progress
4.4.1. Hold a Worcester area regional summit on mental health that focuses on collaborative care models and evidence based payment structures	In Progress
4.4.2. Implement a collaborative care model that integrates medical and behavioral health providers, and brings in community partners such as the police, the school system, and others.	Target Met

ACCESS TO HEALTHY FOOD

Access to Healthy Food

Aim: Ensure all people have equal access to healthful foods by building and sustaining communities that support health through investment in growth, sale, and preparation of healthy food.

Co-chairs: Thank you to Martha Assefa for her leadership as Chair and Jackie Ewuoso, WDPH staff liaison.



The Access to Healthy Food working group was hosted in 2017 by the Worcester Food Policy Council Steering Committee. There were several strategy successes related to policy advocacy in 2017. Strategy **7.2.2: Raising Minimum Wage**, Worcester played an important role in the advocacy of the legislation for the minimum wage. In 2017 the Policy Council held community briefings, collected signatures, lobbied and supported impacted workers to testify. **This resulted in the successful passage of the bill in 2018 that will benefit many Worcester workers.**

Other strategies that have seen considerable improvement relate to the usage of federal food programs in area farmers markets (Strategies 7.1.4 and 7.1.5). The Healthy Incentives Program (a statewide instant dollar for dollar match for SNAP purchases at farmers markets, mobile markets, farm stands and CSAs), was instrumental in encouraging additional farmers and markets to complete the SNAP application process as well as encourage SNAP recipients to utilize their benefits at markets. Statewide, the HIP program had \$3.3 million of sales in just 10 months. This program drastically improved the spending power of SNAP families.

Many clients reported improved health outcomes when they met with their doctors and an interest in tasting and cooking with fresh foods.

Related to strategy 7.2.3, the Regional Environmental Council (REC) Mobile Market saw an increase in sales from 2016 to 2017 from \$46,260 to \$76,966. The Policy Council will continue to pursue ways to support continued growth and sustainability for this program.

The two biggest challenges have been passing 7.3.2 Urban Agriculture Ordinance as well as 7.1.2 getting primary care providers to screen for food insecurity.

Advocating for the Urban Agriculture Ordinance was a time consuming task. Due to the complexity of legal review, there have been delays in the process. With the new medical marijuana regulations, advocacy is delayed pending the finalization of regulation from the Cannabis Control Commission as it relates to urban growing.

The progress on screening for food insecurity by primary care providers has also seen challenges due to primary care providers' time being limited. The Policy Council is now seeking to engage with the 'Food is Medicine' Task Force, led by the Center for Health Law and Policy Innovation of Harvard Law School, to move this strategy work forward.



'Regional Environmental Council's Mobile Farmers Market'



Objective	Status	Baseline Value (Year)	Midcourse Value (Year)	Target for Year 2020
Access to Healthy Food				
7.1. a) Increase the number of eligible people enrolled in federal food programs by 5% by 2020				
SNAP Gap [difference between those receiving Mass-Health that are not receiving SNAP benefits]		35090 (2016)	no updated data	33,300
WIC Enrollment		data not yet obtained	6965 (2017)	
7.1. b) Increase utilization of those programs for healthy food		data not yet obtained		
7.2. Increase the number of youth and adults who report eating one or more serving of a) fruits and b) vegetables daily by 10%				
7.2.i. Youth fruit	Losing ground	40% (2015)	35% (2017)	44%
7.2. ii. Youth vegetable	Little or no detectable change	39% (2015)	36% (2017)	43%
7.2. iii. Adult fruit		65% (2015)	no updated data	73%
7.2. iv. Adult vegetable		80% (2015)	no updated data	89%
7.3. Increase the number of individuals participating in a) school and b) community gardening or c) nutrition programs by 50% by 2020				
School Gardens # participants	Little or no detectable change	1936 (2016)	1938 (2017)	2900
Community Gardens # participants	Losing ground	714 (2016)	648 (2017)	1070

Strategy	Status
Access to Healthy Food	
Quarterly Report-out	In Progress
7.1.1. Leverage opportunities to enroll eligible individuals in federal food programs such as during MassHealth enrollment.	In Progress
7.1.2. Increase the number of primary care providers screening and referring to food insecurity.	In Progress
7.1.3. Conduct SNAP and WIC outreach at community-based and faith-based organizations.	In Progress
7.1.4. Increase number of farmers markets accepting SNAP and WIC.	In Progress
7.1.5. Establish sustainable funding for SNAP match programs.	In Progress
7.1.6. Develop a mechanism for school-aged children to provide input on breakfasts, lunches, and snacks provided through federal school meal plans.	In Progress
7.2.1. Make resources available for youth programs to improve their capacity to provide nutritious food for their participants.	In Progress
7.2.2. Increase buying power of low income households by increasing the minimum wage.	In Progress
7.2.3. Increase access to fresh healthy produce at corner stores in undeserved neighborhoods and increase utilization of REC's Mobile Farmers Market.	In Progress
7.2.4. Create a stronger regional food system by building relationships between farmer and institutional consumers through aggregation, marketing and distribution of fresh and frozen local produce.	Target Met
7.3.1. Increase the means of culturally-diverse community gardens and gardeners to grow fruits and vegetables.	In Progress
7.3.2. Ensure community members utilize the provisions of the urban agriculture ordinance through education and resource development.	In Progress
7.3.3. Implement a program at schools and childcare site to engage children from an early age in the growth, preparation, and consumption of fruits and vegetables.	In Progress
7.3.4. Develop and expand comprehensive curricula around gardening, cooking, and nutrition to increase the impact of school and community gardens.	In Progress
7.3.5. Provide opportunities for faith-based organizations to engage in food justice, including gardening, cooking classes and healthy options in pantries.	In Progress

PHYSICAL ACTIVITY

Physical Activity

Aim: Improve health for those who live, work, learn and play in the region through safe, equitable access to opportunities for physical activity, with special emphasis on youth, vulnerable, and underserved populations.

Co-chairs: Special thanks to Liz Myska and Patty Flanagan who served as Co-Chairs and Jackie Ewuoso, the WDPH staff liaison.



The Physical Activity Working Group meetings in 2017 were attended by agencies across the region. A successful new collaborative project was created in response to strategy 8.1.1 "Establish and promote walking, bicycling and transit routes to 25 public and private indoor and outdoor physical activity facilities such as community recreation sites, joint use locations, parks and walking trails". The group decided to promote the use of existing facilities by highlighting attributes and resources. **The RecSpace project was completed as part of an Interactive Qualifying Project for Worcester Polytechnic Institute (WPI) in collaboration with WDPH and its Academic Health Collaborative.** A set of S.T.A.R.S. criteria (i.e. Safety, Transportation, Access, Recreation, and Social Value) was developed. The students who worked on this project created a field data sheet and rubric-based scoring method based on these S.T.A.R.S. criteria, collected data from over 80 local indoor/outdoor recreation spaces, and assigned Health Equity Stars based on how they scored in all criteria. The results of this will be displayed on the

Regional Public Health website, healthycentralma.com and will include an interactive map for users to filter all assessed recreation spaces based on their interests. Other materials that developed as part of this project include the RecSpace Guidebook, a promotional video and a brochure.

The City of Worcester hosted the first **Community Health Improvement Plan (CHIP) Walk, led by Dr. Mattie Castiel, Commissioner of Health and Human Services, and Dr. Michael Hirsh, WDPH Medical Director.** The 3 mile Walk "A Taste of C.H.I.P.", highlighted some of the great work currently underway through the Coalition. WDPH staff and community members gathered at Worcester City Hall for the CHIP walk which made several stops to local agencies to learn more about how they support the CHIP and our community. 52 people joined the fun. The CHIP Walk will be held on an annual basis.

A challenge encountered by the physical activity priority area was the implementation of demonstration projects in each of the towns. The work group seeks to improve ownership and buy-in for this strategy from the Regional Public Health District in the coming year.



Group gathering at the 'CHIP Walk, 2017'.



'Walk Fit Walk, 2017' led by Liz Myska.



'CHIP Walk, 2017' Participants during yoga session.

Objective	Status	Baseline Value (Year)	Midcourse Value (Year)	Target for Year 2020
<i>Physical Activity</i>				
8.1. Enhance access to 25 places for physical activity combined with informational outreach, targeting efforts to vulnerable populations	Little or no detectable change	0 (2016)	0 (2017)	25
8.2. Implement 10 projects to engage residents with municipal Complete Streets programs that improve routine walking, bicycling, and traffic safety	Little or no detectable change	0 (2016)	0 (2017)	10
8.3 Implement two approaches to engage the business community in promoting community walkability	Little or no detectable change	0 (2016)	0 (2017)	2

Strategy	Status
<i>Physical Activity</i>	
Quarterly Report-out	In Progress
8.1.1.Promote walking, bicycling and transit routes to 25 public and private indoor and outdoor physical activity facilities.	In Progress
8.1.2. Create and promote SRTS route maps for CMRPHA schools.	In Progress
8.1.3. Identify access and programming gaps to public and private indoor and outdoor physical activity facilities.	Target Met
8.1.4. Improve pedestrian network within 1/2 mile of the top 10 high activity transit stops.	In Progress
8.1.5. Ensure that every public elementary school has access to a safe place to play and increase access to existing play facilities.	In Progress
8.2.1. Implement and evaluate one low-cost demonstration project, in each of CMRPHA towns and three in Worcester.	In Progress
8.3.1. Develop and pilot walkability scorecard.	Delayed
8.3.2. Engage business community regarding economic value of walkable communities.	Delayed

SAFETY

Safety

Aim: Ensure that all residents regardless of age, race, ethnicity, class, gender identity, sexual orientation, housing situation, family status, or religion will feel secure, respected and live a life free from violence.

Co-chairs: Thank you to Laurie Ross as the Chair and Cassandra Anderson, the WDPH staff liaison.

Members: The Safety Working Group consists of representatives from the Worcester Youth Violence Prevention Initiative, City of Worcester Inspectional Services, and YWCA Worcester Intervention Network.



A major success of 2017 in the Safety area was implementing Worcester Addresses Childhood Trauma (ACTs), which supported strategy 9.2.5: "Implement an intervention for young children who witness violence, to support positive social and emotional development". In 2017, progress was made on Objective 9.3: "Increase the proportion of police participating in community dialogue or activities to 30% annually through the Main South Byrne Criminal Justice Innovation Program (MSBCJI)". In 2017, MSBCJI ran three rounds, the YWCA's Youth-Police Dialogue curriculum, an evidence-based program. Each round consists of 6 sessions. **In total, 12 officers and roughly 50 youth from the Main South**



area of Worcester participated. Overall, analysis of pre-post-test surveys from youth and police indicate promising results. **Police reported a 17% increase in understanding of youth perceptions and realities, and demonstrated commitment to breaking down their own stereotypes of youth.** Police highly recommended that other officers in Worcester participate in the dialogues. **Most youth had more favorable impressions of the police after engaging with them in discussions and activities.** They developed a better understanding of police as people and increased willingness to talk to police. **There was a 9% increase in the number of youth who stated that they would report a crime if they saw a crime happening.** Although this successful program is an impactful best practice, the working group has clarified that the CHIP objective will measure only operational officers' participation.

In 2017, the working group focused some of their efforts on clarifying the lead of the working group and agencies working on the strategies to improve engagement as well as assuring the measurability and match to particular objectives.



Economic Opportunity

ECONOMIC OPPORTUNITY

Aim: Improve population health by providing all residents with opportunities to engage in meaningful work with living wages and healthy, safe, and family-friendly working conditions.

Co-chairs: Thank you to Greg Baker as Chair and Kelsey Hopkins as WDPH staff liaison (during the last quarter of 2017) of this priority area.



The economic opportunity priority area was led by the City of Worcester Division of Neighborhood Development Strategy 5.1.1. Leverage funds in order to provide trauma informed free trainings for professionals that serve the formerly incarcerated and veterans was completed in 2017. **In partnership with the Central Massachusetts Workforce Investment Board and Wheelock @Worcester, students provided 3 three-hour trainings in August 2017 which included 74 attendees from 30 organizations.**

In addition to this, the language of some of the strategies was updated to better track and measure outcomes.

The Economic Opportunity working group did not meet regularly throughout 2017. In the last quarter of 2017 leaders from the City of Worcester, WDPH's Academic Health Collaborative, and CHGW staff met with a focus on identifying partners and following up on areas for alignment in order to bring more stakeholders to the table.



The 'Academic Health Collaborative of Worcester Summer Intern Class, 2017'.

Objective	Status	Baseline Value (Year)	Midcourse Value (Year)	Target for Year 2020
Safety				
9.1. Increase the utilization of residential lead remediation services by 25%*	Losing ground	155 (2016)	113 (2017)	195
9.2. Decrease violent incidents among individuals living in Worcester under the age of 25, particularly among Black and Latino youth, by 20% by 2020	Improving	628 gun and knife incidents (2016)	504 gun and knife incidents (2017)	500 gun and knife incidents
White Youth	Improving	108	64	
Black Youth	Improving	101	94	
Hispanic Youth	Improving	172	125	
Asian Youth	Little or no detectable change	3	4	
Other 'Unknown Race' Youth	Improving	244	217	
9.3. Increase the proportion of police participating in community dialogue or activities by 30% by 2020	Little or no detectable change	0 Operational Officers (2016)	0 Operational Officers (2017)	45

Strategy	Status
Safety	
Quarterly Report-out	In Progress
9.1.1. Enhance and support program and policy to ensure healthy and safe homes for all residents of the region through lead poisoning prevention	In Progress
9.1.2. Increase access to and safety of play-spaces in the region through support of walkability activities, place-making strategies, and infrastructure improvements.	In Progress
9.2.1. Train police on topics such as the effects of trauma on child development and other health-promoting activities.	Target Met
9.2.2. Increase accessibility of public spaces for youth development and other health-promoting activities.	Target Met
9.2.3. Implement a mechanisms for pre-adjudication diversion for low level, first time juvenile offenses.	Target Met
9.2.4. Increase opportunities for employment for youth at highest risk of experiencing violence. (Ec Op)	In Progress
9.2.5. Implement an intervention for young children who witness violence, to support positive social and emotional development.	Target Met
9.2.6. Support a network of outreach workers, case managers employment supports, education and employment supports, behavioral and health supports, and recreation supports for highest risk and proven risk young people up to age 24.	Target Met
9.3.1. Support community empowerment by providing resources for representative participation in new or existing neighborhood groups to increase social cohesion, provide a mechanism for dialogue with police and other municipal officials, and support opportunities for input in neighborhood resource allocation.	In Progress
9.3.2. Support community-reflective recruiting practices of police departments.	In Progress
9.3.3 Implement universal on-going implicit bias training for all police officers and recruits.	Target Met
9.3.4. Provide increased opportunities for police and community members to engage in fun activities to build positive community-police relations.	In Progress
9.4.1. Support a consortium of providers (Coordinated community response network - CCRN) to identify gaps with an intentional focus on gender equality in interpersonal violence prevention programming.	Not Started

OBJECTIVE STATUS

STRATEGY STATUS

Objective	Status	Baseline Value (Year)	Midcourse Value (Year)	Target for Year 2020
<i>Economic Opportunity</i>				
5.1. Increase the number of individuals accessing employment resources available to underserved populations	Indeterminate	12,583 (2016)	10,740 (2017)	
5.2. Identify city-level or institutional policies that have significant impact on health equity with a list of programs and the size of population served	Little or no detectable change	0	0	
5.3. Increase the number of participants who complete English as a Second Language (ESL) educational opportunities by 25%		450 (2016)	data not yet obtained	565
5.4. Increase number of community members engaged in transit planning process by 50%	Little or no detectable change	0 (2016)	0 (2017)	

Strategy	Status
<i>Economic Opportunity</i>	
Quarterly Report-out	In Progress
5.1.1. Leverage funds in order to provide trauma informed free trainings for professionals that serve the formerly incarcerated and veterans.	Target Met
5.1.2. Centralize online resources pertaining to available employment training and job readiness opportunities for youth	In Progress
5.1.3. Leverage relationships with translation services in order to provide small business resources for immigrant and refugee populations.	In Progress
5.2.1. Inventory, assess feasibility, and advocate for health sector participation in all regional boards and commissions pertaining to Economic Development	In Progress
5.2.2. Encourage large employers (50+) to adopt policies to hire more local residents.	In Progress
5.2.3. Encourage large employers (50+) to adopt living wage policies for employees and contractors.	In Progress
5.2.4. Encourage new and promote existing programs to increase the availability of affordable housing such as affordable ownership opportunities and employer assisted housing.	In Progress
5.3.1. Distribute a translated resource guide of ESL classes twice per year to parents through public schools.	Target Met
5.3.2. Expand partnerships of Worcester Academic Health Collaborative to include ESL providers and university education programs.	In Progress
5.4.1. Increasing participation of underserved populations in transit planning and advisory groups	In Progress
5.4.2. Integrate public health and wellness in the next published CMRPC Regional Transit Plan & City Manager's Master Plan	In Progress

COALITION

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EXPLANATORY NOTES

As part of finalizing the CHIP, the research and evaluation sub-committee reviewed the 9 domains' 31 objectives and, where necessary, worked with domain leaders to develop text revisions to ensure that each objective met the standard of being specific, measureable, achievable, relevant, and timely (SMART). Modified objectives are indicated in this report with an asterisk (*).

Data to track and monitor outcomes were obtained from both primary and secondary sources. Examples of primary sources include the Regional Youth Health Survey (RYHS), conducted in partnership between the Worcester Division of Public Health and the UMass Medical School Prevention Research Center along with participating school districts within the Central Massachusetts Regional Public Health Alliance (CMRPHA), visit data from medical clinics, and a wide range of programmatic data from local organizations. Secondary data sources include city and town-specific population data obtained from the Massachusetts Department of Public Health. While each domain has done its best to provide comprehensive, accurate, relevant and timely data, inevitably, there are omissions due to inability to obtain the desired data.

All strategy status updates as indicated by “In Progress, Target Met, Not Started, and Delayed” refer to the status as of September 2018. This may cause difference between objective data and related strategies but is useful to give a more current timeline of activities.

Also noteworthy is the difficulty of obtaining data reflective of municipalities with small population sizes. This is a limitation when trying to collect data for the individual towns that comprise the CMRPHA. When data have been available and obtained, they are represented either as an average (e.g., RYHS data) or as a range displaying the lowest and highest numbers (e.g., adult marijuana use).

A part of the CHA and CHIP process is evaluating and learning during each cycle. As we develop the 2020 CHIP, all objectives will be drafted originally as SMART objectives and keeping in mind available data sources for tracking progress.

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