

# 2016 Greater Worcester Community Health Improvement Plan

## Racism & Discrimination

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 reducing the structural and environmental factors that contribute to health inequities.

- 1.1** Integrate a framework of health equity into all CHIP objectives.
- See objectives and strategies marked with this symbol:
- 1.2** Increase the capacity of 500 leaders throughout the region to engage in anti-racism work through training, the development of common language, and opportunities for personal and professional development.
- 1.2.1. Identify and implement effective, evidence-based training for cohorts of community and institutional leaders best poised to create substantial change within the community or within their institutions.
- 1.2.2. Develop or support mechanisms for trained leaders to continue to engage in meaningful dialogue with each other concerning race, discrimination, and equity.
- 1.2.3. Adopt a standard set of definitions regarding racism and discrimination for use and reference by municipal, institutional, and community partners.
- 1.2.4. Integrate language about equity into the mission, vision, and strategic plans of CHIP partner organizations.

## Access to Care

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.

- 3.1** Increase the number clinicians who provide care for culturally diverse, low income patients at Worcester's Community Health Centers by 10%.
- 3.1.1. Reevaluate and recalculate Worcester's community HPSA score to increase recruitment of national health service corps scholars.
- 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, physician's assistants, dentists, behavioral health clinicians, psychiatrists, and others to our community health centers.
- 3.2** Decrease rates of re-hospitalization and preventable use of emergency departments by 15% through a "no wrong door" approach to coordinating preventive services.
- 3.2.1. Publicize & promote a community calendar of insurance enrollment outreach events and open hours for enrollment support in the community for use of all community organizations.
- 3.2.2. Promote awareness of WRTA personal transportation services among healthcare and health professionals.
- 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.
- 3.2.4. Establish or improve referrals from free clinics to ongoing primary care and other needed services.
- 3.2.5. Improve connections between clinical and community providers to improve health outcomes such as asthma, hypertension, oral health, sexual health, and injuries, especially for underserved and vulnerable populations.
- 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.
- 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.
- 3.3** Improve cultural awareness, responsiveness, and competence to improve the patient experience at area health providers to make Worcester a welcoming community of choice for culturally diverse residents as measured by ongoing qualitative data collection.
- 3.3.1. Coordinate a quarterly series of free customer service trainings for direct health care staff in Worcester.
- 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.

## Economic Opportunity

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.

- 5.1** Increase the number of employment resources available to under-served populations.
- 5.1.1. Leverage funds in order to provide trauma-informed free trainings for the formerly incarcerated and veterans.
- 5.1.2. Centralize online resources pertaining to available employment, training, and job readiness opportunities for youth.
- 5.1.3. Leverage relationships with translation services in order to provided small business resources for immigrant and refugee populations.
- 5.2** Modify or implement municipal-level or institutional policies that have significant impact on health equity with an impact of at least 10,000 residents.
- 5.2.1. Inventory, assess feasibility, and advocate for health sector participation in all municipal boards and commissions pertaining to Economic Development.
- 5.2.2. Encourage large employers to adopt policies to hire local residents at a higher rate.
- 5.2.3. Encourage large employers to adopt living wage policies for employees and contractors.
- 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.
- 5.3** Increase the number of participants enrolled in ESL opportunities by 25%.
- 5.3.1. Distribute a translated resource guide of ESL classes twice per year to parents through public schools.
- 5.3.2. Expand partnerships of Worcester Academic Health Collaborative to include ESL providers and university education programs.
- 5.4** Increase number of community members engaged in the transit planning process by 50%.
- 5.4.1. Increase participation of under-served populations in transit planning and advisory groups.
- 5.4.2. Include a health subsection in the next published Regional Transit Plan.

## Access to Healthy Food

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

- 7.1** Increase the number of eligible people participating in federal food programs (Supplemental Nutrition Assistance Program, Supplemental Nutrition Program for Women, Infants, and Children, and National School Lunch Program) by 5% and increase utilization of those programs for healthy food.
- 7.1.1. Leverage opportunities to enroll eligible individuals in federal food programs such as during MassHealth enrollment.
- 7.1.2. Increase the number of primary care providers screening and referring for food insecurity.
- 7.1.3. Conduct SNAP and WIC outreach at community-based and faith-based organizations.
- 7.1.4. Increase number of farmers markets accepting SNAP and WIC.
- 7.1.5. Establish sustainable funding for farmer's market SNAP match programs.
- 7.1.6. Develop a mechanism for school-aged children to provide input on breakfasts, lunches, and snacks provided through federal school meals programs.
- 7.2** Increase the average daily number of fruits and vegetables eaten by youth and adults by 1 serving by reducing systemic barriers to healthy eating.
- 7.2.1. Make resources available for youth programs to improve their capacity to provide nutritious food to their participants.
- 7.2.2. Increase buying power of low income households by increasing the state-wide minimum wage.
- 7.2.3. Increase access to fresh healthy produce at corner stores in under-served neighborhoods and increase utilization of the REC's Mobile Farmers Market.
- 7.2.4. Create a stronger regional food system by building relationships between farmers and institutional consumers through aggregation, marketing and distribution of fresh and frozen local produce.
- 7.3** Increase the number of individuals participating in school and community garden and nutrition programs by 50%.
- 7.3.1. Increase the means of culturally-diverse community gardens and gardeners to grow fruits and vegetables.
- 7.3.2. Ensure community members utilize the provisions of the urban agriculture ordinance through education and resource development.
- 7.3.3. Implement the Kindergarten Initiative at schools to engage children from an early age in the growth, preparation, and consumption of fruits and vegetables.
- 7.3.4. Develop and expand comprehensive curricula around gardening, cooking, and nutrition to increase the impact of school and community gardens.
- 7.3.5. Provide opportunities for faith-based organizations to engage in food justice, including gardening, cooking classes, and healthy options in pantries.

## Substance Use

Create a regional community that prevents and reduces substance use disorder and its surrounding stigma for all populations.

- 2.1** Increase median age of first alcohol use among youth by 1 year and reduce adult binge drinking rates by 10%.
- 2.1.1. Support Screening, Brief Intervention, and Referral to Treatment (SBIRT) implementation in the regional public school systems.
- 2.1.2. Increase use of environmental strategies to reduce alcohol misuse (such as social norms campaigns, parent education, retailer education, etc.)
- 2.1.3. Increase awareness of youth and adult treatment and recovery homes through public service announcements.
- 2.1.4. Support Recovery High School enrollment by reducing barriers for under-served populations.
- 2.2** Reduce marijuana use in youth under 21 by 5% and maintain non-medical use among adults below state rates.
- 2.2.1. Pass regulations to reduce harm from child use, including limit THC levels, childproof packaging, and mandated warning labels.
- 2.2.2. Develop and implement universal social norming campaign to discourage non-medical use.
- 2.2.3. Prohibit marijuana smoking in public areas.
- 2.3** Decrease fatal opioid overdoses in the region by 80%.
- 2.3.1. Increase education around naloxone availability through public service announcement.
- 2.3.2. Support research about innovative treatment approaches for opioid addiction treatment and monitoring.
- 2.3.3. Support new collaborations/ programs with Police Departments to better respond to overdose victims.
- 2.4** Reduce use of other and emerging drugs among youth and adults.
- 2.4.1. Advocate for an expansion of Governor Baker's Opioid Taskforce to include other prescription drug misuse.
- 2.4.2. Expand referrals to integrative approaches such as mindfulness and stress reduction to provide alternatives to pharmaceutical therapies.
- 2.4.3. Increase social-emotional learning curricula for youth.
- 2.5** Reduce nicotine use in youth and adults by lowering the rate of relative use by 10%
- 2.5.1. Increase minimum age of sales to 21 for all nicotine delivery products.
- 2.5.2. Eliminate all sales of nicotine products in pharmacies and healthcare facilities.
- 2.5.3. Restrict sales of all flavored nicotine delivery products and devices to adult-only tobacconists.
- 2.5.4. Increase cessation and treatment resources for nicotine addiction.
- 2.5.5. Increase number of smoke-free housing units.

## Mental Health

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

- 4.1** Increase the number of well-trained, culturally-diverse mental health providers in the region by 10%.
- 4.1.1. Promote career options in the mental health field, beginning in high school.
- 4.1.2. Advocate for policy changes for mental health that remove barriers that are in place that prevent health professionals from entering and staying in the mental health field such as livable wages, tuition reimbursement, etc.
- 4.2** By 2018, develop a long-term plan for integrating a robust assessment of the mental health needs of the region into ongoing Community Health Assessment, including academic, cultural, and faith-based, and neighborhood organizations in the planning of which.
- 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.
- 4.2.2. Once assessment is complete, distribute inventory of resources in partnership with community leaders to empower residents to seek ongoing care.
- 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.
- 4.3** Engage 20,000 individuals in training or education to reduce stigma surrounding mental health for adults, youth, and young children.
- 4.3.1. Implement evidence-based curricula & 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.
- 4.3.2. Implement public awareness campaigns that reduce stigma surrounding mental health for the adult population developed in partnership with community.
- 4.4** Implement 10 MOUs by 2020 to establish a collaborative care model for mental health treatment to reduce gaps in service.
- 4.4.1. Hold a Worcester-area regional summit on mental health that focuses on collaborative care models and evidence-based payment structures.
- 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.
- 4.5** Implement 10 projects to engage residents with municipal Complete Streets programs that improve routine walking, bicycling and traffic safety.
- 4.5.1. Implement and evaluate one demonstration project in each CMRPHA town and three in Worcester, with location selection based on Census and crash data and link projects to ongoing advocacy.
- 4.6** Implement two approaches to engaging the business community in promoting community walkability.
- 4.6.1. Develop and pilot a walkability scorecard for residential and commercial development to assess the role of private development in promoting community walkability.
- 4.6.2. Engage business community regarding economic value of walkable communities.

## Physical Activity

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.

- 8.1** Enhance access to 25 places for physical activity combined with informational outreach, targeting efforts to vulnerable populations.
- 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.
- 8.1.2. Create and promote Safe Routes to School route maps for all schools in CMRPHA communities.
- 8.1.3. Identify access and programming gaps to public and private indoor and outdoor physical activity facilities for specific vulnerable populations.
- 8.1.4. Improve pedestrian network within 1/2 mile of the top 10 high activity transit stops.
- 8.1.5. Ensure that every public elementary school has access to a safe place to play and increase access to existing recreational facilities through joint use agreements, with a specific focus on low-access neighborhoods.
- 8.2** Implement 10 projects to engage residents with municipal Complete Streets programs that improve routine walking, bicycling and traffic safety.
- 8.2.1. Implement and evaluate one demonstration project in each CMRPHA town and three in Worcester, with location selection based on Census and crash data and link projects to ongoing advocacy.
- 8.3** Implement two approaches to engaging the business community in promoting community walkability.
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- 8.3.2. Engage business community regarding economic value of walkable communities.

## Cultural Responsiveness

Enhance the capacity of health and social services agencies to provide culturally-responsive, culturally-appropriate services to CMRPHA residents to improve health equity.

- 6.1** Ten key health and social service 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.
- 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 members, including self-assessment and mechanisms for feedback.
- 6.1.2. Promote and train organizations on CLAS-adapted standards and organizational assessment of compliance with those standards.
- 6.1.3. Encourage the use of CLAS-adapted standards through state and local funding eligibility criteria.
- 6.1.4. Create cultural responsiveness leadership criteria and maintain inventory of organizations who meet this criteria.
- 6.2** Increase the number of and use of interpreters at health and community-based organizations by 10%.
- 6.2.1. Enhance and coordinate existing training pipelines for local bilingual youth, adults, and older adults to become interpreters for health, social service, and other agencies.
- 6.2.2. Increase the number and use of certified, multilingual community health workers through training, advocacy, and funding availability.
- 6.3** Increase the number of local and state agencies formally engaged in a learning community focused on increasing capacity to provide culturally responsive services to twelve.
- 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.
- 6.3.2. Increase the capacity and resources for cultural organizations and faith-based organizations to participate in regulatory decision-making processes and to improve services to become more culturally responsive.
- 6.3.3. Hold a summit to engage academia, students, providers, and community members in dialogue about best practices around cultural responsiveness.
- 6.3.4. Develop community capacity for ongoing assessment of community perception and available resources in regards to cultural responsiveness.

## Safety

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

- 9.1** Decrease the number of housing and disorder complaints by 20% by 2020 through the promotion of policies and programs to address the built environment.
- 9.1.1. Enhance and support program and policy to ensure healthy and safe homes for all residents of the region such as lead poisoning prevention, home safety assessments, and window guard policy.
- 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.
- 9.2** Decrease violent incidents among individuals under the age of 25, particularly among Black and Latino youth by 50% by 2020 by supporting the efforts of the Worcester Youth Violence Prevention Initiative through policy and systems change and by promoting trust, safety, healing and opportunities for Worcester's most under-resourced youth and families.
- 9.2.1. Train police on topics such effects of trauma on child development, implicit bias, and youth development.
- 9.2.2. Increase accessibility of public spaces for youth development and other health-promoting activities.
- 9.2.3. Implement a mechanism for pre-adjudication diversion for low level, first time juvenile offenses.
- 9.2.4. Increase opportunities for employment for youth at highest risk of experiencing violence.
- 9.2.5. Implement an intervention for young children who witness violence to support positive social and emotional development.
- 9.2.6. Support a network of outreach workers, case managers, employment supports, education and employment supports, behavioral health supports, and recreation supports for highest risk and proven risk young people up to age 24.
- 9.3** Increase the proportion of police participating in community dialogue or activities to 30% annually.
- 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.
- 9.3.2. Support community-reflective recruiting practices of police departments.
- 9.3.3. Implement universal on-going implicit bias training for all police officers and recruits.
- 9.3.4. Provide increased opportunities for police and community members to engage in fun activities to build positive community-police relations.
- 9.4** By 2020, integrate into the Greater Worcester CHA a community assessment of resources, data, gaps in services, and additional needed resources to reduce interpersonal violence in the region.
- 9.4.1. Support a consortium of providers to identify gaps with an intentional focus on gender equity in interpersonal violence prevention programming.