

# City of Worcester Department of Health and Human Services'

*Division of Public Health*



*ANNUAL REPORT  
2008*



**Public Health**  
Prevent. Promote. Protect.



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City of Worcester

Department of Health and Human Services

**Public Health Division**

Leonard Morse MD  
Commissioner  
Public Health

James G. Gardiner  
Acting Commissioner  
Health and Human Services

Derek S. Brindisi  
Acting Director  
Public Health

Dear City Manager O'Brien,

In compliance with the General Laws of Massachusetts and the Ordinances of the City of Worcester, it is our duty and pleasure to transmit to you the 2008 Annual Report of the Department of Health and Human Services' Public Health Division. The Department of Health and Human Services is currently structured in compliance with the most recent amendment of Article 10 of the Revised City Ordinances of 2008.

The Public Health Division has the responsibility to promote, preserve, and protect the physical and mental health of the city's inhabitants. We strive to accomplish this mission through the Division's Public Health Nursing, Public Health Preparedness, Tobacco Control, and Substance Abuse programs, as well as many community collaborations. **With these efforts, we aim to create the healthiest mid-size city in the nation.**

Local governmental Health Departments (LHDs) have the legal authority to protect the public's health. We work within a local **public health system**, which is defined as "*the network of organizations and professionals that participate in producing public health services for a defined population or community*" (IOM, 2003, *The Future of the Public's Health in the 21<sup>st</sup> Century*). Entities comprising a local public health system include public, private and voluntary organizations, agencies, groups and individuals that have interests in population health. LHDs are just one type of entity within a local public health system, but they are the only one with primary authority to protect the public's health. As stated by the Institute of Medicine Committee on Assuring the Health of the Public in the 21<sup>st</sup> Century (IOM Committee) in 2003, "Governmental public health agencies constitute the backbone of the public health system and bear primary, legally mandated responsibility for assuring the delivery of essential public health services." The ten essential services named by IOM have been adopted by the Worcester Board of Health along with the "*Operational Definition of a Local Health Department*" to further define our role within the larger public health system. Public health uses the three core functions of assessment, assurance and policy development in order to properly address the leading threats to our population's health. The power of this approach was demonstrated through the collective action of public health and its partners during the early part of the 1900s, when influenza, tuberculosis, diarrhea, heart and liver disease were the leading causes of death. These causes were tackled through preventive measures such as immunizations, water sanitation, food protection and public health education.

Today, the many risk's to our population's health remains a concern. It has been suggested that this generation could be the first in history to live shorter lives than the

previous generation. Heart disease, cancer, cardiovascular disease, chronic obstructive lung disease, and unintentional injuries (accidents) are now the leading causes of death in the US. The list of current public health concerns includes new responsibilities including bioterrorism and broad social problems such as teen pregnancy. Tobacco and alcohol use, diet, decreased physical activity and violence have been shown to be at the root cause of most preventable morbidity and mortality. Multiple determinants, such as social, economic, political, and environmental factors, affect the health of individuals and populations. As we continue to maintain programs that prevent the spread of disease-causing microorganisms, we must direct our attention to morbidity and mortality second to high risk behavior. These emerging issues require us to take a population health approach here in the city, as do organizations at the state and national levels.

Sound public health is rooted in the principles of disease prevention: if it's predictable it's preventable. And the most effective way to reduce morbidity, mortality and the cost of health care is to prevent its happening.

Sincerely,

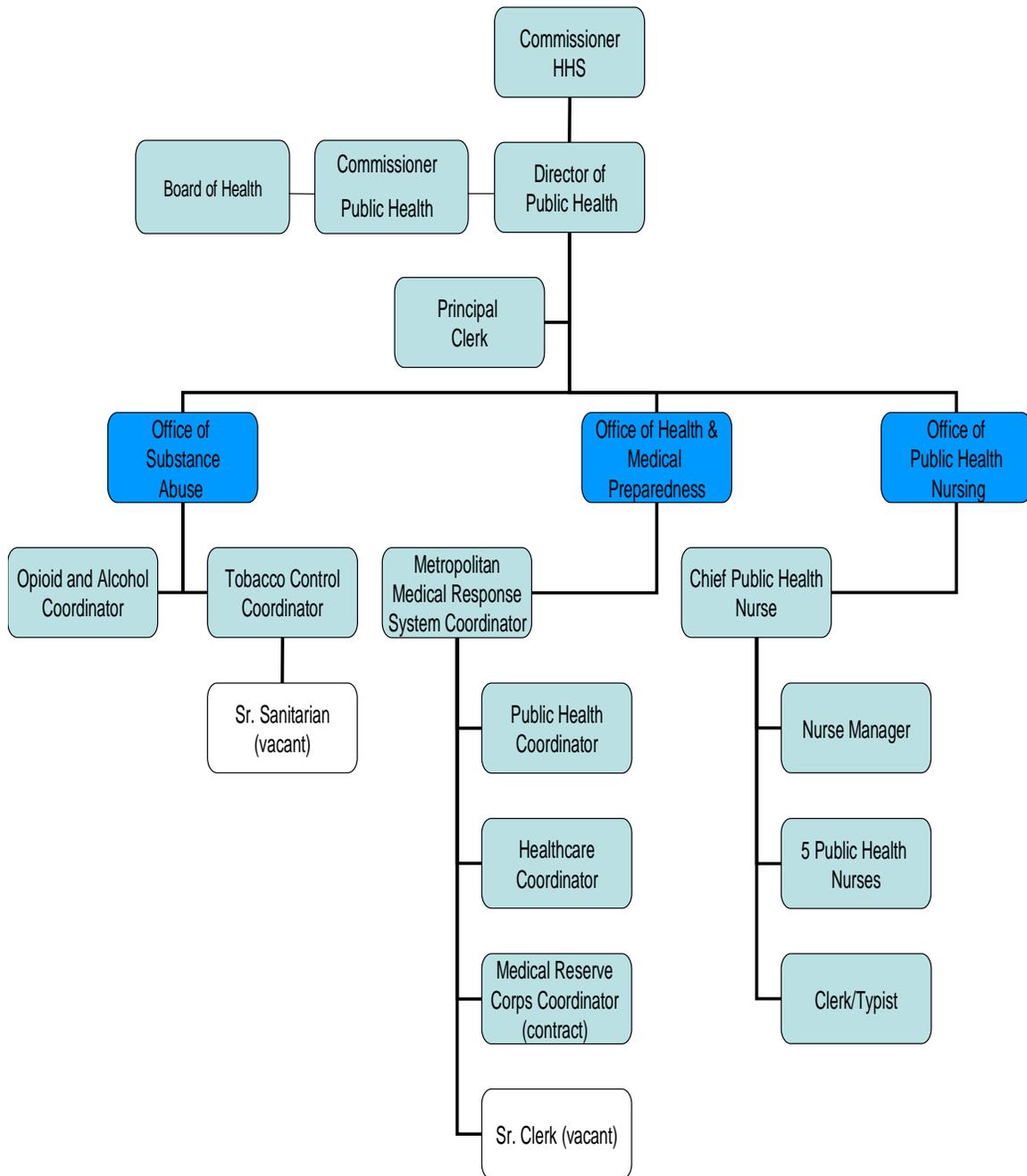


James G. Gardiner  
Acting Commissioner  
Health and Human Services

Leonard J. Morse, MD  
Commissioner  
Public Health

Derek S. Brindisi, MPA, RS  
Acting Director  
Public Health

# Table of Organization



## *Vital Statistics*

Year 2007

Population 173,966

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**Total Live Births** 6,257

- Resident 2,554
- Non-Resident 3,703

Birth Rate per Thousand Residents 14.7

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**Teen Birth Rate** 35.7

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**Total Deaths**

- Resident 1,252
- Non-Resident 1,197

*Deaths per Thousand Residents* 7.2

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**Infant Deaths**

- Resident 21

*Infant Mortality Rate per Thousand Live Births*

- Resident 8.2

## ***Communicable Disease Surveillance***

Infectious diseases constitute a continuing threat to the public's health. They cause illness, suffering, and death, and place an enormous financial burden on society. Although some infectious diseases have been controlled by modern technological advances, new diseases are still emerging. Under Massachusetts General Laws (MGL), Chapter 111, suspected and/or confirmed cases of diseases dangerous to the public's health are reportable to the local Board of Health and/or the Massachusetts Department of Public Health (MDPH). Reporting disease occurrences enables the public health staff to monitor trends, detect and control outbreaks, and evaluate prevention activities. Worcester public health nurses regularly collect important information on all reported diseases as part of routine epidemiological disease investigations. The following is a summary of reported diseases in Worcester from 2006-2008:

<b>Disease</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
Amebiasis	0	3	2
Babesiosis	4	1	5
Borrelia	0	0	48
Campylobacter	11	10	12
Chicken Pox	6	0	0
Cryptococcus	2	2	0
Cryptosporidiosis	2	4	5
Dengue Fever	0	1	1
E. Histolytica	2	0	0
E. Coli	2	0	0
Ehrlichiosis	1	2	4
Encephalitis	0	1	1
Enterovirus	0	0	1
Giardia	33	36	41
Group A Strep	12	2	5
Group B Strep	12	24	6
Hep A	1	9	7
Hep B	144	176	6
Hep B-Perinatal	0	0	13
Hep C	5	1	2
Human Granulocytic Anaplasmosis	0	0	1
Influenzae	0	1	5
Kawasaki	0	1	0
Legionella	2	1	6
Listeria	1	1	3
Lyme	50	14	4
Malaria	1	8	7
Meningitis	3	0	14

Norovirus	0	1	1
Pertussis	7	8	15
Rocky Mountain Spotted Fever	0	0	4
Salmonella	19	23	22
Shigella	7	4	4
Strep Pneumo	36	30	47
Toxoplasmosis	0	5	4
Typhoid Fever	0	0	1
Viral Meningitis	5	11	0
West Nile	3	1	0
<b>Total</b>	<b>371</b>	<b>381</b>	<b>297</b>

**Certificates of Death/Burial Permits**

The Division of Public Health also studies the population’s “**life cycle**” by reviewing certificates of death daily, in order to be certain of precise pathology and to promptly suspect early variations of suspect disease occurrences.

## ***Board of Health***

The Board of Health consists of four members appointed by the City Manager for staggered terms of three years each. One member shall have received the degree of doctor of medicine from a medical school classified by the American Medical Association as a Grade A school, and another member shall have received a degree in dentistry from a dental school classified by the American Medical or Dental Association as a grade A school. The Commissioner shall not be a member of the board but shall serve, *ex officio*, as the chair of the board and shall have no vote unless the board is equally divided.

*Duties & Responsibilities of the Board of Health.* The Board shall assist and act with the Commissioner as provided in chapter 181 of the acts of 1953.

### **Board Members:**

Leonard J. Morse, MD - *Chairperson & Commissioner of Public Health*

Abigail Averbach, MS

Stanley J. Levenson, DDS

James Convery, DC

Wayne Glazier, MD

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Nine meetings were held by the Worcester Board of Health during the calendar year 2008. These meetings consisted of progress reports and detailed accounts of the current activities of the Division of Public Health presented by both the Commissioner and Acting Director of Public Health. Board meetings are conducted with many community residents and medical interns in attendance, allowing for a shared learning experience that enables the community to understand and provide input on emerging public health concerns. In this way, the Board is able to discuss, consider and advise the Commissioner and Director on public health matters.

## ***Office of Public Health Nursing***

The Office of Public Health Nursing comprises registered nurses who provide a myriad of preventive and educational services to the Worcester community. Public Health Nursing promotes and protects the health of populations using knowledge from the nursing, social and public health sciences. The public health nurse partners with communities, organizations, and populations to reduce health risks and to promote, maintain, and restore health, as well as to advocate for system-level changes to improve health (American Nurses Association, 2007).

### **Worcester Senior Center**

The Worcester Senior Center Health and Wellness Clinic houses a full time Division of Public Health Nurse, funded through a generous contribution from UMass Memorial Health Care. The nurse staffs the clinic and ensures that an array of fitness, health education, health screening and medical care services is provided for Worcester's seniors. The older segment of the age 60+ population can be so respectful of physicians that they are reluctant to "bother" them when they have health concerns and questions. The Senior Center nurse may be more approachable for these individuals, and she can act as a liaison with their physicians. The younger cohort are often more enthusiastic about taking charge of their health and utilize the Senior Center to learn, exercise and receive medical screenings in an effort to prevent disease and maintain good health. Individuals with minimal income and health insurance benefit from the accessibility of the health and wellness services at the Senior Center. Certain services are targeted to cultural groups who have linguistic barriers and/or a high prevalence of certain diseases (e.g. SHINE health insurance counseling for Latino seniors).

In addition to the primary support from UMass Memorial, specific health and wellness programs are provided by AARP, Alzheimer's Association, American Cancer Society, Amethyst Point, Better Ending Partnership, Blue Cross/Blue Shield, Care Alternatives, Community Healthlink, Evercare, Fallon Clinic, Wellness Works Yoga, Arbour Counseling, National Kidney Foundation, MADPH Keep Moving, Lifeline, MAB Community Services, Massachusetts Falls Prevention Coalition, Mass Medline, Pfizer Pharmaceuticals, Quinsigamond Community College Nursing Students, Senior Whole Health, University of Massachusetts Medical School, Valley Psychiatric Services and many others.

In 2008, the Public Health Nurse provided 98 Senior Center programs and services such as screenings (blood pressure, diabetes, cholesterol, osteoporosis, kidney disease), podiatric services, immunizations, medication education, aerobics, many forms of yoga, zumba, tai chi, weight-bearing exercise (osteoporosis prevention), many educational programs on topics such as nutrition, prevention and treatment of various diseases, stress reduction and mental health to over 2,000 seniors. While Senior Center users are primarily

White, over 200 Latino, Southeast Asian and African American seniors have benefited from these programs. Interpreting services are provided for key programs such as osteoporosis prevention and nutrition education.

Summary of activities:

- Blood Pressure Monitoring—1307
- Blood Glucose Testing—23
- Counseling Sessions—69
- Patient Encounters—958
- Telephone Encounters—407
- Kidney Early Evaluation Program (KEEP)—100

### **Worcester Housing Authority**

The Division of Public Health provides one nurse who attends bi-weekly clinics at nine of fourteen sites operated by the Worcester Housing Authority (WHA). The clinics at the housing authority sites are also staffed by an UMass Memorial Health Care physician and medical assistant. Services provided at these sites include primary care, urgent care, prescription medications, phlebotomy, specialist referrals and diagnostic testing referrals. The nurse provides general wellness checks, consults with doctors, administers seasonal influenza vaccine and makes referrals as appropriate.

The WHA medical clinics address many needs and barriers. Public housing residents face many psychosocial, economic and physical challenges. Many of the residents seeking care through these sites would not access care through general medical venues for a variety of reasons. Locating the clinics at various housing sites enables individuals to access care in a familiar, safe environment without worrying about transportation. Because the physician and medical assistant both speak Spanish, many Hispanic residents are more comfortable seeking care. If referral to outside sources is necessary, the nurse will help the individual to access and navigate the system by contacting the agency, obtaining necessary referrals/prior approval from the physician, and arranging the appointment for the client.

Clients of all ages, races and genders are seen at each of the clinics. Each site has its own demographic mix depending upon the residents of the particular housing complex. The following statistics were gathered for the calendar year through November 2008:

	2007	2008
W.H.A Site Visits	155	154
Patients seen	848	951

Blood pressures taken	778	951
Flu shot clinics	9	8
Flu shots given	235	211

### **Tuberculosis (TB) Clinic**

A public health nurse staffs the state tuberculosis clinic for the region three days per week. The Getchell-Ward Tuberculosis Clinic at the Family Health Center provides diagnostic and treatment services for Massachusetts residents who are diagnosed/suspected of having TB disease, diagnosed/suspected of having latent TB infection, had contact with persons with active TB disease, or are in need of treatment for previous TB disease. Additionally, the public health nurses provide Tuberculosis Case Management, contact investigation, and Direct Observed Therapy (DOT) as mandated by the Massachusetts Department of Public Health. Tuberculin skin testing is provided weekly at the public health clinic.

Summary of activities:

- PPD Clinics—52
  - Tuberculin Skin Tests (TST) Administered—365
- Getchell-Ward Tuberculosis Clinics—49 (As of 11/30/08)
  - Persons Seen—3,110 (As of 11/30/08)
- Tuberculosis Case Management
  - Total Cases TB Disease—20
  - Direct Observed Therapy (DOT) Visits—999
  - Contact Investigations—20

### **PPD/Vaccine Distribution**

The Office of Public Health Nursing has collaborated with the Massachusetts Department of Public Health to distribute influenza vaccine and PPD solution for several years. Due to changes within the state distribution system, the Office has expanded its role to meet the changing needs of regional as well as city medical providers.

### **Immunization Clinic**

An Immunization/Travel clinic is held twice weekly at the public health clinic. Routine childhood and adult immunizations are provided as well as immunizations required and/or recommended for international travel. Many of the children receiving immunizations at the clinic are new residents of the city and/or new arrivals to the US who lack health insurance and/or primary care. Ensuring proper immunization of this population increases herd immunity and

decreases the likelihood of a communicable disease outbreak in our school system.

Summary of activities:

- Immunization Clinics —100
  - Persons Seen—1,754
  - Immunizations Administered—3,048
  - Costs Recovered—\$83,545
  
- Influenza Clinics—15
  - Immunizations Administered—2,211
    - Senior Center—138
    - Public Schools—219
    - City Hall—95
    - Public Works—98
    - HHS—231
    - Police Department—97
    - Fire Department—60
    - Registry of Deeds—61
    - School Nurses—31
    - Library (Salem Square)—55
    - Salvation Army (Main Street)—25
    - YWCA Women's Health Night—60
    - Massachusetts Veterans' Incorporated—7
    - Christopher Heights Assisted Living Facility—16
    - Community Immunity—1,018

### **Body Art Establishments**

The Public Health Nurses inspect all body art establishments twice yearly to ensure compliance with local Board of Health regulations governing the practices of tattooing and piercing. Inspections emphasize equipment sanitation and sterilization, condition of the physical facility, standards of practice and record-keeping and posting requirements. During 2008, the nursing staff held two community forums to allow input into an amended Body Art Board of Health regulation.

Summary of activities:

- Initial Inspections—20
- Follow-up Inspections—13
- Temporary Site Inspections—3

### **General Health Information/Education**

The Public Health Nurses are a health resource in the city. In addition to the screening and patient education provided in our clinics, the nurses routinely answer questions regarding access to health care, health insurance, community health services and general health issues. Additionally, they respond to requests from community groups for formal educational presentations within their area of expertise. Listed below are some of the organizations that have benefited from this service.

- Community Approach to Reduce Demand (CARD)
- Worcester State College RN→BS Program
- Anna Maria College RN→BSN Program
- Seven Hills Foundation
- St. Vincent Hospital (Nursing Grand Rounds)
- Christopher Heights Assisted Living Facility
- Deaf Seniors Group
- UMass Medical School and Graduate School of Nursing
- Premier Home Health
- Home Staff

The nurses continue to develop other programs to meet the changing needs within the community, such as wellness/screening clinics and tobacco cessation programs.

## ***Office of Health and Medical Preparedness***

The Division of Public Health has been actively involved in public health emergency preparedness planning since 2002, when the City became a Metropolitan Medical Response System (MMRS) jurisdiction under the auspices of the then Department of Public Health. Subsequently, the Public Health Emergency Preparedness Cooperative (CDC PHEP) grant of the US Centers for Disease Control and Prevention was announced, strengthening an emerging priority of health and medical preparedness. Since the inception of the CDC PHEP grant, the Region 2 Public Health Emergency Preparedness Coalition, a regional coalition of 74 communities in Central Massachusetts, voted the City of Worcester as the Host Agency. These programs and responsibilities illustrate a regional dependence of other, smaller communities on the City of Worcester to guide health and medical preparedness initiatives within the region.

In 2008, the City's Division of Public Health established an Office of Health and Medical Preparedness (OHMP). This branch directs regional health and medical emergency preparedness initiatives. The current staff consists of a Program Manager, a Public Health Preparedness Coordinator, a Healthcare Preparedness Coordinator, and a regional Medical Reserve Corps (MRC) Coordinator. The Office of Health and Medical Preparedness oversees the Metropolitan Medical Response System (MMRS), Worcester Regional Medical Reserve Corps (WRMRC), the Centers for Disease Control Public Health Emergency Preparedness Program, and the Assistant Secretary for Preparedness Response (ASPR) Hospital Preparedness Program. These programs integrate public health and medical programming and surveillance into the healthcare network of the regional hospitals, community health centers, and emergency response services in the event of a disaster. This collaboration creates an increased level of awareness, unification, and communication among the major medical preparedness initiatives both locally and nationally. The OHMP continues to assess the needs of the community and build the capacity to address the most prevalent emergency preparedness concerns for health and medical disciplines.

Worcester's OHMP is integral in connecting agencies to develop regional emergency preparedness partnerships. Since 2002, the Worcester Division of Public Health has motivated collaboration between emergency management agencies, police departments, fire departments, emergency medical services, health departments, hospitals, health clinics, Medical Reserve Corps (MRC), American Red Cross (ARC), emergency dispatch centers, and the Central Massachusetts Regional Homeland Security Advisory Council. These partnerships enhance planning, communication, and inter-agency response in emergency preparedness initiatives and managing a local emergency or regional disaster. Through the MMRS program, the OHMP is involved in many state and federal-level planning committees including: Statewide Surge Committee, HSPD-8 Committee, FEMA Regional Inter-Agency Steering Committee, and the FEMA

Region 1 MMRS Committee. Therefore, the OHMP is the facilitator for bringing state and federal planning and programs to the local and regional level. OHMP representatives sit on the Central Massachusetts Regional Homeland Security Advisory Council, the Region 2 Public Health Emergency Preparedness Coalition Executive and Steering Committees, and the WMMRS Hospital and Health Centers Committee.

### **Metropolitan Medical Response System (MMRS) Program**

The MMRS is administered through the Division of Public Health, thus solidifying the role of public health during a catastrophic event. Bioterrorism has become a new discipline in public health. The MMRS, in cooperation with Worcester Emergency Management and the Commonwealth of Massachusetts, continues to integrate and synchronize individual agency response plans. MMRS has formed partnerships with the US CDC and the Office of the Assistant Secretary for Preparedness and Response (ASPR). Partnerships such as these integrate MMRS, CDC, and ASPR target capabilities.

The MMRS program continues to act as the catalyst for the enhancement of emergency service capabilities relating to the health and medical needs of victims in the event of a Weapons of Mass Destruction (WMD) attack, natural disaster, or pandemic illness. This program develops and strengthens emergency response plans in response to current and unidentified threats. Worcester authorities recognize that a massive terrorist attack or large natural disaster will overwhelm local and regional resources. Therefore, MMRS has matured into a regional initiative encompassing all 74 communities within the Region 2 Public Health Emergency Preparedness area. MMRS progressively manages regional disaster planning by convening monthly meetings with all eleven ASPR-funded hospitals, four area health centers, and three sub-acute rehabilitation hospitals.

### **Worcester Regional Medical Reserve Corps (WRMRC)**

In March 2006, under the direction of the MMRS program, the City established the one of the region's first federally recognized Medical Reserve Corps (Worcester Medical Reserve Corp) in order to attract, credential, train and deploy volunteers to assist with the response and recovery efforts during large-scale disasters. During the following summer of 2006, with supplemental Pan-Flu funding provided to the regions by the Massachusetts Department of Public Health, the regional coalition unanimously voted to fund the Worcester Medical Reserve Corps. The Worcester Medical Reserve Corps added the word "Regional" to its name to better reflect the new mission and territory and began recruiting both medical and non-medical volunteers for all 74 communities within the region. The WRMRC has been actively working within these communities through mass mailings, bill boards, recruitment appearances, and through local media outlets (radio, cable access, newspaper). The WRMRC has also built a

robust training program for all volunteers, offering trainings such as MRC orientations, CPR, NIMS/ICS, bioterrorism and smallpox awareness, and an introduction to Emergency Dispensing Site (EDS) planning and operation. To date, the WRMRC has over 1,400 volunteers who have joined. Within the MRC orientation, volunteers are also educated on the Commonwealth's ESAR-VHP program (MSAR) and are encouraged to also sign up. In September 2008, American Red Cross cross-trained WRMRC volunteers and deployed them to post-hurricane operations in Louisiana and Texas.

## **2008 Accomplishments**

### ***Electronic Patient Tracking***

Many of the recent large-scale disasters have highlighted the need to effectively track victims and patients. The key premise is in the ability to reunite loved ones separated during a catastrophic incident. The federal government is now recommending that jurisdictions develop an electronic patient tracking system. The MMRS program, along with the Central Mass EMS Corporation, is jointly pursuing an effective method to electronically track victims and patients during large-scale events, mass casualty incidents (MCIs), and/or disasters throughout the region. The system purchased is a comprehensive product which uses both wireless handheld scanners and a web-based tracking program to track patient movement during an incident. This same system has functioned well in rigorous testing by the cities of Boston and Springfield during several large-scale events (Boston Marathon, First Night, 4<sup>th</sup> of July activities).

### ***Emergency Dispensing Site Planning***

For the past three years, the US CDC has funded local boards of health through the Massachusetts Department of Public Health (MA-DPH) to support the critical need for "*Public Health Preparedness.*" MMRS has a mission similar to local public health in many respects, but it is funded through the federal Department of Homeland Security (DHS). In conjunction with MA-DPH, MMRS is working to increase the state of preparedness for the regional public health coalition; a collective group of local health officials. A major focus for these public health offices was to develop a plan whereby every municipality would be able to deliver chemo-prophylaxis or vaccinate their respective population within a 48-hour time period following a highly infectious disease outbreak. This plan was tested in Worcester during "Community Immunity" day on October 18, 2008 where one of the city's Emergency Dispensing Sites was activated. This exercise was held in conjunction with the seasonal influenza vaccine administration, and over 1,000 city residents received a vaccination.

## ***Office of Substance Abuse*** (Alcohol, Drugs, Tobacco)

The most recent data from the MA Department of Public Health (MA DPH) / Bureau of Substance Abuse Services (BSAS) have revealed a high prevalence of drug and alcohol use and abuse throughout the Commonwealth. Massachusetts ranks the highest in Opioid overdoses in the country, with a reported 10,300 fatal and non-fatal overdoses between 2003 and 2005. The City of Worcester accounted for 564 of those individuals, compared to 351 for Springfield (BSAS Opioid-Related Events and Associated Risk Factors 2003-2005). In addition, 2007 Worcester Public Schools Youth Risk Behavior Survey (YRBS) data indicate that many of the city's statistics relative to underage drinking are double Massachusetts averages. The Division of Public Health has taken a leadership role to assess and address these substance abuse epidemics. Given the city's high prevalence of opioid overdoses and alcohol consumption coupled with the department's Tobacco Program an opportunity existed to create the Office of Substance Abuse. Specifically, two new prevention initiatives have been implemented that align with and complement our longstanding tobacco control program.

The City received prevention funds from MA DPH / BSAS as well as the Massachusetts Attorney General's Office (MA AGO). During the past nine months, the Department of Health & Human Services has held public meetings with community stakeholders, concerned citizens and members of the city administration to implement the Strategic Prevention Framework (SPF), a process mandated by BSAS, to carefully examine these two substance abuse issues. The SPF ensures transparency, welcomes community input and assists in building coalition capacity. The myriad partners in this planning process include the Worcester Board of Health, Worcester District Medical Society, Central Massachusetts Center for Healthy Communities, local hospitals, community health centers, treatment providers, consumers, community-based organizations and local and state government agencies. Larger meetings and important sub-committee work have provided valuable input, constructive contributions, and innovative approaches to assist in building effective, efficient coalitions. It is the Division's intention to become a lead partner in the fight against substance use and abuse in our community.

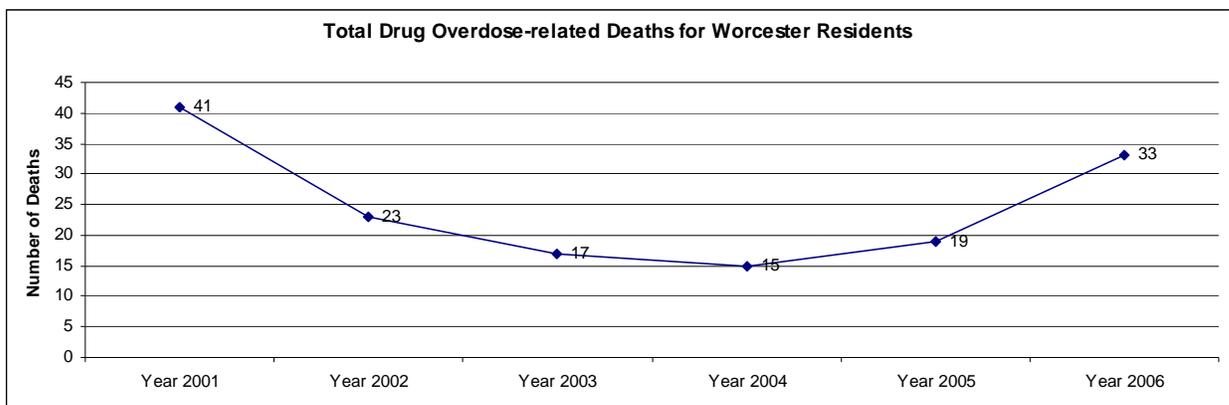
The Department is proud to be in a position of connecting stakeholders together and to be a part of such important community health initiatives. We commend all those involved in both Coalitions, many of whom have dedicated countless hours to these causes. Although important foundation work has been accomplished thus far, the process in which both grants must be implemented remains transparent and open to the community to be vetted and shaped.

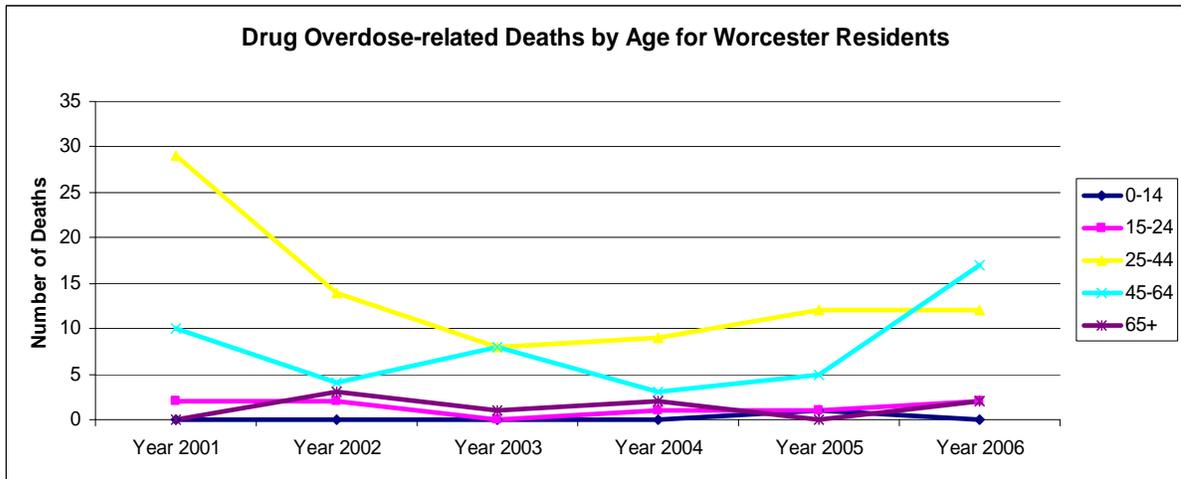
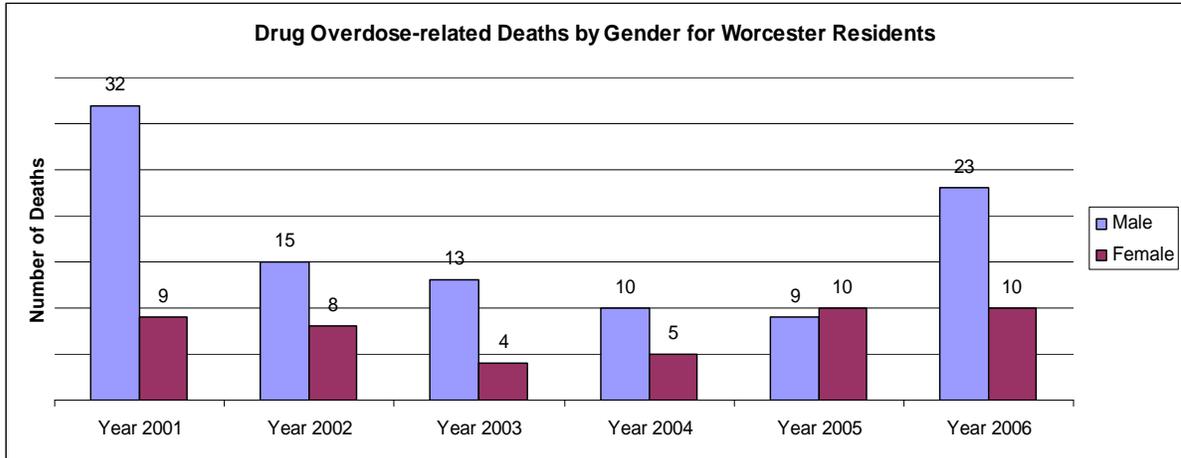
### Worcester Cares – Opioid Coalition

In the Summer of 2008, the Division of Public Health established the Worcester Cares – Opioid Coalition to include over 55 concerned community members, city administration, law enforcement, treatment and medical providers and individuals in recovery. The Coalition has spent considerable time analyzing local data to determine what populations are most impacted by this scourge and what strategies can be implemented to reduce fatal and non-fatal Opioid overdoses in our community. Emerging data indicate most drug overdoses in the City of Worcester occur among Latino men in their 20s to 40s. Strategies to address the issue in this population, namely education, information and referral resources, will be carefully crafted and implemented in the next six months. In the interim, the Office of Substance Abuse is working on other important educational forums and has coordinated a “Professionals in Recovery” group as a tool to combat the stigma of substance abuse as well as to promote that recovery works.

In October 2008, the Office of Substance Abuse coordinated and facilitated *Opioids 101*, a comprehensive training and panel discussion for the Coalition and community at-large presented by experts to enhance our knowledge and understanding of the drug culture in Worcester. This office will continue to create and facilitate trainings on substance abuse and treatment, conducted at various locations around the community. Training topics will include Drug Courts, Physician Hopping and a Treatment Provider panel discussion.

In an effort to reach out to our local community and the region, the Office of Substance Abuse coordinates efforts with the Massachusetts Organization for Addiction Recovery (MOAR). This organization educates the public about the value of recovery from alcohol and other addictions, treats addiction as a significant public health issue, and recognizes recovery as valuable to our community. The City also participated in Recovery Day 2008 at the State House in Boston and became a member of the Central Massachusetts Substance Abuse Association (CMSAA).





### Substance Abuse Coalition for Central Massachusetts Youth

Unlike the Opioid Coalition, the Substance Abuse Coalition for Central Massachusetts Youth (SACCMY), formerly the Central Massachusetts Adolescent Substance Abuse Coalition (CMASAC), has been in existence for many years with an array of programs and services. The City of Worcester's Department of Health and Human Services secured MA DPH / BSAS funding to reduce underage drinking in the city. This funding has been used to augment the ongoing work of the Coalition. In particular, the Division of Public Health is working with the Worcester Police Department Enforcement Unit and HOPE Coalition youth to conduct alcohol vendor compliance checks in February 2009. This operation will be repeated in June 2009 in an effort to lower sales of alcohol to underage youth. Another project supported by the City's Office of Substance Abuse included *All-Stars*, a fourteen-week, curriculum-based, anti-alcohol project for youth ages 11-14 years old held at the Great Brook Valley Health Care Center. Over 100 Worcester youth successfully completed the program.

The City's Department of Health & Human Services also secured an *Environmental Approaches to Preventing Youth Alcohol, Prescription Drug and other Substance Abuse* grant from the Attorney General's Office. This one calendar year grant allowed the City to partner with the HOPE Coalition on several important projects. As a key strategy to understand and respond to community-based alcohol influences, a Mapping & Tapping campaign was launched in which the youth were active participants in identifying the number of alcohol establishments and vendors within a specific neighborhood. Outcomes showed that low-income neighborhoods were saturated with both alcohol and tobacco vendors. In conjunction with the Worcester Police Department, HOPE youth also participated in a "Shoulder Tapping" project. The youths engage potential package store customers to buy alcohol for them, only to reveal they were underage in an effort to make the individuals aware of the existing Massachusetts minimum-age purchase laws.

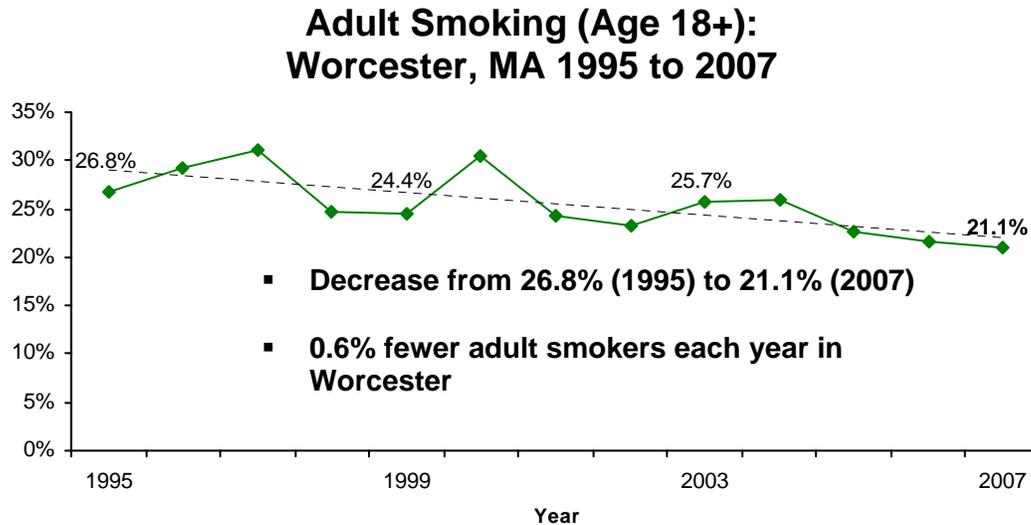
HOPE Coalition youth were also encouraged by the City and Coalition to express lessons learned from their experience with the projects. As a result, HOPE wrote a script for and acted in a public service announcement by creating a rap song which will be aired on local cable channels in March 2009.

### **Tobacco Control Program**

*"We hold in our hands the solution to the global tobacco epidemic that threatens the lives of one billion men, women and children during this century. In fact, tobacco use can kill in so many ways that it is a risk factor for six of the eight leading causes of death in the world. The cure for this devastating epidemic is dependent not on medicines or vaccines, but on the concerted actions of government and civil society. This is a unique point in public health history as the forces of political will, policies and funding are aligned to create the momentum needed to dramatically reduce tobacco use and save millions of lives by the middle of this century. Reversing this entirely preventable epidemic must now rank as a top priority for public health and for political leaders in every country of the world."* (WHO REPORT on the global TOBACCO epidemic, 2008)

An estimated 30,870 smokers live in Worcester (23.4% of adults, age 18+). This rate is 30% higher than the overall rate for Massachusetts (18.1%). Cigarette smoking among middle age adults (age 45 to 64) is 34 % higher in Worcester (24.9%) than statewide (18.5%). Cigarette smoking among seniors (65 and older) is 11% higher in Worcester (8.7%) than statewide (7.9%). The rate of smoking during pregnancy in Worcester is 10% lower than for the state of Massachusetts overall (7.1% in Worcester vs. 7.9% statewide). Mortality from lung cancer is 9% higher among males in Worcester compared to the state of Massachusetts and 14% higher among females. The rate of hospitalizations for lung cancer is not significantly different among females in Worcester compared to the state, but it is 42% higher among males than for the state. It is estimated that 32,716 of adults

(24.8%) in Worcester are former smokers. Of the current smokers in Worcester, 57.8% made an attempt to quit within the past year.



From May 2008 through June 2008, free nicotine patches were given to City Employees, their dependents and all who live or work in Worcester through the Ready, Set, Quit! initiative funded by MADPH. This was a multi-agency collaboration led by Spectrum Health Systems, along with the City, the University of Massachusetts Medical School, Great Brook Valley Healthcare Center and Family Healthcare Center. The Commonwealth opened this program to the rest of the state in July 2008. A total of 1132 individuals in the City received patches and counseling. The total number of qualified individuals who received the patches in the state was over 11,000.

In July 2008, the Division of Public Health, with the cooperation of the Division of Human Rights distributed over 30,000 pieces of smoking cessation and other health-related literature to an estimated 25,000 attendees at the annual Latin American Festival.

In November 2008 a special cessation program was developed for Massachusetts Veterans and their dependents, a free patch giveaway program for one year. The state has developed a strategic plan of patch giveaways throughout the Commonwealth during fiscal year 2009. In addition, individual health plans and MassHealth will pay for patches and other pharmaceutical products requested by an individual via their primary care physician.

In November 2008, the City of Worcester highlighted the Great American Smoke Out with myriad events in partnership with the University of Massachusetts

Medical School, HOPE Coalition, Oak Hill CDC, American Cancer Society, Spectrum Health Systems, the Blackstone Valley Tobacco Coalition, Quinsigamond Community College, Central Massachusetts Center for Healthy Communities, Great Brook Valley Healthcare Center, Family Healthcare Center, Fallon Clinic and the Division of Human Resources. This group created a “one stop” cessation brochure consisting of information on tobacco and tobacco-related services offered throughout the community. This brochure includes a comprehensive listing of community agencies, health insurers, hospitals, health centers, clinics and other public and private available assistance. Citizens may view this brochure on the website of the Department of Health and Human Services, Division of Public Health, Office of Substance Abuse, Tobacco Control Program at [www.health@ci.worcester.ma.us](http://www.health@ci.worcester.ma.us)

The Tobacco Control Program also developed several public service announcements (PSAs) that aired for two weeks prior to the Great American Smoke Out on November 20, 2008. These PSAs aired a minimum of five times a day on the following radio stations: WTAG—AM, WSRS—FM, The Pike 101-FM, The Oldies 98.9 WORC-FM and WXLO-FM. Representatives of the Department of Health and Human Services and the HOPE Coalition appeared on the Jordan Levy Show on WTAG Radio, where they discussed the harmful effects of tobacco smoke, available cessation aids such as Chantix, 1-800-TRY-TO-STOP and the research conducted by the HOPE Coalition concerning the marketing and targeting of inner city youth by large tobacco companies.

## ***Worcester Regional Tobacco Control Collaborative***

The mission of the Worcester Regional Tobacco Control Collaborative (WRTCC) is to promote social change through four main goals: prevent initiation of tobacco use among youth; eliminate exposure to environmental tobacco smoke; promote smoking cessation among young people and adults; and identify and eliminate tobacco-related disparities in special population groups.

The WRTCC is a collaborative of twenty-one Boards of Health in Central Massachusetts, of which Worcester is the lead Board. The following communities are served: Ashland, Auburn, Boylston, Charlton, Dudley, Grafton, Holden, Hudson, Leicester, Marlborough, Millbury, Northborough, Oxford, Shrewsbury, Spencer, Southborough, Southbridge, Sturbridge, West Boylston, Webster and Worcester. This collaborative maintains the integrity and autonomy of its Board of Health members while the city provides assistance and guidance in all tobacco related issues. From conducting point of purchase audits to assisting in the development of new by-laws and Board of Health regulations, this collaborative is a model for other regionalization efforts, especially during these times of fiscal cuts and uncertainties.

The WRTCC is responsible for conducting youth access to tobacco compliance checks of all tobacco retail facilities in Worcester and the twenty-one cities and towns in the collaborative. In addition, the WRTCC conducts point of purchase audits for all communities within the collaborative and is also responsible for enforcing MGL 270, section 22, "Smoke Free Workplace Law." Nearly 600 fewer Massachusetts residents have died from heart attacks each year since legislators banned smoking in virtually all restaurants, bars and other workplaces.

Massachusetts law prohibits the sale of any tobacco products to those under the age of 18. Additionally, Massachusetts Attorney General's regulations require retailers to ask for photo identification from anyone attempting to purchase tobacco who appears to be under 27 years of age. The federal Synar Amendment requires all states to conduct random, unannounced compliance checks with local retailers where underage youth may attempt to purchase tobacco. There is a direct correlation between the rates of youth access and the funding of programs that educate retailers and enforce the law. The impact has been recognized on the local level. Illegal sales of tobacco to minors fell by fifty percent in Massachusetts in Fiscal Year 2007 after funding was restored to local programs responsible for preventing youth from buying tobacco.

In Worcester, the rate of tobacco sales to people under 18 years of age have been low for several years due to ongoing retailer education and random compliance checks. These rates have shown a drastic increase over the past five months, however, the rate of sales of tobacco products to minors (those under age 18) was 34% lower in Worcester (6.8%) compared to the state of

Massachusetts (10.3%) based on data from Fiscal Year 2007. In tracking compliance checks from July 1, 2008 to November 30<sup>th</sup> 2008 an increase in sales has occurred. Over three hundred retailers were checked, and fifty-three sales to minors were made (17.4%). The compliance rates in the Worcester Regional Tobacco Control Collaborative (WRTCC) remained consistent at about 92% compliance during the July-October 2008 period when the City experienced higher rates of sales to minors. We will be conducting both evening and weekend checks throughout the region in order to identify any discrepancies that may exist between Worcester and the regional towns.

WRTCC

Establishments	1,403
Check attempts	1,529
Check completed	1,213
Sales	164
Percentage of Sales	13

City of Worcester

Establishments	300
Check attempts	626
Check completed	626
Sales	97
Percentage of Sales	15

Collaborative Point of Purchase

Regional checks completed	863
Worcester checks completed	368

The Worcester Regional Tobacco Control Collaborative will continue to conduct merchant education, point of purchase checks and youth access to tobacco compliance checks in Worcester and throughout the region.

## *Special Programs*

### **Radon and Lung Cancer**

In cooperation with City of Worcester's Geographic Information Systems officer, the Division of Public Health has plotted deaths due to cancer of the lung from 2003-2007 in search of disease clustering that could relate to elevated radon levels. The major concern for this work emerged from the scientific evidence of geologic studies within central Massachusetts that suggest 38% of our homes have elevated levels of radon. Radon has become the second leading cause of lung cancer death nationwide.

Subsequently, the Division of Public Health has promoted citizen awareness concerning the importance of radon testing to support Healthy People 2010 objective 8-18 "Increase the proportion of persons who live in homes tested for radon concentrations". The Radon Awareness Campaign provides the information necessary to prevent sickness and to promote safe and healthy lifestyles through education and information. The Division hopes to raise awareness of the risk associated of prolonged exposure to elevated levels of radon here in our community. In coordination with the Massachusetts Department of Public Health, the City received 100 free radon test kits that were distributed to city residents.

### **Operation Yellow Box**

Operation Yellow Box is a program for the safe disposal of used syringes, needles and lancets introduced in Worcester by the Division of Public Health in June 2008. These items are commonly discarded in the main wastestream or in streets, parks, playgrounds, schoolyards, sewers, and toilets. Such carelessness subjects everyone to the danger of preventable accidental injury, infection, repeated blood testing, protective treatment against HIV and anxiety. Most distressing, children are often exposed to used syringes and needles in their surroundings.

With the cooperation and partnership of AIDS Project Worcester, the Senior Center, the Family Health Center and Great Brook Valley Health Center, yellow collection boxes have been placed indoors at these four facilities. To date, we have collected and disposed of more than **186** gallons of used needles and syringes without incident.

The large yellow painted boxes are securely locked and are serviced by companies specializing in the disposal of medical waste products. Anyone who uses syringes and needles to treat Diabetes Mellitus, Hepatitis C, Multiple Sclerosis, pain or rheumatoid arthritis, to inject non-prescribed (illicit) drugs, or to treat pets should dispose of the sharps at these locations. Needles are to be capped with their shield and preferably placed in a plastic or other rigid carrying container prior to depositing them into the Yellow Box.

Yellow Boxes are for the safe disposal of syringes and needles used under any circumstances. *This program does not indicate approval of the use of illicit/illegal drugs.* Illicit/illegal drug practice is unquestionably harmful and against the law. *Operation Yellow Box is not a needle exchange program.* The Yellow Boxes have been placed in social service and medical facilities because these agencies offer counsel grounded in acceptance, understanding, compassion, empathy, reassurance, guidance, encouragement and hope.

## ***Community Partnerships***

### **Voluntary Certification in Cardio-Pulmonary Resuscitation (CPR) and Use of the Automated External Defibrillator (AED) for All Senior Students (Class of 2009) in the Worcester Public Schools**

In 2004 the City of Worcester was designated a “HeartSafe Community” by the American Heart Association and the Massachusetts Department of Public Health. The Worcester Division of Public Health felt a responsibility beyond that declaration and has expanded upon its distinction as a “HeartSafe Community” with the assistance of its Summer Internship Program. Among the projects has been the establishment of an AED Registry that now numbers over 200 in the City, secured electronically on the municipal Intranet.

Appreciating that knowledgeable emergency treatment for cardiac arrest is fundamental for survival, the Division of Public Health, in concert with the Worcester School Department and the Worcester Fire Department and with approval of the Worcester School Committee, now plan to offer the 1531 senior students the opportunity to become certified in CPR/AED during this academic year. The program is voluntary and will be conducted in a three-hour, afterschool session. Upon conclusion of the academic year we anticipate a cadre of approximately 1500 young adults will be skilled in this lifesaving measure.

### **Summer Internship Program**

The Summer Internship Program continues to advance public health education for over twelve summer college interns, nursing, medical, preventive medicine and others from around the nation seeking elective experiences.

### **Physician Volunteerism in the WDPH Immunization/Travel Clinic**

Budget constraint eliminated the physician position in our Immunization/Travel Clinic. Dr. John A. Duggan, a retired Worcester pediatrician has volunteered his services. Since the position requires an active medical license and medical liability is mandatory, the Massachusetts Medical Society in order to encourage volunteerism is funding Dr. Duggan’s medical liability premiums. Both Dr. Duggan’s services and the MMS beneficence are acknowledged with profound appreciation.

### **City Manager’s Task Force on HIV/AIDS and Hepatitis C**

The Commissioner of Public Health convenes meetings of this long standing assembly every eight weeks to stimulate discussion, professional cooperation and synergy of effort in addressing HIV/AIDS in Worcester. Invited speakers offer new information on the local as well as global impact of HIV/AIDS.

### **Partnership for Racial and Ethnic Health Equity**

Since 2006, the Department of Health and Human Services has partnered with local health care providers, community-based organizations and most importantly

the community, in identifying root causes of health disparities and health inequities affecting people of color. Through the assistance of the Massachusetts Department of Public Health, the Worcester *Partnership on Racial and Ethnic Health Equity* lead by the department has engaged in a collaborative planning process to identify causal factors leading to poor health outcomes with the ultimate purpose of ending racial and ethnic health disparities in the City of Worcester.

Addressing health disparities requires a multi-faceted strategy because the underlying factors producing health disparities are complex. Disparate health outcomes are not primarily due to one microbe or one genetic factor. Rather, a broad range of social, economic, and community conditions interplay with individual factors to exacerbate susceptibility and provide less protection. These conditions, such as deteriorated housing, poor education, limited employment opportunities and role models, limited household resources, and ready availability of cheap, high-fat foods, are particularly present in low-income neighborhoods, where people of color are more likely to live. Research has shown that neighborhood differences in health outcomes persist even after adjusting for individual risk factors. It is in fact the relationship of place, ethnicity, and poverty that can lead to the greatest disparities.

Through the development of a truly multi-sector coalition engaged in planning and securing funding, this emerging group has begun to galvanize local resources to develop systemic strategies to improve the health outcomes for communities currently disparately impacted by illness, injury and death based on their racial and ethnic identity.

### **Infant Mortality Reduction Task Force**

The city's Infant Mortality Reduction Task Force is comprised of a number a health professionals and community members who recognize that historically the health of community is primarily gauged on its infant mortality rate. This group has been meeting once per month at the city Department of Health and Human Services since the mid-1990s in an attempt to lower the overall rate of infant mortality. When reviewing the statistics for infant mortality the overall infant mortality rate for the State averages 5 per 1,000 live births is comparatively lower to the Worcester average of 8.7 per 1,000 live births. The city's infant mortality rate becomes even more pronounced when examined across racial lines, specifically within the Black and Hispanic populations with rates of 18 and 10 respectively. Approximately 7% of the residents of Worcester are identified as Black, but between 17% and 55% of the infants who died from 2000 to 2006 were born to Black mothers and 50% to 100% of the Black mothers were not born in the US.

### **Common Pathways**

Common Pathways, Worcester's healthy community initiative, has completed a report on community health data with several vital themes. As a result of this

multi-year, community-based effort, Common Pathways is now focusing on actions to make progress on the community indicators contained in the report. These actions include promoting and coordinating activities of many organizations and individuals seeking to improve health status, with a particular emphasis on impacting healthy weight in children.

Common Pathways our Community Health Network Area (CHNA) is a multi-agency and community coalition working collectively to leverage resources in order to provide the healthiest community possible for greater Worcester residents. With these goals in mind, staff from the Division have joined Common Pathways and become integral members of various workgroups. The workgroups in which the Department participates in are outlined below:

- **Public Health & Medical Services:** This workgroup focuses on issues related to overweight and obesity in Worcester by promoting physical activity, wellness and healthy nutrition for children, youth, families, employees and the community at large.
- **Education:** This workgroup seeks to create and maintain a strong partnership between the public schools and surrounding community and to identify current health challenges affecting children and youth through the Youth Risk Behavior Survey. It will promote community support in response to the survey's results by seeking initiatives that focus on youth academic success as well as physical and emotional development.
- **MassCONNECT General Meeting:** This group coordinates all MassCONNECT (Massachusetts Community Networks to Eliminate Cancer Disparities through Education, Research and Training) initiatives between greater Worcester's academic and general communities regarding cancer prevention, community outreach, community-based participatory research and community discussion regarding the determinants of community health.
- **MassCONNECT Cancer PLANET Project:** This project facilitates the use of the National Cancer Control PLANET database, which compiles the research results of the most significant cancer research projects, updated cancer data and best-practice intervention initiatives. It is headed by a team of researchers from the Harvard School of Public Health and the Dana Farber Cancer Institute.
- **MassCONNECT For KIDS Smoke-Free Homes Project:** The specific aim of the project is to prevent involuntary second-hand smoke exposure in homes as a preventable public health threat that disproportionately burdens young children in communities of low socioeconomic status. It proposes a community-based participatory research initiative to evaluate the effectiveness of motivational interventions compared with usual best practices by having parents voluntarily adopt a smoke-free home policy to protect children from second-hand smoke exposure. **Visit Common Pathways at [www.commonpathways.org](http://www.commonpathways.org)**

## ***FY 09 Budget***

<b>TOTAL REGULAR SALARIES</b>	<b><u>\$1,043,294.70</u></b>
CONTRACTUAL STIPENDS	835.00
PUBLIC HEALTH NURSE STIPENDS	3,236.00
PHYSICIAN'S SALARY	7,488.00
TOTAL CONTRACTUAL STIPENDS AND EXTRAS	<u>11,559.00</u>
REGULAR OVERTIME	5,648.00
<b>TOTAL SALARIES</b>	<b><u>\$1,060,501.70</u></b>
<b>FUNDING SOURCES:</b>	
METROPOLITAN MEDICAL RESPONSE SYSTEM GRANT	(176,110.00)
TOBACCO CONTROL	(133,976.00)
HOST GRANT	(32,498.00)
UMASS MEMORIAL GRANT	(60,999.00)
UMASS MEMORIAL NURSING GRANT	(83,211.00)
TRUST FUNDS	(25,000.00)
TOTAL FUNDING SOURCES	<u>(511,794.00)</u>
<b>TOTAL RECOMMENDED PERSONAL SERVICES</b>	<b><u>\$ 548,707.70</u></b>
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REGULAR ORDINARY MAINTENANCE	74,477.00
TOBACCO ORDINARY MAINTENANCE	3,964.00
<b>TOTAL ORDINARY MAINTENANCE</b>	<b><u>\$ 78,441.00</u></b>
<b>FUNDING SOURCES:</b>	
TOBACCO GRANT	(3,964.00)
TOTAL FUNDING SOURCES	<u>(3,964.00)</u>
<b>TOTAL RECOMMENDED ORDINARY MAINTENANCE</b>	<b><u>\$ 74,477.00</u></b>
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<b>FRINGE BENEFITS:</b>	
HEALTH INSURANCE	63,848.00
RETIREMENT	38,205.00
<b>TOTAL FRINGE BENEFITS</b>	<b><u>\$ 102,053.00</u></b>
<b>FUNDING SOURCES:</b>	
METROPOLITAN MEDICAL RESPONSE SYSTEM GRANT	(37,535.00)
TOBACCO CONTROL	(34,653.00)
HOST GRANT	(5,945.00)
UMASS MEMORIAL NURSING GRANT	(23,920.00)
TOTAL FUNDING SOURCES	<u>(102,053.00)</u>
<b>TOTAL RECOMMENDED TAX LEVY</b>	<b><u>\$ 623,184.70</u></b>

**Per capita Public Health tax levy expense: \$3.50**

City of Worcester  
Department of Health and Human Services'  
*Division of Public Health*



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