

This CHIP focuses on the municipalities of the Central Massachusetts Regional Public Health Alliance (CMRPHA), which includes the six communities of Holden, Leicester, Millbury, Shrewsbury, West Boylston, and Worcester.

GREATER WORCESTER REGION COMMUNITY HEALTH IMPROVEMENT PLAN

VISION:

Worcester will be the healthiest city and CMRPHA the healthiest region in New England by 2020.

Executive Summary

Improving the health of a community is critical for not only enhancing residents' quality of life but also for supporting their future prosperity.

To this end, the City of Worcester Division of Public Health (lead agency of the Central Massachusetts Regional Public Health Alliance), UMass Memorial Medical Center, and Common Pathways, a Healthy Communities coalition, led a comprehensive community health planning effort to measurably improve the health of Greater Worcester region residents including the communities of Holden, Leicester, Millbury, Shrewsbury, West Boylston, and Worcester. Our focus on these five towns and the City of Worcester is primarily due to regionalization of public health services with the aforementioned communities, which are collectively known as the Central Massachusetts Regional Public Health Alliance. The Central Massachusetts Regional Public Health Alliance (CMRPHA) serves a total population of 265,899 residents. Additionally, the largest populations that are the primary target areas of CMRPHA are vulnerable, low-income, and immigrant communities.

Partnering with area healthcare providers, academic institutions, community based organizations, and municipalities is key to not only improving upon the services provided to residents, but also strengthening the public health system in Central Massachusetts as a whole.

The Community Health Improvement Planning process includes two major components:

1. A Community Health Assessment (CHA) to identify the health-related needs and strengths of the Greater Worcester region; and
2. A Community Health Improvement Plan (CHIP) to determine major health priorities, overarching goals, specific objectives, and strategies that can be implemented in a coordinated way across the region.

The CHIP is not intended to be a static report; rather, it is intended to focus and guide a continuous health improvement process that will monitor and evaluate health priorities and systems changes in an ongoing manner. The Greater Worcester Region CHIP provides an approach that is structured and specific enough to guide decisions, and flexible enough to respond to new health challenges. Its inclusive process represents a common framework for all stakeholders to use when implementing strategies for improving population health.

This full report presents the amended CHIP, which was developed using the key findings from the CHA and a detailed literature review to inform discussions and select the following data-driven priority health issues, goals, objectives, and strategies, and an annual report that details the progress made to date.

DOMAIN AREA 1. HEALTHY EATING & ACTIVE LIVING

| Goal | Objective |
|---|---|
| 1. Create an environment and community that support people's ability to make healthy eating and active living choices that promote health and well-being. | 1.1 Increase availability of and access to affordable fresh and local fruits and vegetables for low-income residents by 10% by 2015, as measured by walking distance. |
| | 1.2 Identify, prioritize, and implement improvements to increase residents' access to physical activity resources by 10% by 2015 as measured by walking distance. |
| | 1.3 Increase the percentage of children in grade 1 who are a healthy weight by 3% by 2015. |

DOMAIN AREA 2. BEHAVIORAL HEALTH

| Goal | Objective |
|--|--|
| 2. Foster an accepting community that supports positive mental health; and reduce substance abuse in a comprehensive and holistic way for all who live, learn, work, and play in the Greater Worcester region. | 2.1 Reduce the proportion of high school students using tobacco products to below state rates between 2013 and 2020. |
| | 2.2 Reduce the proportion of high school students using alcohol to below state rates between 2013 and 2020. |
| | 2.3 Reduce the proportion of high school students misusing and abusing prescription drugs to below state rates between 2013 and 2020. |
| | 2.4 Prevent an increase in the rate of prescription drug and opiate overdoses between 2013 and 2020. |
| | 2.5 Increase 500 key community members' understanding of mental health issues and improve gatekeepers/systems reaction to common problems by 2015. |
| | 2.6 Improve the assessment of regional mental health needs in order to increase continuity of care among vulnerable populations by 2020. |

DOMAIN AREA 3. PRIMARY CARE & WELLNESS

| Goal | Objective |
|--|---|
| 3. Create a 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 Reduce non-urgent or preventable use of the emergency department by 8% by 2015. |
| | 3.2 Reduce the rate of STIs in residents age 15-24 years by 10% by 2015. |
| | 3.3 Reduce the rate of dental caries in residents age 4-19 by 3% by 2015. |

DOMAIN AREA 4. VIOLENCE & INJURY PREVENTION

| Goal | Objective |
|--|--|
| 4. Improve safety, reduce violence and injury, and inform public perceptions by educating and mobilizing the community around effective, targeted prevention, and intervention strategies. | 4.1 Reduce fall-related injuries in children age 10 and under by 5% and in adults age 65 and over by 8% by 2015. |
| | 4.2 Increase public safety by 3% by 2015 as measured by crime rates and perceptions of safety. |
| | 4.3 Reduce the rate of motor vehicle-related pedestrian, cyclist, and occupant injuries by 10% by 2015. |

DOMAIN AREA 5. HEALTH EQUITY & HEALTH DISPARITIES

| Goal | Objective |
|--|--|
| 5. 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 disparities. | 5.1 By 2015, modify or implement two key, city-level public health policies that have the greatest impact on the systems that contribute to health disparities (e.g., zoning changes, housing policies, general education policies, etc.). |
| | 5.2 By 2015, increase the capacity of over 100 grassroots adult and youth leaders (people who have lived experience in communities with disparities) to effectively influence the development of policies that address health disparities. |
| | 5.3 By 2015, develop the capacity and will of 20 cross-sector institutions to address and eliminate institutional oppression in their own organizations. |
| | 5.4 Ensure that each public health priority area in the CHIP identifies strategies to address oppression and the social determinants of health. |

Domain Area Two: Behavioral Health

Substance use and mental health were considered interrelated and growing concerns for which current prevention and treatment services do not sufficiently address community needs. While current treatments exist, respondents reported that the demand exceeds the current capacity of the system with a limited number of providers and beds currently available. Holistic and wrap-around care are particular needs. Stigma surrounding substance use, addiction, and mental health treatment were cited as contributing factors to these issues.

Substance use and abuse, including drugs and alcohol, was noted as a concern across all communities in the greater Worcester area. Respondents cited youth substance use, particularly related to opioids, prescription drugs, and alcohol as particular concerns. Quantitative data show that use of opioids and prescription drugs among high school students is prevalent. In 2011, opioid use in the Worcester region ranged from 4.9% among 9th grade students to 7.8% among 12th grade students and lifetime prescription drug use ranged from 10.5% among 9th grade students to 18.6% among 12th grade students.[1] Statistics also confirm concerns regarding the prevalence of substance use among adults in the greater Worcester area. In 2010, binge drinking rates among adults in Worcester County (21%) exceeded the rate for the State (18%) according to the Behavioral Risk Factor Surveillance Survey.[2] Several interview participants mentioned tobacco use as a health concern for residents of the Greater Worcester area. Smoking rates for adults in Worcester County are higher than that for the State.[3] In Worcester, 23.7% of adults reported smoking, as compared to 16.1% for the State.[4] In 2010, the majority

of substance abuse admissions were for alcohol abuse (4,363 admissions) and heroin use (4,230 admissions).[5] Several respondents cited a need for more substance abuse treatment services and greater wrap-around/holistic care.

Mental health emerged as a dominant concern among key informants/focus groups. Stigma regarding seeking help for mental health issues emerged as another concern. While some respondents described mental health as an issue that affected all populations, others noted some populations are more vulnerable, including youth and immigrant populations. Indicators of poorer mental health are disproportionately concentrated among residents of lower socioeconomic status. In Worcester County, 17% of residents with a high school degree reported at least 15 poor mental health days in the past month, followed by 12% of persons with some college education, and 8% of residents with a college education or more, according to the BRFSS.[6] The prevalence of poor mental health days among residents with a high school degree in Worcester County (17%) exceeds that for the State (11%).[7] Further, the number of emergency mental health visits has increased from 2002 (5,620) to 2010 (6,662).[8]

- [1] Worcester Regional Youth Survey/YRBS, 2011.
- [2] MDPH, “A Profile of Health Among Massachusetts Adults”, 2010 – BRFSS.
- [3] MDPH, MassCHIP Smoking Report for Worcester County.
- [4] Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), 2008.
- [5] MDPH, MassCHIP Custom Reports, 2010.
- [6] MDPH, “A Profile of Health Among Massachusetts Adults”, 2010” – BRFSS.
- [7] MDPH, “A Profile of Health Among Massachusetts Adults”, 2010” – BRFSS.
- [8] Emergency Mental Health Services, UMMMC.

GOAL 2. Foster an accepting community that supports positive mental health; and reduce substance abuse in a comprehensive and holistic way for all who live, learn, work, and play in the Greater Worcester region.

Health equity considerations. Domain 2 partners work to ensure the implementation of the included strategies are promoting equality in access to services and reducing disparities of health outcomes. Because year one of implementation has heavily focused on data collection, the group has been mindful of community demographics to ensure accurate representation of all racial and ethnic groups.

Table 11. FY 2012 Admissions to MA Bureau of Substance Abuse Services Contracted Programs

| | Admissions per 1000 | <21 Admissions per 1000 | % Admissions per substance | | |
|---------------|---------------------|-------------------------|----------------------------|--------|---------------|
| | | | Alcohol | Heroin | Other opiates |
| Holden | 4.3* | 1.3* | 65% | 30% | 21% |
| Leicester | 12.1 | 1.9 | 64% | 41% | 28% |
| Millbury | 14.2 | 0.4* | 49% | 52% | 14% |
| Shrewsbury | 6.8 | 0.9 | 55% | 45% | 27% |
| West Boylston | 9.8* | 1.8* | 51% | 47% | 21% |
| Worcester | 23.8 | 1.0 | 46% | 54% | 13% |
| Massachusetts | 16.1 | 1.1 | 55% | 46% | 13% |

Source: MA Department of Public Health, Bureau of Substance Abuse Services, FY2012. *These values are estimates due to low admissions

Table 12. Non-Medical Use of Substances by High-School Students

| | Prevalence of Lifetime Use | |
|--------------------|-----------------------------------|---------------|
| | CMRPHA | Massachusetts |
| Alcohol | 64% | 68% |
| Cigarettes | 39% | 39% |
| Marijuana | 38% | 43% |
| Prescription Drugs | 14% | 15% |
| Ecstasy | 8% | 6% |
| Cocaine | 8% | 5% |
| Methamphetamines | 6% | 3% |
| Steroids | 5% | 3% |
| Heroin | 5% | 2% |
| | Prevalence of Use in Past 30 Days | |
| | CMRPHA | Massachusetts |
| Opioids | 6% | n/a |
| Tobacco | 21% | 14% |

Source: Worcester Youth Survey 2011, Massachusetts Department of Public Health, YRBSS 2011

DOMAIN AREA 2. BEHAVIORAL HEALTH

| 2.1 | Objective | Strategies |
|-----|--|---|
| 2.1 | Reduce the proportion of high school students using tobacco products to below state rates between 2013 and 2020. | 2.1.1 Conduct a youth health assessment, such as the Worcester Regional Youth Survey, in schools in the region. |
| | | 2.1.2 Implement social norms campaign to address mis-perceptions of local youth tobacco use. |
| | | 2.1.3 Integrate youth tobacco cessation resources into new settings, such as schools and health centers, to enhance intervention options. |
| | | 2.1.4 Promote policy changes around smoke-free housing and smoke-free college campuses. |
| | | 2.1.5 Enforce laws against selling tobacco products to underage individuals. |
| | | 2.1.6 Explore media literacy education options to address media glamorization of tobacco use. |

| 2.2 | Objective | Strategies |
|-----|---|---|
| 2.2 | Reduce the proportion of high school students using alcohol to below state rates between 2013 and 2020. | 2.2.1 Conduct a youth health assessment, such as the Worcester Regional Youth Survey, in schools in the region. |
| | | 2.2.2 Implement social norms campaign to address misperceptions of local youth alcohol use. |
| | | 2.2.3 Enforce laws against selling alcohol to underage individuals. |
| | | 2.2.4 Explore media literacy education options to address media glamorization of alcohol use. |

| 2.3 | Objective | Strategies |
|-----|---|---|
| 2.3 | Reduce the proportion of high school students misusing and abusing prescription drugs to below state rates between 2013 and 2020. | 2.3.1 Develop and implement a Safe Disposal Program for prescription drugs. |
| | | 2.3.2 Increase community awareness of safe use, storage, and disposal of prescription drugs through mass media campaign. |
| | | 2.3.3 Provide training to medical and dental providers on safe prescribing practices and provide them with patient education materials for distribution at their practices. |
| | | 2.3.4 Educate adolescents about normative peer use and the risks of misusing and abusing prescription drugs. |

| 2.4 | Objective | Strategies |
|-----|--|---|
| 2.4 | Prevent an increase in the rate of prescription drug and other opiate overdoses between 2013 and 2020. | 2.4.1 Provide training to medical and dental providers on safe prescribing practices and provide them with patient education materials for distribution at their practices. |
| | | 2.4.2 Educate adolescents about normative peer use and the risks of misusing and abusing prescription drugs. |

DOMAIN AREA 2. BEHAVIORAL HEALTH

2.5

Objective

Strategies

2.5 Increase 500 key community members' understanding of mental health issues and improve gatekeepers/systems reaction to common problems by 2015.

2.5.1. Explore models for integrating mental health education into existing curricula with public and private educational institutions.

2.5.2. Enhance and expand training for healthcare providers (medical care providers and mental health providers) regarding emerging issues in healthcare reform and new best practices, especially regarding cooperative, integrated care approaches and alternative strategies (e.g., peer support groups) for addressing limited clinical care options.

2.5.3. Increase connections to mental health services for vulnerable populations.

2.5.4. Conduct a community awareness campaign and host a community summit to promote understanding of public mental health among healthcare providers and the community at large.

2.5.5. Develop a mechanism for enhancing collaboration among healthcare providers and other related service providers regarding mental health emergency services and crisis intervention.

2.5.6. Develop a mechanism for enhancing collaboration among the Worcester Courts, Worcester County House of Corrections, and community stakeholders to increase awareness and utilization of mental health services and community continuity resources for those who are incarcerated or have been incarcerated.

2.5.7. Train front line workers in mental health crisis response to increase the capacity of front-line agencies (e.g., schools, law enforcement, emergency responder, clergy, refugee groups, youth agencies, health care providers) to identify and handle emergency mental health issues.

2.6

Objective

Strategies

2.6 Conduct a regional assessment of mental health needs, especially among vulnerable populations.

2.6.1. Conduct a regional assessment of mental health needs, especially among vulnerable populations.

GOAL 2. Foster an accepting community that supports positive mental health; and reduce substance abuse in a comprehensive and holistic way for all who live, learn, work, and play in the Greater Worcester region.

2.1

Reduce the proportion of high school students using tobacco products to below state rates between 2013 and 2020.

2013 Update. This objective has been edited as of this report to reflect a more aggressive target reduction. Because the CHIP is intended to establish the region as the healthiest in New England, the committee determined that reducing the tobacco usage rates to below state levels was a more appropriate goal.

There are no other major changes within this objective at this time.

Lead Agency: Worcester Division of Public Health, HOPE Coalition

Current Partners: Worcester Anti-Tobacco Task Force, Worcester Youth Substance Abuse Prevention Task Force, Worcester Regional Tobacco Control Collaborative, Worcester Police Department, Worcester Public Schools, Fallon Health

2.1.1 Conduct a youth health assessment, such as the Worcester Regional Youth Health Survey, in schools in the region.

Rationale. In order to measure progress and inform local health campaigns and strategies, it is necessary to monitor and track local data on youth health behaviors. No other sufficient data collection and reporting initiatives at the state or federal level exist at this time to supply the community with the necessary data. It was therefore decided that local collection of youth health behavior data be included as a strategy. The research indicates that the Youth Risk Behavior Survey, and similar types of surveys, give reliable and comparable data on risky behaviors youth engage in.

Current status. Worcester Division of Public Health (WDPH) contracted with UMass Medical School to develop, print, collate, and analyze data from area schools that participated in the survey. The group combined two validated survey instruments to track changes in youth health behavior over time and measure the success in changing community norms. The Youth Risk Behavior Survey (YRBS) and the Communities that Care (CTC) surveys are proven to provide reliable estimates of the health behaviors and influencers of adolescents. Questions were chosen from the YRBS to measure current and past behaviors, while questions from the CTC were chosen to measure perceptions and attitudes. Grades 9 through 12 from the Worcester Public Schools (WPS), Worcester Diocese, Leicester Public Schools, Millbury Public Schools, and Shrewsbury Public Schools participated in fall of 2013. The data is currently being cleaned by UMass Medical School and will be available in spring 2014.

2014 Plans. WDPH will work with UMass Medical School to analyze data and present it to participating school administration in the spring of 2014. WDPH will continue to meet with West Boylston and Wachusett school districts to discuss future survey participation.

Outcome Measure. Number of students in the region participating in the Youth Health Survey; Completed data analysis report

2.1.2 Implement social norms campaign to address misperceptions of local youth tobacco use

Rationale. Healthy People 2020 objectives aim to increase the proportion of adolescents who disapprove of substance abuse. This is being accomplished by implementing the “I’m About This Life” social norms campaign, based on the Montana Model. This is a perception vs. reality campaign that promotes positive behaviors and choices through messaging and activities and increases the proportion of youth with an accurate perception of substance use by peers.

The literature supports using social norms campaigns to change the perception and approval of health-related risky behaviors. Social norms campaigns are proven to change attitudes and can lead to behavior change. This is measured through pre and post surveys of participants. Social norms campaigns have been shown to be most effective when targeting specific groups with a repeated exposure of messaging.

Current status. WDPH contracted with HOPE Coalition to assist with the “I’m About This Life” social norms campaign at YouthNet in the summer of 2013. YouthNet is a citywide youth program in Worcester, and over 900 youth were exposed to the campaign message through the program. Plans are underway to expand on this campaign through a traveling art exhibit in various and strategic locations across the City of Worcester in 2014.

2014 Plans. During 2014, Domain 2 partners will continue to expand the campaign by identifying additional opportunities and locations to promote the campaign. This process will be informed by data from the 2013 Youth Health Survey to enhance the campaign messages in 2014. The group will also work to expand the campaign into the other Central MA Regional Public Health Alliance (CMRPHA) municipalities.

Outcome Measures. Number of students participating in the campaign; Results of perceptions survey results

2.1.3 Integrate youth tobacco cessation resources into new settings, such as schools and health centers, to enhance intervention options.

Rationale. Healthy People 2020 objectives aim to increase smoking cessation attempts by adolescent smokers. The Community Guide has not yet completed a review of the effectiveness of integrated cessation resources for youth. However, the guide does recommend interventions to reduce out of pocket expenses for adult cessation programming.

Although current research surrounding youth cessation interventions is sparse, interventions aimed at increasing access to cessation services are consistently shown to be effective for adults. The CHIP planning committee determined that this strategy is worth pursuing as there is a current lack of youth cessation services in the community, and locally collected data suggest that youth are interested in accessing cessation services.

Current status. WDPH has identified and secured funding to contract with UMass Medical School to conduct a “train the trainer” course for WPS nurses and health education teachers. Nurses and teachers who complete the course will be certified to provide cessation support services for students. The model is a sustainable approach to the provision of services because certified individuals will be able to train new staff.

2014 Plans. WDPH will facilitate and coordinate an October 2014 cessation training for appropriate WPS staff during a professional development day.

Outcome Measures. Number of schools and health centers providing cessation resources; Number of students and residents accessing cessation resources

2.1.4 Promote policy changes around smoke-free housing and smoke-free college campuses.

Rationale. Healthy People 2020 and the National Prevention Strategy recommend increasing the number of smoke-free homes and schools. Healthy People 2020 objectives also aim to establish smoke-free indoor air laws that prohibit smoking in multiunit housing. Healthy People 2020 objectives prioritize establishing a smoke-free indoor air law prohibiting smoking on college and university campuses. Research shows there is no safe level of secondhand smoke exposure.

Research also shows that smoke-free and tobacco-free policies improve indoor air quality, reduce negative health outcomes among nonsmokers, decrease cigarette consumption, and encourage smokers to quit. The National Prevention Strategy recommends comprehensive policies that prohibit smoking or all forms of tobacco use be adopted by multiple settings such as workplaces, health care educational facilities, and multi-unit housing.

Current status. WDPH, through the Worcester Regional Tobacco Control Collaborative (WRTCC), provides technical assistance to Boards of Health, Housing Authorities, private landlords and tenants around smoke-free housing. Three smoke-free housing presentations were held in 2013. Landlords and tenants are also referred to the MA Department of Public Health's statewide Smoke-Free Housing Project for further information on the legality of going smoke-free and tenant's rights to healthy living environments. WDPH co-sponsored a statewide symposium on smoke-free college campuses in November 2013, coordinated by Tobacco-Free Mass where over 60 representatives of institutions of higher learning were represented.

2014 Plans. WDPH will continue to conduct presentations and/or provide technical assistance to those landlords, housing authorities or college campuses that are considering adopting smoke-free policies.

Outcome Measures. Number of housing units and college campuses adopting smoke-free policies

2.1.5 Enforce laws against selling tobacco products to underage individuals

Rationale. The Community Guide recommends regulations and enforcement of laws to reduce the use of tobacco by minors. Healthy People 2020 objectives include the reduction of illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors.

Evidence shows that enforcement of laws that prevent sales to minors reduces access to tobacco and also reduces harmful consequences of youth substance abuse.

Current status. WDPH, through WRTCC, is providing enforcement of both Massachusetts laws and local regulations and ordinances relative to selling tobacco products to a minor. Each retailer in the collaborative receives periodic, unannounced youth compliance checks, as well as retailer education visits.

2014 Plans. WDPH will continue to educate parents and adults about new, emerging, tobacco and nicotine delivery products being marketed toward our youth. WDPH will also continue to provide retailer education as needed.

Outcome Measures. Number of retailers participating in training; Proportion of retailers passing youth compliance checks and retail checks

2.1.6 Support media literacy education in schools to address media glamorization of tobacco use.

Rationale. Increased exposure to tobacco advertising increases adolescent use of tobacco products. One of the most effective anti-tobacco campaigns has been the “truth” campaign. A large part of the campaign has been to educate people about the tactics the tobacco industry uses to increase their sales of cigarettes. Education for youth about how advertising is targeting them and how to think critically about the advertising they see can help mitigate its effects. In the absence of sustained funding for counter-marketing campaigns, which is suggested by the National Prevention Strategy, media literacy education has been selected as a local strategy. Evidence exists that this is an effective strategy when used to support other smoking prevention measures.

Current status. Research conducted by the HOPE Coalition revealed that there is excessive exposure to tobacco advertising to those who frequented convenience stores that are located close to schools and in densely populated neighborhoods. WDPH met with Mass Media Literacy Consortium throughout 2013 to explore potential partnerships with the schools, recruit a pilot site, and create a media literacy curriculum that includes a critical exploration of tobacco advertising exposure.

2014 Plans. Media Media Literacy Consortium is currently looking for additional funding sources to pilot this curriculum in a high school in Worcester.

Outcome Measures. Number of students participating in media literacy curriculum

Key Sources

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2.2 Reduce the proportion of high school students using alcohol to below state rates between 2013 and 2020.

2013 Update. This objective has been edited as of this report to reflect a more aggressive target reduction. Because the CHIP is intended to establish the region as the healthiest in New England, the committee determined that reducing the alcohol usage rates to below state levels was a more appropriate goal.

There are no other major changes within this objective at this time.

Lead Agencies: Worcester Division of Public Health, HOPE Coalition

Current Partners: Worcester Youth Substance Abuse Prevention Task Force, Worcester Police Department, Worcester Public Schools, Fallon Health

2.2.1 Conduct a youth health assessment, such as the Worcester Regional Youth Health Survey, in schools in the region

(see 2.1.1)

2.2.2 Implement social norms campaign to address misperceptions of local youth alcohol use.

Rationale. Healthy People 2020 objectives aim to increase the proportion of adolescents who disapprove of substance abuse. This is being accomplished by implementing the “I’m About This Life” social norms campaign, based on the Montana Model. This is a perception vs. reality campaign that promotes positive behaviors and choices through messaging and activities. Increases the knowledge of youth that most of their peers do not engage in alcohol, drug or tobacco use.

The literature supports using social norms campaigns to change the perception and approval of health related risky behaviors. Social norms campaigns are proven to change attitudes and can lead to behavior change. This is measured through pre and post surveys of participants. Social norms campaigns have been shown to be most effective when targeting specific groups with a repeated exposure of messaging.

Current status. WDPH contracted with HOPE Coalition to assist with the “I’m About This Life” social norms campaign at YouthNet in the summer of 2013. YouthNet is a citywide youth program, and over 900 youth were exposed to the campaign message through the program. Plans are underway to expand on this campaign through a traveling art exhibit in various and strategic locations across the City of Worcester in 2014.

2014 Plans. During 2014, Domain 2 partners will continue to expand the campaign by identifying additional opportunities and locations to promote the campaign. This process will be informed by data from the 2013 Youth Health Survey to enhance the campaign messages in 2014. The group will also work to expand the campaign into the other CMRPHA municipalities.

Outcome Measure. Number of students participating in the campaign; Results of perceptions survey

2.2.3 Enforce laws against selling alcohol to underage individuals.

Rationale. The Community Guide recommends regulations and enforcement of laws to reduce the consumption of alcohol by minors.

Evidence shows that enforcement of laws that prevent sales to minors reduces access to alcohol and reduces harmful consequences of youth substance abuse.

Current status. WDPH, in coordination with the Worcester Police Department Alcohol Enforcement Unit, is conducting alcohol compliance checks and shoulder taps that inform vendors of non-compliance with relevant polices. WDPH and youth from the HOPE Coalition implement sticker shock campaigns that aim to inform consumers of repercussions of violating alcohol-related laws.

2014 Plans. WDPH will continue to educate parents and adults about emerging alcohol products being marketed toward youth. WDPH also provide additional retailer education as needed.

Outcome Measures. Percentage of retailers achieving full compliance with state and local regulations

2.2.4 Support media literacy education in schools to address media glamorization of alcohol.

Rationale. Increased exposure to alcohol advertising increases adolescent use of alcohol products. Education for youth about how advertising is targeting them and how to think critically about the advertising they see can help mitigate its effects. As this strategy has been effective for tobacco, it can be adapted for anti-alcohol campaigns. In the absence of sustained funding for counter-marketing campaigns, which is suggested by the National Prevention Strategy, media literacy education has been selected as a local strategy.

Current status. Research conducted by the HOPE Coalition revealed that there is excessive exposure to alcohol advertising. WDPH met with Mass Media Literacy Consortium throughout 2013 to explore potential partnerships with the schools, recruit a pilot site, and create a media literacy curriculum that includes a critical exploration of alcohol advertising exposure.

2014 Plans. Mass Media Literacy Consortium is currently looking for additional funding sources to pilot this curriculum in a large Worcester public high school.

Outcome Measures. Number of students participating in media literacy curriculum

Key Sources

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2.3

Reduce the proportion of high school students misusing and abusing prescription drugs to below state rates between 2013 and 2020.

2013 Update. This objective has been edited as of this report to reflect a more aggressive target reduction. Because the CHIP is intended to establish the region as the healthiest in New England, the committee determined that reducing prescription drug abuse rates to below state levels was a more appropriate goal.

There are no other major changes within this objective at this time.

Lead Agency: Worcester Division of Public Health

Current Partners: HOPE Coalition, Worcester Youth Substance Abuse Prevention Task Force, Massachusetts Opioid Abuse Prevention Collaborative, Police Departments and Boards of Health in the CMRPHA, Worcester Public Schools, Worcester District Medical Society, Drug Enforcement Administration, Nashua River Watershed Association, Fallon Health

2.3.1 Develop and implement a Safe Disposal Program for prescription drugs.

Rationale. The literature suggests that increased access to opiates has the potential to increase misuse, abuse, and overdose of opioid substances. One point of access is through unused medicine in homes. A residential disposal program is one way to remove these drugs from the home. The National Prevention Strategy suggests facilitating the use of controlled drug disposal programs.

Current status. WDPH, in tandem with the Worcester Youth Substance Abuse Prevention Task Force, CMRPHA Boards of Health, and Police Departments, coordinated and promoted two prescription take back events in April and October of 2013. Four of the six CMRPHA Police Departments have installed permanent drug disposal kiosks.

2014 Plans. WDPH will coordinate at least two take back events in 2014 as well as advocate for, promote, and support all CMRPHA communities in providing access to permanent prescription drug disposal kiosks in their local police departments.

Outcome Measures. Number of permanent drug disposal kiosks in the region; Pounds of drugs collected annually

2.3.2 Increase community awareness of safe use, storage, and disposal of prescription drugs through mass media campaign.

Rationale. The National Prevention Strategy suggests increasing awareness of the proper storage and disposal of prescription medications. Research has shown that most youth who misuse and abuse prescription drugs have gotten access to them through a family member who was legally prescribed the medication.

Current status. WDPH is preparing to launch a parent-focused media campaign in March 2014 that will: emphasize the prescription drug epidemic in our country, promote resources for talking with youth, explain how to safely dispose of unused, unwanted, or expired prescription and over-the-counter medications.

2014 Plans. In 2014, WDPH will identify media venues and develop and launch a campaign prior to the April 2014 Prescription Take Back Day. WDPH will collaborate with the MA College of Pharmacy and Health Sciences to engage students in the project and work more closely with local pharmacies to promote prescription drug collection and/or provide safe disposal information.

Outcome Measures. Number of individuals reached by each public education campaign and outreach effort

2.3.3 Provide training to medical and dental providers on safe prescribing practices and provide them with patient education materials for distribution at their practices.

Rationale. The National Prevention Strategy suggests training prescribers on safe opioid prescription practices and instituting accountability mechanisms to ensure compliance. Research has shown that most adults who misuse and abuse prescription drugs have gotten access to them through a legal prescription from a single prescriber.

Current status. WDPH is exploring bringing physician training on safe opioid prescribing to Worcester, through the SCOPE of Pain project of Boston University. WDPH is also working with the Worcester District Medical Society to promote other options for prescriber training.

2014 Plans. Domain 2 partners are looking into the feasibility of holding one large, regional training with continuing education credits available to those who attend. The group is also exploring the option of holding small trainings at local medical facilities, which is more cost effective but may not provide credits for participating providers.

Outcome Measures. Number of healthcare providers trained

2.3.4 Educate adolescents about normative peer use and the risks of misusing and abusing prescription drugs.

Rationale. The National Prevention Strategy suggests implementing programs for reducing drug abuse and educating youth about the risks of drug abuse (including prescription misuse).

Research shows that education about the proper use of prescription drugs and the potential for addiction reduces abuse among adolescents and young adults.

Current status. An October 2013 meeting was held with WDPH and WPS staff to discuss a prescription drug curriculum for both health teachers and athletic coaches to use with students.

2014 Plans. The workgroup will identify an evidence-based curriculum and resources for WPS staff to utilize with students and athletes prior to sport seasons. A meeting will be facilitated with WPS staff to review and accept the curriculum. Staff will then receive appropriate training.

Outcome Measures. Perception survey results, Number of staff trained, Number of curricula edited/adopted, Number of students participating

Key Sources

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2.4 Prevent an increase in the rate of prescription drug and other opiate overdoses between 2013 and 2020.

2013 Update. This objective has been edited as of this report to reflect a more feasible aim. Because the rate of overdoses has been increasing steadily for the past 10 years and is expected to continue to rise, maintaining current rates would represent a success.

There are no other major changes within this objective at this time.

Lead Agency: Worcester Division of Public Health

Current Partners: HOPE Coalition, Worcester Youth Substance Abuse Prevention Task Force, Massachusetts Opioid Abuse Prevention Collaborative, Police Departments and Boards of Health in the CMRPHA, Worcester Public Schools, Worcester District Medical Society, Drug Enforcement Administration, Nashua River Watershed Association, Fallon Health

2.4.1 Provide training to medical and dental providers on safe prescribing practices and provide them with patient education materials for distribution at their practices.

(see 2.3.3)

2.4.2 Educate adolescents about normative peer use and the risks of misusing and abusing prescription drugs.

(see 2.3.4)

Because reducing prescription drug abuse has been shown to reduce opioid-related overdoses, the literature review for Objective 2.3 applies for the strategies in Objective 2.4.

2.5

Increase 500 key community members' understanding of mental health issues and improve gatekeepers/systems reaction to common problems by 2015.

2013 Update. There are no major changes within this objective at this time.

Lead Agency: Common Pathways, Worcester Division of Public Health

Current Partners: Clark University, Harvard School of Public Health, Fallon Community Health Plan, Worcester Sheriff's Office, Advocates Inc., NaviCare, ElderCare, Cancer Action Work Network, Worcester County House of Corrections, UMass Medical School Department of Family Medicine, SHINE Initiative, Central Mass Recovery Learning Community, Seven Hills, Community Healthlink, Spectrum Healthcare, Reliant Medical Group, Edward M. Kennedy Community Health Center, Family Health Center, South Bay Mental Health, UMass Medical School Department of Psychiatry, Fallon Health

2.5.1 Explore models for integrating mental health education into existing curricula with public and private educational institutions

Rationale. The National Prevention Strategy suggests three strategies for early learning centers, schools, colleges, and universities to employ to promote positive mental health: 1) implement programs and policies to prevent abuse, bullying, violence, and social exclusion, build social connectedness, and promote positive mental and emotional health, 2) implement programs to identify risks and early indicators of mental, emotional, and behavioral problems among youth and ensure that youth with such problems are referred to appropriate services, 3) ensure students have access to comprehensive health services, including mental health and counseling services.

A literature review revealed a lack of literature examining the impacts of mental health education. A number of studies have shown that access to mental health services in the school setting can be beneficial, but more research is needed to determine how best to integrate mental health education and services in the school setting. However, several studies suggest that mental health education can increase health literacy, knowledge of mental health conditions, and how to seek help.

Current status. WDPH and Common Pathways met with WPS health education and school adjustment counseling staff to discuss the current student mental health support systems that are in place. We found extensive services and referral networks across the system that are already providing high quality linkages and services.

2014 Plans. WPS will offer Mental Health First Aid training for staff in 2014. WDPH will promote additional training opportunities for school personnel.

Outcome Measures. Completed report outlining opportunities for integrating mental health education with policy recommendations

2.5.2 Enhance and expand training for medical care providers and mental health providers regarding opportunities and challenges in healthcare reform and emerging best practices such as cooperative, integrated-care approaches and alternative strategies

Rationale. The National Prevention Strategy suggests health care institutions screen for mental health needs among children and adults, especially those with disabilities and chronic conditions. The National Prevention Strategy also suggests referral to treatment and community resources as needed and developing integrated care programs to address mental health, substance abuse, and other needs within primary care settings.

Studies have demonstrated that as awareness of mental health conditions has expanded over the past several years, an increasing number of patients are being treated by primary care providers. The needs of mental health patients are often not met in this setting due to lack of education and preparation for providers. Previous interventions have shown educational programs for providers can increase knowledge and skill in treating mental health conditions.

Current status. Progress has yet to be established for this strategy.

2014 Plans. Common Pathways will continue to explore future opportunities for implementing this strategy with healthcare partners.

Outcome Measures. Number of trainings offered; Number of healthcare providers trained

2.5.3 Increase connections to mental health services for vulnerable populations.

Rationale. The National Prevention Strategy suggests that those in need, especially potentially vulnerable groups, should be identified and referred to mental health services.

Studies have revealed a wide range of issues regarding access and utilization of mental health services among minority and low-income populations. There is a need to expand access and tailor services to meet the specific needs of the community in order to improve mental health outcomes.

Current status. In the summer of 2013, Common Pathways compiled feedback from 36 small group neighborhood conversations surrounding mental health issues and resources. This information was summarized into a report and disseminated at the annual fall Common Pathways leadership meeting. A legislative breakfast was held in December 2013 to educate policymakers on the latest research from local academic institutions about the mental health status of the community.

2014 Plans. The Domain 2 behavioral health workgroup plans to continue dissemination of the results of the small group conversations with different stakeholder groups, including researchers and legislators to spur policy change initiatives and future research into local mental health issues relevant to minority groups in the area.

Outcome Measures. Number of community partners offering referrals to mental health services

2.5.4 Conduct a community awareness campaign and host a community summit to promote understanding of public mental health among healthcare providers and the community at large.

Rationale. The National Prevention Strategy suggests training key community members (e.g., adults who work with the elderly, youth, and armed services personnel) to identify the signs of depression and suicide and refer people to appropriate resources.

Mental health stigma has been identified by WHO as one of the major reasons that people do not seek treatment. Raising awareness of mental health as a public health issue is focused on reducing stigma and increasing access to treatment.

Current status. In May 2013, the Domain 2 behavioral health workgroup held a mental health summit at Clark University. Eighty-six participants representing health, education, and social services, including UMass Medical School, the Health Foundation of Central Massachusetts, Catholic Charities, WDPH, MA Department of Public Health, a variety of mental health service providers, and others attended.

2014 Plans. The workgroup will continue to increase awareness and decrease stigma associated with mental illness. A community-wide anti-stigma campaign is planned for 2014, as well as a second mental health summit.

Outcome Measures. Number of individuals reached by public education campaign; Number of community partners participating in mental health summit

2.5.5 Develop a mechanism for enhancing collaboration among healthcare providers and other related service providers regarding mental health emergency services and crisis intervention.

Rationale. The National Prevention Strategy suggests piloting and evaluating models of integrated mental and physical health in primary care, with particular attention to underserved populations. Enhanced communication and data sharing, with social services networks can better identify and treat those in need of mental health services.

Current status. The UMass Department of Psychiatry is currently providing free trainings to youth service providers on trauma-informed mental health care.

2014 Plans. Common Pathways will explore future options for expanding this training with key stakeholders.

Outcome Measures. Number of community partners participating in mental health care trainings

2.5.6 Develop a mechanism for enhancing collaboration among the Worcester Courts, Worcester County House of Corrections, and community stakeholders to increase awareness and utilization of mental health services and community continuity resources for the currently or previously incarcerated.

Rationale. The National Prevention strategy suggests increasing access to high-quality mental health services by facilitating integration of mental health services into a range of clinical and community settings (e.g., Federally Qualified Health Centers, Bureau of Prisons, Department of Defense and Veterans Affairs facilities). Research shows that many incarcerated individuals are in need of mental health treatment and have untreated or undiagnosed behavioral health conditions. Previous incarceration can be a barrier to accessing services.

Current status. WDPH has been partnering with Worcester Police Department’s Critical Incident Team (CIT) to identify individuals who are at high risk for substance abuse, mental health conditions, or suicide. CIT coordinates with Community Healthlink to connect these individuals to the services they need.

2014 Plans. WDPH is using data supplied by Worcester Police Department to track progress on linking individuals with acute mental health needs with the proper services. WDPH is also working with Worcester Initiative for Supported Re-entry to support recently released individuals with appropriate services to reduce recidivism rates.

Outcome Measures. Written results of a gap-analysis with policy recommendations

2.5.7 Train front line workers in mental health crisis response to increase the capacity of frontline agencies (e.g., schools, law enforcement, emergency responder, clergy, resettlement groups, youth agencies, health care providers) to identify and appropriately respond to emergency mental health issues.

Rationale. The National Prevention Strategy suggests training key community members (e.g., adults who work with the elderly, youth, and armed services personnel) to identify the signs of depression and suicide and refer these individuals to resources. After reviewing different approaches to increase capacity to respond to mental health crises, mental health first aid, also known as psychological first aid, was chosen as the most promising and viable strategy for the region by the CHIP planning committee.

Current status. In September of 2013, 60 community members and organizations participated in a Mental Health First Aid training held by the Worcester Police Department and the Worcester Division of Public Health to increase the capacity of residents and community based organizations to better respond to a mental health emergency.

2014 Plans. Work planned for 2014 includes integrating mental health first aid into the 2014 Common Pathways neighborhood discussions. The group is also exploring options for mental health first aid training as an in-service for all Worcester Police Department officers.

Outcome Measures. Number of individuals and organizations participating in Mental Health First Aid training

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2.6

Improve the assessment of regional mental health needs in order to increase continuity of care among vulnerable populations by 2020.

2013 Update. There are no major changes within this objective at this time.

Lead Agency: Worcester Division of Public Health

Current Partners: Common Pathways, Fallon Health

2.6.1 Conduct a regional assessment of mental health needs, especially among vulnerable populations.

Rationale. The National Prevention Strategy suggests enhancing data collection systems to better identify and address mental and emotional health needs. Enhancing medical communication and data sharing, with patient consent, with social services networks to identify and treat those in need of mental health services is also suggested.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is investing in and advocating for increased accessibility to data reports that demonstrate improvements in access to services and physical and behavioral health outcomes within and across populations. These efforts are consistent with the Government Performance and Results Act (GPRA) Modernization Act of 2010 that amends the GPRA of 1993 and endorses improved accountability by making data readily available to the public. One of SAMHSA's goals is to improve the quality and accessibility of surveillance, outcome and performance, and evaluation information for staff, stakeholders, funders, and policymakers.

Current status. Significant progress has yet to be established for this strategy due to a lack of data collection or sharing mechanisms in the region. Common Pathways has been advocating for health care institutions and other key partners to come together to share data to inform local policy decisions. WDPH has met with UMass Medical School to explore their leading the effort to collect and coalesce the local data.

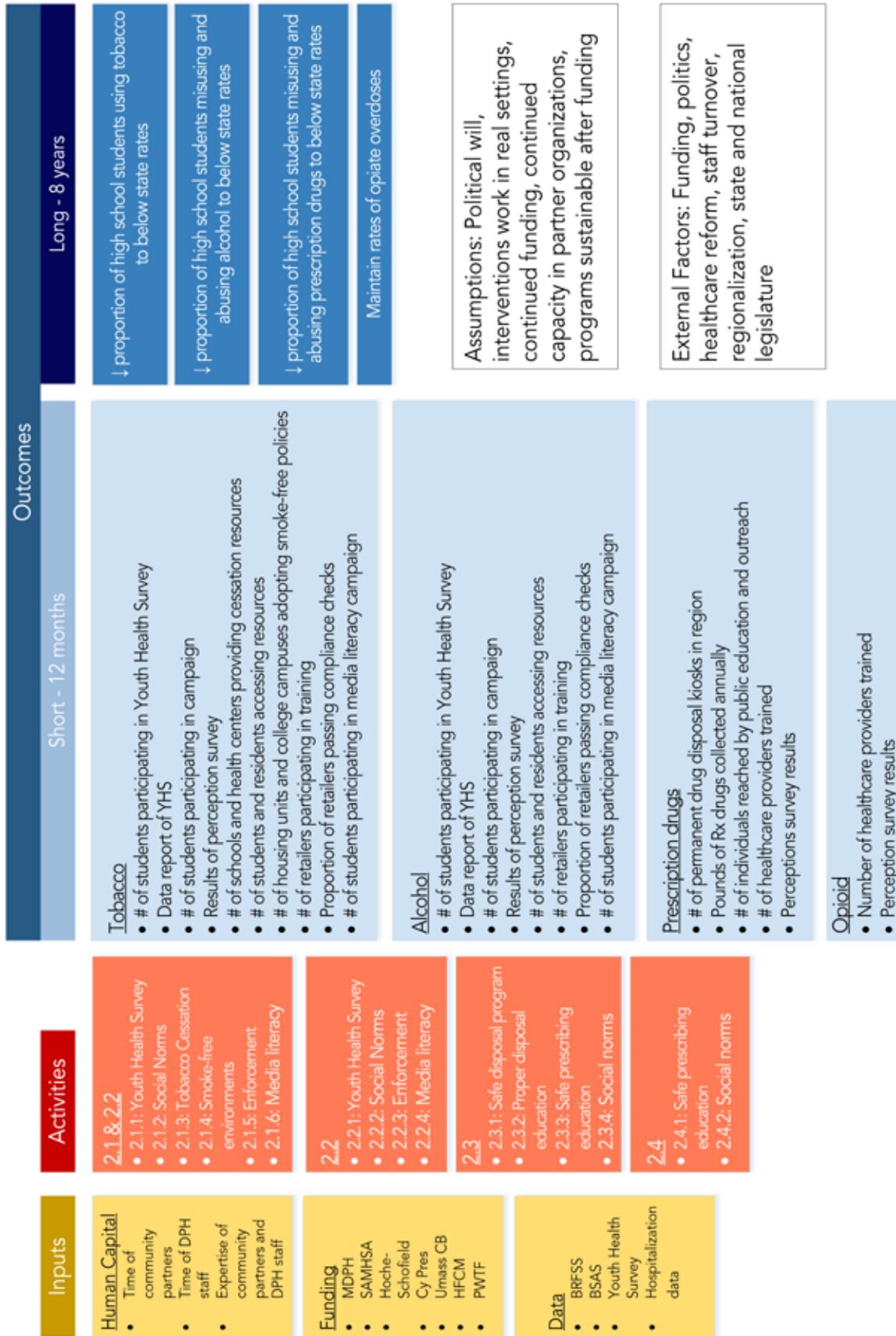
2014 Plans. A partner organization with the capacity to conduct the assessment and a funding mechanism for this strategy will be identified.

Outcome Measures. Completed assessment report outlining current status of mental health resources and gaps in the region; Materials for presentations to key stakeholders

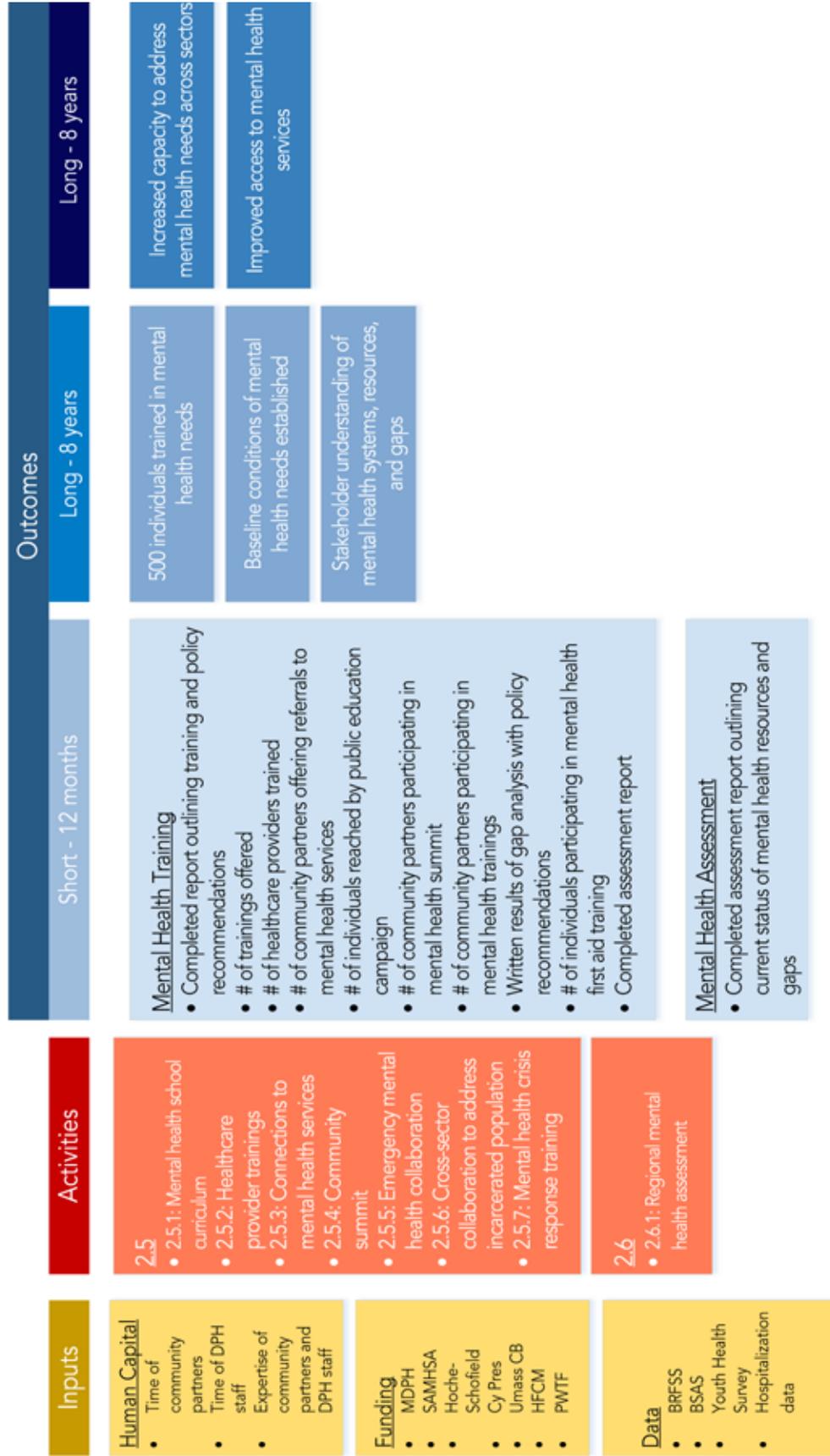
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Domain 2: Behavioral Health – Substance Abuse



Domain 2: Behavioral Health – Mental Health





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