

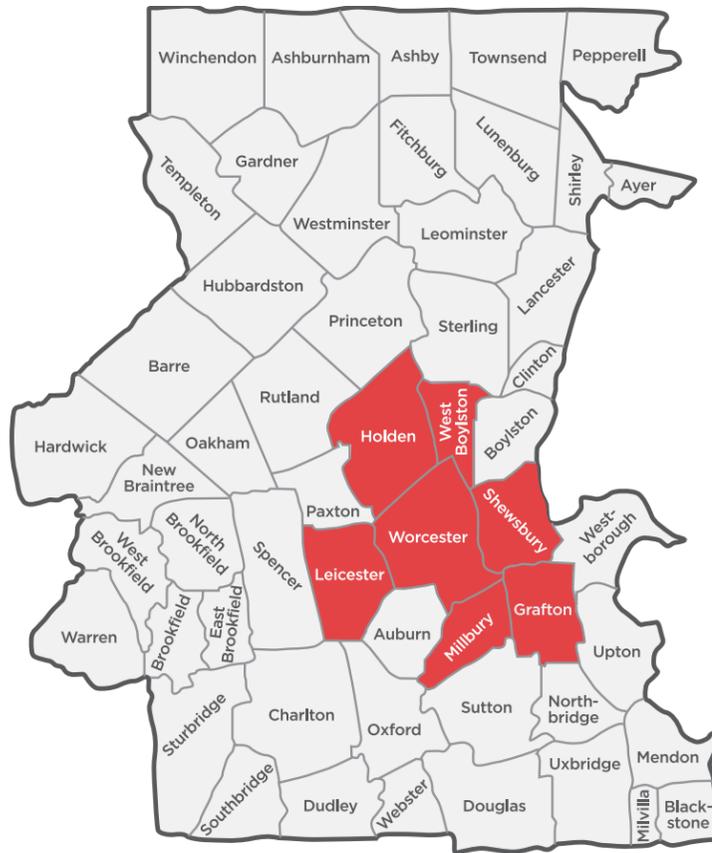
Greater Worcester Community Health Improvement Plan 2014 Annual Report



Public Health
Prevent. Promote. Protect.



 **UMassMemorial
Medical Center**
A Member of UMass Memorial Health Care



This CHIP focuses on the municipalities of the Central Massachusetts Regional Public Health Alliance (CMRPHA), which includes the seven communities of Grafton, 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.

Dear Friends and Colleagues,

2014 saw remarkable progress in the implementation of the 2012 Greater Worcester Community Health Improvement Plan. In just two years, the region has seen improved access to healthy food and physical activity resources, the expansion of prescription drug collection programs, policy changes to reduce the harmful impacts of tobacco, awareness campaigns for mental health, numerous trainings to increase consideration of health equity, and many more successful projects. The implementation of the Prevention and Wellness Trust Fund began in 2014, which will bring nearly \$7 million to the City of Worcester over the next four years to enhance access to coordinated care for pediatric asthma, hypertension, and senior falls.

I would like to personally thank the over 100 community organizations that have committed to advancing the CHIP's 79 evidence-based strategies to achieve our collective vision. You have consistently gone above and beyond to sustain these efforts by offering resources, staff, and time. It is through this sharing of resources that the CHIP has been able to make such a large impact on the community and is able to support enhanced quality of life for the almost 300,000 residents of central Massachusetts.

As we move into the third and final year of the CHIP's implementation, we will continue focus on evaluating the impact of the CHIP's work and identifying resources to advance the CHIP's vision, with a new message: The healthiest you, in the healthiest city, in the healthiest region. The recently launched Center for Public Health practice, a collaboration of the Worcester Division of Public Health and area colleges and universities, is one such effort that will expand the capacity of the CHIP by tapping into the region's wealth of academic resources.

We also look forward to the completion of a comprehensive Community Health Assessment in 2015 to evaluate how the health of the region has changed over the past three years. Following the completion of the Assessment, we will be initiating a new health improvement planning process that will focus on sustaining the achievements we have made as a community through the CHIP and identifying new ways to support CHIP's vision of being the healthiest city and region by the year 2020.

On behalf of the entire staff of the Worcester Division of Public Health and the Central MA Regional Public Health Alliance, thank you for your dedication and hard work over the past year. We look forward to continuing to work together in 2015.

Sincerely,

Michael Hirsh, MD
Medical Director
Worcester Division of Public Health
Central MA Regional Public Health Alliance

TABLE OF CONTENTS

■ Acknowledgements.....2	■ Violence & Injury Prevention.....14
■ Healthy Eating & Active Living.....4	■ Health Equity.....16
■ Substance Abuse.....8	■ Status of Individual Strategies.....18
■ Mental Health.....10	■ CHIP Steering Committee & Staff.....22
■ Primary Care & Wellness.....12	■ References.....24

Acknowledgements

What makes a Community Health Improvement Plan such a powerful tool for community change and lasting health improvement, is the partners the process brings to the table. That is certainly the case in the Greater Worcester region and the community has been incredibly fortunate to see individual community members, community organizations, government agencies, and funders align their priorities to make this the healthiest city and region in New England by 2020. On behalf of the Central MA Regional Public Health Alliance, we'd like to thank those organizations that have come together to make a difference.

Funding Partners

Massachusetts Department of Public Health
 Hoche Scofield Foundation
 Worcester Cy Pres
 Fairlawn Foundation
 UMass Memorial Healthcare
 Harvard Pilgrim Healthcare Foundation
 Clark University
 Health Foundation of Central MA
 Greater Worcester Community Foundation
 Fallon Health
 George I. Alden Trust
 Stoddard Charitable Trust
 Fuller Foundation
 Fletcher Foundation
 KaBOOM!
 Boston Public Health Commission

Strategic Partners

Quinsigamond Community College Community Healthlink	YEAH Network
MA Association of Community Health Workers	Central Mass Workforce Investment Board
Anna Maria College of Nursing	Worcester Interfaith
West Boylston Police Department	City of Worcester Fire Department
Spectrum Health Systems, Inc.	Shrewsbury Youth and Family Services
UMass Memorial Health Care	American Antiquarian Society
MCPHS University	City of Worcester Department of Public Works & Parks
Shrewsbury Senior Center	MA Safe Routes to School
Worcester Youth Center	Latino Education Institute
Girls CHOICE	The Hanover Theatre for the Performing Arts
Christian Community Church	Tower Hill Botanic Garden
Head Start	AdCare Hospital
People's Institute for Survival & Beyond	City of Worcester Senior Center
City of Worcester Police Department	Worcester District Medical Society
Worcester Food and Active Living Policy Council	Grafton Job Corps
	Boys & Girls Club of Worcester

March of Dimes	Elder Services of Worcester
Red Tab	MA Society for the Prevention of Cruelty to Children
Bravehearts Professional Baseball Team	Friendly House, Inc.
Big Brothers and Big Sisters of Central Mass	City of Worcester Division of Public Health
Holden Police Department	Straight Ahead Ministries
Belmont AME Zion Church	Nativity School of Worcester
Worcester Housing Authority	Advocates Inc.
Common Pathways	City of Worcester Executive Office of Economic Development
Worcester Regional Tobacco Control Collaborative	Massachusetts Prescription Monitoring Program
South Bay Mental Health	Brandeis PDMP Center of Excellence
Grafton Public Schools	Millbury Police Department
Family Health Center of Worcester	Grafton Board of Health
Jeremiah's Inn	Institute for Global Leadership
Black Legacy	Worcester Regional Transit Authority
UMass Injury Free Coalition	Main South Community Development Corporation
Walgreens	Worcester Juvenile Court
Worcester Common Ground	Massachusetts Audubon Society
City of Worcester School Committee	Alkermes plc
Grafton Police Department	African Community Education Program
Wayside Youth	MA Association of Health Boards
United Way of Central MA	City of Worcester Office of Human Rights & Disability
Worcester Polytechnic Institute	YouthConnect
WalkBike Worcester	Salvation Army
MA Department of Transportation	Leicester Police Department
Community Legal Aid	Barre Family Health Center
South Worcester Neighborhood Center	UMass Medical School
Office of James P. McGovern	Wachusett Regional School District
Planned Parenthood League of Massachusetts	Edward Street Child Services
Central Mass Area Health Education Center	LUK, Inc.
Centro Las Americas	Learn To Cope
City of Worcester Ch 12 Government Channel	Metropolitan Area Planning Council
Edward M. Kennedy Community Health Center	South Middlesex Opportunity Council
Jewish Community Center	Worcester Public Schools
Worcester County House of Corrections	Citywide Parent Planning Advisory Committee
Diocese of Worcester	The Office of the Worcester County District Attorney
Regional Environmental Council	Elder Home Repair
Massachusetts Municipal Association	St. Paul's Elder Outreach
Grafton Senior Center	Aids Project Worcester
Liberian Association	Culture InSight
Mass Teen Pregnancy	EcoTarium
Worcester Community Action Council	MA Department of Youth Services
Central MA Regional Planning Commission	Every Day Miracles Peer Recovery Center
YMCA of Central MA	National Grid
US Drug Enforcement Agency	YOU Inc.
City of Worcester Public Library	YWCA of Central MA
HOPE Coalition	Mosaic Cultural Complex
MA Technical Assistance Partnership for Prevention	Hector Reyes House
Shrewsbury Police Department	WIC
Worcester Education Collaborative	Worcester State University
City of Worcester Healthy Homes Initiative	Fallon Health
MassRIDES	Worcester County Food Bank
On the Green Nutrition	West Boylston Board of Health
Girls Inc. Worcester	Tobacco Community Partnership
Worcester Center for Crafts	NARAL Prochoice MA
MA Department of Children and Families	Worcester Community Connections
South East Asian Coalition	US Department of Agriculture
Shrewsbury Farmers Market	

Healthy Eating & Active Living

Report

Goal: Create an environment and community that support people's ability to make healthy eating and active living choices that promote health and well-being.

Healthy Eating. Mayor Joseph Petty's Office convened a Working Group to explore creating an **Urban Agriculture** ordinance for the City of Worcester. The Working Group has held three meetings that have included City Planning, City Public Health, USDA, Chamber of Commerce, Regional Environmental Council, the Worcester Food & Active Living Policy Council, Worcester County Food Bank, and Congressman James McGovern's Office. The end goal of the Working Group is an ordinance that provides for a wide range of agriculture across the city, laying a clear path for inspection and permitting for those enterprises.

This year the **Healthy Corner Store Initiative** saw further growth with the expansion of the program to stores that already had produce, but needed assistance in marketing that produce to its customers. The initiative worked with eight stores in the region this year. While several new stores saw deliveries of either local produce while in season or produce from Maines Produce Express during the off-season, certain stores were given signage, displays, and technical assistance on how to increase sales of produce. The Regional Environmental Council handled distribution once again, developing a relationship with a new partner in Maines Produce Express of Worcester.

10 stores participated in the Worcester Healthy Corner Store Initiative

The 2014 **farmers market** season saw growth at markets throughout the Region, as total sales at the Regional Environmental Council remained steady while Worcester supported two additional markets – the Canal District Farmers Market, and the Worcester Art Museum Art+ Market. This year also welcomed a new market in Shrewsbury and

strong years for the Grafton, Leicester, and Holden farmers markets. The REC Mobile Market made 17 weekly stops throughout the summer in areas with poor access to fresh produce. This year the city and region had farmers markets 6/7 days of the week throughout the summer.

>\$50,000
spent at REC farmers markets using SNAP, WIC, or Senior Coupons

Active Living. **Safe Routes to School** programs were developed at Canterbury Street School and Vernon Hill School, including walk auditing of potential routes and the development of recommended route map, encouragement activities such as a monthly walk to school day, and participation in pedestrian safety education. Pedestrian safety skills training sessions taught walking, street crossing, and parking lot skills to five 2nd grade classrooms in the pilot schools.

5 2nd grade classrooms participated in a pilot for pedestrian safety training

WalkBike Worcester, the city's walking and biking advocacy group was very active in 2014, leading or participating in several efforts to draw more attention to the issues that face cyclists and pedestrians in the city, including Worcester's first observance of PARK(ing) Day and Mother's Day and Halloween Bike Rides. WDPH also led an effort to educate regional stakeholders on the principals of **Complete Streets**, and built staff capacity to provide input for engineering projects that would impact active transportation.



Three school playgrounds were chosen to pilot the terms of a **Joint Use Agreement**—City View Elementary, Jacob Hiatt Elementary, and Union Hill Elementary. The children and families of those neighborhoods now have access to a safe place to play after school hours and during school vacations, while improvements have been made to those playgrounds as well, including three new basketball hoops at Jacob Hiatt Elementary.

1/10 elementary school students in Worcester now go to school with a playground open after school hours under a Joint Use Agreement pilot

This year's **Wheels to Water & Beyond** program saw a new component that brought summer-time programming to City parks for children aged 7-17 for free. This new component incorporated physical activity, summer meals, and a number of educational opportunities for young people in five parks throughout the city.

Early Childhood Obesity. The Early Childhood Obesity Working Group, formed in 2013 to support the third objective of CHIP Domain 1 to decrease childhood obesity by 3%, met several times in 2014 working to assess what work was happening, what opportunities

6% of 2-4 year olds in Worcester now go to an early childcare center where water and a piece of fruit is served instead of a sugary drink

existed, and how to best leverage existing resources. Guild of St. Agnes, Rainbow Center Child Care, and Elm Park Child Care, through the work of this Working Group, took quick action and **eliminated juice** from their menus, instead substituting water and a serving of fruit. The group also prioritized the implementation of a healthy eating and active living campaign, **5-2-1-0**, leveraging momentum from an existing Harvard Pilgrim Healthcare Foundation commitment to implement the obesity-prevention program in the clinical setting.

Looking forward. In 2015 the community will see an even greater presence of messaging around healthy eating & active living, including campaigns in partnership with the Worcester Regional Transit Authority. A Joint Use Agreement will be signed to open more playgrounds to the public, Safe Routes to School pedestrian safety training will be expanded to more schools, and an effort to increase food access for seniors during the winter months is planned. Farmers markets will see increased promotion and offerings, an urban agriculture policy will begin forming, and several efforts will be made to promote active transportation through education, encouragement, and engineering.

Healthy Eating & Active Living

By the Numbers



37%

of high school students in the region
*say they eat at least
one vegetable a day.*

More than
HALF
the adults in
Worcester
County
get the
recommended
minutes
of
**Physical
Activity**
per
week.

3/7 children
in the region live within
walking distance of a
public
playground



63%

of Head Start students in Worcester
are at a healthy weight

among Worcester
workers age 16 or
older, **6.8%**
walk to work



1 out of **4**
adults in Worcester
eat the
recommended
number of **fruits**
per week.



Substance Abuse

Report

Goal: Foster an accepting community that supports positive mental health and reduce substance abuse in a comprehensive and holistic way for all who live, work, and play in the Greater Worcester Region.

Alcohol and other drugs. With the guidance and support of local partners, WDPH established the [Regional Response to Addiction Partnership \(RRAP\)](#). This new coalition was formed to coordinate regional activities around substance abuse prevention, treatment, and recovery. It combines membership and activities from several other groups that had been meeting independently with a focus on a single substance or population. This new combined effort allows the coalition partners to more efficiently serve a larger geography.

WDPH worked with Boston University, UMass Medical School, St. Vincent Hospital, St. Vincent Cancer and Wellness Center, and Central Mass Area Health Education Center to [improve clinical practice](#) by increasing educational opportunities for doctors, nurses, and community health workers on the opioid overdose epidemic, safe prescribing methods, safe medication disposal methods, and local overdose prevention strategies. The educational sessions varied based on the audience and venue and included day long conferences, training sessions incorporated into other professional development activities, grand rounds presentations, and short lectures.

for prescription drug misuse and abuse and the importance of [safe storage](#) and disposal were advertised in four local media outlets to spread awareness.

100% of Worcester police officers **are now trained on overdose reversal**

In order to [prevent fatal opiate overdoses](#), all Worcester police officers were trained in 2014 to carry and administer [nasal naloxone](#) during an opioid overdose. WDPH secured 200 initial doses from MDPH during the August overdose emergency so that Worcester Police Department officers had a supply of nasal naloxone while they waited for their first shipment of the medicine to arrive. WDPH also supported District Attorney Joe Early Jr. in hosting a free regional training, provided by MDPH, for any law enforcement in the region who wanted to be trained in overdose reversal. WDPH has been working alongside AIDS Project Worcester and other RRAP members around overdose prevention and harm reduction for professionals who are most likely to encounter someone who is at an increased risk of overdose.

585 youth participated in the summer social norms campaign

WDPH has continued to partner with Worcester Public Schools to [prevent youth substance abuse](#). WDPH provided trainings for all health teachers in WPS, and WDPH staff presented at the WPS sponsored Youth and Drugs Conference. WDPH also continued its partnership with HOPE Coalition and YouthConnect to promote drug free youth activities. "I'm About This Life" campaign uses social marketing

and positive social norms to prevent and reduce youth drug use. The campaign was implemented by the HOPE Coalition youth at locations throughout the city including intensive promotion at the YouthConnect Summer Program.

Tobacco. With the aid of the Worcester Regional Tobacco Control Collaborative, WDPH provided overviews of [model regulations and advocated for policy changes](#) for Boards of Health throughout the region. Through the work of WDPH, proposed updates to Worcester's current tobacco regulations have been presented to the City Council. Additionally, WDPH worked with municipal housing authorities throughout the region to implement [smoke-free policies](#). Holden Housing Authority went smoke-free as of November 1, 2014 with West Boylston and Shrewsbury Housing Authorities set to implement smoke-free policies in 2015.

>25,000 college and grad students go to a school with a tobacco- or smoke-free campus

WDPH invited the colleges in Worcester to a statewide conference at UMass Medical School on implementing [smoke-free campus policies](#) to discuss the growing smoke-free campus movement. Those in attendance were able to share strategies on how their institution successfully implemented or are in the process of implementing a smoke- or tobacco-free campus. The campuses of Assumption College, Quinsigamond Community College, MCPHS University, UMass Medical School, Worcester Polytechnic Institute, and Worcester State University are all smoke-free.

WDPH worked in partnership with Worcester Public Schools, UMass Medical School, and Northeastern University to provide training in the evidence based [tobacco cessation program](#) for youth, *Calling It Quits*. This cessation program allows the Worcester Public Schools nurses to provide a valuable support system to students who want to quit smoking.

46 school nurses trained in youth tobacco cessation

Looking Forward. The Worcester Fire Department received an overdose prevention grant and is expected to be carrying and administering Nasal Naloxone in the next year. The Central Massachusetts Special Education Collaborative received funding from the state to open a new Recovery High School, expected to start accepting students for fall of 2015. WDPH will be actively pursuing new funding to support mobilization of neighborhoods to prevent substance abuse through increased community support.

Leicester and Shrewsbury are expected to update their tobacco regulations by the end of 2015. We anticipate all CMRPHA communities will have passed or will be in the process of changing their tobacco regulations by the end of 2015, including Worcester. WDPH hopes to move forward regulations limiting the sale of nicotine delivery products and continue education on flavored tobacco as it relates to youth access and tobacco use.

6/7 municipalities in the region **now have a prescription drug disposal box available to the public 24/7**

To prevent prescription drug misuse and abuse and promote [safe disposal](#), WDPH has provided permanent "MedReturn" disposal boxes to Regional police departments. In 2014, the police departments of Grafton and Worcester installed prescription drug disposal boxes. There are now a total of six disposal boxes for prescription drugs located in the Region. All CMRPHA communities also participated in the national Drug Take Back Day. In addition, messages about the potential



Mental Health

Report

Goal: Foster an accepting community that supports positive mental health and reduce substance abuse in a comprehensive and holistic way for all who live, work, and play in the Greater Worcester Region.

Suicide Prevention. Massachusetts Suicide Prevention Coalition has awarded WDPH funds to help facilitate the Central Massachusetts Suicide Prevention Coalition (CMSPC), a partnership of mental health professionals, service providers, parents, survivors, and others who are committed to **preventing suicide** by raising awareness through education, events, trainings, and widespread communication about mental health and prevention resources and services available in the Worcester region. The coalition has created a website, monthly newsletters, and a social media presence, all of which detail resources, trainings, and news items pertaining to suicide prevention. The Coalition meets monthly to exchange resources. CMSPC participated in the International Survivors of Suicide Day on November 17, 2014, in partnership the Boston Chapter of the American Suicide Prevention Foundation, where over 30 individuals from Central MA gathered to remember those who lost their lives to suicide.

Early Childhood Mental Health. The Substance Abuse and Mental Health Services Administration awarded The Massachusetts Multi-City Young Children's Mental Health System of Care Planning Project, bringing together the state's three largest cities (Boston, Worcester and Springfield) and several state agencies, to develop strategic plans to improve local services for children with serious emotional disturbances and their families. The grant also seeks to demonstrate the value of a planning model that is not only locally focused but also involves state agencies.

The Worcester arm of the project has set up a team of professionals from Pernet Family Center, Head Start, Worcester Public Schools, Youth Opportunities Upheld, Community Health Link, Edward M. Kennedy Community Health Center, Department of Children and Families, and two Worcester parents to complete a **mental health needs assessment** for Worcester children ages 0-9. The Worcester team has been meeting monthly since October

2014 to review and share the perceived strengths, weaknesses and gaps in Worcester's mental health services and infrastructure. The data from the needs assessment was presented to the teams from Boston and Springfield as well as State stakeholders. The assessment will be used to help draft a grant proposal in hopes of obtaining a \$4,000,000 four-year implementation grant for Worcester, Boston, and Springfield.

Capacity Building. WDPH and the National Alliance on Mental Illness (NAMI) partnered for a leadership breakfast at the Worcester Recovery Center that focused on behavioral health. WDPH presented the Community Health Improvement Plan, to over 50 leaders in the mental health and substance abuse field, legislators, police, and community officials. WDPH explained how CHIP aligns with the mission of NAMI to foster an accepting community that supports mental health education and services programs and a community that is free of the stigma all too often associated with mental illness. Based on the leadership breakfast, the Division is currently working with local philanthropic organizations on sustainable grants to promote an **anti-stigma campaign**.

Looking forward. The Worcester Division of Public Health will continue conducting a mental health assessment with academic researchers at Clark University and the Systems & Psychosocial Advances Research Center at the UMass Medical School through a study funded by the Fairlawn Foundation. The mental health needs assessment will focus on adult populations in the City of Worcester and identify mental health service gaps and challenges for both consumers and providers. The researchers have identified stakeholders and consumers to gather themes and data from and will begin conducting interviews this spring. Additionally, WDPH will host a free Mental Health First Aid trainer training for regional organizations that will result in 30 additional trainers in the region and nearly 2,000 trained individuals by the end of 2015.

Behavioral Health

By the Numbers

30%

of high school students in the region had at least one alcoholic drink recently

>1,000

students in the region seriously considered attempting suicide in a year

1 in 10

high school students in the region have taken a prescription drug without a doctor's permission

1/5 adults in the region binge drink

of youth in the region,

89%

see abusing prescription drugs as at least moderately risky

1/5

adults in the region have been diagnosed with depression, and

1/4

high school students have been depressed in the last year

83%

of adults in the region are not current smokers

91%

of youth in the region are not current smokers

4.4%

of youth in the region are current users of smokeless tobacco



Primary Care & Wellness

Report

Goal: 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.

The CHIP Primary Care & Wellness workgroup is convened by UMass Memorial. Work is facilitated through the Worcester Free Clinics Coalition, Prevention & Wellness Trust Fund, Worcester Impacting Sexual Health taskforce, Worcester Healthy Baby Collaborative, and Central MA Oral Health Initiative.

Access to Care. The workgroup has been collaborating with the Worcester Free Clinic Coalition to improve access to care for free clinic patients. In 2014, some of the seven clinics in the area began piloting electronic medical records to improve record keeping and simplify sharing of patient information with health centers. The pilot demonstrated that the system needs improvement. 2015 work will focus on building connections between the free clinic system and the healthcare system.

The Pediatric Asthma Workgroup made significant progress toward increasing the number of **community health workers** (CHWs) for high risk patients. Piloted in 2013, the intervention is structured around home visits, with community health workers providing environmental home assessments and education. Ten CHWs support the intervention, all of whom have completed pediatric asthma training provided by UMass Memorial. In addition, all PWTf CHWs will complete core competency training, including cultural competency. The workgroup began to identify high risk patients from five participating clinical sites, as well as through Worcester Public Schools and Head Start. Tracking systems have been implemented, and a clinical baseline documented. Funding has been secured for home improvements to reduce environmental triggers identified by CHWs during home visits.

In 2015, the asthma workgroup will prioritize the completion of CHW core competency trainings and the expansion of the home visiting program. The workgroup will build connections with Community Legal Aid, who is a formal partner on the project. Community Legal Aid has committed to provide education and support for patients and families to reduce environmental triggers for asthma. The Workgroup also prioritized building connections with emergency departments to improve data collection and continuity of care for high risk patients.

21 community health workers funded to target three costly health conditions and events

The Prevention and Wellness Trust Fund (PWTf) has provided a platform for work to increase access to care. PWTf provides funding for community health worker interventions for three conditions: pediatric asthma, hypertension, and senior falls.



1/200
residents of Worcester
live with HIV

83%
of students in the region
visit their primary care
doctor regularly

7 out of 1000
infants in Worcester die
within a year of birth annually

27%
of students
in the region
**drank a
sugary drink**
at least
once per day

residents of the region visit an
emergency department due to asthma
more than **7,500** times a year

**96% of residents
in the region have
health insurance**

By the Numbers

Infant Mortality. The Worcester Healthy Baby Collaborative continues work with UMass Memorial, Clark University, and the March of Dimes on a research initiative to promote access to prenatal care and to reduce risk factors for infant mortality. The Collaborative has been working with students from WPI on videos for the Ghanaian community. These videos were aired as part of a lunch and learn seminar for local obstetrics providers and have been shared through Facebook.

Nhyira Ba also submitted a letter of intent for the Patient Centered Outcomes Research Initiative in 2014 and will complete a full proposal. The project would develop the methodology and application of Social Network Analysis to improving health messaging and access to prenatal care.

>2,500
dental screenings provided to
Worcester Public School students

Oral Health. The Central MA Oral Health Initiative provided screening for more than 2,500 students through the Worcester Public Schools. The coalition is currently developing strategies to incorporate **oral health screenings** into annual plans for the Worcester Public Schools to ensure that all students have access to at least one screening per year. In addition, a literature review informed a proposal for a public education campaign focused on oral health. A plan has been created and funding secured for a 2015 campaign.

Sexual Health. In 2014, UMass Memorial began collaboration with AIDS Project Worcester (APW) to offer STI screening and treatment on site at APW. Although CHIP strategies focus largely on education and advertisement of available resources, the opportunity to open a clinic was not available at the time the CHIP was developed, and the workgroup determined that expanding clinical services would further advance

progress toward reducing rates of STIs in vulnerable populations and was of a higher priority in 2014.

The Worcester: Impact on Sexual Health task force (WISH) is dedicated to making an impact on adolescent sexual health and creating an environment that supports healthy relationships for Worcester teens. WISH aims to **raise public awareness about teen sexual health** by using up to date and accurate data to create a clear, actionable message to send to the public. This message will include sexual health impacts on academic success and economic growth, among other issues, in order to influence different components of the infrastructure. Secondly, WISH aims to improve the quality and access to sexual health education in Worcester, both in community programs and schools, by conducting research on best practices that were implemented to implement condom availability in public schools, and collaborating with the School Committee on health curriculum.

Looking Forward. The Primary Care & Wellness workgroup has identified key stakeholders for most strategies, and many have incorporated strategies into their work. However, the workgroup has identified a need to increase connections between local clinical providers and the Worcester Free Clinics Coalition to increase access to care and link free clinic patients to a permanent medical home in a coordinated way. The two local Community Health Centers (Edward M. Kennedy and Family Health Center) have been identified as ideal partners, as well as local emergency departments.

WISH will work to improve access to sexual health services in Worcester, by helping to implement or enhance the delivery of sexual health services at community organizations. WISH will work to engage youth to be empowered as leaders to provide sexual health information and knowledge about sexual health services with the end goal of having Worcester Public Schools adopt condom availability policies, and implement testing and treatment at Worcester school-based health centers.

Violence & Injury Prevention

Report

Goal: Improve safety, reduce violence and injury, and inform public perceptions by educating and mobilizing the community around effective, targeted prevention, and intervention strategies.

Falls. Two interventions – Senior Falls and Pediatric Asthma – within the Prevention & Wellness Trust Fund are engaging with the City of Worcester Healthy Homes Initiative. Community health workers from clinical and community organizations will conduct home visits using evidence-based protocols. Patients identified at high-risk for falls will be offered a standardized free-of-charge **home safety assessment** and the opportunity for no-cost **home modifications** if necessary. Referrals are made to this program through the Senior Support Team and Family Health Center of Worcester's newly established Falls Clinic.

with the Worcester Charles E. Shannon Community Safety Initiative to move forward a Youth Violence Plan. The plan was a collective effort, derived from a recent report that was developed in partnership with research partner, Clark University. The report, *The Worcester Youth Violence Prevention & Reduction Strategic Plan: Needs and Resources Analysis* was presented to the community to provide Worcester residents and decision-makers with data and frameworks that would help the community prioritize areas for action and identify solutions to reduce youth and gang violence. Over 150 residents identified and prioritized six areas for action to address youth violence: early childhood health and wellbeing, youth activities, youth-adult relationships, suspension policy & school culture, employment, and specific strategies for Black and Latino young men and women. From these priorities, six work groups emerged to discuss strategies to start address the conditions that lead to violence.

11 doctors refer to the newly established Falls Clinic at FHCW

The Falls Clinic at Family Health is an innovative approach that emerged out of the Prevention & Wellness Trust Fund project to provide further clinical contact for seniors at risk of falling and to connect them to identified community resources such as those at the Worcester Senior Center. Seniors are identified in the clinical setting as high-risk for falling through a comprehensive falls assessment and follow-up. This clinic follows the evidence-based STEADI protocol as outlined by the Centers for Disease Control and Prevention.

The Worcester Senior Center has increased the production of **falls prevention educational materials** and will offer more classes in Matter of Balance and Tai Chi.

Grafton Senior Center continues to offer fall-prevention and balance promotion activities and programs for their residents with great success.

Violence. In fall of 2014, WDPH's Youth Opportunities Office embarked on a collaboration

The Youth Opportunities Office is currently convening youth serving partners to discuss **youth opportunities that would disrupt violence**. Moving forward, the City has adopted the plan and is currently working with community partners to enhance the analysis by merging the plan with a prior community initiative called *Youth Violence Prevention through Youth Development: Inquiry into the Impact of Structural Racism on Youth Development and Community Health*.

The Youth Opportunities Office will continue working with community partners to create a

over 150 community members came together to develop a plan for youth violence



strong plan that represents community voice and addresses community needs.

Looking forward. In 2015, partners hope to pursue a window-guard ordinance in Worcester to drastically reduce the number of pediatric window falls. The Prevention & Wellness Trust Fund will continue to grow and see more patients, potentially adding additional clinical and community sites to its interventions. The Senior Support Team database, a potentially critical and pioneering system for preventing falls will see an overhaul in 2015, making intervention and support to seniors a more streamlined process. Partner alignment for the youth violence plan will move

forward, seeing a comprehensive city-wide initiative with deep community connections work toward reducing youth violence and supporting healthy and productive young people in the city.

2015 will also see the production of Worcester's first pedestrian injury report that will bring together data from all available sources and provide recommendations for drastically reducing the number of pedestrian injuries in the city.

As of the writing of this report, strategy 4.2.5, promoting the use of the FACES model, has been removed due to lack of capacity to address and the prioritization of other strategies by the community.

By the Numbers

- 352** motor-vehicle accidents in Worcester in 2014 involved a pedestrian
- 16%** of high school students in the region text while driving
- more than **1 out of 8** students in the region report being bullied
- 1/5** students in the region report being in a **physical fight** at least once in a year
- >5,300** emergency department visits in the region are due to fall injuries, with **greater than half** of those occurring in adults age 65+
- 30 or more** children 9 years old or younger are hospitalized every year due to falling

Health Equity

Report

Goal: *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.*

Policy. Health equity is the only explicitly cross-cutting priority of the CHIP, ubiquitous in every other priority area and in the very nature of conducting a community-driven health improvement process. As such, one of the most effective ways to incite

change is through the use of policies, specifically at the local level. The policy changes identified in the CHIP all contribute in some way toward reducing health disparities. Though they may fall in

areas such as behavioral health or physical activity, it is the goal of the CHIP partners to advocate for and implement policies using conscious decision-making and use of specific language to address inequities. During 2014, several policies were proposed, advanced, or advocated for in Worcester and the region.

Joint Use Agreement (JUA) addresses unequal access to a safe space in which to be physically active. Through an agreement with the Worcester Public Schools, three playgrounds were piloted as references for a larger policy to be implemented in 2015, making way for families to use an existing resource in their neighborhood.

An update to the Worcester tobacco regulations was also proposed to address two main concerns within tobacco prevention: youth access and environmental tobacco smoke. The new regulation would ban smoking in public parks to reduce second-hand smoke, a best-practice for creating more equitable environments throughout the community.

The Worcester Partnership for Racial & Ethnic Health Equity, the convening coalition for the work of this priority of the CHIP, was presented with a number of best-practice local policies for promoting health equity through the work of a WDPH intern.

“The Undoing Racism training gave me a new lens to view society with. It has connected me with like-minded youth in the community who are motivated to make change.”

Sha-Asia Taylor, Senior at Worcester Technical High School

The conversation prompted a wider discussion of the role of the Partnership in future policy work as a long-standing and well-respected coalition.

Building capacity. For several years, organizations in Worcester have been hosting workshops facilitated by The People’s Institute for Survival and Beyond. The People’s Institute is a national and international collective of anti-racist, multicultural community organizers and educators dedicated to building an effective movement for social transformation.

19 youth trained in a community engagement focused racial justice training



“The workshop displayed how racism is not just on an individual level but how it crosses into a systemic and institutional issue. The facilitators encouraged the participants to look beyond their comfort level to consider how we might be involved in a cycle of racial oppression.”

Undoing Racism attendee

The People’s Institute focuses on understanding what racism is, where it comes from, how it functions, why it persists, and how it can be undone. The workshops utilize a systemic approach that emphasizes learning from history, developing leadership, maintaining accountability to communities, creating networks, undoing internalized racial oppression, and understanding the role of organizational gate-keeping as a mechanism for perpetuating racism.

In August 2014, youth from Worcester were trained in an Undoing Racism: Community Organizing Workshop by the People’s Institute. The workshop was a total of 20 hours over three days. Students invited to participate in the training were from agencies that were already engaged in racial justice work in the community.

The 19 youth who attended were charged to bring back the knowledge gained at the trainings

to their respective organizations and incorporate it into the work that was being done. Five adults that committed to lend continuous support to the youth also attend the training. Thirteen out of the nineteen youth continue to meet on a bi-weekly basis to continue developing their analysis of racial equity.

Cross-training. A key objective of the CHIP is for each priority area workgroup to specifically address health equity with an intentionality of increasing their own capacity to carry their work out with a racial analysis and social justice lens. The Worcester Food & Active Living Policy Council, through the work of WDPH’s Mass in Motion Worcester initiative, attended a coalition-wide training on health equity and cultural competence. From the intensive one-day training, members of the coalition set goals to explicitly address privilege and bias in their work, and make efforts to increase participation in the coalition of underrepresented groups including income-level, racial and ethnic background, and nationality.

Likewise, in May 2014, 32 community leaders from an array of sectors were trained in Undoing Racism and connected to pre-existing learning communities, known as caucuses, in Worcester.

Looking forward. 2015 will see several policy priorities advancing, and the Worcester Partnership finding a role in that work. At least 60 more community members will participate in the Undoing Racism training, building even greater community capacity for addressing equity across all sectors. Other coalitions will follow the lead of the Policy Council in building their capacity to address bias in their work, and the caucuses will continue their work in building communities for people of color and white people to have productive conversations about racial bias.

DOMAIN 1	
Healthy Eating & Active Living	
Create an environment and community that support people's ability to make healthy eating and active living choices that promote health and well-being.	
<p>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.</p> <p>1.1.1 Strengthen, grow and coordinate existing strategies prioritized by the Regional Environmental Council of Central Massachusetts and the Food and Active Living Policy Council such as farmers' markets, urban agriculture, Cooking Matters, and Farm to School programs.</p> <p>1.1.2 Enhance and expand the Mobile Farmers' Market in seven low income/food desert communities and on college campuses in Worcester.</p> <p>1.1.3 Coordinate and lead the Mass in Motion Corner Store initiative.</p> <p>1.1.4 Advance the policy priorities of the Worcester Food and Active Living Policy Council, such as zoning regulations to promote community gardens, urban agriculture, and policies to increase physical activity.</p> <p>1.1.5 Enhance Community Gardens educational programs in alignment with a minimum of 70 community-based garden efforts.</p> <p>1.1.6 Advertise and promote the availability of food resources to low income individuals in targeted neighborhoods.</p>	<p>1.2 Identify, prioritize, and implement improvements to increase residents' access to physical activity resources by 10% by 2015 as measured by walking distance.</p> <p>1.2.1 Increase consideration of pedestrian and bicycle accommodation in routine decision making through adoption of Complete Streets transportation policy throughout the region.</p> <p>1.2.2 Establish four joint use agreements with schools in low-income neighborhoods to allow the use of both indoor and outdoor facilities by the public during non-school hours on a regular basis.</p> <p>1.2.3 Establish a district-wide Safe Routes to School task force for ongoing identification and implementation of systems, policies, and school-level changes to support increased walking and biking to school.</p> <p>1.2.4 Assess and identify priorities for improving access to existing parks and open spaces, including public works improvements and public safety enhancements as well as facilities improvements or amenities; prioritize needs based on access criteria and deliverables identified in Worcester's Open Space and Recreation Plan.</p> <p>1.2.5 Conduct a social norms campaign to define and change perceptions of violence and community safety and thereby increase utilization of community resources. (see 4.2.2)</p>
<p>1.3 Increase the percentage of children in grade 1 who are a healthy weight by 3% by 2015.</p> <p>1.3.1 Implement professional development/education program for teachers and early childhood care providers related to physical activity to increase their awareness of its connection with learning.</p> <p>1.3.2 Advocate for policies to increase food/nutrition standards for snacks/meals at public and private preschools and kindergarten classes.</p> <p>1.3.3 Assess and explore adoption of other evidence-based obesity reduction programs such as I am Moving, I am Learning, Hip Hop to Health, and others.</p> <p>1.3.4 Advocate for recommended hours of physical education in schools.</p> <p>1.3.5 Conduct and coordinate communication, public awareness, outreach, and mass media campaign.</p>	
DOMAIN 3	
Primary Care & Wellness	
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.	
<p>3.1 Reduce non-urgent or preventable use of the emergency department by 8% by 2015.</p> <p>3.1.1 Facilitate linkages between health care systems to encourage individuals to seek a source for on-going care.</p> <p>3.1.2 Increase the number of navigators, advocates, and community health workers as a mechanism to improve culturally competent access to care.</p> <p>3.1.3 Support providers and health centers in addressing reported barriers to care such as cross-cultural barriers, transportation, office hours, etc.</p>	<p>3.2 Reduce the rate of dental caries in residents age 4-19 by 3% by 2015.</p> <p>3.2.1 Introduce and pass policy requiring school-based dental programs to provide a minimum of one screening per child per year, pre-K through 12th grade.</p> <p>3.2.2 Develop and implement a comprehensive public education campaign on the benefits of good oral health practices.</p> <p>3.2.3 Advocate for policies that decrease consumption of sugary drinks in schools, after-school programs, and youth programs.</p>
<p>3.2 Reduce the rate of STIs in residents age 15-24 years by 10% by 2015.</p> <p>3.2.1 Develop and implement a mass media education campaign to increase knowledge about risky sexual behaviors, HIV and HPV testing, and STIs, including advertising of available resources in the community.</p> <p>3.2.2 Introduce amendments to current school policy to enable school-based health providers to offer, with parental consent, reproductive health education and STI education, screening and treatment.</p>	

DOMAIN 2	
Behavioral Health	
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.	
<p>2.1 & 2.2 Reduce the proportion of high school students using tobacco and alcohol products to below state rates between 2013 and 2020.</p> <p>2.1.1 & 2.2.1 Conduct a youth health assessment, such as the Worcester Regional Youth Survey, in schools in the region.</p> <p>2.1.2 & 2.2.2 Implement social norms campaign to address mis-perceptions of local youth tobacco use.</p> <p>2.1.3 Integrate youth tobacco cessation resources into new settings, such as schools and health centers, to enhance intervention options.</p> <p>2.1.4 Promote policy changes around smoke-free housing and smoke-free college campuses.</p> <p>2.1.5 & 2.2.3 Enforce laws against selling tobacco products and alcohol to underage individuals.</p> <p>2.1.6 & 2.2.4 Explore media literacy education options to address media glamorization of alcohol and tobacco use.</p>	<p>2.3 & 2.4 Reduce the proportion of high school students misusing and abusing prescription drugs to below state rates between 2013 and 2020.</p> <p>2.3.1 Develop and implement a Safe Disposal Program for prescription drugs.</p> <p>2.3.2 Increase community awareness of safe use, storage, and disposal of prescription drugs through mass media campaign.</p> <p>2.3.3 & 2.4.1 Provide training to medical/dental providers on safe prescribing practices and provide them with patient education materials for distribution at their practices.</p> <p>2.3.4 & 2.4.2 Educate adolescents about normative peer use and the risks of misusing and abusing prescription drugs.</p>
<p>2.6 Improve the assessment of regional mental health needs in order to increase continuity of care among vulnerable populations by 2020.</p> <p>2.6.1 Conduct a regional assessment of mental health needs, especially among vulnerable populations.</p>	<p>2.5 Increase 500 key community members' understanding of mental health issues and improve gatekeepers/systems reaction to common problems by 2015.</p> <p>2.5.1 Explore models for integrating mental health education into existing curricula with public and private educational institutions.</p> <p>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.</p> <p>2.5.3 Increase connections to mental health services for vulnerable populations.</p> <p>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.</p> <p>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.</p> <p>2.5.6 Develop a mechanism for enhancing collaboration among the Courts, Worcester County House of Corrections, and community stakeholders to increase awareness and utilization of mental health services and community continuity resources for the incarcerated.</p> <p>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, etc.) to identify and handle emergency mental health issues.</p>
DOMAIN 4	
Violence & Injury Prevention	
Improve safety, reduce violence and injury, and inform public perceptions by educating and mobilizing the community around effective, targeted prevention, and intervention strategies.	
<p>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.</p> <p>4.1.1 Encourage practices to safe-certify homes for pediatric and elderly populations through inspections.</p> <p>4.1.2 Enhance and expand fall prevention education efforts for pediatric and elderly populations through the Mobile Safety Street.</p> <p>4.1.3 Extend the reach of existing fall prevention and balance promotion programs for the elderly.</p>	<p>4.2 Increase public safety by 3% by 2015 as measured by crime rates and perceptions of safety.</p> <p>4.2.1 Advocate for policies that support family health and stabilization, prevention domestic abuse, child neglect, bullying, and gang violence.</p> <p>4.2.2 Conduct a social norms campaign to define and change perceptions of violence and community safety.</p> <p>4.2.3 Promote the Goods for Guns program to decrease the number of guns on the street.</p> <p>4.2.4 Inventory and promote "safe zones" to support victims or potential victims of violence throughout the region.</p> <p>4.2.5 Promote Families and Children Engaged in Services (FACES) model to increase access to services such as child resource centers and community wrap-around services to address negative youth behaviors such as truancy and disruptive behavior.</p>
<p>4.3 Reduce the rate of motor vehicle-related pedestrian, cyclist, and occupant injuries by 10% by 2015.</p> <p>4.3.1 Encourage adolescents and elderly to take appropriate driver's education and reeducation courses. Enhance existing work of the SAFE DRIVE program.</p> <p>4.3.2 Expand access to, and improve the quality of, a comprehensive driver's education program that includes parental education and involvement.</p> <p>4.3.3 Expand child passenger safety checkpoint system.</p> <p>4.3.4 Utilize traffic geo-mapping to identify pedestrian and cyclist injury hotspots and make appropriate changes in traffic patterns, crosswalk design, and signage.</p> <p>4.3.5 Increase consideration of pedestrian and bicycle accommodation in routine decision making through adoption of Complete Streets transportation policy throughout the region. (see 1.2.1)</p> <p>4.3.6 Enhance education about safe pedestrian and cyclist practices through efforts of Mobile Safety Street and other programs.</p>	
DOMAIN 5	
Health Equity & Health Disparities	
Improve population health by systematically eliminating institutional racism and the pathology of oppression/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.	
<p>5.1 By 2015, modify/implement two key, city-level public health policies that have the greatest impact on the systems that contribute to health disparities.</p> <p>5.1.1 Research and identify two public policies that broadly impact health disparities.</p> <p>5.1.2 Develop coalitions' capacity to mobilize communities and implement policy changes.</p> <p>5.1.3 Develop process to evaluate outcomes of policy implementation and plan for sustainability.</p>	
<p>5.2 By 2015, increase the capacity of over 100 grassroots adult/youth leaders (people who have lived experience in communities with disparities) to effectively influence the development of policies that address health disparities.</p> <p>5.2.1 Assess current funding allocations for grassroots leadership development among local community orgs to establish baseline.</p> <p>5.2.2 Recruit and organize cohort of 100 grassroots leaders, including 25 youth, from key populations and sectors.</p> <p>5.2.3 Enhance and develop training program(s) for grassroots leaders to develop leadership knowledge and skills in community/systems change for public health.</p> <p>5.2.4 Connect trained grassroots leaders to key community leadership roles (e.g., in existing coalitions).</p> <p>5.2.5 Identify and secure resources to support and sustain ongoing community leadership development.</p> <p>5.2.6 Develop support structure ("Learning Community") for ongoing support, strategy development, and learning among grassroots leaders engaged in this process.</p>	
<p>5.3 By 2015, develop the capacity and will of 20 cross-sector institutions to address and eliminate institutional oppression in their own organizations.</p> <p>5.3.1 Recruit and organize a cohort of 20 health-related organizational leaders who are best poised to make a substantial impact on addressing institutional oppression in their own organizations.</p> <p>5.3.2 Identify and implement effective, evidence-based training for the cohort of 20 leaders to build the willingness and readiness to change organizational systems, structures, policies and approaches.</p> <p>5.3.3 Identify and facilitate a change process for a subgroup of 5-10 organizational leaders who can commit to addressing oppression within organizations and affecting policy.</p> <p>5.3.4 Develop a support structure/network to create a learning community among 20 organizational leaders for ongoing support and strategy development.</p>	<p>5.4 Ensure that each public health priority area in the CHIP identifies strategies to address oppression and the social determinants of health.</p> <p>5.4.1 Convene a forum for all priority area working groups to learn and discuss institutional racism in the early planning stage for the CHIP, including training on race relations.</p> <p>5.4.2 Ensure that each priority area working group identifies one to two strategies, including resource strategies for implementation, to address institutional oppression/racism in their priority area.</p> <p>5.4.3 Develop monitoring and evaluation plan to ensure each priority area's strategies are reported on bi-annually at minimum.</p> <p>5.4.4 During CHIP implementation, convene annual forum of partners in each priority area (learning community) to identify and share best practices for addressing institutional oppression as a root cause of health disparities.</p>

Communications strategy
Policy change
No longer prioritized
No plans yet
Planned/Underway
Completed
Ongoing

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.

CHIP Steering Committee:

Derek Brindisi
Director
Worcester Division
of Public Health

Liz Sheehan Castro
Director
Food and Active Living
Policy Council

Kimberly Ciottone-Reckert
Special Projects Coordinator
UMass Memorial Medical Center

Karyn Clark
Chief of Community Health
Worcester Division
of Public Health

Michael Hirsh, MD
Medical Director
Worcester Division
of Public Health

Monica Escóbar Lowell
Vice President
Community Relations
UMass Memorial Health Care

Seth Peters
Chief of Epidemiology
Worcester Division
of Public Health

Kimberly Salmon
Director of Community
Relations
Fallon Health

Clara Savage
Director
Common Pathways

CHIP Staff:

Cassandra Andersen
Regional Substance Abuse
Programs Coordinator

Paige Bik
Regional Community Health
Coordinator

Raquel Castro-Corazzini
Youth Opportunities
Coordinator

Erin Cathcart
Accreditation Coordinator

Megan DeNubila
Prevention Specialist

Zach Dyer
Coordinator of Chronic Disease
Prevention & Partnerships

Amanda Major
Community Engagement
Organizer

Laura Overton
Program Coordinator for
Center for Public Health Practice

Tracy Kennedy
Prevention & Wellness Trust
Fund Program Manager

Fran Anthes
CEO
Family Health Center
of Worcester

Derek Brindisi
Director
Worcester Division
of Public Health

Dr. Suzanne Cashman
Professor
University of Massachusetts
Medical School, Department
of Family Medicine
& Community Health

Liz Sheehan Castro
Coordinator
Food and Active Living
Policy Council

Linda Cavaoli
Executive Director
Worcester YWCA

Kimberly Ciottone-Reckert
Special Projects Coordinator
UMass Memorial Medical Center

Dr. Timothy Downs
Associate Professor of
Environmental Science & Policy
Clark University

Tim Garvin
President and CEO
United Way of
Central Massachusetts

Karin Valentine Goins, MPH
Coordinator
Worcester Mass in Motion

Dr. Michael Hirsh
Commissioner
Worcester Division
of Public Health

Karyn Johnson
Substance Abuse
Prevention Coordinator
Worcester Division
of Public Health

Dr. Stephenie Lemon
Associate Professor of Medicine
Division of Preventive
and Behavioral Medicine,
UMass Medical School

Monica Escóbar Lowell
Vice President
Community Relations
UMass Memorial Health Care,
Inc.

Toni McGuire
President and CEO
Edward M. Kennedy
Community Health Center

Cathy O'Connor
Director
Office of Healthy Communities,
Massachusetts Department of
Public Health

Heidi Paluk
Vice President of External Affairs
United Way of
Central Massachusetts

Dr. Laurie Ross
Associate Professor of Communi-
ty Development and Planning
Clark University and Coordinator,
HOPE Coalition, UMass
Memorial Medical Center

Clara Savage
Director
Common Pathways

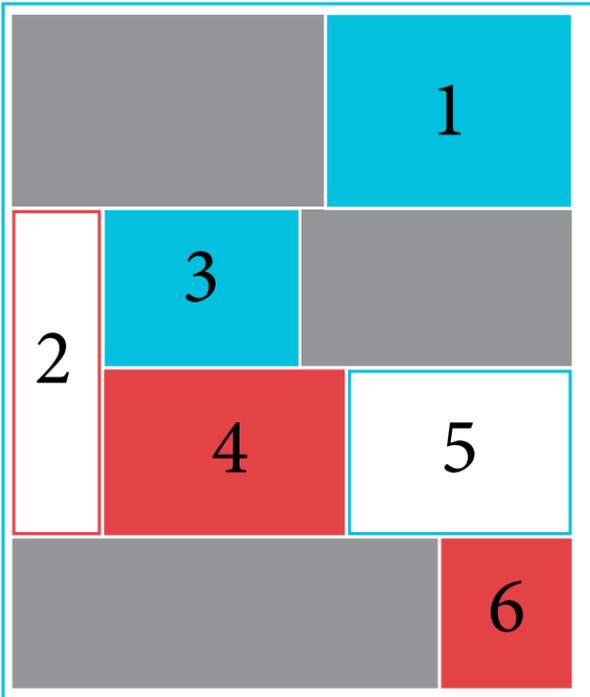
Paulette Seymour-Route
UMass Graduate School of Nursing

Nicole Valentine
Public Relations Manager
Worcester Division of Public Health

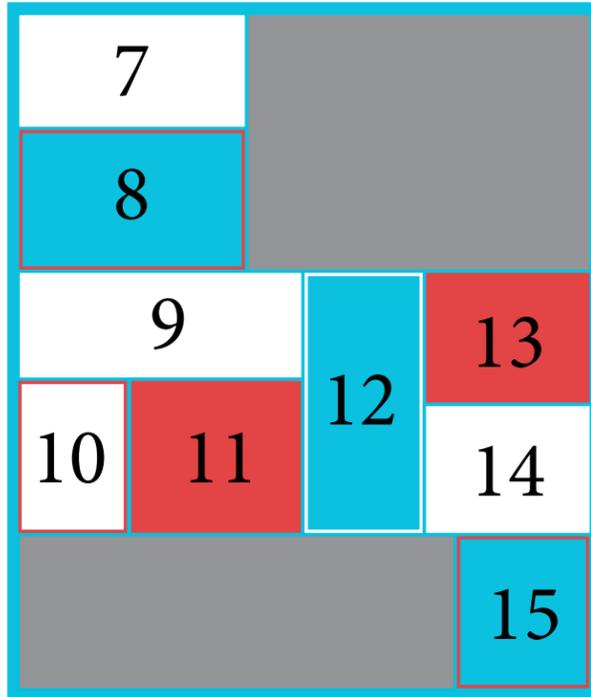
Carlton Watson
Executive Director
Henry Lee Willis Center

Dr. Jan Yost
President and CEO
Health Foundation of
Central Massachusetts

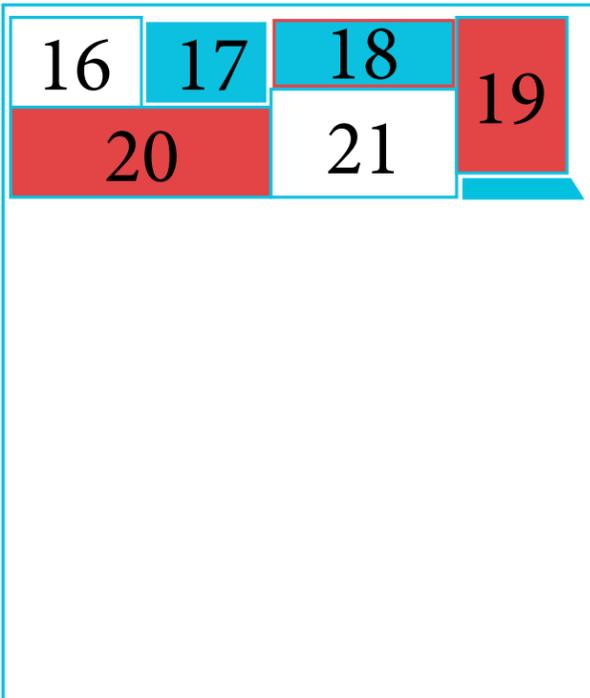
References



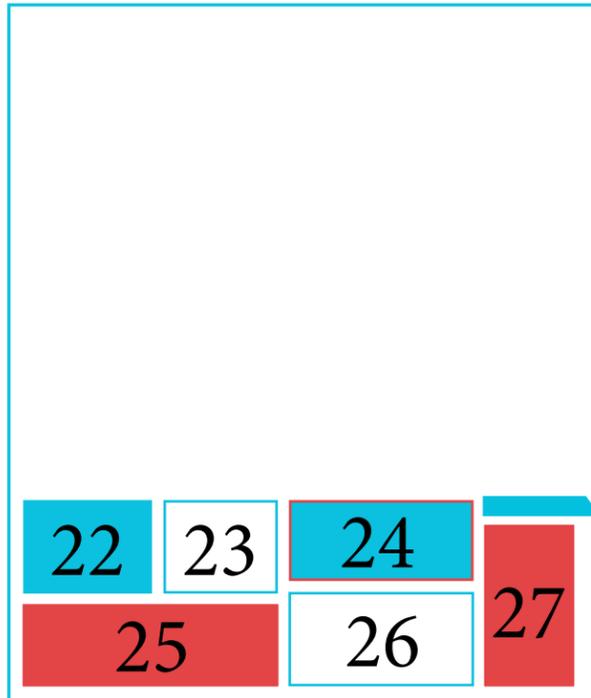
page 6



page 11



page 13



page 15

References

1. Worcester Regional Youth Health Survey, 2013, "During the past 7 days, how many times did you eat vegetables?"
2. Massachusetts Department of Public Health, Behavioral Risk Factor Surveillance System, CY 2012
3. Worcester Division of Public Health, 2014
4. Worcester Division of Public Health, 2014
5. US Census Bureau, American Community Survey, (2011-2013)
6. Massachusetts Department of Public Health, Behavioral Risk Factor Surveillance System, CY 2012
7. Worcester Regional Youth Health Survey, 2013, "During the past 30 days, on how many days did you have at least one drink of alcohol?"
8. Worcester Regional Youth Health Survey, 2013, "During the past 12 months, did you ever seriously consider attempting suicide?"
9. Worcester Regional Youth Health Survey, 2013, "During your life, how many times have you taken a prescription drug without a doctor's prescription?"
10. Massachusetts Department of Public Health, Behavioral Risk Factor Surveillance System, CY 2012
11. Worcester Regional Youth Health Survey, 2013, "How much do you think people risk harming themselves if they use prescription drugs that are not prescribed?"
12. Massachusetts Department of Public Health, Behavioral Risk Factor Surveillance System, CY 2012 and Worcester Regional Youth Health Survey, 2013, "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?"
13. Massachusetts Department of Public Health, Behavioral Risk Factor Surveillance System, CY 2012
14. Worcester Regional Youth Health Survey, 2013, "During the past 30 days, on how many days did you smoke cigarettes?"
15. Worcester Regional Youth Health Survey, 2013, "During the past 30 days, how many days did you use chewing tobacco, snuff, or dip?"
16. Massachusetts Department of Public Health, Registry of Vital Records and Statistics, 2011-2013
17. Worcester Regional Youth Health Survey, 2013, "During the past 12 months, did you visit your primary care physician for a routine checkup?"
18. Worcester Healthy Baby Collaborative, 2013 Report on Infant Mortality in the City of Worcester, 2013
19. Worcester Regional Youth Health Survey, 2013, "During the past 7 days, how many times did you drink a soda, sports drink, sweetened lemonade, iced tea, or other sweetened drink?"
20. Massachusetts Department of Public Health, Registry of Vital Records and Statistics, 2011-2013
21. Massachusetts Department of Public Health, Behavioral Risk Factor Surveillance System, CY 2012
22. Worcester Police Department, 2014
23. Worcester Regional Youth Health Survey, 2013, "During the past 30 days, how many times did you text or email while driving a car or other vehicle?"
24. Worcester Regional Youth Health Survey, 2013, "During the past 12 months, have you ever been bullied on school property?"
25. Massachusetts Department of Public Health, Registry of Vital Records and Statistics, 2011-2013
26. Massachusetts Department of Public Health, Registry of Vital Records and Statistics, 2011-2013
27. Worcester Regional Youth Health Survey, 2013, "During the past 12 months, how many times were you in a physical fight?"

Photos

Front cover: Clockwise from top-left: HOPE Coalition at the Statehouse for Kick-Butts Day, 2014. Worcester Safe Routes to School coordinator conducting pedestrian safety training for Worcester 2nd graders. Worcester Kindergarteners planting vegetables at the Community Harvest Project as part of Mass Farm to School's Kindergarten Initiative. Community Members providing input for a youth violence plan at the Worcester Youth Center. A school playground in Worcester subject to a Joint Use Agreement piloted in 2014.

Page 4: A Mother's Day bike ride organized by local active transportation advocacy group WalkBike Worcester.

Page 5: From top to bottom: Congressman Jim McGovern on a tour of the Regional Environmental Council's Urban Agriculture efforts.

Page 6: Worcester Kindergarteners planting vegetables at the Community Harvest Project as part of Mass Farm to School's Kindergarten Initiative.

Page 8: HOPE Coalition at the Statehouse for Kick-Butts Day, 2014.

Page 10: From top to bottom: HOPE Coalition at the Statehouse for Kick-Butts Day, 2014. HOPE Coalition at the 2014 Youth Summit held at North High School.

Page 11: Prevention & Wellness Trust Fund Community Health Workers at MA Audubon's Broadmeadow Brook learning about the resources offered there for patients.

Page 14: Grafton residents learning about balance promoting techniques through A Matter of Balance course at the Grafton Senior Center.

Page 16: Participants of the Undoing Racism, Community Engagement training for youth in summer 2014.

We have a vision of being the healthiest city and region in New England by 2020.

The healthiest you
in the healthiest city
in the healthiest region.



Public Health
Prevent. Promote. Protect.

#Healthy2020
www.healthycentralma.com