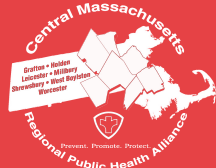# GREATER WORCESTER
COMMUNITY HEALTH IMPROVEMENT PLAN
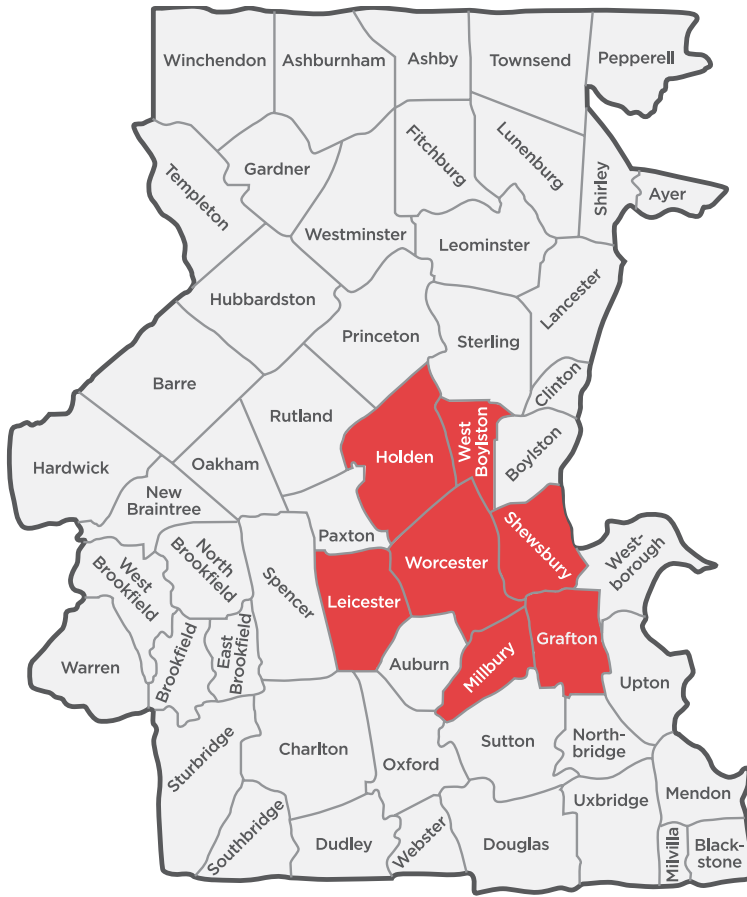# 2016 CHIP

Public Health
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Coalition for a
Healthy Greater Worcester

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

CMRPHA is a coalition of municipalities working cooperatively to create and sustain a viable, cost-effective, and labor-efficient regional public health district.

2016 Greater Worcester Community Health Improvement Plan

VISION:

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

This Community Health Improvement Planning process was conducted from October 2015 through May 2016. It serves as the basis of action for health improvement efforts carried out by the Central MA Regional Public Health Alliance, UMass Memorial Healthcare, Fallon Health, and the Coalition for a Healthy Greater Worcester (CHNA-8, formerly Common Pathways). Built on the priorities set in the 2015 Community Health Assessment, this Community Health Improvement Plan identifies the goals, objectives, and strategies to improve health in the deepest, most sustainable ways possible. Annual updates and revisions will be made available online and through public events.

For more information visit:
www.healthycentralma.com

Acknowledgments

Priority Area Planning Group Conveners

Access to Care

Jose Ramirez	Noreen Johnson Smith
Edward M. Kennedy Community Health Center	Family Health Center of Worcester

Access to Healthy Food

Casey Burns	Liz Sheehan Castro
Regional Environmental Council of Worcester	Worcester County Food Bank

Cultural Responsiveness

Casey Burns	Joe Corazzini
Regional Environmental Council of Worcester	Worcester Resident

Economic Opportunity

Jeannette Roach	Ana Sequera
Worcester Office of Economic Development	Oak Hill CDC

Mental Health

Caitlyn Keckeissen	Katie O'Brien	Lorie Martiska
YOU, Inc.	YOU, Inc.	The Bridge of Central MA

Physical Activity

Karin Valentine Goins	Patty Flanagan
WalkBike Worcester	YWCA of Central MA

Racism & Discrimination

George Spring	Heather-Lyn Haley
Worcester Partnership for Racial & Ethnic Health Equity	

Safety

Casey Starr	Karen Riley-McNary
Main South CDC	YWCA Central MA

Substance Abuse

Vicente Sanabria	Carmen Rosado	Crystal Brown
LUK, Inc.	Worcester Public Schools	Community Healthlink

Project Manager
Zach Dyer, Worcester Division of Public Health

Acknowledgments

Letter to the Community

To all those who live, work, and learn in the communities of the Central MA Regional Public Health Alliance;

In the summer of 2015 we asked: What does a healthy community look like to you? And over 1,000 of you answered! We were excited and challenged by the responses. You told us that a healthy community is one where people feel safe—whether they are walking around their neighborhood, to school, or to the playground. You told us that a healthy community is one where you can get a job to support the health of your family and where you know your kids will be able to get jobs when they are ready. And you told us that it is a community where the voice of all people is valued and respected.
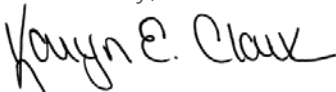
We are proud to present to you this Community Health Improvement Plan, which is based on the most up-to-date research, information about the health of our community, and thousands of hours of input from many of you. This plan, the CHIP, will be used to guide the work of countless organizations and individuals over the next five years, with the vision of being the healthiest city and region in New England by 2020. It won't be easy, and it won't happen overnight, but with the community's continued dedication and care, we are confident that we will move to this vision.

You'll find spelled out in the CHIP programs, policies, and broad changes that need to happen in our communities to see health improve for all. And when we say all, we mean all—every person, regardless of race, gender, income, language, religion, sexual orientation, housing status, immigration status, family situation—everyone should have the opportunity to be healthy in this community.
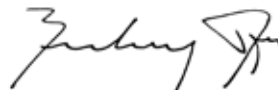
From what it will take to get people living active lives, to supporting mental health from early childhood, to all individuals and families knowing they can access the preventative health care they need, to ensuring that those that return to the community from prison or war have the support they need to earn a living—the CHIP is our plan to improve all areas of health.

There are many details found in the pages of the CHIP. We hope that you will take the time to read them, get excited about achieving them, and join us on this ambitious journey.
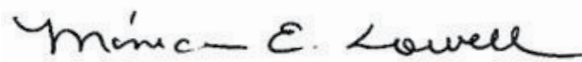
Sincerely,

Karyn Clark
Director, Worcester Division of Public Health /
Central MA Regional Public Health Alliance

Zach Dyer
Deputy Director, WDPH/CMRPHA
Co-chair, Coalition for a Healthy Greater Worcester

Mónica Escobar Lowell
Vice President, Community Relations
UMass Memorial Health Care

Laurie Ross
Co-chair, Coalition for a Healthy Greater Worcester

Kimberly Salmon
Director of Community Relations
Fallon Health

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Executive Summary

What does a healthy community look like to you? Some people picture a community where obesity rates are low, where vaccination rates are high, but most picture a community where everyone can feel safe, active, and productive. When asked, community members tend to talk about a healthy community as one where jobs are readily available, where their voice and values are respected and appreciated, and where navigating services is simple.

In 2015, the City of Worcester Division of Public Health as the lead agency of the Central MA Regional Public Health Alliance, in partnership with UMass Memorial and Fallon Health, sought to answer this question and others about the health status of the communities of Greater Worcester through a Community Health Assessment (CHA). That process revealed a number of priorities our community needs to address in order to best improve health. Some of those priorities were more immediately apparent such as substance use. Some were more complicated, like economic opportunity.

Using the information that was gathered in the CHA, including the input of over 1,500 individuals who live, work, learn, or play in the Greater Worcester region, a process began to create this Community Health Improvement Plan (CHIP). A CHIP is used as roadmap for health improvement over a 3-5 year period and guides the investment of resources of not only the health department, hospitals, and health plans, but of any and all organizations that have a stake in improving health for the residents of Worcester and the surrounding communities.

This CHIP for the towns of Grafton, Holden, Leicester, Millbury, Shrewsbury, West Boylston, and the City of Worcester, was developed using a 6-month planning process. Shortly after the completion of the 2015 CHA, the planning process for the 2016 CHIP began. The CHA identified 9 priority areas. Subsequently, 8 working groups were established each with 2-3 conveners who volunteered or were nominated as leaders of a four session planning process. Conveners and staff of WDPH recruited members of those groups who went through a standardized process to set actionable objectives and strategies using the data in the CHA. Once completed, the Worcester Partnership for Racial and Ethnic Health Equity convened two roundtables to assess all proposed objectives and strategies through a lens of health equity.

After refinement from the staff of the Worcester Division of Public Health and members of the Coalition for a Healthy Greater Worcester, 9 overarching aims, 31 measurable objectives, and 100 actionable strategies, within the framework of 1 overarching goal and 3 core principles were finalized. A brief summary of those follow.

1 Goal
Health Equity

3 Core Principles
Invest first in the community | Empower, listen to, and respect community voice | Eliminate gaps between services

9 Priority Areas
Racism & Discrimination | Substance Use | Access to Care | Mental Health | Economic Opportunity | Cultural Responsiveness | Access to Healthy Food | Physical Activity | Safety
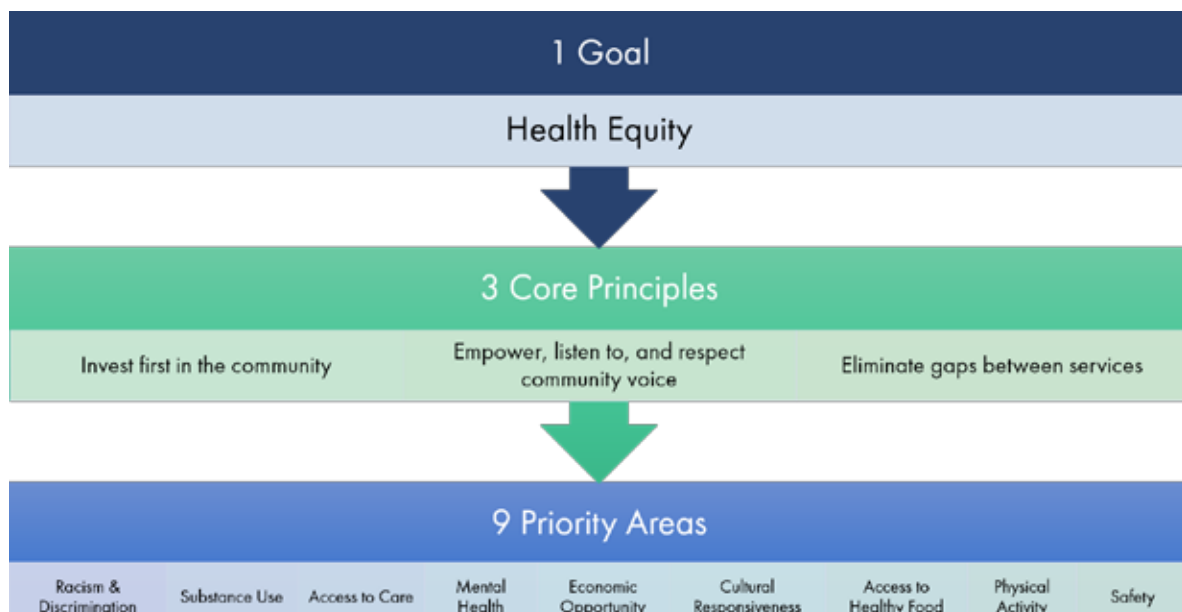
One Goal: Health Equity

The Robert Wood Johnson Foundation defines health equity as meaning "that all people, regardless of ethnicity, socio-economic status, sex or age, have equal opportunity to develop and maintain health through equal access to resources." At the outset of the CHA and CHIP process, partners agreed that success in community health improvement is defined as equity, and therefore all initiatives under the CHIP must work towards this shared goal. Community members who participated in the CHA and partners alike agree that every member of the community deserves the opportunity to be healthy. To that end, health equity is not one goal among many, it is the goal.

Three Core Principles

Invest first in the community. Whether access to food, the built environment, or job readiness; over and over, the solution to many of the barriers to health appears as investing first in the community. This means that in order to improve health, jobs should be available first to those who live in the community; food should be bought first from growers from the area; and gaps in the workforce should be addressed through training and education of local residents, rather than attracting professionals from elsewhere.

Empower, listen to, and respect community voice. In every discussion of how to improve health, residents and partners discussed the critical need to allow more input from all members of the community into health-related decisions as broadly as transportation planning and school lunch menus. In order to drive an equitable and responsive public health system, community voice must be at the center of all decisions.

Eliminate gaps between services. The greatest strength of the Greater Worcester region identified through this process is the abundance of high-quality social, health, and associated services in the area. One of the most frequently cited frustrations, however, was the difficulty in navigating between these services. For that reason, a "no wrong door" approach to services is needed, meaning that when an individual presents in one place for one service, that person should be seamlessly connected to a different needed service regardless of the scope of the agency's services.

9 Priority Areas

Racism & Discrimination. Aim: Improve population health by systematically eliminating institutional racism and the pathology of oppression and discrimination by promoting equitable access to, and use of, health promoting resources in the community, and significantly reduce the structural and environmental factors that contribute to health inequities. This priority area seeks to meet its aim by ensuring that all objectives in the CHIP specifically address health equity and by building a common language around race and racism throughout the community.

Substance Use. Aim: Create a regional community that prevents and reduces substance use disorder and associated stigma for all populations. This priority area seeks to meet its aim through environmental, systems, and policy change targeted toward reducing the use of alcohol, marijuana, nicotine, opioids, and other emerging drugs with abuse potential.

Access to Care. Aim: Create a well-coordinated, respectful, and culturally-responsive environment that encourages prevention of chronic disease, reduction of infant mortality, and access to quality comprehensive care for all. This priority area seeks to meet its aim by increasing the number of providers in the region, better coordinating services, and enhancing and expanding culturally responsive practices in clinical settings.

Mental Health. Aim: Foster a community responsive to the mental health needs of all populations, considerate of all ages and cultures, and resilient to changing environments and demographics. This priority area seeks to meet its aim by increasing the number of providers, ongoing assessment, training, and the promotion of a collaborative care model.

Economic Opportunity. Aim: Improve population health by providing all residents with opportunities to engage in meaningful work with living wages and healthy, safe, and family-friendly working conditions. This priority area seeks to meet its aim through policy change, increasing employment resources, and engaging community members in planning and decision-making processes.

Cultural Responsiveness. Aim: Enhance the capacity of health and social services agencies to provide culturally-responsive and culturally-appropriate services to CMRPHA residents to improve health equity. This priority area seeks to meet its aim by increasing culturally-responsive services such as the use of interpreters, community health workers, and broad promotion of self-assessment in providing culturally and linguistically appropriate services.

Access to Healthy Food. Aim: Ensure all people have equal access to healthful foods by building and sustaining communities that support health through investment in the growth, sale, and preparation of healthy foods. This priority area seeks to meet its aim through a combination of education about food from farm and garden to table and a targeted reduction of the long-standing barriers to accessing healthy food.

Physical Activity. Aim: Improve health for those who live, work, learn and play in the region through safe, equitable access to opportunities for physical activity, with special emphasis on youth, vulnerable, and underserved populations. This priority area seeks to meet its aim by making active transportation a safe and reasonable option for all populations.

Safety. Aim: Ensure that all residents regardless of age, race, ethnicity, class, gender identity, sexual orientation, housing situation, family status, or religion will feel safe, secure, respected and live a life free from violence. This priority area seeks to meet its aim by improving the built environment, reducing violent incidents involving youth, ongoing assessment, and increased opportunities for police to participate in community-building.

Next Steps

The CHIP is intended to be a living document, with adjustments and course corrections being made on an annual basis to maximize impact and success of implemented initiatives. The Coalition for a Healthy Greater Worcester, in partnership with the Worcester Division of Public Health, holds the responsibility for ensuring implementation of this Plan, though success will not be achieved without the commitment of hundreds of organizations and decision-makers. The objectives of this CHIP are intended to provide a framework for health improvement through 2020, providing a roadmap to becoming the healthiest city and region in New England by 2020.

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Figure 1. MAPP process visualization
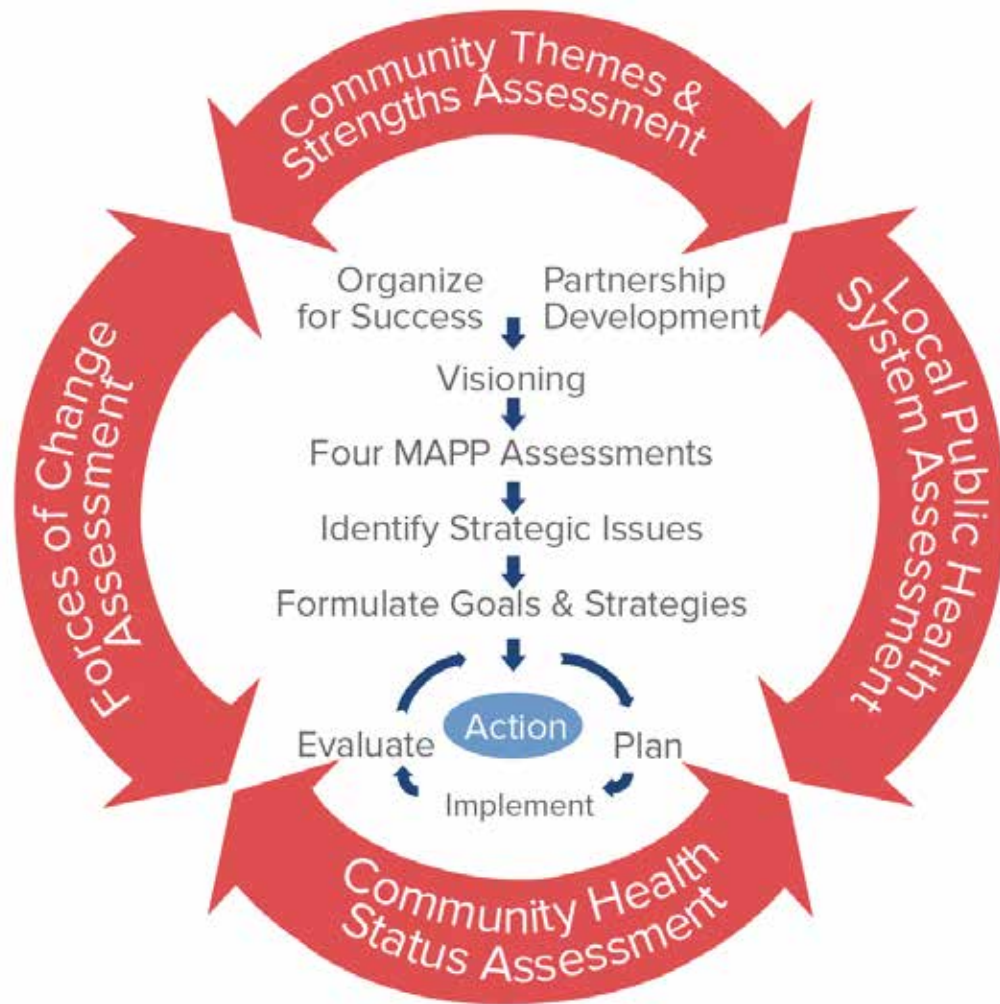
Introduction & Background

Improving the health of the community is imperative to supporting a population with a high quality of life, future prosperity, and resilience to change. To that end, the Worcester Division of Public Health as the lead agency of the Central MA Regional Public Health Alliance and the Coalition for a Healthy Greater Worcester, in partnership with UMass Memorial Health Care and Fallon Health are leading a comprehensive community health planning effort to measurably improve the health of residents in the Greater Worcester region.

A community health improvement planning process includes two principal components:

• A Community Health Assessment (CHA) to identify the health-related challenges and assets of the community; and

• A Community Health Improvement Plan (CHIP) to provide direction to the health department, health coalitions, hospitals, and other public health partners to best improve health over the following 3-5 years.

This report presents the 2016 Community Health Improvement Plan for the communities of the Central MA Regional Public Health Alliance: Worcester, Shrewsbury, Grafton, Leicester, Millbury, West Boylston and Holden.

What is a CHIP?

A CHIP is a long-term, systematic effort to address public health issues on the basis of community health assessment results and a community-wide health improvement planning process that engages residents and partners. The plan is then used by health departments, government agencies, hospitals, schools, higher education institutions, human service providers, businesses, and other community partners, to set priorities and coordinate and target resources.

Building upon the key findings and themes identified in the Community Health Assessment (CHA), the CHIP aims to:

• Identify priority issues for action to improve community health; and

• Develop and implement a health improvement plan with performance measures for evaluation; and

• Guide future community decision-making and resource allocation to improve population health.

A CHIP is developed to provide guidance to the health department, city government, hospitals, community health centers, philanthropists, third-party payers, social and community-based organizations, coalitions, and other stakeholders in improving the health of the population. The plan is critical for developing policies and defining actions to target efforts that promote health.

A CHIP is designed to be a broad, strategic framework for improving community health and should be modified and adjusted as conditions, resources, and external environmental factors change. It is developed and written in a way that engages multiple perspectives so that all community groups and sectors — private and nonprofit organizations, government agencies, academic institutions, community and faith-based organizations, and community residents — can unite to improve the health and quality of life for all people who live, learn, work, and play in the region.

How did we get here?

Building on the framework and success of the 2012 CHA and CHIP and lessons learned through the implementation of the 2012 CHIP, the 2016 CHIP was developed through a transparent and adaptive planning process that involved hundreds of individuals and organizations, totaling over 1,000 community person-hours.

A community-driven strategic planning framework called Mobilizing Action through Planning and Partnership (MAPP) was used to guide the CHA and CHIP process (Figure 1). The MAPP process for the 2015 CHA and 2016 CHIP began in October 2014.

The 2015 CHA is the document created during the first phase of the process in which the results and findings of several distinct assessments are compiled. The 2015 CHA included a prioritization process in which community health stakeholders reviewed preliminary results of those assessments and evaluated all health areas against criteria for further action. The 2015 CHA was released in October 2015 and planning for the 2016 CHIP began shortly after.

Purpose

We recognize that by working together we can accomplish more than we could alone. The purpose of the CHIP is not to create more work for our partners, but rather to align and leverage the efforts of multiple organizations and to move toward improved health for the residents of the Greater Worcester region in a strategic manner.

What follows is the result of the community's deliberation and planning to address health concerns in an intentional way that aligns resources and energy to make a measurable impact on health issues in the Greater Worcester Region. We recognize that there are many assets in the region that will help this process move toward accomplishing its goals.

Process

From the nine priority areas identified through the CHA process, eight planning groups were formed with two to three conveners leading each of those groups. Conveners and staff at the Worcester Division of Public Health identified potential participants and those groups began meeting in December 2015. Each went through a guided four-meeting planning process, though some groups used a fifth meeting to wrap up discussion. Guiding documents for those planning meetings can be found in Appendix A.

At the conclusion of those planning meetings, each workgroup submitted a draft of proposed objectives and strategies for their area. The Office of Community Health staff at the Worcester Division of Public Health reviewed all proposed objectives and strategies, tested them against criteria for inclusion such as feasibility, evidence of success elsewhere, and advancement from the status quo. Additionally, because of the intricate nature of health, many objectives and strategies overlapped across areas and needed to be collapsed or integrated to represent all perspectives.

Once a full first draft of objectives and strategies were completed, those were shared with the planning groups for review. Simultaneously, the co-chairs of the Worcester Partnership for Racial & Ethnic Health Equity hosted two roundtable discussions to evaluate all proposed objectives and strategies against a lens of health equity and to identify any gaps left unaddressed under the priority area of Racism & Discrimination.

A second full draft of the objectives and strategies incorporating the feedback from the planning group participants and the Worcester Partnership for Racial & Ethnic Health Equity were presented to the Steering Committee of the Coalition for a Healthy Greater Worcester for final review and discussion. The Steering Committee is comprised of public health stakeholders across all sectors, with at least one representative of each of the planning groups.

Addressing health equity and the social determinants of health

At the outset of the 2015-2016 CHA-CHIP process, health equity was discussed as being central to the work of all partners, and not one goal among many as was highlighted in the 2012 CHIP, but rather the central goal under which all other strategic direction falls. The Worcester Division of Public Health adopts the Robert Wood Johnson Foundation definition that "health equity means that all people, regardless of ethnicity, socio-economic status, sex or age, have equal opportunity to develop and maintain health through equal access to resources." For the purpose of Community

Health Improvement, **we define success as achieving health equity.**

Additionally, CHIP partners demonstrated in their planning a dedication to addressing health at its most foundational level—to address the social and environmental determinants of health. Understanding that to eliminate health inequity and health disparities, the social and physical environments in which residents live, work, learn and play must be addressed, CHIP planning participants outlined a framework for health improvement that seeks to improve health for all residents.

Three core principles
Between the thousands of participants that contributed their voice to the development of the 2015 CHA and the development of the nine priority areas, 31 objectives, and 100 strategies and policies that follow, a few trends emerged. Partners agreed to highlight these trends as "core principles," both to focus energy and resources and to guide implementation of this CHIP:

- *Invest first in the community*
- *Empower, listen to, and respect community voice*
- *Eliminate gaps between services*

Alignment with other guiding documents
In order to see the greatest impact through the local efforts identified in this plan, consideration and alignment with other plans, local, state-wide, and national, is a best practice. Each objective in the pages that follow includes a description of alignment with some other guiding documents, plans, and initiatives, namely the Massachusetts State Health Improvement Plan (MA SHIP or SHIP) which was released in 2015, Healthy People 2020 (HP2020), and the National Prevention Strategy (NPS). Other local, state, and national plans and reports were also considered in alignment. Figure 2 provides a visual representation of these.

Strategic Elements of the CHIP
Real, lasting community change stems from critical assessment of current conditions, an aspirational framing of the desired future, and a clear evaluation of whether efforts are making a difference. Outcome measures tell the story about where a community is in relation to its vision, as articulated by its related goals, objectives, and strategies. The following pages outline the aims, objectives, strategies, outcome measures, and partners for the nine health priority areas outlined in the CHIP (see Appendix B for a glossary of CHIP terms and other terms used in this CHIP).
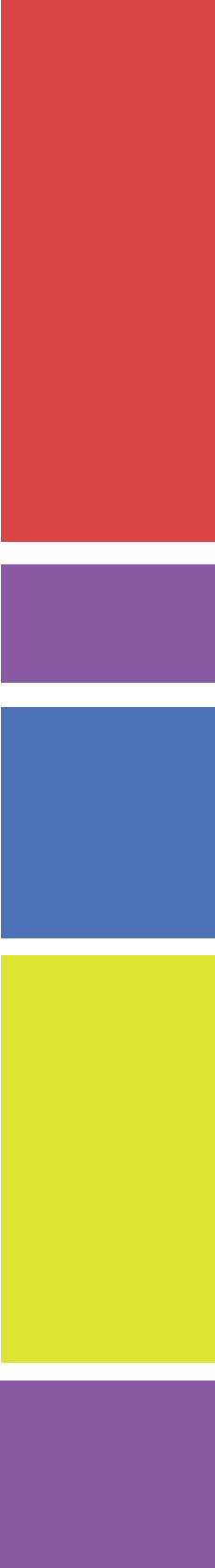
In each of the nine priority areas that follow, an overview of the objectives and strategies for that priority area are followed by rationale, outcome measures, and current partners involved in the work for each objective. For each strategy, a rationale and progress measures is included. Current partners and lead agencies listed are not static and do not assign responsibility, but rather outline the possibilities for moving forward in this work.

While the objectives and strategies are numbered, this is for organizational purposes only, not to convey a ranking of importance.

Figure 2. Alignment with other guiding documents

The diagram shows "2016 CHIP" at the center, surrounded by documents color-coded by category:

Legend:
- Local (yellow)
- State (purple)
- National (blue)
- Private (gray)

Surrounding documents:
- Surgeon General's Call to Action on Walking (National)
- Governor Baker's Opioid Task Force Report (State)
- Open Space & Recreation Plan (Local)
- HHS Reducing Health Disparities Action Plan (National)
- Massachusetts SHIP (State)
- US Dept. of Labor Strategic Plan (National)
- Healthy People 2020 (National)
- Equitable Development Toolkit (Private)
- National Prevention Strategy (National)
- Mobility 2040 (Local)
- SAMHSA's Leading Change 2.0 (National)
- Worcester Regional Food Hub Pilot Plan (Local)

There are costs bigger than the healthcare, criminal justice, and social welfare systems … the cost of a disconnected, disengaged community is sort of an insidious and rather large cost. You look at what's happening in some of these communities that are really struggling with racism … and you see the divide that is being created from the economic middle and upper class and the economic poor. It's creating a divide that is going be hard to fix. This divide, that some people matter and some people don't, or that there is a group of people worth more, not just in dollars, but in time and energy, than another class, that's a problem that's going to ripple for many many moons— a lot longer than just the cost of the social welfare system today. **If people fundamentally feel like they don't matter and that their wellbeing doesn't matter, that will cost us permanently.**
– 2015 CHA Stakeholder Interview

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

Overview

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

Objectives and Strategies

| **1.1** | Integrate a framework of health equity into all CHIP objectives. |

Rationale

Eliminating health disparities is one of four strategic directions of the National Prevention Strategy (NPS) and therefore is integrated throughout all of its priority health areas. The Massachusetts State Health Improvement Plan (SHIP) integrates a framework of health equity throughout its standards and measures as well.

Strategies and objectives that are predicted to have the greatest impact on health equity or that integrate specific language about equity are marked in each "Overview" section of the following priority areas.

| **1.2** | Increase the capacity of 500 leaders throughout the region to engage in anti-racism work through training, the development of common language, and opportunities for personal and professional development. |

Rationale

Specifically addressing racism and discrimination to improve public health was prioritized during the 2015 Community Health Assessment process by stakeholders and participants. Structural racism and instances of discrimination were cited a number of times as barriers to accessing care, maintaining health, and building strong and healthy communities. What was also clear was inconsistent understanding, use of language, and familiarity with anti-racism strategies.

In the CDC's Practitioner's Guide for Advancing Health Equity, "Building Organizational Capacity to Advance Health Equity" is the first listed "key foundational skill."

Current Partners

Worcester Partnership for Racial & Ethnic Health Equity

Outcome Measures

Number of leaders trained

1.2.1. **Identify and implement effective, evidence-based training for cohorts of community and institutional leaders best poised to create substantial change within the community or within their institutions.**

Rationale. Facilitating ongoing training and dialogue in order to be deliberate in building staff skills to advance health equity is a best practice outlined in CDC's Practitioner's Guide to Advancing Health Equity.

Lead Agency. Worcester Partnership for Racial & Ethnic Health Equity

Outcome Measures. Number of leaders trained

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

1.2 Increase the capacity of 500 leaders throughout the region to engage in anti-racism work through training, the development of common language, and opportunities for personal and professional development.

1.2.2. Develop or support mechanisms for trained leaders to continue to engage in meaningful dialogue with each other concerning race, discrimination, and equity.

Rationale. Facilitating ongoing training and dialogue in order to be deliberate in building staff skills to advance health equity is a best practice outlined in CDC's Practitioner's Guide to Advancing Health Equity.

Lead Agency. Worcester Partnership for Racial & Ethnic Health Equity

Outcome Measures. Number of hours of opportunities for ongoing dialogue

---

1.2.3. Adopt a standard set of definitions regarding racism and discrimination for use and reference by municipal, institutional, and community partners.

Rationale. Establishing a common vocabulary for discussing equity, race, and discrimination has been shown to be an important first step across the country to making long-term commitments to address those issues. Cities and states across the country have adopted standard definitions either by administrative or regulatory policy as a means of moving this important work forward.

Lead Agency. Worcester Partnership for Racial & Ethnic Health Equity

Outcome Measures. Adopted definitions
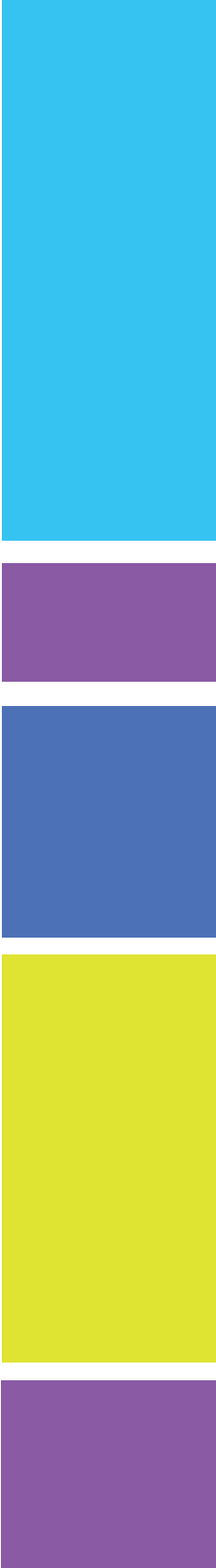
1.2.4. Integrate language about equity into the mission, vision, and strategic plans of CHIP partner organizations.

Rationale. With an overarching goal of health equity, it is critical that CHIP partners embrace that goal not just individually, but organizationally, and are willing to commit to structural changes to promote health equity in the work that they do.
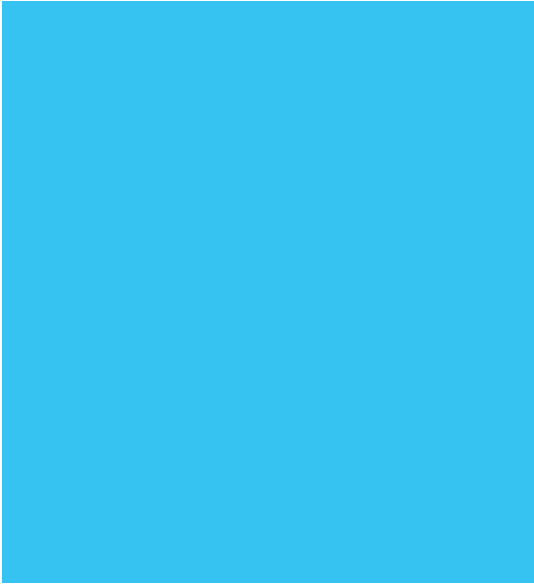
Lead Agency. Worcester Partnership for Racial & Ethnic Health Equity

Outcome Measures. Number of organizations with equity language integrated into mission, vision, or strategic plan

"I'm in awe of people who have been working in the community and have been doing this for many years. They are on the front lines and can identify the needs pretty accurately, I think the challenge is finding the resources and finding interventions that are measurable and sustainable. I think if we can do that combined with the talents of the people on the front lines then I think we can make some progress." - Healthcare Provider Interview, 2015 CHA

Priority Area: Substance Use

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

Overview

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

=In accordance with Objective 1.1, these strategies and objectives are indicated as having the greatest potential impact on health equity.

Objectives & Strategies

2.1 Increase median age of first alcohol use among youth by 1 year and reduce adult binge drinking rates by 10%.

Rationale
High school students who participated in the CMRPHA Youth Health Survey reported drinking their first alcoholic drink as early as the age of 8 years. Greater than 10% of regional youth report having their first drink by the age of 14 years and over 25% report having their first drink before the age of 16 years. Past 30-day use of alcohol for regional youth was 27%, meaning that at the time the survey was administered, greater than 1 in 4 high school aged youth drank alcohol in the last month. Binge drinking in adults in Worcester is comparable to the state rate at 20% of adults reporting having had 5 or more drinks within a short time period in the past 30 days.

Healthy People 2020 includes an objective to increase the proportion of adolescents refraining from using alcohol for the first time as well as an objective to reduce the proportion of adult binge drinking by 10%. The SHIP includes an objective to "reduce the relative percentage of youth who report having tried alcohol for the first time before age 13 by 5%." The NPS as well includes a recommendation to increase the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) to decrease alcohol and other drug use.

Current Partners
Police Departments, Regional Schools, Regional Response to Addiction Partnership, CMRPHA Municipalities

Outcome Measures
Median age of first alcohol use; Adult binge drinking rates in last 30 days

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2.1.1. **Support Screening, Brief Intervention, and Referral to Treatment (SBIRT) implementation in the regional public school systems.**

Rationale. As uniquely positioned individuals able to speak with young people regarding substance use, appropriate school staff have been proven to be effective in implementing SBIRT. These tools increase opportunities for young people to be referred for and seek substance abuse treatment from an early age. This also aligns with measures of the MA SHIP.

Lead Agency. Worcester Division of Public Health / Central MA Regional Public Health Alliance

Outcome Measures. Number of referrals from school nurses to outside agencies

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

2.1 Increase median age of first alcohol use among youth by 1 year and reduce adult binge drinking rates by 10%.

2.1.2. **Increase use of environmental strategies to reduce alcohol misuse (such as, social norms campaigns, parent education, retailer education, etc.).**

Rationale. Research has proven that environmental strategies such as policy change and changing perceptions, can have long-lasting impact on alcohol use by youth. Additionally, WDPH/CMRPHA and its partners have a long history of implementing these types of strategies locally.

Lead Agency. Regional Response to Addiction Partnership

Outcome Measures. Number of environmental strategies implemented in each municipality

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2.1.3. **Increase awareness of youth and adult treatment and recovery homes through public service announcements.**

Rationale. Lack of understanding or awareness of the available resources for both youth and adults to support their recovery is a barrier to entering and remaining in recovery in the Worcester region.

Lead Agency. Regional Response to Addiction Partnership

Outcome Measures. Number of public service announcements; Number of media outlets in which public service announcements are distributed; Estimated reach of public service announcements

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2.1.4. **Support Recovery High School enrollment by reducing barriers for underserved populations.**

Rationale. While Central Massachusett's first recovery high school provides an incredible resource to the community and has seen success in its inaugural year, the school is not operating near its capacity. Barriers to attendance exist for many populations including transportation, parental understanding, and lack of awareness of the services provided.

Lead Agency. Regional Response to Addiction Partnership, Worcester Partnership for Racial & Ethnic Health Equity

Outcome Measures. Number of new students enrolled in Rockdale Recovery High School; Demographic make up of student body

2.2 Reduce marijuana use in youth under 21 by 5% and maintain non-medicinal use among adults below state rates.

Rationale

About one-third of regional high school students report having used marijuana in their lives with about 20% reporting use at least once in the past 30 days. More than half of the high school aged youth surveyed responded that marijuana poses no risk or only a slight risk to those that use it. Nearly 10% of Central MA adults reported having used marijuana in the past 30 days.

Healthy People 2020 includes objectives to reduce adolescent marijuana use and increase disapproval rates of marijuana use in adolescents. HP2020 includes no objectives to reduce use in adults.

Current Partners

Police Departments, Regional Schools, Regional Response to Addiction Partnership, CMRPHA Municipalities

Outcome Measures

Past 30-day marijuana in middle- and high-school-aged youth;

2.2.1. **Pass regulations to reduce harm from child use, including limit THC levels, childproof packaging, and mandated warning labels.**

Rationale. As state regulations change that allow for broader use of marijuana, protections should be in place to prevent unintentional poisonings, particularly for children.

Lead Agency. Worcester Division of Public Health / Central MA Regional Public Health Alliance, local Boards of Health

Outcome Measures. Number of regulations passed

2.2.2. **Develop and implement universal social norming campaign to discourage non-medicinal use.**

Rationale. Social norms campaigns have been proven effective at changing perceptions of acceptability and prevalence of use of alcohol and other drugs in high school and college aged youth. This strategy aims to combat the perception of slight or no risk associated with using marijuana in school-aged youth.

Lead Agency. Worcester Division of Public Health / Central MA Regional Public Health Alliance, local Boards of Health

Outcome Measures. Change in youth perception of risk

Priority Area: Substance Use

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

2.2 — Reduce marijuana use in youth under 21 by 5% and maintain non-medicinal use among adults below state rates.

2.2.3. Prohibit marijuana smoking in public areas.

Rationale. Not only does prohibiting smoking in public areas prevent secondhand or environmental smoke exposure, it also impacts the social norms of marijuana use by mitigating the normalization of use that directly leads to perception of less risk.

Lead Agency. Worcester Division of Public Health / Central MA Regional Public Health Alliance

Outcome Measures. Number of municipalities adopting policy

2.3 — Decrease fatal opioid overdoses in the region by 80%.

Rationale
The vast majority of objectives and strategies represented in this CHIP are focused on primary prevention and target the social and environmental determinants of health. However, a responsive public health system, including its many partners, has an obligation to act when faced with a crisis. The public health system cannot simply focus on primary prevention in the face of tragic loss of life. For that reason, this objective focuses not on the base of the Health Impact Pyramid (see Appendix C) but the top—dedicating significant resources to affect a small but critical population. These strategies, however, look to build a better system in the long term, so that while it focuses on measures of tertiary prevention, those prevention efforts will continue for years to come.

The number of reported overdose incidents in Worcester has more than tripled between 2011 and 2015. Statewide, opioid-related deaths has greater than doubled in that same time period. While the number of overdoses appears to continue to climb, fatalities appear to be leveling off in the region due to recent advances in policy, increased local, state, and federal resources, and a greater awareness of the continuing crisis.

Healthy People 2020 includes an objective to reduce drug-induced deaths by 10% and the SHIP includes a measure to stabilize fatal opioid poisonings. The objective included here is significantly more aggressive than outlined national or state targets to emphasize both the urgency of the issue and local commitment to preventing these fatalities.

Current Partners
Police Departments, Regional Response to Addiction Partnership, CMRPHA Municipalities, Healthcare service providers

Outcome Measures
Number of annual fatal opioid overdoses

2.3.1. Increase education around naloxone availability through public service announcements.

Rationale. The broad availability of naloxone through policy change and programmatic advances in the region over the past several years has resulted in hundreds of potentially fatal overdoses reversed by both first responders and bystanders. Increased utilization of this resource will see even greater impact.

Lead Agency. Regional Response to Addiction Partnership

Outcome Measures. Number of public service announcements; Number of media outlets in which public service announcements are distributed; Estimated reach of public service announcements

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2.3.2. Support research about innovative treatment approaches for opioid addiction treatment and monitoring.

Rationale. Embracing the tenth Essential Service of Public Health, "Research for new insights and innovative solutions to health problems," this strategy aims to leverage the expertise of academic partners to continue the "all of the above" approach to combating the opioid crisis in the Worcester region.

Lead Agency. Academic Health Collaborative of Worcester

Outcome Measures. Number of individuals engaged in local research related to opioid use; Number of individuals participating in pilot strategies

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2.3.3. Support new collaborations/programs with Police Departments to better respond to overdose victims.

Rationale. Partnerships between health and public health agencies and Police Departments (PDs) allow for a coordinated approach to an issue that has both public health and public safety impacts. Regional partnerships between PDs and public health agencies have proven effective at leveraging resources, conveying a unified message, and best providing for community members in need.

Lead Agency. Worcester Division of Public Health / Central MA Regional Public Health Alliance, local Police Departments

Outcome Measures. Number of new partners working with Police Departments

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2.3.4. Increase the use of recovery coaches to provide treatment options to overdose survivors.

Rationale. The use of recovery coaches, a similar model to community health workers, has been shown to increase compliance with or initiation of treatment and bridge gaps between hard to navigate services.

Lead Agency. Worcester Division of Public Health / Central MA Regional Public Health Alliance, local Boards of Health

Outcome Measures. Number of agencies using recovery coaches; Number of coaches used

Priority Area: Substance Use

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

2.4   Reduce use of other and emerging drugs among youth and adults.

Rationale

Governor Baker's Opioid Task Force Action Plan outlines actions for local and state action to curb opioid dependence in the state. While many strategies have been in place in the region or have been implemented since, additional progress is needed to curb the misuse prescription drugs, starting at a young age.

One in ten respondents to the regional high school Youth Health Survey report having mised prescription drugs. Various degrees of use for other and emerging drugs were reported ranging from 5-10% including: synthetic marijuana, hallucinogenic drugs, and inhalants.

Healthy People 2020 includes objectives to reduce past-year non-medical use of pain relievers, tranquilizers, stimulants, sedatives, and other psychotherapeutic drugs.

Current Partners

Police Departments, Regional Response to Addiction Partnership, CMRPHA Municipalities, Healthcare service providers, Regional schools

Outcome Measures

Lifetime use of unprescribed prescription drugs, Lifetime use of ecstasy, Lifetime use of other drugs

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2.4.1. **Advocate for an expansion of Governor Baker's Opioid Task Force to include other prescription drug misuse.**

Rationale. Governor Baker's Task Force provides a strong statewide framework for preventing the misuse of other and emerging drugs. That framework and momentum were cited as assets that should be leveraged to have an even greater impact.

Lead Agency. Massachusetts Organization for Addiction Recovery, District Attorney's Opioid Task Force

Outcome Measures. Inclusion of other prescription drug misuse in the Task Force plan

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2.4.2. **Expand referrals to integrative approaches such as mindfulness and stress reduction to provide alternatives or complements to pharmaceutical therapies.**

Rationale. Alternative approaches to pain management was frequently cited as a needed approach for curbing opioid abuse, particularly for those in recovery.

Lead Agency. To be determined

Outcome Measures. Number of agencies that provide alternative therapies that are receiving referrals; Number of referrals received

2.4.3. Increase social-emotional learning curricula for youth.

Rationale. Social-emotional learning programs for children have shown promise in supporting positive mental health and positive health behaviors, potentially interrupting the pattern of some drug-seeking behaviors in youth.

Lead Agency. Worcester Division of Public Health / Central MA Regional Public Health Alliance, Regional Response to Addiction Partnership, Recreation Worcester

Outcome Measures. Number of programs using social-emotional learning curricula for youth; Number of youth engaged in those programs

2.5 Reduce nicotine use in youth and adults by lowering the rate of relative use by 10%.

Rationale
Tobacco use continues to be the number one behavioral cause of death in the United States. To continue the region's long history of preventing tobacco use, the following policy and treatment strategies have been prioritized. Additionally, because of the many concerns about the pathology and reinforcing nature of addiction, nicotine addiction is the central focus of this objective.

Tobacco use in Massachusetts has declined significantly over the past decade in both youth and adults. Slightly greater than 5% of high school aged youth report smoking in the past 30 days, and only 3% reporting having ever smoked daily. While tobacco use is on the decline, new mechanisms of nicotine delivery are becoming more popular, including e-cigarettes and other vaporized use. Greater than one in three high school youth in the region report having ever used an electronic vapor product and greater than one in ten middle school youth in the region report having used one.

Healthy People 2020 includes objectives to reduce tobacco use in adults age 18-25, increase smoking cessation success, and increase the number of smoke-free housing units. The strategies under this objective work toward those ends directly and indirectly.

Current Partners
The 84, UMass Medical School, Local Boards of Health, Regional Schools

Outcome Measures
Past 30 day and lifetime use of tobacco and nicotine products in middle and high school youth; 30 day smoking rate in adults

Priority Area: Substance Use

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

2.5 Reduce nicotine use in youth and adults by lowering the rate of relative use by 10%.

2.5.1. Increase minimum age of sales to 21 for all nicotine delivery products.

Rationale. Increasing the tobacco sales age to 21 is a strategy to prevent youth access to tobacco as well as delay the age of first use of tobacco to later in the brain development in order to reduce the risk of addiction. Worcester and Grafton have adopted this policy.

Lead Agency. Local Boards of Health, The 84

Outcome Measures. Number of municipalities adopting T21 policy

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2.5.2. Eliminate all sales of nicotine products in pharmacies and healthcare facilities.

Rationale. The incongruity of health-promoting establishments selling tobacco products undermines the long push in the region for limiting access to tobacco sales in order to drive a culture change of acceptability of tobacco use.

Lead Agency. Local Boards of Health, The 84

Outcome Measures. Number of municipalities adopting pharmacy ban policy

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

Rationale. Restricting the sale of flavored nicotine products to adult only locations reduces youth exposure to tobacco marketing for products that are designed to attract youth to tobacco by disguising the flavor.

Lead Agency. Local Boards of Health, The 84

Outcome Measures. Number of municipalities restricting the sale of flavored tobacco products to adult-only establishments

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2.5.4. Increase cessation and treatment resources for nicotine addiction.

Rationale. While the primary focus of this CHIP is to prevent nicotine addiction, tens of thousands of individuals, including many vulnerable populations, remain addicted.

Lead Agency. Worcester Division of Public Health / Central MA Regional Public Health Alliance, Healthcare facilities

Outcome Measures. Number of individuals engaged in new or enhanced cessation resources

2.5.5. Increase the number of smoke-free housing units.

Rationale. The exposure to second-hand and third-hand smoke continues to impact the health of the population of our region. Smoke-free housing units promote healthy environments in housing for all people, regardless if they smoke. The passage of these policies also provides an opportunity to engage residents who do smoke in cessation resources.

Lead Agency. Worcester Division of Public Health / Central MA Regional Public Health Alliance, Regional Housing Authorities

Outcome Measures. Number of smoke-free housing units

Individually when you take each individual component by itself often there are solutions in the community. ... You have organizations whose goal is to create connections between people ... we having public housing available and SNAP and transitional housing those sort of things that help people solve a problem or even a set of small problems and there are organizations that do clinical health like UMass, there is plethora of healthcare organizations around Edward Kennedy, Family Health Center, and all of the various community resources which are rich in their offerings and really great organizations. The problem isn't what is available, it is the integration of those services. They are very separated, people don't always know that they exist, if they do not that these exist, to talk to them, to figure out how to connect to each one of them, so it's not only a transportation issue in many cases but I think is also an issue of knowing what you need. So if you come to an organization, you're coming there for one reason. They are going to create a relationship with one person but that doesn't solve their housing problem, that doesn't solve their problem of a job or workforce or education, it doesn't solve the fact that they have mental health issues that are compelling them. **And the community doesn't coordinate its services in such a way that we as providers talk to each other.** ... It is a matter of integrated care and making sure that all the solutions are stitched together so we are making sure that we are healing the whole person and not just a part or a symptom of something that's a bigger issue. - 2015 CHA Stakeholder Interview

Priority Area: Access to Care

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

Overview

Objectives	Strategies
3.1. Increase the number of clinicians who provide care for culturally diverse, low income patients at Worcester's Community Health Centers by 10%.=	3.1.1. Reevaluate and recalculate Worcester's community HPSA score to increase recruitment of national health service corps scholars.=
	3.1.2. Assess, develop, and fund workforce development initiatives that support the local pipeline of licensed professional health care workers from Worcester academic institutions including physicians, nurse practitioners, physician's assistants, dentists, behavioral health clinicians, psychiatrists, and others to our community health centers.
3.2. Decrease rates of re-hospitalization and preventable use of emergency departments by 15% through a "no wrong door" approach to coordinating preventive services.=	3.2.1. Publicize & promote a community calendar of insurance enrollment outreach events and open hours for enrollment support in the community for use of all community organizations.=
	3.2.2. Promote awareness of WRTA personal transportation services among healthcare and health professionals.
	3.2.3. Increase the number of, use of, and reimbursement for trained, culturally-diverse community health workers available to support area residents in accessing care and services in the community.=
	3.2.4. Establish or improve referrals from free clinics to ongoing primary care and other needed services.=
	3.2.5. Improve connections between clinical and community providers for residents with poor health outcomes such as asthma, hypertension, oral ill-health, sexual ill-health, and at risk for injuries such as falls, especially for underserved and vulnerable populations.=
	3.2.6. Increase the distribution of the resource booklet produced by the Worcester Community Connections Coalition at area health centers, hospitals, community based organizations, and other locations.=
	3.2.7. Increase the capacity of schools, through nursing services or school-based health centers, to provide screening, testing, treatment, and referral to services for school-aged children
3.3. Improve cultural awareness, responsiveness, and competence to improve the patient experience at area health providers and make Worcester a welcoming community of choice for culturally diverse residents.	3.3.1. Coordinate a quarterly series of free customer service trainings for direct health care staff in Worcester.=
	3.3.2. Provide additional mechanisms for clinical providers to collect and review community voice concerning barriers to care, discrimination, cultural considerations in care, and gaps in services.=

= *In accordance with Objective 1.1, these strategies and objectives are indicated as having the greatest potential impact on health equity.*

Objectives and Strategies

3.1	Increase the number of clinicians who provide care for culturally diverse, low income patients at Worcester's Community Health Centers by 10%.

Rationale

According to the 2013 Massachusetts Medical Society Access to Care Study, most appointments in Worcester County will require at least a 30 day wait. For some specialties such as Family Medicine or Ob/Gyn, the average wait can be as long as 50 days. The number one issue CHA survey participants listed as making it difficult to get health care was long waits for appointments. Increasing the number of practitioners in the region, particularly at area health centers, will help to mitigate that barrier.

Healthy People 2020 lists access to health care services as one of its topics and objectives. Specifically, the goal is to "improve access to comprehensive, quality health care services." Moreover, HP2020 states, that "access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Additionally, the U.S. Department of Health and Human Services, in its Action Plan to Reduce Racial and Ethnic Health Disparities, includes a strategy to increase the diversity of the public health and health care workforces.

Current Partners

Family Health Center of Worcester, Edward M. Kennedy Health Center, UMass Memorial Health Care, UMass Medical School

Outcome Measures

Number of primary care and specialty physicians, nurse practitioners, physician's assistants, dentists, behavioral health clinicians, and psychiatrists per capita

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3.1.1. Reevaluate and recalculate Worcester's community HPSA score to increase recruitment of national health service corps scholars.

Rationale. A Health Professional Shortage Area (HPSA) score determines for a geography or institution a designation of shortage of primary care services. The higher the score on a scale of 1-25, the greater the shortage. The designation allows healthcare institutions like health centers to access federal resources such as physician recruitment programs and medical education loan repayment. Worcester institutions' HPSA scores have not been reassessed in nearly 15 years while the community has grown to experience an even greater shortage of physicians providing care for low-income populations.

Lead Agency. Family Health Center of Worcester, Edward M. Kennedy Health Center

Outcome Measures. Recalculated HPSA score

Priority Area: Access to Care

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

3.1 Increase the number clinicians who provide care for culturally diverse, low income patients at Worcester's Community Health Centers by 10%.

3.1.2. Assess, develop, and fund workforce development initiatives that support the local pipeline of licensed professional health care workers from Worcester academic institutions including physicians, nurse practitioners, physician's assistants, dentists, behavioral health clinicians, psychiatrists, and others to our community health centers.

Rationale. A shortage of providers has been cited as a barrier for Worcester's Community Health Centers to provide adequate and timely care for the region's growing population seeking ongoing care at those sites. Increasing the number of all providers who provide care at Community Health Centers will not only better serve the current population but build resiliency to changing demographics in the future.

Lead Agency. To be determined

Outcome Measures. Number of individuals participating in new or enhanced initiatives

3.2 Decrease rates of re-hospitalization and preventable use of emergency departments by 15% through a "no wrong door" approach to coordinating preventive services.

Rationale
CHA survey and focus group participants were quick to list the many strengths of the health care system in the Worcester area. The large teaching hospital, community and school-based health centers, and even safety net care providers, were often cited as significant resources. What was lacking, however, was an adequate degree of connectedness between services. "No wrong door" is a framework used by many government, health, and social service agencies to describe the responsibility of care providers to address a range of health and social needs wherever a client presents, necessitating services to coordinate care that might fall outside of their specific focus. Local initiatives that have seen success in this model include the Worcester Alliance Against Sexual Exploitation. This model aims to reduce the incidence of individuals or families "falling through the cracks" of a an intricate system of uncoordinated resources. Significant progress in this measure will ensure decreased burden of many of the adverse health outcomes experienced by the regional population, including oral health, sexual health, infant mortality, asthma, and other areas not specifically addressed in this CHIP.

There is no dedicated Access to Care section or objective in the Massachusetts SHIP, however, certain themes relating to Access to Care are shared between the SHIP and the CHIP. The SHIP does briefly touch on themes expressed in the CHIP strategies including the importance of transportation options to health care facilities, awareness of the hours of these facilities, and the cultural competence of the health care staff.

Current Partners

Edward M. Kennedy Community Health Center, Family Health Center of Worcester, UMass Memorial Health Care, Worcester Senior Center, Elder Services of Worcester Area, St. Paul's Elder Outreach, WDPH/CMRPHA, Worcester Regional Transit Authority, UMass Memorial Care Mobile, Worcester Free Clinic Coalition, Worcester Public Schools

Outcome Measures

30-day all cause re-hospitalization rate; emergency department visits per 100,000 with a principal diagnosis related to mental health, alcohol, or substance abuse, pediatric asthma, adult asthma, and dental conditions

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3.2.1. **Publicize & promote a community calendar of insurance enrollment outreach events and open hours for enrollment support in the community for use of all community organizations.**

Rationale. Sixty-one percent (61%) of patients seeking care at area free clinics reported having no insurance as their reason for using that resource. While Massachusetts has seen great success in driving down unenrollment, obvious gaps remain. Additionally, better coordination between agencies could better serve the community in this regard.

Lead Agency. To be determined

Outcome Measures. Number of monthly insurance enrollees from events and open hours

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3.2.2. **Promote awareness of WRTA personal transportation services among healthcare and health professionals.**

Rationale. A commonly cited barrier to accessing care in the 2015 CHA was transportation. While resources exist, there is not broad awareness of those. Rather than placing the burden on patients to know the resources available, care providers can eliminate that barrier by becoming knowledgeable themselves.

Lead Agency. Worcester Regional Transit Authority, Hospitals, and Community Health Centers

Outcome Measures. Number of professionals trained for awareness of WRTA services

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

3.2 Decrease rates of re-hospitalization and preventable use of emergency departments by 15% through a "no wrong door" approach to coordinating preventive services.

3.2.3. Increase the number of, use of, and reimbursement for trained, culturally-diverse community health workers available to support area residents in accessing care and services in the community.

Rationale. Community health workers (CHWs) are a frontline public health workers with well-researched ability to bridge gaps between patients, providers, and community resources. Worcester has seen great success in the use of CHWs in preventing or mitigating chronic disease, but an expansion in the use of CHWs is warranted. One of the best ways to increase their use is through the ability to reimburse insurers for their services.

Lead Agency. Community Health Centers, Worcester Division of Public Health

Outcome Measures. Number of Community Health Workers employed in the region

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3.2.4. Establish or improve referrals from free clinics to ongoing primary care and other needed services.

Rationale. Nearly 30% of patients seeking care at area free clinics report having no primary care provider and nearly 20% could not get an appointment with their primary care provider. In order to best serve these patients in the long-term, proper medical homes are necessary.

Lead Agency. UMass Memorial Ronald McDonald Care Mobile, Worcester Free Clinic Coalition

Outcome Measures. Number and percent of repeat visits at area free clinics

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3.2.5. Improve connections between clinical and community providers for residents with poor health outcomes such as asthma, hypertension, oral ill-health, sexual ill-health, and at risk for injuries such as falls, especially for underserved and vulnerable populations.

Rationale. Through the work of the Prevention & Wellness Trust Fund, the Oral Health Initiative of Central MA, the Worcester Impact on Sexual Health Task Force, and many other efforts, more effective care has been demonstrated when barriers between clinical and community services have been overcome or moderated. Much work is left to be done in this realm to best address the many challenges to maintaining health in the Worcester region.

Lead Agency. To be determined

Outcome Measures. Number of MOUs, BAAs, or other cooperative agreements signed to facilitate coordination of services between agencies

3.2.6. **Increase the distribution of the resource booklet produced by the Worcester Community Connections Coalition at area health centers, hospitals, community based organizations, and other locations.**

Rationale. The Worcester Community Connections Coalition resource booklet is commonly cited as a critical asset for families in the Worcester region. While many use it daily in their work, others have no awareness of the resource. More thorough distribution of this resource is warranted to better link community resources.

Lead Agency. Worcester Community Connections Coalition, Worcester Division of Public Health

Outcome Measures. Number of heath centers, hospitals, communitty based organizations, and other locations with resource booklet, number of booklets given out

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3.2.7. **Increase the capacity of schools, through nursing services or school-based health centers, to provide screening, testing, treatment, and referral to services for school-aged children.**

Rationale. School staff, nurses, and school-based health centers are on the front line of early childhood and adolescent health and are often under-resourced. Improving the capacity of these critical gatekeepers can drive a more connected care system for children of the region, ensuring students with behavioral health, oral health, sexual health, or any other health needs receive the care they need.

Lead Agency. To be determined

Outcome Measures. Number of schools with updated policies related to screening, testing, treatment, or referral to services

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

3.3 Improve cultural awareness, responsiveness, and competence to improve the patient experience at area health providers and make Worcester a welcoming community of choice for culturally diverse residents.

Rationale

Over 500 new refugees and asylees are resettled in Worcester every year, the demographics of whom are significantly mutable year to year. Delivering health care in such an environment can pose a true challenge to the staff of area healthcare institutions. In order to best support the healthcare workforce in being responsive to a changing population, the below strategies will be used.

SHIP strategies include the importance of transportation options to health care facilities, awareness of the hours of these facilities, and the cultural competence of the health care staff. The SHIP discusses the difficulty of caring for the "hard to reach" populations and the difficulties these populations experience accessing care. Additionally, Healthy People 2020 has shifted focus to looking at the social determinants of health, or the "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." The focus of our Access to Care priority area to improve such access will fall in line with HP2020's efforts to improve the social determinants of care.

Current Partners

Edward M. Kennedy Health Center, Family Health Center of Worcester, UMass Memorial Health Care

Outcome Measures

Patient perception survey results

3.3.1. Coordinate a quarterly series of free customer service trainings for direct health care staff in Worcester.

Rationale. Professional development opportunities around knowledge, skills, and attitudes for care providers have been shown to build competencies. Using an ongoing training series related to customer service and cultural responsiveness to engage providers in building these skills, could have lasting impact.

Lead Agency. Healthcare providers

Outcome Measures. Number of healthcare workers engaged in customer service trainings
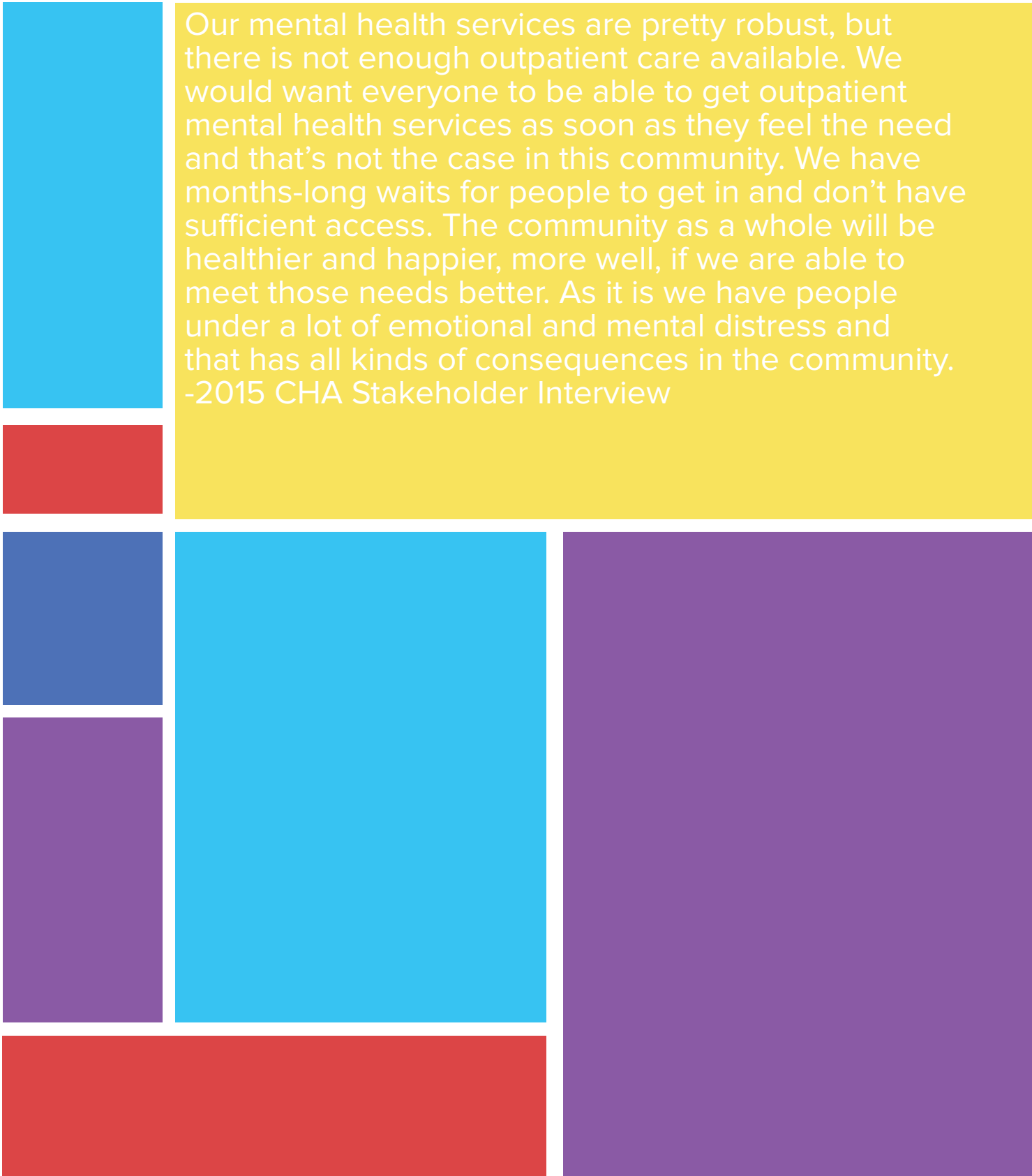
3.3.2. Provide additional mechanisms for clinical providers to collect and review community voice concerning barriers to care, discrimination, cultural considerations in care, and gaps in services.

Rationale. Provider perception and patient perception of services offered, barriers to care, and cultural considerations vary widely. Providing additional opportunities for providers to receive input from patients and their families could result in more responsive care facilities and providers.

Lead Agency. To be determined

Outcome Measures. Number of new mechanisms developed; Summary report on information collected regarding barriers to care, discrimination, cultural consideration in care, and gaps in services.

Our mental health services are pretty robust, but there is not enough outpatient care available. We would want everyone to be able to get outpatient mental health services as soon as they feel the need and that's not the case in this community. We have months-long waits for people to get in and don't have sufficient access. The community as a whole will be healthier and happier, more well, if we are able to meet those needs better. As it is we have people under a lot of emotional and mental distress and that has all kinds of consequences in the community. -2015 CHA Stakeholder Interview

Priority Area: Mental Health

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

Overview

Objectives	Strategies
4.1. Increase the number of well-trained, culturally-diverse mental health providers in the region by 10% by 2020.⁼	4.1.1. Promote career options in the mental health field, beginning in high school.
	4.1.2. Advocate for policy changes for mental health that remove barriers that prevent health professionals from entering and staying in the mental health field such as livable wages, tuition reimbursement, etc.
4.2. By 2018, develop a long-term plan for integrating ongoing assessment of the mental health needs of the region into ongoing Community Health Assessment, including academic, cultural, and faith-based, and neighborhood organizations in the planning of which.⁼	4.2.1. Use the Mobilizing Action through Planning and Partnerships (MAPP) process to outline the scope of data collection to best assess the disparate needs, beliefs, and resources available for the many racial, ethnic, and cultural populations of the region, providing a mechanism for diverse residents to have shared power in the design and implementation of the assessment.⁼
	4.2.2. Once assessment is complete, distribute inventory of resources in partnership with community leaders to empower residents to seek ongoing care.⁼
	4.2.3. Identify and recommend best practices in culturally responsive mental health screening and referrals to help non-provider organizations screen and refer for mental health challenges.⁼
4.3. Engage 20,000 individuals in training or education to reduce stigma surrounding mental health for adults, youth, and young children by 2020.	4.3.1. Implement evidence-based curricula & training programs to provide mental health education in schools and youth-serving organizations in the Worcester region, in order to increase knowledge of mental health and reduce stigma.
	4.3.2. Implement public awareness campaigns that reduce stigma surrounding mental health for the adult population developed in partnership with community.
4.4. Implement 10 MOUs by 2020 to establish a collaborative care model for mental health treatment to reduce gaps in service.	4.4.1. Hold a Worcester area regional summit on mental health that focuses on collaborative care models and evidence-based payment structures.
	4.4.2. Implement a collaborative care model that integrates medical and behavioral health providers, and brings in community partners such as the police, the school system, and others.

⁼*In accordance with Objective 1.1, these strategies and objectives are indicated as having the greatest potential impact on health equity.*

Objectives and Strategies

4.1	Increase the number of well-trained, culturally-diverse mental health providers in the region by 10%.

Rationale

The Worcester Community Mental Health Assessment revealed a number of barriers to using mental health services in the area, including: long waiting lists, navigating the mental health system, language barriers, and logistical barriers.

SAMHSA's Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015-2018 plan includes Workforce Development as one of six strategic initiatives, including the promotion of behavioral health careers "early in an individual's career path."

Current Partners

Area Colleges and Universities

Outcome Measures

Number of culturally-diverse mental health providers in the Worcester region

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4.1.1.   Promote career options in the mental health field, beginning in high school.

Rationale. The Central MA Regional Public Health Alliance (CMRPHA) currently does not have enough young people who grow up in the CMRPHA municipalities and go on to pursue careers in the mental health field. In particular, the CMRPHA needs young people who will pursue mental health as a career and then work locally in the region for their careers. Promoting mental health as a viable career option will help to build our local mental health workforce.

Lead Agency. To be determined

Outcome Measures. Number of high school students engaged in programming or education to promote mental health careers

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Priority Area: Mental Health

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

4.1 Increase the number of well-trained, culturally-diverse mental health providers in the region by 10%.

4.1.2. **Advocate for policy changes for mental health that remove barriers that prevent health professionals from entering and staying in the mental health field such as livable wages, tuition reimbursement, etc.**

Rationale. The behavioral health workforce in the U.S. is facing major challenges in attracting culturally diverse providers and paying them livable wages so that they can stay in the field on a long-term basis and can afford to pursue a career in mental health, given the cost of higher education. Policy changes that remove cost barriers to pursuing higher education in mental health and promote diversity in the ranks of people who are entering the mental health provider field are necessary to achieve the outcome of a sustainable, responsive mental health workforce.

Lead Agency. To be determined

Outcome Measures. Number of community partners involved in advocacy efforts to remove policy barriers to a well-trained, well-compensated mental health work force; policies changed to promote mental health workforce

4.2 By 2018, develop a long-term plan for integrating a robust assessment of the mental health needs of the region into ongoing Community Health Assessment, including academic, cultural, and faith-based, and neighborhood organizations in the planning of which.

Rationale

The Worcester Community Mental Health Assessment highlighted how much more information was needed to have a full picture of the mental health assets and challenges of the region. The report was limited in scope and significantly emphasized how different populations define mental health in many varied and different ways. For that reason, a broader and more inclusive process for conducting a deeper assessment in mental health is needed.

SAMHSA's Leading Change 2.0 has embedded within each of its strategic initiatives goals and objectives relative to better assessing mental health needs and the healthcare and public health systems' readiness to prevent behavioral ill-health. Enhancing data collection around mental and emotional well-being is a recommendation of the NPS.

Current Partners

Worcester Division of Public Health / Central MA Regional Public Health Alliance, Academic Health Collaborative of Worcester

Outcome Measures

Number of culturally diverse organizations and residents involved in the planning of a regional mental health assessment.

4.2.1. **Use the Mobilizing Action through Planning and Partnerships (MAPP) process to outline the scope of data collection to best assess the disparate needs, beliefs, and resources available for the many racial, ethnic, and cultural populations of the region, providing a mechanism for diverse residents to have shared power in the design and implementation of the assessment.**

Rationale. MAPP Planning is an evidence-based health community health planning process that achieves culturally responsive outcomes with longitudinal benefits, in a sustainable way. MAPP Planning promotes meaningful community inclusion by involving community members in the implementation of planning efforts.

In the interest of transparency and stakeholder participation to achieve the best possible population health outcomes, it is important to develop mechanisms for stakeholder involvement in community health assessment. As mental health is a nuanced concept that has complex cultural dimensions and variable definitions that are culture-specific, it is critical to have participation from as many diverse stakeholders as possible in population-level mental health assessment.

Lead Agency. Worcester Division of Public Health / Central MA Regional Public Health Alliance, Academic Health Collaborative of Worcester

Outcome Measures. Number of community partners involved in MAPP Planning to assess the mental health needs of the Worcester region.

4.2.2. **Once assessment is complete, distribute inventory of resources in partnership with community leaders to empower residents to seek ongoing care.**

Rationale. In the interest of transparency and stakeholder participation to achieve the best possible population health outcomes, it is important to develop mechanisms for stakeholder involvement in community health assessment. As mental health is a nuanced concept that has complex cultural dimensions and variable definitions that are culture-specific, it is critical to have participation from as many diverse stakeholders as possible in population-level mental health assessment.

Lead Agency. To be determined

Outcome Measures. Network analysis of resource inventory distribution

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4.2.3. **Identify and recommend best practices in culturally responsive mental health screening and referrals to help non-provider organizations screen and refer for mental health challenges.**

Rationale. There is a robust body of research on social networks and social support in the area of mental health, which has shown that community gatekeepers and key opinion leaders tend to influence community perceptions about mental health. Community leaders and key opinion leaders can have a powerful impact on the mental health and well-being of communities.

Lead Agency. To be determined

Outcome Measures. Written recommendations

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

4.3 Engage 20,000 individuals in training or education to reduce stigma surrounding mental health for adults, youth, and young children.

Rationale

The Worcester Community Mental Health Assessment noted that stigma is a common concern in understanding and seeking treatment for mental health concerns. Stigma was found to be a particularly pronounced issue in some immigrant and refugee populations, as well as with military veterans.

The National Prevention Strategy, MA SHIP, HP2020, and SAMHSA's Leading Change 2.0 do not mention stigma in any recommendations for improving behavioral health, but stakeholders and community members felt strongly that it must be addressed to improve community mental health.

Current Partners

Worcester Division of Public Health / Central MA Regional Public Health Alliance, Shrewsbury Youth & Family Services, Community Healthlink

Outcome Measures

Number of people reached by the implementation of a mental health awareness campaign and evidence-based mental health curricula

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4.3.1. **Implement evidence-based curricula & training programs to provide mental health education in schools and youth-serving organizations in the Worcester region, in order to increase knowledge of mental health and reduce stigma.**

Rationale. Evidence-based mental health curricula such as Mental Health First Aid and Signs of Suicide have been demonstrated by research to have the most positive population-level impacts on mental health. Youth are a population with specific, documented risks for negative mental health outcomes such as suicide and depression that are specific to their population, so it is important to deliver evidence-based, culturally tailored mental health curricula to youth.

Lead Agency. To be determined

Outcome Measures. Number of youth reached by evidence-based curricula and mental health training programs in the CMRPHA region

4.3.2. **Implement public awareness campaigns that reduce stigma surrounding mental health for the adult population developed in partnership with community.**

Rationale. Public awareness campaigns that are grounded in rigorous data and science-based prevention messages can have a powerful impact on population-level mental health promotion and the reduction of stigma. It is important to base public awareness messages about mental health in science-based prevention that provides accurate information, which can reduce stigma and increase help-seeking for mental health and can change community attitudes.

Lead Agency. To be determined

Outcome Measures. Number of adults reached by public awareness campaigns to reduce mental health-related stigma

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4.4 Implement 10 MOUs by 2020 to establish a collaborative care model for mental health treatment to reduce gaps in service.

Rationale
The Worcester Community Mental Health Assessment had as its first recommendation, an increased use of integrative behavioral health care. As UMass Medical School has had significant experience in this model, there is local expertise in how to coordinate such a system.

Another strategic initiative in SAMHSA's Leading Change 2.0 is Health Care and Health Systems Integration. Piloting and evaluating models of integrated mental and physical health in primary care is a recommendation of the NPS to promote mental and emotional well-being. Additionally, developing integrated care programs to address mental health, substance abuse, and primary care is another recommendation of NPS.

Current Partners
UMass Medical School

Outcome Measures
Number of MOUs implemented to support the development of a collaborative care model for mental health treatment.

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

4.4 — Implement 10 MOUs by 2020 to establish a collaborative care model for mental health treatment to reduce gaps in service.

4.4.1. Hold a Worcester-area regional summit on mental health that focuses on collaborative care models and evidence-based payment structures.

Rationale. Accountable care organizations (ACOs) and collaborative care models are increasingly being adopted by communities to promote sustainable solutions to systemic challenges in mental health service provision. In order to develop a collaborative care model in the Central MA Regional Public Health Alliance (CMRPHA) region, it is important to bring stakeholders together to develop a system that will work for our region.

Lead Agency. To be determined

Outcome Measures. Number of people who attend a Worcester regional summit on mental health and collaborative care
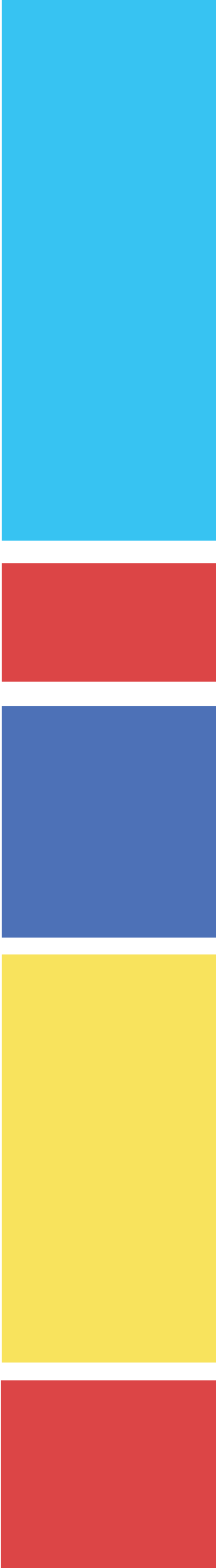
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4.4.2. Implement a collaborative care model that integrates medical and behavioral health providers, and brings in community partners such as the police, the school system, and others.

Rationale. Accountable care organizations (ACOs) and collaborative care models focus on the integration of behavioral health care and medical care delivery. It is important to involve non-medical providers in the development of a care delivery model in the Worcester region that integrates behavioral health and medical care, since non-providers, such as police departments and school staff, do play a critical role in health promotion. It is important to have broad diversity in the representation of stakeholders who are involved in community health promotion.

Lead Agency. To be determined

Outcome Measures. Number of health care providers involved in CMRPHA collaborative care implementation; Number of non-provider partners, including police and school systems, who are involved in collaborative care implementation

"When a community isn't healthy, it affects pretty much every system; children, for example, are living in a system that is perhaps underfunded such as an education system and that leads people to cycles of public benefits and is not a very empowering way to live. If you have underemployment in a community, you have a lower tax base. If you have a lower tax base, your capacity to fund public programs is significantly lower. It is then difficult to attract businesses to a community that perhaps does not have great promise in terms of having the talent to bring on a talented work force. And, so with underemployment and lack of ability to build your tax base, I think it becomes more problematic in terms of how you are going to try and fix these problems."
— Health Care Provider, 2015 CHA Focus Group

Priority Area: Economic Opportunity

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

Overview

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

=*In accordance with Objective 1.1, these strategies and objectives are indicated as having the greatest potential impact on health equity.*

| **5.1** | Increase the number of employment resources available to underserved populations. |

Rationale

The second most frequently reported top indicator of a healthy community by CHA survey respondents was "good jobs and a healthy economy." There are a huge number of resources in the community related to employment, but those resources are commonly difficult to navigate, disconnected from each other, or for another reason difficult to access.

The MA SHIP includes strategies to "increase programs that support employment opportunities for all youth" and "support community based youth employment and development programs."

Current Partners

City of Worcester Youth Opportunities Office, Workforce Investment Board, Grafton Job Corps

Outcome Measures

Number of new programs to specifically address employment in underserved population

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5.1.1.   Leverage funds in order to provide trauma-informed free trainings for the formerly incarcerated and veterans.

Rationale. While employment resources exist for veterans and to a lesser degree the formerly incarcerated, most resources do not properly address the trauma that both of these underserved populations experience. Left unaddressed, the effects of that trauma can have significant negative effects not only on those individuals' health and well-being, but on their employment.

Lead Agency. To be determined

Outcome Measures. Number of free-trainings provided; Number of formerly incarcerated and veterans participating in trainings

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5.1.2.   Centralize online resources pertaining to available employment, training, and job readiness opportunities for youth.

Rationale. Employment resources for youth in the region are many, but they remain uncoordinated and sometimes difficult to access. A coordinated system for these resources could see better utilization of those resources.

Lead Agency. To be determined

Outcome Measures. Number of visits to centralized online resource page

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Priority Area: Economic Opportunity

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

5.1 Increase the number of employment resources available to underserved populations.

5.1.3. **Leverage relationships with translation services in order to provide small business resources for immigrant and refugee populations.**

Rationale. Immigrant and refugee populations face significant barriers in operating a successful small business, beyond the already significant challenges faced by all small business owners. Providing translation services in particular to support these business owners will support an economy that is inclusive of all residents of the region.

Lead Agency. To be determined

Outcome Measures. Number of immigrant and refuge organizations providing relevant small business services

5.2 Modify or implement municipal-level or institutional policies that have significant impact on health equity with an impact of at least 10,000 residents.

Rationale
Social, economic, and political factors have the broadest impact on population health. Those factors impact living and working conditions, public services and infrastructure, and even individual behavior.

Healthy People 2020 includes as objectives decreasing the proportion of persons living in poverty as well as the proportion of households that experience housing cost burden. Policy Link's Equitable Development Toolkit includes living wage provisions and local hiring as best practices under the Economic Opportunity domain.

Current Partners
Worcester Partnership for Racial & Ethnic Health Equity

Outcome Measures
Number of policies passed; Number of residents impacted by policies

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5.2.1. **Inventory, assess feasibility, and advocate for health sector participation in all municipal boards and commissions pertaining to Economic Development.**

Rationale. A health in all policies and equity in all policies approach is critical to seeing health inequity addressed at the social determinants level. Inclusion of health sector participation in boards and commissions is a means of promoting these approaches.

Lead Agency. To be determined

Outcome Measures. Number of boards and commissions with health sector participation

5.2.2. **Encourage large employers to adopt policies to hire local residents at a higher rate.**

Rationale. Hiring locally is a best practice for institutions committed to investing in the community at a deep level, leveraging the impacts of their operations. Many institutions across the country have embraced the framework of acting as an "anchor institution" for supporting local economies including hospitals, healthcare organizations, and academic institutions. Anchor institutions are generally non-profit organizations that are unlikely to change locations who can invest in significant ways in their communities through hiring, procurement, and investment practices.

Lead Agency. To be determined

Outcome Measures. Number of large employers with policies in place to hire local residents

5.2.3. **Encourage large employers to adopt living wage policies for employees and contractors.**

Rationale. Adopting a living wage administrative policy, particularly in concert with local hiring, is a best-practice for institutions committed to investing in the community at a deep level, leveraging the impacts of their operations to encourage economic growth of their home community.

Lead Agency. To be determined

Outcome Measures. Number of large employers with living wage policies in place

5.2.4. **Encourage new and promote existing programs to increase the availability of affordable housing such as affordable ownership opportunities and employer assisted housing.**

Rationale. About 40% of households in the region are housing cost-burdened meaning that over 30% of the household income goes to pay either rent or mortgage. With many households exceeding 50% or even 75%, the provision of afforfable housing is critical in order to see families maintain or gain economic opportunity and in turn, remain healthy. Affordable housing was one of the top ten most commonly reported indicator of a healthy community by CHA survey respondents.

Lead Agency. City of Worcester Executive Office of Economic Development

Outcome Measures. Number of residents engaged in new or expanded affordable housing programs

Priority Area: Economic Opportunity

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

5.3 — Increase the number of participants enrolled in English as a Second Language educational opportunities by 25%.

Rationale

The US Department of Labor's Strategic Plan cites changing demographics as the most significant challenge to workforce training and investment recently. In response to that, the Department of Labor has encouraged their grantees to offer English as a Second Language (ESL) and Occupational English as a Second Language classes.

With such a large percentage of residents who do not speak English as a first language, ESL courses are needed to increase employment opportunities. These courses can decrease language barriers and increase equal opportunity of employment for all residents.

Current Partners

Worcester Public Schools, Worcester Division of Public Health / Central MA Regional Public Health Alliance

Outcome Measures

Number of new programs to specifically address employment in underserved population

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5.3.1. **Distribute a translated resource guide of ESL classes twice per year to parents through public schools.**

Rationale. English as a Second Language (ESL) programs for adults provide an opportunity to gain a skill that is not only critical for employment, but for navigating social and health services as well. By increasing awareness of these programs, participation in this critical resource should increase.

Lead Agency. To be determined

Outcome Measures. Number of ESL resource guides distributed

5.3.2. **Expand partnerships of the Academic Health Collaborative of Worcester to include ESL providers and university education programs.**

Rationale. Leveraging the expertise and enthusiasm of faculty and students at area colleges is a regional best practice for building capacity of and growing services.

Lead Agency. Worcester Division of Public Health / Central MA Regional Public Health Alliance

Outcome Measures. Number of new connections made between Worcester Academic Health Collaborative and ESL providers/ university education programs

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5.4 Increase number of community members engaged in the transit planning process by 50%.

5.4.1. **Increase participation of underserved populations in transit planning and advisory groups.**

Rationale. Because transportation is so critical not only for access to health care resources, but access to employment resources and employment, improving the transit-planning process by including more underserved populations is important to empowering community voice.

Lead Agency. Central MA Regional Public Health Alliance

Outcome Measures. Number of new connections made between Worcester Academic Health Collaborative and ESL providers/ university education programs

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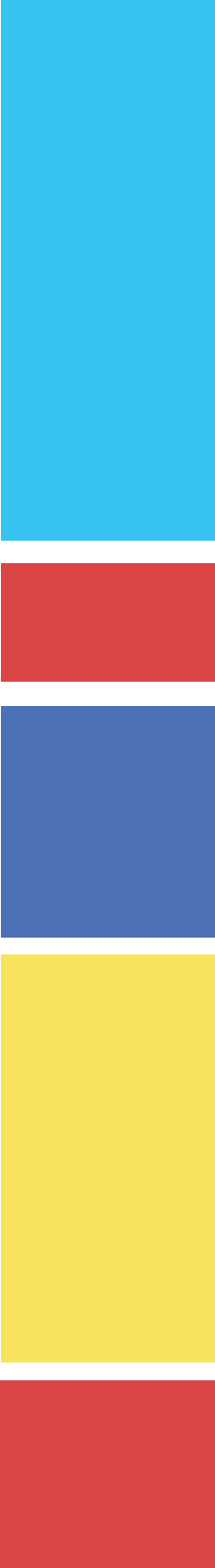
5.4.2. **Include a health subsection in the next published Regional Transit Plan.**

Rationale. Based on a health in all policies framework in which the inclusion of health helps to ensure equitable and just decisions, the more intentional inclusion of health in the next Regional Transit Plan could have an impact on equity and on contributors to healthy behaviors, including employment.

Lead Agency. To be determined

Outcome Measures. Number of community representatives from underserved populations participating in transit planning and advisory groups

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"Certainly differences by cultural background is something we try to pay attention to here with our interpreter services and other more culturally sensitive ways in addressing patient needs and not assuming one thing. I think we have the right instincts here I think it's a question of the needs that are great and growing, the needs of the populations are growing and as much as we would like to we can't fully resource for every population to meet all of their needs so we are trying to meet the needs that are most critical. For example interpreter services is for the populations with the largest number of people. There are gaps and we are often aware of where the gaps are and it's a funding resources issue which prevents us, all the providers in this community from meeting all the needs."
- 2015 CHA Stakeholder Interview

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

Overview

Objectives	Strategies
6.1. Ten key health and social service agencies will develop action plans to better provide culturally and linguistically appropriate services to the community through the use of adapted standards for such services.=	6.1.1. Adapt existing national Culturally and Linguistically Appropriate Services standards (CLAS standards) for local health and social service agencies in providing culturally and linguistically appropriate services in partnership with community organizations and community members, including self-assessment and mechanisms for feedback.=
	6.1.2. Promote and train organizations on CLAS-adapted standards and organizational assessment of compliance with those standards.=
	6.1.3. Encourage the use of CLAS-adapted standards through state and local funding eligibility criteria.=
	6.1.4. Create cultural responsiveness leadership criteria and maintain inventory of organizations who meet this criteria.=
6.2. Increase the number of and use of interpreters at health and community-based organizations by 10%.=	6.2.1. Enhance and coordinate existing training pipelines for local bilingual youth, adults, and older adults to become interpreters for health, social service, and other agencies.=
	6.2.2. Increase the number and use of certified, multilingual community health workers through training, advocacy, and funding availability.=
6.3. Increase the number of local and state agencies formally engaged in a learning community focused on increasing capacity to provide culturally responsive services to twelve.=	6.3.1. Build relationships among stakeholders who represent state agencies with local offices to facilitate conversation with these agencies regarding culturally responsive service provision and CLAS adapted standards.=
	6.3.2. Increase the capacity and resources for cultural organizations and faith-based organizations to participate in regulatory decision-making processes and to improve services to become more culturally responsive.=
	6.3.3. Hold a summit to engage academia, students, providers, and community members in dialogue about best practices around cultural responsiveness.=
	6.3.4. Develop community capacity for ongoing assessment of community perception and available resources in regards to cultural responsiveness.=

=In accordance with Objective 1.1, these strategies and objectives are indicated as having the greatest potential impact on health equity.

Objectives & Strategies

6.1 Ten key health and social service agencies will develop action plans to better provide culturally and linguistically appropriate services to the community through the use of adapted standards for such services.

Rationale

With over 80 spoken languages in public schools throughout the region, over 500 new refugee/ asylee arrivals in Central MA every year, and nearly 20% of the regional population being foreign born, having a culturally reponsive health and social service system is imperative.

The Massachusetts Department of Public Health (MDPH) Office of Health Equity promotes the use of federal Culturally and Linguistically Appropriate Services for Health and Health Care (CLAS) standards. Worcester's CHIP planning group for Cultural Responsiveness used CLAS standards, and MDPH's focus on CLAS, as a guide for its development of this objective.

Additionally, the US Department of Health & Human Services have advocated for the expanded and continued use of CLAS Standards and published an Action Plan for Reducing Racial and Ethnic Health Disparities. That action plan includes a strategy to "increase the ability of all health professions and the healthcare system to identify and address racial and ethnic health disparities," and includes specific actions to promote translation services and language access for Medicaid.

Current Partners

Massachusetts Department of Public Health

Outcome Measures

Number of health and social service agencies that have developed action plans for the implementation of CLAS or similar standards

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6.1.1. **Adapt existing national Culturally and Linguistically Appropriate Services standards (CLAS standards) for local health and social service agencies in providing culturally and linguistically appropriate services in partnership with community organizations and community members, including self-assessment and mechanisms for feedback.**

Rationale. Increasingly, health care organizations are adopting standards for culturally responsive care that are in accordance with state and federal standards for Culturally and Linguistically Appropriate Services (CLAS). It is important to have the buy-in of local organizations in the development of CLAS standards that are appropriate for the Central MA Regional Public Health Alliance.

Lead Agency. To be determined

Outcome Measures. Adapted standards, Number of organizations participating in standards development process

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

6.1 — Ten key health and social service agencies will develop action plans to better provide culturally and linguistically appropriate services to the community through the use of adapted standards for such services.

6.1.2. Promote and train organizations on CLAS-adapted standards and organizational assessment of compliance with those standards.

Rationale. In order for health care and social services programs to effectively implement CLAS standards in the CMRPHA region, it is necessary to provide training and support to organizations in order to achieve desired outcomes for culturally responsive care. Offering training is an opportunity to assure that CLAS standards are implemented by organizations with sufficient flexibility to be adapted to local needs, while adhering to the federal CLAS standards, as well as the Commonwealth of Massachusetts's priorities for culturally responsive care.

Lead Agency. To be determined

Outcome Measures. Number of trainings on adapted standard

6.1.3. Encourage the use of CLAS-adapted standards through state and local funding eligibility criteria.

Rationale. Federal grant funding mechanisms are adopting CLAS standards as a requirement for funding, and the Commonwealth of Massachusetts also prioritizes CLAS as it is monitoring the implementation of health grants. Since these standards exist and are often required as a condition for receiving grant money, it is important for the Central MA Regional Public Health Alliance municipalities to build their capacity to adhere to these grant funding standards.

Lead Agency. To be determined

Outcome Measures. Number of organizations including CLAS-adapted standards as aspect of funding criteria

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6.1.4. Create cultural responsiveness leadership criteria and maintain inventory of organizations who meet this criteria.

Rationale. In order to effectively implement CLAS standards in the Central MA Regional Public Health Alliance municipalities, it is important for communities to develop metrics by which organizations can be measured. Having a leadership designation for organizations that meet the highest standards for implementing CLAS standards and provide the most culturally responsive care and services is important, because this will demonstrate a model to other organizations that they can follow.

Lead Agency. To be determined

Outcome Measures. Number of organizations meeting leadership criteria

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6.2 Increase the number of and use of interpreters at health and community-based organizations by 10%.

Rationale

In 2011, UMass Memorial Medical Center had 122,074 requests for medical interpreters from a total of 87 languages. That figure has since increased at UMass while other care facilities have seen their own interpreter requests in the tens of thousands. Given the incredible use of and need for interpreter services in health agencies, the corresponding need at social-service agencies and other community-based organizations is clear.

The Massachusetts Department of Public Health (MDPH) has a goal to provide linguistically appropriate services in health care programs. MDPH has a language access plan for 2015 to 2017, which facilitates access to interpreters. Additionally, in the HHS Action Plan for Reducing Racial and Ethnic Health Disparities, specific actions to promote translation services and language access are included.

Current Partners

Ascentria Care Alliance

Outcome Measures

Number of new programs to specifically address employment in underserved population

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6.2.1. **Enhance and coordinate existing training pipelines for local bilingual youth, adults, and older adults to become interpreters for health, social service, and other agencies.**

Rationale. Nationally, in Massachusetts, and in the CMRPHA region, there is a need for qualified, well-trained interpreters, particularly those who are from the communities where they work. The quality of interpreter training can be variable, and if interpeters provide interpretation in a manner that is either linguistically incorrect or not culturally sensitive, this can cause major problems. Therefore, there is a need to focus on training local interpreters.

Lead Agency. Ascentria Care Alliance

Outcome Measures. Number of training opportunities; Number of trained interpreters

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6.2.2. **Increase the number and use of certified, multilingual community health workers through training, advocacy, and funding availability.**

Rationale. It is important to put resources toward the interpreter training pipeline, and community heath workers have been shown to be an effective way of delivering culturally appropriate and sensitive health care services. One way of building the interpreter training pipeline and supporting community health workers is to train community health workers in interpretation, and to have this be their primary role in their communities. Evidence has shown that individuals who come from a particular culture and know that culture through lived experiences are particularly effective in communicating with people from that culture.

Lead Agency. MA Association of Community Health Workers, Edward M Kennedy Community Health Center, Family Health Center of Worcester

Outcome Measures. Number of certified community health workers

Priority Area: Cultural Responsiveness

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

6.3 Increase the number of local and state agencies formally engaged in a learning community focused on increasing capacity to provide culturally responsive services to twelve.

Rationale

The Massachusetts Department of Public Health (MDPH) has a goal of promoting community collaboration as a method for achieving culturally responsive community engagement and achieving the goals of CLAS.

Additonally, the HHS Action Plan to Reduce Racial and Ethnic Health Disparities identifies a "goal to explicitly support the promotion of the collection of race and ethnicity data, especially in a standardized format; evaluate existing and new biomedical and public health approaches that reduce health disparities, thereby improving the evidence base."

Current Partners

Worcester Division of Public Health / Central MA Regional Public Health Alliance

Outcome Measures

Number of new programs to specifically address employment in underserved population

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6.3.1. **Build relationships among stakeholders who represent state agencies with local offices to facilitate conversation with these agencies regarding culturally responsive service provision and CLAS adapted standards.**

Rationale. In order for the CMRPHA to prioritize CLAS standards and culturally responsive service provision for its residents, there is a need to strengthen the stakeholder base that is involved in community health work and to bring new stakeholders to community health improvement. In particular, it would be helpful to build relationships with representatives of State of Massachusetts offices who are based in the CMRPHA region, as these individuals are also connected to the larger power structure and decision-making at the state level.

Lead Agency. To be determined

Outcome Measures. New stakeholders engaged

6.3.2. **Increase the capacity and resources for cultural organizations and faith-based organizations to participate in regulatory decision-making processes and to improve services to become more culturally responsive**

Rationale. The CMRPHA is a highly diverse region, comprised of individuals from many different countries, who speak many different languages, practice many different religious faiths, and have tremendously diverse life experiences. It is important to involve cultural brokers and faith-based organizations in the development of CLAS standards and standards for culturally responsive service provision, since these stakeholders bring critically important contributions to thinking about service provision for diverse groups.

Lead Agency. To be determined

Outcome Measures. Cultural and faith-based organizations engaged in regulatory decision-making process

6.3.3. **Hold a summit to engage academia, students, providers, and community members in dialogue about best practices around cultural-responsiveness.**

Rationale. The CMRPHA has many stakeholders from various sectors of society who are currently involved in community health planning, including the large number of colleges and universities in the CMRPHA region, health and social services providers in the region, and community advocates living in the region. In order to effectively implement CLAS standards and standards for culturally responsive service provision, it is important to bring these stakeholders together for continuous mutual learning. A summit can be the start of that mutual learning.

Lead Agency. To be determined

Outcome Measures. Summit held; Number of individuals and organizations that participated in the summit
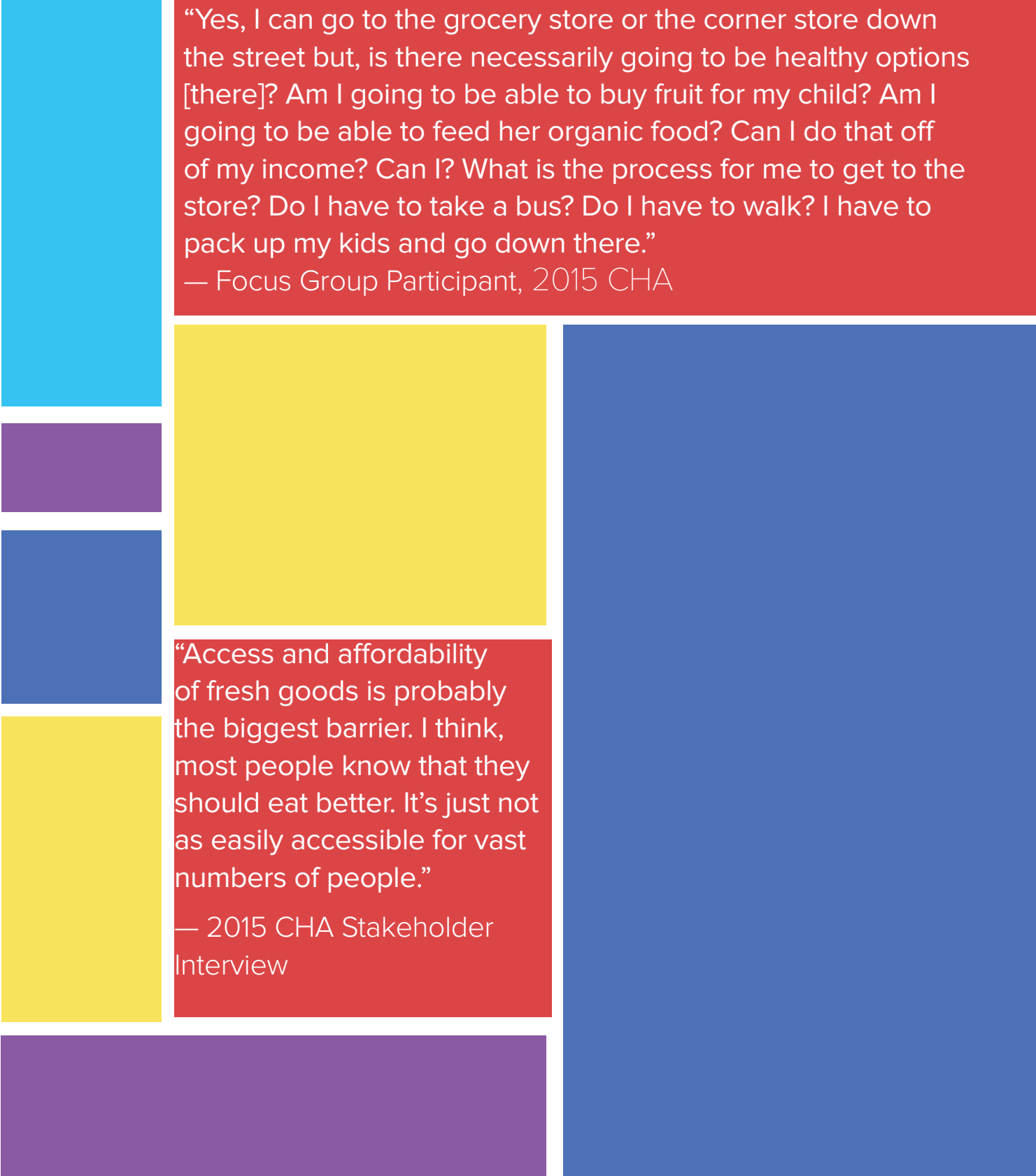
6.3.4. **Develop community capacity for ongoing assessment of community perception and available resources in regards to cultural responsiveness.**

Rationale. It is important to continuously assess the capacity of the CMRPHA to support culturally responsive care and to focus on the implementation of CLAS standards. In order to effectively assess CMRPHA capacity, community stakeholders need to be involved in a process of ongoing assessment that is community-driven and community-owned. This assessment needs to involve as many stakeholders as is possible.

Lead Agency. Worcester Division of Public Health / Central MA Regional Public Health Alliance, Coalition for a Healthy Greater Worcester

Outcome Measures. Plan for integration into ongoing Community Health Assessment

"Yes, I can go to the grocery store or the corner store down the street but, is there necessarily going to be healthy options [there]? Am I going to be able to buy fruit for my child? Am I going to be able to feed her organic food? Can I do that off of my income? Can I? What is the process for me to get to the store? Do I have to take a bus? Do I have to walk? I have to pack up my kids and go down there."
— Focus Group Participant, 2015 CHA

"Access and affordability of fresh goods is probably the biggest barrier. I think, most people know that they should eat better. It's just not as easily accessible for vast numbers of people."

— 2015 CHA Stakeholder Interview

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

Overview

Objectives	Strategies
7.1. Increase the number of eligible people participating in federal food programs (SNAP, WIC, National School Lunch Program) by 5% by 2020 and increase utilization of those programs for healthy food.	7.1.1. Leverage opportunities to enroll eligible individuals in federal food programs such as during MassHealth enrollment.=
	7.1.2. Increase the number of primary care providers screening and referring for food insecurity.=
	7.1.3. Conduct SNAP and WIC outreach at community-based and faith-based organizations.=
	7.1.4. Increase number of farmers markets accepting SNAP and WIC.
	7.1.5. Establish sustainable funding for farmer's market SNAP match programs.=
	7.1.6. Develop a mechanism for school-aged children to provide input on breakfasts, lunches, and snacks provided through federal school meals programs.
7.2. Increase the average daily number of fruits and vegetables eaten by youth and adults by 1 serving by reducing systemic barriers to healthy eating.	7.2.1. Make resources available for youth programs to improve their capacity to provide nutritious food to their participants.
	7.2.2. Increase buying power of low income households by increasing the minimum wage.=
	7.2.3. Increase access to fresh healthy produce at corner stores in underserved neighborhoods and increase utilization of the REC's Mobile Farmers Market.=
	7.2.4. Create a stronger regional food system by building relationships between farmers and institutional consumers through aggregation, marketing and distribution of fresh and frozen local produce.
7.3. Increase the number of individuals participating in school and community garden and nutrition programs by 50% by 2020.	7.3.1. Increase the means of culturally-diverse community gardens and gardeners to grow fruits and vegetables.=
	7.3.2. Ensure community members utilize the provisions of the urban agriculture ordinance through education and resource development.
	7.3.3. Implement the Kindergarten Initiative at schools to engage children from an early age in the growth, preparation, and consumption of fruits and vegetables.
	7.3.4. Develop and expand comprehensive curricula around gardening, cooking, and nutrition to increase the impact of school and community gardens.
	7.3.5. Provide opportunities for faith-based organizations to engage in food justice, including gardening, cooking classes, and healthy options in pantries.

=*In accordance with Objective 1.1, these strategies and objectives are indicated as having the greatest potential impact on health equity.*

Objectives & Strategies

<table>
<tr>
<td>**7.1**</td>
<td>Increase the number of eligible people participating in federal food programs (SNAP, WIC, National School Lunch Program) by 5% by 2020 and increase utilization of those programs for healthy food.</td>
</tr>
</table>

Rationale

The Supplemental Nutrition Assistance Program (SNAP), Special Nutrition Program for Women, Infants and Children (WIC), and National School Lunch Program (NSLP), have been described as "the backbone of the nutrition safety net in the USA," providing a degree of food security for families who struggle with hunger. Research also shows that if points of access exist, these programs can increase healthy eating habits in low-income households.

More than 1 in 10 high school and middle school students in the Worcester Region reported feeling hungry in a given week due to a lack of food in their home. Additionally, both adults and youth in the region report eating fewer fruits and vegetables daily than residents of Massachusetts as a whole. With nearly 18,000 households in the region receiving SNAP, and an even greater number eligible, ensuring access to healthy food for those recipients has significant potential impact in supporting healthy eating habits.

Although domain one of the State Health Improvement Plan (SHIP) does not directly identify increasing the number of people participating in federal food programs, it does identify a strategy to increase the number of farmers market accepting SNAP and utilizing the SNAP match program. This strategy is directly linked to strategy 7.1.4 and 7.1.5 of the CHIP.

Additionally, while Healthy People 2020 does not directly address increasing participation in federal food programs, it does look to reduce food insecurity and hunger and increase health care visits that includes counseling regarding nutrition and diet.

Current Partners

Regional Environmental Council, Worcester Food Policy Council, Worcester County Food Bank, Worcester Division of Public Health, Worcester Public Schools

Outcome Measures

Percent of population eligible for federal food programs participating

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7.1.1.   Leverage opportunities to enroll eligible individuals in federal food programs such as during MassHealth enrollment.

Rationale. The Mass Law Reform Institute notes that nearly 600,000 eligible low-income individuals in MA are not enrolled in SNAP that are enrolled in MassHealth. While legislative movement suggests a common application may be realized within a few years, other opportunities for dual enrollment exist and should be leveraged in order to reduce the barrier of navigating multiple government eligibility criteria and paperwork.

Lead Agency. Worcester Food Policy Council, MassHealth enrollment agencies

Outcome Measures. Number of MassHealth enrollment agencies engaging in dual enrollment

Priority Area: Access to Healthy Food

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

7.1 Increase the number of eligible people participating in federal food programs (SNAP, WIC, National School Lunch Program) by 5% by 2020 and increase utilization of those programs for healthy food.

7.1.2. **Increase the number of primary care providers screening and referring for food insecurity.**

Rationale. Physicians have been shown to be uniquely positioned to evaluate food insecurity and can be an important point of access for other services. As food insecurity is a significant contributor to poor health outcomes, it is critical for physicians to address it as such.

Lead Agency. To be determined

Outcome Measures. Percent of primary care providers who screen and refer for food insecurity

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7.1.3. **Conduct SNAP and WIC outreach at community-based and faith-based organizations.**

Rationale. Moving beyond traditional means of outreach for SNAP and WIC enrollment can reach underserved populations who might typically by missed by enrollment agencies.

Lead Agency. To be determined

Outcome Measures. Number of community outreach events held

7.1.4. **Increase number of farmers markets accepting SNAP and WIC.**

Rationale. Farmers markets can be an important resource to improving access to fresh fruits and vegetables. Ensuring those markets accept SNAP and WIC allows for an increased number of residents to benefit from them, particularly with some local, state, and federal matching benefits already in place or soon to be in place.

Lead Agency. Worcester Food Policy Council

Outcome Measures. Number of farmers market accepting SNAP or WIC

7.1.5. **Establish sustainable funding for farmer's market SNAP match programs.**

Rationale. Currently, the Regional Environmental Council's SNAP match program allows for residents SNAP contributions on farmers' market goods to be doubled up to a $20 benefit, though that funding comes from a patchwork of mostly private donations. SNAP match programs have been shown to increase low-income individuals' and families' purchasing of fresh and local produce. To ensure this benefit lasts, a sustainable source of funding needs to be established.

Lead Agency. Regional Environmental Council, Worcester Food Policy Council

Outcome Measures. Percent of SNAP match funding established from a sustainable source

7.1.6. **Develop a mechanism for school-aged children to provide input on breakfasts, lunches, and snacks provided through federal school meals programs.**

Rationale. Increasing student participation by giving them the opportunity to provide feedback on cultural appropriateness, as well as presentation, marketing, and other factors that contribute to student meal participation, will increase student buy-in when it comes to school-prepared foods. That buy-in could lead to increased participation in the breakfast and lunch programs as well as reduce food waste.

Lead Agency. To be determined

Outcome Measures. Number of students engaged in school-meal decision making

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

7.2 Increase the average daily number of fruits and vegetables eaten by youth and adults by 1 serving by reducing systemic barriers to healthy eating.

Rationale

Respondents to the CMRPHA regional Youth Health Survey reported consuming significantly fewer servings of fruits and vegetables in the past seven days than national rates, with less than 40% reporting daily consumption, compared to over 60% nationally. Only 15% of adults in Worcester County report eating the recommended servings of fruits and vegetables each day.

Increasing fruits and vegetables consumption in youths and adults is a priority identified in the SHIP in order to reduce all residents risk for disease. This objective is almost identical to that of the CHIP which aims to increase consumption by 1%. Incorporating fruits and vegetables to meals is a strategy that the National Prevention Strategy (NPS) looks to address. Healthy People 2020 looks to increase the addition of fruits and vegetables to daily diet in children 2 years and older.

Current Partners

Regional Environmental Council, Worcester Food Policy Council, Worcester County Food Bank, Worcester Division of Public Health, Worcester Public Schools, Coalition for a Healthy Grafton

Outcome Measures

Average daily consumption of fruits and vegetables

7.2.1. **Make resources available for youth programs to improve their capacity to provide nutritious food to their participants.**

Rationale. Increasing healthy food options at after-school programs is a best practice to increasing healthy eating habits in youth, though resources to provide healthy options at those programs are limited.

Lead Agency. To be determined

Outcome Measures. Written guide to healthy food procurement for youth programs

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7.2.2. **Increase buying power of low income households by increasing the state-wide minimum wage.**

Rationale. Increases in minimum wages have been associated with decreases in food insecurity, particularly in families. A sustainable food economy sees consumers able to afford fresh local produce, supporting local farmers and other food-related workers.

Lead Agency. Worcester Food Policy Council, Massachusetts Public Health Association

Outcome Measures. Increased minimum wage

7.2.3. Increase access to fresh healthy produce at corner stores in underserved neighborhoods and increase utilization of the REC's Mobile Farmers Market.

Rationale. Healthy corner store initiatives and mobile farmers markets are best practices in improving geographic access to healthy food. This strategy is in alignment with the Worcester Regional Food Hub pilot plan.

Lead Agency. Worcester Division of Public Health / Central MA Regional Public Health Alliance, Regional Environmental Council

Outcome Measures. Number of stores participating in healthy corner store program; Total sales from REC's Mobile Market

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7.2.4. Create a stronger regional food system by building relationships between farmers and institutional consumers through aggregation, marketing and distribution of fresh and frozen local produce.

Rationale. Relationships between institutions and local farmers not only supports the local food economy, but can improve access to healthy food to broad groups of employees, students, and clients. This strategy is in alignment with the Worcester Regional Food Hub pilot plan.

Lead Agency. Regional Environmental Council, Worcester Regional Chamber of Commerce

Outcome Measures. Number of institutions procuring through the food hub

7.3 Increase the number of individuals participating in school and community garden and nutrition programs by 50%.

Rationale
One of the greatest assets in the region is the robust school and community garden program, with over 60 gardens in the region. Leveraging that asset as well as the many dedicated and expert organizations that do nutrition and healthy food education in the region could significantly impact the food culture of the region.

The SHIP identified increasing the number of community gardens and garden programs as one of the strategies to addressing healthy eating. The NPS identifies providing nutrition education as a recommendation to promoting healthy eating. The NPS also prioritizes working with local community partners to Increase community gardens and farmer's markets to provide access to locally grown food.

Current Partners
Regional Environmental Council, Worcester Food Policy Council, Worcester County Food Bank, Worcester Division of Public Health, Regional school districts, Community Harvest Project

Outcome Measures
Number of schools/individuals participating in school and community garden and nutrition programs

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

7.3 Increase the number of individuals participating in school and community garden and nutrition programs by 50%.

7.3.1. **Increase the means of culturally-diverse community gardens and gardeners to grow fruits and vegetables.**

Rationale. A signficant barrier to healthy eating in the region is the lack of access to culturally relevant fruits and vegetables. Without produce familiar to the region's diverse populations, encouraging increased consumption of fruits and vegetables is rather problematic.

Lead Agency. Regional Environmental Council

Outcome Measures. Number of cultural diverse gardeners trained in gardening methods

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7.3.2. **Ensure community members utilize the provisions of the urban agriculture ordinance through education and resource development.**

Rationale. Worcester's Urban Agriculture ordinance, a strategy of the 2012 CHIP, is nearly complete. Within it are provisions to make it easier for residents to grow and sell food. This will allow diverse residents to use what may be existing skills in agriculture not only as an asset financially, but as a means to increase culturally-relevant food in the region.

Lead Agency. Worcester Food Policy Council

Outcome Measures. Number of community members utilizing the urban agriculture ordinance

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7.3.3. **Implement the Kindergarten Initiative at schools to engage children from an early age in the growth, preparation, and consumption of fruits and vegetables.**

Rationale. The Kindergarten Initiative connects young children to food, the way it's grown, cooked, and eaten. The program aims to change culture around eating fresh, healthy food from an early age.

Lead Agency. Community Harvest Project

Outcome Measures. Number of schools that implement the Kindergarten Initiative

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7.3.4. **Develop and expand comprehensive curricula around gardening, cooking, and nutrition to increase the impact of school and community gardens.**

Rationale. Given the incredible resource of the over 60 school and community gardens in the region, a comprehensive curriculum to best leverage those resources could continue to promote a connection to fresh, local, healthy food for people of all ages.

Lead Agency. To be determined

Outcome Measures. Curricula workplan developed; number of schools and other agencies adopting curricula

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7.3.5. **Provide opportunities for faith-based organizations to engage in food justice, including gardening, cooking classes, and healthy options in pantries.**

Rationale. Food insecurity, hunger, and poor health outcomes due to lack of access of healthy options fall within the missions of many faith-based organizations, though many lack resources to engage in food justice work. In order to support their work and to engage underserved populations, food justice programs integrating faith-based organizations must be more common.

Lead Agency. To be determined

Outcome Measures. Number of faith-based organization engaged in food justice work

"Pedestrian friendly and the ability to walk everywhere-- ample and safe sidewalks connecting restaurants, housing, hotels, and places of interest. Large presence of trees and plants to adds shade, oxygen, and encourages people to spend time outside. Clean parks with bodies of water, benches, and walking paths. Clean streets..." — 2015 CHA Survey Participant, "What does a healthy community look like to you?"

"Good schools and walkable access to neighborhood schools, people out exercising, healthy dining options, outdoor events to build community, walking and bike paths, well maintained green spaces, parks and gardens, well marked cross walks, opportunity for outdoor free sports i.e. basketball, tennis, handball, swimming, disk golf..." — 2015 CHA Survey Participant, "What does a healthy community look like to you?"

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

Overview

Objectives	
8.1. Enhance access to 25 places for physical activity combined with informational outreach, targeting efforts to vulnerable populations.	8.1.1. Establish and promote walking, bicycling and transit routes to 25 of public and private indoor and outdoor physical activity facilities such as community recreation sites, joint use locations, parks and walking trails.
	8.1.2. Create and promote Safe Routes to School route maps for all schools in CMRPHA communities.=
	8.1.3. Identify access and programming gaps to public and private indoor and outdoor physical activity facilities for specific vulnerable populations.=
	8.1.4. Improve pedestrian network within ½ mile of the top 10 high activity transit stops.=
	8.1.5. Ensure that every public elementary school has access to a safe place to play and increase access to existing play facilitiies through joint use agreements.=
8.2. Implement 10 projects to engage residents with municipal Complete Streets programs that improve routine walking, bicycling and traffic safety.	8.2.1. Implement and evaluate one low-cost temporary change to a public space to encourage active transportation, known as a demonstration project, in each CMRPHA town and three in Worcester, with location selection based on Census and crash data and link projects to ongoing advocacy.
8.3. Implement two approaches to engaging the business community in promoting community walkability.	8.3.1. Develop and pilot walkability scorecard for residential and commercial development to assess the role of private development in promoting community walkability.
	8.3.2. Engage business community regarding economic value of walkable communities.

=*In accordance with Objective 1.1, these strategies and objectives are indicated as having the greatest potential impact on health equity.*

8.1 Enhance access to 25 places for physical activity combined with informational outreach, targeting efforts to vulnerable populations.

Rationale

In 2015, the Surgeon General released the Call to Action to Promote Walking and Walkable Communities in which the importance of walking was illustrated. The Call to Action included the many benefits of walking and walkable communities, including making communities safer, supporting social cohesion, reducing air pollution, and benefiting local economies.

When asked what a healthy community looks like to them, most residents of the region include an aspect of active living in their vision. Safe places to play, safe routes to move about the community, walking, and biking, were all frequently cited as indicators of a healthy community by CHA survey and interview participants.

One of the strategies of the CHIP to address this objective includes creating and promoting SRTS routes, this is similar to the State's goal of promoting SRTS efforts that leads to a travel mode shift. The NPS identifies several priorities to improving access to physical activity. Joint use agreements, physical activity programs and policy changes, are among these identified priorities. One of the objectives of Healthy People 2020 around access to places of physical activity is increase the percentage of public and private places that opens their facilities to the public outside of regular hours. This objective is similar to strategy 2.1.5, which looks to address the issue of access though joint use agreement.

Current Partners

Worcester Division of Public Health, Central Massachusetts Regional Planning Commission, Regional School Districts, WalkBike Worcester

Outcome Measures

Number of physical activity resources with increased access

8.1.1. **Establish and promote walking, bicycling and transit routes to 25 public and private indoor and outdoor physical activity facilities such as community recreation sites, joint use locations, parks and walking trails.**

Rationale. While recreation facilities and resources are many in the Worcester region, including playgrounds, trails, and gyms, access to those resources remains a barrier. By encouraging the use of those resources while promoting walking, a community that is more active by choice can be encouraged.

Lead Agency. Mass in Motion

Outcome Measures. Number of walking, bicycling and transit routes established and promoted

Priority Area: Physical Activity

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

8.1 Enhance access to 25 places for physical activity combined with informational outreach, targeting efforts to vulnerable populations.

8.1.2. **Create and promote Safe Routes to School route maps for all schools in CMRPHA communities.**

Rationale. Safe Routes to School programs encourage walking and biking to school for children and adolescents. From the work of the last three years in Worcester of the Safe Routes to School Taskforce, route mapping has been identified as a best practice to encourage schools to adopt Safe Routes programs.

Lead Agency. Worcester Division of Public Health / Central MA Regional Public Health Alliance

Outcome Measures. Percentage of schools with published route maps

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8.1.3. **Identify access and programming gaps to public and private indoor and outdoor physical activity facilities for specific vulnerable populations.**

Rationale. Little is known systematically about physical activity resources and access issues for older adults, people with disabilities, and other vulnerable populations in the region. While much work has been done to look at general access issues, better assessment is needed to ensure physical activity opportunities for all people.

Lead Agency. Worcester Division of Public Health / Central MA Regional Public Health Alliance

Outcome Measures. Written report

8.1.4. **Improve pedestrian network within ½ mile of the top 10 high activity transit stops.**

Rationale. Improving infrastructure for walking in high transit locations ensures that resources are spent where they are most needed and also targets resources to areas most used by vulnerable populations. This strategy aligns with Mobility 2040, the Central Massachusetts Long Range Transportation Plan.

Lead Agency. Central Massachusetts Regional Planning Commission

Outcome Measures. Miles of sidewalk or other network improvements

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8.1.5. Ensure that every public elementary school has access to a safe place to play and increase access to existing recreational facilities through joint use agreements, with a specific focus on low-access neighborhoods.

Rationale. Every family deserves to have a safe place for their children to play. After prioritization in the 2012 CHIP, a joint use agreement was established in Worcester to ensure that if a school had a playground, it was open to the public after school hours. Now, ensuring that every elementary school has a playground is the next step forward to give all young people in the region the resources they need to be active and have fun out in their community. This strategy also aligns with Worcester's Open Space and Recreation Plan.

Lead Agency. City of Worcester

Outcome Measures. Number of new recreational facilities open to the public

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8.2 Implement 10 projects to engage residents with municipal Complete Streets programs that improve routine walking, bicycling and traffic safety.

Rationale

Over 50% of the region's elementary aged-children live greater than a half mile from the nearest playground. Additionally, having a safe place for children and families to play was repeatedly invoked as a needed resource by survey, focus group, and stakeholder interview participants during the 2015 CHA. Nearly 30% of respondents listed opportunities for physical activity as one of the three greatest indicators for a healthy community.

The SHIP has identified encouraging the adoption of Complete Streets in all municipalities. The NPS looks to improve walking, biking and increase active safety by implementing infrastructure changes like sidewalks, bike lanes and adequate lighting. The NPS also prioritizes policy changes that will improve overall access to places of physical activity. Healthy People 2020, under the physical activity priority, identified built environment changes that will enhance access and availability to places of physical activity.

Current Partners

Worcester Division of Public Health, Central Massachusetts Regional Planning Commission, WalkBike Worcester, Regional towns

Outcome Measures

Number of projects implemented

Priority Area: Physical Activity

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

8.2 Implement 10 projects to engage residents with municipal Complete Streets programs that improve routine walking, bicycling and traffic safety.

8.2.1. Implement and evaluate one low-cost temporary change to a public space to encourage active transportation, known as a demonstration project, in each CMRPHA town and three in Worcester, with location selection based on Census and crash data and link projects to ongoing advocacy.

Rationale. Demonstration projects are low-cost, temporary changes to public spaces to encourage active transportation. Parklets, temporary bike lanes, pop-up medians, etc. offer ways of engaging residents, businesses, and visitors in imagining what their community could look like if specific infrastructure changes were made.

Lead Agency. Worcester Division of Public Health

Outcome Measures. Number of individuals engaged in demonstration projects or related advocacy

8.3 Implement two approaches to engaging the business community in promoting community walkability.

Rationale
"Safe walking environments" was the most common response to the question "What does a healthy community look like to you?" by CHA survey respondents.

Although working with the business community to promote walkability isn't directly addressed on the SHIP, it does identify working with businesses to expand active transportation options.

Current Partners
Worcester Regional Research Bureau, City of Worcester, Worcester Division of Public Health, Central Massachusetts Regional Planning Commission

Outcome Measures
Number of new businesses engaged in walkability activities

8.3.1. **Develop and pilot a walkability scorecard for residential and commercial development to assess the role of private development in promoting community walkability.**

Rationale. Private development has a significant impact on the walkability of a community. If those overseeing development do not recognize their role or impact on a community's walkability, opportunities to leverage resources to build better pedestrian networks or make other infrastructure investments could be missed.

Lead Agency. Worcester Regional Research Bureau, City of Worcester

Outcome Measures. Developed scorecard; Number of projects in which scorecard is used

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8.3.2. **Engage business community regarding economic value of walkable communities.**

Rationale. Walkable communities can help make local economies thrive by making areas more attractive for business and by driving higher levels of retail activity. Businesses should be engaged in walkability advocacy and activities to help foster a more walkable, thriving community.

Lead Agency. Worcester Division of Public Health, WalkBike Worcester

Outcome Measures. Number of businesses engaged

"So, thinking about your community, what are some of the assets or services or initiatives that have been successful to encourage community residents to be healthy and to make healthy choices and access services?"

"The parks, University Park, Castle Park."

"Well, I think if people felt safer in those spaces that would be another asset, I think that sometimes those can be challenges that discourage safety."

"That's a really good point but look at Castle Park. It's getting better and better and so right now, this summer they have the children's recreational program and it looks like there are more and more kids playing up there and as we get more kids up there, there are more families up there, it is getting safer. But there is also people there that they shouldn't be there, so, we need to make the assets that we have really more asset-y, you know? Strengthen them."

—2015 CHA Focus Group Participants

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

Overview

Objectives	Strategies
9.1. Decrease the number of housing and disorder complaints by 20% by 2020 through the promotion of policies and programs to address the built environment.	9.1.1. Enhance and support program and policy to ensure healthy and safe homes for all residents of the region such as lead poisoning prevention, home safety assessments, and window guard policy.=
	9.1.2. Increase access to and safety of play-spaces in the region through support of walkability activities, place-making strategies, and infrastructure improvements.=
9.2. Decrease violent incidents among individuals under the age of 25, particularly among Black and Latino youth, by 50% by 2020 by supporting the efforts of the Worcester Youth Violence Prevention Initiative through policy and systems change and by promoting trust, safety, healing and opportunities for Worcester's most under-resourced youth and families.=	9.2.1. Train police on topics such as the effects of trauma on child development, implicit bias, and youth development.=
	9.2.2. Increase accessibility of public spaces for youth development and other health-promoting activities.
	9.2.3. Implement a mechanism for pre-adjudication diversion for low level, first-time juvenile offenses.=
	9.2.4. Increase opportunities for employment for youth at highest risk of experiencing violence.=
	9.2.5. Implement an intervention for young children who witness violence, to support positive social and emotional development.=
	9.2.6. Support a network of outreach workers, case managers, employment supports, education and employment supports, behavioral health supports, and recreation supports for highest risk and proven risk young people up to age 24.=
9.3. Increase the proportion of police participating in community dialogue or activities to 30% annually by 2020.	9.3.1. Support community empowerment by providing resources for representative participation in new or existing neighborhood groups to increase social cohesion, provide a mechanism for dialogue with police and other municipal officials, and support opportunities for input in neighborhood resource allocation.
	9.3.2. Support community-reflective recruiting practices of police departments.=
	9.3.3. Implement universal on-going implicit bias training for all police officers and recruits.=
	9.3.4. Provide increased opportunities for police and community members to engage in fun activities to build positive community-police relations.=

=*In accordance with Objective 1.1, these strategies and objectives are indicated as having the greatest potential impact on health equity.*

Objectives	Strategies
9.4. By 2020, integrate into the Greater Worcester CHA a community assessment of resources, data, gaps in services, and additional needed resources to reduce interpersonal violence in the region.	9.4.1. Support a consortium of providers to identify gaps with an intentional focus on gender equity in interpersonal violence prevention programming.=

Objectives & Strategies

9.1 Decrease the number of housing and disorder complaints by 20% through the promotion of policies and programs to address the built environment.

Rationale

Health begins with the environments in which we live, learn, work, and play. Ensuring that those environments are safe and supportive of health is cricial to long-term health improvement. The above objective is specific to housing and disorder complaints, though that is simply a measure of progress in this area.

Massachusetts has identified current structures within the built environment as barriers for people to have a safe and healthy place to live, work, and play. The SHIP addresses these priorities specifically through considerations such as lead levels in children and safe home environments under Domain 7 of the plan. It also addresses safety concerning walkability and safe places to play under Domain 1. The National Prevention Strategy looks to reduce injuries and violence through the support of community and streetscape design that promotes safety and prevents injuries. Healthy People 2020 looks to address the built environment through addressing homes and communities under environmental health. Under homes and communities they specifically look at and address hazards around indoor air pollution, heating and sanitation, structural problems, electrical and fire hazards and lead-based paint hazards. HP2020 also addresses walkability and bike-ability of communities under environmental health.

Current Partners

Worcester Division of Public Health / Central MA Regional Public Health Alliance, Worcester Office of Economic Development, Worcester Department of Inspectional Services

Outcome Measures

Percent decrease of housing and disorder complaints

Priority Area: Safety

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

9.1 Decrease the number of housing and disorder complaints by 20% through the promotion of policies and programs to address the built environment.

9.1.1. Enhance and support program and policy to ensure healthy and safe homes for all residents of the region such as lead poisoning prevention, home safety assessments, and window guard policy.

Rationale. While safety outside of one's home is critical to a healthy community, ensuring that the homes residents live in are safe and supportive to health is also critically important. Continued and expanding programs and policies to ensure safe and healthy homes are critical to supporting a safe community.

Lead Agency. To be determined

Outcome Measures. Number of households impacted by new or enhanced programs or policies

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9.1.2. Increase access to and safety of play-spaces in the region through support of walkability activities, place-making strategies, and infrastructure improvements.

Rationale. While largely addressed in other objectives, a core component to safe communities is ensuring that recreation and play spaces are safe, well-kept, clean, and active. Encouraging more of the community to use public resources such as parks and other recreational facilities leads to more people out and about in the community, which can make a community feel safer, deters crime, and also builds social cohesion.

Lead Agency. To be determined

Outcome Measures. Number of play-spaces enhanced or made more accessible with a goal of safety in mind

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9.2

Decrease violent incidents among individuals under the age of 25, particularly among Black and Latino youth by 50% by 2020 by supporting the efforts of the Worcester Youth Violence Prevention Initiative through policy and systems change and by promoting trust, safety, healing and opportunities for Worcester's most under-resourced youth and families.

Rationale

The SHIP looks to reduce disparities across all identified domains. There are no specific strategies that directly address arrest rates among Black and Latino youth. However under Domain 5 of the SHIP, there are strategies to address programs to support youth at risk and promote healthy behaviors, as well as supporting the EOHHS Safe and Successful Youth Initiative. The National Prevention Strategy looks to strengthen policies and programs to prevent violence. Healthy People 2020 looks at violence prevention through a lens of changing social norms about the acceptability of violence, improving problem-solving skills (for example, parenting, conflict resolution, coping), and changing policies to address the social and economic conditions that often give rise to violence. Healthy People 2020 includes objectives aimed at reducing childhood exposure to violence, and over a dozen objectives related to reducing inter-personal violence. Specifically, HP2020 includes an objective to "Reduce adolescent and young adult perpetration of, and victimization by, crimes," which focuses almost entirely on violent crimes, and includes the reduction of gang activity in schools.

Current Partners

Charles E. Shannon Community Safety Initiative and Safe and Successful Youth Initiative partners

Outcome Measures

Per capita annual rate of violent incidents involving individuals under the age of 25

9.2.1. **Train police on topics such as the effects of trauma on child development, implicit bias, and youth development.**

Rationale. Effective police training that deepens police understanding about various aspects of child development has the potential to improve police/youth relationships and reduce the likelihood of youth arrests.

Lead Agency. Police Departments

Outcome Measures. Proportion of police trained

Priority Area: Safety

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

9.2 Decrease violent incidents among individuals under the age of 25, particularly among Black and Latino youth, by 50% by 2020 by supporting the efforts of the Worcester Youth Violence Prevention Initiative through policy and systems change and by promoting trust, safety, healing and opportunities for Worcester's most under-resourced youth and families.

9.2.2. Increase accessibility of public spaces for youth development and other health-promoting activities.

Rationale. Increasing youth's access to safe and supervised public spaces such as schools and parks allows young people to fill their free time with constructive activities, form relationships with caring adults and peers, and develop a range of skills and interests.

Lead Agency. Youth Opportunities Office

Outcome Measures. Number of youth engaged in new programs or activites

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9.2.3. Implement a mechanism for pre-adjudication diversion for low level, first-time juvenile offenses.

Rationale. Models for Change, a multi-state initiative to make juvenile justice systems more fair, effective, rational, and developmentally appropriate, has found that youth's exposure to the juvenile justice system increases their likelihood of future delinquency. Their work advances strategies that allow police, prosecutors, judges and others in the juvenile justice system to ensure that serious offenders are processed through the formal justice system while lower level offenders are diverted entirely or receive more developmentally appropriate and community-based sanctions.

Lead Agency. To be determined

Outcome Measures. Number of youth undergoing pre-adjudication diversion

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9.2.4. Increase opportunities for employment for youth at highest risk of experiencing violence.

Rationale. According to the Office of Juvenile Justice and Delinquency Prevention, increasing the employability and employment rate of high risk youth is a critical component of comprehensive approaches to youth and gang violence reduction strategies.

Lead Agency. Youth Opportunities Office

Outcome Measures. Number of at-risk youth engaged in employment opportunities as measured by exisiting youth violence initiatives

9.2.5. **Implement an intervention for young children who witness violence, to support positive social and emotional development.**

Rationale. Extensive research has shown that trauma, especially in early childhood, has detrimental effects on brain development in regulating fear response, impulse control, reasoning, planning, and academic learning. Early treatment of trauma disrupts the causal link between early childhood trauma and adolescent/young adult perpetration of violence.

Lead Agency. To be determined

Outcome Measures. Number of young children engaged in intervention

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9.2.6. **Support a network of outreach workers, case managers, employment supports, education and employment supports, behavioral health supports, and recreation supports for highest risk and proven risk young people up to age 24.**

Rationale. The evidence-based Comprehensive Gang Model relies on culturally competent outreach workers who engage with high-risk and gang involved youth, build trust, and connect them with supportive case management. Case managers in turn ensure that high risk youth receive the education, employment, behavioral health and other supports and services they need.

Lead Agency. To be determined

Outcome Measures. Number of outreach workers, case managers, employment supports, education and employment supports, behavioral health supports, and recreation supports engaged in ongoing dialogue through a regularly meeting network

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

9.3 Increase the proportion of police participating in community dialogue or activities to 30% annually

Rationale

In the 2015 President's Task Force Report on 21st Century Policing, the introduction includes a note that speaks to the importance of the inclusion of public safety goals in a Public Health plan. It reads: "Building trust and legitimacy [between police and the community] is not just a policing issue. It involved all components of the criminal justice system and is inextricably bound to bedrock issues affecting the community such as poverty, education, and public health. The report includes "pillars" of best practices on which to enhance public safety including "Building Trust and Legitimacy," "Community Policing & Crime Reduction" and "Training & Education." The report specifically details a recommendation to "proactively promote public trust by initiating positive nonenforcement activities to engage communities that typically have high rates of investigative and enforcement involvement with government agencies" with an action item to "create opportunities in schools and communities for positive nonenforcement interactions with police. Agencies should also publicize the beneficial outcomes and images of positive, trust-building partnerships and initiatives." Additionally, one of the recommendations to improve behavioral health as identified in the NPS is to "facilitate social connectedness and community engagement across the lifespan," an aim of strategy 9.3.1.

Current Partners

Worcester Police Department

Outcome Measures

Proportion of police participating in community dialogue or community-based activities

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9.3.1. **Support community empowerment by providing resources for representative participation in new or existing neighborhood groups to increase social cohesion, provide a mechanism for dialogue with police and other municipal officials, and support opportunities for input in neighborhood resource allocation.**

Rationale. Structured and facilitated dialogue between police and residents of all ages can build trust and relationships thereby increasing the effectiveness of neighborhood development and community safety strategies.

Lead Agency. Coalition for a Healthy Greater Worcester

Outcome Measures. Number of participants in ongoing neighborhood groups

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9.3.2. Support community-reflective recruiting practices of police departments.

Rationale. Current work in Massachusetts and in the Worcester region to train and hire more officers from the communities in which they will serve, including geographic and cultural communities, has seen a marked increase in the diversity of police departments. In order to support the current work and demonstrated progress, more work needs to be done in the front end to attract more diverse residents to opportunities for police work, including increasing the diversity of those who take the civil service exam.

Lead Agency. To be determined

Outcome Measures. Demographics of individuals taking civil service exam and new officers

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9.3.3. Implement universal on-going implicit bias training for all police officers and recruits.

Rationale. Research shows that all people engage in implicit bias—or subconscious stereotyping of different categories of people based on physical traits or characteristics. Being made aware of implicit bias through training can reduce the impact of implicit bias on behavior.

Lead Agency. Police Departments

Outcome Measures. Percent of officers having completed implicit bias training

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9.3.4. Provide increased opportunities for police and community members to engage in fun activities to build positive community-police relations.

Rationale. Building community-policy relations is something all police departments work toward, but providing more opportunities to engage in fun activities requires additional resources as well as diverse community partners not previously involved in this work.

Lead Agency. To be determined

Outcome Measures. Number of events or ongoing programs in which police engage in fun activities with the community

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

9.4 By 2018, integrate into the Greater Worcester CHA a community assessment of resources, data, gaps in services, and additional needed resources to reduce interpersonal violence in the region.

Rationale

Partners felt that while there are a number of providers who work together to address this issue, a centralized assessment, understanding of assets and gaps in the community for supporting victims, and a coordinated community-wide plan needed development, similar to the objective in the 2012 CHIP related to conducting a Community Mental Health Assessment.

Standard 5D of the MA SHIP is to reduce gender based and youth violence, with a specific measure to reduce sexual and domestic violence.

Current Partners

YWCA of Central MA

Outcome Measures

9.4.1. **Support a consortium of providers to identify gaps with an intentional focus on gender equity in interpersonal violence prevention programming.**

Rationale. Many providers and several networks within the region exist to address interpersonal and gender-based violence. To best support the work of these organizations and groups, a targeted effort to identify assets and gaps is needed.

Lead Agency. YWCA Central MA

Outcome Measures. Completed report of assets and gaps

Next Steps

There are many steps that need to be taken to see this CHIP fully implemented. The success in implementing the CHIP is dependent upon the commitment and level of participation among all parties that have a stake in public health.

The Steering Committee for the Coalition for a Healthy Greater Worcester will serve as the implementation body of this CHIP, with representation from a diverse set of stakeholders and community members. The Coalition, alongside the Worcester Division of Public Health will help to keep the many agencies involved accountable to themselves and to the community, seek additional resources where needed, and continue to collect data and report progress to the community annually.

It is our hope that you will join us in these endeavors to achieve our vision of becoming the healthiest city and region in New England by 2020.

To get involved or for more information contact:

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Central MA Regional Public Health Alliance
25 Meade Street, Office 200
Worcester, MA 01610
Phone: (508) 799-8531
Fax: (508) 799-8572
Email: health@worcesterma.gov
or visit: http://www.healthycentralma.com or www.worcesterma.gov

Appendices

2016 Greater Worcester Community Health Improvement Plan (CHIP)

Planning Workgroup Meeting Guide

Introduction. The nine priorities identified in the 2015 CHA will be divided among eight workgroups, each with 1-2 conveners and 1-2 staff members. The workgroups will meet four times from December 2015 to March 2016 to formulate the goals, objectives, strategies, and outcome measures of the 2016 CHIP. This guide outlines the four meetings and is intended to be used by conveners and staff to facilitate the planning process.

Meetings. The conveners will facilitate the meetings according to the questions outlined on the following pages. Staff will be present to answer questions, take minutes, note action items, and outline work that needs to be done in between meetings.

1

2016 Greater Worcester Community Health Improvement Plan (CHIP)

Planning Workgroup Meeting Guide

Meeting 1

Guiding Questions

1. What does the data say? (20 minutes)
    a. Everyone in the meeting should have a copy of the 2015 CHA. Look at the demographic profile, the health profile, and the relevant priority areas. Allow the group to digest and react to the information.
    b. Some priority areas may have additional data from the CHA process that staff will bring.
2. What additional data is needed? (40 minutes)
    a. Is there a quote that you want to know the context of? Is there a particular population you're interested in hearing from? Does the group want to see trends, data grouped by demographics, or some other packaging of the data? If so, the staff will note these and collect and send out by the next meeting.
3. What was identified in the 2012 CHIP? (10 minutes)
    a. Take a look at the objectives and strategies of the 2012 CHIP. What did we commit to? What is the status of that work? Workgroup participants and staff will be able to provide information about status.
4. Are there any missing partners? (10 minutes)
    a. Who else should be engaged in the planning process? Is everyone there who needs to be?
5. What assets exist within our community to address this priority area? (40 minutes)
    a. What is already happening? Let's not reinvent the wheel but rather refine the wheel. What organizational, grassroots, or even state-level initiatives are happening in the region?

2

2016 Greater Worcester Community Health Improvement Plan (CHIP)

Planning Workgroup Meeting Guide

Meeting 2

Guiding Questions

1. What should the general objectives be? (60 minutes)
    a. Now that you've looked at all the data and the themes that emerged through the 2015 CHA, what should the general objectives for this priority area be? A general objective could be "increase training of…" or "decrease number of students without…" etc. No need for a specific value just yet.
2. What assets exist within our community already? (20 minutes)
    a. This question was discussed during the last meeting, but now that general objectives have been chosen, and particularly if there are new members of the workgroup, revisit the discussion. Staff should provide a list generated in the last meeting.
3. What information do we need to set specific and measurable objectives? (20 minutes)
    a. We have general objectives, but what information do we need to set specific objectives such as "increase training of physicians by 10%" or "decrease number of students without asthma action plan by 15%."
4. What are preliminary strategies for reaching our objective? (20 minutes)
    a. Every strategy in the CHIP needs to be evidence-based, but in order to assess the evidence, we need a starting place. Based on the assets identified and the data analyzed, what are some potential strategies? The effectiveness and potential for impact does not need to be discussed at this meeting—this is just brainstorming.
    b. **Staff and members should have the responsibility of dividing up the generated list and looking for the evidence. Staff will also look at resources such as Healthy People 2020 to see what best-practices are.**

3

2016 Greater Worcester Community Health Improvement Plan (CHIP)

Planning Workgroup Meeting Guide

Meeting 3

Guiding Questions

1. What are evidence-based strategies to reach our objectives? (75 minutes)
    a. Staff and participants should come to the meeting prepared to discuss evidence-based best practices for achieving the outlined outcomes. Strategies can be policies, trainings, infrastructure, networking, programs, etc. Review the strategies of the 2012 CHIP to see what was used.
2. To what extent do these strategies address health equity? (30 minutes)
    a. Every goal/objective/strategy in the CHIP must be through a lens of health equity, meaning that we are improving health for all people, but particularly those who are most vulnerable.
    b. To guide this discussion, use this definition of health equity: "Health equity means that all people, regardless of ethnicity, socio-economic status, sex or age, have equal opportunity to develop and maintain health through equal access to resources."
    c. Also ask the question: will this strategy only benefit those that _____ (have a car, have insurance… etc.) That's not to say that the question rules out strategies, but it's important to acknowledge what populations are benefited by strategies and which aren't.
3. What is the capacity of our community to implement these strategies? (15 minutes)
    a. Now that some strategies have been identified, are they realistic for us to implement? This is not to say that we don't commit to strategies that seem challenging or long-term, but if they are outside of the sphere of control of local organizations, are they really do-able?

4

2016 Greater Worcester Community Health Improvement Plan (CHIP)

Planning Workgroup Meeting Guide

Meeting 4

Guiding Questions

1. Who will lead these strategies?
   a. Identifying, if not an agency who is currently doing something similar, an organization whose mission fits with a strategy is critical to having an actionable CHIP come implementation.
2. What does a 3-5 year timeline look like for implementing these strategies?
   a. What does a rough outline/timeline of implementing each strategy look like? How quickly could something be reasonably accomplished, and what resources would need to be in place to implement them?
3. How do we measure success/progress in implementing these strategies and achieving our objectives?
   a. For each strategy, list outcome and process measures. An outcome measure is how you know you have been or are being successful in its implementation. Look at the 2013 CHIP addendum for examples. A process measure is how you know you're working toward a goal, even if you're not achieving the desired outcome measure.
   b. For each objective, do the same thing

5

Appendix B: CHIP Definitions & Acronyms

CHIP Definitions

Priority Area: broad issue or areas that were prioritized during the 2015 CHA process that pose significant challenges for the community

Aim: in broad terms how the efforts will change things to solve identified problems

Outcome Measure: value that reflect achievements as a result of implementing strategies

Objectives: measurable statement of change that specify an expected result and timeline, objectives build toward achieving the goals. All objectives in this CHIP have a timeframe of completion of December 31, 2020.

Strategies: action-oriented steps to be taken to achieve the target outlined in the objective.

Other Definitions

Health Equity. Health equity means that all people, regardless of ethnicity, socio-economic status, sex or age, have equal opportunity to develop and maintain health through equal access to resources

Racial inequity: When a person's race can predict their social, economic and political opportunities and outcomes.

Stakeholders: Those impacted by proposed policy, program or budget issue who have potential concerns or issue expertise.

Structural Racism: The interplay of policies, practices and programs of multiple institutions which leads to adverse outcomes and conditions for communities of color compared to white communities that occurs within the context of racialized historical and cultural conditions.

Underserved populations: Populations that have historically had inadequate access to, or reduced utilization of high quality social and health services. Included are low literacy, rural and low-income populations, migrant workers, ethnic minorities, members of the LGBTQ population, hearing and visually impaired people, physically or mentally disabled people, and language minorities.

Vulnerable populations: People who are less likely to have the necessary resources to anticipate, cope with, resist, or recover from poor health, usually at risk for disparate healthcare access and outcomes because of economic, cultural, ethnic or health characteristics. Vulnerable populations include, but are not limited to children, minors, pregnant women, older adults, prisoners, terminally ill, people with physical or mental disabilities, ethnic minorities, and refugees.

Acronyms

|	
ACS	American Community Survey
ACO	Accountable Care Organization
ACSC	Ambulatory Care Sensitive Conditions
BAA	Business Associate Agreement
BMI	Body Mass Index
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control & Prevention
CDC	Community Development Corporations
CEO	Chief Executive Officer
CHA	Community Health Assessment
CHC	Communtiy Health Center
CHIP	Community Health Improvement Plan
CHNA	Community Health Network Area
CHSA	Community Health Status Assessment
CHW	Community Health Worker
CI	Confidence Intervals
CLAS	Culturally and Linguistically Appropriate Services

CMMOP	Central Massachusetts Metropolitan Planning Organization
CMRPC	Central Massachusetts Regional Planning Commission
CMRPHA	Central Massachusetts Regional Public Health Alliance
CTSA	Community Themes and Strengths Assessment
DESE	Department of Elementary Secondary Education
DTA	Department Transitional Assistance
EBT/SNAP	Electronic Benefit Transfer/ Supplemental Nutrition Assistance Program
ED	Emergency Department
EJ	Environmental Justice
EJPs	Environmental Justice Populations
EMS	Emergency Medical System
EOHHS	Executive Office of Health & Human Services
ESL	English as a Second Language
Flu	Influenza
FoC	Forces of Change Assessment
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HPSA	Health Professional Shortage Area
HRSA	Health Resource Services Administration
LPHSA	Local Public Health System Assessment
MADPH	Massachusetts Department of Public Health
MAPP	Mobilizing for Action through Planning and Partnerships
MassCHIP	Massachusetts Community Health Information Profile
MDPH	Massachusetts Department of Public Health
MHFA	Mental Health First Aid
MMS	Massachusetts Medical Society
MPHA	Massachusetts Public Health Association
MOU	Memorandum of Understanding
NACCHO	National Association of County and City Health Officials
NPS	The National Prevention Strategy
NSP	The National Prevention Strategy (used in error)
NSLP	National School Lunch Program
NSDUH	National Survey on Drug Use and Health
OSRP	Open Space & Recreation Plan
PHAB	Public Health Accreditation Board
REC	Regional Environmental Council
RRAP	Regional Response to Addiction Partnership
RYHS	Regional Youth Health Survey
SAMHSA	Substance Abuse & Mental Health Services Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
MA SHIP	Massachusetts State Health Improvement Plan
SNAP	Supplemental Nutrition Assistance Program
SRTS	Safe Routes to School
SSYI	Safe and Successful Youth Initiative
STDs	Sexually Transmitted Diseases
TANF	Temporary Assistance to Needy Families
T21	Mimimum tobacco sales age of 21 years old
USDA	United States Department of Agriculture
US HHS	United States Department of Health & Human Services
WCCC	Worcester Community Connections Coalition
WDPH	Worcester Division of Public Health
WIB	Workforce Investment Board
WIC	Women, Infants and Children
WISQARS	Web-Based Injury Statistics Query and Reporting System
WRTA	Worcester Regional Transit Authority
YHS	Worcester Regional Youth Health Survey
YRBS	Youth Risk Behavior Survey

Appendix C: Health Impact Pyramid Alignment

In 2010, Thomas R. Frieden, the Director of the U.S. Centers for Disease Control and Prevention (CDC), published the below visual and an accompanying article titled "A Framework for Public Health Action" to detail the impact of the various categeries public health interventions.

In explaining the pyramid framework, Frieden details, "At the base of this pyramid, indicating interventions with the greatest potential impact, are efforts to address socioeconomic determinants of health. In ascending order are interventions that change the context to make individuals' default decisions healthy, clinical interventions that require limited contact but confer long-term protection, ongoing direct clinical care, and health education and counseling.

Interventions focusing on lower levels of the pyramid tend to be more effective because they reach broader segments of society and require less individual effort. Implementing interventions at each of the levels can achieve the maximum possible sustained public health benefit."

Frieden TR. Am J Public Health 2010;100(4):590-5
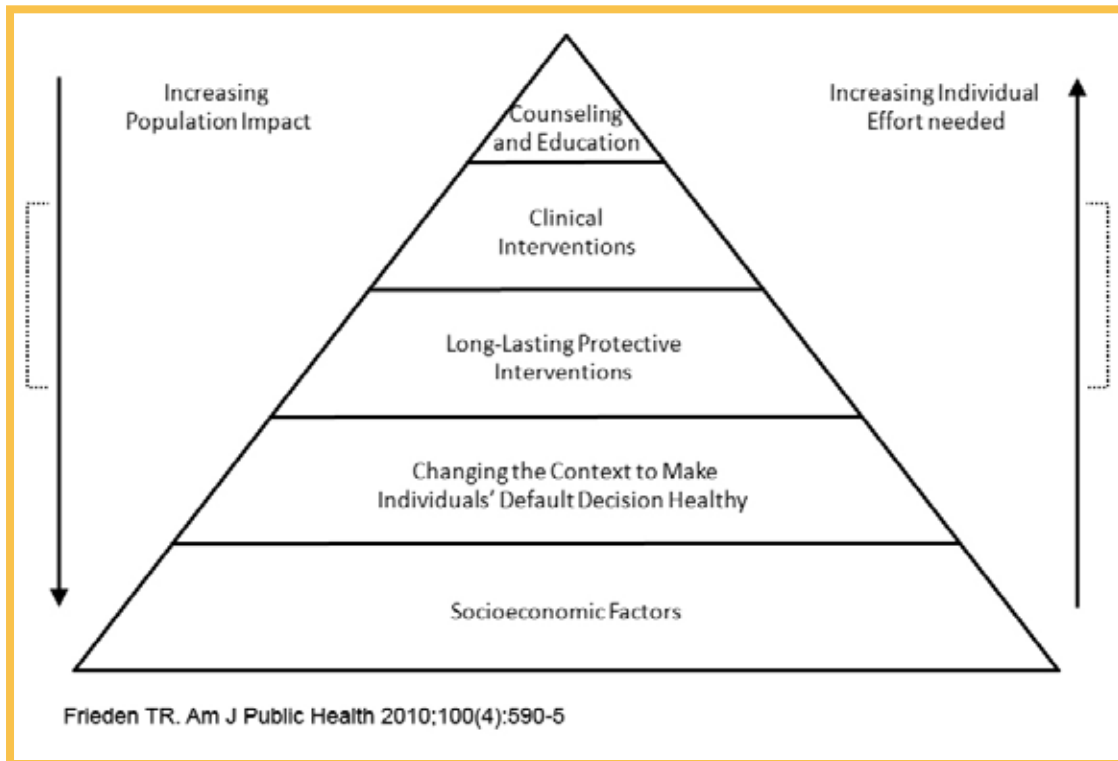
To evaluate the depth and breadth of strategies in the CHIP, the various levels of the pyramid were aligned with the 100 strategies presented in this first release of the 2016 Community Health Improvement Plan. An overview is provided below, and a more detailed cross-walk is provided in the table on the reverse page.

Counseline and Education: 9 strategies

Clinical Interventions: 8 strategies

Long-Lasting Protective Interventions: 21 strategies

Changing the Context to Make Individuals' Default Decision Healthy: 34 strategies

Socioeconomic Factors: 28 strategies

Appendix C: Health Impact Pyramid Alignment

Number of strategies by 2016 CHIP Priority Area and Health Impact Pyramid Level

Priority Area	Counseling & Education	Clinical Interventions	Long-lasting Protective Interventions	Changing the Context to Make Individuals' Default Decision Healthy	Socio-economic factors
Racism & Discrimination	0	0	0	0	4
Substance Use	2	4	3	9	1
Access to Care	1	2	5	1	2
Mental Health	1	1	3	4	0
Economic Opportunity	1	0	0	1	9
Cultural Responsiveness	1	0	1	7	1
Access to Healthy Food	3	0	2	6	4
Physical Activity	0	0	2	5	1
Safety	0	1	5	1	6

The broad distribution of strategies across the Health Impact Pyramid speaks to the breadth of interventions to improve community health both in the short-term and for years to come. The trend of strategies being distributed more toward the bottom of the Pyramid speaks to the community's and stakeholders' commitment to building a more equitable community that is supportive of health.

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