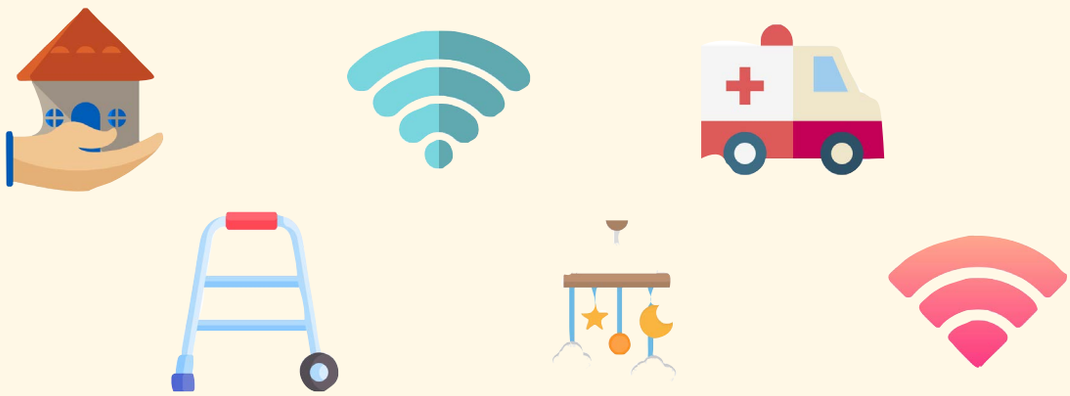
GREATER WORCESTER COMMUNITY HEALTH IMPROVEMENT PLAN

2021 – 2026



Coalition for a Healthy Greater Worcester

ELIMINATING HEALTH DISPARITIES
IMPROVING QUALITY OF LIFE
BUILDING COMMUNITY

Central Massachusetts Regional Public Health Alliance

Grafton • Millbury
Shrewsbury • West Boylston
Worcester

Prevent. Promote. Protect.

WORCESTER
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Robert Wood Johnson Foundation

CULTURE OF HEALTH PRIZE

2020–2021 WINNER

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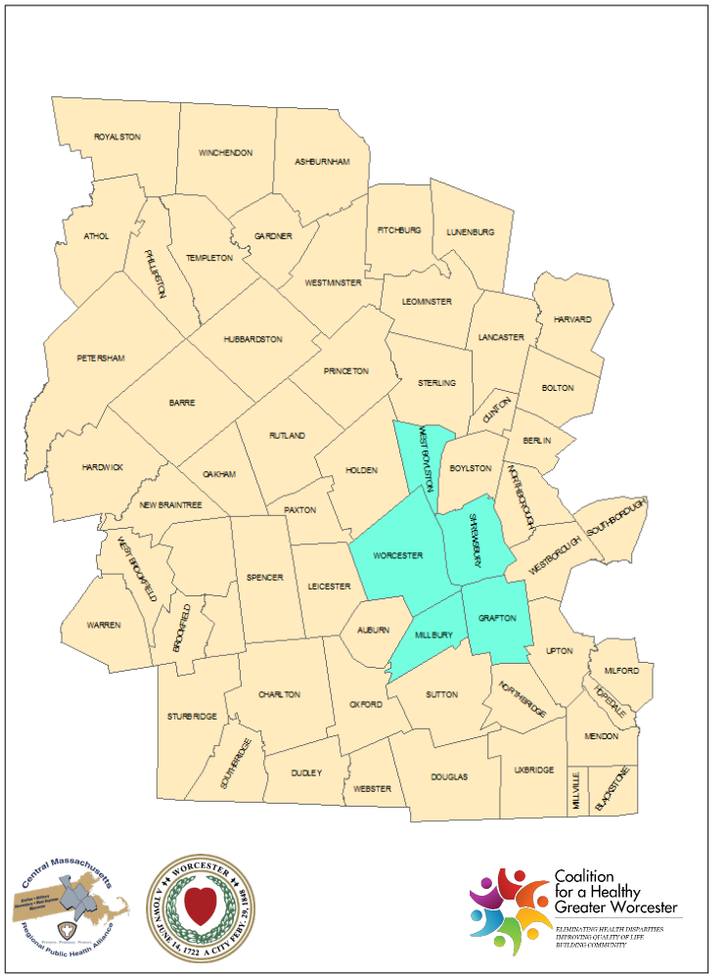
Community Health Improvement Plan (CHIP)

2021 - 2026

Worcester Division of Public Health and the Central Massachusetts Regional Public Health Alliance



The CHIP encompasses the towns of the Central Massachusetts Regional Public Health Alliance (CMRPHA); These towns include Grafton, Millbury, Shrewsbury, West Boylston, and Worcester.

The Worcester Division of Public Health is the lead agency of CMRPHA, a coalition of municipalities working cooperatively to create and sustain a viable, data-driven, and labor efficient regional public health district.

Letter to the Community

To all those who live, work, pray, learn and play in the communities of the Central Massachusetts Regional Public Health Alliance:

Starting in October 2020, we commenced a 100+ person interview process to learn what changes in our community you needed to see to make the Greater Worcester Region a champion of Health Equity. We were excited and challenged by the responses. You told us that a healthy community is one where you feel safe and where you belong. You told us that a healthy community is one where your children can grow up without adverse childhood experiences. And you told us that a healthy community is not only an accepting community but an actively anti-racist community working toward health justice for all. We are proud to present to you this 2021 Community Health Improvement Plan (CHIP), which is based on the most up-to-date research and information about the health of our communities, and thousands of hours of input from many of you. This CHIP will be used to guide the work of countless organizations and individuals over the next five years, with the vision of making significant progress toward health equity by 2026. In the CHIP and all our work, we define Health Equity as "Attaining full health potential and wellness as experienced and honored through one's many intersecting identities (race, sex & gender, sexuality, socio-economic status, ability status, immigration status, religion, etc.), and that of their family and communities" (Samantha Calero, Adapted from the Boston Public Health Commission, 2019). We do not expect the system to change tomorrow, or for all of these policies to be passed in a single year. We know this is a lofty goal, but as we know from the ongoing COVID-19 pandemic, social change requires ambition and perseverance.
Through collaboration, dedication and care, we are confident the Greater Worcester Community will move toward a future where all citizens have equitable access to supportive systems of social services and health care. The 2021 - 2026 CHIP calls on municipal racial equity strategies, community wide policy changes, and priority action agendas necessary to enact structural changes toward improved health for all. By virtue of being human, every single person in this community deserves access to quality childcare, education, compassionate navigation through healthcare systems, access to healthy food, and safe streets. Our past, present, and futures matter, and to achieve health justice we must endeavor together to ensure our neighbors have full, healthy, valued lives.

Hope is not a strategy; action is. We believe our community has the will to make this CHIP a reality. The CHIP is a regional movement, we all are in this together. We are excited to work collaboratively to implement this plan, and urge you to sign up to CHIP in by visiting our website at https://www.healthygreaterworcester.org/chip.

Sincerely,

Karyn E. Clark, MA, MPA
Director, Worcester Division of Public Health/Central MA Regional Public Health Alliance
Co-Chair, Coalition for a Healthy Greater Worcester
Co-Chair, Coalition Resource and Development Committee

Casey Burns,
Director, Coalition for a Healthy Greater Worcester

Ron B. Waddell, Jr.
Founder & CEO, Legendary Legacies
Co-Chair, Coalition for a Healthy Greater Worcester

What can you, the reader, do with the CHIP?

The CHIP can be used to align public health priorities and strategies across municipalities and agencies in our Region (see map).

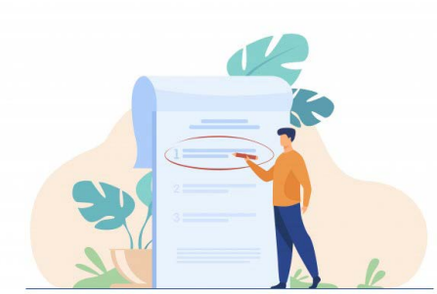
Coalition for a Healthy Greater Worcester Governance Structure

Overview

The Coalition for a Healthy Greater Worcester ("Coalition") brings people and organizations together around health issues that affect quality of life in the region. We raise awareness, create opportunities for networking, and facilitate innovative problem solving

We develop, implement, and evaluate initiatives, events, projects and policies that address areas of common interest to members.

Our objective is to mobilize the community to advocate for health in all policies and ensure implementation through effective program models and best practices.



CHIP Implementation

The Coalition shared responsibility with the Worcester Division of Public Health (WDPH) for implementation of the last CHIP (2016), working together to build a healthy community, with the goal of health equity. Our role is to ensure continuous community engagement that is universally inclusive and representative of the diverse organizations, agencies, and residents of the region. We provide a mechanism for funding toward CHIP initiatives, and we build accountability by tracking and evaluating progress toward outcomes. The Coalition provides structure and tools for communication, collaboration, and reporting.

Coalition Framework

The Coalition is led by a Steering Committee of representatives from public health, health care, social service and other non-profit organizations. Four subcommittees provide strategic and operational support and guidance in community engagement, policy and advocacy, research and evaluation, and resource and development.

Subcommittees

The **Community Engagement subcommittee** builds and maintains community engagement in Coalition activities and CHIP implementation, ensuring participation is inclusive and representative of the diverse organizations and residents of the region.

The **Policy and Advocacy subcommittee** reviews system and policy barriers to implementation of CHIP strategies. The subcommittee also works to engage in activities to influence decision makers and mobilize allies at the policy-making level.

The **Research and Evaluation subcommittee** develops a structure for qualitative and quantitative research, evaluating progress toward outcomes, including methods for participating organizations to report back and for community members to provide feedback.

The **Resource and Development subcommittee** creates a process for grant-making and decisions about allocation and disbursement of funds for CHIP-specific initiatives, and pursues funding opportunities and building strategy for sustainability of the Coalition.

The **Racism and Discrimination Subcommittee** has a mission to bring together individuals and organizations institutions across all sectors to recognize and address the ways systemic racism and discrimination produce and perpetuate root causes of health inequities, while centering the voices and lived experiences of historically marginalized, underrepresented and underserved communities. end structural racism and discrimination by applying a racial equity lens and addressing root causes of health inequity. We focus our efforts focus on implementing and achieving Community Health Improvement Plan (CHIP) strategies in the Greater Worcester community through collaboration, advocacy, capacity building, and accountability measures.

Our vision is a Greater Worcester community where structural racism, discrimination, and its insidious ripples no longer dictate a person's access and experience in health, employment, residence, education, and community. Equity is the Culture across all sectors; All Voices are heard, respected and given a seat at decision making tables; and systems and protocols are designed to consider and benefit those that need them most. All people are respected and valued, and individuals and institutions have the education and support to maintain this culture of equity.

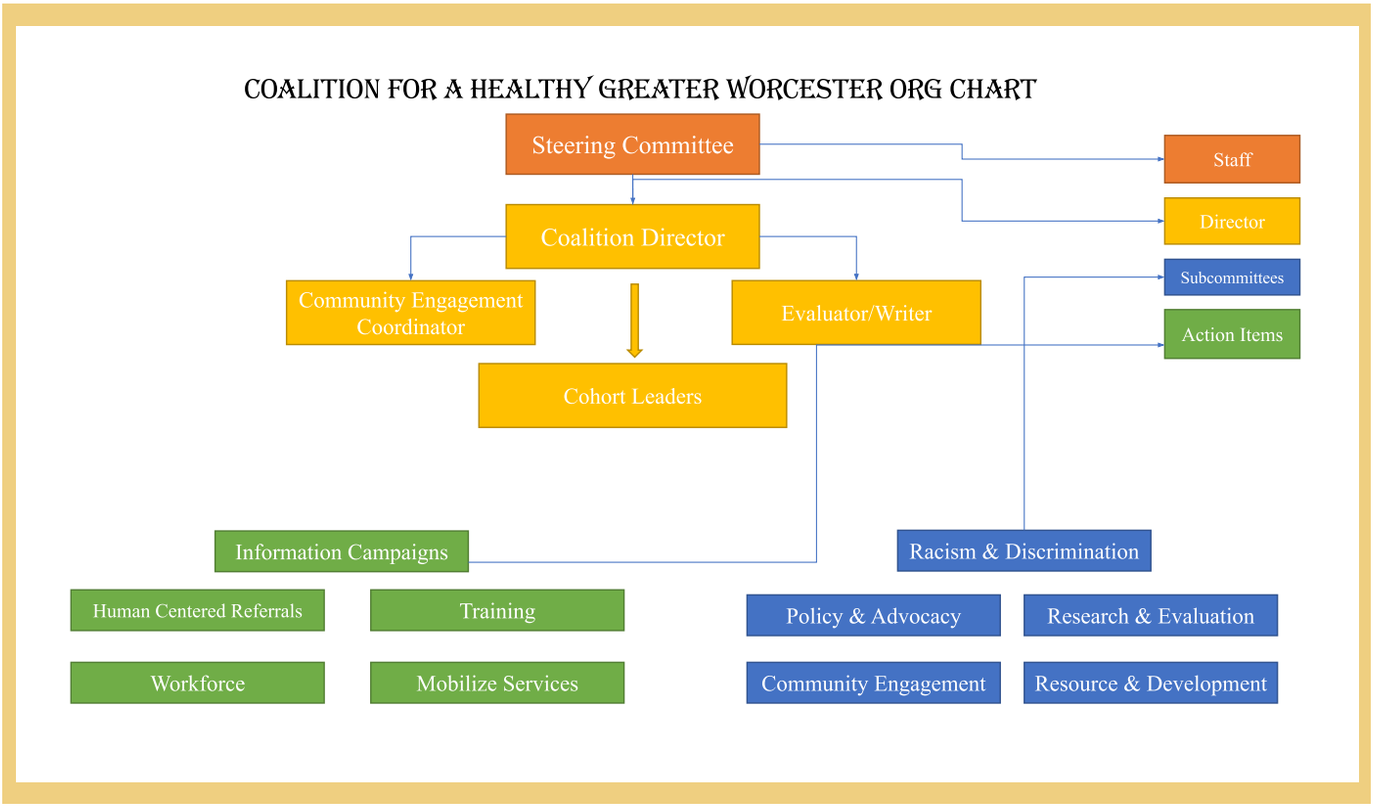
Our guiding principles are:

- All voices are heard, respected, valued, and given a seat at decision making tables.
- Systemic racism, discrimination, and their longstanding effects (insidious ripples) do not dictate a person's access and experiences in health, employment, residence, education, and community.
- Intentional structures and protocols are designed to support and empower historically disenfranchised groups.
- Individuals and institutions have continuous education and support to maintain the culture of Equity.

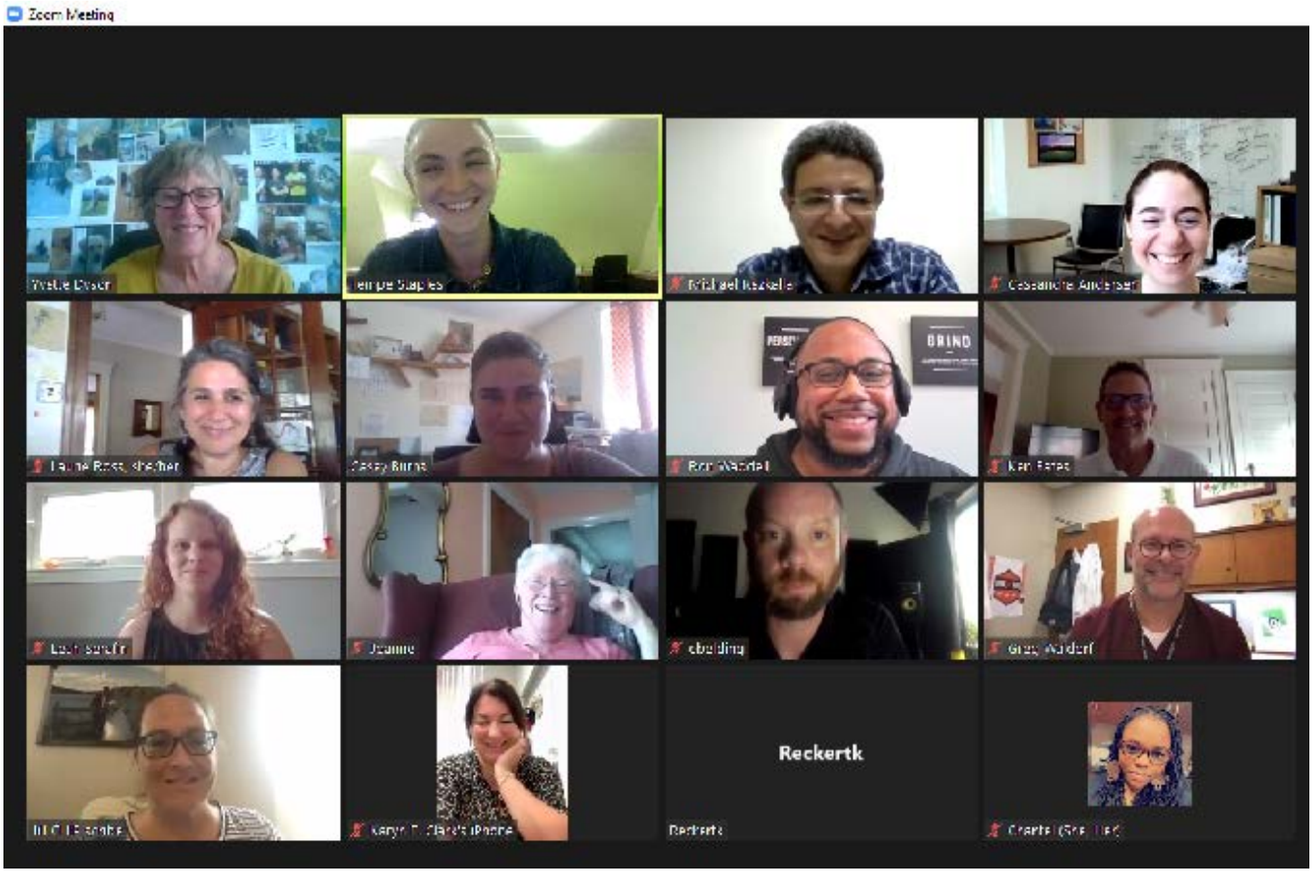
Ways of Being:

- We value and preserve relationships in everything that we do.
- Respect that we are all at different places in our anti-racism journey.
- Everyone is committed to ongoing learning
- We are willing to be changed
- Hold intent and impact. Both are real at the same time.
- We engage in practices to built trust, including shared leadership, transparency, shared accountability.
- All voices have equal power
- We are change-oriented and looking to make impacts
- We actively pursue inclusive excellence
- When we are here, we strive to be fully present.

Priority Area "Working Groups"



Each of the action agenda items (see CHIP Poster) will convene partners to track progress along the objectives and strategies. The meetings are being coordinated in partnership between the Worcester Division of Public Health/Central MA Regional Public Health Alliance and the Coalition for a Healthy Greater Worcester.



Coalition Steering Committee Meeting, August 17, 2021

Acknowledgements

The 2021 - 2026 CHIP would not have been possible without the input and engagement of over 100 community members; 9 Cohort Leaders; 5 dedicated CHIP interns; and every public health leader and subcommittee member of the Coalition. We would like to give a special thanks to Dr. Laurie Ross who led the facilitation and reporting on the gap/root analysis that was integral to creating processes and implementation of the CHIP development. We would like to thank the Worcester Department of Health & Human Services and the Division of Public Health for their ongoing support behind the CHIP strategies. Special thanks to our Subcommittee Co-Chairs who help facilitate important conversations that lead to sustainable action for the Coalition. A huge thank you to the YWCA of Central Massachusetts who serves as the Coalition's fiscal sponsor. The Community Conversations conducted between October 2020 and January 2021 were foundational for the CHIP, and we would like to acknowledge the hard work and dedication of the 2020 - 2021 Cohort who coordinated these conversations, brokered relationships, and fostered trusting safe spaces for community members to speak their truths that will build the next five years of action planning and implementation.

Coalition Leadership

Staff

Coalition Director
Casey Burns

CHIP Community Engagement Coordinator
Chantel

CHIP Evaluation and Writing Coordinator
Tempe Staples

Steering Committee

Co-chairs:
Karyn Clark
Ron Waddell

Subcommittees

Racism and Discrimination
Co-chairs: Rotating facilitation

Community Engagement
Co-chairs: Judi Kirk and Emily Linhares

Research and Evaluation
Co-chairs: Nikki Nixon and Suzanne Cashman

Resource and Development
Co-chairs: Karyn Clark and Monica Lowell

Policy and Advocacy
Co-chairs: Laura Martinez and Jermoh Kamara

2020 - 2021 CHIP Leadership Cohort

Sha-Asia Medina
Kaci Panarelli
Rush Frazier
Greg Waldorf
TJ Lewis
Ryan Wilkie
Gabe Rodriguez
Grace Sliwoski
Ethan Belding

2020 - 2021 CHIP Interns

Jill Anderson
Manal Pathak
Omar J. Villalpando
Orlando Gomez

Design

2021 - 2026 CHIP Poster Design by Avery Fairbanks
2021 - 2026 CHIP Book Design by Kelly Beverly and Sam Dokus
Design Advisement by Josh Croke
All vector art in this book is attributed to artist @pch.vector from freepik.com

Executive Summary

Background and Purpose

The Community Health Improvement Plan (CHIP) is a regional strategic plan for addressing health disparities and improving community health.

The CHIP is used as a roadmap for health improvement over a five year period and guides the investment of resources. This plan informs the use of these resources for WDPH, hospitals, and health plans, and all organizations that have a stake in improving health for the residents of Worcester and the surrounding communities. This CHIP encompasses the towns of Grafton, Millbury, Shrewsbury, West Boylston, and the City of Worcester, and was developed over a 16-month planning process.

The CHIP serves as a roadmap for health improvement over a 5 year period

The 2018 Community Health Assessment (CHA) identified priority populations and mental health, substance use, chronic/complex conditions and social determinants of health (**SDOH**) as complex issues. Subsequently, the 2020 gap/root cause analysis identified these areas for the 2021 CHIP process to be built on: 1) Shortage of Providers & Beds 2) Integrated Care Responses 3) Screening & Early Intervention 4) and Comprehensive Health Education and Literacy. In light of severe health disparities more overtly revealed as structural racism by the COVID-19 pandemic, 5) COVID-19 and SDOH were also added as a focus area.

Social determinants of health (SDOH) **are the conditions in the environments where 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.** *(Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2021)*

Big Picture

HEALTH EQUITY

"Attaining full health potential and wellness as experienced and honored through one's many intersecting identities (race, sex & gender, sexuality, socio-economic status, etc.), and that of their family and communities."
~ Samantha Calero, adapted from BPHC (2019)

CHIP STRATEGIES

If the CHIP development is a community driven process, then the prioritized CHIP strategies will be more inclusive and representative of the community, and therefore be more effective in addressing and closing health disparities.

If the community voice leads the CHIP prioritization, strategy, and planning processes, then the CHIP will be more inclusivee and representative of the community's public health and social service needs.

The interview process for the 2016 - 2020 CHIP provided us a robust set of qualitative data that gave us deep insight into the professional perspective on health issues and complex diseases issues, but we didn't get to talk to community members who were actually experiencing the issues. For the 2021 - 2026 CHIP, we spoke to people with lived-experience, "who actually ride the city bus" so to speak, and not just those who drive the bus or get funding for the bus.

Core Principals

1 Invest in the community first.

Whether access to food, the built environment, or job readiness, the solution to each of these and many other barriers to health begins with investing first in the community. In order to improve health, food should be bought first from local producers in the area; gaps in the workforce should be addressed by training and educating local residents, rather than attracting professionals from outside the community; and jobs should be available first to those who live in the community.

Elevate, listen to, and respect the community's voice. 2

In every community conversation that laid the foundation for the CHIP, conversation participants expressed that funding and policy-making decisions should require several community input sessions before action is taken. To form an equitable and responsive public health system, the community should be at the center of all decisions.

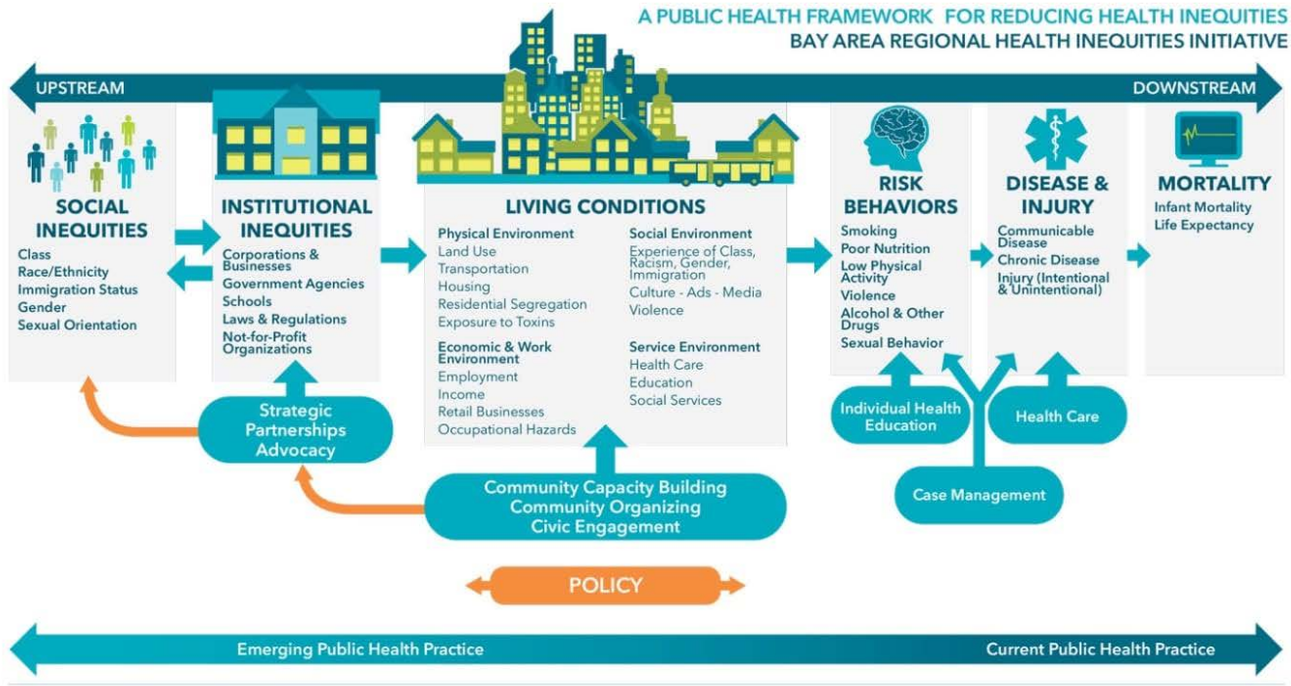
3 Eliminate gaps between services.

The most substantial strength of the Greater Worcester area identified through this process is its abundance of high-quality social, health, and associated services. One of the most frequently voiced frustrations from the community, however, was the difficulty navigating between these services. For this reason, a "no wrong door" approach to services is needed; when an individual seeks assistance in one area, that person should be seamlessly connected to the appropriate service regardless of the scope of that agency's services.

Honor trauma-informed resilient approaches to care. 4

Justice for marginalized populations is often described only in terms of trauma-informed approaches and care, neglecting that justice is built on resilience, not fragility.

Methodology



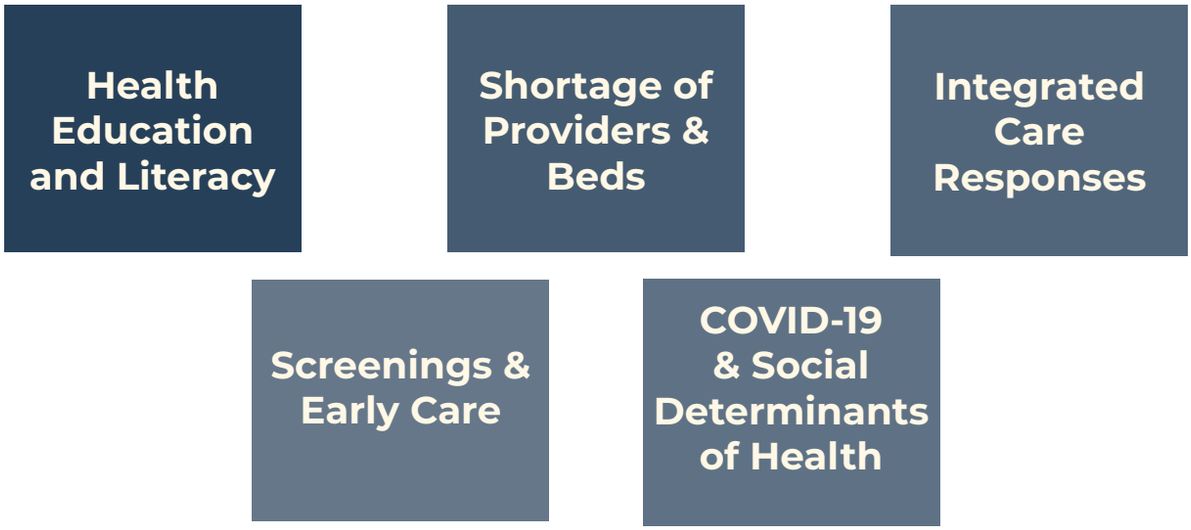
A Public Health Framework for Reducing Health Disparities
(By the Bay Area Regional Health Inequities Initiative)

At the beginning of the CHIP process, the Coalition convened 40-50 subject matter experts ("the experts") on the health outcome areas showing the greatest disparities in the 2018 CHA. The experts updated the data (as available) and performed a cause-and-effect analysis that connected the health outcome data to system gaps and issues. We then overlaid these data in order to see the following overlapping themes: 1) Shortage of Providers and Beds; 2) Integrated Care Responses; 3) Screening and Early Intervention; 4) and Comprehensive Health Education and Literacy. In response to severe health disparities more overtly revealed as structural racism by the COVID-19 pandemic, 5) COVID-19 and Social Determinants of Health (SDOH) was also added as a focus area. Upon completing the analysis, an application process for 2021 CHIP Cohort Leaders began where the Coalition Steering Committee and Director recruited, interviewed, and selected 9 community members who would serve the role of "Cohort Leaders"(see Appendix A for process).

Cohort Leaders were paired together to lead several community conversations for deeper

qualitative perspectives on the five public health focus areas that were informed by the 2018 CHA and the COVID-19 pandemic:

The Cohort Leaders participated in a series of training led by the Coalition Director, Community



Engagement Coordinator, and the CHIP Evaluator to learn how to recruit, host, and facilitate community conversations. The Cohort was provided an interview instrument refined by the Coalition Staff and WDPH leadership (please see the appendix to view the complete interview instrument). In total, 97 people were interviewed through 35 private community conversations facilitated by the Leadership Cohort, and scribed by three CHIP interns. Community conversations were kept private as a best practice for providing a safe space for participants to authentically share their thoughts and experiences in their responses. Private conversations were held either in a one-on-one setting, or in a small group. The decision to be individual or group was determined by the Cohort Leaders and each person who signed up to engage in a conversation. Cohort Leaders, Coalition Staff, and Coalition Committee Members recruited community members of the Greater Worcester area to participate in conversations by advertising the opportunity on social media, through email, and implemented snowball sampling to extend recruitment beyond the Coalition's immediate network. Due to the COVID-19 Pandemic, 33 of the 35 conversations were conducted over Zoom. One conversation was conducted over the phone, and one was conducted in person following social distance and masking protocols to prevent viral contact and spread.

Engaging with individuals who had never been a part of the CHIP process, and/or were not employed

by CHIP partnership institutions was paramount to the CHIP's health equity goal. Individuals who had been part of the CHIP process or who were employed by partnership institutions were not excluded, but ***it was important to center people who had lived experience, and who were disproportionately affected by health system issues outlined in the CHA.***

The principle of health equity recognizes that while all people and demographic groups face challenges, barriers, and biases limiting their access to services they need, there are some people and groups across race, gender, and sexuality who are structurally at greater risk of such challenges. The 2018 CHA included findings that are relevant to residents throughout the CMRPHA and to all segments of the region's population. However, there was broad agreement on which demographic and socioeconomic segments of the CHA and CHIP should be prioritized—those with complex needs or who face especially significant barriers to care, service gaps or adverse SDOH that can put them at greater risk.

*"**A lot of the problems and issues** stem from when people are young, we need better early education to prevent issues later. Kids will grab onto anything to feel like they belong, matter, or are part of something, and they end up joining a gang. If we wait until it's a problem, it's too late."*

~ Participant of Black, Indigenous, People of Color (BIPOC) Cross Sector Conversation, 12/29/20

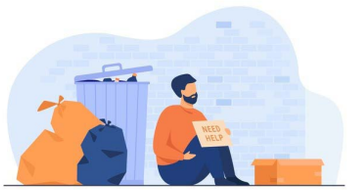
*"**There are historical level of distrust** between government, agencies, the people who work there and the communities that need it the most. It's almost like you are retraumatized every time you have to go and prove that you need these services."*

~Participant of Community Conversation on COVID-19/Social Determinants of Health, 11/10/20

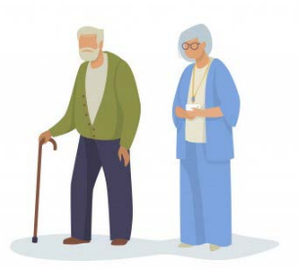
More specifically, the 2018 CHA identified the following groups as priority populations that deserve special attention:

Vulnerable children and their families

Immigrants and non-English speakers



Homeless and unstably housed



Older adults

Youth and adolescents

Racial/ethic minorities and others facing discrimination

"Health equity will be achieved the day a Black trans person has the same access to quality of care as a straight white man." - *2020-2021 Cohort Leader*

Each conversation participant was asked to complete an optional survey to collect anonymized demographic data. While full agency was provided to each individual to determine if they would like to complete the survey, the CHIP Evaluator encouraged survey completion as a means of holding the process accountable to documenting a diversity of lived experiences. 88 percent of conversation participants completed the survey. The Community Conversation Demographic Report (please see appendix) revealed a wider breadth and depth of community perspective than if we had only spoken to health and human service professionals and municipal leaders. Survey results reported that 46.8% of conversation participants interviewed were white, and 53.2% were non-white with the majority identifying as Black, African American, Latinx, and/or Hispanic. Survey results also reported that 63.3% of those interviewed identified as female, and 22.8% of those interviewed identified as male. 7.6% identified as non-binary/genderfluid/Third Gender. 77 out of the 79 respondents responded "yes" to the final question "Do you bring valuable lived experience with challenges in any of these areas?". Respondents were allowed to select multiple experiences. Based on the priority populations, 20 specific lived experiences were listed that people could choose from, and they could also add their own in the "write your own" option. Some takeaways from the survey include that 51.9% of respondents had experience with mental health issues and/or mental health services. 50.9% reported having experienced bias or discrimination. 27.3% of respondents shared that they, a family member, or a friend had experience with substance use disorder and/or addiction. 29.9% of respondents shared they had experience with chronic pain or illness. Documenting the lived experiences of those interviewed was critical to the process of authentic community engagement and community-based research because change needs to be

informed and led by those most impacted by systematic marginalization. As stated by one of our Cohort Leaders, health equity will be achieved "the day a Black trans person has the same access to quality of care as a straight white man."

The private community conversations were completed in the middle of January 2021. After the private conversation phase ended, the evaluation team conducted the first round of data cleaning, coding, and analysis. First, each scribed conversation was manually analyzed to assess key findings and themes throughout the community conversations, with a focus on core issues and recommended solutions. Next, the data was run through NVIVO - QSR International software to identify frequency of key words and terms. The analysis produced a synthesis of themes which informed the next set of public prioritization meetings. The objective of the public prioritization meetings (please see appendix for full details of those meetings) was to discuss all the strategies identified in the synthesis and narrow the focus on policy and programmatic strategies that would address issues most pressing to priority populations and should be included in the 2021 - 2026 CHIP. Again, due to the COVID-19 Pandemic, all five prioritization meetings were conducted via Zoom accompanied by the Google Jamboard function. Cohort Leaders led prioritization meetings. Participants were invited to utilize Jamboard to provide input on the key themes drawn out of the synthesis. Participants were asked to comment on four core questions around each theme: What is effective about this strategy? What concerns do you see? Who is excellent at this strategy? How is/should equity be addressed by implementing this strategy? Do you see any additional gaps for this strategy? Please list them or anything else you would like to discuss. After these five prioritization meetings were held, the evaluation team conducted a second synthesis, resulting in 12 Policy Change Strategies, and 6 Service Change Strategies (please see appendix to view CHIP poster).

Limitations

With respect to qualitative data, information was gathered through stakeholder interviews, focus groups, the Demographic Survey, and community forums, during which community members, clinicians, service providers, and city leaders offered their insights. These interviews, focus groups, surveys, and forums provided the basis of the 2021 CHIP policy and programmatic strategies with the overarching goal of making upstream changes to lead to equity health outcomes downstream. While every effort was made to promote the community forums to the community and to identify a representative sample of community members, there were inherent limitations due to the COVID-19 pandemic and time constraints. First and foremost, typical best qualitative research practices and community-based research methods had to adapt to public health protocols. Nearly all conversations and meetings were held via Zoom and Google Meets and utilized digital tools to collect feedback. While we were able to reach many people through these innovations, we also had to ensure we made non-virtual input available without jeopardizing integrity to pandemic protocols. Additionally, the Community Conversations were held between October 2020 and January 2021 with the understanding that the 2021 CHIP would be due for submission in March 2021. Having planned for this deadline, we commenced synthesization and writing in January and February until we were informed the CHIP had an extension until March 2022. With that new knowledge, we conducted a few more informational interviews to gather more specific information on certain topics.

CHIP Results

Municipal Racial Equity Policies

Adopt Community-led Racial Equity Training for all Staff, Boards, and Commissions

Rationale: Structural racism and discrimination have led to major racial and ethnic health disparities in our community.

Community Collaborator(s): Racism and Discrimination Subcommittee of the Coalition for a Healthy Greater Worcester

Outcomes	Impact
Through community-led racial equity trainings, all municipalities will share an aligned set of anti-racist values in the workplace and when interacting with community.	All staff, boards, and commissions in the city and in the regional area are informed and active on anti-racist principles and action planning.

Work with and Compensate Grassroots Leaders in Oversight and Decision-Making

Rationale: Structural racism and discrimination have led to major racial and ethnic health disparities in our community. Through participatory planning, budgeting, and implementation, power is equitably distributed throughout the community to decide where and how resources are allocated.

Community Collaborator(s): Racism and Discrimination Subcommittee of the Coalition for a Healthy Greater Worcester

Outcomes	Impact
A leadership structure is developed and implemented for community members and task forces to actively participate in city planning and decision making. A compensation structure is established as a means of increasing access to participate in meetings and discussions. 100% of members are part of 100% of planning meetings regarding federal and state funding allocation, resource distribution, and program development to center planning around community needs and perspective.	Active and ongoing community engagement steers how funding is allocated, resources are distributed, and programs are developed so that priorities are consistently based on community feedback.

*"**Black healthcare** is different from American healthcare. Like when I am sick, I do what my grandmother did, I don't trust, we distrust the system, and instead rely on our families."*

~Participant of Community Conversation on Health Education & Literacy, 12/15/2020

Use Community-vetted Equity Tools in Department, Board, and Commission Planning and Decision Making	
Rationale: Structural racism and discrimination have led to major racial and ethnic health disparities in our community.	
Community Collaborator(s): Racism and Discrimination Subcommittee of the Coalition for a Healthy Greater Worcester	
Outcomes	**Impact**
An equity and inclusion toolkit to support process and outcomes evaluation is created, with a special focus on recruitment, hiring, process development and implementation. The toolkit is distributed to 100% of municipal departments, boards, and commissions. 100% of municipal departments, boards, and commissions implement community-vetted equity tools in all department, board, and commission planning and decision-making.	Coalition develops a tool kit with case studies that municipalities can access, and these accountability practices are ingrained in the human resource process and outcomes and culture of municipal departments, boards, and commissions.

Community Wide Policy Changes

Eliminate the "Cliff Effect" for Public Benefits	
Rationale: The "Cliff Effect" refers to a sudden and unexpected decrease in public benefits that can occur with small increases in earnings. In systemic poverty, wages have not kept up with inflation and the cost for basic human needs have skyrocketed. Within that, families need help and need work. We need to shift from thinking "getting off benefits" to "keeping people employed and increasing their financial freedom and security".	
Community Collaborator(s): Economic Mobility Task Force, Worcester Community Connections Coalition, Worcester Community Action Council (WCAC) Resiliency Center	
Outcomes	**Impact**
WCAC Resiliency Center will join the Cliff Effect Coalition focused on piloting a program to increase the Earned Income Tax Credit (EITC) to help with pathways to work. Legislation is passed to fund cliff effect navigators at social service agencies. A policy is passed to amend current benefits qualifications.	The WCAC is informed and actively engaged in Cliff Effect advocacy. The WCAC will hire three Cliff Effect Navigators. Social safety infrastructure sustainably catches individuals and families, especially during economic crises.

Universalize Access to Affordable High Quality Early Education & Care (EEC)

Rationale: Most parents cannot afford high quality EEC; one parent usually has to drop out of the workforce (which is disproportionately women). Families facing economic hardship have less access to high quality EEC and may be less prepared for kindergarten than their peers coming from more affluent households.

Community Collaborator(s): Common Start Coalition, Together for Kids Coalition

Outcomes	Impact
100% of families with young children in need of affordable high quality EEC are enrolled in high quality EEC, and report experiencing no financial barrier to EEC. Waitlists are fully eliminated for EEC services.	All families can afford to send their children to high quality EEC when and if they need the option, and all children have a safe, healthy, enriching early learning environment.

Universalize Access to High Quality Home Visiting for all Newborns

Rationale: There is longstanding evidence that families who receive home visiting services throughout their infant/toddlers' first two years have improved outcomes. By starting to implement one time home visits, our community steps closer to both destigmatizing AND assessing the actual needs in our community for longer-range programs that really are more about the longitudinal support in these early years.

Community Collaborator(s): Worcester Healthy Baby Collaborative, Together for Kids Coalition, Pernet Family Health Service

Outcomes	Impact
100% of newborns in the Greater Worcester Region receive at least one or more qualified home visiting providers in the first two weeks of life. The first home visit will open doors to additional referred resources as needed, including but not limited to nurses, Early Intervention (EI) providers, and mental health support in the first three months of the newborn's life. 100% of families with newborns in the Greater Worcester Region report having access to resources and support via their home visiting nurse. Services will include but are not limited to: Parent peer support, WIC, lactation specialists, Postpartum Depression specialists, and other forms of specialist maternal-infant help beyond a home check up.	Home visiting becomes destigmatized and normalized for families with young children, and all children have access to supportive systems of preventative care for a healthy start to life. Less young children will need to appear in emergency rooms or walk-in clinics for acute/chronic illnesses. 

Provide Free Accessible Public Transportation

Rationale: Transportation is and continues to be a major barrier to care for folks without personal means, those with disabilities, and those with young children. Increased capacity for services to provide quality and ADA compliant transportation to clients is necessary to ensure disability equity in our community

Community Collaborator(s): Zero Fare Task Force, Riders Action Council

Outcomes	Impact
A policy is passed to meet a set of standards that makes WRTA transportation accessible, and fully affordable, for citizens of the Greater Worcester Region.	Barriers to transportation are eliminated, and access to health and social services increase.

Offer Free High-quality Internet

Rationale: The community expressed a need to categorize internet access as an essential service. This became highly apparent during the height of COVID-19, a crisis that revealed a major disparity between those who have uninterrupted access to communication and information via the internet, and those who do not.

Community Collaborator(s): Municipal Internet Exploratory Taskforce

Outcomes	Impact
A feasibility report and recommended action plan is publicly shared with the community with opportunity for feedback, questions, and answers.	Every individual in the city and region has access to high-quality internet, increasing access to important information, telehealth, and communication, especially during public health emergencies.

Eliminate Barriers to Housing Affordability and Assistance

Rationale: The community reported that inequities in being able to access housing and rental assistance obtaining safe and affordable homes, In the community conversations, interview participants also expressed a need for rent control, or some means to managing increasing housing and rental costs, as voucher programs are only able to cover rental payments that are within the Fair Market Rent (FMR).

Community Collaborator(s): Worcester Together Housing Working Group

Outcomes	Impact
An information campaign will be launched. The campaign will advocate for more inclusive city planning as it pertains to housing and economic growth. The campaign will include expansion of and increased funding for section 8, rent control, and preventing gentrification. Additionally, the campaign will advocate to expand voucher programs to assist above fair market rent to cover rental payments, and decrease the waitlist for vouchers.	Resources for residents experiencing unstable housing, eviction, and homelessness increase, leading to improved health outcomes as housing becomes less of a barrier to good health.

Implement Complete Streets Policy

Rationale: Community members report a need for accessible travel modes.

Community Collaborator(s): Worcester Transportation Advisory Group and CMRPHA Leadership

Outcomes	Impact
A series of community input meetings are completed, and a plan is created, completed, and implemented using those input sessions as a guiding foundation.	Street and traffic safety increases, and walkability and ADA mobility increases, activating public spaces and sense of place and community belonging.

Implement Crisis Response Team through Community Collaboration

Rationale: The community reported a need for a specialized crisis response system to be put in place for crises involving mental health issues or substance use disorder issues, as an alternative to traditional public safety systems.

Community Collaborator(s): Mayor's Mental Health Task Force

Outcomes	Impact
A set of community-informed policies are passed, and a crisis response team is established to respond to mental health and behavioral emergencies.	The connection between individuals experiencing a mental health or behavioral health crisis, and their connection to resources, services, healthcare, and community support/wraparound care, increases along with quality of specialized care.

Receive Massachusetts Age-Friendly Designation

Rationale: In our region and across the nation, lifespans are increasing, but good health indicators unfortunately are not, and there are not currently services meeting the demands of the rapidly aging population

Community Collaborator(s): Central Massachusetts Council Agency on Aging and Worcester and CMRPHA Councils on Aging

Outcomes	Impact
A set of criteria is implemented to designate the city and the region as age-friendly as defined by AARP: "A livable community is one that is safe and secure, has affordable and appropriate housing and transportation options, and has supportive community features and services."	"Once in place, those resources enhance personal independence; allow residents to age in place; and foster residents' engagement in the community's civic, economic, and social life." (AARP)

Raise Reimbursement Rates for Mental Health/Human Service Contracts

Rationale: Agencies report that with improved reimbursement rates, wages could increase leading to improved recruitment and retention rates - improving availability of services, reducing waitlists for clients and patients.

Community Collaborator(s): Human Services and Behavioral Health Career Pipeline Project

Outcomes	Impact
Legislators and State Agencies allocate resources to raise reimbursement rates for mental health and human services contracts.	The human services/behavioral health sector has increased capacity to hire and sustain a qualified and diverse workforce and has increased capacity to meet demand for services.

Implement Comprehensive Sexual Health Education in Public Schools

Rationale: Youth report need for comprehensive sex education within the school structure that they can rely on for accurate information. Youth also report feeling more secure knowing they have a trusted adult they can speak to about difficult topics like sex outside of their peer-groups.

Community Collaborator(s): Regionwide Public School Systems

Outcomes	Impact
An age appropriate sexual and human health curriculum is implemented throughout the Greater Worcester Region for grades K - 12.	Children and youth are informed on up-to-date health and hygiene information. Youth physical and social emotional health outcomes improve for all youth, and sexual health outcomes and practices meet higher standards.

Support Policy Campaigns Being Led by CHIP Partners.

Community Collaborator(s): Coalition Policy & Advocacy Subcommittee

The Coalition will support by: Implementing systems for understanding ongoing community priorities and respond to them.

Action Agenda

Action Agenda Statement

Through six projects and quarterly meetings comprised of key stakeholders and Greater Worcester residents, the following action agenda will be planned and implemented to address upstream system issues with the goal of creating more equitable avenues to resources and care, and as a result, greater equitable health outcomes across race, ethnicity, gender, and socioeconomic status in the Greater Worcester Region.

Outcomes	Impact
Community members are engaged on a quarterly basis to move each strategy forward. The action agenda is community informed and led.	Needed changes to program delivery and service approach, identified by community members, are implemented to direct resources to priority populations. Health outcomes improve for these populations, and overall health equity across race, ethnicity, gender, and socioeconomic status is achieved in the Greater Worcester Region.

"People don't realize the amount of extra work it takes for a visually-impaired person (VIP) just to make it to a health appointment. Sometimes, it is so difficult, VIPs just cancel the appointment. It shouldn't be harder for a VIP to make it to a health care appointment than it is for a sighted person. It would also be better if VIPs just weren't dropped off at the office of the doctor. If there was a way to facilitate the VIPs entrance to the office, it would take a tremendous burden off the VIP. What may take a sighted person to make it to an appointment, keep the appointment and make it home in 90 minutes, may take a VIP 4-5 hours."

~Participant of Blind or Visually-Impaired Cross Sector Conversation, 12/28/2020

Mobilize Community Health Services
Rationale: Community members report experiencing limited access to services due to barriers, including: transportation, translation, cultural humility, citizenship status, institutional trust and safe spaces.
Objective(s)
Mobilized units and systems for: • Food access • Nutrition information • SNAP, HIP, and WIC enrollment
Mobilized units and systems for: • Access to obtaining low-barrier physicals • Access to obtaining quick preventative screenings • Assistance with telehealth set up
Mobilized units and systems for: • Crisis intervention • Early childhood mental health and family support • Accessible, culturally relevant services and translation

"I think there should be an exit plan. They need access to go to mental health specialists like six months before they get out of jail, so they should have the support. So, when they come home, it is easy for them. Building connections when they are inside is important before they come out."

~Participant of Community Conversation on Integrated Care Response, for individuals exiting the criminal justice system - 11/10/20

Organize Community-led Information Campaigns, Outreach, and Education

Rationale: Community members reported need for multi-translated resources distributed in frequented spaces and forums led by knowledge leaders.

Objective(s)

A minimum of eight campaigns will be supported throughout the CHIP period, including but not limited to nutrition access, education equity, chronic disease prevention, and legal aid for housing.

"We created a system that favors people with means to attend medical school and become primary care physicans. As a result, theres a serious language disparity in the medical field"

~Participant of Community Conversation on Providers & Beds, 11/18/2020

Implement Training on Principles of Anti-Racism, LGBTQIA+ Acceptance, Cultural Humility, and Empathic Communication

Rationale: Community members reported experiencing implicit bias and racism, and poor customer service when in direct communication with service providers. Community members expressed a desire for anti-racism, trauma-informed training for residential counselors; customer service training for patient navigators and hospital admin; and having people with lived-experience co-lead trainings.

Objective(s)

Organizational funders, leaders, and employees participate in routine anti-racism and trauma-informed care trainings led by a facilitator most suited for their current needs

> *"Advocacy for immigrants and English language learners* can't advocate for themselves and think only doctors know best; issues here in the US not in homelands, like diabetes--in Vietnam, diabetes doesn't exist. Doctors tell us to stop eating rice, but we are Southeast Asian--what they are teaching doesn't match with our bodies."
>
> *~Participant of Community Conversation on Health Education & Literacy, 12/03/2020*

Broaden and Scale Resource Navigation Systems

Rationale: Community members expressed struggling with referrals made by PCP or LICSW due to: lack of transportation; lack of translation; not being able to reach a Care Coordinator through a phone tree/long wait times; discomfort speaking with Care Coordinators due to perceived impatience or lacking cultural responsiveness; uncertainty about insurance coverage/bills

Objective(s)

Develop a comprehensive, equitably accessible, one-stop-shop hub for multi-resource navigation and assistance

"We need schools and mental health agencies and law enforcement and hospitals to be supporting Black and brown people enter these fields as a means of ensuring those leading health and safety reflect our community."

~Participant of Community Conversation on Screening & Early Intervention, 12/11/2020

Develop Recruitment, Retainment, and Advancement Strategies to Diversify the Workforce

Rationale: The community reports feeling implicit biases, impatience, and condescension when trying to communicate with patient navigators due to inadequate communication and cultural responsiveness.

Objective(s)

Pipeline Project Human Services Career Support Program → Create a career pathway with skill building, wraparound support and mentoring for immigrants, refugees, and others wishing to launch a career in the Human Services field.

Support the UMMHC Anchor Mission

Develop Publicly-accessible Systems to Track Public Health Indicators and Illustrate Trends, and Increase Data-driven Decision-making

Rationale: There is a clear identified need to not only collect local health data, but to properly communicate data to the broader community. The Coalition and CHIP partners recognize there's a severe lack of census level health data disaggregated by race and ethnicity, amongst other demographic factors. Without disaggregated data, health disparities are challenging to identify, and strategies to close those gaps are less targeted. 2018 CHA data limitations included availability of timely data, as much of the available data used was already 3+ years old. The quantitative data was not stratified by age, race/ethnicity or income, which severely limited the CHA's ability to identify the most at-risk segments of the population in an objective way. The qualitative data sources did allow us to explore these issues but the lack of objective quantitative data highly constrained this effort.

Objective(s)

Develop a Health Indicators Data Dashboard

For access to the appendices, please visit https://www.healthygreaterworcester.org/

Notes

Coalition for a Healthy Greater Worcester
ELIMINATING HEALTH DISPARITIES
IMPROVING QUALITY OF LIFE
BUILDING COMMUNITY
www.healthygreaterworcester.org

Robert Wood Johnson Foundation
CULTURE OF HEALTH PRIZE
2020-2021 WINNER

2021-2026 CHIP

Community Health Improvement Plan

Central Massachusetts Regional Public Health Alliance

ADOPT MUNICIPAL RACIAL EQUITY POLICIES

Racial Equity serves as the basis of all strategies

- Adopt community-led racial equity trainings for all stall, boards, and commssions
- Use community-vetted equity tools in department, board, and commission planning and decision making
- Work with and compensate grassroots leaders in oversight and decision making

COMMUNITY-WIDE POLICY CHANGE CAMPAIGNS

- Advocate to eliminate the cliff effect for public benefits
- Universalize access to high-quality affordable Early Education & Care
- Universalize access to home-visiting services for families
- Provide free accessible public transportation
- Offer free high-quality internet
- Eliminate barries to housing affordability and assistance
- Implement Complete Streets Policy
- Implement crisis response team through community collaboration
- Receive MA Age-Friendly Designation
- Raise reimbursement rates for mental health/ human service contracts
- Implement comprehensive sexual health education in public schools
- Support policy campaigns being led by CHIP partners

PRIORITIZED STRATEGY & ACTION AGENDA

- Mobilize community health services
- Organize community-led information campaigns, outreach, and education
- Implement trainings on principles of anti-racism, LGBTQIA+ acceptance, cultural humility, and empathetic communication
- Broaden and scale resource navigation systems
- Develop recruitment, retainment, and advancement strategies to diversify workforce
- Develop publically accessible systems to track public health indicators and illustrate trends, and increase data driven decision making