

The Coalition for a Healthy Greater Worcester

2019
&
2020

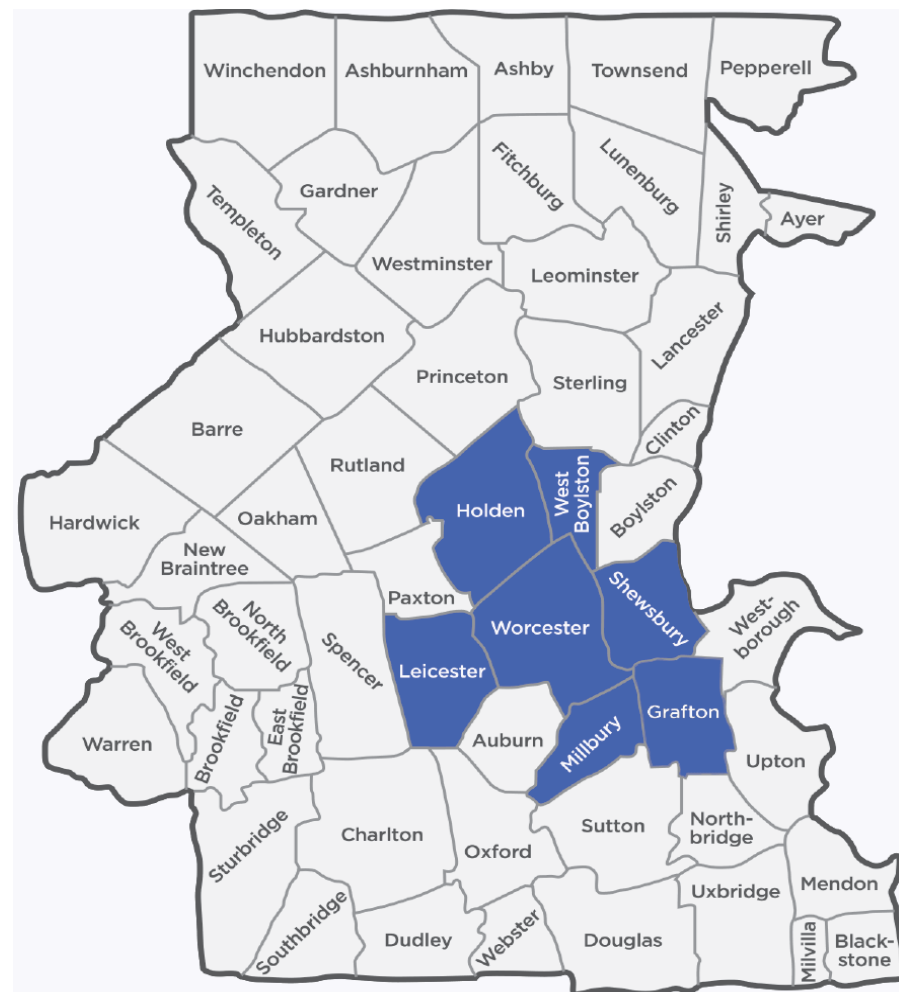
Community Health Improvement Plan Annual Report



The CHIP focuses improving the health outcome of the cities and towns of the Central Massachusetts Regional Public Health Alliance (CMRPHA). The Worcester Division of Public Health is the lead agency for CMRPHA. The CMRPHA includes the towns of Grafton, Holden Leicester, Millbury, Shrewsbury, West Boylston and the City of Worcester.

The CMRPHA works cooperatively to create and sustain a viable, cost effective data driven and labor efficient regional public health district.

The Coalition for a Healthy Greater Worcester (The Coalition) has a mission to promote the shared learning, reflection, and broad engagement that improves community decision-making, health and well-being for residents of Greater Worcester. Its primary function is to implement and evaluate the Community Health Improvement Plan (CHIP), while conducting ongoing community engagement activities.



What's Inside...

- COALITION COMMITTEES2
- INTRODUCTION6
- COVID-198
- RACISM & DISCRIMINATION..... 12
- CULTURAL RESPONSIVENESS..... 14
- SUBSTANCE USE 18
- ACCESS TO CARE..... 24
- MENTAL HEALTH..... 30
- ACCESS TO HEALTHY FOOD 36
- PHYSICAL ACTIVITY..... 42
- SAFETY 46
- ECONOMIC OPPORTUNITY 50
- EXPLANATORY NOTES 54
- REFERENCES..... 55
- COALITION STAFF..... 56

COALITION

COMMITTEES

STEERING COMMITTEE

Sandy Amoakohene
City of Worcester

Zachary Dyer
MD/PhD Candidate

Isabel Gonzalez- Webster
Worcester Interfaith

Martha Assefa
Worcester Food Policy Council

Yvette Dyson
Worcester Common Ground

Jose Ramirez
Edward M Kennedy Health
Center

Ken Bates
Open Sky Community Services

Tina Grosowsky
UMass Medical School

Laurie Ross, Co-Chair
Clark University

Chantel Bethea
Women in Action Inc.

Judi Kirk
Boys and Girls Club of
Worcester

Kimberly Salmon
Fallon Health

Dr. Suzanne Cashman
UMass Medical School

Monica Lowell
UMass Memorial Medical Center

Grace Sliwoski
(Treasurer) Regional
Environmental Council

Linda Cavaoli
YWCA of Central MA

Thu Nguyen
Southeast Asian Coalition

Imrana Soofi
Muslim Community Link

Karyn Clark, Co-Chair
Worcester Division
of Public Health (WDPH)/
Central Massachusetts Regional
Public Health Alliance
(CMRPHA)

Michael Rezkalla
Community Health Link

Ronald B Waddell Jr.
Legendary Legacies

Shelly Yarnie
MA Department of Public
Health

SUB-COMMITTEES:

COMMUNITY ENGAGEMENT

Cassandra Andersen
WDPH/CMRPHA

Patty Flanagan
YWCA

Emily Linhares
Pernet Family Health Services

Chantel Bethea
Women in Action Inc.

Erin King
Tufts Vetnary School

Liz Myska
Attorney/Worcester Resident

Angelique Bouthot
Planned Parenthood

Susan Hunt
College of the Holy Cross

Erin Wilson
Worcester Housing Authority

Laura Martinez
Martinez Consulting

Katherine Keefe
Dpt. of Children and Families

Jessica Reyes
Independent

Miriam Nyante
City of Worcester

Judi Kirk, Chair
Boys and Girls Club of Worcester

Kathy Lucier
St. Vincents Hospital

POLICY & ADVOCACY

Martha Assefa
Worcester County Food Bank

Chantel Bethea
Women in Action, Inc.

Rosalia Flores
UMass Extention

Nancy Garr-Colzie
Rider Advisory Committee

Tina Grosowski, Co-Chair
UMass Medical School

Kelsey Hopkins
WDPH/CMRPHA

Judi Kirk
Boys and Girls Club of
Worcester

Kathy Lucier
Ascentria

Patricia Mallios Leary, Co-
Chair
American Heart Association

Chris O'Keefe
Greater Worcester
Community Foundation

Emilie Smiley
Pernet Family Health
Services

Jermoh Kamara
YWCA

Alex Guardiola
Chamber of Commerce

Laura Martinez
Martinez Consulting

RACISM & DISCRIMINATION

Ethan Belding
Central Mass Agency on
Aging

Chantel Bethea
Women in Action, Inc.

Angelique Bouthot
Planned Parenthood

Raquel Castro-Corazzini
City of Worcester

Maritza Cruz
YWCA

Saedi De La Rosa
Unaffiliated

Kalifa Foreman
Unaffiliated

Deborah Gonzalez
Quinsigamond Comm
College

Isabel Gonzalez-Webster
Worcester Interfaith

Tina Grosowski
UMass Medical School

Kelsey Hopkins
WDPH/CMRPHA

Rob Jones
T. Lee Associates

Judi Kirk
Youth Connect

Craig Mortley
YWCA

Leo Negrón Cruz
EMK

Chris O'Keefe
GWCF

Gladys Rodriguez Parker
Office of Congression
McGovern

Anh Sawyer
South East Asian
Coalition

Jessica Reyes
Independent

Laura Martinez
Martinez Consulting

Nikki Nixon
City of Worcester

Temana Aguilar
City of Worcester

Miriam Nyante
City of Worcester

Rochelle Santiago
Independent

Jennifer David Carey
Worcester Education
Collabative

Kelley Gamble
Open Sky

Weayonnoh Nelson-Davies
Community Legal Aid

RESEARCH & EVALUATION

Cassandra Andersen
City of Worcester

Chantel Bethea
Women in Action, Inc.

Dr. Suzanne Cashman, Co-
Chair
UMass Medical School

Barbara Estabrook
UMass Medical School

Christine Frisard (Foley)
UMass Medical School

Eric Kneeland
Worcester Regional Research
Bureau

Nikki Nixon, Co-Chair
WDPH;CMRPHA

Grace Sliwoski
Regional Environmental
Council

Domenica Perrone
City of Worcester

Laurie Ross
Clark University

Jose Rameriz
Edward M Kennedy Health
Center

Daniel Sherman
Family Health Center

Tempe Staples
Coalition for a Healthy
Greater Worcester

RESOURCE & DEVELOPMENT

James Brooks
City of Worcester

Gregory Byrne
Harvard Pilgrim Health Care

Karyn Clark, Co-Chair
WDPH/CMRPHA

Jonathon Cohen
Greater Worcester Community
Foundation

Monica Lowell
UMass Memorial Health Care

Kimberly Reckert
UMass Memorial Medical
Center

Kimberly Salmon
Hanover Insurance

Kelsa Zereski
Reliant Foundation

Sue OBrien
YWCA

Cheryl Lapriore
UMass Memoral Health Care

Grace Sliwoski
Regional Environmental Council

CHIP Leadership Cohort

Rushelle Frazier
Neighbor to Neighbor

Greg Waldorf
MCPHS School of Optometry

Grace Sliwoski
Regional Environmental Council

Ethan Belding
Central Massachusetts Agency on Aging

Gabriel Rodriguez
Legendary Legacies

Ryan Wilkie
UMass Memorial Office of Clinical Integration

TJ Lewin
Community Healthlink

Sha'Asia Medina
OurStory Edutainment

Kaci Panarelli
New Beginnings Wellness Center

Courtney Pelly
Edward M Kennedy Community Health Center

Interns

Gail Provo
Worcester State Student

Jill Anderson
Scribe and CHIP Intern

Omar Villalpando
Scribe and CHIP Intern

Manal Pathak
Scribe and CHIP Intern

Sienna Ablhor
Communications and Emergency Response

Supporting Change Agent Cohort

Raquel Castro-Corrazini
City of Worcester

Jennifer Davis-Carey
Worcester Education Collaborative

Tina Gaffney
Actress, Activist, Educator

Penelope Karambinakis
City of Worcester

Brendan Keenan
Wachusett Regional School District

Laura Martinez
Martinez Consulting

Gina Plata-Nino
Nino Central West Justice Center

Sara Shields
Family Health Center

Emilie Smiley
Pernet Family Health

Wade Sulzman
Rise Above

Introduction

INTRODUCTION

The 2016 Community Health Improvement Plan (CHIP) was big and ambitious! With nine domains and over 100 strategies, the 2016 CHIP strove to address the most pressing health issues in the region through increased collaboration and a variety of policy and programmatic responses. Now that the four-year cycle has come to a close, this report demonstrates just how much progress has been made.

The Racism & Discrimination Group was able to integrate a framework of health equity into all CHIP objectives and strategies. Cultural Responsiveness saw progress towards its goal to adapt national Culturally and Linguistically Appropriate Service standards (CLAS) for local health and social service agencies. The Substance Use Group saw substantial progress being made in reducing marijuana use in youth under 21. By expanding Access to Care, UMass Memorial Medical Center was able to achieve a 15% reduction in re-hospitalization rates. The Mental Health Group through the Shine Initiative was able to engage over 40,000 people in education to reduce the stigma surrounding mental health for adults and children; the group also has been actively engaged in building the diversifying pipeline of mental health professionals.

The Access to Healthy Foods Group made considerable strides towards building a food security system; including increasing the number of farmers markets accepting SNAP and WIC and increasing access to fresh healthy produce at corner stores in underserved neighborhoods in part through RECs Mobile Farmers market. Physical Activity was able to enhance access to 25 places for physical activity and supported the city's Complete Streets programs to improve walking, bicycling, and traffic safety. The Safety Group reported a 48% reduction in gun and knife incidents in Worcester over the past four years, with racial and ethnic disparities beginning to decrease as well. The Economic Development Group took on several initiatives to bridge public health and

economic well-being, including efforts in affordable housing and transportation accessibility. As the working groups worked, our subcommittees on Community Engagement, Policy, Research and Evaluation, and Resource and Development were busy creating an enabling environment for deep change in the region.

As we were wrapping up the 2016 CHIP, we initiated the process for the next Community Health Improvement Plan. Starting in November 2019, we had several aims to develop a CHIP that focuses on root causes; to use an equity framework for decision-making and to ensure all strategies are measurable and connect to community-level indicators. Just as we were finishing reviewing the 2018 Community Health Assessment and working through a root cause analysis process, COVID-19 hit. Barely skipping a beat, we regrouped and doubled down on our commitment to health equity. We brought on board a leadership cohort to convene broad-based community conversations to develop the 2021 CHIP. We are excited about how the 2021 CHIP is taking shape. It addresses root causes and heavily emphasizes policy and system change. COVID-19 was a challenge, but it did not stop our striving towards becoming the healthiest region in New England.

Finally, Laurie Ross is stepping down this year as co-chair of the steering committee. We are incredibly grateful for her leadership and support over the last 5 years. Karyn Clark will be continuing as co-chair and will help to support our new community co-chair voted in at our 2021 Annual Meeting. We are also extremely excited about our new co-chair of the Coalition, Ron Waddell. Father, active community member, and executive director of Legendary Legacies, Ron brings intelligence, passion, and a steadfast commitment to young people in our community. over the last 5 years.

COVID-19

The year 2020 was a year marked by 2 major crises in public health: racism and COVID-19. The Greater Worcester Community confronted inequities and disparities in impacts alongside many communities throughout the country. Our institutions and community were faced with confronting embedded racism unearthed through racist violence and the national and local rise in the Black Lives Matter movement. Worcester was identified as a “red”, or high risk, community for extended periods of time and black and brown communities were disproportionately impacted by the COVID pandemic. In response, the Greater Worcester community responded with coordination and care. The Coalition for a Healthy Greater Worcester was involved in two major initiatives that addressed the impacts of both pandemics: Worcester Together and Mutual Aid. Our hospital and healthcare system worked with communities through these efforts as well as with a UMass Memorial/City of Worcester Equity Taskforce in order to roll our testing, communication and vaccine response efforts. The Coalition engaged across all of these efforts in order to leverage our networks to aid in the response including supporting the establishment of a Hot Meals Delivery Program for COVID positive community members, delivering over 17,000 meals and supporting 10 local small black and brown owned businesses. The crises faced in 2020 had silver linings as well including the opportunity to forge new collaborative relationships and a renewed region wide commitment to address underlying systemic inequities to improve our community's health and well-being.



Massachusetts Department of Public Health COVID-19 Dashboard – Thursday, October 29, 2020

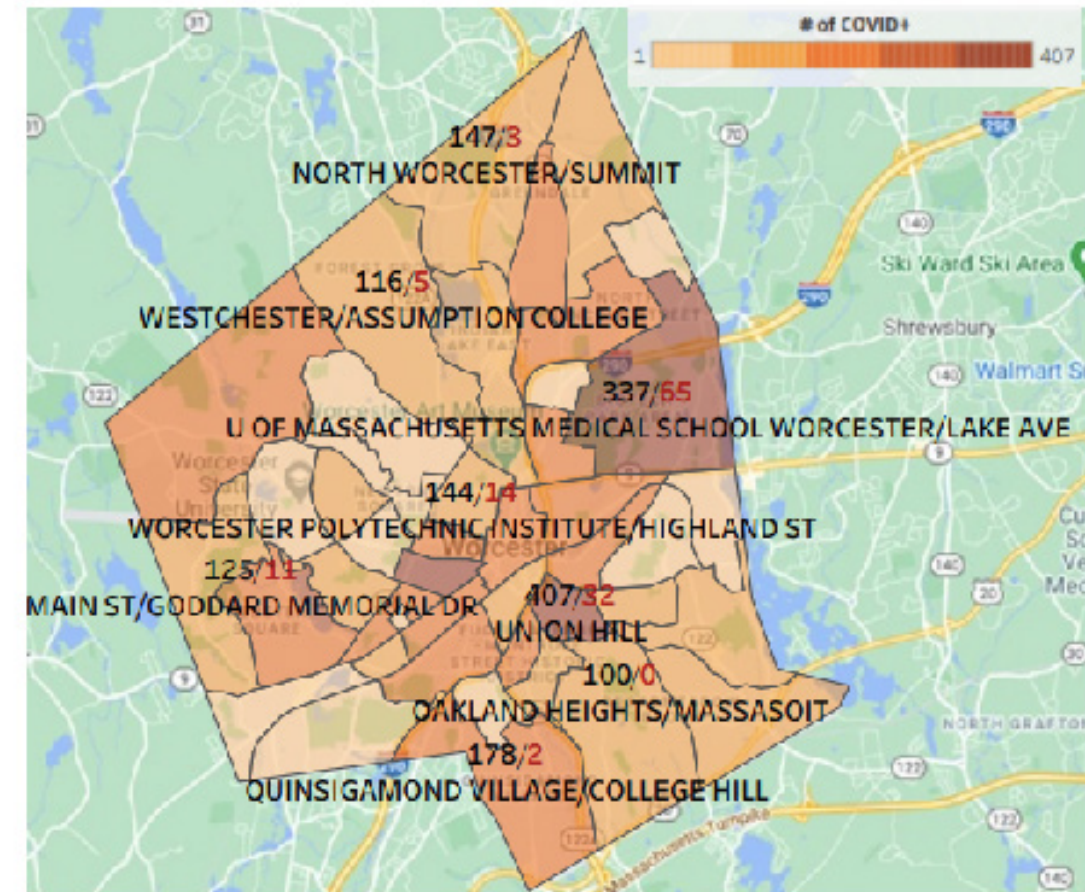
Count and Rate of Confirmed COVID-19 Cases and Tests Performed in MA by City/Town, January 1, 2020 – October 28, 2020

City/Town	Total Case Count	Case Count (Last 14 Days)	Average Daily Incidence Rate per 100,000 (Last 14 days) ¹	Relative Change in Case Counts ²	Total Tests	Total Tests (Last 14 days)	Total Positive Tests (Last 14 days)	Percent Positivity (Last 14 days)	Change in Percent Positivity ³
Williamsburg	17	0	0	No Change	2188	284	0	0%	No Change
Williamstown	100	<5	1.9	Higher	27559	6580	2	0.03%	No Change
Wilmington	430	30	8.8	Higher	12496	1794	35	1.95%	Higher
Winchendon	104	5	3.3	Lower	4848	669	6	0.90%	Lower
Winchester	193	36	11.5	Higher	16652	2626	40	1.52%	Higher
Windsor	<5	0	0	No Change	317	39	1	2.56%	Lower
Winthrop	555	96	30.4	Higher	19923	3620	120	3.31%	Higher
Woburn	906	64	11.0	Higher	25023	3344	79	2.36%	Higher
Worcester	7088	386	14.4	Higher	247624	38137	452	1.18%	Higher
Worthington	<5	0	0	No Change	554	65	0	0%	No Change
Wrentham	286	20	12.7	No Change	8852	1346	25	1.86%	Higher
Yarmouth	149	8	2.4	Higher	10132	1116	9	0.81%	Higher
Unknown ⁴	310	19	*	*	127981	12952	20	*	*
State	150488	11557	11.8	Higher	5865571	899970	13974	1.55%	Higher

¹Address information for these cases is currently being obtained.

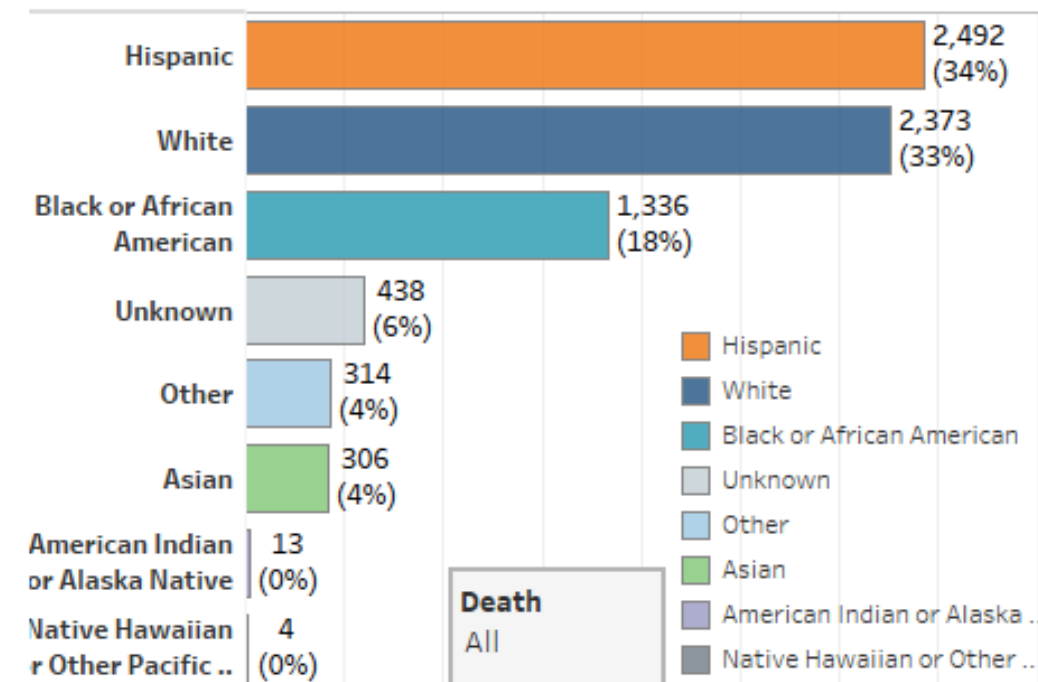
Source: Massachusetts Department of Public Health COVID-19 Dashboard - Weekly COVID-19 Public Health Report Thursday, October 29, 2020

COVID-19 Hot Spots in Worcester



Developed by UMass Memorial Office of Clinical Integration: [COVID+/COVID Deaths] 3/11/2020 to 10/30/2020

Total COVID+ by Race and Ethnicity



Developed by UMass Memorial Office of Clinical Integration: 3/11/2020 to 10/30/2020

"The New Normal"



"Two children conducting socially distant learning"
Rainbow Child Development Center

"The New Normal"



"A Christmas themed socially-distant Zoom meeting for Big Brothers Big Sisters of Central Massachusetts"

Racism & Discrimination

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, racism and discrimination.

Thank you to all the participants of our rotating chair structure



Significant efforts have been made to combat racism, educate the public on health disparities, and promote health equity within the City of Worcester. The previous efforts of organizations and coalitions have propelled the conversation of racism as a Public Health Crisis forward and have made strides to improve the social condition for all people in Worcester. The racism and discrimination section of the CHIP upheld the main objectives of:

- Integrating a framework of health equity into all CHIP objectives.
- Increasing the capacity of 500 leaders throughout the region to engage in anti-racism work through training, common language development, and personal and professional development opportunities.

The Partnership for Racial and Ethnic Health Equity worked to implement Undoing Racism training, introduce early racism training and dialogues at Worcester Public Schools, and advocate for the adoption of a racial equity framework. The Partnership for Racial and Ethnic Health Equity served as the Racism and Discrimination priority area working group of the 2016 CHIP until the dissolution in 2018 due to a lack of financial resources and sufficient accountability to continue this work. This experience implies that a deficiency of necessary resources and funding leads to a lack of accountability.

In light of these experiences and the movement of funding, the Coalition then created a new working group that upheld CHIP objectives in early 2019, which was known as the Racism and Discrimination Working Group. This reconstruction identified the changes that needed to be enforced, such as honoring history, developing a respectful meeting space, and following a community led process while implementing training

and leadership opportunities. The reconstructed group hired a skilled facilitator to re-envision their role, provide a space to acknowledge and heal the harm that had been done, and restructure their membership and supportive structures for participants.

In 2018, the Coalition partnered with the Worcester Division of Public Health in applying for the CDC Racial and Ethnic Approaches to Community Health (REACH) cooperative agreement to address health disparities within the Latinx community for five years, which was successfully funded by the CDC. The first year of the contract services (2018-2019) funded a developed curriculum through the process of formulating a contract with the Boston Public Health Commission, conducting a series of key stakeholder interviews, and using a dual trainer model with trainers experienced in the field. In addition, affinity groups and caucusing were used through a trauma informed perspective in acknowledgement of local community context and a historical perspective. This model worked to cultivate trust between participants to bolster team cohesion while remaining cost effective.

Ultimately, the curriculum involved 2 three-day in person and 1 four-day virtual training sessions with a total of 134 participants across private, public health, youth, health, and education sectors. The curriculum application process and schedule had been established for the supporting change agents, which is a trainer leadership development program. Based on survey evaluation data, there was a significant and positive impact through participation in fulfilling the main objectives. This work is ongoing, and funding allows for the further implementation of health equity programming to reduce disparities in the Latinx community; ultimately, this work

is closely aligned with numerous CHIP strategies.

Reach was awarded to the City of Worcester's Division of Public Health to plan, implement, and evaluate culturally appropriate programming to combat factors contributing to the City's health disparities. The Trauma, Resiliency, and Racial Equity Training Institute sponsored by REACH in 2019 aimed to further increase community participation and strengthen trauma-informed knowledge and skills in promotion of racial equity and resilience in Worcester. The program was geared towards nonprofit and public sector providers, including family advocates, youth workers, healthcare providers, case workers, educators, directors, and program managers. The initiative no longer funds the training institute after changes with REACH occurred; due to the importance of the work, the subcommittee and the Coalition for a Healthy Greater Worcester have secured additional funding to continue the institute in 2020 and 2021.

In addition, the Worcester Trauma, Resiliency, and Racial Equity Project Initiative is also underway. The strategies for the project include the Implementation of Supporting Change Advocates Cohort Series, delivery of Training Institutes, and facilitation of Booster/ Technical Assistance Sessions. This project aims to:

- Build the capacity of up to 24 institutional and community leaders, as well as emerging leaders, to promote equitable changes with their respective communities and organizations.

- Increase the skills and knowledge related to trauma-informed and equitable care among over 100 providers serving Worcester residents with a focus on those most vulnerable by structural racism and other institutional and systemic inequities.

The Coalition is sponsoring the Supporting Change Advocates Cohort Series in 2020-2021 which will consist of a free, interactive series to cultivate trust between participants and:

- Develop a personalized toolkit of practical quality improvement strategies.
- Strengthen trauma-informed racial equity presentation and facilitation skills.
- Enhance individual and collective care practices as part of the racial equity work.

Strategy Status

RACISM & DISCRIMINATION

Strategy	Status
1.2.2 Support mechanisms for trained leaders to continue to engage in meaningful dialogue with each other regarding race, discrimination and, equity.	In Progress
1.2.3 Standard definitions regarding Racism and Discrimination	Target Met
1.2.2 Support mechanisms for trained leaders	Target Met
1.2.4 Integrate R/D in mission, vision and strategic plans	In Progress

Cultural Responsiveness

CULTURAL RESPONSIVENESS

Strategy Status

CULTURAL RESPONSIVENESS

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

Working group managed in collaboration with Access to Care and Racism and Discrimination Groups



In 2018 the Cultural Responsiveness strategy related to Culturally and Linguistically Appropriate Services standards (also known as CLAS standards) was brought to the Worcester Board of Health for consideration of a position statement. This was a joint effort with the Policy and Advocacy subcommittee. UMass Graduate School of Nursing students also researched best practices around the CLAS standards and identified several easier to implement strategies for healthcare institutions. Additionally, through the CDC REACH grant we were able to sponsor Community Health Worker training for 10

bilingual (English and Spanish or Portuguese) folks that were un- or under- employed. The Coalition also leveraged funds from REACH, the Greater Worcester Community Foundation, and the City of Worcester to increase participation from diverse cultural groups in community engagement activities. This group worked with the economic opportunity priority area working group and various City of Worcester departments to promote increased participation of people from diverse demographic backgrounds to participate on the City of Worcester's boards and commissions.



"A group of young girls celebrating MLK Jr. Day at Girls INC"

Strategy	Status
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 member, including self-assessment and mechanism for feedback.	Target Met
6.1.2. Promote and train organizations to CLAS-adapted standards and organizational assessment of compliance with those standards.	In Progress
6.1.3. Encourage the use of CLAS-adapted standards through the state and local funding eligibility criteria.	Not Started
6.1.4. Create cultural responsiveness leadership criteria and maintain inventory of organizations who meet this criteria.	Not Started
6.2.1 Enhance and coordinate existing training pipelines for local bilingual youth, adults, and older adults to become interpreters for health, social services and other agencies.	In Progress
6.2.2. Increase the number and use of certified, multilingual community health workers through training, advocacy, and funding availability.	In Progress
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.	In Progress
6.3.3. Hold a summit to engage academia, students, providers, and community members in dialogue about best practices around cultural responsiveness.	Not Started
6.3.4. Develop community capacity for ongoing assessment of community perception and available resources in regards to cultural responsiveness.	Target Met

By The Numbers#

OBJECTIVE STATUS

Objective	Status	Baseline Value (Year)	Midcourse Value 1 (Year)	Midcourse Value 2 (Year)	Midcourse Value 3 (Year)	Final	Target for Year 2020	Notes
Racism & Discrimination								
1.1. Integrate a framework of health equity into all CHIP objectives and strategies	Target met or exceeded						71	
1.2. Increase the capacity of 500 leaders throughout the region to engage in anti-racism work*	Improved	119 (2016)	192 (2017)	192 (2018)	219 (2019)	326 (2020)	500	Values are cumulative.

Objective	Status	Baseline Value (Year)	Midcourse Value 1 (Year)	Midcourse Value 2 (Year)	Midcourse Value 3 (Year)	Final	Target for Year 2020	Notes
Cultural Responsiveness								
6.1. Ten key 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.	Little or no detectable change	0 (2016)	0 (2017)	0 (2018)	0 (2019)	0 (2020)	10	
6.2. Increase the a) number of and b) use of in person qualified health care interpreters at health and community based organizations by 10%.								
a) number of in person qualified health care interpreters: UMass Memorial	Losing ground	36 (2016)	36 (2017)	31 (2018)	36 (2019)	31 (2020)	40	
b) use of in person qualified health care interpreters: UMass Memorial	Target met or exceeded	193,492 (2016)	198,753 (2017)	217,718 (2018)	241,030 (2019)	277,354 (2020)	212,841	

Substance Use

SUBSTANCE USE

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

Co-chairs: Thank you to Dr. Mattie Castiel and Tina Grosowsky who served as Co-Chairs with Jennifer Nakijoba as the WDPH liaison.

The Regional Response to Addiction Partnership (RRAP) coalition, which supports the substance use priority area of the region's CHIP has been working to create a regional community that prevents and reduces substance use disorder and its surrounding stigma for all populations. The RRAP coalition is made up of Central Massachusetts organizations and community members, who represent an array of organizations, these include Recovery and Treatment centers, local universities, community health centers, District Attorney's Office, Worcester Public Schools and Local Recovery School, nonprofit organizations etc. The RRAP Coalition uses a collaborative team approach to mobilize, prevent and treat addiction plus promote community wellness. The RRAP Coalition held quarterly meetings in the last year with working groups moving the work forward between meetings. In the last year, The RRAP coalition focused on the following strategies.

Strategy 2.3.4 Increase the use of recovery coaches to provide treatment options to overdose survivors. In the last year, as a result of the recovery Coach Panel comprising of recovery coaches and the World Cafe' Style Networking events, the coalition worked on creating a Recovery Coach Network for Worcester County. This network will aim to create a community of recovery coaches, supervisors, training providers, and substance use provider organizations. To further support this initiative, the Worcester Recovery Coach Initiative was organized alongside the City Manager's Quality of Life (QOL) Team to provide direct services to the City's most vulnerable residents and respond to challenges or gaps in services they may encounter. The QOL is a small team composed of representatives from the City's Health & Human Services, Inspectional Services, Public Works and Police Departments and recommends solutions to ensure the delivery of more efficient and



effective services to our residents. From October 1, 2018 to June 30, 2019, the initiative deployed a part-time Recovery Coach into the community. During that time, the part-time Recovery Coach focused efforts on providing wrap-around and recovery support services to individuals experiencing homelessness and marginally housed individuals. In support of this effort, WDPH applied and received funding through BSAS to work with Spectrum health Systems to deploy two Recovery Coaches to connect with the marginally housed and homeless population by connecting with them pre/post release to provide wrap around recovery support services for 3years. The third strategy was 2.3.4 Increase the use of recovery coaches to provide treatment options to overdose survivors.

Tobacco
WDPH works with the Local Boards of Health for its 5 alliance towns which includes Shrewsbury, Grafton, West Boylston, Millbury, Leicester and Holden. The RRAP coalition's work also included a focus on tobacco prevention priorities. Strategy 2.5 aimed at reducing the proportion of youth having ever use nicotine product by 10%. In support of this strategy, sub-strategies were created. The targets for Strategy 2.5.1, 2.5.2, and 2.5.3 are met while 2.5.4 and 2.5.5 are in progress.

Strategy 2.5.1, was to Increase minimum age of sales to 21 for all nicotine products. The Massachusetts Legislature passed a statewide bill raising the tobacco sales age to 21 in July 2018, effective January 1, 2019 and prohibition of sale of rolling papers to anyone under 21 years of age. Additionally, the fining structure has been raised for both offences.

Strategy 2.5.2, was to eliminate all sales of nicotine products in pharmacies and healthcare facilities. In support of this strategy, the Massachusetts Legislature also passed a statewide bill in July 2018, effective January 1, 2019.

Massachusetts was the first state to ban the sale of all nicotine products in pharmacies. This policy is adopted by all CMRPHA Municipalities except the town of Millbury who did not ban sales of nicotine products in pharmacies. Millbury however, adopted the ban of nicotine products only in educational facilities.

Strategy 2.5.3, was to restrict sales of all flavored nicotine delivery products and devices to adult-only tobacconists. This restriction was imperative to stall tobacco addiction among kids given the sky rocketing vaping among youth. Worcester Board of Health voted to restrict the sales of all flavored nicotine delivery products and devices to adult-only stores in July 2019. The bill was signed by the Governor Baker in November 2019 which went in to effect June 1, 2020. All smoking bars are exempt from this policy and only allow on-premises consumption of flavored products. The ban extends to all tobacco products inclusive and not limited to cigarette, cigars, chew tobacco, spit tobacco, and loose tobacco. To ensure retailer compliance with the ban on flavored tobacco products, the state law mandates that retailers keep letters from the manufacturers stating all products in store are not flavored. Additionally, the retailers are not allowed to sell products not listed in the manufacturers list.

Strategy 2.5.4, is to increase in cessation and treatment resources for nicotine addiction. In support of this strategy, many new programs have been developed and the Worcester collaborative has been participating in cessation programs.

Strategy 2.5.5 is to increase the number of smoke free housing units. This strategy is in progress. The WDPH and alliance towns are working with housing authorities to meet targets.

WDPH and CMRPHA in collaboration with the Central MA Tobacco Free Community Partnership (TFCPS) continue to work on community education and policy implementation for tobacco prevention in all the CHIP towns. TFCPS is a free program funded through Massachusetts Cessation and Prevention program to support its communities in helping people quit smoking. The partnership also provides educational resources to inform communities of emerging tobacco products, dangers of second hand smoke along with benefits of smoke-free housing.

Strategy Status

SUBSTANCE USE

Strategy	Status
2.1.1. Support Screening, Brief Intervention, and Referral to Treatment (SBIRT) implementation in the regional public school systems.	Target Met
2.1.2. Increase use of environmental strategies to reduce alcohol misuse (such as social norms campaigns, parent education, retailer education, etc.) NB: SAPC Leicester, Worcester, Shrewsbury and Grafton	In Progress
2.1.3. Increase awareness of youth and adult treatment and recovery homes through public service announcements.	In Progress
2.1.4. Support Recovery High School enrolment by reducing barriers for underserved populations.	In Progress
2.2.1. Pass regulations to reduce harm from child use, including limit the THC levels, childproof packaging, and mandated warning labels	In Progress
2.2.2. Develop and implement universal social norming campaign to discourage non-medicinal use of Marijuana. (Especially in youth)	In Progress
2.2.3. Prohibit marijuana smoking in public areas.	Target Met
2.3.1. Increase education around naloxone availability through public service announcements/trainings	In Progress
2.3.2. Support research about innovative treatment approaches for opioid addiction treatment and monitoring.	In Progress
2.3.3. Support new collaborations/programs with Police Departments to better respond to overdose victims.	In Progress
2.3.4. Increase the use of certified recovery coaches to provide treatment options to overdose survivors.	In Progress
2.4.1. Advocate for an expansion of Governor Baker's Opioid Taskforce to include other prescription drug misuse.	Target Met
2.4.2. Expand referrals to integrative approaches such as mindfulness and stress reduction to provide alternatives to pharmaceutical therapies.	In Progress
2.4.3. Increase social-emotional learning curricula for youth.	In Progress
2.5.1. Increase minimum age of sales to 21 for all nicotine products.	Target Met
2.5.2. Eliminate all sales of nicotine products in pharmacies and healthcare facilities.	Target Met
2.5.3. Restrict sales of all flavored nicotine delivery products and devices to adult-only tobacconists.	Target Met

2.5.4. Increase cessation and treatment resources for nicotine addiction.	In Progress
2.5.5. Increase the number of smoke-free public housing units.	Target Met



"A group of Fieldstone School nurse aid students"

Objective	Status	Baseline Value (Year)	Midcourse Value 1 (Year)	Midcourse Value 2 (Year)	Midcourse Value 3 (Year)	Target for Year 2020	Notes
Substance Use							
2.1. a) Decrease the percentage of youth reporting their first drink of alcohol before age of 13 years	Little or no detectable change	11% (2015)	9% (2017)	data not available	11% (2019)	10%	
2.1. b) Reduce adult binge drinking (5+ drinks) rate by 10%	Little or no detectable change	18% (2015)	18.9% (2016)	data not available	N/A	16.3%	Data source is no longer available. *status current as of last available data*
2.2. a) Reduce current marijuana use in youth under 21 by 5%	Target met or exceeded	20% (2015)	19% (2017)	data not available	18% (2019)	19%	
2.2. b) Maintain non-medical marijuana use among adults below state rates	Target met or exceeded	<1% - 8% (2014)	<1% - 2% (2015)	no data available	data not available	<4%	Data represents clients who list marijuana as the primary substance upon seeking treatment. Range represents rates for the alliance min- max. *status current as of last available data*
2.3. Decrease fatal opioid overdoses in the region by 10%*	Losing ground	94 (2016)	103 (2017)	127 (2018)	105 (2019)	85	Data represent total # of deaths of residents in the alliance and are subject to change with newly confirmed deaths.
2.4. Identify trends in the use of emerging drugs among adults and youth	no data available						
2.5. Reduce proportion of youth having ever used a nicotine delivery product by 10%	Losing ground	26% (2015)	29% (2017)	data not available	28% (2019)	23.5%	

Access to Care

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.

WDPH Co-Chairs: Noreen Johnson Smith and Jose Ramirez. Staff Liaison Jennifer Nakijoba

The Access to Care priority area aimed to support community strategies that foster a well-coordinated, respectful, culturally-responsive environment that encourages the prevention of chronic disease, reduces infant mortality, and improves access to quality, comprehensive care for all residents in the Greater Worcester area. The Access to Care group included members from the Edward M. Kennedy Community Health Center (EMK), the Family Health Center of Worcester (FHCW), UMass Memorial Health Care (UMMHC), as well as other health care providers, social service providers, workforce development agencies, and community partners.

The group addressed three primary objectives to support Access to Care: 1. Increase the number of health professionals providing care for culturally-diverse, low-income patients through the Federally Qualified Community Health Centers in Worcester; 2. Reduce the rates of preventable emergency room visits and decrease re-hospitalization rates through coordinated preventive services with a “no wrong door” approach; and 3. Improve the patient experience in health care through cultural awareness, responsiveness, and competence, and support Worcester as a welcoming community for culturally-diverse residents. Each of these three objectives involved multiple strategies and initiatives to collectively result in improvements in Access to Care for all residents of Greater Worcester.

During the past year, the Access to Care group reported progress on addressing Worcester’s Primary Care Provider shortage through an expansion of a training program for Family Nurse Practitioners to enhance professional skills and increase readiness to serve as a primary care provider. FHCW’s longstanding Family

Nurse Practitioner Residency Program was expanded through a partnership with the UMass Graduate School of Nursing (GSN) and EMK. With new funding from the U.S. Department of Health and Human Services Health Services Resource Administration, the GSN supported the replication of FHCW’s residency at EMK and further to two additional health centers in Massachusetts and grew the program from a capacity of 2 Residents in training each year to 8 Residents in training. This expansion of training opportunities within Community Health Centers is a long-term sustainable strategy for workforce development in primary care.

The COVID-19 pandemic brought with it new challenges for individuals to access needed health care services and highlighted inequities in transportation, housing and many other social determinants of health that placed an inequitable burden on communities of color and low-income families. During the year, the WRTA public transportation service piloted and expanded the offering of free bus services within the City of Worcester following significant advocacy efforts in the community. This change in public policy and prioritization of low-income communities provided some relief for families once restrictions on social distancing were able to be loosened.

Bilingual Community Health Workers (CHWs) have proven to be irreplaceable resources for families to navigate services and obtain health benefits assistance and services. The City of Worcester expanded training opportunities for CHW’s through an internship program with both FHCW and EMK and expanded the work of CHW’s to include breastfeeding support for pregnant LatinX women, and chronic disease self-management education for LatinX patients with diabetes and heart disease.

Throughout the COVID-19 pandemic, there were weekly meetings conducted with the City of Worcester, the hospitals, and the Community Health Centers in Worcester to coordinate the pandemic response and identify opportunities to control and contain the spread of COVID-19 in the community while maintaining access to needed health services. School-based health centers were required to temporarily close and the schools responded to the pandemic. UMass Memorial Health Care coordinated testing sites across the City to ensure access to testing for all residents with potential exposure to the virus, and FHCW and EMK opened community COVID-19 testing services in the parking lots at each health center to provide access to testing for low-income, culturally diverse communities. FHCW’s Homeless Outreach and Advocacy Program worked with City partners and UMass to quarantine and treat COVID-positive individuals in an emergency shelter setting within the Worcester Public Schools. The community has slowly been able to reopen services and reestablish Access to Care for preventive health services and maintaining continuity care for patients with chronic diseases.

One of the greatest successes during the past year was the implementation of telehealth, or telemedicine, as a strategy to maintain access to care during the pandemic. EMK, FHCW, and UMass invested significant resources to stand-up telemedicine services in order to allow patients to safely receive care during the pandemic using telephones, hand-held devices, and computers. EMK and FHCW worked with the Massachusetts League of Community Health Centers to receive federal funding to purchase prepaid phones which were distributed to patients who did not own a device to ensure that low-income patients were able to address barriers to care and participate in telehealth.

Access to care remains a priority for the community as we work to ensure that all members of the community have equitable access to COVID-19 testing, COVID-19 vaccine, and ongoing comprehensive, culturally responsive, culturally competent, high-quality health care in Worcester.



“A group of volunteers at a Seven Hills covid vaccination clinic”



"Worcester Fire Chief, Michael Lavoie, being vaccinated by Matilde "Mattie" Casteil, MD HHS Commissioner"



Heather Patrick, FNP-BC EMK resident, Amaryllys Texeira, FNP, NP Rsidency Director EMK, Tyler Gillingham FNP-BC EMK resident

STRATEGY STATUS

Strategy	Status
3.1.1. Reevaluate and recalculate Worcester's community HPSA score to increase recruitment of national health service corps scholars.	Target Met
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, physicians assistants, dentists, behavioral health clinicians, psychiatrists and others to our community health centers.	In Progress
3.2.1. Publicize and promote a community calendar of insurance enrollment outreach events and open hours for enrollment support in the community for use of all community organizations.	In Progress
3.2.2. Promote awareness of WRTA personal transportation services (PT1) among healthcare and health professionals.	Target Met
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.	Target Met
3.2.4. Establish or improve referrals from free clinics to ongoing primary care and other needed services.	Target Met
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.	Target Met
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.	Target Met
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.	Target Met
3.3.1. Coordinate a quarterly series of free customer service trainings for direct health care staff in Worcester.	In Progress
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 Progress

Objective	Status	Baseline Value (Year)	Midcourse Value1 (Year)	Midcourse Value2 (Year)	Midcourse Value 3 (Year)	Midcourse Value 4 (Year)	Target for Year 2020	Notes	
Access to Care									
3.1. Increase the number of NP's, MD's and PA's who provide care for culturally diverse, low income patients at Worcester's Community Health Centers by 10%*									
Edward M Kennedy Community Health Center	Improving	302 (2016)	data not yet obtained	265.4 (2018)	307.3 (2019)	data not yet available	332	*data reported for total facility staff*	
Family Health Center of Worcester	Target met	355.82 (2016)	359.44 (2017)	361.98 (2018)	393.75 (2019)	437.75 (2020)	391	*data reported for total facility staff*	
3.2 a) Decrease rates of re-hospitalization by 15%									
St. Vincent Hospital	Little or no detectable change	15.7% (2015)	14.6% (2016)	15.6% (2017)	14.4% (2018)	data not yet available	13.3%		
UMass Memorial Medical Center	Target met or exceeded	17.2% (2015)	17.9% (2016)	16.4% (2017)	15.6 (2018)	14.9% (2019)	14.6%		
3.2 b) Decrease rates of preventable use of emergency departments by 15%									
		data not yet obtained	data not yet obtained	data not yet obtained	data yet not obtained	data not yet obtained			
3.3. Improve cultural awareness, responsiveness, and competence to improve the patient experience at area health providers.									
UMass Memorial (UM), St. Vincent(St. V)									
Patients who stated their doctor "Always" communicated well	Little or no detectable change	UM 78% (2016)	St.V 80% (2016)	UM 79% (2017)	St.V 79% (2017)	UM 79% (2018)	St.V 77% (2018)	UM 79% (2019)	St.V 77% (2019)
Patients who "Strongly Agree" they understood health care on departure	Little or no detectable change	UM 48% (2016)	St.V 48% (2016)	UM 49% (2017)	St.V 47% (2017)	UM 48% (2018)	St.V 50% (2018)	UM 52% (2019)	St.V 49% (2019)
Patients reporting that medical staff "Always" explained medicine before administering	Improving	UM 59% (2016)	St.V 52% (2016)	UM 63% (2017)	St.V 62% (2017)	UM 61% (2018)	St.V 63% (2018)	UM 62% (2019)	St.V 65% (2019)
Patients reporting they were given information about what to do during recovery at home	Little or no detectable change	UM 88% (2016)	St.V 90% (2016)	UM 88% (2017)	St.V 90% (2017)	UM 85% (2018)	St.V 88% (2018)	UM 86% (2019)	St.V 88% (2019)

Mental Health

MENTAL HEALTH

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

Co-Chairs Dr. Castiel and Ken Bates. WDPH Staff Liaisons Jennifer Nakijoba and Kelsey Hopkins

Leading the Response.....

The Mental Health Workgroup, initially formed to focus on the CHIP strategies, has grown and evolved over the past four years. Collaboration has led to increased support for this priority area.

In January of 2019, the Mental Health Workgroup and the Mayor's Mental Health Task Force decided to join forces, to further their work and avoid duplication of efforts. The larger group is both responsive to the CHIP goals, and able to broaden their agenda and advocacy.

The goal of the Mayor's Mental Health Task Force is to increase access to mental health services, reduce stigma, advocate for greater support for mental health services and to demonstrate value to funders and partners. The Task Force initiates work, oversees projects, brings groups together and advocates for change. The leaders of the Task Force are Mattie Castiel, MD HHS commissioners and Ken Bates, President and CEO of Open Sky Community Services. This group has expanded their focus this year to include Community Response led by Kim Salmon, Early Childhood Mental Health, led by Eve Gilmore, Stigma, led by Derrick Kiser and Clinicians of Color, led by Khristian King.

The CHIP areas of focus include:

Objective 4.1 Establish a pipeline for behavioral health/human services careers

A collaborative group was formed in 2018, with funding from the Fairlawn Foundation of Greater Worcester Community Foundation, to conduct a feasibility study to better understand the barriers and concerns with behavioral health and human services staffing

throughout the City. Recruitment, retention and staffing shortages, coupled with inadequate diversity, lead to diminished access to services for people in need.

Following the completion of the Feasibility Study, The Career Pipeline Project was formed and continues with funding support from Fairlawn Foundation, to develop strategies focused on systemic change to increase the supply and retention of a diverse workforce in human services and behavioral health.

Six partner agencies, along with six colleges and 10 other organizations have developed a career pathway model, a workplan to expose youth to Human Services/Behavioral Health careers, a Human Services Career Support Program for immigrants and refugees, a training collaborative to share resources across agencies, and a Central Mass Career Pipeline Advocacy Committee focused on increasing support for the workforce.

The group will continue these efforts over the coming year, and will work to develop a professional career pathway for employees interested in advancement to clinical and leadership roles within the field. A focus of these efforts will include increasing advancement opportunities for people of color, and ensuring that all levels of the organizations reflect diversity and race equity.

Objective 4.2 Integrate the ongoing assessment of Mental health needs into the Community Health Assessment process. This has been completed.

Objective 4.3 Engage 20,000 people in training or

education to reduce stigma. Shine led a project to launch a public anti-stigma campaign with funds from UMass Memorial Determination of Need funds.

Objective 4.4 Implement MOU's to encourage and promote medical and behavioral health integration. The past four years have seen a changing landscape for the integration of behavioral health and medical care. The State's initiative to fund Accountable Care Organizations (ACO's) and Community Partner (CP) programs has greatly increased the level of collaboration and integration across the region.

For example, local Behavioral Health Community Partner programs at Open Sky and Community HealthLink have MOU's with close to 20 ACO's. These Community Partner programs provide care coordination and support for individuals insured by Mass Health and connected to ACO's, Managed Care Organizations and /or the Department of Mental Health ACCS program.

Care coordination for people with behavioral health challenges connects behavioral health and medical service providers with providers of social determinants of health such as housing, nutrition and employment in helpful ways to support the individual needs of the members. Helping members overcome barriers to accessing timely care, services and supports can significantly change their health and wellbeing.

Recently some ACO's have begun to contract with Community Partners to provide flexible support funding to help their members who may be experiencing homelessness. This is one of the most significant barriers to accessing care including behavioral health treatment, that if addressed, not only enhances health and wellbeing, but also reduces overall costs to the healthcare system.

Collaboration and integration can be highly effective tools for improving the health of the community, particularly when supported by Statewide systems and funding streams.



Emily Linhares at the 2019 Annual Meeting

Strategy Status

STRATEGY STATUS

Strategy	Status
4.1.1. Promote career options in the mental health field, beginning in high school.	In Progress
4.1.2. Advocate for policy changes for mental health that remove barriers that prevent health professionals from interning and staying in the mental health field such as livable wages, tuition reimbursement, etc.	In Progress
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.	Target Met
4.2.2. Once assessment is Target Met, distribute inventory of resources in partnership with community leaders to empower residents to seek ongoing care.	Target Met
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.	In Progress
4.3.1. Implement evidence-based curricula and 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.	Target Met
4.3.2. Implement public awareness campaigns that reduce stigma surrounding mental health for the adult population developed in partnership with community.	Target Met
4.4.1. Hold a Worcester area regional summit on mental health that focuses on collaborative care models and evidence based payment structures.	In Progress
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.	Target Met



Annual Meeting, 2019



"CMHA staff receiving coat donations to distribute to families in shelters"

By The Numbers#

OBJECTIVE STATUS

Objective	Status	Baseline Value (Year)	Midcourse Value 1 (Year)	Midcourse Value 2 (Year)	Midcourse Value 3 (Year)	Midcourse Value 4 (year)	Target for Year 2020	Notes
Mental Health								
4.1. Establish a pipeline that serves a minimum of 10 people representing under-represented cultural groups to be trained and prepared to enter or move up in the mental health field.*	Little or no detectable change	0 (2016)	0 (2017)	0 (2018)	1 (2019)		1	Mental Health/Human Services Pipeline project established
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 organizations in the planning of which.	Target met or exceeded							
4.3. Engage 20,000 individuals in training or educating to reduce stigma surrounding mental health for adults and young children by 2020.	Target met or exceeded	1820 (2016)	2945 (2017)	30,000 (2018)	38,000 (2019)	39,000 (2020)	20,000	Data represents one organization.
4.4. Implement 10 MOUs between Medical and Behavioral Health Providers to increase the use of collaborative care models and case management as tools for increasing access, efficacy and continuity of services, and to address social determinants through collaborative relationships with community organizations.	Target met or exceeded	0 (2016)	0 (2017)	15 (2018)	20 (2019)		10	

Access to Healthy Food

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 growth, sale, and preparation of healthy food.

Co-chairs: : Thank you to Martha Assefa for her incredible leadership as Chair from (2019-6/2020), Casey Burns for stepping into the Chair position from 7/2020-3/2021, and Penelope Karambinakis, WDPH staff liaison.



The Access to Healthy Food, in coordination with the Worcester Food Policy Council, had been making steady progress toward a more just food system through increasing participation in federal programs such as SNAP and WIC (7.1.1. and 7.1.3), successfully advocating for \$13 million in the state HIP (Healthy Incentives Program) funding (7.1.5) and increasing utilization of the Regional Environmental Council’s (REC) mobile market through the city (7.2.3). The economic foundation cracked with the pandemic, however, and an increasing number of people faced food insecurity. While the pandemic brought incredible challenges to individuals and communities, the Access to Health Food group and many different local leaders filled the new gaps in the food system and created ways to help people eat after losing income, being quarantined and becoming ill. The Worcester community has creatively met these challenges through collaboration, coordination and creativity, and this description is a snap shot of a few strategies.

The Worcester Together Emergency Food Network, under the umbrella of the Worcester Together coalition, formed during the pandemic and joined forces with the Worcester Food Policy Council to meet food needs of the increasing number of individuals and families facing food security. This group, consisting of the Coalition for a Healthy

Greater Worcester, Central West Justice Center and others, established an emergency food request line at the Family Resource Center to help families find resources. The group also coordinated and welcomed new food pantries, such as the new pantry for African families, Mission E-4, Parents Union of Massachusetts (PUMA) and the Southeast Asian Coalition pantry for immigrants who otherwise could not access food from other sources. As people with COVID needed to quarantine, they still needed food but could not leave home to obtain it. Recognizing this need, the Emergency Food Network organized food delivery to people who people under quarantine. Many volunteers stepped into make these deliveries, members of Mutual Aid Worcester, Martha Assefa, Legendary Legacies and others. This network created a pilot Hot Meals Program delivering over 16,000 hot meals to over 450 families. From this smaller initiative, the Healthy Retail Pilot Project formed with funding from Harvard Pilgrim Health Care Foundation and WCFB.

The Regional Environmental Council (REC) created safe ways for people to access fresh, local produce safely (7.2.3 and 7.1.4). REC created, distributed and delivered HIP to Go boxes so that SNAP recipients could continue to use their SNAP and HIP dollars at farmers markets. REC coordinated with the Worcester Division of Public Health REACH (Racial and Ethnic Approaches to Community Health) project to provide Spanish speaking staff at



“Boys and Girls Club of Worcester receiving USDA donations from Worcester Railers”



“Two Community Harvest Project volunteers sorting vegetables”

University Park, grow culturally-diverse crops (7.3.1) and deliver free families at the Boys and Girls Club location in the Main South neighborhood and in Great Brook Valley (7.2.3). REC also began to develop training materials and resources to support local farmers under the new Urban Agriculture ordinance with financial support from the Massachusetts Department of Public Health Mass in Motion program (7.3.2).

Prior to the pandemic some schools in the Worcester Public School System found ways for youth to provide input into meals (7.1.6). When schools closed in response to the pandemic, however, the schools quickly shifted to deliver meals to children at locations throughout the city (## meals from March 16 to date). Seeing that some children could not access the needed meals at the community sites since they could not leave their homes or lacked transportation, the YMCA initiated a School Meal Delivery program to delivering to over 1,000 children every day. In response to school closures, the federal government began to issue P-EBT cards with funds to purchase food for all children in the City, as there is universal eligibility to free and reduced-price school meals.

These incredible challenges and efforts strengthened ties of the people and agencies involved in the Access to Healthy Food strategy.



“Boys and Girls Club of Worcester receiving USDA donations from Worcester Railers”



“Two Community Harvest Project volunteers sorting vegetables”

By The Numbers#

OBJECTIVE STATUS

Objective	Status	Baseline Value (Year)	Midcourse Value1 (Year)	Midcourse Value2 (Year)	Midcourse Value3 (Year)	Target for Year 2020	Notes
Access to Healthy Food							
7.1. a) Increase the number of eligible people enrolled in federal food programs by 5% by 2020							
SNAP Gap [difference between those receiving MassHealth that are not receiving SNAP benefits]		35090 (2016)	no updated data		data not available	33,300	
WIC Enrollment		data not yet obtained	6965 (2017)	11814 (2018)	***		
7.1. b) Increase utilization of those programs for healthy food							
7.2. Increase the number of youth and adults who report eating one or more serving of a) fruits and b) vegetables daily by 10%							
7.2.i. Youth fruit	Target met	40% (2015)	35% (2017)	data not available	47% (2019)	44%	
7.2. ii. Youth vegetable	Losing ground	39% (2015)	36% (2017)	data not available	37% (2019)	43%	
7.2. iii. Adult fruit		65% (2015)	no updated data	no updated data	no updated data	73%	Data source no longer available.
7.2. iv. Adult vegetable		80% (2015)	no updated data	no updated data	no updated data	89%	Data source no longer available.
7.3. Increase the number of individuals participating in a) school and b) community gardening or c) nutrition programs by 50% by 2020							
School Gardens # participants	Improving	1936 (2016)	1938 (2017)	1940 (2018)	25 (2019)	2900	
Community Gardens # participants	Little or no detectable change	714 (2016)	648 (2017)	713 (2018)	42 (2019)	1070	

Physical Activity

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.

Co-chairs: Liz Myska and staff WDPH Liaison Penelope Karambinakis



In 2018 progress was made on CHIP strategy 8.1.5 with the Coalition for a Healthy Greater Worcester receiving the Community Health Inclusion Index (CHII) Mini-Grant. This grant was provided through the Massachusetts Department of Public Health Mass in Motion Mini-Grants, and the Mass Association of Health Boards. The CHII was used to assess how inclusive our community’s playgrounds and physical activity resources are for people with disabilities. The Physical Activity Working group will use the data collected from the CHII’s Macro Community Assessment, onsite assessment of playgrounds of Worcester Public Schools, as well as onsite assessments of indoor and outdoor recreation facilities to prioritize infrastructure and equipment improvements. The Physical Activity Working group is also pleased that progress has been made on strategy 8.2.1 through the demonstration project at Woodland Academy. WPI student Sara Brown worked closely with city partners to implement a demonstration project aimed at reducing negative driving behaviors around school zones and implementing traffic calming measures to promote pedestrian access to school.

The WOO Moves routes were designed to support CHIP’s physical activity objectives. In partnership the City of WDPH Mass in Motion Grant and the City of Worcester Employee Wellness Program launched 4 activity friendly routes. Through the Worcester Division of Public Health’s REACH grant, there are plans to add new WOO Moves walking routes in priority neighborhoods in Worcester. To learn more about the WOO Moves program, and find routes visit: WOO Moves | City of Worcester, MA
In 2019 progress was made on CHIP strategy 8.1.4 with a collaboration between the City of Worcester Division of Public Health, and the Central Massachusetts Regional Planning Commission on a

data dashboard. The dashboard includes data layers showing Environmental Justice populations, REACH prioritized Census tracts (9 census tracts with highest LatinX population) Health data from the CDC 500 cities project, and Sidewalk, Ramp, and Safety data for the city of Worcester. These data overlays are designed to help visualize the impact that the built environment, and walkability has on health outcomes. Link: Worcester CHIP 2020 (arcgis.com).
In 2019 progress was made on CHIP Strategy 8.1.5 with the identification of City View School playground as in highest need for improved accessibility. The school was identified and prioritized through the CHIP Physical Activity working group, and implementation of the CHII Assessment tool. Funding was provided by the City of Worcester Division of Public Health, and UMass Medical School City and Community Relations office. Consultants from M.E. O’Brien & Sons, Inc. were selected for playground design and critical repairs. Though this project was delayed due to COVID we hope to continue implementation with partners in the future. There is progress on CHIP Strategy 8.2.1 with plans for a demonstration project on lower Lincoln St. Designed as a next step from the walk audit completed with Green Hill Neighborhood Association, and in alignment with the Transportation Justice Grant, DPH’s Mass in Motion a demonstration project is being designed to address safety concerns on the corridor. Neighborwayz has been identified as a consultant for this demonstration project, and it is on track for spring/ summer ‘21.
Progress was made on CHIP strategy 8.3.1 with two walk audits supported by WalkBike Worcester, WalkBoston, and City of Worcester Division of Public Health’s Mass in Motion and REACH grants. In November 2019 a walk audit of lower Lincoln St. was conducted in partnership with Green Hill

Neighborhood Association (GHNA). GHNA had already worked on pedestrian and bike safety through their T4-Transportation Justice grant. Key recommendations were made on improvement of safety on the corridor through engagement of Lincoln St. business community, an input from residents who completed the walk audit and participated in GHNA meetings. In December of 2020 a virtual walk audit was supported within the Indian Lake neighborhood, in partnership with Indian Lake Community Association Inc. In response to the COVID-19 pandemic, a self- led audit was completed by community members and written and photos were used to create walkability recommendations. Both audits included a Pedestrian 101 presentation from WalkBoston, and helped to improve resident ability to engage in walkability and built environment work as it relates to health and promoting community walkability.

Strategy Status

STRATEGY STATUS

Strategy	Status
8.1.1.Promote walking, bicycling and transit routes to 25 public and private indoor and outdoor physical activity facilities.	Target Met
8.1.2. Create and promote SRTS route maps for CMRPHA schools.	Target Met
8.1.3. Identify access and programming gaps to public and private indoor and outdoor physical activity facilities.	Target Met
8.1.4. Improve pedestrian network within 1/2 mile of the top 10 high activity transit stops.	In Progress
8.1.5. Ensure that every public elementary school has access to a safe place to play and increase access to existing play facilities.	In Progress
8.2.1. Implement and evaluate one low-cost demonstration project, in each of CMRPHA towns and three in Worcester.	Target Met
8.3.1. Develop and pilot walkability scorecard.	Target Met
8.3.2. Engage business community regarding economic value of walkable communities.	Target Met

By The Numbers#

OBJECTIVE STATUS

Objective	Status	Baseline Value (Year)	Midcourse Value1 (Year)	Midcourse Value2 (Year)	Midcourse Value 3 (Year)	Target for Year 2020	Notes
Physical Activity							
8.1. Enhance access to 25 places for physical activity combined with informational outreach, targeting efforts to vulnerable populations	Target met or exceeded	0 (2016)	0 (2017)	25 (2018)	N/A	25	
8.2. Implement 10 projects to engage residents with municipal Complete Streets programs that improve routine walking, bicycling, and traffic safety	Target met or exceeded	0 (2016)	0 (2017)	10 (2018)	1 (2019) 1 (2020)	10	
8.3 Implement two approaches to engage the business community in promoting community walkability	Target met or exceeded	0 (2016)	0 (2017)	0 (2018)	2 (2019)	2	

Safety

SAFETY

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

Co-Chairs Laurie Ross and Casey Starr.
WDPH Staff Liaison Cassandra Andersen

Over the past five years, arrests of young people under the age of 25 have declined by 66%. While arrests have declined 61% for Black youth and 65% for Latinx youth, these rates still lag behind the 72% decline for White youth. Gun and knife incidents have declined 39%. Here we see greater declines among Black youth but not Latinx youth (Black youth at 65%, Latinx youth at 50% and White youth at 63%).

Several new innovations have emerged over the past year. There is funding to plan restorative justice practices in schools, community organizations, and the courts. Likewise, there is funding to pilot a Crisis Response Team so that we can have non-police responses to gun and knife incidents aimed at promoting individual and community healing in the aftermath of neighborhood violence. Finally, the Worcester Youth Violence Prevention Initiative Governance Committee evolved into the Governance Council for Children, Youth and Families. Still chaired by the city manager and the mayor, this Council promotes policy and systems change to ensure the wellbeing of children and youth ages 0-25 and their families in Worcester. Recognizing that a sole focus on violence was limiting and does not reflect a holistic approach to addressing the needs of children, youth, and families, we evolved the WYVPI into this Governance Council early in 2020. The new Council brings together the WYVPI, Together for Kids Coalition, and the Coalition for Healthy

Greater Worcester and will bring in other initiatives as appropriate. These included initiatives each have strong steering committees, community developed strategic plans, and research support. These groups also all have a racial equity lens. The Council allows for cross-initiative working groups to emerge on the most challenging issues facing children, youth and families in our city.

The Youth Police Dialogues Program temporarily became a virtual program so that we could facilitate programs in 2020. Thus far 30 WPD officers have participated, and approximately 150 youth. One important accomplishment has been that we were able to secure funding for the program through the Charles E. Shannon, Jr. Community Safety Initiative grant through the city of Worcester for the past two years. In 2020, during the pandemic, we were able to facilitate two programs virtually with 15 youth each, and this time extended the program to include students from two new schools (South & Tech).

Strategy Status

SAFETY

Strategy	Status
9.1.1. Enhance and support program and policy to ensure healthy and safe homes for all residents of the region through lead poisoning prevention	In Progress
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.	In Progress
9.2.1. Train police on topics such as the effects of trauma on child development and other health-promoting activities.	Target Met
9.2.2. Increase accessibility of public spaces for youth development and other health-promoting activities.	Target Met
9.2.3. Implement a mechanisms for pre-adjudication diversion for low level, first time juvenile offenses.	Target Met
9.2.4. Increase opportunities for employment for youth at highest risk of experiencing violence. (Economic Opportunity)	In Progress
9.2.5. Implement an intervention for young children who witness violence, to support positive social and emotional development.	Target Met
9.2.6. Support a network of outreach workers, case managers employment supports, education and employment supports, behavioral and health supports, and recreation supports for highest risk and proven risk young people up to age 24.	Target Met
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.	In Progress
9.3.2. Support community-reflective recruiting practices of police departments.	In Progress
9.3.3 Implement universal on-going implicit bias training for all police officers and recruits.	Target Met
9.3.4. Provide increased opportunities for police and community members to engage in fun activities to build positive community-police relations.	In Progress
9.4.1. Support a consortium of providers (Coordinated Community Response Network - CCRN) to identify gaps with an intentional focus on gender equality in interpersonal violence prevention programming.	In Progress

By The Numbers#

OBJECTIVE STATUS

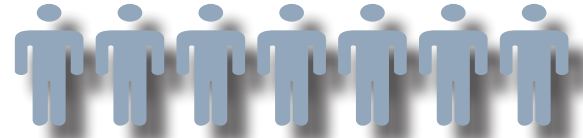
Objective	Status	Baseline Value (Year)	Midcourse Value 1 (Year)	Midcourse Value 2 (Year)	Midcourse Value 3 (Year)	Target for Year 2020	Notes
Safety							
9.1. Increase the utilization of residential lead remediation services by 25%*	Losing ground	155 (2016)	113 (2017)	83 (2018)	177 (2019)	195	Lead remediation was conducted on additional units of housing related to housing rehabilitation efforts utilizing Community Development Block Grant funds.
9.2. Decrease violent incidents among individuals living in Worcester under the age of 25, particularly among Black and Latino youth, by 20% by 2020	Target met or exceeded	628 gun and knife incidents (2016)	504 gun and knife incidents (2017)	454 gun and knife incidents (2018)	326 gun and knife incidents (2019)	500 gun and knife incidents	
White Youth	Improving	108	64	52	41		
Black Youth	Improving	101	94	67	40		
Hispanic Youth	Improving	172	125	109	81		
Other 'Unknown Race' Youth	Improving	244	217	226	164		
9.3. Increase the proportion of police participating in community dialogue or activities by 30% by 2020	Improving	0 Operational Officers (2016)	0 Operational Officers (2017)	30 (2018)	11 (2019)	45	

Economic Opportunity

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.

Co-chairs: Sandy Amoakohene and WDPH Staff Liaison Kelsey Hopkins



The Youth Jobs Taskforce was relaunched in 2018 by the City Manager’s office and Worcester Community Action Council. The group began working with the taskforce to provide a resource for youth employment opportunities on the “Job1” online platform.

Participation in ESL courses increase equal employment opportunities for residents by decreasing language barriers. The group worked with the English for Speakers of Other Languages (ESOL) Network to address the lack of available spaces in ESL classes. Through this collaboration, a student intern was brought on to support the ESL Navigator Program.

In 2018, a student intern was brought onto the team to perform an assessment of the City of Worcester’s boards and commissions. The purpose of the research was to identify which boards may or may not be conducting their work with a health lens. The data was then compiled and shared with the city’s Board of Health.

In January 2020 a Community Benefits agreement was signed for the construction of Polar Park. The agreement including environmental protections and a commitment to hiring local.

Worcester Affordable Housing Coalition began working on a campaign addressing the stigma around affordable housing. The group connected the Worcester Affordable Housing Coalition with the Worcester Chamber of Commerce in order to inform the Chamber’s housing study.

Lastly, the group has been involved in various initiatives to improve existing access to public transit. This includes advocacy through the Coalition’s Policy and Advocacy Subgroup for year-round discounted bus passes for Worcester youth.

Strategy Status

STRATEGY STATUS

Strategy	Status
5.1.1. Leverage funds in order to provide trauma informed free trainings for professionals that serve the formerly incarcerated and veterans.	Target Met
5.1.2. Centralize online resources pertaining to available employment training and job readiness opportunities for youth.	In Progress
5.1.3. Leverage relationships with translation services in order to provide small business resources for immigrant and refugee populations.	In Progress
5.2.1. Inventory, assess feasibility, and advocate for health sector participation in all regional boards and commissions pertaining to Economic Development.	In Progress
5.2.2. Encourage large employers (50+) to adopt policies to hire more local residents.	In Progress
5.2.3. Encourage large employers (50+) to adopt living wage policies for employees and contractors.	In Progress
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.	In Progress
5.3.1. Distribute a translated resource guide of ESL classes twice per year to parents through public schools.	Target Met
5.3.2. Expand partnerships of Worcester Academic Health Collaborative to include ESL providers and university education programs.	Target Met
5.4.1. Increasing participation of underserved populations in transit planning and advisory groups.	Target Met
5.4.2. Integrate public health and wellness in the next published CMRPC Regional Transit Plan & City Manager's Master Plan.	Target Met

By The Numbers#

OBJECTIVE STATUS

Objective	Status	Baseline Value (Year)	Midcourse Value 1 (Year)	Midcourse Value 2 (Year)	Midcourse Value 3 (Year)	Target for Year 2020	Notes
Economic Opportunity							
5.1. Increase the number of individuals accessing employment resources available to underserved populations	Indeterminate	12,583 (2016)	10,740 (2017)		9,641 (2019)		
5.2. Identify city-level or institutional policies that have significant impact on health equity with a list of programs and the size of population served	Improving	0	0		2 (2019)		
5.3. Increase the number of participants who complete English as a Second Language (ESL) educational opportunities by 25%	Target Met	450 (2016)	data not yet obtained		600 (2019)	565	
5.4. Increase number of community members engaged in transit planning process by 50%	Target Met	0 (2016)	0 (2017)	data not available (2019&2019)	75 (2020)		

EXPLANATORY NOTES

As part of finalizing the Community Health Improvement Plan (CHIP), the research and evaluation sub-committee of the coalition reviewed the 9 domains' 31 objectives and, where necessary, worked with domain leaders to develop text revisions to ensure that each objective met the standard of being specific, measurable, achievable, relevant, and timely (SMART). Modified objectives are indicated in this report with an asterisk (*).

Data to track and monitor outcomes were obtained from both primary and secondary sources. Examples of primary sources include the Regional Youth Health Survey (RYHS), conducted in partnership between the Worcester Division of Public Health and the UMass Worcester Prevention Research Center along with participating school districts within the Central Massachusetts Regional Public Health Alliance (CMRPHA), visit data from medical clinics, and a wide range of programmatic data from local organizations. Secondary data sources include city and town-specific population data obtained from the Massachusetts Department of Public Health. While each domain has done its best to provide comprehensive, accurate, relevant and timely data, inevitably, there are omissions due to inability to obtain the desired data.

All strategy status updates as indicated by "In Progress, Target Met, Not Started, and Delayed" refer to the status as of December 2020.

Also noteworthy is the difficulty of obtaining data reflective of municipalities with small population sizes. This is a limitation when trying to collect data for the individual towns that comprise the CMRPHA. When data have been available and obtained, they are represented either as an average (e.g., RYHS data) or as a range displaying the lowest and highest numbers (e.g., adult marijuana use).

A part of the CHA and CHIP process is evaluating and learning during each cycle. As we develop the 2020 CHIP, all objectives will be drafted originally as SMART objectives, keeping in mind available data sources for tracking progress.

REFERENCES

1. Center for Health Information and Analysis, Hospital-Wide Adult All-Payer Readmissions In Massachusetts: SFY 2015, 2011-2016 Reports
2. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. URL: <https://www.cdc.gov/brfss/brfssprevalence/>
3. Centers for Medicare and Medicaid Services, Hospital Compare, URL: <https://www.medicare.gov/hospitalcompare/search.html>
4. Edward M. Kennedy Community Health Center
5. Food Bank of Western Massachusetts
6. Literacy Volunteers of Greater Worcester
7. Massachusetts Bureau of Substance Addiction Services; A Data Visualization of Findings from the Chapter 55 Report. URL: <http://www.mass.gov/chapter55/#top>
8. Massachusetts Department of Elementary and Secondary Education
9. Massachusetts DPH Opioid-Related Overdose Deaths, All Intentions by City/Town Reports [online] URL: <http://www.mass.gov/eohhs/gov/departments/dph/stop-addiction/current-statistics.html>
10. Regional Environmental Council Worcester
11. The Shine Initiative
12. Transportation Advocacy Coalition
13. UMass Memorial Medical Center
14. Worcester County Food Bank
15. Worcester Division of Inspectional Services
16. Worcester Division of Public Health; Central Massachusetts Regional Public Health Alliance
17. Worcester Regional Research Bureau
18. Worcester Regional Transit Authority
19. Worcester Regional Youth Health Survey, 2015 & 2017
20. Worcester Youth Violence Prevention Initiatives

THE COALITION'S STAFF



Casey Burns,
Director

Casey Burns, an alumna of Clark University, is the Director of the Coalition for a Healthy Greater Worcester. She is an experienced program manager and community organizer. She brings her experience as the Director of Programs for the Regional Environmental Council to her current role with the Coalition engaging with community members, organizations and institutions to implement the Greater Worcester Community Health Improvement Plan.

“My experience as a community member and resident of Worcester for over 20 years and my experience with the REC has shaped the way that I engage, prioritize and connect with our work at the Coalition. I feel so fortunate to work with the institutions, organizations and community members across our region.”



Chantel Bethea,
Women in Action, Inc.

Chantel is a resident of Worcester Ma for the past 13 years. Chantel has four children, three currently in Worcester Public Schools and one who graduated in 2019. Chantel has been involved in the community of Worcester for 12 years of her being in Worcester. She has been a part of many organizations in roles such as board member, chair, steering committee, and policy council to name a few.

Chantel reason for wanting to be a part of the community is simple. Her children. She wants her children to have more opportunities then she did and not have to jump through the hoops that their mother had to. Chantel looks at all youth through her children and she wants Equity across

the board for all especially the black children that look just like her children.

Chantel is a true warrior and fighter. She holds back nothing. She speaks her mind through the lens of love at all times. It may come off a little hard to those not used to people being authentic to them, however Chantel's approach will not waver at all.

Joining the CHIP (Coalition) Chantel feels she has the pulse of the community and the connections to ensure that we are working for the community and doing it with all pure intentions and a Equity lens.



Tempe Staples,
Coalition for a Healthy Greater
Worcester

Tempe holds her Master of Health Science in Global & Community Health from Clark University, where she worked on a range of community-based research projects, including community needs assessments and policy solutions for early childhood education and care, teen parenting, and restorative justice. Prior, Tempe earned her Bachelor of the Arts in Global Studies, Geography, and Community Health from Hofstra University. There, she served as a Health Leads Advocate at Nassau University Medical Center for high-risk families. In 2016 her geography thesis Paid Family Leave & Maternal Mental Health earned honors and was presented at the American Association of Geographers.

Having experience with case management and community data-driven research, Tempe endeavors to keep all evaluation for the CHIP human-centered and equity-focused.

To promote the shared learning, reflection, and broad engagement that improves community decision-making, health, and well-being for residents of Greater Worcester.



Coalition for a Healthy Greater Worcester

*ELIMINATING HEALTH DISPARITIES
IMPROVING QUALITY OF LIFE
BUILDING COMMUNITY*