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# The Coalition for a Healthy Greater Worcester

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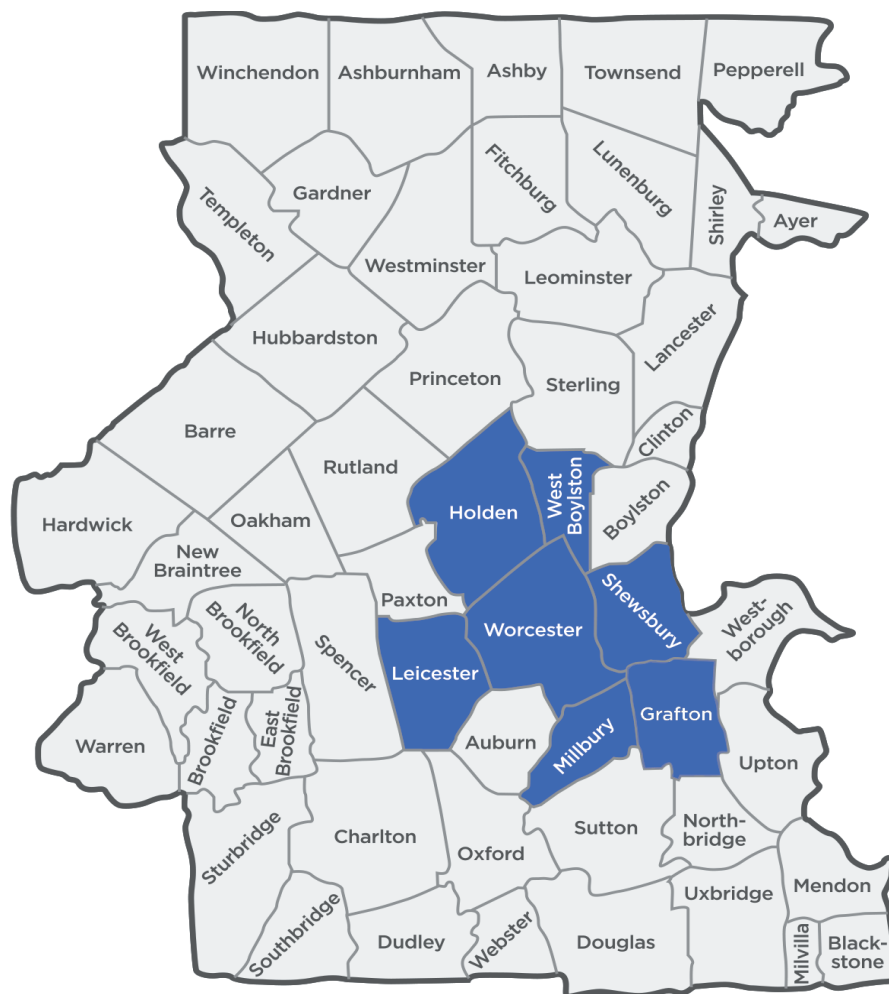
# The Greater Worcester Community Health Improvement Plan

## Annual Report



The CHIP focuses on the cities and towns of the Central Massachusetts Regional Public Health Alliance (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 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.





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# Acknowledge

## STRATEGIC PARTNERS

- A Caring Touch Nursing and Home Care
- Abby's House
- Academic Health Collaborative of Worcester
- Access to Recovery
- AIDS Project Worcester
- Alcoholics Anonymous - Worcester Area Intergroup
- Alternatives and The Bridge Of Central MA
- American Cancer Society
- American Heart Association
- Angels Net Foundation
- Anna Maria College
- Ascentria Care Alliance
- Barre Family Health
- Becker College
- Belmont AME Zion Church
- Big Brothers Big Sisters of Central Mass/Metrowest
- Bottom Line
- Boys & Girls Club of Worcester
- Center for Global Leadership
- Center for Health Impact
- Center for Living & Working, Inc.
- Central MA Council on Aging
- Central MA Regional Planning Commission
- Central MA Tobacco Free Community Partnership
- Central Mass Grown
- Central Massachusetts Housing Alliance
- Central Massachusetts Regional Planning Commission
- Central West Justice Center
- Centro Inc.
- Century Homecare, LLC
- Charles Hope Company
- Children's Friend Inc.
- City of Worcester (CoW)
- Board of Health
- City Manager's Advisory Council on the Status of Women
- City Manager's Coalition Against Bias and Hate
- Commission on Disability
- Division of Youth Opportunities
- Executive Office of Economic Development
- Health and Human Services
- Housing Development and Healthy Homes Program
- Human Resources
- Human Rights Commission
- Office of Human Rights & Disabilities
- Clark University
- Clemente Course
- Coalition for a Healthy Grafton
- Coalition for a Healthy Greater Worcester
- Coes Zone
- College of the Holy Cross
- Community Harvest Project
- Community Healthlink
- Community Legal Aid
- Department of State Treasurer - MA Office of Economic Development
- Diaspora Nurses Health Initiative
- Diaspora Nurses Health Initiative
- Easter Seals Massachusetts
- Edward M. Kennedy Community Health Center
- Edward Street Child Services
- Elder Services Nutrition Program
- Elder Services of Worcester
- EPOCA
- Fallon Health
- Family Continuity
- Family Health Center of Worcester
- Farm to Health Center
- Fuller Foundation
- Gavin Foundation
- Girls Inc. of Worcester
- Grafton Job Corps
- Greater Worcester Community Foundation
- Guild of St. Agnes
- Hanover Insurance
- Harvard Pilgrim Health Care
- Health Centric Advisor
- Health Foundation of Central MA
- Highland Grace House
- Holden Department of Recreation
- HOPE Coalition
- Hope for Worcester
- Indigenous People's Network/Affiliated Tribes of Northwest Indians
- Institute for Health and Recovery
- Island Counseling Center
- Ivy Child International
- Jeremiah's Inn
- Latin American Health Alliance
- Luk Inc.
- Main South CDC
- Mass Audubon
- Massachusetts Department of Public Health
- Massachusetts Organization for Addiction Recovery
- Massachusetts Public Health Association (MPHA)
- MassHire Central Career Center
- MCPHS University
- Millbury Opioid Taskforce
- Multicultural Wellness Center
- Muslim Community Link

# Partners

My Choice Programs, Inc.  
National Alliance on Mental Illness  
National Network of Library Medicine - New England  
Region  
New England Qin-Qio  
New Life Worship Center  
Next Step Grief Group  
Norrback Avenue School PTO  
Northeast Organic Farmers Association  
Oak Hill CDC  
Office of Congressional McGovern  
Office of District Attorney Joseph D. Early, Jr.  
Open Sky Community Services  
Overlook Hospice  
Parent Professional Advocacy League  
Pathways for Change  
Pernet Family Health Service  
Planned Parenthood League of Massachusetts  
Quinsigamond Community College  
Rainbow Child Development Center  
Real You Revolutions  
Recovery Centers of America  
Refugee and Immigrant Assistance Center  
Regional Environment Council  
Regional Response to Addiction Partnership  
Reliant Foundation  
Reliant Medical Group  
Seven Hills Foundation  
Shrewsbury Public Schools  
Shrewsbury Youth & Family Services  
South Bay Mental Health  
South Worcester Neighborhood Center  
Southeast Asian Coalition  
Spectrum Health Systems, Inc.  
Storms Associates  
Tasks for Transit  
Telehealth Assisted Living Center  
The Fieldstone School  
The SHINE Initiative  
Town of Millbury  
Transportation Advocacy Coalition  
UMass Extension  
UMass Extension Nutrition Ed Program  
UMass Medical School (UMMS)  
UMass Memorial Health Care  
UMass Memorial Medical Center  
UMass Worcester Prevention Research Center  
UMMS - Family Medicine and Community Health  
UMMS - Center for Clinical and Translational Science  
UMMS - Graduate School of Nursing  
UMMS - Preventive and Behavioral Medicine  
UMMS- Center for Mindfulness  
Unitarian Universalist Church of Worcester

United Way of Central Massachusetts  
UNITEY  
Visions Consulting L3c  
Visitation House, Inc.  
Walk Bike Worcester  
Women In Action Inc.  
Worcester ACTS  
Worcester ACTS (Addresses Childhood Trauma)  
Worcester Area Mission Society  
Worcester Common Ground  
Worcester Community Connections Coalition  
Worcester County Commission on Status of Women  
Worcester County Food Bank  
Worcester County Sheriff's Office  
Worcester District Medical Society  
Worcester Division of Public Health/Central Mass  
Regional Public Health Alliance  
Worcester Food Policy Council  
Worcester Free Clinic Coalition  
Worcester Head Start  
Worcester Healthy Baby Collaborative  
Worcester Housing Authority  
Worcester Impact on Sexual Health  
Worcester Interfaith  
Worcester Jobs Fund  
Worcester Labor Coalition  
Worcester Partnership for Racial and Ethnic Health  
Equity  
Worcester Police Department  
Worcester Polytechnic Institute  
Worcester Public Library  
Worcester Public Schools (WPS)  
- Facilities Department  
-Department of Nursing  
-Health and Physical Education Department  
Worcester Regional Chamber of Commerce  
Worcester Regional Research Bureau  
Worcester Regional Transit Authority  
Worcester Roots  
Worcester Senior Center  
Worcester State University  
Worcester Youth Center  
Working for Worcester  
WRTA Rider Advisory Committee  
YMCA of Central MA  
You Inc.  
Youth Council Worcester  
YouthConnect Worcester  
YWCA Central MA

# INTRODUCTION

We are excited about how much work has happened in 2018 toward becoming the healthiest region in New England. For example, there has been considerable progress addressing the stigma associated with mental health and substance use. The Shine Initiative has engaged over 30,000 youth in anti-stigma work and Worcester's Health and Human Services department launched the Stigma Free Worcester App to increase the community's access to recovery homes and treatment centers. The Worcester Youth Violence Prevention Initiative already has seen gun and knife incidents involving young people under 25 decrease to under the target for 2020 and more operations officers are involved in opportunities to build relationships with youth through Youth-Police Dialogues and Bigs and Blues programming. The new CDC REACH grant has greatly increased our capacity to address health disparities experienced by the Latino/Latinx community. We continue to increase the community's access to safe spaces for physical activity.

In spite of our many accomplishments, we continue to struggle to combat the opioid epidemic. Rates of fatal overdoses continue to increase. We also remain challenged to ensure access to care to our culturally diverse communities due to shortages in nurses, doctors, mental health professionals and community health workers. And so we remain steadfastly focused on eliminating health disparities, improving the quality of life and building community in Greater Worcester. We can't do this without all of you and we are deeply grateful for the community's work and support in all of the endeavors described in this report. We look forward to foster more opportunities for all of us to 'CHIP in' for our community's health.

This reports starts with a brief overview of the 2018 Community Health Assessment. This is followed by a review of work in each domain of the CHIP that includes accomplishments for the year, a chart on the status of each strategy, and a chart with quantitative assessment of progress toward our 2020 targets.



# CHA 2018

## 2018 COMMUNITY HEALTH ASSESSMENT

As a precursor to updating Greater Worcester’s Community Health Improvement Plan (CHIP), the City’s Division of Public Health, UMass Memorial Medical Center and Fallon Health collaborated in developing the 2018 Greater Worcester Community Health Assessment (CHA). This marked yet another successful collaborative effort to provide an up-to-date comprehensive report on the region’s health. As a standard practice, the assessment included quantitative and qualitative data as well as significant efforts to ensure that the final product captured the voices of the greater Worcester’s broad and diverse communities. The community survey, a major contributor to the data collection effort, included questions regarding respondents’ perspectives on the facilitators and barriers to having a healthy community and good quality

of life for those who live, work and play in the Greater Worcester area.

A total of 2,768 people completed the survey in 2018, more than doubling the number who responded in 2015. More importantly, respondents to the recent survey were more diverse than to the earlier survey in terms of their racial/ethnic identity, educational attainment and household income.

Notably, when asked in the survey, “How would you rate the overall health of your community?” overall, more respondents in 2018 stated that their community was either healthy or very healthy when compared with the responses in 2015 (Figure 1). A similar pattern follows when looking at the responses by city and towns (Figure 2). The 2018 CHA can be viewed at [wdph.gov](http://wdph.gov).

*Table 1. Number of Respondents to the question "How would you rate the overall health of the community you live in?"*

Municipality	Number of Respondents 2015	Number of Respondents 2018
Grafton	20	140
Holden	45	85
Leicester	20	214
Millbury	12	72
Shrewsbury	225	208
West Boylston	11	71
Worcester	457	1343



Figure 1. "How would you rate the overall health of the community you live in?"

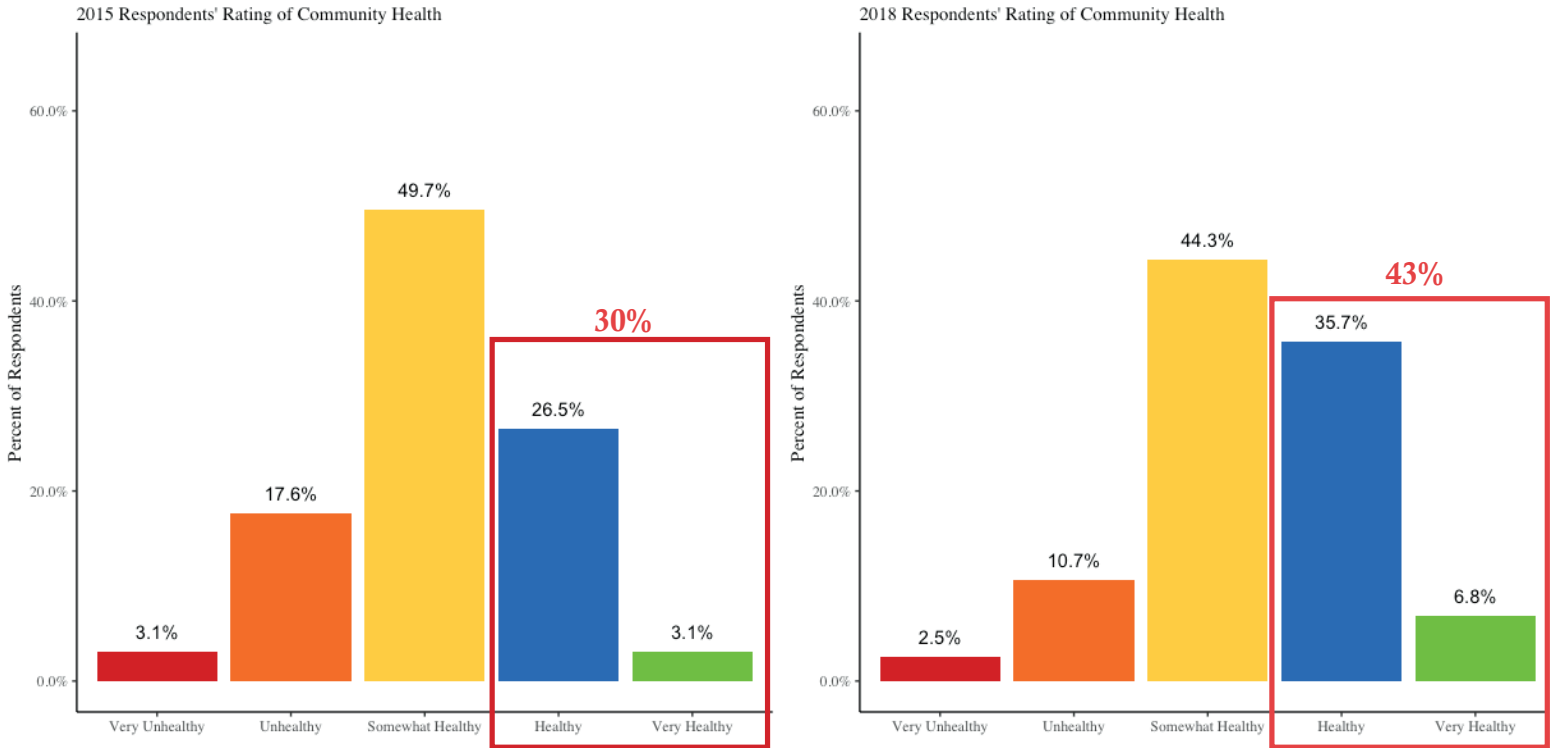
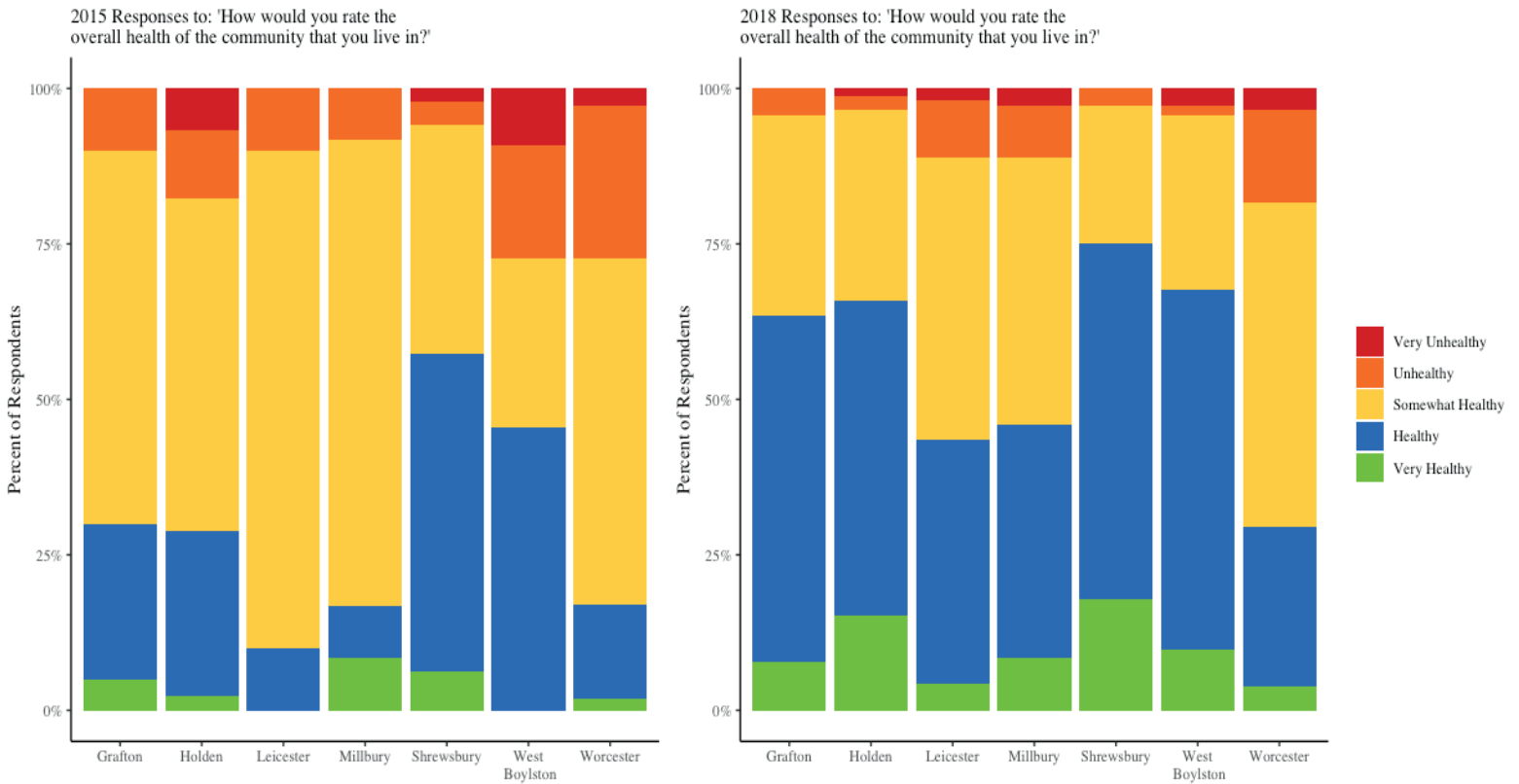


Figure 2. "How would you rate the overall health of the community you live in?" by municipality



# REACH

## Racial and Ethnic Approaches to Community Health

Para La Salud de Nuestras Comunidades I For the Health of Our Communities

The City of Worcester Division of Public Health and the Coalition for a Healthy Greater Worcester are partnering with several clinical and community organizations to address inequities affecting the health of the Latino/Latinx community in Worcester. REACH is a 5-year grant awarded by the Centers for Disease Control and Prevention to support policies, programs and local resources focused on 4 main areas: nutrition, breastfeeding promotion, physical activity, and clinical-community referrals. All project work is collaborative, so the focus is on strengthening existing work in the community, facilitating relevant training for community members and organizations, and facilitating new partnerships and alliances.

### Year 1 Highlights

Year 1 activities include the development of a REACH Advisory Committee, the creation of a food and nutrition survey, hosting community conversations, and clinical site assessments of their referral systems. REACH also facilitated trainings and workshops related to not just the 4 project focus areas, but also to the overarching goals of the project, trainings with a focus on race equity, health equity, and trauma-informed approaches. It also included the assessment of playgrounds in the City. The playground assessment efforts are described in more detail in the Physical Activity section of this report.

REACH has formed an **Advisory Committee** which provides guidance and direction to the REACH project, and helps align the REACH project with work currently being done in Worcester. There are still opportunities to apply to serve on this committee, with many individuals and leaders from Latino/x communities in Worcester.

An **anonymous Food and Nutrition Survey** was designed by the **UMass Worcester Prevention Research Center (PRC)** to improve our understanding of community member's eating habits. These questions include, how often you eat fruits and vegetables, where you get breakfast lunch and dinner, where you get groceries and, if you don't eat certain meals, or have a hard time getting enough food. By participating in this survey community members help guide the project, in particular its nutrition focus area of the project. So far, over 380 community members have participated in this survey! There are still opportunities to participate; we are looking for organizations to partner with so we can increase community members input in all our efforts.

'**CHIP-CHATS**' **Community Conversations** were conducted over the course of five months to learn about the challenges faced by community members in the following areas: access to healthy foods, access to care, breastfeeding support, and physical activity. Three "access to healthy foods" community conversations were conducted. One in partnership with Centro and REC Community Farmer's markets, another at Christian Community



REACH Coalition for a Healthy Greater Worcester



REACH City of Worcester Division of Public Health

Church, and another at HARR Motor Group. The “physical activity” community conversation was held with a Worcester Latino/Latinx walking group in partnership with the Transformative Development Initiative (TDI).

The REACH project Y1 Clinical Site Partners Edward M Kennedy Community Health Center, Family Health Center of Worcester, and UMass Memorial Medical Center (Maternal-Fetal Medicine Department) started initial assessments of their existing referral systems, with a special focus on referrals to services that are not clinical, like those related to housing, physical activity, and nutrition. Family Health Center increased the number of Baby Café group meetings, meetings held to offer

help and support to breastfeeding mothers. In addition, all three clinical sites hosted (or are continuing to host), and provide training and clinical experience for REACH community health worker (CHW) interns.

Scholarships for Community Health Worker (CHW) Training at the Center for Health Impact were provided by the REACH project for a workforce development effort under the clinical-community referrals focus area. All ten (10) scholarship recipients are Spanish-English bilingual individuals from the Latino/Latinx community, and all were also offered an opportunity to complete a REACH sponsored paid internship focused on facilitating a pathway to employment.

# 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.*

**Co-chairs:** Thank you to Chantel Bethea who serve as Chair and Kelsey Hopkins as WDPH staff liaison.



2018 was a restructuring year for the Racism and Discrimination priority area. The Partnership for Racial and Ethnic Health Equity decided that they would no longer be the lead group addressing the CHIP Racism and Discrimination strategies. We thank this group for their leadership addressing the strategies as a part of their work leading up to this time. After this decision, an action plan was developed to restructure the work of this priority area with additional resources including a facilitator for the new racism and discrimination priority area working group meetings. It was also identified that financial support for participation of smaller organizations representing marginalized communities was a barrier to meeting participation. With this realization, the Coalition

for a Healthy Greater Worcester ‘The Coalition’ was able to secure stipends for community members to participate in meetings of the new group to ensure representative participation.

The Coalition, with the Worcester Division of Public Health (WDPH) successfully applied for the CDC REACH grant which will focus on addressing health disparities within the Latinx community over the next 5 years. Through this funding we will be able to implement additional racial and health equity trainings working towards objective 1.2: Increase the capacity of 500 leaders throughout the region to engage in anti-racism work through training, the development of common language, and opportunities for personal and professional development.



# Cultural Responsiveness

## 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.

The Cultural Responsiveness strategies were reviewed through the agendas in the Access to Care and Racism and Discrimination groups in 2018.



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 the CDC REACH grant, 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.



# Strategy Status

## RACISM & DISCRIMINATION

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

# Strategy Status

## CULTURAL RESPONSIVENESS

<i>Strategy</i>	<i>Status</i>
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.	<b>Target Met</b>
6.1.2. Promote and train organizations to CLAS-adapted standards and organizational assessment of compliance with those standards.	<b>In Progress</b>
6.1.3. Encourage the use of CLAS-adapted standards through the state and local funding eligibility criteria.	<b>Not Started</b>
6.1.4. Create cultural responsiveness leadership criteria and maintain inventory of organizations who meet this criteria.	<b>Not Started</b>
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.	<b>In Progress</b>
6.2.2. Increase the number and use of certified, multilingual community health workers through training, advocacy, and funding availability.	<b>In Progress</b>
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.	<b>In Progress</b>
6.3.3. Hold a summit to engage academia, students, providers, and community members in dialogue about best practices around cultural responsiveness.	<b>Not Started</b>
6.3.4. Develop community capacity for ongoing assessment of community perception and available resources in regards to cultural responsiveness.	<b>In Progress</b>

## OBJECTIVE STATUS

Objective	Status	Baseline Value (Year)
<i>Racism &amp; Discrimination</i>		
1.1. Integrate a framework of health equity into all CHIP objectives and strategies	Target met or exceeded	
1.2. Increase the capacity of 500 leaders throughout the region to engage in anti-racism work*	Plateaued	119 (2016)

Objective	Status	Baseline Value (Year)
<i>Cultural Responsiveness</i>		
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)
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)
b) use of in person qualified health care interpreters: UMass Memorial	Target met or exceeded	193,492 (2016)



Midcourse Value 1 (Year)	Midcourse Value 2 (Year)	Target for Year 2020	Notes
		71	
192 (2017)	192 (2018)	500	Values are cumulative.

Midcourse Value 1 (Year)	Midcourse Value 2 (Year)	Target for Year 2020	Notes
0 (2017)	0 (2018)	10	
36 (2017)	31 (2018)	40	
198,753 (2017)	217,718 (2018)	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 serve as Co-Chairs with Joshan Niroula Oscar De La Rosa as WDPH liaisons.



The Substance Use Working Group is hosted by the Regional Response to Addiction Partnership (RRAP) Coalition. The RRAP Coalition is comprised of over twenty-five community-based organizations, hospitals and health centers, law enforcement personnel, recovery treatment providers, faith-based organizations, funders, and other key stakeholders. The RRAP Coalition held quarterly meetings in 2018 which focused on three strategies in the substance use priority area.

The first strategy was 2.1.4 Support Recovery High School Enrollment by reducing barriers for underserved populations. Coalition members met with leadership from the Recovery High School (RHS) as well as Worcester Public Schools (WPS) to identify gaps in the referral process since students from Worcester are not represented to the full extent in the RHS student population. Some identified barriers are lack of information about the criteria for enrollment as well as marketing materials to promote RHS as a suitable diversion option for students tackling substance use disorders. Informational packets, brochures, and applications will be made available to WPS through the school-based health centers, and information about RHS will also be posted on the WPS website. This information should be accessible to parents,

students, and school personnel.

The second strategy was 2.3.3 Support new collaborations/ programs with police departments to better respond to overdose victims. The RRAP Coalition engages with the Worcester Program for Addiction and Recovery (WPAR), the police department's initiative to combat the opioid epidemic. RRAP Coalition has also met with leadership from Worcester County Sheriff's Office to discuss NARCAN training for staff and provide NARCAN to inmates upon reentry. The RRAP Coalition supported the Town of Shrewsbury's Prescription Drug Take Back Day by providing a police detail at the event. **Over 237 pounds of drugs were collected from the residents of Shrewsbury at the event.**

The third strategy was 2.3.4 Increase the use of recovery coaches to provide treatment options to overdose survivors. The RRAP coalition hosted a Recovery Coach Panel comprised of recovery coaches, supervisors, training partners, and substance use provider organizations. This discussion outlined the current recovery coach capacity within the community, as well as identified the need for a network of recovery coaches.

The RRAP Coalition worked on strategy 2.3.1, increase education around naloxone availability

through public service announcements. WDPH purchased three weeks of advertisement space on Worcester Magazine to promote the need for individuals to carry NARCAN. WDPH RRAP coalition members and interns have attended several community events and provided educational materials for substance use prevention and the promotion of harm reduction strategies like NARCAN to save lives during an opioid overdose. In support of strategy 2.1.3 Increase awareness of youth and adult treatment and recovery homes through public service announcements, Worcester Health and Human Services Department in collaboration with Worcester Polytechnic Institute, launched a new smartphone application called **Stigma Free Worcester**. This app provides a stigma free and easily accessible way to find recovery

homes and treatment centers in the community, as well as providers for other services like mental health, housing, shelters, and food pantries. **The app has been downloaded by over 300 people.** The RRAP coalition’s work also included a focus on tobacco prevention priorities such as restricting sales of flavor nicotine delivery products, raising tobacco sales up to 21, and eliminate sales of all nicotine products in pharmacies and healthcare facilities. The Worcester Division of Public Health and the Regional Public Health Alliance in collaboration with the Central MA Tobacco Free Community Partnership continue to work on community education and policy implementation for tobacco prevention in all the CHIP towns.



# Strategy Status

## SUBSTANCE USE

<i>Strategy</i>	<i>Status</i>
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.

In Progress



# OBJECTIVE STATUS

# By The Numbers#

Objective	Status	Baseline Value (Year)
<i>Substance Use</i>		
2.1. a) Decrease the percentage of youth reporting their first drink of alcohol before age of 13 years	Target met or exceeded	11% (2015)
2.1. b) Reduce adult binge drinking (5+ drinks) rate by 10%	Little or no detectable change	18% (2015)
2.2. a) Reduce current marijuana use in youth under 21 by 5%	Target met or exceeded	20% (2015)
2.2. b) Maintain non-medical marijuana use among adults below state rates	Target met or exceeded	<1% - 8% (2014)
2.3. Decrease fatal opioid overdoses in the region by 10%*	Losing ground	94 (2016)
2.4. Identify trends in the use of emerging drugs among adults and youth		
2.5. Reduce proportion of youth having ever used a nicotine delivery product by 10%	Losing ground	26% (2015)

Value	Midcourse Value 1 (Year)	Midcourse Value 2 (Year)	Target for Year 2020	Notes
	9% (2017)	data not available	10%	Data will be available when the 2019 Regional Youth Survey is released.
	18.9% (2016)	data not available	16.3%	Data source is no longer available.
	19% (2017)	data not available	19%	Data will be available when the 2019 Regional Youth Survey is released.
	<1% - 2% (2015)	no data available	<4%	Data represents clients who list marijuana as the primary substance upon seeking treatment. Range represents rates for the alliance min- max.
	103 (2017)	127 (2018)	85 (2020)	Data represent total # of deaths of residents in the alliance and are subject to change with newly confirmed deaths.
no data available				
	29% (2017)	data not available	23.5%	Data will be available when the 2019 Regional Youth Survey is released.

# 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.

**Co-chairs:** Thank you to Jose Ramirez and Noreen Johnson-Smith who serve as the Co-Chairs and Jen Nakijoba, WDPH staff liaison.



The Access to Care group includes members from UMass Memorial Health Care, Edward M. Kennedy Community Health Center (EMK CHC) and Family Health Center of Worcester (FHC) as well as other health care providers, workforce development agencies and community partners. Per strategy 3.1.1. which is to reevaluate and recalculate Worcester's Health Professional Shortage Area (HPSA) score. Increases in scores provide justification to recruit more national health service corps scholars to address the shortage of health professionals. The Health Resources Service Administration (HRSA) determined that the HPSA score for Worcester would remain unchanged at 18 out of a possible 25. EMKCHC and FHCW share this score. FHCW's dental HPSA score was increased from 7 to 14, on par with EMKCHC's score of 14 and the mental health HPSA score was increased from 10 to 17. EMKCHC has a mental health HPSA score of 19. All scores will remain unchanged for the calendar year.

3.1.2. The coalition applied and received funding from the CDC for the REACH project. One of the goals is to improve the usage of, and access to, bilingual Community Health Workers. Trainings and internships were offered to 10 CHWS. Also

through the Office of Victims of Crime (OVC) grant and Worcester Addresses Child Trauma efforts, CHWs will be trained with a focus on Early Childhood Trauma and resilience.

3.2.1. FHCW and EMKCHC continue to work together to standardize the insurance enrollment process. EMK participated in monthly health fairs at the Worcester Housing Authority to increase the number of people who are enrolling. Health centers will link with a health connector to explore the possibility of putting the calendars on their website.

3.2.2. The group continues to work to ensure that all health care sites and hospitals have bus schedules posted at their sites in more than one language.

3.2.4. The working group will continue collaborating with the clinics and the Free Clinic Coalition to strengthen the referral program. UMMS student capstone and coalition internship project is seeking to address workflow of referrals and ease of use of Community HELP.

3.2.5. The CDC REACH grant continues to work with Community HELP to improve the number of claimed organizations on their website, in addition to establishing a more streamlined referral process.



# Strategy Status

## STRATEGY STATUS

<i>Strategy</i>	<i>Status</i>
3.1.1. Reevaluate and recalculate Worcester's community HPSA score to increase recruitment of national health service corps scholars.	<b>Target Met</b>
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.	<b>In Progress</b>
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.	<b>In Progress</b>
3.2.2. Promote awareness of WRTA personal transportation services (PT1) among healthcare and health professionals.	<b>In Progress</b>
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.	<b>Target Met</b>
3.2.4. Establish or improve referrals from free clinics to ongoing primary care and other needed services.	<b>Target Met</b>
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.	<b>Target Met</b>
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.	<b>Target Met</b>
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.	<b>Target Met</b>
3.3.1. Coordinate a quarterly series of free customer service trainings for direct health care staff in Worcester.	<b>In Progress</b>
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.	<b>In Progress</b>

# By The Numbers#

## OBJECTIVE STATUS

Objective	Status	Baseline Value (Year)	
<i>Access to Care</i>			
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	Losing ground	302	(2016)
Family Health Center of Worcester	Improving	355.82	(2016)
3.2 a) Decrease rates of re-hospitalization by 15%			
St. Vincent Hospital	Little or no detectable change	15.7%	(2015)
UMass Memorial Medical Center	Improving	17.2%	(2015)
3.2 b) Decrease rates of preventable use of emergency departments by 15%			data not yet obtained
3.3. Improve cultural awareness, responsiveness, and competence to improve the patient experience at area health providers.			
<i>UMass Memorial (UM), St. Vincent(St. V)</i>			
Patients who stated their doctor "Always" communicated well	Little or no detectable change	UM 78% (2016)	St.V 80% (2016)
Patients who "Strongly Agree" they understood health care on departure	Little or no detectable change	UM 48% (2016)	St.V 48% (2016)
Patients reporting that medical staff "Always" explained medicine before administering	Improving	UM 59% (2016)	St.V 52% (2016)
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)

Code	Midcourse Value1 (Year)		Midcourse Value2 (Year)		Target for Year 2020	Notes
	data not yet obtained		265.4 (2018)		332	
	359.44 (2017)		361.98 (2018)		391	
	14.6% (2016)		15.6% (2017)		13.3%	
	17.9% (2016)		16.4% (2017)		14.6%	
	data not yet obtained		data not yet obtained			
7 6 6)	UM 79% (2017)	St.V 79% (2017)	UM 79% (2018)	St.V 77% (2018)		
7 6 6)	UM 49% (2017)	St.V 47% (2017)	UM 48% (2018)	St.V 50% (2018)		
7 6 6)	UM 63% (2017)	St.V 62% (2017)	UM 61% (2018)	St.V 63% (2018)		
7 6 6)	UM 88% (2017)	St.V 90% (2017)	UM 85% (2018)	St.V 88% (2018)		

# 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:** Special thanks to Ken Bates and Lorie Martiska who serve as Co-Chairs of the working group and Cassandra Andersen, WDPH staff liaison and Dr. Mattie Castiel for the Mayor's Mental Health Taskforce.



In January of 2019, the Mental Health Workgroup and the Mayor's Mental Health Task Force merged to further the work and avoid duplication of efforts. The new group is responsive to the CHIP goals, and is a larger group to advocate for proposed changes. The group's goal 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 CHIP areas of focus include: Objective 4.1 Establish a pipeline for mental health careers. A collaborative group was formed in 2018, with funding from the Fairlawn Foundation, to conduct a feasibility study to better understand the barriers and concerns with mental health and human services staffing throughout the City. Staff turnover and vacancies directly affect access to services. Twenty-eight (28) different organizations came together to conduct the study, and in the fall of 2018, Fairlawn awarded the group another \$75,000 to implement some of the recommendations.

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. The Shine Initiative has engaged over 30,000 youth through their school's initiative and is now working with the Worcester Public Schools to launch a similar effort. Shine also 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. Much of the work going on in the region around Accountable Care Organizations and Community Partner programs has resulted in increased integration not only among providers but also with insurers.

The areas of focus moving forward for the Mayors Mental Health Task Force include: Continued efforts to reduce stigma; Focus on Workforce Development to increase access, diversity and opportunity; Support efforts to prevent mental health challenges by increasing resiliency and Access to Mental health support in the schools; Increase education and awareness regarding mental health services, and; advocate for increased support for mental health services and reimbursement.

# Strategy Status

## STRATEGY STATUS

<i>Strategy</i>	<i>Status</i>
4.1.1. Promote career options in the mental health field, beginning in high school.	<b>In Progress</b>
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.	<b>In Progress</b>
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.	<b>Target Met</b>
4.2.2. Once assessment is Target Met, distribute inventory of resources in partnership with community leaders to empower residents to seek ongoing care.	<b>Target Met</b>
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.	<b>In Progress</b>
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.	<b>Target Met</b>
4.3.2. Implement public awareness campaigns that reduce stigma surrounding mental health for the adult population developed in partnership with community.	<b>Target Met</b>
4.4.1. Hold a Worcester area regional summit on mental health that focuses on collaborative care models and evidence based payment structures.	<b>In Progress</b>
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.	<b>Target Met</b>

## OBJECTIVE STATUS

Objective	Status	Baseline Value (Year)
<i>Mental Health</i>		
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)
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.		
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)
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)

	Midcourse Value 1 (Year)	Midcourse Value 2 (Year)	Target for Year 2020	Notes
	0 (2017)	0 (2018)	1	
Target met or exceeded				
	2945 (2017)	30,000 (2018)	20,000	Data represents one organization.
	0 (2017)	15 (2018)	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 leadership as Chair and Penelope Karambinakis, WDPH staff liaison.



The Access to Healthy Food group has been working toward a more just food system. In the past year we witnessed increasing inequality and have been working collaboratively to combat this both in our advocacy agenda and in our programs. With many federal threats to key programs like the Supplemental Nutrition Assistance Program (SNAP) our advocacy campaigns have stood strong and we have helped champion state policy that restores access to Worcester families. Gina Plata Nino from Central West Justice Center has been a key voice in creating a new SNAP Elder Services Unit which helps seniors in our community access their benefits (7.1). Food Access members advocated for the passage of an Urban Agriculture Zoning Law. Most notably, Farm Stands are being seen across Worcester, in addition, we will see new farmers using small backyard gardens as well

as farms under 2 acres (7.3.2). The Regional Environmental Council (REC) helped convene a group of higher Education and K12 groups for the AGES conference which reenergized partnerships for thriving school gardens (7.3.4). Central Mass Grown has been building business and individual consumer participation in local farm food. In addition, they have partnered with the Worcester Food Hub, which helps develop and grow food businesses as well connects institutions to local foods (7.2.4). One of our biggest Worcester Food Policy advocacy campaigns has been the Healthy Incentives Program (HIP) program which has been sending SNAP customers to REC and Black Seed Farmers Market. In 2018 the Black Seed operated a store on the first floor of the Denholm Building, providing an important point of access to healthy food. (7.1.4).





# Strategy Status

## STRATEGY STATUS

<i>Strategy</i>	<i>Status</i>
7.1.1. Leverage opportunities to enroll eligible individuals in federal food programs such as during MassHealth enrollment.	In Progress
7.1.2. Increase the number of primary care providers screening and referring to food insecurity.	In Progress
7.1.3. Conduct SNAP and WIC outreach at community-based and faith-based organizations.	In Progress
7.1.4. Increase number of farmers markets accepting SNAP and WIC.	In Progress
7.1.5. Establish sustainable funding for SNAP match programs.	In Progress
7.1.6. Develop a mechanism for school-aged children to provide input on breakfasts, lunches, and snacks provided through federal school meal plans.	In Progress
7.2.1. Make resources available for youth programs to improve their capacity to provide nutritious food for their participants.	In Progress
7.2.2. Increase buying power of low income households by increasing the minimum wage.	Target Met
7.2.3. Increase access to fresh healthy produce at corner stores in undeserved neighborhoods and increase utilization of REC's Mobile Farmers Market.	In Progress
7.2.4. Create a stronger regional food system by building relationships between farmer and institutional consumers through aggregation, marketing and distribution of fresh and frozen local produce.	Target Met
7.3.1. Increase the means of culturally-diverse community gardens and gardeners to grow fruits and vegetables.	In Progress
7.3.2. Ensure community members utilize the provisions of the urban agriculture ordinance through education and resource development.	In Progress
7.3.3. Implement a program at schools and childcare site to engage children from an early age in the growth, preparation, and consumption of fruits and vegetables.	In Progress
7.3.4. Develop and expand comprehensive curricula around gardening, cooking, and nutrition to increase the impact of school and community gardens.	In Progress
7.3.5. Provide opportunities for faith-based organizations to engage in food justice, including gardening, cooking classes and healthy options in pantries.	In Progress

# OBJECTIVE STATUS

# By The Numbers#

Objective	Status	Baseline Val (Year)
<i>Access to Healthy Food</i>		
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)
WIC Enrollment		data not yet obtained
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	<b>Losing ground</b>	40% (2015)
7.2. ii. Youth vegetable	<b>Little or no detectable change</b>	39% (2015)
7.2. iii. Adult fruit		65% (2015)
7.2. iv. Adult vegetable		80% (2015)
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	<b>Improving</b>	1936 (2016)
Community Gardens # participants	<b>Little or no detectable change</b>	714 (2016)

ue	Midcourse Value1 (Year)	Midcourse Value2 (Year)	Target for Year 2020	Notes
	no updated data		33,300	
	6965 (2017)	11814 (2018)		
	data not yet obtained			
	35% (2017)	data not available	44%	Data will be available when the 2019 Regional Youth Survey is released.
	36% (2017)	data not available	43%	Data will be available when the 2019 Regional Youth Survey is released.
	no updated data	no updated data	73%	Data source no longer available.
	no updated data	no updated data	89%	Data source no longer available.
	1938 (2017)	1940 (2018)	2900	
	648 (2017)	713 (2018)	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:** Special thanks to Liz Myska and Patty Flanagan who serve as Co-Chairs and Penelope Karambinakis the WDPH staff liaison.



The Physical Activity Working Group meetings in 2018 were attended by agencies across the region. 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.

# Strategy Status

## STRATEGY STATUS

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

## OBJECTIVE STATUS

Objective	Status	Baseline Value (Year)
<i>Physical Activity</i>		
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)
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)
8.3 Implement two approaches to engage the business community in promoting community walkability	Little or no detectable change	0 (2016)

Midcourse Value1 (Year)	Midcourse Value2 (Year)	Target for Year 2020	Notes
0 (2017)	25 (2018)	25	
0 (2017)	10 (2018)	10	
0 (2017)	0 (2018)	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:** Thank you to Laurie Ross as the Chair and Cassandra Andersen, the WDPH staff liaison.



In 2018, the Safety Working Group focused its efforts on implementing strategy 9.3.4: Provide increased opportunities for police and community members to engage in fun activities to build positive community-police relations in order to contribute to Objective 9.3: "Increase the proportion of police participating in community dialogue or activities to 30% annually." First we worked with two deputy chiefs at Worcester Police Department to define the target population for this Objective. We decided to focus on Operations officers because they potentially interface with young people on a daily basis, yet unlike other types of officers, such as Crisis Intervention Team (CIT), school resource officers (SROs), and gang unit officers, operations officers, do not receive specialized training to work with young people. We set the baseline measure at 0.

Two programs contributed to progress in achieving this objective. First, Big Brothers Big Sisters started attending the Safety Working Group meetings because they wanted to introduce the Bigs in Blue program to Worcester. Bigs in Blue is a one-to-one mentoring program that connects youth with police in the community,

building strong, trusting, lasting relationships. These relationships can help children develop into confident adults and help build stronger bonds between law enforcement and the families they serve. The Worcester Police Department embraced this program. Ten (10) officers were matched with 'littles' in 2018. The second strategy was the continuation of the Main South CDC's Youth-Police Dialogue program. To date 20 officers have participated. Evaluation of this program continues to show that officers who participate gain a deeper understanding about the realities facing young people living in the neighborhoods in Worcester.

In addition to progress on Objective 9.3, strategies in Objective 9.2, "Decrease violent incidents among individuals under the age of 25, particularly among Black and Latino youth by 50% by 2020" also continued to see progress. The District Attorney's Office has been successful with strategy 9.2.3: Implement a mechanism for pre-adjudication diversion for low level, first-time juvenile offenses through its Family Chaos Diversion Program. Instead of involvement in the justice system, families receive case management and support. Progress was also made on strategy



9.2.5: “Implement an intervention for young children who witness violence, to support positive social and emotional development.” through Worcester Addresses Childhood Trauma (Worcester ACTs). Administered through UMass Memorial’s Community Benefits Department, this program has provided support to families with children under the age of 10 who are dealing with domestic violence, community violence, and substance use, including overdoses. This program was launched in the summer of 2018, and served close to 20 families in its first months of operation.



# Strategy Status

## SAFETY

<i>Strategy</i>	<i>Status</i>
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



# OBJECTIVE STATUS

# By The Numbers#

Objective	Status	Baseline Value (Year)
<i>Safety</i>		
9.1. Increase the utilization of residential lead remediation services by 25%*	Losing ground	155 (2016)
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)
White Youth	Improving	108
Black Youth	Improving	101
Hispanic Youth	Improving	172
Asian Youth	Improving	3
Other 'Unknown Race' Youth	Improving	244
9.3. Increase the proportion of police participating in community dialogue or activities by 30% by 2020	Improving	0 Operational Officers (2016)

Midcourse Value 1 (Year)	Midcourse Value 2 (Year)	Target for Year 2020	Notes
113 (2017)	83 (2018)	195	Lead remediation was conducted on additional units of housing related to housing rehabilitation efforts utilizing Community Development Block Grant funds.
504 gun and knife incidents (2017)	454 gun and knife incidents (2018)	500 gun and knife incidents	
64	52		
94	67		
125	109		
4	0		
217	226		
0 Operational Officers (2017)	30 (2018)	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:** Thank you to Sandy Amoakohene as Chair and Kelsey Hopkins as WDPH staff liaison of this priority area.



In 2018, the Economic Opportunity priority area experienced lots of traction on numerous strategies. 2018 saw the relaunch of the Youth Jobs Taskforce and discussion around alignment with the Job One platform. The group connected with the English for Speakers of Other Languages (ESOL) Network to identify advocacy needs to address the lack of spaces available in ESL classes locally. Due to a significant amount of residents who do not speak English as a first language, access to ESL courses is important. Participation in these courses increase equal employment opportunities for residents by decreasing language barriers. The groups also collaborated to share resources, including student intern support for the ESL Navigator program. The group brought on a student intern to complete an assessment

of the Worcester boards and commissions that directly and indirectly influence health outcomes. This assessment involved reviewing the resumes of members to assess for a health lens. This analysis was presented to the Worcester Board of Health and as a follow-up they requested a demographic breakdown of board and commission members. Regarding strategies relative to the institutional economic opportunity policies related to hiring and wages, the baseball stadium project was identified as a priority project to promote adoption of a community benefits agreement. Additionally, members of transportation groups participated in the 2018 CHA process and we continue to collaborate on local public health and transportation initiatives.

# Strategy Status

## STRATEGY STATUS

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

# OBJECTIVE STATUS

# By The Numbers#

Objective	Status	Baseline Value (Year)
<i>Economic Opportunity</i>		
5.1. Increase the number of individuals accessing employment resources available to underserved populations	Indeterminate	12,583 (2016)
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	Little or no detectable change	0
5.3. Increase the number of participants who complete English as a Second Language (ESL) educational opportunities by 25%		450 (2016)
5.4. Increase number of community members engaged in transit planning process by 50%	Little or no detectable change	0 (2016)



Midcourse Value 1 (Year)	Midcourse Value 2 (Year)	Target for Year 2020	Notes
10,740 (2017)			
0			
data not yet obtained		565	
0 (2017)			

# COALITION

## STEERING COMMITTEE

**Sandy Amoakohene**

City of Worcester

**Zachary Dyer**

MD/PhD Candidate

**Jose Ramirez**

Edward M Kennedy Health Center

**Martha Assefa**

Worcester Food Policy Council

**Yvette Dyson**

Worcester Common Ground

**Julie Orozco**

Community Health Link

**Ken Bates**

Open Sky Community Services

**Tina Grosowsky**

UMass Medical School

**Kimberly Reckert**

UMass Memorial Health Care

**Chantel Bethea**

Women in Action Inc.

**Judi Kirk**

Boys and Girls Club of Worcester

**Laurie Ross, Co-Chair**

Clark University

**Dr. Suzanne Cashman**

UMass Medical School

**Lew Evangelidis**

Worcester County Sheriff's Office

**Kimberly Salmon**

Fallon Health

**Linda Cavaioli**

YWCA of Central MA

**Monica Lowell**

UMass Memorial Medical Center

**Imrana Soofi**

Muslim Community Link

**Karyn Clark, Co-Chair**

Worcester Division  
of Public Health (WDPH)/ Central  
Massachusetts Regional Public Health  
Alliance (CMRPHA)

**Elizabeth Myska**

Worcester Resident

**Shelly Yarnie**

MA Department of Public Health

## SUB-COMMITTEES:

### COMMUNITY ENGAGEMENT

**Cassandra Andersen**

WDPH/CMRPHA

**Patty Flanagan**

YWCA

**Katherine Keefe**

Dpt. of Children and Families

**Chantel Bethea**

Women in Action Inc.

**Heather-Lyn Haley**

UMass Medical School

**Judi Kirk, Chair**

Boys and Girls Club of Worcester

**Angelique Bouthot**

Planned Parenthood

**Kelsey Hopkins**

WDPH/ CMRPHA

**Emily Linhares**

Pernet Family Health Services

**Kathy Esparza**

City of Worcester

**Susan Hunt**

College of the Holy Cross

**Liz Myska**

Attorney/Worcester Resident

**Erin Wilson**

Worcester Housing Authority

# COMMITTEES

## POLICY & ADVOCACY

**Martha Assefa**  
Worcester County Food Bank

**Sarah Bertrand**  
Worcester Community Connections Coalition

**Chantel Bethea**  
Women in Action, Inc.

**Rosalia Flores**  
UMass Extension  
**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, Co-Chair**  
American Heart Association

**Chris O'Keefe**  
Greater Worcester Community Foundation

**Emilie Smiley**  
Pernet Family Health Services

## RACISM & DISCRIMINATION

**Joshua Alba**  
Planned Parenthood

**Ethan Belding**  
Central Mass Agency on Aging

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# 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, measureable, 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 September 2019.

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/](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.”



*Laura Martinez  
Partnership Manager*

Laura Martinez was born in the Dominican Republic, migrated to The City of Worcester at eight years old and has since been a proud Worcester resident since then. Laura grew up in and was raised by the Vernon Hill community. She is a proud alumna of Worcester’s public schools.

“My experience working with the public for many years in automotive finance and banking developed my passion for community outreach and expanding opportunities for the Latinx community. Now as a proud member of The Coalition for a Healthy Greater Worcester and the CHIP, I’m excited to discover more about my community and work to improve health and wellness outcomes for Worcester’s Latinx population.”



*Jessica Reyes- Carrion*  
*Implementation Manager*

Jessica Reyes-Carrion was born in The Bronx, NY but has been a proud resident of The City of Worcester since the age of 11. She is an alumna of Worcester’s public schools and holds a Certificate in Computer Aided Drafting from the Technical High School, formally known as Worcester Vocational High School.

“My experience working with the public for many years within the faith based community has instilled an urgent desire for me to pursue a degree in Health and Wellness with a concentration in Community Health. I am truly honored to have an opportunity as an Implementation Manager to further connect with my community, especially the Latinx population in improving community health.”



# Coalition for a Healthy Greater Worcester

*ELIMINATING HEALTH DISPARITIES  
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in the healthiest region.

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