2012 Greater Worcester Region Community Health Improvement Plan

DECEMBER 2012

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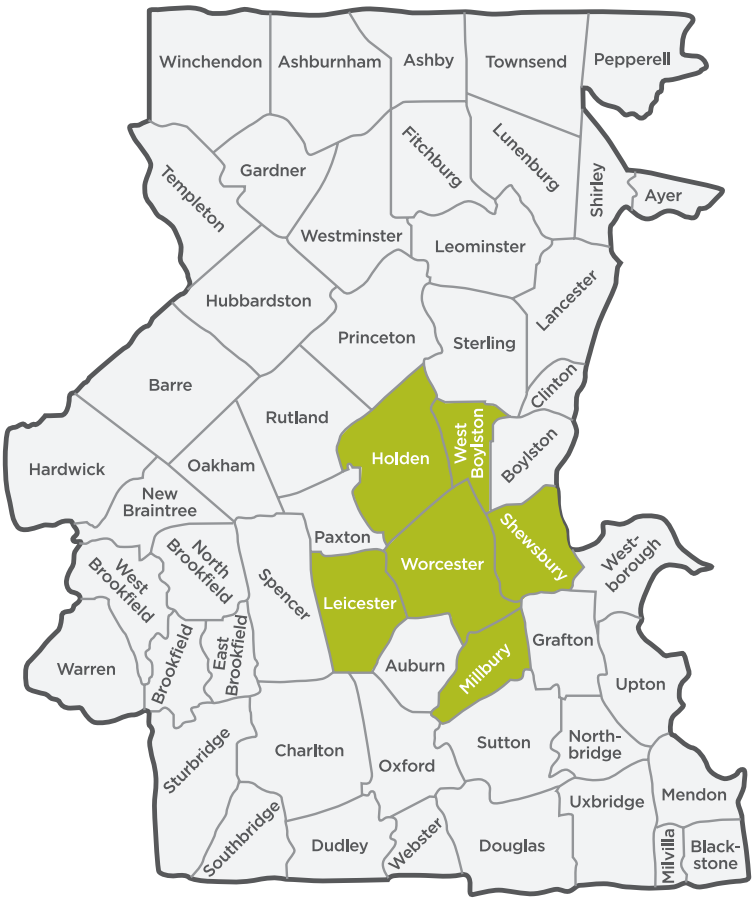

This CHIP focuses on the Greater Worcester region, which includes the six communities of Holden, Leicester, Millbury, Shrewsbury, West Boylston, and Worcester, Massachusetts *(shaded areas on map)*.

GREATER WORCESTER REGION COMMUNITY HEALTH IMPROVEMENT PLAN

VISION:

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

The Community Health Needs Assessment and this Community Health Improvement Plan and ongoing initiative is made possible by the generous contributions of the Hoche-Scofield Foundation and all of our community partners. Our community thanks you.

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Appendices:

Acknowledgements

We would like to thank all of our community partners who have been actively engaged in the development of a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The CHIP is designed to complement and build upon other plans, initiatives, and coalition work already in place to improve population health. Your coordinated, collective action will lead to further improving the health status of all residents in the Greater Worcester region!

Over an eight month period from May to December 2012, the City of Worcester Division of Public Health, UMass Memorial Medical Center, and Common Pathways convened a process to develop a Community Health Assessment and Community Health Improvement Plan for the Greater Worcester region. More than 150 individuals representing diverse institutions and community organizations from across the region worked together to establish a roadmap for the future health of the region.

We are pleased to present this report, a strategic framework for identifying and linking community assets, leveraging expertise and resources, and enhancing initiatives already underway to create a region which is healthy, prosperous, and sustainable. In this document you will read how the processes for assessment and planning were conducted, discover key recommendations for action and partnership, and identify ways you and/or your organization can collaborate in efforts to improve the health and quality of life for those who live, learn, work, and play in the Greater Worcester region.

We urge you to examine the goals, objectives, and strategies outlined in this plan to determine how you can enhance initiatives in your business, school, organization, faith community, and/or neighborhood to support this effort. Together, we will build a healthy region!

Michael Hirsh, M.D.
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Executive Summary

Improving the health of a community is critical for not only enhancing residents' quality of life but also for supporting their future prosperity.

To this end, the City of Worcester Division of Public Health, UMass Memorial Medical Center, and Common Pathways, a Healthy Communities coalition, are leading a comprehensive community health planning effort to measurably improve the health of Greater Worcester region residents including the communities of Holden, Leicester, Millbury, Shrewsbury, West Boylston, and Worcester. Our focus on these five towns and the City of Worcester is primarily due to recent efforts to regionalize public health services with the aforementioned communities, which are collectively known as the Central Massachusetts Regional Public Health Alliance. The Central Massachusetts Regional Public Health Alliance serves a population of 265,899 residents in total. Additionally the largest populations that are our primary target areas are large vulnerable, low income and immigrant communities.

Partnering with area healthcare providers, academic institutions, community based organizations and municipalities is key to not only improving upon the services provided to residents, but also strengthening the public health system in Central Massachusetts as a whole.

The Community Health Improvement Planning process includes two major components:

1. A Community Health Assessment (CHA) to identify the health-related needs and strengths of the Greater Worcester region; and

2. A Community Health Improvement Plan (CHIP) to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way across the region.

The CHIP is not intended to be a static report; rather, it is intended to focus and guide the beginning of a continuous health improvement process that will monitor and evaluate health priorities and system changes in an ongoing manner. The Greater Worcester region CHIP provides an approach that is structured and specific enough to guide decisions, and flexible enough to respond to new health challenges. Its inclusive process represents a common framework for all stakeholders to use when implementing strategies for improving population health.

This full report presents the CHIP, which was developed using the key findings from the CHA to inform discussions and select the following data driven priority health issues, goals, and objectives:

DOMAIN AREA 1. HEALTHY EATING/ACTIVE LIVING

Goal	Objective
1. Create an environment and community that support people's ability to make healthy eating and active living choices that promote health and well-being.	1.1 Increase availability of and access to affordable fresh and local fruits and vegetables for low income residents in x neighborhoods by x% by 2015.
	1.2 Identify, prioritize, and implement improvements for x opportunities for physical activity and active living by 2015.
	1.3 Decrease the proportion of children in grade 1 who are overweight by x% annually.
	1.4 Develop and implement a region-wide, multi-component (e.g., educational, behavioral, and environmental) obesity prevention/reduction initiative by 2015.

DOMAIN AREA 2. BEHAVIORAL HEALTH

Goal	Objective
2. Foster an accepting community that supports positive mental health; and reduce substance abuse in a comprehensive and holistic way for all who live, learn, work, and play in the Greater Worcester region.	2.1 Reduce the proportion of high school students using tobacco products to or below state rates between 2013 and 2020.
	2.2 Reduce the proportion of high school students using alcohol to or below state rates between 2013 and 2020.
	2.3 Reduce the proportion of high school students misusing and abusing prescription drugs to or below state rates between 2013 and 2020
	2.4 Reduce the incidence of prescription drug and other opiate overdoses by X% between 2013 and 2020
	2.5 Increase 500 key community members' understanding of mental health issues and improve gatekeepers/systems reaction to common problems by 2015.
	2.6 Improve the assessment of regional mental health needs in order to improve the continuity of care, in particular among vulnerable populations (e.g., homeless, refugees, parolees/ incarcerated) by 2020.

DOMAIN AREA 3. PRIMARY CARE/WELLNESS

Goal	Objective
3. Create a respectful and culturally responsive environment which fosters prevention, wellness, and access to quality comprehensive care for all.	3.1 By 2015, increase by x % the number of Worcester area residents who have a primary care provider (PCP) and a medical home across their lifespan in order to address chronic diseases, decrease emergency room utilization, and reduce preventable hospitalizations and readmissions.
	3.2 Introduce two new or amended policy initiatives by 2015 that address some or all of the following: lower infant mortality, improve sexual health, and reduce the rates of unintended pregnancy, teen pregnancy and Sexually Transmitted Infections (STI's).
	3.3 Introduce x policy initiatives by 2015 to improve access to comprehensive oral health among vulnerable populations utilizing a dental home model.

DOMAIN AREA 4. VIOLENCE/INJURY PREVENTION

Goal	Objective
4. Improve safety, reduce violence and injury, and inform public perceptions by educating and mobilizing the community around effective, targeted prevention, and intervention strategies.	4.1 Reduce fall-related injuries in all age groups by x% by 2015.
	4.2 Reduce physical assaults and violence as they pertain to domestic abuse, child neglect, bullying, and gang violence by x% by 2015.
	4.3 Reduce the number of motor vehicle-related pedestrian and occupant injuries among elderly and adolescents by x% by 2015.

DOMAIN AREA 5. HEALTH EQUITY/HEALTH DISPARITIES

Goal	Objective
5. Improve population health by systematically eliminating institutional racism and the pathology of oppression/ discrimination by promoting equitable access to, and use of, health promoting resources in the community, and significantly reducing the structural and environmental factors that contribute to health disparities.	5.1 By 2015, modify/implement two key, city-level public health policies that have the greatest impact on the systems that contribute to health disparities (e.g., zoning changes, housing policies, general education policies, etc.).
	5.2 By 2015, increase the capacity of over 100 grassroots adult/youth leaders (people who have lived experience in communities with disparities) to effectively influence the development of policies that address health disparities.
	5.3 By 2015, develop the capacity and will of 20 cross-sector institutions to address and eliminate institutional oppression in their own organizations.
	5.4 Ensure that each public health priority area in the CHIP identifies strategies to address oppression and the social determinants of health.

I. Introduction/Background

Improving the health of a community is critical for enhancing residents' quality of life and supporting their future prosperity. To this end, the City of Worcester Division of Public Health, UMass Memorial Medical Center, and Common Pathways are leading a comprehensive community health planning effort to measurably improve the health of residents in the Greater Worcester region.

The Community Health Improvement Planning process includes two major components:

- A CHA to identify the health-related needs and strengths of the Greater Worcester region; and
- A CHIP to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way across the region.

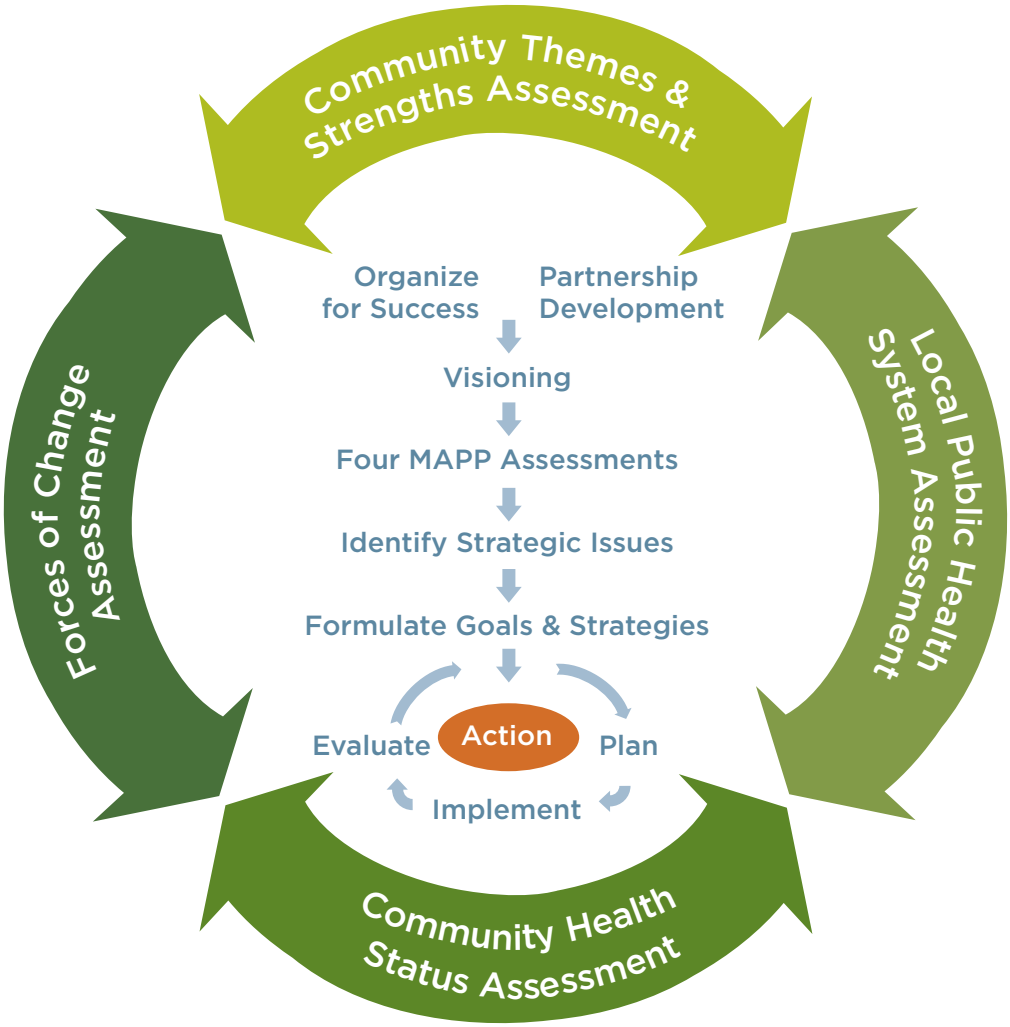
This report presents the CHIP, which was developed using the key findings from the CHA to inform discussions and determine health priority areas.

MOVING FROM ASSESSMENT TO PLANNING

Similar to the process for the CHA, the CHIP utilized a participatory, community-driven approach guided by the Mobilizing for Action through Planning and Partnerships (MAPP)process.[1] MAPP, a comprehensive planning process for improving health, is a strategic framework that local public health departments across the country have utilized to help direct their strategic planning efforts *(See Figure 1 on page 2)*. MAPP is comprised of four distinct assessments that are the foundation of the planning process and includes the identification of strategic issues and goal/strategy formulation as prerequisites for action. Since health needs of a community change and evolve, the cyclical nature of the MAPP process allows for the periodic identification of new priorities and the realignment of activities and resources to address them. Advanced by the National Association of County and City Health Officials (NACCHO), MAPP's vision is for communities to achieve improved health and quality of life by mobilizing partnerships and taking strategic action. This framework, which is facilitated by community leaders, helps communities to apply strategic thinking to prioritize public health issues and identify resources to address them.

[1] More information on MAPP can be found at: http://www.naccho.org/topics/infrastructure/mapp/

FIGURE 1. MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)



The assessment and planning (CHA-CHIP) process for the Greater Worcester region aimed to serve multiple purposes:

1. Provide a CHA for the basis of regional planning for the District Incentive Grant (DIG) funding;
2. Engage the community in a collaborative health planning process to identify shared priorities, goals, objectives, and strategies for moving forward in a coordinated way; and
3. provide, engage, serve as the CHA for UMass Memorial Medical Center's Schedule H/Form 990 IRS mandate.

In order to develop a shared vision and plan for improved community health, and help sustain implementation efforts, the Greater Worcester region assessment and planning process engaged multi-sector organizations, community members, and partners through various avenues:

- In March 2012, the City of Worcester Division of Public Health partnered with UMass Memorial Health Care, Common Pathways, and other community partners to form the CHIP **Leadership Team**. In May 2012, they hired Health Resources in Action (HRiA), a non-profit public health organization located in Boston, MA, as a research partner to provide strategic guidance and facilitation of the CHA-CHIP process, to collect and analyze data, and to develop the report deliverables.

- A CHIP **Advisory Committee** was established in May 2012 to guide and offer feedback on the CHA and CHIP processes. The Advisory Committee includes a diverse group of agencies and organizations from across the region. The primary role of the Advisory Committee was to provide input and feedback on the study methodology and data collection instruments, and to participate in the two-day strategic planning process. A list of CHIP Advisory Committee members is provided in Appendix A *(see page 39)*.

During the assessment process, HRiA worked with the Leadership Team and the Advisory Committee and other community partners to collect primary data. Community members were engaged through key informant interviews, focus groups, community dialogues, community festivals, and a region-wide community survey. These various data collection techniques provided an opportunity for diverse community members to provide their input and feedback on community health-related strengths, needs, and a vision for the future. Information was collected from over 1,700 individuals. This process ensured that the Greater Worcester region was represented in all its diverse aspects including business, civic groups, communications, cultural and linguistic groups, education, faith communities, government, healthcare, immigrant/refugee populations, law enforcement, social services, media, transportation, vulnerable populations (disabled, seniors, etc.), youth, and other organizations and specialized areas. A copy of the community survey is in Appendix C *(see page 41)*.

HRiA also reviewed existing secondary data available for Worcester, Holden, Leicester, Millbury, Shrewsbury, and West Boylston, focusing on all the social, economic, health, and health care-related data currently provided by the City of Worcester Division of Public Health, UMass Memorial Medical Center, Edward M. Kennedy Community Health Center, Family Health Center of Worcester and Common Pathways — CHNA 8. HRiA also gathered additional data on these six communities to fill any gaps as well as to ensure the data reflected the information needed to discuss these issues within a social determinants of health framework and with a health equity lens (e.g., ensuring data comprise a range of social and economic indicators as well as are presented for specific population groups). The results of the assessment were synthesized in a CHA report and shared via a presentation to over 125 community stakeholders to provide a comprehensive portrait of the region and set the foundation for the CHIP. The CHA report is available by contacting the Worcester Division of Public Health or UMass Memorial Health Care Department of Community Relations.

II. Overview of the Community Health Improvement Plan

WHAT IS A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)?

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

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

- Identify priority issues for action to improve community health;
- Develop and implement a health improvement plan with performance measures for evaluation; and
- Guide future community decision-making and resource allocation to improve population health.

HOW TO USE A CHIP

A CHIP is developed to provide guidance to the health department, city government, hospitals, community health centers, philanthropists, third-party payers, social and community-based organizations and coalitions and other stakeholders, on improving the health of the population. The plan is critical to developing policies and defining actions to target efforts that promote health. Government agencies, including those related to health, human services, and education, as well as hospitals, can use the CHIP in collaboration with community partners to set priorities and coordinate and target resources.[2]

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

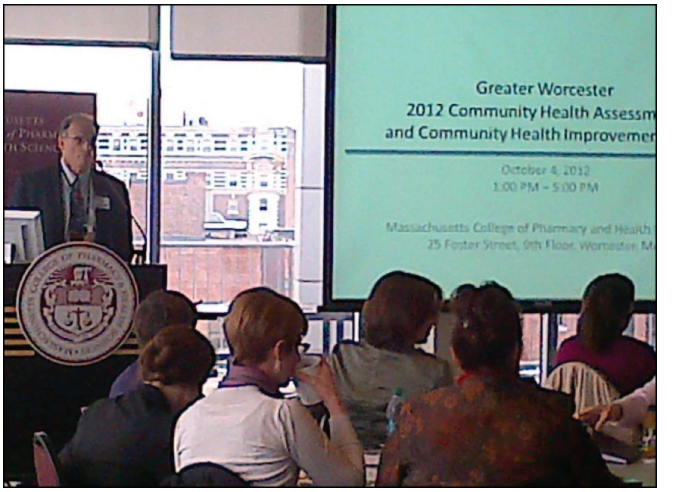
The next phase of the CHIP will engage diverse stakeholders in implementing CHIP strategies and monitoring/evaluating CHIP outcome indicators.

[2] Public Health Accreditation Board (PHAB) Standards and Measures, Version 1.0: Standard 5.2.2. p. 127

III. Development of the Community Health Improvement Plan (CHIP)

COMMUNITY ENGAGEMENT

The City of Worcester Division of Public Health and UMass Memorial Health Care oversaw all aspects of the CHIP development. Common Pathways supported planning efforts by coordinating logistics and recruitment for the two CHIP sessions held on October 4 and 19, 2012. Over 125 community leaders participated in these two planning sessions. Planning session agendas can be found in Appendix D *(see page 48)* and a list of participants can be accessed through the City of Worcester Division of Public Health.



DEVELOPMENT OF DATA-DRIVEN, COMMUNITY IDENTIFIED HEALTH PRIORITIES

A summary of the CHA findings was presented to a large group of community stakeholders at a four-hour planning session on October 4, 2012. Participants were asked to reflect and offer input on the themes identified in the CHA.

The following themes emerged most frequently from review of the available data and were considered in the selection of the CHIP health priorities:

- Obesity, active living, physical activity
- Mental health
- Substance abuse
- Smoking
- Chronic disease (diabetes, heart disease, cancer)
- Asthma
- Oral health
- Sexual health/teen pregnancy
- Health care access
- Health equity/disparities
- Transportation/built environment
- Public safety/violence
- Focus on priority populations: elderly, youth, immigrants/refugees

The group was invited to offer feedback on the priorities listed above. These items are noted in *italics* in **Table 1, page 6**. In addition, during this discussion, participants added additional priority areas and agreed that several themes were more appropriate as cross-cutting strategies *(See Table 2, page 6)*.

TABLE 1. THEMES FROM THE COMMUNITY HEALTH ASSESSMENT CHA

Themes:	
• Obesity, active living, physical activity	• Sexual health/teen pregnancy
• Mental health *and post-traumatic stress disorder (PTSD)*	• Health care access
• Substance abuse: *harm reduction and overdose*	• Health equity/disparities
• Smoking	• Transportation/built environment
• Chronic disease (diabetes, heart disease, cancer)	• Public safety/violence/*domestic violence*
• Asthma	• Focus on priority populations: elderly, youth, immigrants/refugees
• Oral health	*(italics = items added by participants)*

TABLE 2. THEMES ADDED BY PARTICIPANTS

Themes:	
• Priority population: elderly	• Environment
• Priority population: youth	• Community involvement**
• Priority population: immigrants, refugees, people of color	• Stages of development
• Recreation	• Workplace wellness**
• Racism	• Pneumonia
• Infant mortality/maternal health/prematernity/ birth defects	• Immunization
• Nutrition/food insecurity	• Collaboration**
• Primary care	• West Nile/Triple E
• Health education/promotion	• Ability/disability
• Housing	• Health care costs
• Education	• Green space
• Financial security: under and unemployment/ livable wage/home economics	• Health literacy
• Stress	• Cultural differences
• Classism	• Employment discrimination
• Gambling	• Housing discrimination
	• Media Influences and perceptions
	*(** = Denotes cross-cutting strategy)*

Facilitators used a voting process to identify the most important public health issues for the Greater Worcester region from the list of major themes identified from the CHA. Each participant identified their top four public health priorities, after reviewing, discussing, and agreeing upon a common set of selection criteria. These included:

- Community need (based on data)
- Achievable short term wins
- Measurable outcomes
- Impact
- Available resources
- Political will exists to support change

The results of the voting process are listed in Table 3:

TABLE 3. PRIORITIES: COMBINED THEMES

Combined Themes:	# of Votes
Behavioral health, mental health, PTSD, substance abuse, tobacco, stress, alcohol, gambling, stage of development, cultural competency	**50**
Obesity, active living, physical activity, nutrition, green space, workplace wellness, built environment, home economics, recreation, food insecurity, access, public safety	**45**
Public safety, violence, domestic violence, unemployment	**37**
Primary care, oral health, health education, preventive medicine, immunization, sexual health, teen pregnancy, access, maternal health, pre-maternity, infant mortality, early pregnancy, birth defects, housing security	**33**
Chronic disease (diabetes, heart, cancer, asthma, HIV/AIDS), pneumonia, stages of development, environment	**24**
Financial security ,unemployment, under-employment, livable wage, employment discrimination, access to vocational/technical	**19**
Housing, housing discrimination, homelessness, healthy homes, affordability, housing security	**17**
Education, language barriers	**16**
Environment, West Nile, Triple E, air quality	**5**
Health equity, health disparity, racism, classism, cultural competence, ability/ disability, education, language barriers	*

** Determined by CHIP participants to be a standalone Priority Area rather than a cross-cutting theme. See next page.*

Based on a group discussion, planning participants combined, organized, and ultimately agreed upon five health priority areas for the CHIP *(See Table 4)*.

The group also suggested several cross cutting strategies for each of the CHIP priorities, as appropriate *(See Table 5)*:

TABLE 4. FINAL PRIORITY AREAS

Priority Areas	# of Votes
Behavioral Health	**50**
Obesity/Active Living	**45**
Public Safety/Violence	**37**
Primary Care/Oral Health	**33**
Healthy Equity/Racism	**Chosen as additional priority following voting exercise due to its importance**

DEVELOPMENT OF THE CHIP STRATEGIC COMPONENTS

During the two, half-day planning sessions held on October 4 and October 19, 2012, a team from HRiA facilitated priority area working groups to develop draft goals, objectives, strategies, and outcome indicators.

During this process, sample evidence-based strategies and outcome indicators were provided that were identified from the *Community Guide to Preventive Services, County Health Rankings, Healthy People 2020*, and the *National Prevention Strategy* prior to and during the strategy setting session.

TABLE 5. CROSS-CUTTING STRATEGIES

Strategies
Priority populations • Elderly • Youth • Immigrants/refugees • People of color • GLBTQ • Child-bearing women • People with disabilities
Community involvement
Collaboration
Media influences and perceptions
Policy and systems change
Transportation
Health equity, health disparity, racism, classism, cultural competence and differences, ability/ disability, education, language barriers
Health literacy
Health education/promotion
Health care costs

The Advisory Committee and HRiA reviewed the draft output from the planning sessions and edited material for clarity, consistency, and inclusion of evidence-based strategies. Following the planning sessions, workgroup participants were invited to provide feedback on draft plan components via email and a region-wide survey. Sixteen workgroup participants provided additional input. Their feedback on strategies, outcome indicators, and potential partners was incorporated into the final versions of the CHIP contained in this report *(See Appendix E page 50 for CHIP Feedback Survey)*.

RELATIONSHIP BETWEEN THE CHIP AND OTHER GUIDING DOCUMENTS AND INITIATIVES

The CHIP was designed to complement and build upon other guiding documents, plans, initiatives, and coalition work already in place to improve the public health of the Greater Worcester region. Rather than conflicting with or duplicating the recommendations and actions of existing frameworks and coalitions, CHIP participants identified potential partners and resources wherever possible.

In addition to guiding future services, programs, policies, and potential resource allocation for participating agencies and the area overall, the CHIP meets the requirements for hospitals as per the section 501(r)(3)(B) of the Internal Revenue Code[3], and fulfills the required prerequisites for local public health departments to earn accreditation, which indicates that the agency is meeting national Public Health Accreditation Board (PHAB)[4] standards. Following the guidelines of the National Association of County and City Health Officials (NACCHO)[5], the community health improvement process was designed to integrate and enhance the activities of many organizations' contributions to community health improvement, building on current assets, enhancing existing programs and initiatives, and leveraging resources for greater efficiency and impact.

[3] Public Health Accreditation Board (PHAB) Standards and Measures, Version 1.0: Standard 5.2.2. p. 127 Hospitals-Under-the-Affordable-Care-Act

[4] http://www.phaboard.org/accreditation-process/public-health-department-standards-and-measures/

[5] http://www.naccho.org/topics/infrastructure/CHAIP/accreditation-preparation.cfm

IV. Strategic Elements of the CHIP

GOALS, OBJECTIVES, STRATEGIES, KEY PARTNERS, AND OUTCOME INDICATORS

Real, lasting community change stems from critical assessment of current conditions, an aspirational framing of the desired future, and a clear evaluation of whether your efforts are making a difference. Outcome indicators tell the story about where a community is in relation to its vision, as articulated by its related goals, objectives, and strategies.

The following pages outline the Goals, Objectives, Strategies, Outcome Indicators, and potential Partners/Resources for the five health priority areas outlined in the CHIP *(See Appendix B page 40 for a glossary of CHIP terms)*.

The five identified Priority Areas will be referred to in the following tables as "Domain Areas" to reflect their equal importance.

A. Domain Area One: Healthy Eating/ Active Living

Concerns regarding obesity and associated behaviors, such as nutrition and physical activity, are important health concerns cited by CHIP participants. Data compiled supports that these issues are considered critical given that heart disease and cancer are among the leading causes of mortality, and diabetes rates in Worcester are disproportionately higher than what is seen statewide. Of particular concern is limited access to healthy foods and environments supporting active living for vulnerable populations and immigrant communities. Concerns in relation to access and high cost of healthy foods, inadequate public transportation, fees for recreational facilities and activities, neighborhood safety in parks and outdoor spaces, accessible, walkable spaces, time constraints, and the stress of "living on the edge" were raised as related challenges. Therefore, ensuring equitable resources for active living and healthy eating requires a comprehensive approach, given that multiple sectors — including health care, education, public works, transportation, local government, and the business community — need to collaborate to improve current conditions.

Similar to patterns nationwide, issues around obesity — including healthy eating and physical activity — and associated health impacts including chronic disease are important health concerns in the region. Statistics indicate that just 25.6% of residents in Worcester County reported consuming the recommended 5 or more fruits and vegetables daily.

While 76.2% of residents in Worcester County indicated getting any leisure time physical activity in the past month, according to the Behavioral Risk Factor Surveillance Survey (BRFSS), access to recreation and physical fitness opportunities for lower income populations in the city of Worcester was noted as a challenge among CHIP participants.

The obesity epidemic is getting worse. According to BRFSS 2008 estimates, approximately 63% of adults in the city of Worcester were overweight or obese, compared to 58% of Massachusetts adults.[6]

In 2010, there is a clear trend where the lowest income residents in Worcester County have the highest prevalence of overweight (72%) and obesity (33%).[7] Non-Hispanic Blacks in Worcester County (77.2%) have a higher prevalence of obesity and overweight than Non-Hispanic Blacks in the State (66.4%) and Non-Hispanic Whites in Worcester County (61%) in 2010.[8] In 2011, Hispanic youth had the highest prevalence of obesity (27%).[9]

[6] Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), 2008.

[7] MDPH, MassCHIP, BRFSS 2010.

[8] MDPH, MassCHIP, BRFSS 2010.

[9] MDPH, Essential School Health Service (ESHS) data Reports for Worcester and Massachusetts.

GOAL 1. Create an environment and community that support people's ability to make healthy eating and active living choices that promote health and well-being.

1.1 Objective	Strategies	Timeline (Y1, Y2, Y3)
1.1 Increase availability of and access to affordable fresh and local fruits and vegetables for low income residents in x neighborhoods by x% by 2015.	1.1.1 Strengthen, grow and coordinate existing strategies prioritized by the Regional Environmental Council of Central Massachusetts (REC) and the Food and Active Living Policy Council (FALPC) (e.g., community/ school gardens, farmers markets, Veggie Mobile, mobile farmers market, urban agriculture, supporting local farmers, Cooking Matters).	
	1.1.2 Enhance and expand the Mobile Farmers' Market in seven low income/food desert communities and on college campuses in Worcester.	
	1.1.3 Coordinate and lead the Mass in Motion (MiM) Corner Store initiative.	
	1.1.4 Advance FALPC policy priorities (e.g., changing zoning regulations to promote community gardens and urban agriculture).	
	1.1.5 Advertise and promote the availability of 1.1.1 and 1.1.3 to low income individuals in targeted neighborhoods.	

Partners/Community Assets	Outcome Indicators	Monitoring/Evaluation Approach
• AmeriCorps • Edward M. Kennedy Community Health Center • Faith-based organizations • Family Health Center of Worcester • Food and Active Living Policy Council • Mass in Motion • Pioneering Healthy Communities • Regional Environmental Council • UMass Memorial Medical Center • Vanguard Health Systems/ Saint Vincent Hospital • Whole Foods Market grocery stores • Worcester County Food Bank • Worcester Public Schools POTENTIAL • United Way of Central Massachusetts	• Increase in fruit and vegetable consumption among participants utilizing farmers markets/Veggie Mobile, mobile farmers market • Number of youth and families participating in community gardens projects • Vendors reports of sales trends for healthy food items • Number of corner stores participating in the Healthy Corner Store Initiative • Proportion of adults who are obese • Proportion of children and adolescents age 2–19 who are obese • Percent of adults reporting BMI greater than or equal to 30 • Percent of adolescents reporting BMI greater than or equal to 30	• Each Domain Area Working Group will identify the appropriate targets and measurable outcomes. These will be updated in subsequent reports at a minimum annually.

GOAL 1. Create an environment and community that support people's ability to make healthy eating and active living choices that promote health and well-being.

1.2 Objective	Strategies	Timeline (Y1, Y2, Y3)
1.2 Identify, prioritize, and implement improvements for x opportunities for physical activity and active living by 2015.	1.2.1 Increase consideration of pedestrian (sidewalk) and bicycle accommodation in routine decision making through adoption of Complete Streets transportation policy throughout the region.	
	1.2.2 Establish four joint use agreements with Worcester Public Schools or community schools in low-income neighborhoods (adjacent to Housing Authority developments) to allow the use of both indoor and outdoor facilities by the public during non-school hours on a regular basis.	
	1.2.3 Increase the number of Worcester elementary schools that are partnering with Massachusetts Safe Routes to Schools (SRTS) to 20.	
	1.2.4 Assess and identify priorities for improving access to existing parks and open spaces in Worcester, including public works improvements and public safety enhancements as well as facilities improvements or amenities; prioritize needs based on access criteria and deliverables identified in the new open space plan currently in progress.	
	1.2.5 Conduct a social norms campaign to define and change perceptions of violence and community safety and thereby increase utilization of community resources (see 4.2.2).	

Partners/Community Assets	Outcome Indicators	Monitoring/Evaluation Approach
• Edward M. Kennedy Community Health Center • Faith-based organizations • Family Health Center of Worcester • Food and Active Living Policy Council • Mass in Motion • Pioneering Healthy Communities • Regional Environmental Council • UMass Memorial Medical Center • Vanguard Health Systems/ Saint Vincent Hospital • Worcester County Food Bank • Worcester Public Schools POTENTIAL • United Way of Central Massachusetts	• Increase the number of youth who say they were physically active in after-school programs • Number of municipalities adopting Complete Streets policies • Number of Joint use agreements established • Number of completed assessments for parks/open spaces; development of prioritization criteria • Increase in miles of bicycle lanes • Number of schools that have adopted SRTS policy	• Each Domain Area Working Group will identify the appropriate targets and measurable outcomes. These will be updated in subsequent reports at a minimum annually.

GOAL 1. Create an environment and community that support people's ability to make healthy eating and active living choices that promote health and well-being.

1.3 Objective	Strategies	Timeline (Y1, Y2, Y3)
1.3 Decrease the proportion of children in grade 1 who are overweight by x% annually.	1.3.1 Implement professional development/education program for teachers and early childhood care providers related to physical activity to increase their awareness of its connection with learning.	
	1.3.2 Advocate for policies to increase food/nutrition standards for snacks/meals at public and private preschools and kindergarten classes.	
	1.3.3 Develop community/primary care collaborative program models including a home visit/nutrition and physical fitness education component and measurability of outcomes for participants. (Participants would be identified by the schools as being overweight/obese). Identify connectors between schools, community-based organizations and pediatricians/medical community.	
	1.3.4 Assess and explore adoption of other evidence-based obesity reduction programs such as "I am Moving I am Learning" (Head Start), Hip Hop to Health, and others.	
	1.3.5 Advocate for recommended hours of physical education in schools.	

Partners/Community Assets	Outcome Indicators	Monitoring/Evaluation Approach
• Edward M. Kennedy Community Health Center • Faith-based organizations • Family Health Center of Worcester • Food and Active Living Policy Council • Mass in Motion • Pioneering Healthy Communities • Regional Environmental Council • UMass Memorial Medical Center • Vanguard Health Systems/ Saint Vincent Hospital • Worcester County Food Bank • Worcester Public Schools POTENTIAL • United Way of Central Massachusetts	• Increase number of preschool, elementary, middle and high schools that have policies that require the recommended amount of physical activity during the school day (K–12) • Number of professional development programs conducted and number of participants • Increase in student physical activity in school programs • Number of evidence-based obesity reduction programs implemented	• Each Domain Area Working Group will identify the appropriate targets and measurable outcomes. These will be updated in subsequent reports at a minimum annually.

GOAL 1. Create an environment and community that support people's ability to make healthy eating and active living choices that promote health and well-being.

1.4 Objective	Strategies	Timeline (Y1, Y2, Y3)
1.4 Develop and implement a region-wide, multi-component (e.g., educational, behavioral, environmental) obesity prevention/reduction initiative by 2015.	1.4.1 Enhance Community Gardens educational programs in alignment with a minimum of 70 community-based garden efforts.	
	1.4.2 Conduct/coordinate communication and public awareness/outreach/mass media campaign.	
	1.4.3 Increase education and access to services for people with eating disorders (to be incorporated into mental health strategies).	

Partners/Community Assets	Outcome Indicators	Monitoring/Evaluation Approach
• Edward M. Kennedy Community Health Center • Faith-based organizations • Family Health Center of Worcester • Food and Active Living Policy Council • Mass in Motion • Pioneering Healthy Communities • Regional Environmental Council • UMass Memorial Health Carea • Vanguard Health Systems/ Saint Vincent Hospital • Worcester County Food Bank • Worcester Public Schools POTENTIAL • United Way of Central Massachusetts	• Number of Community Gardens educational programs implemented • Number of communication campaigns conducted • Number of educational programs conducted • Number of educational program participants	• Each Domain Area Working Group will identify the appropriate targets and measurable outcomes. These will be updated in subsequent reports at a minimum annually.

B. Domain Area Two: Behavioral Health

Substance use/abuse and mental health were considered interrelated and growing concerns for which current prevention and treatment services do not sufficiently address community needs. While current treatment exists, respondents explained that the demand exceeds the number of providers and beds currently available. Holistic and wrap-around care are particular needs. Stigma around talking about substance use, addiction, and mental health treatment in the community were cited as contributing factors to these issues.

Substance use and abuse, including drugs and alcohol, was noted as a concern across communities in the Greater Worcester region. Respondents cited youth substance use, particularly related to opioids, prescription drugs and alcohol, as particular concerns. Quantitative data show that use of opioids and prescription drugs among high school students is prevalent. In 2011, opioid use ranged from 4.9% among 9th grade students to 7.8% among 12th grade students and lifetime prescription drug use ranged from 10.5% among 9th grade students to 18.6% among 12th grade students.[10] Statistics also confirm concerns regarding the prevalence of substance use among adults in the Greater Worcester region. In 2010, binge drinking among adults in Worcester County (21%) exceeded the rate for the State (18%), according to the Behavioral Risk Factor Surveillance Survey.[11] Several interview participants mentioned tobacco use as a health concern for residents of the Greater Worcester region. Smoking rates for adults in Worcester County are higher than that for the State.[12] In Worcester, 23.7% of adults reported smoking, as compared to 16% for the State.[13]

In 2010, the majority of substance abuse admissions were for alcohol abuse (4,363 admissions) and heroin use (4,230 admissions).[14] Several respondents cited a need for more substance abuse treatment services and greater wrap-around/holistic care.

Mental health emerged as a dominant concern among key informants/focus groups. Stigma regarding seeking help for mental health issues emerged as another concern. While some respondents described mental health as an issue that affected all populations, others noted populations that were more vulnerable, including youth and immigrant populations. Indicators of poorer mental health are disproportionately concentrated among residents of lower socioeconomic status and educational attainment. In Worcester County, 17% of residents with a high school degree reported at least 15 poor mental health days in the past month, followed by 12% of persons with some college education and 8% of residents with a college education or more, according to the BRFSS.[15] The prevalence of poor mental health days among residents with a high school degree in Worcester County (17%) exceeds that for the State (11%).[16] Further, the number of emergency mental health visits has increased from 2002 (5,620) to 2010 (6,662).[17]

[10] Worcester Youth Survey, 2011.

[11] MDPH, "A Profile of Health Among Massachusetts Adults", (BRFSS) 2010.

[12] MDPH, MassCHIP Smoking Report for Worcester County (2008–2010)

[13] Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), 2008.

[14] MDPH, MassCHIP Custom Reports, 2010.

[15] MDPH, "A Profile of Health Among Massachusetts Adults", (BRFSS) 2010.

[16] MDPH, "A Profile of Health Among Massachusetts Adults", (BRFSS) 2010.

[17] Emergency Mental Health Services, UMMMC.

GOAL 2. Foster an accepting community that supports positive mental health; and reduce substance abuse in a comprehensive and holistic way for all who live, learn, work, and play in the region.

2.1 2.2 Objective	Strategies		Timeline (Y1, Y2, Y3)
2.1 Reduce the proportion of high school students using tobacco products to or below state rates between 2013 and 2020. **2.2 Reduce the proportion of high school students using alcohol to or below state rates between 2013 and 2020.**	2.1.1 & 2.2.	Conduct a youth health assessment, such as the Worcester Regional Youth Survey, in schools in the region.	
	2.1.2 & 2.2.2	Implement social norms campaign to address mis-perceptions of local youth alcohol and tobacco use.	
	2.1.3	Integrate youth tobacco cessation resources into new settings, such as schools and health centers, to enhance intervention options.	
	2.1.4	Promote policy changes around smoke-free housing and smoke-free college campuses.	
	2.1.5 & 2.2.3	Enforce laws against selling tobacco products and alcohol to underage individuals.	
	2.1.6 & 2.2.4	Explore media literacy education options to address media glamorization of alcohol and tobacco use.	

Partners/Community Assets

- Businesses
- Community Healthlink
- Dental Community
- Edward M. Kennedy Community Health Center
- Faith Communities
- Family Health Center of Worcester
- HOPE Coalition/Learn to Cope
- Mass Rehabilitation Commission
- Medical Community
- Pharmacies
- Police Departments
- School Departments
- UMass Memorial Medical Center
- Worcester Anti-Tobacco Task Force
- Worcester area colleges and universities
- Worcester Cares Opioid Overdose Prevention Coalition
- Worcester County House of Corrections YOU, Inc.
- Worcester Youth Substance Abuse Task Force

Outcome Indicators

- Number of schools participating in youth health survey
- Number of schools/ students reached by social norms campaign
- Number of underage ER visits due to alcohol abuse
- Number of underage fatalities due to alcohol impaired driving
- Number of underage arrests due to alcohol use/abuse
- Number of teachers and schools trained on social norms and media literacy
- Proportion of high school youth who reported binge drinking in past 30 days
- Proportion of high school youth who use tobacco products in past 30 days
- Proportion of high school youth who smoked cigarettes in past 30 days

Monitoring/Evaluation Approach

- Each Domain Area Working Group will identify the appropriate targets and measurable outcomes. These will be updated in subsequent reports at a minimum annually.

Outcome Indicators (continued)

- Number of colleges/universities that are smoke-free
- Number of public/private housing units that are smoke-free
- Number of tobacco and alcohol sales to minors

GOAL 2. Foster an accepting community that supports positive mental health; and reduce substance abuse in a comprehensive and holistic way for all who live, learn, work, and play in the region.

2.3 / 2.4 Objective	Strategies		Timeline (Y1, Y2, Y3)
2.3 Reduce the proportion of high school students misusing and abusing prescription drugs to or below state rates between 2013 and 2020.	2.3.1	Develop and implement a Safe Disposal Program for prescription drugs.	
	2.3.2	Increase community awareness of safe use, storage, and disposal of prescription drugs through mass media campaign.	
2.4 Reduce the incidence of prescription drug and other opiate overdoses by X% between 2013 and 2020.	2.3.3 & 2.4.1	Provide training to medical/dental providers on safe prescribing practices and provide them with patient education materials for distribution at their practices.	
	2.3.4 & 2.4.2	Educate adolescents about normative peer use and the risks of misusing and abusing prescription drugs.	

Partners/Community Assets	Outcome Indicators	Monitoring/Evaluation Approach
• AdCare • Businesses • Community Healthlink • Dental Community • District Attorneys Office • Drug Enforcement Agency • Edward M. Kennedy Community Health Center • Faith Communities • Family Health Center of Worcester • HOPE Coalition • Learn to Cope • Mass College of Pharmacy and Health Sciences • Mass Rehabilitation Commission • Medical Community • Pharmacies • Police Departments • School Departments • UMass Memorial Medical Center • Worcester Anti-Tobacco Task Force • Worcester area colleges and universities • Worcester Cares Opioid Overdose Prevention Coalition • Worcester County House of Corrections • Worcester Youth Substance Abuse Task Force	• Quantity of disposed medications collected by kiosks or take back days in region • Number of 911 prescription drug and opioid overdose related calls • Number of prescription drug and opioid related ER hospital admissions • Number of medical/dental providers who receive education on safe prescribing practices • Number of opioid as primary substance treatment admissions • Proportion of high school youth who have abused prescription drugs in the past 30 days • Proportion of high school youth who have abused prescription drugs in their lifetime • Proportion of high school youth who have abused opioids in the past 30 days • Proportion of high school youth who have used heroin in the past 30 days	• Each Domain Area Working Group will identify the appropriate targets and measurable outcomes. These will be updated in subsequent reports at a minimum annually.

GOAL 2. Foster an accepting community that supports positive mental health; and reduce substance abuse in a comprehensive and holistic way for all who live, learn, work, and play in the region.

2.5 Objective	Strategies	Timeline (Y1, Y2, Y3)
2.5 Increase 500 key community members' understanding of mental health issues and improve gatekeepers/systems reaction to common problems by 2015.	2.5.1 Explore models for integrating mental health education into existing curricula with public and private educational institutions	
	2.5.2 Enhance and expand training for healthcare providers (medical care providers and mental health providers) regarding emerging issues in healthcare reform and new best practices, especially regarding cooperative, integrated care approaches and alternative strategies (e.g., peer support groups) for addressing limited clinical care options.	
	2.5.3 Increase connections to mental health services for vulnerable populations .	
	2.5.4 Conduct a community awareness campaign and host a community summit to promote understanding of public mental health among healthcare providers and the community at large.	
	2.5.5 Develop a mechanism for enhancing collaboration among healthcare providers and other related service providers regarding mental health emergency services and crisis intervention.	
	2.5.6 Develop a mechanism for enhancing collaboration among the Worcester Courts, Worcester County House of Corrections, and community stakeholders to increase awareness and utilization of mental health services and community continuity resources for those who are incarcerated or have been incarcerated.	
	2.5.7 Train front line workers in mental health crisis response to increase the capacity of front-line agencies (e.g., schools, law enforcement, emergency responder, clergy, refugee groups, youth agencies, health care providers) to identify and handle emergency mental health issues.	

Partners/Community Assets	Outcome Indicators	Monitoring/Evaluation Approach
• Central Mass Coalition for Suicide Prevention • City of Worcester Office of Disabilities • Common Pathways • Community Healthlink • Depression Anonymous • Edward M. Kennedy Community Health Center • Family Health Center of Worcester • Mass Department of Public Health • Mass Rehabilitation Commission • Schools • Senior Connection SHINE program, MDPH • Seven Hills • SHINE • South Bay Healthcare • Spectrum Health Systems, Inc. • The Bridge of Central Massachusetts • UMass Medical School Department of Psychiatry and Wellness • UMass Memorial Mental Health Emergency Services • YOU, Inc.	• Number of health care providers, and other community members who have attended mental health related trainings • Number of participants attending community mental health summit • Number of people participating in mental health support groups • Number of community based strategies developed and implemented to address clinical access issues	• Each Domain Area Working Group will identify the appropriate targets and measurable outcomes. These will be updated in subsequent reports at a minimum annually.

GOAL 2. Foster an accepting community that supports positive mental health; and reduce substance abuse in a comprehensive and holistic way for all who live, learn, work, and play in the region.

2.6 Objective	Strategies	Timeline (Y1, Y2, Y3)
2.6 Improve the assessment of regional mental health needs in order to improve the continuity of care, in particular among vulnerable populations (e.g., homeless, refugees, parolees/incarcerated) by 2020.	2.6.1 Conduct a regional assessment of mental health needs, especially among vulnerable populations.	

Partners/Community Assets	Outcome Indicators	Monitoring/Evaluation Approach
• All mental health providers in region • The Bridge • Central Mass Coalition for Suicide Prevention • City of Worcester Office of Disabilities • Common Pathways • Community Healthlink • Depression Anonymous • Edward M. Kennedy Community Health Center • Faith Communities • Family Health Center of Worcester • HOPE Coalition • Massachusetts Parole Office • Massachusetts Society for the Prevention of Cruelty to Children • Mass Rehabilitation Commission • Multi Cultural Awareness Center • Senior Connection • Seven Hills • SHINE program, MDPH • South Bay Healthcare • Spectrum Health Systems, Inc. • UMass Medical School Department of Psychiatry • UMass Memorial Mental Health Emergency Services • Worcester Community Action Council • Worcester County House of Corrections • Worcester Courts • Worcester Housing Resources • Worcester Sheriff's Office • Worcester Youth Center • YOU, Inc.	• Produce indicator report on mental health needs	• Each Domain Area Working Group will identify the appropriate targets and measurable outcomes. These will be updated in subsequent reports at a minimum annually.

C. Domain Area Three: Primary Care/Wellness

Many interview participants cited chronic disease, including heart (cardiovascular) disease and diabetes, and oral health as major health concerns for the region. Other CHIP participants noted that asthma and chronic lung disease were also health concerns. Of concern among respondents was the disproportionate concentration of these conditions among low-income residents, racial/ethnic minorities, and immigrant communities. Quantitative data indicate that the chronic diseases cited by respondents are prevalent in the Greater Worcester region. According to the BRFSS, in 2009 36% of persons age 18 and older in Worcester County have been diagnosed with high cholesterol in their lifetime and 25% have been diagnosed with hypertension in their lifetime.[18] Approximately 11% of persons age 18 and older have asthma and 8% have diabetes.[19] Over the period of 2008 to 2010, cardiovascular disease was the leading cause of death in Worcester County, accounting for 32% of deaths during this period.[20] In Central Massachusetts and Massachusetts overall, heart disease is patterned by socioeconomic position. Approximately 11% of residents in Central Massachusetts with incomes below $50,000 have heart disease, almost four times the prevalence of heart disease for those with incomes above $50,000 (3%).[21] Asthma is also a prevalent health issue in the region. In Worcester County, Hispanics (23%) have the highest prevalence of asthma, followed by non-Hispanic Whites (14%) and non-Hispanic Blacks (11%), according to the Behavioral Risk Factor Surveillance System.[22] The prevalence of asthma for Hispanics in Worcester County is greater than that for Hispanics in the State (17%).[23]

Infant mortality, inadequate prenatal care and teenage pregnancy among vulnerable populations, particularly populations of color, also emerged as concerns pertaining to reproductive and maternal health. Chlamydia and gonorrhea were the two most common communicable diseases among residents of Worcester County from 2008 to 2010.[24] Respondents to the Community Health Assessment Survey expressed mixed satisfaction for birth control and sexual health services for youth. Approximately 22.4% of respondents indicated that they are very satisfied with services, but 28.6% expressed that they are not at all satisfied with the availability of these services for youth.

Oral health and access to oral health services emerged as a concern among respondents, particularly because several participants noted that the water in the Greater Worcester region is not fluoridated. The proportion of persons in Worcester County who have seen a dentist in the past year and who have lost 6 or more teeth due to tooth decay is patterned by socioeconomic status. Only 57% of residents of Worcester County who have less than a high school education have seen a dentist in the past year, followed by 69% of residents with a high school education, 81% of persons with some college education, and 86% of residents with a college education or higher.[25] Approximately 46% of Worcester County residents with less than a high school education have lost 6 or more teeth due to tooth decay, followed by residents with a high school education (21%), those with some college education (15%), and residents with a college education or higher (5%).[26] The proportion of children in Worcester County with tooth caries exceeds that for the State. Approximately 39% of children in kindergarten in Worcester County have tooth caries, while only 28% of children in Massachusetts have tooth carries.[27]

Interviews with respondents indicated a perception that health care services in the area are of excellent quality and high in number. However, several challenges related to access for more vulnerable populations emerged as a key theme. Challenges discussed include transportation limitations to health services, long waiting lists to get an appointment, long wait times when at the health facility, complexities navigating the health system, cultural competency of providers and office staff, and a lack of coordination of care for low-income residents.

Respondents described several structural factors that contributed to these challenges in accessing health care services. A lack of providers practicing primary care, conflicts between business hours during which health facilities are open and the work schedules of vulnerable populations seeking care, and inadequate public transportation were described by respondents as barriers to obtaining and attending an appointment for low-income residents. In addition, several respondents noted a need for assistance in navigating complex and fragmented health systems. An indicator of barriers to accessing health care is the use of hospital emergency rooms (ER) for non-emergent issues. The leading cause of visiting the UMass Memorial Medical Center Emergency Department was due to diseases of the respiratory system. Rates for this condition were particularly high among children in the city of Worcester (58.0 per 1000).[28] A few participants explained that limited access to necessary health care contributed to use of ERs for management of chronic illnesses.

Given this qualitative and quantitative evidence, reducing the prevalence of chronic diseases, improving oral health, improving sexual health, decreasing emergency room utilization, and reducing preventable hospitalizations and readmissions emerged as key factors to address in an effort to promote wellness and improve access to quality care in the Greater Worcester region.

[18] MDPH, BRFSS, 2009.

[19] MDPH, BRFSS, 2009.

[20] MDPH, "A Profile of Health Among Massachusetts Adults" 2010.

[21] MDPH MassCHIP Massachusetts Community Health Information Profile — BRFSS.

[22] Asthma Reports for Worcester County, BRFSS 2003–2008.

[23] Asthma Reports for Worcester County, BRFSS 2003–2008.

[24] MDPH, Health Status Indicators Report for Worcester County, 2008–2010.

[25] MDPH, "A Profile of Health Among Massachusetts Adults", 2010 — BRFSS.

[26] MDPH, "A Profile of Health Among Massachusetts Adults", 2010 — BRFSS.

[27] The Catalyst Institute, "The Oral Health of Massachusetts' Children" January 2008 report.

[28] UMASS Memorial Emergency Department data, 2011.

DOMAIN AREA 3. PRIMARY CARE/WELLNESS

GOAL 3. Create a respectful and culturally responsive environment which fosters prevention, wellness, and access to quality comprehensive care for all.

3.1 Objective	Strategies	Timeline (Y1, Y2, Y3)
3.1 By 2015, increase by x % the number of Worcester area residents who have a primary care provider (PCP) and a medical home across their lifespan in order to address chronic diseases and infant mortality, decrease emergency room utilization, and reduce preventable hospitalizations and readmissions.	3.1.1 Develop and implement an integrated action plan to address issues related to quality, cost, and coordination of comprehensive care for primary care services and prevention.*	
	3.1.2 Advocate for and increase the number of navigators, advocates, and community health workers as a mechanism to improve culturally competent access to care.	
	3.1.3 Encourage and enhance patient informed decision making at Worcester area health centers and/or hospitals.	
	3.1.4 Identify system barriers that prevent access to culturally competent care (e.g. Infant Mortality/at-risk women/language barriers/interpretation in labor and delivery).	

Partners/Community Assets	Outcome Indicators	Monitoring/Evaluation Approach
EXISTING • Edward M. Kennedy Community Health Center • Faith Communities • Family Health Center of Worcester • Health Care for All • Healthcare facilities • Hospitals • Planned Parenthood POTENTIAL • Central Mass AHEC	• Number of patients served by navigators/advocates/community health workers • Number of people in Greater Worcester with a primary care provider (PCP) • Number of Emergency Room (ER) visits • Increase in percentage of people who have a medical home	• Each Domain Area Working Group will identify the appropriate targets and measurable outcomes. These will be updated in subsequent reports at a minimum annually.

** Comprehensive Care: a health care program that provides for preventive medical care and rehabilitative services in addition to traditional chronic and acute illness services (Mosby's Medical Dictionary, 8th edition. 2009, Elsevier). Cost of healthcare was identified as an important issue, however, due to new requirements under the Affordable Care Act, this factor will be revisited for further consideration at a later date.*

GOAL 3. Create a respectful and culturally responsive environment which fosters prevention, wellness, and access to quality comprehensive care for all.

3.2 Objective	Strategies	Timeline (Y1, Y2, Y3)
3.2 Introduce two new or amended policy initiatives by 2015 that address some or all of the following: lower infant mortality, improve sexual health, and reduce the rates of unintended pregnancy, teen pregnancy and Sexually Transmitted Infections (STI's).	3.2.1 Enhance health literacy education in K–12 schools in x% of schools by 2015.	
	3.2.2 Develop and implement a mass media education campaign to increase knowledge about risky sexual behaviors, HIV and HIV testing, and STI's, including advertising of available resources in the community.	
	3.2.3 Introduce amendments to current school policy to enable school-based health providers to offer to students, with parental consent, reproductive health education and STI education, screening and treatment.	

Partners/Community Assets	Outcome Indicators	Monitoring/Evaluation Approach
• AIDS Project Worcester • Edward M. Kennedy Community Health Center • Faith Communities • Family Health Center of Worcester • HOPE Coalition • Planned Parenthood • School-based Health Centers • Schools • UMass Memorial Ronald McDonald Care Mobile • Worcester Public Schools/ School-Aged Mothers Program • Worcester Youth Center	• Number of health literacy education programs • Reduce pregnancies among adolescent/teen females age 15–17, age 18–19 years • Reduce number of STIs among adolescents • Increase proportion of females age 15–44 years who receive reproductive health services in past 12 months • Increase proportion of adolescents who receive formal instruction on reproductive health topics before age 18 years (e.g., abstinence, birth control, STI's) • Increase proportion of adolescents who access school-based health center services • Number of new/amended policy initiatives to improve sexual health • Number of HIV transmissions • Number of HIV status patients in treatment	• Each Domain Area Working Group will identify the appropriate targets and measurable outcomes. These will be updated in subsequent reports at a minimum annually.

GOAL 3. Create a respectful and culturally responsive environment which fosters prevention, wellness, and access to quality comprehensive care for all.

3.3 Objective	Strategies	Timeline (Y1, Y2, Y3)
3.3 Introduce x policy initiatives by 2015 to improve access to comprehensive oral health among vulnerable populations utilizing a dental home model.	3.3.1 Introduce and pass policy requiring school-based dental programs to provide a minimum of one screening per child per year, pre–K through 12th grade.	
	3.3.2 Develop and implement a comprehensive public education campaign on the benefits of good oral health practices.	
	3.3.3 Support, if applicable, other statewide policy advocacy campaigns.	

Partners/Community Assets	Outcome Indicators	Monitoring/Evaluation Approach
EXISTING • Edward M. Kennedy Community Health Center • Faith Communities • Family Health Center of Worcester • Oral Health providers • Oral Health Task Force • Schools • UMass Memorial Ronald McDonald Care Mobile POTENTIAL • Health Care for All • Worcester District Dental Society	• Number of school age children receiving dental screening annually • Number of policies passed • Number of ER visits related to oral health • Reduce the proportion of adults with untreated dental decay • Reduce the proportion of children age 6 to 9 years with dental caries experience in their primary and permanent teeth	• Each Domain Area Working Group will identify the appropriate targets and measurable outcomes. These will be updated in subsequent reports at a minimum annually.

D. Domain Area Four: Violence/ Injury Prevention

A key theme that emerged from interviews with community festival participants was concern for safety and crime. While crime was a major concern, Worcester respondents particularly expressed concerns regarding safety in their neighborhoods. Several respondents cited gang violence, drug dealing and slow responses by law enforcement to emergency calls as major concerns. Participants expressed that violence can affect health by causing stress and by preventing residents from accessing and utilizing health-promoting resources such as healthy food outlets or public parks or green spaces due to concerns about violence. While concerns regarding crime emerged as a key theme, crime data show that Worcester has low crime rates for a community of its size. Over the period of 2008 to 2010, there were 9 homicides in Worcester County, as reported by the Massachusetts Department of Public Health — Health Status Indicators Report for Worcester County.[29] However, in 2011, 11.9% of Worcester area high school students reported that they carried a gun to school, according to the Worcester Youth Survey, 2011.[30]

Injuries/poisonings represent the third leading cause of premature death (those under 75 years old); opioid overdoses are the leading cause of injury/poisoning death. Community festival participants also described traffic safety, including noise from traffic, narrow roads, and speeding as factors that influence neighborhood safety and safe options for active living in their neighborhoods. They also explained that the sidewalks and roads need improvement.

[29] MDPH Health Status Indicators Report for Worcester County, 2008–2010.

[30] Worcester Youth Survey, 2011.

DOMAIN AREA 4. VIOLENCE/INJURY PREVENTION

GOAL 4. Improve safety, reduce violence and injury, and inform public perceptions by educating and mobilizing the community around effective, targeted prevention and intervention strategies.

4.1 Objective	Strategies	Timeline (Y1, Y2, Y3)
4.1 Reduce fall-related injuries in all age groups by x% by 2015.	4.1.1 Encourage an insurance incentive for safe-certified (through inspection) homes for pediatric and elderly populations.	
	4.1.2 Enhance and expand fall prevention education efforts for pediatric and elderly populations through the UMass Memorial Mobile Safety Street.	
	4.1.3 Extend the reach of existing fall prevention/balance promotion programs for the elderly.	

Partners/Community Assets	Outcome Indicators	Monitoring/Evaluation Approach
EXISTING • Central Mass Regional Planning Agency • Edward M. Kennedy Community Health Center • Faith-based organizations • Family Health Center of Worcester • UMass Memorial and UMass Medical School • Vanguard Health Systems/ St. Vincent's Hospital • Worcester Emergency Medical Service • Worcester Police Department • Worcester Public Safety POTENTIAL • Elder Services • Insurance companies • Schools • Worcester Senior Center	• Number of safe certified homes • Number of fall prevention checklists distributed • Number of participants in falls prevention/balance promotion programs • Rate of all fall related deaths • Number of ER visits/ hospitalizations for nonfatal (fall related) injuries (Healthy People 2020)	• Each Domain Area Working Group will identify the appropriate targets and measurable outcomes. These will be updated in subsequent reports at a minimum annually.

DOMAIN AREA 4. VIOLENCE/INJURY PREVENTION

GOAL 4. Improve safety, reduce violence and injury, and inform public perceptions by educating and mobilizing the community around effective, targeted prevention and intervention strategies.

4.2 Objective	Strategies	Timeline (Y1, Y2, Y3)
4.2 Reduce physical assaults and violence as they pertain to domestic abuse, child neglect, bullying, and gang violence by x% by 2015.	4.2.1 Advocate for policies that support family health and stabilization through mediation services that prevent domestic abuse, child neglect, bullying, and gang involvement.	
	4.2.2 Conduct a social norms campaign to define and change perceptions of violence and community safety.	
	4.2.3 Enhance and expand the Goods for Guns program to decrease the number of guns on the streets.	
	4.2.4 Establish safe zones such as parks, faith communities, schools, recreational facilities, and businesses throughout the region.	
	4.2.5 Enhance and promote child resource centers and community wrap-around services to address the youth population previously engaged in the former Child in Need of Services (CHINS) model.	

Partners/Community Assets	Outcome Indicators	Monitoring/Evaluation Approach
• Center for Non-Violent Solutions • Central MA Regional Planning Agency • District Attorney Joseph Early's Office • Edward M. Kennedy Community Health Center • Faith-based organizations • Family Health Center of Worcester • Injury Free Coalition for Children • Schools • UMass Memorial and UMass Medical School • Vanguard Health Systems/ St. Vincent's Hospital • Worcester Emergency Medical Service • Worcester Police Department • Worcester Public Safety	• Number of arrests related to assault • Number of mediation services provided to families related to assault and violence issues • Number of social norms campaigns conducted • Number of guns turned in • Reduce ER visits/hospitalizations for homicides and nonfatal physical assaults • Number of safe zones established • Number of children/youth participating in the child resource centers	• Each Domain Area Working Group will identify the appropriate targets and measurable outcomes. These will be updated in subsequent reports at a minimum annually.

GOAL 4. Improve safety, reduce violence and injury, and inform public perceptions by educating and mobilizing the community around effective, targeted prevention and intervention strategies.

4.3 Objective	Strategies	Timeline (Y1, Y2, Y3)
4.3 Reduce the number of motor vehicle-related pedestrian and occupant injuries among elderly and adolescents by x% by 2015.	4.3.1 Encourage an insurance incentive for adolescents and elderly who have taken appropriate drivers reeducation courses and have demonstrated a safe driving record. Enhance existing work of the SAFE DRIVE program.	
	4.3.2 Expand access to, and improve the quality of, a comprehensive driver's education program that includes parental education and involvement.	
	4.3.3 Develop and conduct a community-wide campaign to improve driving among the elderly population.	
	4.3.4 Expand child passenger safety checkpoint system.	
	4.3.5 Utilize traffic geo-mapping to identify pedestrian/cyclist injury hotspots and make appropriate changes in traffic patterns, crosswalk design, and signage.	
	4.3.6 Enhance education for school-age youth and elderly about safe pedestrian/cycling practices through efforts of Mobile Safety Street.	

Partners/Community Assets	Outcome Indicators	Monitoring/Evaluation Approach
• Allstate Insurance Company • Central MA Safety Council • Central MA Regional Planning Agency • Disability Commission • Edward M. Kennedy Community Health Center • Executive Office of Public Safety • Faith-based organizations • Family Health Center of Worcester • Schools • UMass Memorial and UMass Medical School • Vanguard Health/ St. Vincent's Hospital • Worcester Emergency Medical Service • Worcester Police Department • Worcester Public Safety	• Patterns of crash data • Rate of motor vehicle crash-related deaths and pedestrian/ cyclists deaths due to automobiles • Number of ER visits/ hospitalizations for non-fatal, motor vehicle driver and pedestrian/cyclist related injuries • Number of adolescents/elderly enrolled in drivers reeducation courses and safe pedestrian/ cycling practices • Number of insurance incentives offered • Number of traffic pattern crosswalks, signals, signage changes made	• Each Domain Area Working Group will identify the appropriate targets and measurable outcomes. These will be updated in subsequent reports at a minimum annually.

E. Domain Area Five: Health Equity/ Health Disparities

While diversity was described as an asset in the Greater Worcester region by n early all respondents, many also cited dynamics of racism and classism in the region that may influence the health of residents of color and low-income residents. Reducing racial and ethnic and socioeconomic health disparities and inequalities emerged as a particular concern among many interview participants. Quantitative data confirm that there are excess rates of chronic diseases among African Americans, Hispanics, and low-income residents in the Greater Worcester region. Participants also expressed that populations of color generally had limited access to healthy, affordable food and safe, affordable spaces to engage in physical activity, behaviors they described as linked to these health disparities.

Several participants cited unequal treatment of African American, Hispanic, and immigrant patients at health care facilities and linguistic and cultural dissonance as factors that contributed to poorer quality care for patients of color. While the percentage of non-White respondents to the survey was low, Community Health Assessment Survey respondents' perceptions of their personal experiences with discrimination when trying to access medical care varied by race/ethnicity. While 28.7% of survey respondents indicated that they had a negative experience with medical staff when trying to receive care, over 38% of Hispanics reported this issue, followed by nearly three in ten Black (30.8%) and Asian respondents (31.3%). When asked about whether respondents felt discriminated against when getting medical care because of their race, ethnicity, or language, nearly one-third of Black survey respondents (32.0%) and one-quarter of Hispanic respondents (25.6%) said "true" to this statement. Income was also considered a source of discrimination when seeking medical care, particularly felt among non-White respondents.

DOMAIN AREA 5. HEALTH EQUITY/HEALTH DISPARITIES

GOAL 5. Improve population health by systematically eliminating institutional racism and the pathology of oppression/discrimination by promoting equitable access to, and use of, health promoting resources in the community, and significantly reducing the structural and environmental factors that contribute to health disparities.

5.1 Objective	Strategies	Timeline (Y1, Y2, Y3)
5.1 By 2015, modify/ implement two key, city-level public health policies that have the greatest impact on the systems that contribute to health disparities (e.g., zoning changes, housing policies, general education policies, etc.).	5.1.1 Research and identify two public policies that broadly impact health disparities.	
	5.1.2 Develop coalitions' capacity to mobilize communities and implement policy changes (see resources in 5.2.3).	
	5.1.3 Develop process to evaluate outcomes of policy implementation and plan for sustainability.	

Partners/Community Assets	Outcome Indicators	Monitoring/Evaluation Approach
• Common Pathways • Edward M. Kennedy Community Health Center • Faith-based organizations • Family Health Center of Worcester • MOSAIC • Worcester Health Equity Partnership (WDPH) • YWCA	• Number of policies identified or changed • Number of trainings conducted for coalitions • Increase in demonstrated community mobilization skills among coalition members • Action Plan developed and implemented • Evaluation plan developed and implemented	• Each Domain Area Working Group will identify the appropriate targets and measurable outcomes. These will be updated in subsequent reports at a minimum annually.

DOMAIN AREA 5. HEALTH EQUITY/HEALTH DISPARITIES

GOAL 5. Improve population health by systematically eliminating institutional racism and the pathology of oppression/discrimination by promoting equitable access to, and use of, health promoting resources in the community, and significantly reducing the structural and environmental factors that contribute to health disparities.

5.2 Objective	Strategies	Timeline (Y1, Y2, Y3)
5.2 By 2015, increase the capacity of over 100 grassroots leaders (people who have lived experience in communities with disparities) to effectively influence the development of policies that address health disparities.	5.2.1 Assess current funding allocations for grassroots leadership development among local community organizations to establish baseline.	
	5.2.2 Recruit and organize cohort of 100 grassroots leaders, including 25 youth, from key populations and sectors.	
	5.2.3 Enhance and develop training program(s) for grassroots leaders to develop leadership knowledge and skills in community/systems change for public health.	
	5.2.4 Connect trained grassroots leaders to key community leadership roles (e.g., in existing coalitions).	
	5.2.5 Identify and secure resources to support and sustain ongoing community leadership development.	
	5.2.6 Develop support structure ("Learning Community") for ongoing support, strategy development, and learning among grassroots leaders engaged in this process.	

Partners/Community Assets	Outcome Indicators	Monitoring/Evaluation Approach
• Businesses • Common Pathways • Community-based organizations • Edward M. Kennedy Community Health Center • Faith-based organizations • Family Health Center of Worcester • Healthcare facilities • HOPE Coalition • MOSAIC • Worcester Health Equity Partnership (WDPH) • YWCA	• Amount of resources allocated to grassroots leadership development • Number of grassroots leaders including 25 youth recruited • Number of training programs delivered • Increase in demonstrated skills and competencies grassroots leaders • Number of grassroots leaders placed in community leadership roles • Number of Learning Community sessions	• Each Domain Area Working Group will identify the appropriate targets and measurable outcomes. These will be updated in subsequent reports at a minimum annually. **Outcome Indicators (continued)** • Number of grassroots leaders participating in Learning Community • 100% increase from baseline in amount of resources allocated to grassroots leadership development

DOMAIN AREA 5. HEALTH EQUITY/HEALTH DISPARITIES

GOAL 5. Improve population health by systematically eliminating institutional racism and the pathology of oppression/discrimination by promoting equitable access to, and use of, health promoting resources in the community, and significantly reducing the structural and environmental factors that contribute to health disparities.

5.3 Objective	Strategies	Timeline (Y1, Y2, Y3)
5.3 By 2015, develop the capacity and will of 20 cross-sector institutions to address and eliminate institutional oppression in their own organizations.	5.3.1 Recruit and organize a cohort of 20 health-related organizational leaders who are best poised to make a substantial impact on addressing institutional oppression in their own organizations.	
	5.3.2 Identify and implement effective, evidence-based training for the cohort of 20 leaders to build the willingness and readiness to change organizational systems, structures, policies and approaches.	
	5.3.3 Identify and facilitate a change process for a subgroup of 5–10 organizational leaders who can commit to addressing institutional oppression within their organizations and affecting organizational policy.	
	5.3.4 Develop a support structure/network to create a learning community among the 20 organizational leaders for ongoing support and strategy development.	

Partners/Community Assets	Outcome Indicators	Monitoring/Evaluation Approach
• Boys & Girls Club • Common Pathways • Community-based organizations • Edward M. Kennedy Community Health Center • Faith-based organizations • Family Health Center of Worcester • Institute for Global Leadership • MOSAIC • The Health Foundation of Central Mass • Worcester Health Equity Partnership (WDPH) • YWCA	• Number of organizational leaders/number of organizations recruited • Percent of individuals/ organizations that complete training • Number of leaders who facilitate organizational policy change in their own respective organization • Number of new policies brought to organizational boards for adoption/implementation • Adoption of principles by agencies and organizations in the public, private, and nonprofit sectors for engaging community representatives in decision-making and evidence of such policies, procedures, and practices • Number of leaders participating in Learning Community	• Each Domain Area Working Group will identify the appropriate targets and measurable outcomes. These will be updated in subsequent reports at a minimum annually.

DOMAIN AREA 5. HEALTH EQUITY/HEALTH DISPARITIES

GOAL 5. Improve population health by systematically eliminating institutional racism and the pathology of oppression/discrimination by promoting equitable access to, and use of, health promoting resources in the community, and significantly reducing the structural and environmental factors that contribute to health disparities.

5.4 Objective	Strategies	Timeline (Y1, Y2, Y3)
5.4 Ensure that each public health priority area in the CHIP identifies one to two strategies to address oppression and the social determinants of health.	5.4.1 Convene a forum for all priority area working groups to learn about/discuss institutional racism in the early planning stage for the CHIP, including training on race relations.	
	5.4.2 Ensure that each priority area working group identifies one to two strategies, including resource strategies for implementation, to address institutional oppression/racism in their priority area.	
	5.4.3 Develop monitoring and evaluation plan to ensure each priority area's strategies are reported on bi-annually at minimum.	
	5.4.4 During CHIP implementation, convene annual forum of partners in each priority area (learning community) to identify and share best practices for addressing institutional oppression as a root cause of health disparities.	

Partners/Community Assets	Outcome Indicators	Monitoring/Evaluation Approach
• Common Pathways • Community-based organizations • Edward M. Kennedy Community Health Center • Faith-based organizations • Family Health Center of Worcester • MOSAIC • Worcester Health Equity Partnership (WDPH) • YWCA	• Number of forum participants • Number of implementation strategies identified • Evaluation plan developed and implemented • Percent of adults (from racial/ethnic minority groups) in fair or poor health • Percent of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines • Percent of persons who report their health care provider always listens carefully	• Each Domain Area Working Group will identify the appropriate targets and measurable outcomes. These will be updated in subsequent reports at a minimum annually.

V. Next Steps

The components included in this report represent the strategic framework for a data-driven, community-enhanced Community Health Improvement Plan.

To finalize this strategic framework, the City of Worcester Division of Public Health, UMass Memorial Health Care, Common Pathways, Edward M. Kennedy Community Health Center, and the Family Health Center of Worcester, and other community participants will collaborate to complete the action plan for the CHIP. As part of the action planning process, partners and resources will be solidified to ensure successful CHIP implementation and coordination of activities and resources among key stakeholders and partners in the Greater Worcester region.

The success in developing the CHIP is dependent upon the commitment and level of participation among all parties involved. Each domain has its own Work Groups and conveners that will identify targets and outcome measures which will be updated and reported to the community annually. It is our hope that you will join us in these endeavors to achieve our vision of becoming the healthiest city in New England by 2020.

To get involved or for more information contact:

Worcester Division of Public Health
25 Meade Street
Worcester, MA 01610
Phone: (508) 799-8531
Fax: (508) 799-8572
Email: health@worcesterma.gov
or visit: http://www.worcesterma.gov/ocm/public-health

Appendices

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CHIP Advisory Committee Members

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CHIP Advisory Committee Feedback Survey

APPENDIX A:

CHIP Advisory Committee Members

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

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

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Dr. Laurie Ross
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Clara Savage
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Public Relations Manager
Worcester Division of Public Health

Carlton Watson
Executive Director
Henry Lee Willis Center

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

APPENDIX B:

Glossary of CHIP Terms

Priority/Domain Areas:
broad issues that pose problems for the community

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

Objectives:
measurable statements of change that specify an expected result and timeline, objectives build toward achieving the goals

Strategies:
action-oriented phrases to describe how the objectives will be approached

Output Indicators:
specific deliverables that are the result of the completion of the strategies and actions taken

Outcome Indicators:
the changes that occur at the community level as a result of completion of the strategies and actions taken

APPENDIX C:

CHA Community Survey

THIS IS A HARD COPY VERSION OF THE SURVEY FEATURED ON-LINE.

Worcester Area Community Health Assessment 2012 Survey

The City of Worcester Division of Public Health (WDPH), UMass Memorial Medical Center, Common Pathways, and numerous community partners have recently launched a health initiative to explore the health needs, concerns, and strengths of the Greater Worcester region. Through the work of this initiative, WDPH and its partners will develop a community-wide, collaborative strategic plan that sets priorities for health improvement and engages partners and organizations to develop, support, and implement the plan. The initiative is intended to serve as a vision for the health of the Greater Worcester region and a framework for organizations and the community to use in making that vision a reality. As part of the assessment, this survey is being administered to people who live and/or work in the Greater Worcester region. The information gathered from this survey will be used to inform future programming and services. We ask that people complete this 5-minute survey by Friday, September 28th. Thank you for your participation.

1. In which of the following town/city do you live?

- ❍ Holden
- ❍ Leicester
- ❍ Millbury
- ❍ Shrewsbury
- ❍ West Boylston
- ❍ Worcester
- ❍ Other (please specify)

2. In which of the following town/city do you work?

- ❍ Holden
- ❍ Leicester
- ❍ Millbury
- ❍ Shrewsbury
- ❍ West Boylston
- ❍ Worcester
- ❍ Other ((please specify)

3. **How would you describe your role in your community?** *(Please select all that apply)*

- ❍ Resident
- ❍ Health care provider
- ❍ Social services provider
- ❍ Public Service staff (e.g. police, firefighter, EMT)
- ❍ Local government official
- ❍ City employee
- ❍ Faith community
- ❍ Other (please specify)

4. **In general, how would you describe the health of your community?**

- ❍ Excellent
- ❍ Very good
- ❍ Good
- ❍ Fair
- ❍ Poor

5. **Please select the TOP 5 HEALTH ISSUES that have the largest impact on you and/or your family, and the community as a whole.** *(Please select 5 issues under "you/your family" and 5 issues under " your community." You can select the same or different issues.)*

	You and/or Your Family	Your Community
Aging problems (Alzheimer's, arthritis, etc.)	❍	❍
Asthma	❍	❍
Cancer	❍	❍
Dental/oral health	❍	❍
Depression or other mental health issues	❍	❍
Diabetes	❍	❍
Drugs and alcohol abuse	❍	❍
Heart disease/heart attacks	❍	❍
Infectious/contagious diseases (TB, pneumonia, flu, etc.)	❍	❍
Obesity/overweight	❍	❍
Sexually transmitted infections (STIs) such as HIV/AIDS or Chlamydia	❍	❍
Smoking	❍	❍
Teenage pregnancy	❍	❍
Violence (gang, street, or domestic violence)	❍	❍
Other (please specify)_____	❍	❍

6. Which of the following aspects of your community make it easier or harder for you to be healthy?

	Easier to be healthy	Neither easier or harder	Harder to be healthy
Current number or location of grocery stores/bodegas	❍	❍	❍
Current number or location of fast food restaurants	❍	❍	❍
Current number or location of parks and recreation centers	❍	❍	❍
Current number or location of social services	❍	❍	❍
Current number or location of medical services	❍	❍	❍
Current number or location of dental services	❍	❍	❍
Current number or location of mental health services	❍	❍	❍
Community culture around health	❍	❍	❍
Walkability (e.g., sidewalks, bike paths, street lights)	❍	❍	❍
Safe streets/safe neighborhoods	❍	❍	❍
Access to public transportation	❍	❍	❍
Affordability of housing	❍	❍	❍
Unemployment rate in the community	❍	❍	❍
Educational opportunities in the community	❍	❍	❍
Other (please specify)_____	❍	❍	❍

7. **Please think about the AVAILABILITY of different health and social services in your community. How satisfied or unsatisfied are you with the availability of the following services?** *(Please select one answer per row.)*

	Not satisfied at all	Somewhat satisfied	Very satisfied	Not sure/ don't know
Overall health or medical services in the area	❍	❍	❍	❍
Health or medical services for seniors (65+)	❍	❍	❍	❍
Health or medical services specifically for youth	❍	❍	❍	❍
Alcohol or drug treatment services for adults	❍	❍	❍	❍
Alcohol or drug treatment services for youth	❍	❍	❍	❍
Counseling or mental health services for adults	❍	❍	❍	❍
Counseling or mental health services for youth	❍	❍	❍	❍
Public transportation to area health services	❍	❍	❍	❍
Birth control/sexual health services for youth	❍	❍	❍	❍
Dental services in the area	❍	❍	❍	❍
Programs or services to help people quit smoking	❍	❍	❍	❍
Health or medical providers who take your insurance	❍	❍	❍	❍
Medical specialists in the area	❍	❍	❍	❍
Interpreter services during medical visits and when receiving health information	❍	❍	❍	❍
Other (please specify)_____	❍	❍	❍	❍

8. Please indicate whether each statement about your community or your personal experiences is true or false.

	True	False
The social service/health agencies in my community should focus more on prevention of diseases or health conditions	❍	❍
It is hard to use public transportation to get to medical/dental services	❍	❍
When trying to get medical care, I have had a negative experience with the staff in the office	❍	❍
I or someone in my household has not received the medical care needed because the costs were too high	❍	❍
When trying to get medical care, I have felt discriminated against because of my race, ethnicity, or language	❍	❍
When trying to get medical care, I have felt discriminated against because of my income	❍	❍
If I needed medical services I would know where to go for them	❍	❍

9. Have any of these issues ever made it more difficult for you to get the health care that you needed? *(Check all that apply.)*

- ❍ Lack of transportation
- ❍ Have no regular source of healthcare
- ❍ Cost of care
- ❍ Lack of evening and weekend services
- ❍ Insurance problems/lack of coverage
- ❍ Language problems/could not communicate with provider or office staff
- ❍ Discrimination/unfriendliness of provider or office staff
- ❍ Afraid to have health check-up
- ❍ Don't know what type of services are available
- ❍ No available provider near me
- ❍ Long waits for appointments
- ❍ Health care information is not kept confidential
- ❍ I have never experienced any difficulties getting care
- ❍ Other (please specify)

_____

10. When deciding funding and other resources, what PRIORITY do you think should be given to the following issues?

	Low	Medium	High
Increasing the number of staff at area health/medical services who speak another language	❍	❍	❍
Providing more public transportation to area health/ medical services	❍	❍	❍
Offering more programs or services focusing on obesity, physical activity, or nutrition	❍	❍	❍
Increasing the health/medical services available to low income individuals	❍	❍	❍
Expanding the health/medical services focused on youth	❍	❍	❍
Expanding the health/medical services focused on seniors (65+)	❍	❍	❍
Providing more reproductive or sexual health services for area youth	❍	❍	❍
Increasing the number of services to help the elderly stay in their homes	❍	❍	❍
Providing more alcohol or drug prevention programs in the community	❍	❍	❍
Expanding the alcohol/drug treatment services available in the community	❍	❍	❍
Increasing the number of dental providers in the community	❍	❍	❍
Providing more counseling or mental health services for youth	❍	❍	❍
Providing more counseling or mental health services for adults	❍	❍	❍
Other (please specify)_____	❍	❍	❍

DEMOGRAPHIC INFORMATION

11. What is your gender?

- ❍ Male
- ❍ Female

12. What category best describes your age?

- ❍ Under 18 years old
- ❍ 18–24 years old
- ❍ 25–29 years old
- ❍ 30–39 years old
- ❍ 40–49 years old
- ❍ 50–64 years old
- ❍ 65–74 years old
- ❍ 75 years old or over

13. How would you describe your ethnic/racial background? *(Please check all that apply.)*

- ❍ Caucasian/White
- ❍ African American/Black
- ❍ Asian/Pacific Islander
- ❍ American Indian/Native American
- ❍ Other

14. What is the highest level of education that you have completed?

- ❍ Some high school
- ❍ High school graduate/GED
- ❍ Associate's degree or technical/vocational degree or certificate
- ❍ Some college
- ❍ College graduate
- ❍ Graduate or professional degree

APPENDIX D:

CHIP Planning Session Agendas

Greater Worcester 2012 Community Health Assessment & Community Health Improvement Plan

4 October 2012
1:00 PM – 5:00 PM

Massachusetts College of Pharmacy
and Health Sciences
25 Foster Street, 9th Floor, Worcester, MA

Outcomes:

- Review the key findings from the Community Health Assessment (CHA)
- Identify and select community health improvement priorities using common selection criteria
- Develop Goal Statements and Objectives for the selected priority areas

AGENDA

Time	Agenda Items	Presenter
1:00	**Welcome and Overview**	*Derek Brindisi* *Monica Escóbar Lowell*
1:10	**Understanding the Health Issues within the Region** • Overview of CHA Findings and Priorities • Questions and Answers	*Lisa Wolff*
2:00	**Identify and Select Priority Areas** • Review and agree upon selection criteria • Select Priority Areas	*Steve Ridini* *Rose Swensen*
2:45	**Develop Goal Statements for Priority Areas** • Work in small groups *(20 min)* • Group facilitators rotate to other tables to gather feedback *(20 min)* • Tables finalize goal statements *(20 min)*	*Donna Burke* *Steve Ridini* *Allyson Scherb* *Rose Swensen* *Lisa Wolff*
3:45	**Break**	
4:00	**Develop Objectives for Each Goal** • Instructions and examples • Work in small groups *(30 min)* • Groups rotate with facilitators to other tables to provide feedback *(15 min)* • Tables finalize objective statements *(15 min)*	*Donna Burke* *Steve Ridini* *Allyson Scherb* *Rose Swensen* *Lisa Wolff*
5:00	**Next Steps and Adjourn**	*Derek Brindisi* *Monica Escóbar Lowell*

Greater Worcester 2012 Community Health Assessment & Community Health Improvement Plan

19 October 2012
8:30 AM – 12:30 PM

Massachusetts College of Pharmacy
and Health Sciences
25 Foster Street, 9th Floor, Worcester, MA

Outcomes:

- Review final Goal Statements
- Develop Objectives and Strategies for each priority
- Identify draft Outcomes Indicators for each priority

AGENDA

Time	Agenda Items	Presenter
8:30	**Welcome and Overview** • Recap from first planning session • Questions and Answers	*Derek Brindisi* *Monica Escóbar Lowell*
8:40	**Revisit Goal Statements for Priority Areas**	*All*
9:00	**Develop Objectives for Each Goal** • Instructions and examples • Work in small groups *(45 min)* • Groups rotate with facilitators to other tables to provide feedback *(20 min)* • Tables finalize objectives *(15 min)*	*Donna Burke* *Steve Ridini* *Allyson Scherb* *Rose Swensen* *Lisa Wolff*
10:20	**Break**	*All*
10:30	**Develop Strategies for Priority Areas** • Instructions and examples • Work in small groups *(60 min)* • Groups rotate with facilitators to other tables to provide feedback *(30 min)* • Tables revise strategies *(25 min)*	*Donna Burke* *Steve Ridini* *Allyson Scherb* *Rose Swensen* *Lisa Wolff*
12:25	**Next Steps and Adjourn**	*Derek Brindisi* *Monica Escóbar Lowell*

APPENDIX E:

Sample of CHIP Feedback Survey

The following pages contain a sampling of the survey questions asked in order to gather feedback on strategies, suggestions for outcome indicators and potential partners and resources.

Greater Worcester 2012 Draft Community Health Improvement Plan

Instructions for Completing This Survey

Dear Greater Worcester Community Member,

Thank you for your involvement in the planning sessions for the Greater Worcester Community Health Improvement Plan (CHIP). Your insights and experiences have been invaluable to this process.

We would like to offer the opportunity for you to:

- Review the draft strategies developed by all the working groups during the planning sessions.
- Offer feedback to help refine the strategies.
- Offer suggestions for outcomes indicators and partners/resources.

Please note that we have produced final versions of the goals and objectives and are not asking for your feedback on these planning components. We ask that you focus your feedback on the strategies, outcomes indicators, and potential resources/partners as you go through each of the priority areas.

DEADLINE EXTENDED: Please submit your completed survey by 5:00 PM on Wednesday, November 14th, 2012.

Thank you again for your time and thoughtfulness throughout this process!

INSTRUCTIONS

Review the following instructions and click on NEXT to start the survey.

- Please respond to each question. Scroll down each page of the survey to respond to all questions on that page.
- Click the NEXT button to save your responses for the current page. You will be able to use the PREV/NEXT buttons to navigate backwards or forwards through pages to view or edit your responses. Do not use the back/forward buttons on your browser to attempt to navigate through the survey (your responses will not be saved).
- When you have completed your survey response, click DONE at the bottom of the final page to submit your response.

Greater Worcester 2012 Draft Community Health Improvement Plan

Priority Area 1: Healthy Eating and Active Living

Goal 1: Create an environment and community that support people's ability to make healthy eating and active living choices that promote health and well-being.

Objective 1.1: Increase availability of and access to affordable fresh and local fruits and vegetables for low income residents and in Y neighborhoods by X% by (date).

Please indicate how important you believe each strategy is to achieving the above objective.
Use the following scale:
1 = NOT IMPORTANT at all, 3 = somewhat important, 5 = VERY IMPORTANT

	1	2	3	4	5	not sure
Strategy 1.1.1: Strengthen, grow and coordinate existing strategies prioritized by Regional Environmental Council of Central Massachusetts (REC) and Food and Active Living Policy Council (FALPC) (e.g., community and school gardens, veggie mobile and farmers markets, youth urban agriculture, supporting local farmers, Cooking Matters).	◯	◯	◯	◯	◯	◯
Strategy 1.1.2: Implement the Mobile Farmers' Market in seven low income/food desert communities in Worcester). [drawn from Worcester's Community Transformation Grant application. (Worcester Department of Public Health)]	◯	◯	◯	◯	◯	◯
Strategy 1.1.3: Strengthen the Mass in Motion (MiM) Corner Store initiative/extend to supermarkets (same as 1.4.1).	◯	◯	◯	◯	◯	◯
Strategy 1.1.4: Advance Food and Active Living Policy Council (FALPC) policy priorities (e.g., changing zoning regulations to promote community gardens and urban agriculture).	◯	◯	◯	◯	◯	◯

Feedback on Strategies:
Please list any alternate/additional **strategies** that you would suggest in order achieve this objective.

Outcome Indicators:
Please list any suggested **outcome indicators** that we could use to measure the changes that occur at the community level as a result of completion of the strategies listed/suggested.

Greater Worcester 2012 Draft Community Health Improvement Plan

Priority Area 1: Healthy Eating and Active Living

Goal 1: Create an environment and community that support people's ability to make healthy eating and active living choices that promote health and well-being.

Partners & Resources:

Please list any individuals or organizations that are already involved in related activities, or that you would suggest be involved in achieving the Healthy Eating and Active Living goal.

This report was prepared by:

Health Resources in Action

Advancing Public Health and Medical Research

Common Pathways

working together toward a healthier community