Coalition for a Healthy Greater Worcester

ELIMINATING HEALTH DISPARITIES
IMPROVING QUALITY OF LIFE
BUILDING COMMUNITY
Thank you to our Sponsors!
• Grafton
• Holden
• Leicester
• Millbury
• Shrewsbury
• West Boylston
• Worcester
2012: CHIP
2015: CHIP
2016: CHA
2018: CHIP
2020: CHIP
Navigating The Annual Report

Presented by:
The Research and Evaluation Subcommittee Co-Chairs
Suzanne Cashman, ScD, MS
Nikki Nixon, MS
Research & Evaluation Subcommittee

Sent survey to organizations

- via REDCap to collect data on the 31 objectives

- Analyzed data to determine status on objectives.
Objectives (31)
- Target met or exceeded
- Little or no detectable change
- Losing ground

Strategies (100)
- Target met
- In Progress
- Not Started
PROGRESS ON STRATEGIES

QUALITATIVE: NARRATIVE & STATUS

CULTURAL RESPONSIVENESS

1.1. Adapt existing national Culturally and Linguistically Appropriate Services (CLAS) standards for local health and social service agencies in providing culturally and linguistically appropriate services to children and families with CLAS standards at the state and local level.

1.2. Promote and train organizations to CLAS-adapted standards and generational assessment of compliance with these standards.

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

1.4. Create cultural responsiveness leadership criteria and maintain inventory of organizations that meet these criteria.

2.1. Enhance and coordinate existing training pipelines for local bilingual or multilingual health care providers, adults, and older adults to become interpreters for health care services and other agencies.

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

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

3.2. Build a summit to engage academic institutions, providers, and community members in dialogue about best practices around cultural responsiveness.

3.3. Develop capacity for ongoing assessment of community perception and available resources in regards to cultural responsiveness.
### PROGRESS ON OBJECTIVES

Example: OBJECTIVE MEETING TARGET

<table>
<thead>
<tr>
<th>Objective</th>
<th>Status</th>
<th>Baseline (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3. Engage 20,000 individuals in training or educating to reduce stigma surrounding mental health for adults and young children by 2020.</td>
<td>Target met or exceeded</td>
<td>1820 (2016)</td>
</tr>
</tbody>
</table>

Target met
PROGRESS ON OBJECTIVES

Example: OBJECTIVE MEETING TARGET

Overall:
5 of the 9 strategies are complete; 4 are still in progress

<table>
<thead>
<tr>
<th>Mental Health Strategy</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1.1. Promote career options in the mental health field, beginning in high school.</td>
<td>In Progress</td>
</tr>
<tr>
<td>4.1.2. Advocate for policy changes for mental health that remove barriers that prevent health professionals from interning and staying in the mental health field such as livable wages, tuition reimbursement, etc.</td>
<td>In Progress</td>
</tr>
<tr>
<td>4.2.1. Use the Mobilizing Action through Planning and Partnerships (MAPP) process to outline the scope of data collection to best assess the disparate needs, beliefs, and resources available for the many racial, ethnic, and cultural populations of the region, providing a mechanism for diverse residents to have shared power in the design and implementation of the assessment.</td>
<td>Target Met</td>
</tr>
<tr>
<td>4.2.2. Once assessment is Target Met, distribute inventory of resources in partnership with community leaders to empower residents to seek ongoing care.</td>
<td>Target Met</td>
</tr>
<tr>
<td>4.2.3. Identify and recommend best practices in culturally responsive mental health screening and referrals to help non-provider organizations screen and refer for mental health challenges.</td>
<td>In Progress</td>
</tr>
<tr>
<td>4.3.1. Implement evidence-based curricula and training programs to provide mental health education in schools and youth serving organizations in the Worcester region, in order to increase knowledge of mental health and reduce stigma.</td>
<td>Target Met</td>
</tr>
<tr>
<td>4.3.2. Implement public awareness campaigns that reduce stigma surrounding mental health for the adult population developed in partnership with community.</td>
<td>Target Met</td>
</tr>
<tr>
<td>4.4.1. Hold a Worcester area regional summit on mental health that focuses on collaborative care models and evidence based payment structures.</td>
<td>In Progress</td>
</tr>
<tr>
<td>4.4.2. Implement a collaborative care model that integrates medical and behavioral health providers, and brings in community partners such as the police, the school system, and others.</td>
<td>Target Met</td>
</tr>
</tbody>
</table>
**PROGRESS ON OBJECTIVES**

Example: OBJECTIVE NOT MEETING TARGET

<table>
<thead>
<tr>
<th>Objective</th>
<th>Status</th>
<th>Baseline (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Substance Use</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3. Decrease fatal opioid overdoses in the region by 10%*</td>
<td>Losing ground</td>
<td>94 (2016)</td>
</tr>
</tbody>
</table>

*Losing ground*
**PROGRESS ON OBJECTIVES**

Example: OBJECTIVE NOT MEETING TARGET

1 of 5 strategy is complete
4 of 5 strategies are in progress

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.1. Support Screening, Brief Intervention, and Referral to Treatment (SBIRT) implementation in the regional public school systems.</td>
<td>Target Met</td>
</tr>
<tr>
<td>2.1.2. Increase use of environmental strategies to reduce alcohol misuse (such as social norms campaigns, parent education, retailer education, etc.) NB: SACPE Leicester, Worcester, Shrewsbury and Grafton</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.1.3. Increase awareness of youth and adult treatment and recovery services through public service announcements.</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.1.4. Support Recovery High School enrollment by reducing barriers for underserved populations.</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.2.1. Pass regulations to reduce harm from child use, including limit the THC levels, childproof packaging, and mandated warning labels</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.2.2. Develop and implement universal social norming campaign to discourage non-prescription use of Marijuana (Especially in youth)</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.2.3. Prohibit marijuana smoking in public spaces.</td>
<td>Target Met</td>
</tr>
<tr>
<td>2.3.1. Increase education around naloxone availability through public service announcements/trainings.</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.3.2. Support research about innovative treatment approaches for opioid addiction treatment and monitoring.</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.3.3. Support new collaborations/programs with Police Departments to better respond to overdose victims.</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.3.4. Increase the use of certified recovery coaches to provide treatment options to overdose survivors.</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.4.1. Advocate for an expansion of Governor Baker’s Opioid Taskforce to include other prescription drug misuse.</td>
<td>Target Met</td>
</tr>
<tr>
<td>2.4.3. Increase social-emotional learning curricula for youth.</td>
<td>In Progress</td>
</tr>
<tr>
<td>2.5.1. Increase minimum age of sales to 21 for all nicotine products.</td>
<td>Target Met</td>
</tr>
<tr>
<td>2.5.2. Eliminate all sales of nicotine products in pharmacies and healthcare facilities.</td>
<td>Target Met</td>
</tr>
<tr>
<td>2.5.3. Restrict sales of all flavored nicotine delivery products and devices to adults only (to combat youth).</td>
<td>Target Met</td>
</tr>
</tbody>
</table>
2020 CHIP RESEARCH & EVALUATION

SMART OBJECTIVES
Specific Measurable Achievable Realistic & Time-phased

LED BY THE COMMUNITY
But best practice informed

EXISTING DATA SOURCE
To streamline data collection
Coalition for a Healthy Greater Worcester  
FY 19 October 2018-September 2019  
Fiscal Report

**Revenue**

<table>
<thead>
<tr>
<th>Description</th>
<th>FY 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>DoN Funding from UMMHC</td>
<td>$72,562</td>
</tr>
<tr>
<td>CDC REACH City of Worcester Contract</td>
<td>198,498</td>
</tr>
<tr>
<td>Grants and Corporate Foundations</td>
<td>$45,750</td>
</tr>
<tr>
<td>FY 18 Carry Over</td>
<td>18,036</td>
</tr>
<tr>
<td><strong>Revenue + Carry Over</strong></td>
<td>$334,846</td>
</tr>
</tbody>
</table>

**Expenses**

<table>
<thead>
<tr>
<th>Description</th>
<th>FY 19 Budget</th>
<th>FY 19 Actuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracted Staffing</td>
<td>109800</td>
<td>93855.63</td>
</tr>
<tr>
<td>REACH Contracts</td>
<td>172001</td>
<td>147079</td>
</tr>
<tr>
<td>Professional Development</td>
<td>500</td>
<td>0</td>
</tr>
<tr>
<td>Community Stipends</td>
<td>14500</td>
<td>4750</td>
</tr>
<tr>
<td>Travel</td>
<td>1649</td>
<td>1561.86</td>
</tr>
<tr>
<td>Events</td>
<td>3000</td>
<td>3023.48</td>
</tr>
<tr>
<td>Equipment</td>
<td>7600</td>
<td>3486.93</td>
</tr>
<tr>
<td>Operating Expense</td>
<td>5200</td>
<td>5725.6</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>314250</td>
<td>259482.5</td>
</tr>
<tr>
<td>Overhead to YWCA</td>
<td>22220</td>
<td>22220</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>336470</td>
<td>281702.5</td>
</tr>
</tbody>
</table>

**FY 19 Carryover**  
$53,143
NOMINATE!
Coalition for a Healthy Greater Worcester

ELIMINATING HEALTH DISPARITIES
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BUILDING COMMUNITY
Raquel Castro-Corazzini
Director
City of Worcester, Division of Youth Opportunities
<table>
<thead>
<tr>
<th>Year</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>CHIP</td>
</tr>
<tr>
<td>2015</td>
<td>CHIP</td>
</tr>
<tr>
<td>2016</td>
<td>CHA</td>
</tr>
<tr>
<td>2018</td>
<td>CHIP</td>
</tr>
<tr>
<td>2020</td>
<td>CHIP</td>
</tr>
</tbody>
</table>
## 2020 CHIP Development

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Planning</td>
<td>Nov 19-Feb 20</td>
</tr>
<tr>
<td>2</td>
<td>Strategy Development</td>
<td>Jan 20-June 20</td>
</tr>
<tr>
<td>3</td>
<td>Synthesis</td>
<td>Apr 20-Aug 20</td>
</tr>
<tr>
<td>4</td>
<td>Implementation Planning</td>
<td>Mar 20 – Sept 20</td>
</tr>
</tbody>
</table>
Centers for Disease Control and Prevention (CDC) REACH Projects

- **REACH Acronym.** Racial and Ethnic Approaches to Community Health

- **National program** administered by the CDC to reduce racial and ethnic health disparities

- **Social Determinants Approach.** CDC seeks to remove barriers to health linked to race or ethnicity, education, income, location, or other social factors.

- **Emphasis on Partnerships.** Recipients use these funds to build strong partnerships to guide and support the program’s work. REACH partners bring together members of the community to plan and carry out many different strategies to address many different health issues.

CDC REACH focus:

Nutrition

- Increase access to healthier foods
- Improve healthy nutrition standards
- Promote existing resources
- Support SNAP/WIC/HIP

Increase professional and community support for breastfeeding

1) Promote and increase access to local programming
2) Increase referrals from clinical organizations to community programming
2) Latino/Latinx health profession workforce development

Make improvements to the built environment (sidewalks, cross-walks, paths, bicycle routes, public transit):

- Support Community Leadership
- Promote walkability, safety, and access to key destinations
Worcester REACH Prioritized Population

Latino/Latinx:

High rates of health inequities being addressed through systems change and infrastructure improvements that will impact Worcester’s largest minority population the Latino/Latinx community.
Worcester REACH
Prioritized Geographic Areas

Approximated Census Tract by Worcester Neighborhood

#1 Main South/Piedmont
#2 Oak Hill/Vernon Hill
#3 Piedmont/Crown Hill
#4 Bell Hill/Shrewsbury St
#5 Great Brook Valley
#6 Main South
#7 Main South/Webster Square
#8 Lower Lincoln St/Bell Hill
#9 Main South/South Worcester
Demographic Characteristics by Census Tracts

Worcester Median Income

Data Source: Census 2010 and CDC

Worcester Minority Population

Data Source: Census 2010 and CDC
REACH Y1 Funding Allocation

Y1 Funding Amount: $780,649

- REACH Strategies at Community/Clinical Sites: 27%
- Coalition Salaries: 15%
- WDPH Salaries: 18%
- Administrative Costs: 5%
- Training: 14%
- Communications: 11%
- Evaluator: 10%
<table>
<thead>
<tr>
<th>Committees</th>
<th>Communications Plan</th>
<th>Community Data Collection</th>
<th>Capacity Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>REACH Advisory Committee</td>
<td>5 Year Communication Plan for public health campaign completed and approved by CDC</td>
<td>CHIP Community Conversations</td>
<td>Community Health Workers:</td>
</tr>
<tr>
<td>20 Latinx Community Participants</td>
<td></td>
<td>41 Participants in Community Conversations</td>
<td>10 CHW Training Scholarships</td>
</tr>
<tr>
<td>New Voices - Community Members supported with stipends for working groups and subcommittees</td>
<td></td>
<td>Community Data Collection</td>
<td>Health Equity:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 Faith Based Organizations</td>
<td>22 Participants in the Worcester Trauma, Resiliency &amp; Racial Equity Training Institute</td>
</tr>
</tbody>
</table>
Y1 Progress Highlights: Nutrition

• Created WRTA advertising (74 ads) for promotion of SNAP and HIP benefits and REC farmer’s markets

• Developed new produce product (Sancocho kits) for farmers markets to increase sales among Latino customers, through collaboration with the Regional Environmental Council (REC)

• 382 community members completed surveys assessing eating habits, food purchasing habits and food insecurity
Y1 Progress Highlights: Breastfeeding Promotion

- Preliminary assessment of breastfeeding support services in Worcester.

- Extended Baby Café hours with a Spanish-English bilingual facilitator at Family Health Center of Worcester

- Maternal and Fetal Health Department at UMass Memorial Center developed a plan and will pilot incorporating home visiting and Community Health Worker (CHW) services into their existing programming
Y1 Progress Highlights: Physical Activity

• Completed a Walk Audit with the Green Hill Neighborhood Association, Central Massachusetts Regional Planning Commission (CMRPC), WalkBoston, WalkBike Worcester to assess safety of walking on Lincoln St.

• Collaborating with Transformative Development Initiative (TDI):
  Developed preliminary plan for increasing access to Castle Park.

• Collaborated with the Physical Activity CHIP working group to complete a CHII Assessment of Worcester joint-use playgrounds.
Y1 Progress Highlights: Clinical-Community Referrals

- Collaborated on development of a SDOH screening tool for the Community HELP platform

- Facilitated 6 CHW internships leading to employment opportunities for community members

- Collaborated to increase access to Chronic Disease Self-Management Programming and Gather preliminary information on existing clinical referral systems
New Community Health Workers

Esthephannie Estevez

Aldonsa Santana

Bertha M Dancause

Iolanda Browning

Jancy Lavergne

Rosimeire Luiz
Special Acknowledgements

Clinical Organizations
• Edward M Kennedy Community Health Center
• Family Health Center of Worcester
• UMass Memorial Medical Center Community Benefits Program
• UMass Memorial Maternal and Fetal Medicine Department
• Community HELP

Community Organizations
• Coalition for a Healthy Greater Worcester
• Food Policy Council
• Friendly House
• Main South Community Development Corporation
• New Life Church
• Pick up 4 Soccer
• Regional Environmental Council
• Walk/Bike Worcester
• WooRides
• Worcester Community Skateshop
• Worcester Earn a Bike
• Worcester Interfaith
• Worcester Latino Dollars for Scholars
• Worcester Youth Center
• Worcester Regional Food Hub
• YWCA of Worcester
REACH Staff and Contractors

**Management**
- Cassandra Andersen – Principal Investigator, WDPH Chief of Community Health
- Vilma Merkelis – WDPH Grants Manager
- Temana Aguilar – WDPH Program Manager

**Communications**
- Jake Messier & Sara Seng - HEARD Strategy & Storytelling

**Evaluation**
- Amy Borg and the UMass Prevention Research Center team
- Nikki Nixxon - WDPH Epidemiologist

**Implementation**
- Casey Burns – Director of Community Engagement & Implementation, Director Coalition for a Healthy Greater Worcester
- Penny Karambinakis – WDPH Mass in Motion Coordinator
- Kelsey Hopkins – WDPH Community Partnerships Coordinator
- Jessica Reyes-Carrion – Coalition Implementation Manager
- Laura Martinez – Coalition Strategic Partnerships Manager
Coalition for a Healthy Greater Worcester

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www.healthygreaterworcester.org