COMMUNITY BENEFITS STRATEGIC IMPLEMENTATION PLAN
2019 – 2021
FOR UMASS MEMORIAL MEDICAL CENTER
AN AFFILIATE OF
UMASS MEMORIAL HEALTH CARE, INC.

APPROVED BY UMASS MEMORIAL HEALTH CARE COMMUNITY BENEFITS COMMITTEE ON TUESDAY, FEBRUARY 26, 2019

UMass Memorial Community Benefits Strategic Implementation Plan 2019-2021

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I. Introduction

Located in Worcester, UMass Memorial Medical Center (UMMMC) is the four-campus academic medical center of UMass Memorial Health Care, Inc. (UMMHC), the largest not for-profit health care delivery system in Central Massachusetts with 1,700 physicians and 13,000 employees. UMMMC is a teaching hospital and the clinical partner of the University of Massachusetts Medical School. UMass Memorial Health Care's Community Benefits Mission incorporates the World Health Organization's broad definition of health defined as "a state of complete physical, mental and social well-being and not merely the absence of disease." UMMHC's Community Benefits Mission was developed and recommended by the Community Benefits Advisory Committee and approved by the UMass Memorial Health Care Board of Trustees.

Community Benefits Mission Statement

UMass Memorial Health Care is committed to improving the health status of all those it serves and to addressing the health problems of the poor and other medically underserved populations. In addition, nonmedical conditions that negatively impact the health and wellness of our community are addressed.

UMass Memorial recognizes that health care delivery represents only a portion of an individual's and a community's health and in order to totally transform our communities, we must use our full reach to more actively address the social, economic and environmental factors that are the primary contributors to a healthy community. Our Community Benefit Plan targets the social/health factors that are becoming important in the delivery of care. Our work with public health, schools, health centers, youth-at-risk, academia and the Coalition for a Healthy Greater Worcester leverages unique opportunities to address social factors and improve the health of the Greater Worcester community.

UMass Memorial Medical Center conducted the 2018-2021 Greater Worcester Community Health Needs Assessment (CHA) in conjunction with the Worcester Division of Public Health (WDPH), Fallon Health and the Coalition for a Healthy Greater Worcester. The CHA was approved by the Community Benefits Committee of the Board of Trustees in September 25, 2018. Findings of the CHA and identified priority areas are used to update the Greater Worcester Community Health Improvement Plan (CHIP) which serves as a roadmap for the future health of the region. The completed CHA is available on UMass Memorial's website at this link:
http://www.umassmemorialhealthcare.org/sites/umass-memorial-hospital/files/Documents/About/UMass_Memorial_CBI_Measures-CHAFINAL.pdf

UMass Memorial Community Benefits Strategic Implementation Plan utilizes the findings from the CHA and aligns with the CHIP report to maximize collective impact. This document provides an overview of our Priority Areas, partnerships and community-based work. Questions or inquiries regarding UMass Memorial Medical Center's Community Benefits strategies and efforts can be directed to the Office of Community Relations.

Notation: This Plan is intended to be a fluid document that will be updated annually according to new opportunities, programming and partnerships and to coincide with the latest version of the Greater Worcester Community Health Improvement Plan (CHIP). UMass Memorial recognizes that through the CHA process, many needs have been identified. However, due to limited resources it is not possible to address all identified community health needs. As such, we focus on priorities identified through the community engagement process in which we can partner and leverage resources to achieve the greatest impact.

II. Targeted Geography and Vulnerable Populations

UMass Memorial aims to adhere to both the letter and the spirit of the IRS Community Health Needs Assessment (CHA) regulation in that it will be addressing the health needs and concerns of the region's most underserved populations. The IRS mandate gives hospitals flexibility in how they define the community discussed in the CHA. The community could be defined by a specific geographic area or target populations (e.g., children, elderly), as long as the definition still captures the interests of the most vulnerable groups such as the underserved, low income, or minority populations.

A. Geography

The City of Worcester, the second largest city in New England, is ethnically-diverse with many social-economic problems, and to this end, UMass Memorial Medical Center's Community Benefits program targets the vulnerable populations of the City of Worcester. The 2018-2021 CHA and subsequent CHIP focuses on the City of Worcester and the outlying towns of the Central Massachusetts Regional Public Health Alliance (CMRPHA), which includes Grafton, Holden, Leicester, Millbury, Shrewsbury and West Boylston, a sub-section of its primary service area. This specific geographic area is the focus for the City of Worcester Division of Public Health's regionalization initiative and overlaps with UMass Memorial Medical Center's service area and of many other local organizations. Focusing UMass Memorial's CHA on this geographic area facilitates the alignment of the hospital's efforts with community and governmental partners, specifically the city health department, the area Federally Qualified Health Centers, and several community-based organizations. This focus also facilitates collaboration with the CHIP Advisory Committee that will be implementing key strategies of the CHIP so that future initiatives can be developed in a more coordinated approach. The CHA and CHIP processes serves multiple purposes, including: 1) serve as the community health needs assessment for the hospital's Schedule H/Form 990 IRS requirements and Massachusetts Attorney General guidelines; and 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.

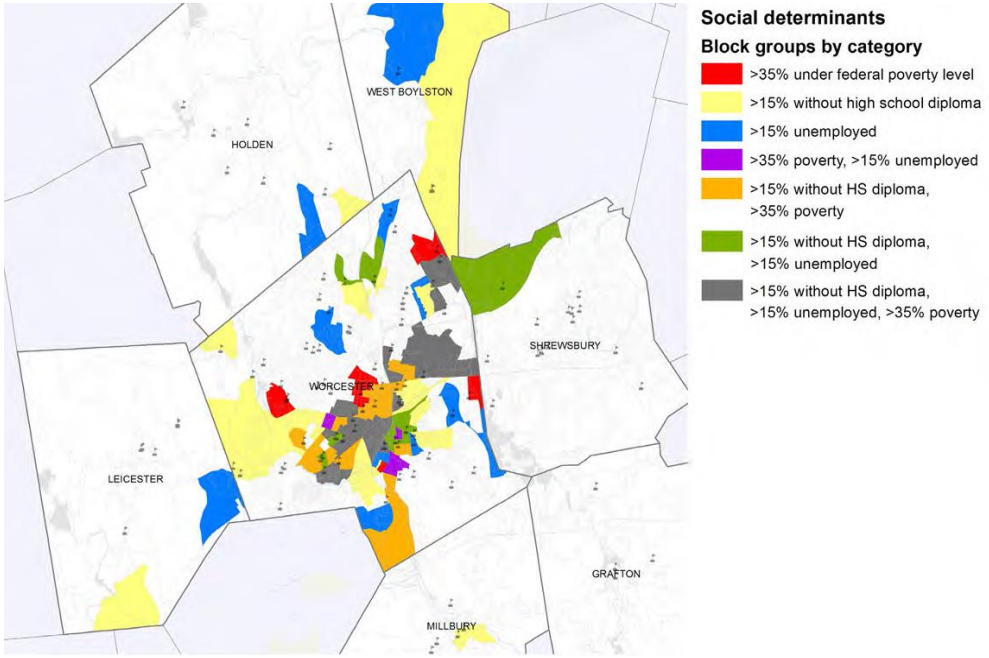
The Mobilizing for Action through Planning and Partnerships (MAPP) framework was used to guide the CHA assessment. The MAPP Framework was developed by the National Association of County and City Health Officials (NACCHO) with support from the Centers for Disease Control and Prevention (CDC) and represents a best practice model for health improvement planning.

B. Focus on Health Equity and Social Determinants of Health

UMass Memorial Medical Center and its partners also recognized the need for the CHA to be aligned with the region's broader agenda of promoting health and well-being, addressing health disparities and conducting their efforts in the context of health equity. Health equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally, with focused, ongoing societal efforts to address avoidable inequalities, underlying socioeconomic factors and injustices, whether historical or contemporary.

Source: Robert Wood Johnson Foundation

Key Social Determinants of the Central MA Regional Public Health Alliance (2015-2018)



As is shown in the map shown on previous page, the social determinants of poverty, unemployment, and low educational achievement are found throughout the municipalities in the CMRPHA Alliance towns, with the most intense interaction of all three occurring in Worcester. The legend provides the number of block groups within the Alliance in each category. The health profile data presented in this report underscores the need to give attention to social equity factors. Rates of chronic diseases, maternal and child health indicators, and overall mortality vary consistently by race and ethnicity. Even in Massachusetts with near universal health insurance coverage, there are barriers to accessing care because of language, transportation, lack of out-of-pocket money for co-payments, and providers who do not accept Medicaid, among other reasons.

C. Vulnerable Populations

Target populations for UMass Memorial's Community Benefits initiatives are identified through a community input and planning process, collaborative efforts, and a Community Health Assessment (CHA) which is conducted every three years. Our target populations focus on medically-underserved and vulnerable groups of all ages in Worcester. Our most vulnerable populations include children, elders, ethnic and linguistic minorities and those living in poverty. These populations often become isolated and disenfranchised due to negligence, misperceptions and even fear. Targeted subpopulations have been defined as follows:

Worcester Senior Population: In the U.S., state and CMPRHA region older adults are among the fastest growing age groups. Seniors experience barriers to accessing medical and dental care, including a lack of transportation, mobility problems, insurance status and enrollment. Older individuals typically have more physical and mental health vulnerabilities and are more likely to rely on immediate community resources for support compared to young people. The first "baby boomers" (adults born between 1946 and 1964) turned 65 in 2011. Over the next 20 years, these baby boomers will gradually enter the older adult cohort. Chronic/complex conditions are by far the leading cause of death among older adults 73 and older are much more likely to develop chronic illnesses such as hypertension, diabetes, COPD, congestive heart failure, depression, anxiety, Alzheimer's disease, Parkinson's disease

and dementia than younger adult cohorts. By 2030, the CDC and the Healthy People 2020 Initiative estimate that 37 million people nationwide (60% of the older adult population ages 65 and over) will need to manage more than one chronic medical condition. Major proportions of this group experience hospitalizations, are admitted to nursing homes and receive home health services and other social supports in home and community settings. The ability to live independently and to "age in-place"—or at least to find the least restrictive housing option—is a leading concern among older adults and their caregivers.

Ethnic and Linguistic Minorities: The City of Worcester is very ethnically-diverse and that diversity continues to grow primarily due to the city being a Federal Refugee Resettlement Site. In 2015, the racial/ethnic makeup of Worcester was majority White alone (70%), followed by Hispanic/Latino of any race (21%), Black or African American alone (14%) and Asian alone (7%). In other CMRPHA municipalities, racial/ethnic breakdowns generally mirrored that of the Commonwealth, with the majority of residents identifying as White alone and significantly smaller percentages of residents identifying as Black/African American, Asian, other races, or Hispanic/Latino of any race. One exception, however, is Shrewsbury, where compared to the Commonwealth (6%), there was a significantly higher percentage of residents identifying as Asian alone (17%). According to research, Shrewsbury has one of the highest concentrations of Indian Americans in the Commonwealth, with the population doubling between 2000 and 2010. The number of Hispanics living in the City of Worcester has grown by 35% over the past 10 years. Refugees from Iraq currently account for the greatest percentage of new immigrants followed by refugees from Bhutan, Burma, Liberia and other African nations. Compared to the Commonwealth overall, most of the municipalities in the 2018-2021 CHA service area had significantly lower percentages of non-English speakers. However, Shrewsbury has a significantly higher percentage of non-English speakers, specifically those that speak Indo-European languages, Asian and Pacific Islander languages and other languages. In Worcester, approximately 35% of residents speak a language other than English and among those residents, 17% have limited English proficiency.

Populations that are Food Insecure, Hungry, Obese/Overweight: People who are overweight are more likely to have type 2 diabetes, heart disease, stroke, gall bladder disease, cancer and musculoskeletal disorders (MDPH). Children who are obese at age 8 are 90% more likely to be overweight or obese as adults (MDPH). Worcester children are overweight at twice the national rate of 20.25% obesity for youth entering first grade in the City of Worcester compared to the nationwide average of 10%. Among adults in Worcester County, nearly 70% of Hispanics were overweight or obese; however, within ethnic groups, Blacks were more likely to be obese.

Populations Living in Poverty: According to the U.S. Census Quick Facts July 1, 2018 population estimates 21.8% of the City of Worcester's total population lives in poverty. Additionally, 35.1% of children under the age of 18 live in households for who poverty status is determined and 39.7% live in households receiving Supplemental Security Income (SSI), cash public assistance income, or Food Stamp/SNAP benefits, according to the US Census Bureau, American Community Survey 2013-2017. Poverty is highly correlated to poor health outcomes and barriers to accessing needed care and services and other factors impacting health. Lack of access to affordable and nutritious food has a negative impact on the health of children and families. High rates of unemployment and underemployment in the region have created a high risk of homelessness and a strong need for food assistance services for families and children. Of students in the Worcester Public School system, in 2018 over 60% were eligible for the free school lunch program. Between 2015 and 2016 the population of Worcester, MA grew from 183,382 to 183,677, a 0.16% increase and its median household income grew from $45,472 to $45,599, compared to the state Median Household Income of $74,167.

Targeted Low Income Neighborhood Interventions: UMass Memorial conducts focused outreach in Worcester's Bell Hill neighborhood and brings programs directly to where people live, such as community gardens to address food insecurity and an urban agricultural youth leadership development program for youth residents of the neighborhood as a means of reducing violence, providing job skills and leadership development opportunities as a means of promoting positive career pathways and addressing the poverty cycle.

Underinsured/Uninsured: Access to affordable health care is vital to the health of individuals and the community. Massachusetts has made great strides in making health insurance attainable for nearly all residents. In 2016, only 2.5% of Massachusetts residents were uninsured, the lowest rate in the nation. Despite these factors, there are still substantial numbers of low-income, MassHealth-insured, uninsured and otherwise vulnerable individuals who face health disparities and are not engaged in appropriate preventive, acute and chronic disease management services in the areas of medical, behavioral and

oral health services. Efforts must be made to support the safety net across the health, social service and public health continuum, expand access to services and reduce the barriers to care for vulnerable populations. The most significant barrier in this regard is related to a shortage of providers and practice sites that serve MassHealth-insured and uninsured residents. This is particularly true in the areas of behavioral health and oral health services. Nearly everyone that was interviewed for the Community Health Needs Assessment commented on the lack of access to providers who are willing and able to serve MassHealth-insured or uninsured patients.

Youth at Risk: Over 35% of children under the age of 18 live in households for whom poverty status is determined and 39.7% live in households receiving Supplemental Security Income (SSI), cash public assistance income, or Food Stamp/SNAP benefits, according to the US Census Bureau, American Community Survey 2013-2017. Poverty, low educational attainment and limited job opportunities are among the top social determinants leading to lower utilization of health care services and poor health outcomes. As a result, Worcester youth are at high-risk for obesity, gang involvement, violence, poor oral health and a need for mental health services.

III. Community Health Needs Assessment (CHA) Planning

UMMHC's Community Benefits Programs meet the Schedule H/Form 990 Internal Revenue Service and Massachusetts Attorney General reporting requirements for not-for-profit hospitals. Our programs mirror the five core principles outlined by the Public Health Institute in terms of the "emphasis on communities with disproportionate unmet health-related needs; emphasis on primary prevention; building a seamless continuum of care; building community capacity; and collaborative governance."

We embraced the new Affordable Care Act requirements to conduct community health needs assessments and best practice creation of a community health improvement plan. UMass Memorial, the City of Worcester Division of Public Health (WDPH) and Fallon Health are leading a collaborative, comprehensive community health planning effort to measurably improve the health of greater Worcester area residents. Our planning process is data-led, evidence-based and demonstrates true community partnerships.

The UMass Memorial's Community Benefits Program works closely with medically underserved populations; neighborhood groups; local and state government officials; local and state Health Department staff and other city departments; faith-based organizations; advocacy groups and neighborhood; schools and other community-based organizations. In 2015-2018, the Community Benefits Program supported initiatives in such areas as: youth physical activity; healthy eating; health literacy; youth employment; positive youth development; safe driving for teens; mobile health and dental care; community-based oral health; culturally sensitive healthcare for underserved and disconnected populations; residential substance use treatment for Latino men; youth mental health services and healthy behaviors; insurance enrollment, community/clinical linkages for pediatric asthma and medical services for elders living in public housing.

IV. Methods

The Community Health Improvement Planning process for the Greater Worcester area includes two major components:

1. A Community Health Assessment (CHA) to identify the social-economic factors and health-related needs and strengths of the Greater Worcester area and six surrounding towns, 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 for this region.

Given the synergy in geography and processes, findings of the recent CHA inform both the CHIP and this UMass Memorial Community Benefits Strategic Implementation Plan. The CHA-CHIP processes utilized a participatory, evidence-based community-driven approach guided by the Mobilization for Action

through Planning and Partnerships (MAPP) process.[1, 2] To develop a shared vision and plan for improved community health, and help sustain implementation efforts, the Greater Worcester assessment and planning process engaged multi-sector community organizations, community members, and partners through different avenues:

a) UMass Memorial, the City of Worcester Division of Public Health and Fallon Health partnered to develop a plan to update the 2018-2021 CHA and the CHIP.

b) A Community Health Assessment **Advisory Committee** was established to guide and offer feedback on the CHA process (See Appendix A for a full listing). Working in partnership, UMass Memorial, Worcester Division of Public Health, and Fallon Health provided leadership and sought guidance from the CHA Advisory Committee (Coalition for a Healthy Greater Worcester). The 2018-2021 CHA, conducted in the central region of Massachusetts, ensured that the Greater Worcester community was represented in all its diverse aspects: business, education, communications, transportation, health and wellness, faith-based groups, philanthropic organizations, civic and government, vulnerable populations (disabled, seniors, etc.), and other organizations and specialized areas.

Completion of the CHA included input from hundreds of individuals who participated in interviews, focus groups, community forums and strategic retreats. (See Appendix C for a full listing). Participants included representatives of health and social service organizations, public health departments, academic institutions, community-based organizations and advocacy groups, as well as businesses leaders and individuals who live and work in the community. In addition, nearly 3,000 people in Greater Worcester completed community health surveys, either in person at community events or via email. The information gathered through these efforts enabled the CHA Facilitators to engage the community and gain a better understanding of the region's capacity, strengths and weaknesses, as well as health status, barriers to care, service gaps and underlying determinants of health. While it was not possible for this assessment to involve all community stakeholders, it engaged a comprehensive and inclusive sample of the population; those involved showed commitment to strengthening the region's health system, particularly for people most at-risk. The community engagement process culminated with a meeting of service providers, stakeholders and residents at the Worcester Public Library, where CHA key findings were presented and a prioritization process took place. This event was attended by approximately 75 people.

Secondary and primary data from multiple sources was utilized in the completion of the CHA and special attention was given to social and economic indicators. The results of these efforts were synthesized in the CHA report and were announced to approximately 200 community stakeholders at a public press conference and event that was held at the Worcester Senior Center in October 2018 to provide a comprehensive portrait of the region and set the foundation for the CHIP.

The UMass Memorial Medical Center Community Benefits Strategic Implementation Plan is developed taking into consideration needs and priorities identified in the 2018-2021 CHA/CHIP. Based on this foundation, priority areas were identified, goals were defined and objectives created for each goal and to operationalize these objectives and ensure alignment with the CHIP. Outcome indicators and a timeline were established for each priority area. The Community Benefits Plan is approved by the Community Benefits Committee of the UMass Memorial Health Care Board of Trustees.

[1] www.uwgmc.org/CHA)

[2] 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. 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 are constantly changing as a community and its context evolve, the cyclical nature of the MAPP planning/implementation/ evaluation/correction 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. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. More information on MAPP can be found at: http://www.naccho.org/topics/infrastructure/mapp/

V. Summary of Community Needs

The following issues were identified in the CHA and prioritized for inclusion in the CHIP using an agreed upon set of selection criteria. These needs informed the priorities, goals, objectives, and strategies of the UMass Memorial Medical Center Community Benefit Strategic Implementation Plan.

The 2018 Community Health Needs Assessment (CHA) prioritization process was lead by the Worcester Division of Public Health, Fallon Health and the hospital Vice President of Community Benefits and included input from approximately 100 community stakeholders. This process will result in the update of the 2019 Greater Worcester Community Health Improvement Plan (CHIP). The hospital's Community Benefits Strategic Implementation Plan has alignment with the CHIP. The other needs that are not included in the CHA/CHIP are not being addressed because they are not a part of the identified priority CHIP Domain Areas and due to limited funding.

The CHA identified six **Priority Populations**. Priorities were set in order to concentrate efforts, drive collective impact, and focus discussions in developing the 2019 Community Health Improvement Plan. In alphabetical order they are as follows:

1. Vulnerable Children and Families
2. Youth and Adolescents
3. Immigrants and Non-English Speakers
4. Racial/Ethnic Minorities & Others Facing Discrimination
5. Homeless and Unstably Housed
6. Older Adults

The Facilitating Partners framed the leading community health issues into four priority areas:

- Mental health
- Substance use
- Social determinants of health
- Chronic/complex conditions and their risk factors

The Facilitating Partners also identified two cross-cutting issues that underlie the leading health priorities and that they believe must be addressed to improve overall health status and reduce existing disparities:

- Racism, discrimination and health equity
- Health system issues (e.g., workforce issues, health literacy, care coordination, health information technology, and health information exchange)

Priority: Address Food Insecurity/Hunger and Healthy Eating

Concerns regarding obesity and behaviors associated with obesity, such as nutrition and physical activity, are important health concerns in the greater Worcester area. The data supports that these issues are considered critical given that heart disease and diabetes are among the leading causes of morbidity and mortality. Of particular concern is limited access to healthy foods and environments supporting active living for vulnerable populations and immigrant communities. Concerns related 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 during the CHA process as challenges related to healthy eating and active living. Issues related to food insecurity, food scarcity and hunger are often discussed as risk factors to poor physical and mental health for both children and adults. There is an overwhelming body of evidence to show that many families, particularly low-income families of color, struggle to access food that is affordable, high-quality and healthy. While it is important to have grocery stores placed throughout a community to promote access, research shows that there are a number of factors that influence healthy eating, including quality and price of fruits and vegetables, marketing of unhealthy food and cultural appropriateness of food offerings. According to a report by Feeding America, over 41 million Americans live in food-insecure households[3]. The Worcester County Food Bank (WCFB) reports that there are over 71,000 food insecure households in Worcester County in 2018—approximately 1 in 11 people. Among children, the rate is 1 in 8. Across the region, patrons visit food pantries in the short term to sustain them through periods of disability or job loss. Increasingly, food pantries are being used as long-term strategies to supplement monthly shortfalls in food. Pantries and community meal programs have evolved from providing temporary or emergency food assistance to providing ongoing support for individuals, families, seniors living on fixed income, people with disabilities and adults working multiple low-wage jobs to make ends meet.

Priority: Promote Positive Youth Development

Those who live in isolated, under-resourced, low-income communities are more likely to be exposed to a multitude of risk factors that influence their health, economic opportunities and overall well-being. Some of these "place-based" factors include unsafe housing, limited public transportation, limited access to healthy foods and safe places to exercise, exposure to crime and violence, and lack of health care facilities. For example, children and youth who live in depressed, isolated, low-income communities are more likely to live in families with parents or caregivers who have limited education and health literacy. Children, youth and adults living in such areas are also more likely to have been affected by violence and trauma than those in more affluent, highly resourced communities. The extent to which a child lives in a stable, well-resourced home with strong family or social supports and parents/caregivers who are socially and emotionally competent is one of the clearest predictors of good health and long-term success. Conversely, child maltreatment and neglect, domestic violence, children's disabilities, substance use and parental mental illness are some of the strongest predictors of poor health, toxic stress and long-term disparities in health status. While these challenges occur in families at all income levels, many—such as depression, domestic violence and child abuse—are disproportionately frequent among low-income families.

Priority: Increase Access to Care

Whether an individual has health insurance—and the extent to which it helps to pay for needed acute services and access to a full continuum of high-quality, timely and accessible preventive and disease management or follow-up services—has been shown to be critical to overall health and well-being. Access to a usual source of primary care is particularly important, since it greatly affects the individual's ability to receive regular preventive, routine and urgent care—and to manage chronic diseases. However, social determinants of health and the impact they have on health is very important and as such, are part of our Community Benefits Strategic Implementation Plan.

While Massachusetts has one of the highest health insurance coverage rates in the U.S., there are still pockets of individuals without coverage, including young people, immigrants and refugees, as well as those with low incomes. The percentage of residents without health insurance coverage was significantly lower in Holden (1.7%) compared to the Commonwealth overall (3.2%) and significantly higher in Worcester (4%). Looking at types of coverage, significantly more residents are covered under public health insurance plans in Worcester (45%) compared to the Commonwealth overall (35%). significantly higher percentage of residents were covered under private health insurance in all municipalities, with the exception of Worcester, compared to the Commonwealth overall (74%). Based on the academic literature and information gathered through the CHA, immigrants, refugees, asylees and non-English speakers—groups that are well represented in Greater Worcester—are known to be extremely vulnerable and much more likely to be uninsured. The diversity of languages and cultures within these groups that must be supported yet doing so can place a high burden on the health care system, especially the health safety net., institutions like UMass Memorial. These populations often struggle with access to care and face disparities with respect to social determents, chronic conditions and other health-related outcomes.

Oral health and access to oral health services

Poor oral health not only causes pain and discomfort, but also contributes to various diseases and conditions—including cardiovascular disease, diabetes, infectious disease, Alzheimer's disease and school absenteeism. Maintaining good oral health is especially important for children, as untreated dental conditions may lead to issues with development related to speech, eating and learning. Several CHA key informants and focus group/forum participants discussed the importance of routine oral health care, especially for children. According to a 2016 University of Massachusetts Medical School report on oral health in Worcester, the city has fewer oral health providers who accept MassHealth than Worcester children who need services. CHA key informants corroborated this information, especially the need for a more effective safety net to provide oral health care for low-income children and families.

Priority: Health Equity/Health Disparities (Cross Cutting All Priorities)

Disparities in health status are large and pervasive nationally. For example, for most of the 15 leading causes of death—including heart disease, cancer, stroke, diabetes, kidney disease, hypertension, liver cirrhosis and homicide—African Americans have higher death rates than whites. Other data indicate that nationally, each year, nearly 100,000 Black people who die prematurely would live if there were no racial disparities in health. Hispanic women in Worcester have a higher infant mortality rate compared to White women. While the ethnic diversity in the region was described as an asset in the greater Worcester area by nearly all respondents, many also cited dynamics of racism and classism in the region that influence the health of residents of color and low-income residents. Reducing racial and ethnic and socioeconomic health disparities/inequalities emerged as a particular concern among many interviewed participants in the 2018-2021 CHA. Quantitative data confirm that there are excess rates of chronic diseases among African Americans, Hispanics, and low-income residents in the greater Worcester area. Participants also explained that populations of color generally had limited access to healthy, affordable food and safe, affordable housing and spaces to engage in physical activity, behaviors they described as linked to these health disparities. There was a clear consensus that racism, discrimination and health equity needed to be identified as priority in the CHA report, and as such is a strategy that is cross-cutting across all priorities.

The Community Benefits Strategic Implementation Plan

UMass Memorial Health Care is committed to improving the health status of all those it serves and to addressing the health problems of the poor and other medically underserved populations. In addition, nonmedical conditions that negatively impact the health and wellness of our community are addressed. The summary of UMass Memorial Community Benefits Priority Areas and Goals are listed below, followed by the detailed Community Benefit Strategic Implementation Plan. As mentioned previously, UMass Memorial's Plan aligns with findings of the CHA and the Greater Worcester Community Health Improvement Plan. The Community Benefits Strategic Implementation Plan will be tracked and updated annually.

VII. Priority Areas and Goals

Priority Areas	Goal
Priority Area 1: **Increase Access to Health Care**	**Goal:** Support programs and develop collaborative efforts that will improve access to care for the medically underserved/uninsured in Greater Worcester.
Priority Area 2: **Address Food Insecurity/Hunger and Healthy Eating**	**Goal:** Reduce barriers to access healthy food and nutrition.
Priority 3: **Chronic diseases and Injury Prevention**	**Goal:** Develop and sustain community/clinical linkages to address high rates of pediatric asthma in the City of Worcester, injury prevention and other programs.
Priority Area 4: **Promote Positive Youth Development**	**Goal:** Support at-risk youth programs that promote positive youth development (e.g., substance use, tobacco, mental health, workforce development and violence prevention).
Priority Area 5: **Enhance the Public Health Infrastructure of the Community**	**Goal:** Community-Wide Public Health Strategy: Develop and support strategies and systems that enhance the public health infrastructure of the Greater Worcester community.
Cross-Cutting: Promote Health Equity and Systemic Health Disparities	**Goal:** Support programs and policies that promote health equity and reduce health disparities (e.g., workforce issues, health literacy, care coordination, health information technology, and health information exchange) Develop an institutional Anchor Mission Strategy that supports Health Equity

Note: Measures of success/metrics (intended impact) are identified for the above Priority Areas at the Objective and Strategy levels outlined later in this document.

Priority 1 - Goal: Increase Access to Health Care

Objective:	**Deliver neighborhood-based medical and preventive dental mobile services at 10 sites and 20 schools as a means of decreasing access to care barriers and connecting underserved populations to on-going care.**
1.1.1	Sustain neighborhood-based medical and dental services at a minimum of 10 sites through the Care Mobile program
1.1.2	Sustain preventive dental services for underserved children at a minimum of 20 schools through the Care Mobile program
1.1.3	Provide health education and vaccines through the Care Mobile and participate at a minimum of three community-based events. (screenings: BMI, hypertension, blood glucose, dental and other)
1.1.4	Coordinate the Oral Health Providers Task Force to ensure dental services are offered to Worcester school-aged children
1.1.5	Sustain the capacity of Family Health Center's primary and dental care; Subsidized rent
1.1.6	Sustain referral relationship with Community Health Centers to anchor patients to a dental/medical home
1.1.7	Develop a pilot for HPV vaccinne immunizations
1.1.8	Participate in Community-based events
Monitoring/Evaluation Approach:	
1.	Number of avoidable ED visits provided on the Care Mobile
2.	Tracking patients served
3.	Number of school-based dental visits
4.	Number of community events participated in
5.	Number of vaccinations delivered

Hector Reyes Substance Use Treatment facility

Objective 1. 2:	**Execute the delivery of a medical model that treats Latino males with a substance use disorders in a culturally-sensitive way in a residential treatment program while placing emphasis on opiate addiction.**
Outcome Indicators:	
•	Number of Latino men receiving medical services at the Hector Reyes residential substance use treatment program
STRATEGIES	
1.2.1:	UMass Memorial physician provides medical care for Latino men who have/or are at risk for developing chronic diseases due to substance use at the Hector Reyes House.
1.2.2	Sustain collaborative relationship with UMass Memorial Medical Center departments of Psychiatry and Infection Disease for specialty care and follow up
1.2.3	Implement workforce opportunities through trainings and job placements at the Reyes Café and other sites
Monitoring/Evaluation Approach:	
1.	Tracking/ reporting/ patient services
2.	End of year reports

Health Insurance Enrollment

Objective 1.3: UMass Memorial Benefits Advisors conduct insurance enrollment for uninsured/underinsured individuals.
STRATEGIES
1.3.1: Financial Benefit Advisors assist with insurance enrollment, education and advocacy
Monitoring/Evaluation Approach: • Tracking of people served/ end of year report

UMass Memorial/Medical Legal Partnership

Objective 1.4: Legal Department implements a UMass Memorial/Medical Legal partnership with Community Legal Aid to integrate legal services into clinical sites to address underlying social/economic factors among socially-complex populations
STRATEGIES
1.4.1 Serve patients at three UMass Memorial clinical sites
1.4.2 Recruit a minimum of 50 pro bono lawyers
1.4.3 Update the evaluation plan
1.4.5 On-going participation in Medical-Legal Task Force
Monitoring/Evaluation Approach: • On-going monitoring and Evaluation Plan execution

Maternal/Infant Health

Objective 1.5: Support Worcester's Healthy Baby Collaborative efforts to address Infant Mortality disparities and promote equity in practices among maternal/child health population
STRATEGIES
1.5.1: Train and incorporate the role of Community Health Workers in intervention
Monitoring/Evaluation Approach: • Tracking of patients served and home visits conducted by Community Health Workers

Objective 1.6:	Enhance the CommunityHELP IT platform that integrates community resources (social determinants of health), and entities that provide services to community members and caregivers, and expand reach into Central Massachusetts
STRATEGIES	
1.6.1:	Increase the number of "claimed" participating organizations and programs in the CommunityHELP platform by five organizations/10 programs per month
1.6.2	Increase general knowledge of CommunityHELP across Central Massachusetts entities
1.6.3	Secure alignment of CommunityHELP to the Greater Worcester Community Health Improvement Plan (CHIP) strategies
1.6.4	Develop and launch governance and committee structure for ongoing marketing, integration, and innovation utilizing CommunityHELP
Monitoring/Evaluation Approach: • End of year reports documenting efficiency and use	

Priority 2- Goal: Address Food Insecurity/Hunger and Healthy Eating

Objective 2.1:	Address food insecurity/poor nutrition and hunger by increasing the availability of and access to affordable fresh and local fruits and vegetables for low income residents.
STRATEGIES	
2.1.1:	Promote and support community-based resources to increase access to healthy food • Veggie Mobile • Community Garden(s)
2.1.2:	Collaborate to support youth urban agriculture opportunities
2.1.3:	Screen for Food Insecurity and support food stamp (SNAP) enrollment among hospital patients
2.1.4:	Provide and support healthy cooking/nutrition and education programs
2.1.5	CB staff to participate in the Massachusetts Food is Medicine State Planning Council, an effort led by the Harvard University Center for Health Law and Policy Innovation and a home meal-delivery system, Community Servings, that works to increase access to medically-tailored foods for discharged patients and to improve availability of nutritious food through policy change and advocacy for food insecurity screening and solutions within the clinical care system.
Monitoring/Evaluation Approach: 1. End of year reports 2. Number of gardens 3. Number of Cooking/Nutrition education programs 4. Policies adopted to address access to healthy foods	

Objective 2.3:	In collaboration with the Worcester Division of Public Health and other stakeholders, support policy efforts to promote healthy weight and address food insecurity and hunger.
STRATEGIES	
2.3.1:	Collaborate and support community-based efforts of the Food Policy Council focus including: SNAP benefits and range of issues to improve access in underserved, food insecure areas including healthy food retailers, SNAP (food stamp) and expanding urban agriculture opportunities.
2.3.2	Serve as member of the planning Massachusetts Food is Medicine State Planning Council, an effort led by the Harvard University Center for Health Law and Policy Innovation and Community Servings, that works to increase access to medically-tailored foods and improve availability of nutritious food through policy change and advocacy for food insecurity screening and solutions within the clinical care system.
Monitoring/Evaluation Approach: • End of year reports • Evidence of policy development	

Priority 3- Goal: Address Chronic Disease and Injury Prevention

Address High Rates of Pediatric Asthma

Objective 3.1:	Pediatric Pulmonology will sustain an intervention with the ED and in-patient departments that targets patients most at risk
STRATEGIES	
3.1.1	Sustain linkage with ED/Pediatrics, Pedi-Pulmonology and Provider Champion
3.1. 2	Hospital In-Patient Intervention: Identify all children admitted to the hospital for asthma→ Introduce programs (asthma home visit, medication in school, Community Legal Aid) to every admitted asthmatic→ Asthma teaching for every admitted asthmatic→ Sign consent for program enrollment→ Enroll in one of Asthma Intervention programs
3.1.3	On-going participation and communication with Community-based Asthma Task Force Co-Chaired by UMass Memorial
3.1.4	ED Intervention: Identify all children in the ED who have ED visits in the last year for asthma→ Introduce Asthma programs→ Obtain consent for programs in person or by phone→ Enroll in one of Asthma programs→Identify ED Provider Champion
3.1.5	Medications in School: Identify children who are high risk asthmatics in the Hospital, ED, or clinic with concerns for poor medication adherence→ Introduce Medication in School Program→ Obtain consent→ Enroll in Medications in School
3.1.6	Looking at data analytics working with Finance and Green and Healthy Homes to identify cost of intervention/cost savings at UMass Memorial as a means of building the business case for third-party reimbursement for the Community Health Worker role
3.1.7	Share Best Practices with UMass Memorial Health Alliance-Clinton Hospital for pilot intervention

Objective 3.1: Pediatric Pulmonology will sustain an intervention with the ED and in-patient departments that targets patients most at risk
Monitoring/Evaluation Approach: 1. Tracking home visits by CHW 2. Tracking number of children receiving meds at school 3. Tracking number of ED visits for children in the Meds at School Program 4. Tracking absenteeism for children in the Meds at School Program

Intervention members:
Pedi-Pulmonology, Pedi-ED, Pedi-Primary Care, Worcester Public Schools, community-wide Pediatric Asthma Task Force

Objective 3.2: Identify high risk population and improve care for pediatric asthma patients served by Pedi-Primary Care to decrease asthma related health disparities	
STRATEGIES	
3.2.1	Utilize EMR to identify all pediatric patients with asthma and assess severity
3.2.2	Provider Champion to develop office work flow, train personnel, and managed care
3.2.3	Utilize CHW to provide case management and implement home visit program (Contact patient, schedule and provide home visits, follow-up, communicate with schools and Community Legal Aid referrals
3.2.5	Utilize CHW to follow-up on ER visits and hospitalizations of all pediatric persistent asthma patients through EPIC utilization
3.2.6	On-going participation and communication with the City-Wide Pediatric Asthma Task Force
Monitoring/Evaluation Approach: 1. Monitor patient registry monthly, follow up emergency department visits and hospitalizations 2. Individual children identified as high risk will be monitored at least quarterly through a combination of clinic visits, home visits, and/or contact with CHW 3. Monitor Home Visits (REDCap database)	

Objective 3.3: Create Asthma Healthy Schools; Sustain program at identified highest risk schools through education and environmental assessments.	
Strategies: Following the completion of the comprehensive pilot at three high risk Worcester Public Schools, Implement environmental strategies with goal to reduce school absenteeism, improve academic success, reduce need for rescue inhaler use, and improve overall health status.	
3.3.1	Implement comprehensive pilot at schools identified as high incidence/risk for pediatric asthma. Medical/nursing staff will provide education to all staff in each building. Indoor Air Quality experts will perform an assessment of these schools and determine areas of concern and strategies for improvement. All school staff will have an opportunity to provide feedback related to concerns within their classroom and/or building.
3.3.2	Outreach to WPS: By providing information on ways to improve air quality and reduce asthma triggers. Make resources available for teachers, administrators and facilities management. Utilize Nursing staff to help address education. Be certain the facilities management and staff are following WPS policies to address standard air quality measures.
3.3.3	Use of media (social media, local TV and radio, school web page, newsletter, etc.) to discuss asthma risk factors, triggers, strategies to improve home environment and exposures, and medication compliance.
3.3.4	Coordinate and report activities through the City-Wide Pediatric Asthma Task Force

Objective 3.3: Create Asthma Healthy Schools; Sustain program at identified highest risk schools through education and environmental assessments.
Monitoring/Evaluation Approach: 1. Track school absence/dismissal for students with asthma. 2. Track Albuterol use in the school setting. 3. Track ED admissions of asthmatic students.

Objective 3.4: Plan Expansion of Pedi-Asthma Program in North County
Strategies:
3.4.1 Establish a formal Pediatric Asthma Working Group in North County
3.4.2 Implementation of Community Health Worker home visiting model
Monitoring/Evaluation Approach: 1. Number of home visits 2. Adoption of best practice protocals 3. Number of referrals

Objective 3.5: Cancer Prevention
Strategies:
3.5.1 Assemble community outreach staff and appropriate clinical providers to support the agenda and activities
3.5.2 Leverage and connect Cancer Committee members to community resources and venues
Monitoring/Evaluation Approach: 4. Number of educational events held 5. Number of youth attending educational events

Objective 3.6: Reduce high rates of injury and injury-related death, ED use and hospitalization through a variety of programs targeting gun-related injury (accidental and intentional) and vehicular accidents and driving related-injuries.	
STRATEGIES	**Timeline: Year 1,2,3**
3.6.1 Provide programs targeting injury prevention through education, driver simulation, safe driving and gun reclamation and community engagement as a means of reducing high rates of injury, fatalities due to injury and ED visits and hospitalizations due to injury (Goods for Guns, Child Passenger Safety, Teen DRIVE, Teen RIDE)	1,2,3
3.6.2 Develop linkages with community-based organizations and stakeholders to leverage resources and program implementation	1,2,3
Monitoring/Evaluation Approach: • Yearly Reports	

Priority 4- Goal: Promote Positive Youth Development

Objective 4.1:	**Develop social media campaigns on issues of underage drinking, vaping/tobacco/nicotine use, youth homelessness, and other youth issues (UMass Memorial's HOPE Coalition)**
STRATEGIES	
4.1.1:	Design and initiate #update.508 campaign
4.1.2:	Complete 3 mini-campaigns each year, consisting of data collection, art demonstration, and direct service
4.1.3:	Participate in the Substance use domain of the CHIP
Monitoring/Evaluation Approach: • CHIP monitoring system reporting	

Objective 4.2: UMass Memorial's HOPE Coalition provides access to supportive mental health services for low-income youth/youth of color.	
STRATEGIES	
4.2.1:	Offer onsite mental health services at youth serving organizations (Worcester Youth Center, Friendly House, Boys & Girls Club, Girls, Inc., YouthConnect) with counselors hired and supervised by YOU, Inc.
4.2.2:	Increase the ability of front line staff to identify signs of youth mental health problems and emotional distress and make referrals to onsite mental health counselors
4.2.3:	Increase mental health literacy among youth
Monitoring/Evaluation Approach: 1. Daily case notes 2. Staff and youth behavior competency tools 3. Data entered into shared data-tracking ETO system	

Objective 4.3:	**UMass Memorial's HOPE Coalition builds the capacity and quality of youth programming by supporting and credentialing youth workers.**
STRATEGIES	
4.3.1:	Implement annual HOPE Youth Worker Training Institute
4.3.2:	Partner with Clark University's Certificate Program in Youth Work Practice
4.3.3:	Support citywide efforts to professionalize youth work through the Worcester Youth Workers Alliance

Objective 4.3: UMass Memorial's HOPE Coalition builds the capacity and quality of youth programming by supporting and credentialing youth workers.
Monitoring/Evaluation Approach: 1. Tracking of attendance and program completion 2. Self-efficacy and youth worker competency tools 3. Number of individuals awarded credit by Clark University

Objective 4.4: Address trauma (Adverse Childhood Trauma Experiences – ACE) in young children who witness violence through a partnership with mental health providers and the Worcester Police Department. (UMass Memorial's HOPE Coalition)
STRATEGIES
4.4.1: Utilize Worcester ACTs community health workers/resilience navigators
4.4.2: Worcester ACTs participation in Together for Kids
4.4.3 Develop formal linkage with the Worcester Division of Public Health to implement the ACE (Adverse Childhood Experience)/Opiate home visiting intervention
Monitoring/Evaluation Approach: • REDCap data management system

Objective 4.5: Support at-risk youth programs that promote positive youth development and workforce opportunities.	
STRATEGIES	**Timeline: Year 1,2,3**
4.5.1: Foster relationships with community stakeholders (Worcester Public Schools, City of Worcester Youth Office and Worcester Community Action Council) (Building Brighter Futures With Youth, Health Career Expo)	1,2,3
Monitoring/Evaluation Approach: • Yearly Reports	

Objective 4.6: In collaboration with the City of Worcester, implement summer programs that promote physical activity and active living, summer learning loss prevention programming and healthy meals for at-risk children (Recreation Worcester)
STRATEGIES
4.6.1: Collaborate with the City of Worcester Youth Office, Worcester Public Schools, and other community-based agencies to increase access to physical activity opportunities. • Recreation Worcester summer and afterschool programs
Monitoring/Evaluation Approach: • End of year reports

Priority- Goal: Enhance the Public Health Infrastructure of the Community

Objective 5.1: Enhance the capacity of the City of Worcester Public Health Department to deliver high quality prevention and promote equity to the residents in Worcester and the Alliance towns through regionalization and accreditation efforts.	
STRATEGIES	
5.1.1:	Support the City of Worcester Division of Public Health (WDPH) through the development of a Center for Academic Health Practice; Foster collaboration between WDPH, UMass Memorial, and academic partners to improve community health and develop public health research and practice leaders.
5.1.2	Support the Public Health Infrastrastructure and work
5.1.3	Active participants in the update of the Community Health Improvement Plan and annual updates and planning of 2021 Community Health Needs Assessment
5.1.4	Engagement in the Coalition for a Healthy Greater Worcester
5.1.5	Convene and facilitate the Resource Development Committee of the Coalition for a Healthy Greater Worcester; DoN allocation of funds

Monitoring/Evaluation Approach:

1. End of year reports
2. Number of policies implemented
3. Number of college students placed to conduct public health/CHIP activities
4. Public health/CHIP activities completed
5. Activities that support regionalization and accreditation of the Worcester Division of Public Health and regional Alliance
6. Completion of CHIP update
7. Evidence of DoN allocation of funds to support CHIP strategies

Health Equity (Cross-Cutting Goal)

Objective 6.1 Implement an Anchor Mission for UMass Memorial Health Care System to address health inequities.

Anchor institutions are enterprises such as universities and hospitals that are rooted in their local communities by mission, invested capital, or relationships to customers, employees, and vendors. As place-based entities that control vast economic, human, intellectual, and institutional resources, anchor institutions have the potential to bring crucial, and measurable, benefits to local children, families, and communities.

Strategies:	
6.1	Define working infrastructure that incorporates engagement with Office of Clinical Integration, Anchor Mission and Community Health Improvement Department and areas– develop Steering Committee

Objective 6.1 Implement an Anchor Mission for UMass Memorial Health Care System to address health inequities. Anchor institutions are enterprises such as universities and hospitals that are rooted in their local communities by mission, invested capital, or relationships to customers, employees, and vendors. As place-based entities that control vast economic, human, intellectual, and institutional resources, anchor institutions have the potential to bring crucial, and measurable, benefits to local children, families, and communities.
6.2 Establish working committees including a range of expertise and departments for each of the three Anchor Mission Pillars
6.3 Each committees to conduct research, and develop approaches for Anchor-mission specific actions; identify and evaluate best Community partners and leveraging of existing efforts and assets within the hospital system's service area
6.4 Establish a data analytics team
6.5 Incorporate Social Determinants of Health screening into EPIC
6.6 Establish a Communications Plan with UMass Memorial Marketing and Public Relations to communicate the system's Anchor Mission and activities inside the organization and to the Community at-large; and engage employees and Community partners in the Anchor Mission work
Monitoring/Evaluation Approach: **1.** Evidence of functioning committees, work plans in place, policies developed, community partnerships established and action items

APPENDIX

Appendix A: CHA Advisory Committee Members (listing from CHA report):

- Chantel Bethea, President/CEO, Women In Action
- Greg Baker, Director of Neighborhood Development, City of Worcester
- Imrana Soofi, Executive Director, Muslim Community Link
- Jose Ramirez, Vice President of Worcester Operations, Edward M. Kennedy Health Center
- Judi Kirk, Director of Assessment, YouthConnect/Boys & Girls Club of Worcester
- Kelsey Hopkins, Academic Health Collaborative Coordinator, Worcester Division of Public Health
- Laurie Ross, Associate Professor of Community Development and Planning, Clark University
- Linda Cavaioli, Executive Director, YWCA Central Massachusetts
- Liz Myska, Attorney
- Shelly Yarnie, Director of Local Public Health Initiatives, MA Department of Public Health
- Suzanne Cashman, Professor of Family Medicine and Community Health and Director of Community Health, UMass Medical School
- Tina Grosowsky, Project Coordinator, Central MA Tobacco Free Partnership, UMass Medical School

Appendix B

A listing of data sources is available in the Community Health Needs Assessment report:
http://www.umassmemorialhealthcare.org/sites/umass-memorial-hospital/files/Documents/About/UMass_Memorial_CBI_Measures-CHAFINAL.pdf

Appendix C

2018 Greater Worcester Community Health Needs Assessment Focus Groups, Community Forums and other Engagement Efforts

FOCUS GROUPS	
Audience	**Date**
Central Massachusetts Funders	March 30, 2018
Worcester Department of Health and Human Services (Disabilities, Veterans, Youth, Human Rights)	April 13, 2018
Parents	April 26, 2018 May 22, 2018
Youth	May 24, 2018
Behavioral health providers	June 8, 2018
Latino Educational Institute; Limited English proficiency	June 14, 2018
Individuals with disabilities	June 19, 2018
Elder health service providers	June 26, 2018
South East Asian Coalition	July 10, 2018
Spanish-speaking medical interpreters	July 11, 2018
COMMUNITY FORUMS	
Location	**Date**
Grafton Police Department	May 9, 2018
Shrewsbury Town Hall	May 2, 2018
Worcester Senior Center	May 23, 2018
Worcester Public Library	July 12, 2018
OTHER ENGAGEMENT EFFORTS	
Event/Effort	**Date**
Nueva Vida Health Fair	June 23, 2018
Juneteenth Festival	June 16, 2018
Out to Lunch Series	May/June 2018
Listserv to Service Area Towns	May/June 2018

Appendix D:

Community Partners
Access to Care:

- Ascentria Care Alliance, Quinsigamond Community College Dental Program, Mass College of Pharmacy, Massachusetts Department of Health, Worcester Public Schools, Edward M. Kennedy Community Health Center, Elder medical services at Worcester Housing and Centro Las Americas, Family Health Center of Worcester, Hector Reyes House, Worcester Adult Learning Center, Healthy Baby Collaborative, UMass Memorial Medical School, Oral Health Task Force, Community Legal Aid

UMass Memorial Ronald McDonald Care Mobile:

- Autumn Woods Apartments, Becker College, Green Island Neighborhood Center, Lakeside Community Center, Nueva Vida/Star of Jacob Church, Our Lady of Loretto Church, Plumley Village public housing, South Worcester Neighborhood Center, Friendly House, Seven Hills Charter School, Nativity School, Abbey Kelly Charter School, Worcester Public Schools and the Family Health Center of Worcester

Care Mobile Worcester School sites:

- Abby Kelley Foster School, Belmont Community School, Canterbury Street School, Chandler Street School, City View School, Clark Street School, Columbus Park School, Elm Park School, Flagg Street School, Grafton Street School, Jacob Hiatt School, May Street School, Nativity School, Nelson Place School, New Citizens School, Quinsigamond School, Rice Square School, Seven Hills School, Worcester Arts Magnet School

Address Food Insecurity/Hunger and Healthy Eating:

- City of Worcester, Division of Public Health, Worcester Adult Learning Center, Worcester Food Policy Council/Coalition, Harvard Law School, Center for Health Law and Policy Innovation; Statewide Food is Medicine Planning Committee, Worcester Public Schools, Worcester Regional Environmental Council

Promoting Positive Youth Development:

- Boys & Girls Club, City of Worcester Youth Opportunities Office, City of Worcester, Division of Public Health, Clark University, Worcester Youth Center, YouthConnect, YWCA of Central Massachusetts, Massachusetts Society for the Prevention of Cruelty to Children and You, Inc., Worcester Police Department, Police Departments in 16 surrounding towns, Pernet Family Health, Girls, Inc. United Way of Central Massachusetts