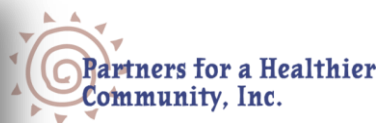




Hampden County Health Improvement Plan

A strategic path forward to improve public health outcomes and health factors in Hampden County



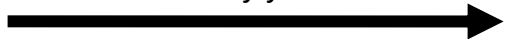
March 2017

Hampden County has been ranked **last** in Massachusetts by the County Health Rankings* for six years in a row.

We are working together to improve health outcomes in our region.

GOAL: By 2027, Hampden County will rank 10th or better among MA counties on health outcomes reported by the Robert Wood Johnson Foundation and the University of Wisconsin.

To be reached by year 2027



Where we are today



Rank	Health Outcomes	Rank	Health Factors
1	Nantucket	1	Norfolk
2	Middlesex	2	Middlesex
3	Dukes	3	Hampshire
4	Norfolk	4	Dukes
5	Hampshire	5	Barnstable
6	Essex	6	Nantucket
7	Barnstable	7	Berkshire
8	Franklin	8	Essex
9	Plymouth	9	Plymouth
10	Worcester	10	Franklin
11	Berkshire	11	Worcester
12	Bristol	12	Suffolk
13	Suffolk	13	Bristol
14	Hampden	14	Hampden

* Hampden County Health Rankings on pp 33-34

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- Brian Fitzgerald, Health Department Director, Holyoke
- Thomas Fitzgerald, Health Director, Southwick
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- Sean Gonsalves, Chief Sanitarian, Holyoke Board of Health
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Executive Summary

Hampden County Massachusetts has ranked last among Massachusetts' 14 counties with respect to health outcomes for the last six years according to the **County Health Rankings and Road Map** report produced each year by the Robert Wood Johnson Foundation in collaboration with State Departments of Public Health (www.countyhealthrankings.org). The Hampden County Health Improvement Plan presents a strategic path forward to improve health outcomes of the 467,319 people living in the county's 23 cities and towns. Five years ago, Frank Robinson, Ph.D., formerly the Executive Director of Partners for a Healthier Community, and currently Vice President, Public Health and Community Relations for Baystate Health, convened stakeholders-health and planning professionals, along with elected officials, to launch a collaborative process to improve health outcomes in Hampden County.



Frank Robinson facilitates the 2014 Hampden County Health Improvement Forum.

Since then the Hampden County Health Coalition has worked with the western Massachusetts Office of the Department of Public Health (MDPH) and staff from the Pioneer Valley Planning Commission (PVPC), together with other members of the Ad Hoc Hampden County Health Improvement Plan (CHIP) work group and the members of the Hampden County Health Coalition (HCHC) to advance this process.

A county health improvement plan is a **long-term, systematic effort** to address public health problems on the basis of the **results of a county health assessment**. This plan will be used by health and other governmental, education, economic development and human service sectors, in collaboration with community partners to **set priorities and coordinate and target resources in order to enhance health outcomes for Hampden County residents**.

A county health improvement plan is critical for **developing policies and defining actions** to target efforts that **promote health**. It should define the vision for the health of the county through a **collaborative process** and should address the gamut of assets, **strengths, weaknesses, challenges, and opportunities** that exist to **improve the health status** of the county, within the context of a region.

The problem identification portion of this CHIP, that is, the community (and in this case, 23 communities) health needs assessment (CHNA), was facilitated by the Coalition of Western Massachusetts Hospitals/Insurers, who, through a competitive procurement process, engaged a consulting team lead by Partners for a Healthier Community and including the Collaborative for Educational Services and the Pioneer Valley Planning Commission to complete their CHNA from October 2015 to June 2016. In addition to the findings of the CHNA, we supplement our problem identification with the last five years of reports from the County Health Rankings and the Robert Wood Johnson Foundation.



State Representative Aaron Vega addresses the 2014 Hampden County Health Improvement Forum.

The 2016 CHNA affirmed the need for continued work on the opioid epidemic, access to care, teen birth rates and chronic diseases.

The 2016 CHNA for Hampden County affirmed the need to continue working on previously identified problem areas:

- An opioid epidemic and a county-wide higher than average rate of drug and alcohol use combined with disproportionately low access to mental health services and poor mental health status;
- Access to care, including: 1) physical access, 2) affordable, accessible and culturally sensitive care, and 3) availability of quality providers—that is, can one get an appointment?
- Adolescent sexual health with more than twice the state average of teen births—accounting for 6.5% of births in the county and combined with startlingly high rates of STDs, throughout the county— (rates of chlamydia and HIV 40% higher than the state - chlamydia was especially high in Springfield, Holyoke, Chicopee and Ludlow; teen rates of chlamydia and syphilis are 2-4 times the state rate), and Infant/Perinatal care (high prevalence of smoking during pregnancy (10.8%) - higher in Palmer and Chicopee; 21% did not receive adequate care in the first trimester - especially in Holyoke, Springfield and Westfield);
- Chronic diseases correlate with the higher rates of physical inactivity among residents and poor nutrition (high rates of obesity/overweight, heart disease, stroke, diabetes, depression, and cancer).

In addition, systemic and institutionalized racism and unequal access to opportunity is hurting Hampden County residents as there are racial and ethnic disparities in disease morbidity and mortality (e.g. breast and prostate cancer, chronic liver disease, stroke). Inequitable access to opportunities, termed “social determinants of health” such as housing, education, employment, access to food, and public safety burden residents in Hampden County, in particular African American/Black and Hispanic residents.

Using a combination of the organizational structure of the Massachusetts State Health Improvement Plan, the typology of the County Health rankings modified by the Regional Plan Association to include Land Use Planning, and the categories identified in the “Compendium of Proven Community-Based Prevention Programs” (New York Academy of Medicine and Trust for America’s Health), we identified five Domains for Health Improvement Action Planning:



Holyoke Mayor Alex Morse, State Representatives Aaron Vega and Carlos Gonzalez, and Senator Jim Welch participate in the 2014 Hampden County Health Improvement Forum.

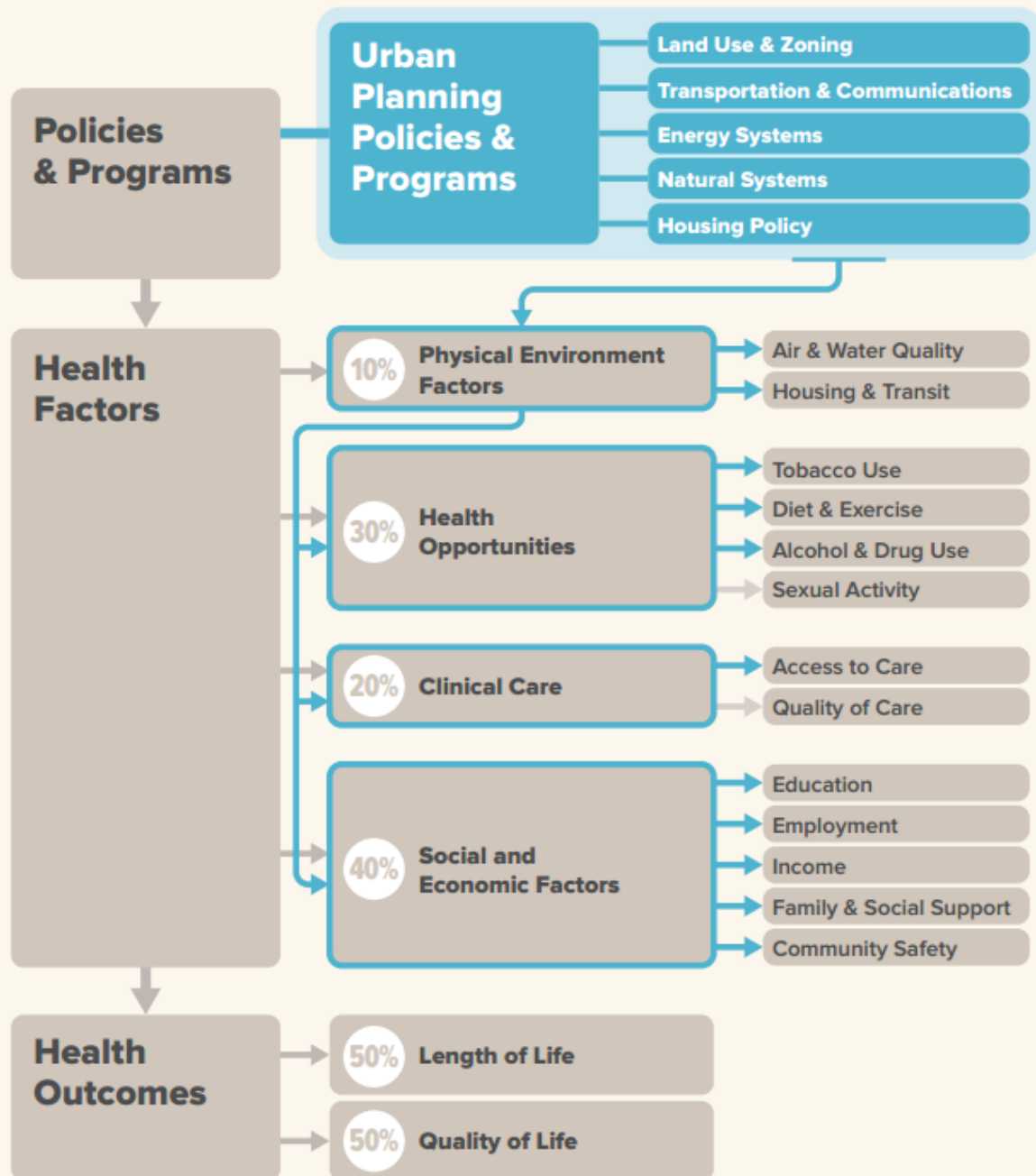
Five Domains for Health Improvement Action Planning

Domain 1	Health Equity and Health Disparities (access to opportunity in housing, employment and education)
Domain 2	Behavioral Health (mental health, substance use/abuse and treatment)
Domain 3	Primary Care, Wellness and Preventative Care (CVD, diabetes, asthma, and STIs)
Domain 4	Healthy Eating and Active Living (food access and the built environment)
Domain 5	Public Safety, Violence & Injury Prevention (domestic violence, gun violence, childhood trauma)

In the United States, health care shapes only 20% of a typical community's health. Socioeconomic and environmental factors, which are influenced by planning policies and programs, shape 80% of any community's health.

The social determinants of health + urban planning

Adapted by Dr. Karen Lee and Regional Plan Association from the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation County Health Rankings & Roadmaps 2016. www.countyhealthrankings.org.



Graphic used with permission of RPA (www.RPA.org) originally appeared in July 2016 RPA State of the Region's Health.

Process Overview: Developing the Hampden County Health Improvement Plan

1. Use County Health rankings to raise consciousness of decision-makers in Hampden County to act to improve health outcomes.
2. Review findings of 2016 Community Health Needs Assessments (CHNA) of western Massachusetts based hospitals (that serve Hampden County - Holyoke Medical Center, Baystate Medical Center, Baystate Wing Hospital, Mercy Medical Center, Shriners' Hospital for Children - Springfield, and Baystate Noble Hospital.
3. Work with and through the Hampden County Health Coalition (HCHC) to engage community and local public health system (LPHS) partners.
4. Determine health priorities based on CHNA findings and community and LPHS partner input.
5. Develop CHIP implementation work plan:
 - a. Develop goals and measurable objectives;
 - b. Choose strategies;
 - c. Create a timeline;
 - d. Develop performance measures; and
 - e. Determine organization/persons responsible to address each identified health priority.
6. Establish a process to monitor progress on implementation.
7. Meet periodically to assess status of implementation.

Process to Develop the CHIP (detail)

An informal collaborative of key planning and health officials in Hampden County came together in 2014 to organize a day-long forum to address Public Health and the economic costs of poor health to Hampden County. Understanding that Hampden County has been consistently ranking last in the Commonwealth when it comes to Public Health Factors and Health Outcomes, our purpose was to build consensus on the need and scope for a regional Community Health Improvement Plan (CHIP) and to organize ourselves to secure funding to facilitate development of the plan. In addition to planning to improve health outcomes across the county, having a shared plan will facilitate the individual municipalities who choose to develop CHIPs as a step toward accreditation by the National Association of County and City Health Officials (NACCHO). Entities engaged included:



Hampden County Health Improvement Forum, 2014.

Elected Officials: Mayors, Select Board members, City Councilors, State Representatives and Senators	Area Health Providers including but not limited to Health New England, Caring Health Center, HealthSouth
Area Colleges and Universities	Health Advocates such as Partners for a Healthier Community, etc.
Area Hospitals and the Hospital Coalition	Foundations: the Community Foundation of Western MA, the Davis Foundation, etc.
Pioneer Valley Planning Commission	Municipal Planners, Economic Development, Housing and Public Health Professionals
Pioneer Valley Transit Authority	Law Enforcement

In 2015-2016 work advanced and as the Coalition of Western MA Hospitals/Insurers completed their Community Health Needs Assessment (CHNA). We collaborated to integrate the Hampden County CHNA data and health assets and areas of improvement into this CHIP.

Following the completion of the Coalition of Western MA Hospitals/Insurers CHNA, the Ad hoc Hampden CHIP work group, with staff support of the PVPC (funded by the DHCD DLTA initiative), drafted the Hampden County CHIP with goals, objectives, and potential strategies. This draft plan was presented to the HCHC for review and additions in July/August 2016.



Annamarie Golden facilitates Baystate Health Community Benefits Advisory Committee, 2016.

In September 2016, we convened a half-day work session with members of the HCHC, the Ad hoc Hampden CHIP work group, and other individuals representing public, private and not for profit interests concerned about health outcomes in Hampden County to divide into five workgroups to review and finalize the draft plan by addressing each strategic priority (Domain). Each Domain workgroup was led by co-chairs representing the HCHC and the ad hoc Hampden CHIP work group and included partners who were involved in the development of the CHNA, members of the HCHC, as well as new partners who are stakeholders in the five Domains.

The workgroups were tasked with:

- Briefly reviewing CHNA data related to their priority area;
- Reviewing and **revising as necessary** the DRAFT Goals and Objectives for their chosen Domain, (e.g. add additional objectives, revise existing, delete proposed, etc.);
- Assessing the strengths and assets of the current service system for addressing the priority area (based on participants expert knowledge of their communities and their region) to identify gaps and limitations of the current system;
- Finalizing a range of strategies to achieve the agreed upon Domain Goals and Objectives.

Based on the Domain work groups' assessment of data, current practices, and opportunities for improvement, each group finalized goals, objectives, and strategies. After the half-day work session, each domain work group met independently to finalize their input, ensuring each goal is aligned with the priority area, each objective represents a clear measure of progress toward the goal, and each strategy is likely to lead to progress toward an objective.

The following definitions were used to support the review and revision of goals, objectives, and strategies:

GOALS:	Broad, brief statements that explain what you want to achieve in your community and provide focus or vision for planning
OBJECTIVES:	Specific, measurable, achievable, relevant, and time-bound (SMART) statements that define progress toward a goal
STRATEGIES:	Methods selected to achieve a goal or objective

Each workgroup carefully reviewed their goals, objectives, and strategies against these definitions, and with additional criteria in mind, including:

- The strategy is directly linked to an objective, a goal, and the priority area;
- There is evidence indicating the strategy is effective;
- The strategy reflects the needs, values, and preferences of the population;
- The strategy addresses a service, policy, or system gap;
- Resources are available or the will to pursue resources exists to implement the strategy.

Action planning began with the identification of an agency or agencies that could coordinate the implementation of each strategy. After a coordinating agency was identified, the workgroups engaged in a facilitated process to develop milestones for the three year implementation period and action steps for the first 6-9 months of implementation. These initial action plans make up this plan. Additional action items may be developed throughout the implementation cycle under the leadership of coordinating agencies, and these preliminary action plans may be modified as needed over time.



PVPC Deputy Director, Jim Mazik (far right) with Mayor Morse (Holyoke) and State Rep Aaron Vega at the Western MA County Health Rankings Legislative Briefing, 2016.

Hampden County Community Health Improvement Plan TIMELINE:

Organize	7/16	8/16	9/16	10/16	11/16	12/16
Review findings of CHNA and discuss steps for CHIP	X	X				
Identify co-chairs for each strategic priority in CHIP	X	X				
Identify agencies and coalitions addressing this priority	X	X	X			
Invite stakeholders to participate on a CHIP workgroup	X	X	X			
Gather & Review System Data	7/16	8/16	9/16	10/16	11/16	12/16
Identify community assets and gaps in services	X	X	X			
Identify Strategies to Address Health Priorities & Gaps	7/16	8/16	9/16	10/16	11/16	12/16
Participate in facilitated Domain work session			X			
Gather information on evidence-based practices	X	X	X			
Draft work plans which include goals, objectives, strategies, activities, and responsible partners		X	X	X		
Develop Health Improvement Plan	7/16	8/16	9/16	10/16	11/16	12/16
Participate in facilitated process to finalize goals, objectives, and strategies			X	X		
Distribute goals, objectives, and strategies to partners to gather input			X	X		
Participate in facilitated process to finalize action plans				X	X	X
Distribute CHIP to partners for review, feedback and final edits						X==>
CHIP Launched--MARCH 2017						

Regional Demographic and Health Profile

As national research shows, a person's zip code is a better predictor of health outcomes than many other variables. Here we present a brief summary of basic demographic data to understand the range of circumstances within which residents of Hampden County Massachusetts are living.

Demographic Profile

Hampden County covers 23 communities, including the third largest city in Massachusetts -- Springfield (153,991). Five adjacent cities (Holyoke, Chicopee, West Springfield, Westfield and Agawam) create a densely-populated urban core that includes 40% of the population of the county (194,926 people). Combined with Springfield, these six cities are home to 75% (three-fourths) of Hampden county residents. Smaller, 'bedroom' communities exist to the east and west of this central core area. All but one of these communities have populations under 20,000 people, with the average size being 6,113.



Thanks to the residents of Springfield and Holyoke, Hampden County has more racial and ethnic diversity than any other part of Western Massachusetts (Table 2). County-wide, 22.1% of the population is Latino, 8.7% is Black and 2.1% is Asian (ACS, 2010-2014). In Holyoke and Springfield there is a majority non-white population. The Pioneer Valley Transit Authority, the second largest public transit system in the state serves 11 communities in the service area, and connects suburban areas to the core cities and services.

Economically, Hampden County is home to many of the largest employers in the region as well as numerous colleges and universities and provides a strong economic engine for the broader region. The largest industries and employers include health care, service and wholesale trade and manufacturing. At the same time, the county struggles with disproportionately high rates of unemployment and poverty, lower household incomes and lower rates of educational attainment (Table 2). The median household income in the service area is about \$50,000 (\$17,000 less than the state). And while the cost of housing is almost \$400/month lower than that statewide, the poverty rate is more than 5% higher than that statewide, and the child poverty rate is an alarming 27%, more than 10% higher than the state rate (ACS, 2010-2014).

Despite being at the core of the Knowledge Corridor region (Greenfield, MA to New Haven, CT), only 25.6% of the population age 25 and over has a bachelor's degree. Unemployment is also higher than the state average. The median age for the service area is similar to that of Massachusetts, though the population over 45 years old is growing as a percentage of the total population (Table 2).

Table1. Communities in Hampden County: Population and Income

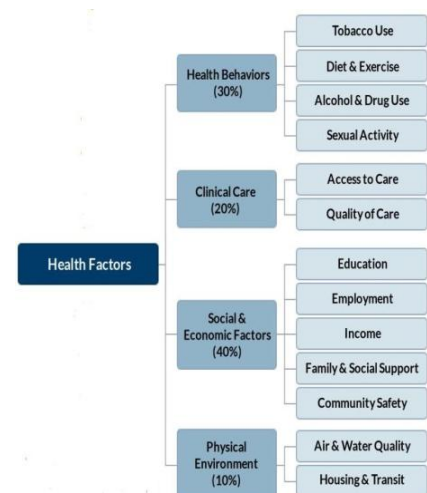
Hampden County	2014 Population Estimate	2014 Household Median Income
Agawam	28,772	\$63,561
Blandford	1,255	\$72,361
Brimfield	3,723	\$82,365
Chester	1,365	\$65,648
Chicopee	55,795	\$47,276
East Longmeadow	16,123	\$84,173
Granville	1,620	\$75,208
Hampden	5,195	\$78,722
Holland	2,502	\$64,868
Holyoke	40,124	\$35,550
Longmeadow	15,882	\$108,835
Ludlow	21,436	\$61,410
Monson	8,754	\$66,389
Montgomery	860	\$78,333
Palmer	12,174	\$51,846
Russell	1,787	\$68,750
Southwick	9,689	\$81,967
Springfield	153,991	\$34,731
Tolland	492	\$85,750
Wales	1,878	\$52,500
Westfield	41,608	\$60,845
West Springfield	28,627	\$52,806
Wilbraham	14,509	\$87,303
Hampden County	468,161	\$50,036

Table 2. Sociodemographic Characteristics of Hampden County Area

Sociodemographic Characteristic	Hampden County
Age	
Median age (years)	38.7
Under 5 years	5.9%
5 to 17 years	17.1%
18-64	62.3%
65 and over	14.7%
Race and Ethnicity	
White alone, not Latino or Hispanic	66.1%
Black or African American	8.7%
Latino or Hispanic origin (of any race)	22.1%
American Indian and Alaska Native	0.3%
Asian	2.1%
Native Hawaiian and Other Pacific Islander	0.0%
Some other race	8.4%
Two or more races	2.3%
Language Spoken at Home (population over 5)	
Speaks language other than English at home	25.0%
Educational Attainment (25 yrs +)	
Less than high school graduate	15.9%
High school graduate (includes equivalency)	30.6%
Some college or associate's degree	28.1%
Bachelor's degree or higher	25.5%
Income	
Median per capita income	\$25,416

The reality of life in Hampden County: high poverty rates, high unemployment, large concentrations of people of color who have been historically discriminated against and systematically denied access to opportunity, is affecting health outcomes in Hampden County. The County Health Rankings Model cites findings that **40% of an individual's health results from social and economic factors** (emphasis added). Results from the W MA hospitals' CHNAs found that health disparities are prevalent in Hampden County, where people of color, lower income, less educated residents and recent immigrants face more obstacles to care as well as increased rates of some health conditions. Particularly vulnerable populations include Black/ African Americans, Latinos, and youth - especially those from low-income families. There are a high percentage of residents in Hampden County for whom English is not their first language, and 25% of the population in Hampden County does not speak English at home. This creates another obstacle to receiving appropriate health care. Participants in several focus groups cited language as a barrier to both understanding their health conditions and to feeling confident enough to discuss the details of their condition with their provider.

Figure 1: County Health Rankings Model - Health Factors



Source: County Health Rankings

Health Overview Excerpted From Western MA Hospital CHNAs

In 2012, hospitals in western Massachusetts came together to share resources and work in partnership to conduct their federally mandated community health needs assessments (CHNA) and address regional needs. They called themselves the Coalition of Western MA Hospitals/Insurer (“the Coalition”) and created a partnership between 10 non-profit hospitals and an insurer in the region. Every three years hospitals must update their CHNA to better understand the health needs of the communities they serve and to meet their fiduciary requirement as tax-exempt organizations. When identifying the areas that can be addressed to improve the health of the population, the assessment uses the social and economic determinants of health framework since it is recognized that these factors contribute substantially to population health. The prioritized health needs identified in the 2016 CHNA include community level social and economic determinants that impact health, access and barriers to quality health care, and health conditions and behaviors. The assessment included analysis and synthesis of:

- 1) a variety of social, economic and health data;
- 2) findings from recent Hampden County assessment reports; and
- 3) information from 4 focus groups and 22 key informant interviews conducted by the Coalition and their Consultant team for the 2016 CHNA.

Information from the CHNA will be used to inform the updating of the Coalition members hospital-based community health improvement plans, to inform the Coalition’s regional efforts to improve health, and of course, to guide this Hampden County Health Improvement Plan.

Two urgent issues arose consistently across many focus groups -- mental health care and substance abuse (in particular, alcohol and opioid abuse). Additional health issues such as chronic health conditions (obesity, asthma, and cardiovascular disease), poor nutrition and physical activity, infant and perinatal health, and unsafe sexual practices among youth, were also key concerns throughout the county. Access to health care is another persistent issue, as hospitalization and ER visit rates for conditions such as diabetes, asthma, and cardiovascular disease show wide disparities between Black and Latino populations in Hampden County. Based on the County health rankings and the Hospital Coalition Community Health Needs Assessment, we have identified five Domains for this CHIP:

Domain 1	Health Equity and Health Disparities (social determinants of health--access to opportunity in housing, employment and education)
Domain 2	Behavioral Health (mental health, substance use/abuse and treatment)
Domain 3	Primary Care, Wellness and Preventative Care (cardiovascular disease, diabetes, asthma, and sexually transmitted infections)
Domain 4	Healthy Eating and Active Living (food access and the built environment--obesity and its contribution to cancer, heart disease, diabetes, and mental health)
Domain 5	Public Safety, Violence, and Injury Prevention (domestic violence, gun violence, childhood trauma)

Following are work plans for each Domain, starting with a summary of data that defines the problem, followed by proposed goals, objectives and strategies. Lead Implementing organizations are identified, but this is a living document and it is the goal of the plan developers to substantively expand the organizations working on plan implementation.

Domain Area 1: Health Equity & Health Disparities

(Social determinants of health--access to opportunity in housing, employment and education)

Lead Implementer(s): Western MA Health Equity Network; Partners for a Healthier Community and the Massachusetts Public Health Association

Health inequities exist among racial/ethnic and other sub-populations of our communities (i.e. GLBTQ) due to discriminatory policies in housing, health care, education, employment, etc. which create disparities in overall health and wellness.

Characteristics such as race, ethnicity, socio-economic status, and geographic location, historically linked to exclusion or discrimination, influence health status. Social Determinants of Health (SDOH), the non-medical conditions which encompass social, behavioral, environmental, etc. has a 60% influence on a person's health—greater than genetics (20%) or health care (20%). County-wide, vulnerable and marginalized residents face a lack of resources to meet basic needs. These are issues of poverty, nutrition, food insecurity, education, unemployment, housing/homelessness, utility arrearage, transportation and other SDOH. For example:

- Half of the population is housing cost-burdened, paying more than 30% of their income to housing.
- Older housing stock can mean exposure to environmental contaminants such as lead paint, asbestos, and lead pipes. Springfield and Holyoke have a greater number of older homes with 41% and 50% of homes built before 1940, respectively (U.S. Census Bureau, 2010-2014).
- Over 80% of school age children in Springfield Public Schools are eligible for the federal program for reduced or free lunch due to families living below the federal poverty level.

Among Blacks/African-Americans and Latino/Hispanic populations, the following health disparities exist:

- **Hospitalization for Stroke and Heart Disease:** 50% higher rates than Whites.
- **Hospitalization for Diabetes:** three (3) times that of Whites (higher in Chicopee).
- **Hospitalization and ER Visits for Asthma:** for African-Americans is three (3) times the state rate and Latinos are four (4) times the state rate; in Westfield & West Springfield; ER visits are three (3) times that of Whites.
- **Hospitalization for Mental Health:** 65% higher among Latinos than Whites; 40% higher than Hampden County as a whole.
- **ER Visits for COPD:** for the entire Hampden County populations are 75% higher than the state; among African Americans, rates are three (3) times higher than the state.
- **Teen Pregnancy Rates:** for Latinos are three (3) times that of Hampden County (65.5 vs.21.4 per 100,000) and six (6) times the state rate of 10.5 per 100,000.
- **Inadequate Prenatal Care:**-Women of Color received less than adequate care at double the rate of Whites.

It is unclear if high hospitalization and ER visit rates are the result of a higher prevalence of some conditions, or a result of a lack of preventative care, or due to a perceived cost of care, or some other barrier. What is known is that the cities with the largest populations of Black and Latino residents (Springfield and Holyoke) have been identified as areas with limited opportunities (PVPC & CRCOG FHEA and Ohio State Kirwan Institute). In addition, the University of Michigan's Center for Population Studies ranked the Springfield Metropolitan Statistical Area (Hampden, Hampshire and Franklin counties) as the most segregated in the U.S. for Latinos and 22nd in the country for Blacks.⁷

GOAL

Address discriminatory policies in housing, education, health care that prohibit equal/equitable access for vulnerable and marginalized populations.

OBJECTIVES {Specific, measurable, achievable, relevant, and time-bound (SMART)}

By 2020, modify or promulgate two (2) key municipal policies that impact health, in at least three or four municipalities (Springfield, Holyoke, Chicopee, W. Springfield) with the greatest health disparities. These may include housing transportation, education or zoning.

By 2018, identify twenty (20) cross-sector institutions and work with them to change policies that impact health outcomes. Gain their support to address and eliminate institutional oppression within their organizations and others with whom they partner.

By 2017, identify 5 to 10 emerging leaders from marginalized communities in Hampden County and increase their capacity to effectively influence the development of policies that address health disparities and health inequities.

Ensure that each public health priority area (Domain) in the CHIP identifies strategies to address oppression, equal distribution of resources, and social determinants of health.

STRATEGIES

- ✓ Develop sustainable models of partnerships between health care and social services. Collaborate with policy makers, providers, community organizations and residents, and other key stakeholders.
- ✓ Reallocate resources by working through legislation to shift funding requirements that would impact funders and large institutions, such as affirmatively furthering fair housing and other forms of affirmative action.
- ✓ Create pathways to leadership for people of color at every stage of life. (Policy Link emerging leaders training, Leadership Institute for Political and Public Impact, Leadership Pioneer Valley, student internships, LIPPI, Caring Health Center board development)
- ✓ Target and engage C-Suite Executives/Business Leaders/Power Brokers, etc. to participate in workshops/seminars in Healing Racism, Undoing Racism, and similar initiatives.

Domain Area 2: Behavioral Health

(Mental health, substance use/abuse and treatment)

Lead Implementer(s): The Coalition of W MA Hospitals Mental Health First Aid Initiative and Behavioral Health Network

Substance use and mental health were among the top three urgent health needs affecting the area in interviews with local and regional public health officials and among local physician leaders across Hampden County. Substance use disorders overall, and opioid use specifically, were identified as top concerns. The opioid epidemic is a key concern as both overdose fatalities and overdose hospitalizations are locally high in some communities in Hampden County (Springfield and Monson - fatalities; West Springfield and Chicopee - hospitalizations). Substance abuse-related ER visits are 50% higher in Springfield and Holyoke than in the rest of the county, and the rates are particularly high among the Latino population. Youth substance abuse rates are also higher in Hampden County than in other parts of the state. There was overwhelming consensus among hospital focus group participants and health care providers and administrators about the need for:

- Increased education across all sectors to reduce the stigma associated with mental health and substance abuse;
- More treatment options, including long term care;
- Increased integration between the treatment of mental health and substance use disorders;
- The impact of mental health conditions and substance abuse on families.

Mental Health

Though mental health is commonly thought of as the absence of mental illness, mental well-being extends beyond the presence or absence of mental disorders.¹⁶ Only 17% of U.S adults are estimated to be “in a state of

Nearly 16% of Hampden County residents have poor mental health on 15 or more days per month.

optimal mental health.”

- An estimated **15.9% of Hampden County residents** have **poor mental health on 15 or more days** in a month compared with 11.1% statewide (BRFSS 2012-2014).

It is estimated that by 2020, depression will be the 2nd leading cause of disability worldwide, and children are a particularly vulnerable population. Mental illness often co-occurs with substance use disorders and affects physical health as well.

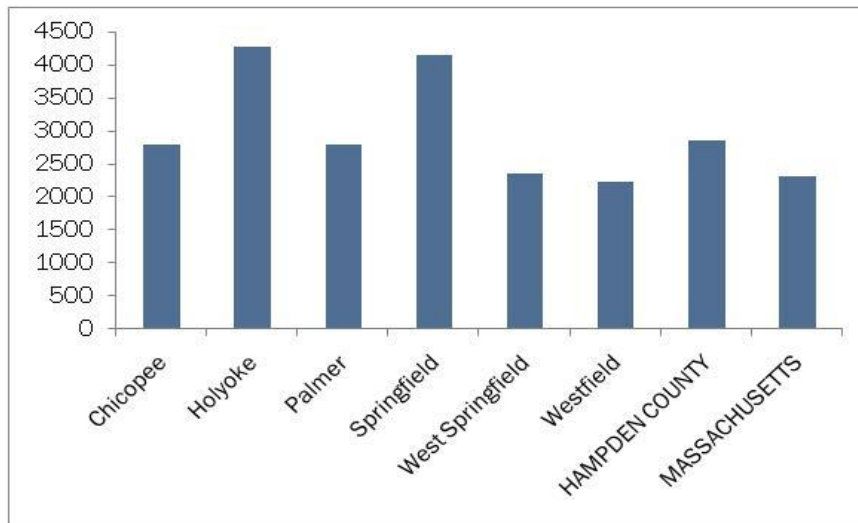
- **ER visit rates for mental disorders** in Hampden County are **24% higher** than that of the state with particularly high rates in Holyoke and Springfield (Figure 12).
- Youth are disproportionately impacted with mental health issues. Data from the 2015 Springfield Youth Health Survey indicated that **34% of Springfield 8th graders “felt so sad or hopeless that they stopped doing their usual activities”** compared with 20% statewide.
- LGBTQ youth are also disproportionately impacted with **56% of LGBTQ 10th and 12th grade students** responding to the 2015 Springfield Youth Risk Behavior Survey **reporting feeling**

Nearly ¼ of Hampden County LGBTQ youth report trying to commit suicide in the past year.

sad or hopeless two weeks or more and 23% reporting that they tried to commit suicide in the past year.

- Latinos experienced high hospitalization rates for mental disorders with rates 65% greater than Whites and over 40% greater than Hampden County rates overall.
- **Refugee populations seeking treatment for depression** seem to be a growing vulnerable population in the Springfield area.

Figure 2. Mental Health Disorder Emergency Room Visit Rates in Select Hampden County Communities, 2012



Source: MDPH, MassCHIP; age-adjusted per 100,000

Substance Use

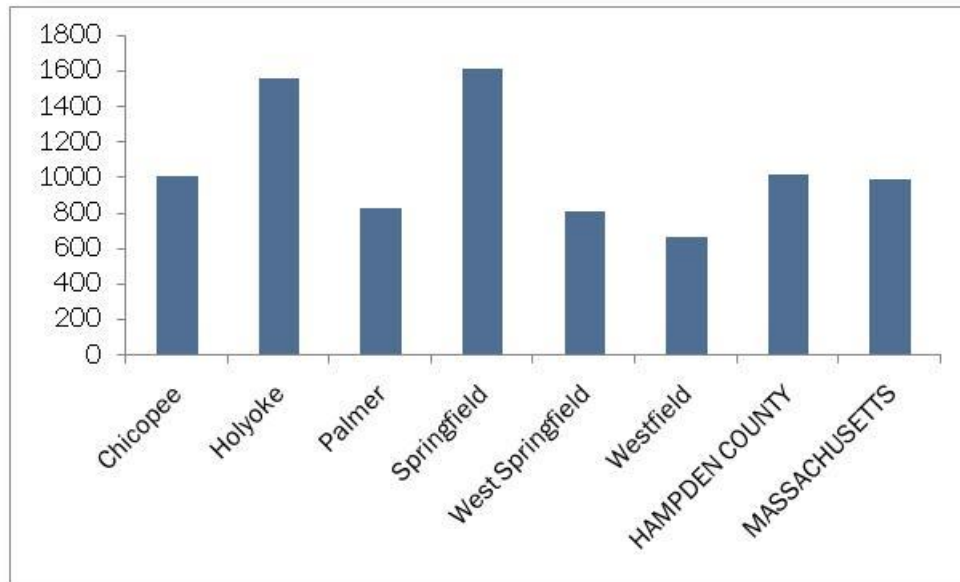
High rates of *substance use* continue to be a prioritized health need for the community. Substance use disorders (SUD) refer to the recurrent use of drugs or alcohol that result in health and social problems, disability, and inability to meet responsibilities at work, home, or school. Risk factors for SUD include genetics, age at first exposure, and a history of trauma.

Substance abuse ER visits are 50% higher in Hampden County than other MA county rates.

- An estimated **21% of Hampden County residents smoke tobacco** as compared to 16% statewide (BRFSS 2012-2014).
- **15% of 8th graders** in Springfield reported **drinking alcohol in the last 30 days** and 12% reported **marijuana** use (Springfield Youth Health Survey, 2015).
- Substance use related ER visit and hospitalization rates (including alcohol) were among the highest ER visit and hospitalization rates of those examined for the 2016 Community Health Needs Assessment. Substance use (including alcohol) **emergency room visits** in Hampden County are comparable to that of the state with rates **in Springfield and Holyoke 50% higher than county rates** (Figure 3).
- **Opioid overdose fatalities** in Hampden are higher than that of the state with 12.7 fatalities per 100,000 as compared to 10.7 statewide. This is despite lower opioid overdose hospitalization rates in Hampden County (79.4 vs. 103.9 per 100,000). In key informant interviews, health care providers and administrators identified the need for increased institutional support to promote harm reduction approaches, such as Narcan, to reduce morbidity and mortality that occur as a

result of opioid overdose; more access to long-term treatment programs; more provider and patient education to reduce stigma, and as a means to get people the care they need; and more support for youth, particularly those with histories of trauma.

Figure 3. Substance Use Disorder Emergency Room Visit Rates in Select Hampden County Communities, 2012



Source: MDPH, MassCHIP; age-adjusted per 100,000

Access

Hospital focus groups and families of mental health and substance abuse patients voiced many concerns about the state of mental health and substance abuse care in Hampden County. The needs for sustained, on-going support for these patients, as well as more coordinated care between providers were two re-occurring themes.

“Waiting for a bed to open is ridiculous - when you have a heart attack or a stroke, you get care in the ER and then they help you with all sorts of after care and follow up; where is that with mental health and addiction treatment services?”
- Focus group participant

“We need to treat mental health and addiction just like we treat cancer or diabetes; it’s a chronic, progressive disease”
- Focus group participant

“Children under the age of 14 with serious mental health and substance abuse issues have no place to go locally; many parents can’t work if their child needs treatment in a program that is so far away.”

- Holyoke behavioral health specialist key informant interviewee

“The behavioral health and addiction treatment systems seem to be designed so that you have to fail over and over before you get what you really need.”
- Focus group participant

GOAL

Nurture an accepting region that supports positive mental health, strives to reduce stress and reduce substance abuse in a comprehensive and holistic way for all residents.

OBJECTIVES {Specific, measurable, achievable, relevant, and time-bound (SMART)}

All 23 Hampden county communities will work to adopt local regulations to make the legal age of purchasing tobacco 21, referred to as Tobacco 21, by 2019.

Reduce the rate of opiate and other prescription drug overdoses by 3% each year.

Assure that all residents suffering from a substance addiction can access treatment easily and affordably by the end of 2018.

One or more Hampden county communities and/or organizations concerned about health in Hampden County will review the “proven community-based prevention programs” from around the country and work to implement it in Hampden County by the end of 2019.

Goal 1: Reduce preventable hospitalizations (psychiatric and physical)

Objective 1.1: Increase community members’ use of preventive behavioral health care.

Objective 1.1a: decrease stigma of mental health and substance use

Strategies:

- ✓ General community awareness campaign “we’ve all got our stuff” to normalize mental health challenges. Message: our world is stressful. Okay to struggle. Okay to come for help.
- ✓ Targeted population: black men re: country violence. (we will also work to change the safety of our environment) BUT: how do you cope with the very real fear and stressors?
- ✓ Targeted population de-stigma campaign: specifically Latino. (Addressing disproportionately high rates of depression in Latinos).

Existing resources:

- National Alliance for the Mentally Ill has existing anti-stigma materials. And their Massachusetts’ chapter has a CEOs Against Stigma campaign

<http://ceos.namimass.org/>

Objective 1.2b: streamline process for community members to access behavioral health treatment

Strategies:

- ✓ Increase capacity and awareness of Mass211 for referral information
- ✓ BH providers advertise their services in a way that community members can see and understand
- ✓ BH providers streamline pathway to the right care once “in the door”
- ✓ Engage payers and state regulators to reduce barriers to access.
- ✓ Increased access to care management through MassHealth Reform and One Care programs will increase ability of individuals to access care. .

Existing resources:

- Existing BH providers can focus their advertising and intake procedures in ways that minimize barriers and maximize access.
- Existing payers and advocacy groups (ex. Association for Behavioral Healthcare) can examine and strive to reduce regulations that create barriers
- New care management programs (One Care; MassHealth ACO), current insurance-based care management and primary care medical home care managers can assist patients in navigating barriers and access treatment.
- Employers and EAPs can assist employees in accessing needed BH treatment.

Objective 1.2: Increase community members' use of preventive medical care.

Strategies:

- ✓ Leverage care management infrastructure for helping patients get to primary care.
- ✓ Targeted outreach to patients with mental health diagnoses who aren't accessing primary care, to engage them in primary care
- ✓ Integrating primary care into behavioral health settings; i.e. BH providers knowledgeable about health indicators and conditions and ask their patients about it.

Existing resources:

- Insurance companies and ACOs can identify from registries and claims data, and with Community Health Worker support, can outreach to engage patients not currently accessing primary care.
- HRSA/ SAMHSA website for integrated care resources for BH providers to train BH staff on identifying and engaging patients around health needs.
<http://www.integration.samhsa.gov/>

Objective 1.3: Increase BH treatment models' relevance for population (so people like the help they get and get better)

Strategies:

- ✓ BH providers will continue to increase use of evidence-based models designed for specific populations and diagnoses
- ✓ BH providers will continue to increase use of peer, outreach and wrap around models
- ✓ Insurance payers increase payment for peer and wrap around models. May be possible in MassHealth ACO model.

Objective 1.4: Increase BH treatment providers' relevance for population: (so people feel comfortable with their providers)

Strategies:

- ✓ BH providers will continue to try to hire staff who are of the community they are serving
- ✓ Local colleges will partner to help build the capacity of BH workforce that reflects the community
- ✓ BH providers will train staff in cultural competence.

Goal 2: Reduce rates of perceived Poor mental health days/ poor health days.

Objective 2.1: Increase community members' skills for coping with life stresses

Strategies:

- ✓ As in objective 1.1: General community awareness campaign "we've all got our stuff" to normalize mental health challenges. Message: our world is stressful. Okay to struggle. Okay to come for help.
- ✓ Increase integration of behavioral health prevention/ coping / psychoeducation into existing settings: primary care, school, preschool, workplaces.

Objective 2.2: increase community members' knowledge of mental health treatment options and access to services.

Strategies:

- ✓ Increase capacity and awareness of Mass211 for referral information
- ✓ BH providers advertise their services in a way that community members can see and understand
- ✓ BH providers streamline pathway to the right care once "in the door"
- ✓ Engage payers and state regulators to reduce barriers to access.
- ✓ Increased access to care management through MassHealth Reform and One Care programs will increase ability of individuals to access care. .

Goal 3: Reduce Adult smoking –

Objective 3.1: Reduce first onset of smoking by youth

Strategies:

- ✓ All schools implement antismoking education
- ✓ Public health awareness campaign about the negative health and financial consequences of smoking ("don't be a sucker")

Existing Resources:

- ✓ Trinity Tobacco 21 Campaign

Objective 3.2: increase awareness of adult smokers as to the harms of smoking

Strategies:

- ✓ Public health awareness campaign about the negative health and financial consequences of smoking ("don't be a sucker")

Objective 3.3: Increase access for community members to smoking cessation programs

- ✓ Advocate with MassHealth to fund smoking cessation programs
- ✓ Increase the number of providers in Hampden County trained to offer smoking cessation programs.

Goal 4: Reduce excessive drinking

- School education to prevent adolescent use
- Preventive BH work to help give people OTHER coping skills
- SBIRT at primary care. – screening and education on safe limits.
- Call a designated driver campaign.

Existing Resources:

- Drug free communities programs in many cities and towns in Hampden County.

Goal 5: Reduce premature death:

Objective 5.1: Reduce fatal drug overdose

Strategies:

- ✓ Reduce stigma around Medication Treatment for addiction.
- ✓ Increase access to Medication Treatment for addiction
- ✓ Narcan distribution and education. (including Public safety officers carrying).
- ✓ Police diversion for substance use.
- ✓ Youth education and prevention – schools delivering prevention in health, starting in elementary school (as coping and safety education)
- ✓ Prescribers guidelines for prescribing.
- ✓ Education campaign to do something with overdose

Objective 5.2: Reduce premature death from preventable medical conditions in the population of adults with severe mental illness (shown to die 25 years younger)

Strategies:

- ✓ Integration of primary care into BH context so that people with SMI have access to primary care
- ✓ Leverage care management resources to help resolve barriers to Primary care for SMI population.
- ✓ Reduce smoking rates in SMI population through smoking cessation programs via treatment providers.

Objective 5.3: Suicide prevention-

- Signs of Suicide curriculum delivered in schools
- Youth to youth peer outreach to community centers.
- Youth mental health first aid training for teachers, after school staff, faith leaders, etc.
- Trauma response team “post vention” after community incidents.

Existing Resources

- DPH funded trauma response team which supports postvention activities
- Grants to local towns to support Mental Health First Aid training
- School-funded initiatives targeting substance use prevention and education.

Domain 3: Primary Care, Wellness and Preventative Care

(Cardiovascular disease, diabetes, asthma and sexually transmitted infections)

Lead Implementer(s): LiveWell Springfield-Transforming Communities Initiative; Let's Move Holyoke 5-2-1-0, and Mass in Motion initiatives in Holyoke, Palmer, Springfield and West Springfield

About 30% of Hampden County adults are obese; and about 35% have hypertension.

Chronic health conditions

High rates of obesity, diabetes, cardiovascular disease, asthma, and associated morbidity continue to affect Hampden County residents. An estimated 30% of adults in the population are obese, with high rates also observed among children. Heart disease is the leading cause of death in Hampden County. One third of Hampden County adults have hypertension, a risk factor for cardiovascular disease, with rates increasing in older adults to an estimated 55%. Approximately 20% of the population has pre-diabetes or diabetes, and 12% of adults and 19% of school children have asthma. Asthma morbidity rates were particularly high among Latinos.

Cardiovascular Disease (CVD)

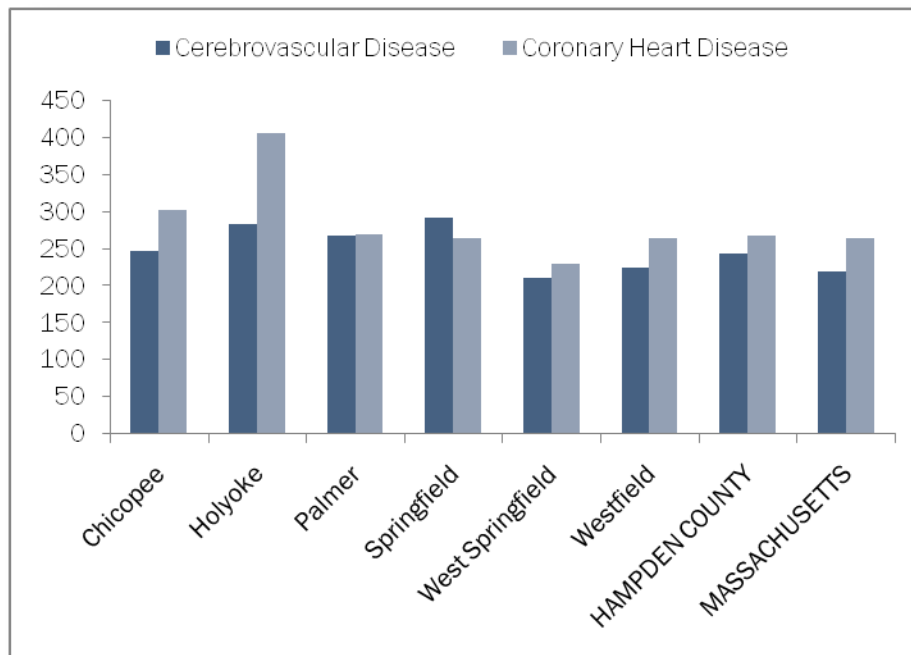
Cardiovascular disease (CVD) includes diseases that affect the heart and blood vessels, including coronary heart disease, angina (chest pain), heart attack (myocardial infarction), and stroke. Heart disease is the leading cause of death in Hampden County, along with cancers (MDPH, Massachusetts Deaths 2013).

- An estimated 7.9% of Hampden County residents have coronary heart disease, 5.1% have had a heart attack, and 3.4% have had a stroke (BRFSS 2012-2014). Rates for these conditions are comparable to those of the state with slightly higher rates of stroke among Hampden County residents (MA rate - 2.4).
- Rates of **coronary heart hospitalizations** were particularly high in **Holyoke**, with a rate 50% higher than that of the County (Figure 4).

Hypertension, or high blood pressure, and high cholesterol are conditions that increase risk for CVD and have a high prevalence in Hampden County.

- In 2011, an estimated 33.5% of adults in Hampden County had **hypertension** and 37.8% had **high cholesterol** (BRFSS).
- Older adults experience higher rates of CVD. In Hampden County, more than half of Medicare enrollees had **hypertension** (61.8%) which is reflective of the high rates in the state overall (55.9%)(Medicare 2014, one-year estimate).

Figure 4. Hospitalization Rates for Stroke and Coronary Heart Disease in Select Communities in Hampden County, 2012



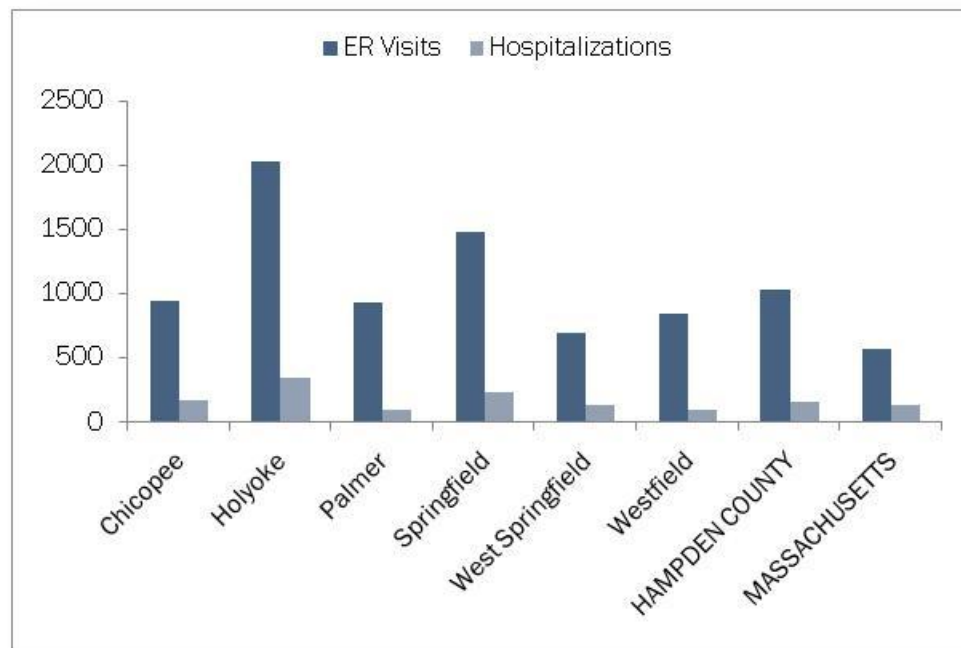
Source: MDPH, MassCHIP; age-adjusted per 100,000

Asthma

Asthma is a common chronic respiratory disease that affects the health and quality of life of children and adults. Asthma can be impacted by different factors in the environment, including cigarette smoke, second hand smoke, air pollution, pollen levels, and mold, dust, and other household contaminants or exposures.

- Asthma affects many Hampden County residents with an estimated 12.1% of Hampden County adults (BRFSS 2008-2010) and 16.8% of Hampden County school children having asthma (12.4% statewide)(MDPH EPHT, 2013-2014).
- **Hospitalization rates** are 30% higher than that of the state and **ER rates** are almost double statewide rates (1,662 vs. 881.6 per 100,000) (MDPH, MassCHIP 2012). Hospitalization and ER visit rates are highest among Springfield and Holyoke residents (Figure 5).
- **Older adults** in Hampden County experience slightly higher hospitalizations (247 vs 210 per 100,000) and almost 50% higher rates of **asthma ER visits** (612 vs 419 per 100,000)(MDPH, Mass CHIP 2012).
- Latinos experience large asthma-related disparities, with hospitalization rates 5 times that of Whites and 4 times that of the state hospitalization rate overall (MDPH, MassCHIP, 2012).
- For pediatric asthma (ages 0-14) **ER visit rates** are twice that of the state.

Figure 5. Asthma ER Visit and Hospitalization Rates in Select Hampden County Communities, 2012



Source: MDPH, MassCHIP; age-adjusted per 100,000

Diabetes

For Type 2 diabetes, hospitalization rates are 30% higher in Hampden County than they are in MA (they are especially high in Southwick, Springfield and Holyoke).

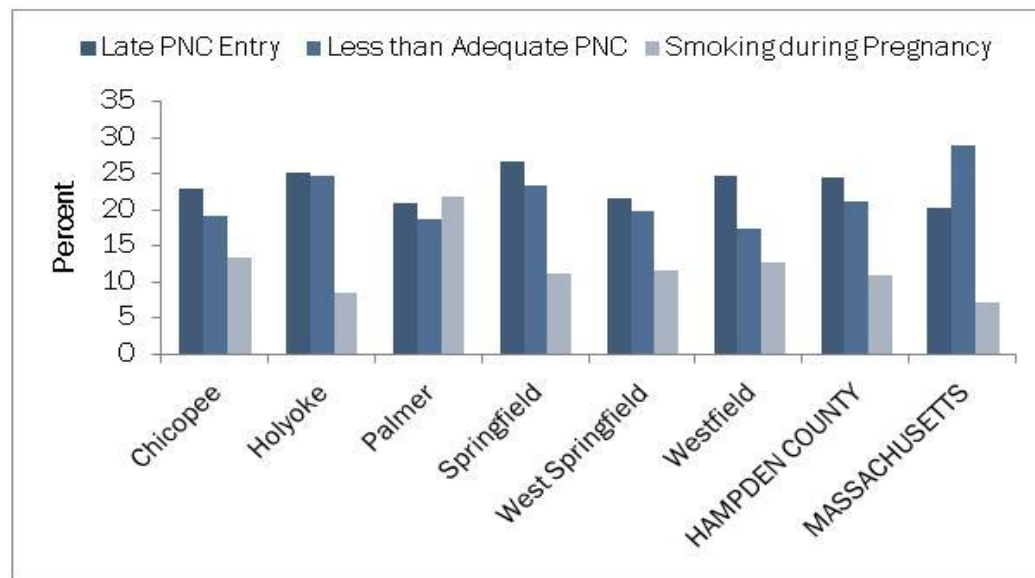
Hospitalizations for Type 2 diabetes are 30% higher than in the state.

Infant and perinatal health risk factors

Preterm birth (<37 weeks gestation) and low birth weight (<2,500 grams) are among the leading causes of infant mortality and morbidity in the U.S., and can lead to health complications throughout the life span.

- In Hampden County, 9.4% of births were **born preterm** (MA - 8.6%), and 7.9% were born low birth weight (MA - 7.5%) (MDPH 2014).
- In Hampden County, an estimated 21% of women did **not receive adequate prenatal care** and 25% started prenatal care after their 1st trimester, especially in Holyoke, Springfield and Westfield (Figure 6).
- 10.8% of women reported **smoking during pregnancy** among births to Hampden County residents; this figure was higher in Palmer and Chicopee; (MDPH, MassCHIP, 2012).

Figure 6. Percent of Women with Late Entry to Prenatal Care, Less Than Adequate Prenatal Care, or that Smoked During Pregnancy in Select Hampden County Communities, 2012



Source: MDPH, MassCHIP; adequate prenatal care includes women that received adequate or adequate plus care
 *Late PNC entry is entry to prenatal care after the 1st trimester

Sexual Health

High rates of STIs and teen pregnancy continue to occur. Unsafe sexual behavior contributes to these high rates.

- **Chlamydia rates** are elevated in Hampden County with rates 37% higher than the state (506 vs. 369 per 100,000). The highest rates were observed in Springfield (904), Holyoke (670), Chicopee (607), and Ludlow (578) (MDPH, 2014), and particularly among Springfield and Holyoke youth. Teen rates of chlamydia and syphilis are 2-4 times the state rate.
- **Rates of HIV** are also elevated, with rates of 441 per 100,000 in Hampden County vs. 315 per 100,000 statewide (CDC 2013).
- Though collaborative community efforts have made great strides in lowering the **teen pregnancy rates** in Hampden County, the rates remain high in comparison to the state, with rates double that of the state (21.4 vs. 10.5 per 100,000).
- **Teen pregnancy rates** are particularly high among **Latinas** with rates of 65.5 per 100,000.

Access

Some conditions, such as asthma and diabetes can be managed with medication and preventative care. ER visits and hospitalizations often occur as a result of extreme circumstances, which may be due to a lack of either medicine or preventative care. In addition, 54% of residents in Hampden County live in a health care professional shortage area (vs 14.6% in MA); this particularly affects those living in Springfield, Holyoke, West Springfield, Westfield, Chester and Blandford. Specifically, there is a shortage of dentists and primary care providers. The shortage of medical professionals itself can lead to long wait times for appointments and needed care. Another barrier to health care is the limitations of public transit in Hampden County. While parts of the county are well-served by the PVTa, some areas are not, leaving the estimated – number of households in Hampden county that report no access to a vehicle without any means to get to their medical care.

Hospital focus group participants also identified several additional barriers to preventative and on-going wellness care. These include the need for increased health literacy among patients, increased provider sensitivity towards different cultures, and health information available in a wider range of languages.

GOAL

Create a respectful and culturally responsive environment that encourages prevention of chronic disease, reduction of infant mortality, and access to quality health care for all.

OBJECTIVES {Specific, measurable, achievable, relevant, and time-bound (SMART)}

Reduce non-urgent or preventable use of the Emergency Department by 10% by 2020.

Reduce the rate of STIs in residents who are age 15-24 years by 10% in 2026.

Reduce the rate of dental caries in residents who are age 4-19 by 3% by 2018.

STRATEGIES

- ✓ Elevate the status of primary care docs so they will remain in the field.
- ✓ Develop incentives for med students to choose Primary Care.
- ✓ Provide tuition reimbursement for students willing to practice in work shortage areas, Hampden County in particular.
- ✓ Increase reimbursement rates for primary care services.
- ✓ Expand office hours of primary care doctors to include evenings and weekends.
- ✓ Provide incentives for specialty providers to train for providing pediatric services, especially vision services. Only a handful of providers in Western MA will accept children five years and younger for comprehensive eye exams.
- ✓ Engage the following partners: higher education/medical schools, MA Medical Society, Massachusetts Department of Public Health, licensing board, Baystate Medical Center and hospitals involved in Western MA assessment, Holyoke Health Center, Holyoke Hospital, and Caring Health Center.

Note--the strategies for STIs are proposed (from the "Compendium of Proven Community-Based Prevention Programs) and will be reviewed, elaborated upon, and possibly modified by local practitioners

- ✓ HIV prevention for women living in low-income housing
- ✓ Condom distribution
- ✓ Youth development interventions with community service
- ✓ Comprehensive risk-reduction interventions for adolescents

- ✓ Provide first dental exams by first birthdays.
- ✓ Link oral health to benefits of good nutrition such as:
 - Less sugar reduces risk of obesity and dental decay starting from birth.
 - More calcium builds strong bones and teeth (the strongest bones in our bodies).

- Eating raw fruits and vegetables provides good nutrients and cleans our teeth (generates saliva, one of the body's natural defense systems against tooth decay).
- ✓ Promote fluoride varnish applications at pediatric well child visits once the first tooth erupts for children at risk for decay.
- ✓ Implement Boston Children's Hospital risk assessment for children developed by Manwai Ng, Medical Doctor.
- ✓ Develop a reimbursement code for dental practitioners providing oral health guidance and education. There is a code for medical providers for this.
- ✓ Engage the following partners: MA Medical Society, MA Dental Society, School Nurses, Baystate Medical Center and hospitals involved in Western MA assessment, Holyoke Health Center, Holyoke Hospital, CHC dental clinics, and Caring Health Center.
- ✓ Support and expand the Prevention Wellness Trust Fund program which is currently supporting work at Holyoke Heath Center and Holyoke Medical Center. Services include home health aides, smoking cessation programs, weight loss, hypertension and asthma monitoring.
- ✓ Support and expand initiatives such as Holyoke Heath Center's new prescription pill monitoring program.
- ✓ Research and implement as feasible the idea of mobile integrated health program.
- ✓ Expand as possible the Senior Center and Western MASS Elder care outreach programs.
- ✓ Support and expand Holyoke Heath Center's bringing dental health and care to schools.
- ✓ Provide a CHW in the home.
- ✓ Expand team-based care.
- ✓ Better integrate local public health departments and public health nurses/school nurses into community care network.
- ✓ Improve training of personal care professionals to assure proper documentation for reimbursement
- ✓ *Reduce falls*
 - Facilitate/encourage practices to "Safe-certify" homes for pediatric and elderly populations through inspections.
 - Expand existing fall prevention and balance programs for the elderly.

Domain 4: Healthy Eating and Active Living

(Food access and the built environment--obesity and its contribution to cancer, heart disease, diabetes, and mental health)

Lead Implementer(s): LiveWell Springfield; Let's Move Holyoke 5-2-1-0 ; Transforming Communities Initiative, and Mass in Motion initiatives in Holyoke, Palmer, Springfield and West Springfield

Obesity

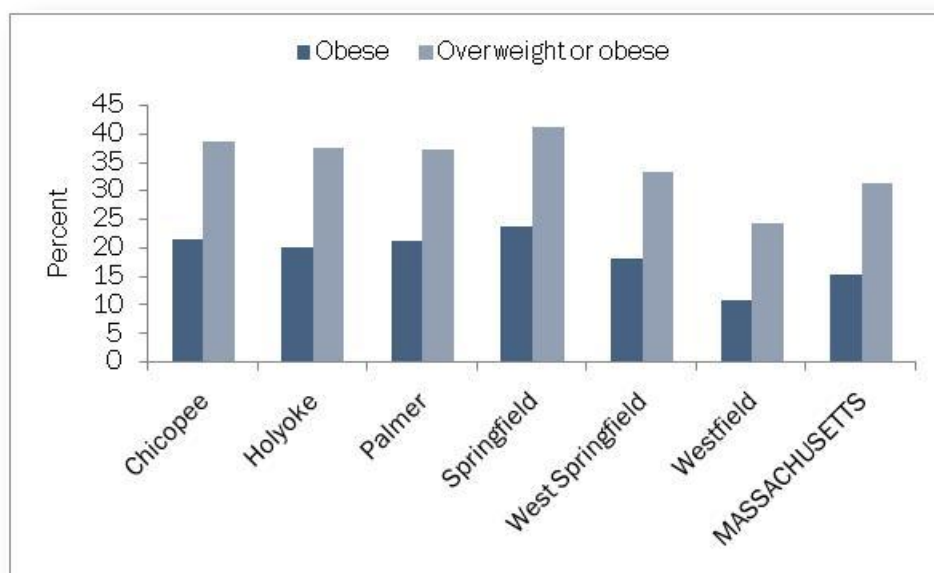
Obesity is a national epidemic and contributes to chronic illnesses such as cancer, heart disease, and diabetes. Obesity can impact overall feelings of wellness and mental health status. A healthy diet and physical activity play an important role in achieving and maintaining a healthy weight.

- In Hampden County almost 30% of adults struggle with **obesity** and 65% are overweight or obese (MA: obese - 24%; overweight/obese - 59%)(BRFSS 2011).

Though childhood obesity rates have been falling nationally and within some communities in the region over the last few years, however, rates among children remain high Hampden County.

- **Childhood obesity rates over 20%** were observed in Springfield, Palmer, Chicopee and Holyoke (Figure 7) school districts. County-level childhood obesity data is not available.

Figure 7. Childhood Obesity Rates for Select School Districts in Hampden County



Source: "Results from the Body Mass Index Screening in Massachusetts Public School Districts, 2014"
Children are screened in grades 1, 4, 7, 1.

Need for Increased Physical Activity and Healthy Diet

The need for increased physical activity and consumption of fresh fruits and vegetables was identified among Hampden County residents. Also, the need for community level access to affordable healthy food and safe places to be active (as described above), as well as individual knowledge and behaviors affect the notes rates of chronic diseases is needed.

- Among Massachusetts residents in the CDC's BRFSS 2013 survey, only 9% of respondents met the vegetable consumption recommendation and 14% met the fruit consumption recommendations, which are comparable to national rates.
- Only half of Hampden County adults (53%) met the guidelines for aerobic physical activity, and less than a quarter (21%) met the guidelines for both aerobic and muscle-strengthening activity, which are also comparable to national rates.
- Large portions of Springfield and parts of Chicopee, Holyoke, Ludlow, Monson, West Springfield, and Westfield have rates of food insecurity greater than 15%. This rate is over 20% in some parts of Springfield, Holyoke and Chicopee.
- The Springfield Youth Health Survey results will also be considered.

One-third of adults in Hampden County have hypertension. Obesity rates in Hampden County exceed those of the state, and are even higher for children. Heart disease is the leading cause of death in Hampden County. And in general, residents need to increase physical activity and consume more fruits/vegetables. Healthier lifestyles could reduce rates of obesity, diabetes and cardiovascular disease.

The need for increased youth programming that encourages physical activity, among other program area needs, was cited by individuals across all focus groups and key informant interviews conducted [in Hampden County]. Multiple health care providers/administrators called for programs that can engage families in physical activity, more financial support for team sports, and after school programming that does not only focus on homework. In addition, food desert status and the rate of free and reduced lunch eligibility in Hampden County attest to the need for increased access to healthy food, as does the limited availability of public transportation.

GOALS

1. *Promote Healthy Community Design such that all physical environments in the region facilitate residents desire to consume healthy food and be physically active in their daily lives.*
2. *Assure 100% utilization of SNAP, WIC, EITC, and other benefits to economically disadvantaged residents and families.*

OBJECTIVES {Specific, Measurable, achievable, relevant, and time-bound (SMART)}

Assure access to healthy food in all communities and neighborhoods

- full-line grocery store
- corner store/bodega retrofitted with infrastructure and marketing to support a variety of healthy food, combined with local/state regulations that require stores to have a certain percentage of food offered meet agreed upon definitions of "healthy"
- increase number of year-round farmer's markets and/or year-round mobile market stops within 1/2 mile of all residents who do not own or have access to a vehicle
- increase the number of community and school gardens
- develop food policies in food service contracts that allow produce grown in school gardens to be used in school food

Hampden counties six cities (Springfield, Chicopee, Westfield, Holyoke, Agawam and West Springfield) will adopt Complete Streets policies/regulations, develop prioritization plans and secure funding to implement at least one project by 2020, and continue implementing prioritized projects annually.

Hampden counties' Towns will work with the PVPC, Baystate Roads, and MassDOT as appropriate, to educate municipal officials about the importance of considering the needs of all road users, consider adopting a Complete Streets policy, and work to assure safety of pedestrians and bicyclists.

All communities that have neighborhood schools to which students can walk or bicycle, will conduct Walk Audits around their schools within five years, and work to implement the recommendations of the walk audits within 10 years.

All communities will join the Massachusetts Safe Routes to School initiative by 2020.

At least 3 communities will implement additional pedestrian and/or bicycle initiatives, such as bike share, sidewalk inventories, way finding systems, within 3 years, and share their results with other communities and additional communities will continue to implement such initiatives over time averaging at least 3 per region/annually.

Reduce the % of adults who report lack of physical activity from 26% in 2016 to 20% by 2020.

Increase the percentage of children in grade 1 who are a healthy weight by 3% by 2020.

Review the "Compendium of proven community-based prevention programs" and integrate proven programs as appropriate.

Work with the Office of Transitional Assistance to identify families and individuals eligible but not using their benefits and work with OTA to enhance their efforts to enroll eligible families and individuals by 2020.

Assure that all retail food outlets accept SNAP, WIC and any other income supplements available to eligible residents.

Work with community based organizations to build employee wellness programs that include nutrition education and physical activity.

Work with the Massachusetts Public Health Association and other organizations to support work to develop and pass a soda tax by 2023.

Develop and secure local adoption by at least one Hampden county community of a local regulation that limits the number of fast food restaurants in low income neighborhoods by 2023.

At least one Hampden county community will develop and locally adopt a land use regulation that encourages food stands by 2019.

STRATEGIES

- ✓ Increase consideration of pedestrian and bicycle accommodation in routine decision making through adoption of Complete Streets transportation policies in municipalities throughout the region.
- ✓ Establish joint use agreements with schools in low-income neighborhoods to allow the use of both indoor and outdoor facilities by the public during non-school hours on a regular basis.
- ✓ Establish a district-wide Safe Routes to School task force for ongoing identification and implementation of systems, policies, and school-level changes to support increased walking and biking to school.
- ✓ Conduct a social norms campaign to define and change perceptions of violence and community safety and thereby increase utilization of community resources.
- ✓ Assess and explore adoption of other evidence-based obesity reduction programs such as I am Moving, I am Learning, Hip Hop to Health, and others.
- ✓ Advocate for recommended hours of physical education in schools.
- ✓ Advocate for policies to increase food/nutrition standards for snacks/meals at public and private preschools and kindergarten classes.
- ✓ Enhance and expand the Mobile Farmers' Market in low income/food desert communities and on college campuses.
- ✓ Coordinate and lead the Mass in Motion Corner Store initiative.
- ✓ Advance the policy priorities of the Food Councils in the county, such as zoning regulations to promote community gardens, urban agriculture, and policies to increase physical activity.
- ✓ Enhance Community Gardens educational programs in alignment with a minimum of __# community-based garden efforts.
- ✓ Advertise and promote the availability of food resources to low income individuals in targeted neighborhoods.
- ✓ Expand e-referral system; for example, refer from community/clinical organizations to food pantries.
- ✓ Conduct and coordinate communication, public awareness, outreach, and mass media campaign.
- ✓ Reduce the rate of motor vehicle-related pedestrian, cyclist and occupant injuries by 10% by 2025 and participate in the development of a Vision Zero plan by 2018. This could include:
 - Complete Streets
 - Vision Zero
 - Safe Routes to School
 - Highway Safety grants for overtime enforcement
 - Walking School Bus

Domain 5: Public Safety, Violence and Injury Prevention

(Domestic violence, gun violence, childhood trauma)

Lead Implementer(s): Springfield's South End Initiative, C3 Initiatives, HAP Housing Inc.

Violent crime rates and tenuous housing and financial stability affect the quality of life in Hampden County. High crime rates, low incomes and older housing stock are challenges facing many residents in Hampden County. These factors are significant social determinants to the overall health of residents.

- **Violent crime rate** in Hampden County is 50% higher than the state rate.
- A criminal justice survey conducted by the city of Springfield in 2014 reported that of all assault arrests, 67% were for **domestic violence offenses**.

All communities should have adequate social services to meet the basic needs of community members and to promote general well-being. However, the criminal justice system has too often been used to deal with issues that deserve a public health response, threatening community health. Many individuals have been subject to harsh sentences, incarceration, and overly broad registration requirements when treatment and service provision would be more effective at promoting community wellness.¹

Communities of Hampden County are already exploring alternative crime prevention strategies that focus on 'systems' and the drivers of crime. This includes implementing strategies based on the theory of Crime Prevention Through Environmental Design, or CPTED, alongside purposeful community building and engagement efforts. Specific examples include the Counter Criminal Continuum (C3) in Springfield and the Holyoke Safe Neighborhoods Initiative. What is found at the core of any successful crime reduction strategy is a culturally competent and diverse cross-sector partnership that provides a more appropriate public health intervention, especially for repeat offenders.

GOALS

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

OBJECTIVES {Specific, measurable, achievable, relevant, and time-bound (SMART)}

Communities will work towards developing diverse cross-sector partnerships that promote and foster cultures of respect for human dignity leading towards improved police-community relations and more efficient and effective intervention/diversion programs by 2020.

Local and State legislators will adopt a harm reduction model for criminal justice policy that focuses on treating underlying issues over criminalization, particularly in relation to drug-related conduct working to ensure mindfulness of policy designed to criminalize youth (like police officers in schools) and efforts to address the school-to-prison pipeline by 2020.

Work to identify specific groups to lead cross-sector partnerships that will work with Local governments and police departments to incorporate comprehensive diversion programs, including diversion prior to

¹ From "Transforming the System" Solutions and Actions to Eliminate the Criminalization of Public Health Matters

booking, during detention, before adjudication, and upon release, with a focus on non-arrest and pre-booking diversion for conduct that would otherwise result in a criminal record by 2020. For example, in Springfield's South End, they are currently working on a comprehensive diversion process to address the sex worker problem, including initiatives for both the supply and demand.

STRATEGIES

- ✓ Expand the C-3 initiative in Springfield throughout the City and consider adoption in other high crime areas of the county.
- ✓ Expand and replicate as feasible the Holyoke Safe Neighborhood Initiative.
- ✓ Expand and replicate as feasible Safe and Successful Youth Initiative (SSYI).
- ✓ Expand and replicate as feasible Shannon Community Safety Initiative.
- ✓ Expand and replicate as feasible ROCA, an organization that seeks to disrupt the cycle of incarceration and poverty by helping young people transform their lives.
- ✓ Require that people from the community and with experience with the issue are employed in programs addressing the issue.
- ✓ Consider implementing Crime Prevention through Environmental Design (CPTED) policy which communities can adopt and implement. Examples of this can include eyes on the street and prioritizing high crime areas for lighting. Several models were identified including:
 - Neighborhood associations,
 - Neighbor Next Door App – real-time reporting
 - Father's Program
 - We the Villagers – young men working in Reed Village

Other Priorities Identified by Hospital CHNA process:

In addition to the five Domains identified, the W MA Hospital Community Health Needs Assessment process also identified these issues which do need attention:

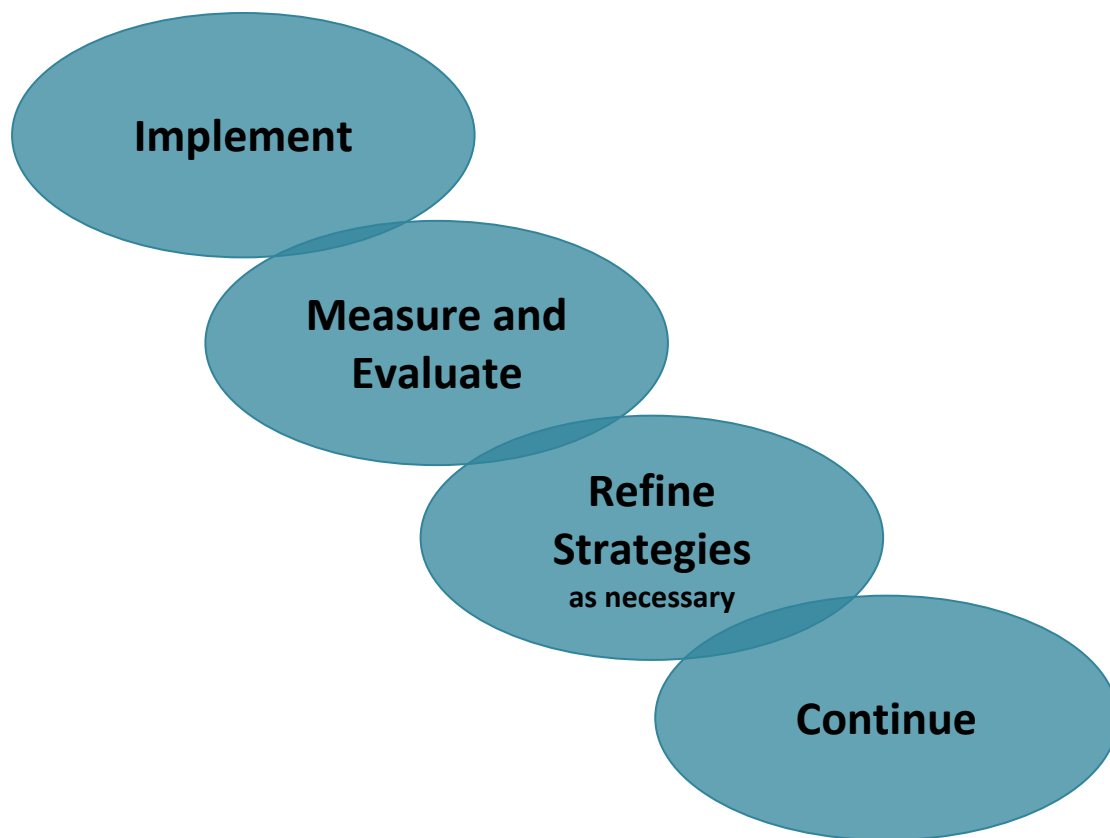
- ✓ Insurance Challenges
- ✓ Lack of Care Coordination county-wide, especially related to mental health, substance abuse and coordination with local schools and faith-based communities
- ✓ Health Literacy county-wide. Information needs to be understandable and accessible in a wider range of languages.

Priority Overview Table of Community-level data

Community	Substance Abuse (ER visits)	Mental Health (ER)	Diabetes (hosp)	Asthma (hosp)	COPD (ER)	Stroke (hosp)
<i>Massachusetts</i>	n/a	n/a	n/a	n/a	n/a	n/a
<i>Hampden County</i>	940	2900	197	920		229
<i>Springfield</i>	1457	4155	278	1386		290
<i>Holyoke</i>	1762	4865	286	2040		239
<i>Chicopee</i>	843	2846	197	689		239
<i>West Springfield</i>	752	2346	99.8	555		227
<i>Westfield</i>	613	2196	138	649		201
<i>Palmer</i>	623	2310	188	697		196
<i>Southwick</i>	342	1217	323	426		210

**Note: All figures given at a rate per 100,000*

Next Steps/Legislative Ask



The organizations involved in the development of the Hampden County Health Improvement Plan respectfully ask:

1. The Massachusetts legislature establish a statute to mandate a special CHIP Commission to be created in each of the counties across the Commonwealth for the purpose of creating and overseeing the ongoing implementation efforts of the identified CHIP strategies. In the effort to ensure equity and greater collaboration, the CHIP Commission shall be made up of representatives of local public health departments, area hospitals, local community action organizations, and residents/consumers. - All reflective of the county municipalities.
2. Our local public health departments protect and improve the health of all people and communities they serve. Increased support and awareness about the work of our public health departments by local decision makers (Mayors, Town Managers, City Councilors, Selectmen and women) and the general public will empower our local Public Health Departments to better serve our communities; beyond the scope of meeting minimum mandates, by expanding their roles to promoting national public health policies, resource and program development, achieving health equity, and implementing effective public health practice and systems locally.

Appendices

County Health Rankings for Hampden County (2016):

	Hampden County	Error Margin	Top U.S. Performers^	MA	Rank (of 14)
Health Outcomes					14
<u>Length of Life</u>					14
Premature death	6,600	6,300- 6,900	5,200	5,100	
<u>Quality of Life</u>					14
Poor or fair health**	19%	19-19%	12%	14%	
Poor physical health days**	4.4	4.3-4.6	2.9	3.5	
Poor mental health days**	4.5	4.4-4.6	2.8	3.9	
Low birth weight	8%	8-9%	6%	8%	
Health Factors					14
<u>Health Behaviors</u>					14
Adult smoking**	18%	18-19%	14%	15%	
Adult obesity	29%	27-30%	25%	24%	
Food environment index	7.9		8.3	8.3	
Physical inactivity	26%	25-27%	20%	22%	
Access to exercise opportunities	94%		91%	94%	
Excessive drinking**	18%	18-19%	12%	20%	
Alcohol-impaired driving deaths	32%	28-36%	14%	29%	
Sexually transmitted infections	576.5		134.1	349.2	
Teen births	37	36-38	19	17	
<u>Clinical Care</u>					12
Uninsured	5%	4-6%	11%	4%	
Primary care physicians	1,410:1		1,040:1	940:01:00	
Dentists	1,300:1		1,340:1	1,070:1	

	Hampden Co	Error Margin	Top US Performers	MA	Rank (of 14)
Mental health providers	160:01:00		370:01:00	200:01:00	
Preventable hospital stays	63	61-66	38	56	
Diabetic monitoring	89%	86-91%	90%	90%	
Mammography screening	71%	68-73%	71%	74%	
<u>Social & Economic Factors</u>					14
High school graduation	73%		93%	85%	
Some college	59%	57-61%	72%	71%	
Unemployment	7.80%		3.50%	5.80%	
Children in poverty	26%	23-30%	13%	15%	
Income inequality	5.7	5.5-6.0	3.7	5.4	
Children in single-parent households	47%	45-49%	21%	31%	
Social associations	8.7		22.1	9.5	
Violent crime	641		59	434	
Injury deaths	53	50-56	51	46	
<u>Physical Environment</u>					13
Air pollution - particulate matter	10.7		9.5	10.5	
Drinking water violations	Yes		No		
Severe housing problems	19%	19-20%	9%	19%	
Driving alone to work	83%	82-84%	71%	72%	
Long commute - driving alone	27%	26-28%	15%	41%	
Note: Blank values reflect unreliable or missing data					

CHIP Guidance from NACCHO

Conduct a process to develop community health improvement plan. *Required documentation:*

Completed community health improvement planning process that includes 1a. Broad participation of community partners; 1b. Information from community health assessments; 1c. Issues and themes identified by stakeholders in the community; 1d. Identification of community assets and resources; and 1e. A process to set community health priorities.

Produce a community health improvement plan as a result of the community health improvement process *Required documentation:*

CHIP dated within the last five years that includes 1a: Community health priorities, measurable objectives, improvement strategies and performance measures with measurable and time-framed targets; 1b. Policy changes needed to accomplish health objectives; c. Individuals and organizations that have accepted responsibility for implementing strategies; 1d. Measurable health outcomes or indicators to monitor progress; and 1e. Alignment between the CHIP and the state and national priorities.

Implement elements and strategies of the health improvement plan, in partnership with others*

Required documentation: 1. Reports of actions taken related to implementing strategies to improve health [Guidance:...provide reports showing implementation of the plan. Documentation must specify the strategies being used, the partners involved, and the status or results of the actions taken...]; 2. Examples of how the plan was implemented [Guidance: ..provide two examples of how the plan was implemented by the health department and/or its partners].

Monitor progress on implementation of strategies in the CHIP in collaboration with broad participation from stakeholders and partners* *Required documentation:*

1. Evaluation reports on progress made in implementing strategies in the CHIP including: 1a. Monitoring of performance measures and 1b. Progress related to health improvement indicators [Guidance: Description of progress made on health indicators as defined in the plan...]; and 2. Revised health improvement plan based on evaluation results [Guidance: ...must show that the health improvement plan has been revised based on the evaluation listed in 1 above...]

W MA Hospital CHNA

The Coalition of Western Massachusetts Hospitals conducted a community health needs assessment to identify and address the most pressing public health needs in the Pioneer Valley.

The Coalition is a partnership among 8 area tax-exempt hospitals:

Baystate Medical Center,

Baystate Franklin Medical Center,

Baystate Mary Lane Hospital,

Cooley Dickinson Hospital,

Holyoke Medical Center,

Mercy Medical Center (a member of Sisters of Providence Health System),

Shriner's Hospitals for Children® — Springfield

Wing Memorial Hospital and Medical Centers (a member of UMass Memorial Health Care).

Website links

Baystate Hospitals:

<https://www.baystatehealth.org/about-us/community-programs/community-benefits/community-health-needs-assessment>

Holyoke Hospital CHNA:

http://www.holyokehealth.com/Holyoke/media/Emerge_Holyoke/News/2016_HMC_CHNA.pdf

Mercy Medical Center CHNA:

<http://www.mercycares.com/documents/Mercy%20CHNA%202016.pdf>

Shriner's Hospital Springfield MA

<http://www.shrinershospitalsforchildren.org/CHNA>

Resources Used in Developing and Implementing this Plan

State of Massachusetts Health Improvement Plan, 2014 (available at: <http://www.mass.gov/eohhs/docs/dph/health-planning/accreditation/state-health-improvement-plan.pdf>)

A Compendium of Proven Community-based Prevention Programs 2013 (available at: <http://healthyamericans.org/report/110/>)

"The Compendium highlights the growing number and range of successful, evidence-based approaches to prevention," said Jeffrey Levi, PhD, executive director of TFAH. "These efforts demonstrate that making healthy choices easier for people in their daily lives pays off in terms of improving health and lowering health care costs. This report documents how these programs can and do work – but we need to invest more if we're going to bring them to scale and improve the nation's health."

City of Worcester MA CHIP (available at: <http://www.worcesterma.gov/ocm/public-health/community-health/chip-cha>)

Massachusetts Healthy Community Design Toolkit, 2014 (available at: <http://www.mass.gov/eohhs/docs/dph/com-health/chronic-disease/healthy-comm-design-toolkit.pdf>)

Commonwealth of Massachusetts Health Policy Commission 2015 Cost Trends Report (overview of Health Care spending and delivery in MA, available at: <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/publications/2015-cost-trends-report.pdf>)

Massachusetts Public Health Association (MPHA) Health Equity Policy Framework, 2016

Investing in America's Health: A State by State Look at Public Health Funding and Key Health Facts, 2016 (available at: <http://healthyamericans.org/report/118/>)

Links to SOME of the initiatives in Hampden County

Mass In Motion Springfield Department of Health and Human Services: <https://www.springfield-ma.gov/hhs/index.php?id=mass-in-motion-2>

www.livewellspringfield.org

<http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/mass-in-motion/>

<http://www.hhcinc.org/en/services/community-programs/lets-move-holyoke-5-2-1-0>

Action Ambulance Holyoke: <http://www.holyoke.org/news/holyoke-contracts-with-action-ambulance-service-inc/>

https://en.wikipedia.org/wiki/C3_policing

Task Force to End Hunger <https://www.foodbankwma.org/the-food-bank-announces-new-anti-hunger-initiative-in-partnership-with-holyoke-health-center/>

Hilltown Community Health Center--Mobile Dental Outreach Program <https://www.hhcweb.org/our-team/oraldental-department/>

GET INVOLVED!

If you would like to participate in implementation of the Hampden County Health Improvement Plan, please email or call Joshua Garcia, jgarcia@pvpc.org
413/781-6045