Vision

A healthier community through collaboration, education and the coordination of resources

GLHA
GREATER LOWELL HEALTH ALLIANCE

Acknowledgments

Greater Lowell Health Alliance Staff

Kerrie D'Entremont, Executive Director
Amanda Clermont, Community Engagement Coordinator
'Special Thanks' to Hannah Tello, PhD, Community Health Data Manager (Author, 2020 Community Health Improvement Plan)

Interns

Graduate Students: Olivia Paquette and Taylor Sheldon
Undergraduate Students: Nicolas Bramante, Ellie Eisenklam, Caryn Hamilton, Lauren Kane, Heer Patel, Samantha Torres

GLHA Steering Committee

Mercy Anampiu, Lowell Community Health Center
Heather Beidrzycki, South Bay Community Services
Michael Collins, Community Teamwork Inc.
Marilyn Graham, Community Teamwork Inc., Lowell WIC
Mike Hall, Community Member
Ivy Ho, University of Massachusetts Lowell
Daniel Howell, Lowell Community Health Center
Ainat Koren, University of Massachusetts Lowell
Tami Marshall, Thom Anne Sullivan Center
Nandi Munson, Elders Services of MV
Amy Pessia, Merrimack Valley Food Bank
Maria Ruggiero, Tewksbury Police Dept.
Amanda Shaw, Community Teamwork Inc.
Lisa Taylor-Montminy, Lowell General Hospital

GLHA Board of Directors

Jayne Andrews, Anstiss & Co. P.C.
Andrea Saunders Batchelder, Gallagher & Cavanaugh, LLP
Joel Boyd, Lowell Public Schools
Karen Frederick, Community Teamwork Inc.
Damian Folch, MD, Family Practice-Chelmsford
Nicole Champagne, University of Massachusetts Lowell
Sovanna Pouv, Cambodian Mutual Assistance Association
Susan West Levine, Lowell Community Health Center
Cecelia "Cece" Lynch, Lowell General Hospital
Susan M. Rosa, Chelmsford Board of Health
Jeffery Stephens, Westford Health Department

Members of the GLHA Task Forces & Subcommittees

Behavioral Health
Chronic Disease & Wellness
Health Equity
Housing & Built Environment
Maternal Child Health
Substance Use and Prevention

Members of the Asthma Coalition of Greater Lowell

Chair, David Turcotte – University of Massachusetts Lowell

Center for Hope & Healing – for their expertise in the area of "Safety & Violence"

And to all our community partner agencies!

This Community Health Improvement Planning process was conducted from November 2019 through October 2020. It serves as the basis of action for health improvement efforts carried out by the Greater Lowell Health Alliance of CHNA 10 and our many community partners. Built on priorities set by the 2019 Greater Lowell Community Health Needs Assessment, this Community Health Improvement Plan (CHIP) identifies the goals, objectives and recommended strategies to improve health through collaboration.

Annual updates and revisions will be made available online and through public community events. **For more information please visit www.greaterlowellhealthalliance.org/CHIP**

Table of Contents

Executive Summary

The community we live in influences our health. For some, good health means reducing the rate of diabetes or asthma, while for others it is providing access to education and economic stability. In either case, to achieve optimal health it is imperative that we improve the region where we live, learn, work and play. To do this, collaboration is key to developing the best strategies to address the needs of the community.

In 2019, Lowell General Hospital, in partnership with the Greater Lowell Health Alliance, commissioned the University of Massachusetts Lowell to conduct and assessment of community health needs for the Greater Lowell area, which includes, Billerica, Chelmsford, Dracut, Dunstable, Lowell, Tewksbury, Tyngsboro and Westford. The purpose of this assessment includes evaluating the overall health of residents by involving a broad spectrum of community members, identifying the top health issues and strengths and weaknesses of the healthcare network, recommending actions to address priority concerns, and providing information that informs a community process to build consensus around strategies to improve the health of Greater Lowell residents.

The top priority health problems identified by the 2019 Greater Lowell Community Health Needs Assessment (GLCHNA) through focus groups, interviews, and surveys, in order of preference and supported by public health data include mental health (e.g. depression), substance addiction, alcohol abuse/addiction, cancer, and nutrition. Other health issues included obesity, heart disease, diabetes, infectious diseases, and tick/insect illness. The top priority community safety issues identified are domestic violence, bullying, drug trafficking, sexual assault/rape, and unsafe/illegal gun ownership. Additional community safety issues include human trafficking, discrimination based on race, gang activity, discrimination based on immigration status, and discrimination based on class or income.

Shortly after the completion of the 2019 Greater Lowell Community Health Needs Assessment, the planning process for the Greater Lowell Community Health Improvement Plan (CHIP) began. Utilizing the data and recommendations provided by the CHNA, and the input of over 100 individuals from over 50 different organizations, the CHIP began to take shape.

The Greater Lowell Health Alliance (GLHA) task forces served as working groups for each of these areas to develop strategies for each objective. Interviews with experts in each of these areas as well as round table discussions also took place. The GLHA Health Equity Task Force was developed from the current, Cultural Competency task force. They convened to assess all proposed objectives and strategies through a lens of Health Equity. The task force members decided to incorporate a plan to meet the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health and health care into the CHIP process in order to reduce disparities and achieve health equity. After refinement from the staff, interns, and volunteers of the GLHA, seven health priority areas, 21 focus areas under each, objectives and strategic recommendations were finalized. These items are within a larger framework with one overarching goal, health equity.

One Goal: Health Equity

The Robert Wood Johnson Foundation defines health equity as "all people, regardless of ethnicity, socio-economic status, sex or age, have equal opportunity to develop and maintain health through equal access to resources." In the initial meeting of the CHIP process, community partners agreed to work towards equity, as a shared goal, in all priority areas as equity was defined as success in community health improvement. The community partners of the region are all in agreement that the community deserves the opportunity to be healthy, making equity the ultimate goal.

Key Component: Cultural Competency/Cultural Responsiveness

Greater Lowell region has a diverse population, to ensure that the work done through the CHIP grows towards health equity, all priority areas need to be culturally competent. National CLAS standards will be used to guide community partners towards this shift.

In the initial meeting of the CHIP process, community partners agreed to work towards equity, as a shared goal, in all priority areas as equity was defined as success in community health improvement.

Seven Priority Areas and Sub-Categories of Focus

Alcohol & Substance Misuse

- Prevention & Education
- Services & Treatment

Housing & Built Environment

- Affordable Housing
- Transportation & Accessibility

Infectious Disease

- Emergency Preparedness
- HIV/Hep C
- Insect Illness and Vaccines

Maternal Child Health

- Maternal Mortality
- Perinatal Mental Health
- Teen Pregnancy
- Infant Feeding

Mental Health

- Service Access
- Workforce Development
- Suicide

Safety & Violence

- Domestic Violence
- Sexual Assault
- Bullying
- Discrimination

Wellness & Chronic Disease

- Prevention & Education
- Community Resources
- Advocacy

Introduction and Background

Greater Lowell Community Health Improvement Plan (CHIP)

A Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address public health problems in a community. The plan is based on the results of community health assessment activities, and is part of a community health improvement process, helping to set priorities, coordinate efforts, and target resources. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community. (Source: Public Health Accreditation Board).

A CHIP for Greater Lowell

With a goal to create a long-term strategy to strengthen the area's health systems, our CHIP will be used as road map for health improvement over a three-year period, guiding the investment of resources of organizations with a stake in improving health for the residents of Lowell and the surrounding communities. Our CHIP mission: to turn data into action and working initiatives to address our community's top health priorities. While addressing specific health priorities, the overarching goal is always one of health equity, meeting the health needs not just for some, but for all.

Who Is Involved

A CHIP's value and significance stems from the involvement of the community. Over this past year, the GLHA has engaged more than 100 people from more than fifty community organizations to develop our first Community Health Improvement Plan, with many more partner agencies and organizations expected to join in the coming year.

Our Plan in Action

In 2019 the GLHA held dozens of high-energy CHIP planning process meetings that enabled us to join with community members and leaders to further identify our community's top health priorities by drilling deeper into our health needs assessment. Through those meetings, we worked to develop SMART goals and objectives — those that are specific, measurable, achievable, results-focused, and time-bound — to leverage and maximize community resources to fill gaps and avoid duplication of efforts in these priority areas. The GLHA task forces and the GLHA Steering committee, comprising a small group of interested partners in each area of expertise, will continually measure health progress and indicators that will then be reported back to the community.

Creating Impact

Although our CHIP is a working document in its early stages, it is already creating impact. The CHIP process helped determine priority areas for grants, enabling the GLHA to distribute funds to the organizations on the front line of addressing our area's unmet health needs. Our 2020 Community Health Initiatives Grants were awarded around health priorities and programs that met the specific areas of focus identified by the CHIP process; Mental Health, Alcohol & Substance Misuse, Wellness & Chronic Disease, Infectious Disease, Maternal Child Health, Housing & Built Environment, and Safety & Violence.

ALCOHOL/SUBSTANCE MISUSE

Rationale

Approximated 1 in 10 people over the age of 18 experience substance use disorder (SAMHSA). Alcohol and substance misuse were identified as a top five health need from participants in every Greater Lowell community and demographic group included in the 2019 CHNA. Alcohol and substance misuse were identified by CHNA participants as particularly critical issues for include adolescents, people experiencing emotional distress, members of immigrant and refugee communities, and people diagnosed with hepatitis.

Progress and Successes

In 2018, the GLHA released the Merrimack Valley Substance Use Disorder Resource Guide, providing valuable information for community members and service providers to access services. Agencies like the Massachusetts Opioid Abuse Prevention Collaborative have made great strides in changing the policy and practice around Greater Lowell. The 2020 CHIP outlines several evidence-based approaches designed to bolster ongoing community efforts to address Substance Use Disorder (SUD) and alcohol addiction.

UPCOMING ACTIONS

Prevention and Education

Education and preventative care are upstream strategies to reduce future SUD and addiction. Evidence-Based Programming will provide education and resources to young people who may be especially vulnerable to substance use. Simultaneously, ensuring that service providers feel equipped with the most current, evidence-based information to deliver culturally competent best-practices are essential for care quality. Grand-Rounds Training to Physicians and Providers will serve as a crucial resource for maintaining evidence-based care continuums for community members.

Services and Treatment

In order to ensure that SUD care and services are culturally competent and adhering to best-practices, a Best-Practice and Community Needs Audit will inform the care system about assets and gaps in care delivery and quality. This audit will also address social determinants of health, and should include a Transportation Asset/Needs Assessment as well as an assessment of Barriers to Services and Treatment, particularly for populations affected by racism, homophobia, poverty, and homelessness. These combined efforts will contribute to our community goal of Reducing Opiate Overdose Death by 40%, an objective set forth by the HEALing Communities Study as part of the NIH HEAL Initiative and our community partnership with Boston Medical Center.

RATIONALE	**Prevention and Education:** Primary prevention of alcohol and substance use were identified in the CHNA as priority need areas in the promotion of community wellbeing. These findings are also supported at the state and national level as critical to the management of substance misuse.
Goal	- Increase the number of community residents receiving comprehensive, evidence-based prevention education addressing a range of substances, as well as increase the understanding of evidence-based and cultural competent practices related to substance use prevention and treatment.
Objectives	- Provide evidence-based education via trainings or materials in each of the Greater Lowell communities with a specific focus on youth. - Provide grand-rounds training to physicians/ providers on evidence-based best practices for management of substance use disorder. - Conduct an audit of current practices and needs regarding treatment, bias, and stigma for areas of focus (SUDs, LGBTQ, engagement of pediatricians, provider burn out, etc.).
Deliverables	- Record of trainings delivered via materials, educational campaigns, and trainings, with a target of ten (10) coordinated efforts per year. - One (1) comprehensive provider audit
Current and Continuing Actions	- Merrimack Valley Substance Use Disorder (MVSUD) Symposium (virtual, winter 2020) - Merrimack Valley Substance Use Disorder Resource Guide - HEALing Communities Media ToolKit - Pilot study: provider audit for LGBTQ competencies
Equity Questions	- How has this information been made accessible to people with limited access transportation, internet services, or other tangibles? - How have adjustments in approaches reflected the disparate impact of COVID-19? - What considerations have been made to protect the confidentiality of participants in programs?

RATIONALE	**Services and Treatment:** Support and resources for people experiencing alcohol and/or substance misuse are a key priority area identified in both the CHNA, as well as state assessments, with particular emphasis on reducing mortality and increasing access to treatment.
Goal	- Increase the accessibility of available treatment for alcohol and SUD, as well as reduce the number of individuals dying from opiate overdose.
Objectives	- Conduct a gaps analysis of barriers to services and treatment particularly for areas of focus (transportation barriers/sustainability, re-entering from incarceration, refugees/ immigrants, youth). - Reduce opiate overdose death by 40% from baseline.
Deliverables	- Gaps analysis report with suggestions for best practices. - Reported decrease of 40% from baseline.
Current and Continuing Actions	- Mixed Methods Gaps Audit (Collaboration with Behavioral Health Task Force) (winter 2020) - Lowell House Accessibility Project (GLHA Grant Recipient) - The Phoenix Volunteer Engagement Project (GLHA Grant Recipient) - Place of Promise Adult Residential Addiction Recovery Project (GLHA Grant Recipient) - Phase 5: Implementation of HEALing Communities Study (January 2021)
Equity Questions	- How have these interventions taken into account the disproportionate effects of alcohol and SUD on different populations and communities? - How will these programs include the voices of people affected by alcohol and SUD in their design, implementation, and evaluation?

BEHAVIORAL HEALTH

Rationale

Behavioral and mental health needs remain the top health priority area across nearly every community and demographic group assessed in the 2019 CHNA. Barriers to mental health service—such as long waiting lists, confusion about navigating the mental health system, limited language capacity, and prohibitive costs—inhibit the efficacy of mental health services and interventions in the Greater Lowell area. Specific needs for youth, people with SUD, immigrants/refugees, veterans, and elders are also of particular concern in the Greater Lowell community

UPCOMING ACTIONS

Service Access

Several strategies will be deployed to Increase Access to Behavioral Health Services across all of the Greater Lowell communities. Specifically, a targeted gaps analysis that identifies actionable interventions will deployed in Year 1, followed by an action plan to increase the number of providers across a range of service capacities in the community.

Workforce Development

Supporting the behavior health workforce requires both Support for Creative Approach to Improve Recruitment and Retention of a Diverse and Credentialed Workforce, as well as promoting evidence-based specialization capacities in the existing behaviors health workforce. These efforts will specifically target increasing the capacity of the behavioral health workforce to meet the needs of underserved groups, including LGBTQ community members, youth and adolescents, veterans, elders, and people experiencing homelessness, SUD, and/or violence and discrimination.

Suicide

Suicide and suicidal ideation is of particular importance in the CHIP due to its disproportional impacts on people who are LGBTQ, veterans, and/or youth. Increasing our understanding of the current state of suicide/suicidal ideation in populations of interest via Data Collection and Program Deployment, particularly in school-based models, is critical for sustaining a long-term community-based response.

RATIONALE	**Workforce Development:** The CHNA identified a lack of specific providers, as well as challenges in recruiting and retaining service providers.
Goal	- Support creative and strategic approaches to improving the recruitment and retention of a diverse and credentialed mental health workforce at the local and state level to improve service access.
Objectives	- Establish a training circuit for existing providers relevant to service delivery to populations of focus. - Increase the number of psychiatrists, social workers, recovery coaches, providers offering services for children, and providers/personnel who are multilingual. - Engage in three (3) policy actions (e.g. letters of support, providing expert testimony, etc.) per year on issues relevant to the development of the mental health workforce.
Deliverables	- Six (6) to eight (8) trainings reported by organizations/provider relevant to target groups in three (3) years (or every year). - Percent increase as reported through asset assessment/BLS. - Three (3) reported policy actions recorded through Task Force notes.
Equity Questions	- Are trainings evidence-based and vetted as being culturally competent? Do trainings incorporate anti-racism and anti-bias education and skills? - How do these programs engage providers in smaller practices or in non-traditional settings, including providers who serve clients primarily through telehealth? - How do recruitment strategies ensure diverse candidate pools?

RATIONALE	**Service Access:** Data from the CHNA- identified gaps in services offered and services accessed, as well as limitations in services to meet specific needs of children, adolescents, elders, veterans, people whose primary language is not English and the LGBTQ community.
Goals	- Increase access to behavioral health services through increasing understanding of services offered, decreasing stigma regarding mental health needs, and diversifying the range of services to specifically target gaps in services available to particular populations. - Increase the number of residents in Greater Lowell who access behavioral health services.
Objectives	- Conduct a gaps analysis to determine current baseline data relevant to the diversity of mental and behavioral health services in the Greater Lowell area. - Increase the number of service providers specializing in services for youth, elders, veterans, people whose primary language is not English, and LGBTQ community members. - Expand capacity of support groups in each community.
Deliverables	- One (1) gaps/asset analysis report (collaboration with Alcohol/ Substance Misuse). - Clinicians with specializations hired in community organizations, or record of trainings to increase existing capacity. - 10% increase in residents reporting accessing behavioral health services. - Average waiting time decrease of 10% from Y1 to Y3.
Current and Continuing Action	- Anne Sullivan Center Access to Telehealth Project (GLHA Grant Recipient)
Equity Questions	- How have these programs considered tangible factors that might limit access to services, like exposure to/risk of COVID-19 infection, transportation, insurance/cost, mobility, language, etc.? - How have these programs addresses the impact of racism and other forms of discrimination on service access? - Does this program address the needs of populations outside of Lowell and in surrounding communities? - Are leaders on this team also members of key stakeholder groups?

RATIONALE	**Suicide:** In addition to being identified as an area of concern in national and state data sets, the CHNA identified elevated risk for suicide and suicidal ideation among specific participants, including youth, LGBTQ, and veteran participants.
Goals	- Increase understanding of current state of suicide/ ideation in our community via data collection and program deployment. - Decrease the rates of suicide, suicide attempts and suicidal ideation.
Objectives	- Expand currently deployed suicide prevention curriculum to additional three (3) sites per year. - Advocate for funding/policy changes to address limitations on services for target populations relevant to suicide prevention (e.g. access to in-patient treatment for youth, etc.).
Deliverables	- Report of curriculum delivered to three (3) additional districts or school systems. - At least three (3) policy engagement actions (e.g. letters of support, expert testimony, lobby days, etc.) recorded in Task Force notes. - 10% reduction in rate of of suicide or suicidal ideation.
Equity Questions	- How do interventions specifically address disparate rates of suicide or suicidal ideation among specific groups, including youth, LGBTQ, and veterans? - How do interventions incorporate the changing landscape of mental health needs in the context of COVID-19, including emerging trends in suicidal ideation as they unfold?

HOUSING AND THE BUILT ENVIRONMENT

Rationale

The 2019 CHNA identifies housing as one of the most important social determinants of health. Access to safe, affordable housing impacts health in direct (i.e. air quality, neighborhood safety) and indirect (i.e. impact on financial security) ways. Transportation, in particular accessibility to transportation, was also identified in the CHNA as a critical factor in community health and wellbeing.

Progress and Successes

The previous CHNA and CHIP established the Social Determinants of Health Task Force; the 2019 CHNA identified housing and transportation as specific social determinants requiring immediate actions and engagement. As a result, the GLHA transitioned the Social Determinants of Health Task Force to the Housing and Built Environment Task Force; social determinants that were not related to housing or the built environment, like racism and language capacity, were absorbed into the Health Equity Task Force, which oversees all actions within the task forces to ensure equity is central to all GLHA actions.

UPCOMING ACTIONS

Community Resources

The most critical resource in a community is the Availability of Safe, Affordable Housing. Increased access to affordable, safe housing required local engagement in state and federal housing policy decision making, as well as local enforcement of safe housing standards related to housing quality.

Transportation and Accessibility

In the absence of high-order, large-scale community transportation plans, individual organizations work diligently to meet the needs of their clients in the effort to create service accessibility. Efforts the Support the Capacity of Organizations or Entities to Increase Accessibility of Services ensures a commitment to equitable service delivery in the Greater Lowell Community.

RATIONALE	**Affordable Housing:** Access to safe, affordable housing was identified in the CHNA as community member's top priority community resource, and the cost of housing has a significant impact on individuals' and families' ability to meet their health and wellness needs.
Goal	- Increase the number of community members in safe, stable, affordable housing reporting that less than 30% of their household income is spent on meeting housing needs.
Objective	- Establish a workflow plan to promote community engagement in policy and advocacy actions.
Deliverables	- Identification and description of community workflow plans re: policy engagement. - Reduce number of CHNA participants reporting greater than 30% of income spent on house by 10%.
Current and Continuing Action	- Habitat for Humanity Building in Billerica (GLHA Grant recipient).
Equity Questions	- Do these interventions consider the varying and disparate burdens of housing for homeowners, renters, multi-family homes, people who are homeless, etc.? - How have these actions addressed the emerging housing needs associated with the effects of COVID-19? - Do these actions also incorporate understanding of the role of systemic racism and disenfranchisement of minority populations?

RATIONALE	**Transportation and Accessibility:** Limitations on individuals' ability to access community resources as a function of limited transportation access or accessibility was identified in the CHNA as a significant barrier to wellness and health.
Goal	- Increase the accessibility of public spaces in the Greater Lowell area, particularly for people with limited mobility due to age or disability status.
Objectives	- Support organization capacity to assess and/or respond to transportation access needs in regards to service delivery. - Facilitate collaboration between local stakeholder agencies and advocacy groups to conduct an accessibility audit.
Deliverable	- Demonstration of support (e.g. funding, in-kind, hosted events, materials, policy actions) provided.
Current and Continuing Action	- Lowell Parks and Conservation Trust Concord River Greenway Community Outreach and Trail Use Assessment (GLHA Grant Recipient).
Equity Question	- How has this intervention ensured that input from diverse and varied stakeholders will be included?

MATERNAL CHILD HEALTH

Rationale

Most poor maternal health outcomes are preventable and can be traced to untimely management or inadequate maternal care. Addressing barriers to successful maternal health outcomes including protecting access to reproductive care and promoting policies and actions that aim to reduce racism-driven disparities. Locally, disparities in the burden of unplanning pregnancy, low infant birth weight, and breastfeeding disproportionately impact young people, and people who are Southeast Asian and/or Hispanic. Additionally, Black women are three times more likely to die during childbirth than their white counterparts. (Harvard Public Health). This significant health equity issue exposes the systemic problem of racial barriers in terms of healthcare, service quality, and education.

Progress and Successes

Several community agencies, in partnership with clinical providers, continue to offer breastfeeding classes and childbirth classes, many adapting to provide these services via telehealth.

UPCOMING ACTIONS

Teen Pregnancy

Comprehensive sexuality education programming to high school-aged youth, as well as establishing free condom pick-up sites in each community, are effective strategies in Decreasing Unplanned Pregnancies. It is also important to increase the availability and quality of resources for young parents.

Perinatal and Mental Health

Increasing Perinatal Mental Health Screening Tools and Facilitating Access to Perinatal Resources will improve the perinatal health outcomes for all mothers. Existing resources can also be evaluated and scaled up to ensure mothers are receiving quality care when referred to perinatal mental health services.

Maternal-Infant Mortality and Morbidity

Meaningfully impacting the maternal mortality crisis requires aggressive intervention, but that begins with Increasing Awareness and Deployment of Interventions Addressing Disparities. A data collection initiative is another strategy to help capture the perinatal experience for specific Greater Lowell populations.

Infant Feeding

Optimal, safe infant feeding is a preventative strategy to ensure wellness. Improving Resources to Families Wanting to Breastfeed and Promoting Standards for Safe Bottle-Feeding is a frontline strategy to set families up for lifelong wellbeing.

RATIONALE	**Teen Pregnancy:** The 2017 MA State Health Assessment identifies teen pregnancy as a critical intervention area for both primary prevention as well as increased social support and resource access. Disparities in the burden of teen pregnancy are also highlighted, especially for Black and Hispanic young people, and Southeast Asian young people in the Greater Lowell area specifically.
Goal	- Decrease the rate of unplanned pregnancy, as well as increase the quality of/ accessibility to resources for young parents.
Objectives	- Deliver comprehensive sexuality education programming to 75% of our high school-aged youth. - Increase the attendance of young parents in perinatal education and support groups across the reporting period. - Establish and supply ten (10) free condom pick up sites in each community.
Deliverables	- Record of 80% of participating youth attending at least 65% of sessions. - Increase number of programs, including telehealth, offering perinatal education to young parents by 10%. - Ten (10) condom sites established, and 500 condoms provided.
Equity Questions	- How have these interventions taken into consideration participants' need for flexible scheduling, transportation, childcare, or internet service support? - What considerations have been made for language accessibility? - Do these interventions consider the varying cultural values of participants as they relate to use of contraception, parenting responsibilities, or safe birth practices?

RATIONALE	**Perinatal Mental Health:** Strategies that promote maternal mental health in the postpartum period, as well as programs that offer evidence-based support for mothers entering the perinatal period with a mental health diagnosis, are a critical need area.
Goal	- Increase effective perinatal mental health screening tools to facilitate the access of resources to support mothers and their families during the perinatal period.
Objectives	- Increase the utilization of the screening tools for postpartum mental health needs. - Conduct three (3) trainings for pediatric providers regarding screening for and responding to perinatal mental health needs.
Deliverables	- 100% of providers utilizing tool. - Three trainings provided, or 20 training materials and resources delivered.
Current and Continuing Action	- Matthew's Gift CuddleCots and Family Support Project (GLHA Grant Recipient)
Equity Question	- How have materials been adapted to meet language and cultural diversity considerations?

RATIONALE	**Maternal-Infant Mortality and Morbidity:** Maternal-infant mortality rates remain disproportionately high for Black women, with risk approximately 2-3 times that of White women.
Goal	- Increase awareness/ deployment of evidence-based interventions addressing disparities in maternal-infant mortality and morbidity, particularly for Black mothers and babies.
Objectives	- Host three (3) events (with CEUs when appropriate) on approaches to addressing maternal mortality, particularly in regards the role of racism in maternal mortality. - Establish a data-collection strategy for capturing the perinatal experience for specific Greater Lowell populations of interest. - Increase the percent of people attending prenatal care appointments.
Deliverables	- Three (3) events hosted per year with a goal of 150 participants. - Draft and pilot of data collection approach, including sustainability. - Percent of people attending prenatal care appointments to 90%
Equity Questions	- How has event planning and execution engaged with members of the population of interest as key stakeholders? - How have initiatives specifically addressed or considered disparate rates of maternal and infant mortality and morbidity as a function of systemic racism?

RATIONALE	**Infant Feeding:** The prioritizing the provision of human milk for infants is a priority health intervention to promote lifelong wellness; similarly, the safe preparation of infant formula is also a critical area for promoting infant health.
Goal	- Increase the quality/ availability of resources available to families who want to breastfeed their babies, as well as promote standards for safe bottle-feeding.
Objective	- Increase the number of providers, particularly pediatric providers, engaging in the promotion of optimal infant feeding.
Deliverable	- Deliver educational materials or training to 60% of pediatric providers.
Current and Continuing Action	- Convening of Breastfeeding Working Group of Maternal-Child Health Task Force in collaboration with REACH LoWell.
Equity Question	- How have these trainings and materials incorporated cultural and language considerations into the creation and distribution?

Our vision is to create a healthier community through collaboration, education and the coordination of resources.

INFECTIOUS DISEASE

Rationale

Infections disease concerns, ranging from HIV and Hepatitis C to tick and insect illnesses, were identified in the 2019 CHNA; importantly, data collection for the 2019 CHNA concluded prior to the COVID-19 pandemic, suggesting that this priority would rank even higher were data collection to be repeated. Preventative efforts, like vaccination and prevention education, as well as response strategies, such as emergency preparedness, were both identified as critical to infectious disease response.

Progress and Successes

Infectious disease emerged in the 2019 CHNA as a new priority area. Disproportionate rates of infection in the Lowell areas for Hepatitis B, Hepatitis C, Tuberculosis, and HIV/ AIDS contribute to increasing community concern for disease management and mitigation. The convening of several working groups and task forces in response to COVID-19 will be sustained through the reporting period to continue to engage the community in meaningful response. GLHA also commits to supporting efforts of local governments via tangible support and data sharing as they coordinate responses to pandemics and other infectious disease concerns.

UPCOMING ACTIONS

Emergency Preparedness

The emergent COVID-19 pandemic clearly demonstrated the need to Increase the Capacity of Community Response to an infectious disease event. While emergency preparedness may look different across each Greater Lowell community, efforts to identify, establish, and convene an emergency preparedness task force whose primary objective is assessing and evaluating current barriers and resources is a critical first step.

HIV/Hepatitis C

Decreasing the Rate of New HIV/Hepatitis C Infection through targeted support for scale-up of existing community-based programs is critical for responding to the disparities in infection across racial/ethnic groups in the Greater Lowell area. Additionally, efforts to increase the capacity of providers to respond to and treat people presenting with HIV/Hepatitis C infection is critical to reducing stigma is increasing service access.

Tick and Insect Illnesses

Increase Awareness for Tick and Other Insect-Borne Illnesses. As tick and insect illnesses were identified as top priority concerns in the CHNA, it is necessary to Increase Awareness for Tick and Other Insect-Borne Illnesses. We aim to increase the knowledge of evidence-based prevention and management of tick and other insect borne illnesses.

Vaccines

Vaccines remain the frontline of defense against a vast majority of infectious diseases in our community. Therefore, Increasing the Proportion of Inviduals Reporting Timely and Appropriate Vaccinations through the deployment of evidence-based education campaigns was identified as a priority task.

RATIONALE	**Vaccines:** Vaccinations are an effective, simple, and safe strategy for the primary prevention of infectious disease across the lifespan but especially in childhood.
Goal	- Increase the proportion of individuals reporting timely and appropriate vaccinations (including childhood vaccinations and yearly vaccinations, like the flu shot).
Objective	- Conduct yearly evidence-based educational campaigns based on CDC recommendations describing the benefits, risks and safety of the both childhood and seasonable vaccinations, as well as support community-based vaccine sites
Deliverables	- Two (2) promotion campaigns conducted yearly. - Number of CHNA participants reporting flu shot increased by 10%. - Increase number of children receiving timely and appropriate vaccinations by 10%.
Equity Question	- How have these trainings and materials incorporated cultural and language considerations into the creation and distribution?

RATIONALE	**Emergency Preparedness:** Though emergency preparedness in response to a pandemic outbreak was not identified in the CHNA, this is largely a function of the needs assessment being conducted in the FA18/SP19 time period, during which COVID-19 emerged as a critical need area.
Goal	- Increase the capacity of the community response to a major disease outbreak event, across all sectors of critical need including health care access, food security, housing stability, etc.
Objective	- Identify, an emergency preparedness task force or subcommittee with the primary objective of assessing and evaluating current resources/barriers relevant to supporting the Greater Lowell community in the event of a major infectious disease event.
Deliverable	- Emergency Preparedness team identified and convened quarterly.
Current and Continuing Action	- International Institute COVID-19 Health Access Project (GLHA Grant Recipient)
Equity Questions	- How has this intervention collaborated across all communities in Greater Lowell, including cultural communities? - How has this intervention incorporated knowledge from the experience of the current global pandemic of COVID-19? - How has this intervention incorporated the role that racism and income disparities have on disparate rates of infection and disease management?

RATIONALE	**HIV/Hepatitis C (Hep C):** The Greater Lowell area reports a higher than typical burden of HIV and Hep C infections.
Goals	- Decrease the new infection rate of both HIV and Hep C. - Increase the accessibility of evidence-based services for people living with HIV and/or Hep C.
Objectives	- Support and scale up the capacity of existing community programs working to prevent HIV/Hep C infection and support people living with HIV/HEP C. - Conduct five (5) educational events and trainings for community members and providers regarding best practices for the treatment and management of HIV and Hep C, with a specific focus on issues of cultural competence and stigma.
Deliverables	- Support (e.g. funding, events hosted, in kind, etc.) delivered to existing programs. - Five (5) trainings provided or training materials and resources delivered.
Equity Question	- How have these interventions considered the specific needs of people living with HIV/Hep C who are also homeless, speak a language other than English, or have limited access to transportation for treatment?

RATIONALE	**Tick and Insect Illnesses:** Tick and insect illnesses were high-priority concerns, particularly for more suburban and rural communities in Greater Lowell according to CHNA data.
Goal	- Increase knowledge of the evidence-based prevention and management of tick and other insect borne illnesses.
Objective	- Ensure the distribution of city-specific materials relevant to the community management of and response to insect-borne illnesses
Deliverable	- 100 materials distributed yearly
Equity Questions	- How has event planning and execution engaged with members of the population of interest as key stakeholders?

SAFETY AND VIOLENCE

Rationale

Domestic violence and sexual assault/rape are identified in the CHNA as top community safety issues in the Greater Lowell area. Domestic and sexual violence typically occurs in a range of intersecting contexts including substance abuse, housing insecurity, poverty, sex work, and other forms of abuse. Community safety also extends more broadly to the role of discrimination and bullying, particularly in regard to community violence based on race, ethnicity, immigration status, gender/gender identity, sexuality, and age.

Progress and Successes

The is the first reporting year that Safety and Violence items were including in the CHNA. Community-based Safety and Violence initiatives are especially critical in the context of racism-driven violence, nationally and more locally. The GLHA coordinated efforts to ensure that racism and other forms of discrimination were regarded as central to all GLHA actions; ongoing discussion about the feasibility and function of a safety and violence task force continues.

UPCOMING ACTIONS

Domestic Violence

Supporting the efforts of current programs serving domestic violence survivors and promoting domestic violence prevention education will Improve Resources for People Experiencing Domestic Violence, serving as both a primary and secondary intervention method.

Sexual Assault

Through primary prevention efforts as well as programs that support survivors, we can provide survivors with useful resources. Workshops, training, or educational programs on the basis of reducing gender-based violence are all beneficial mechanisms for primary prevention are strategies in our efforts to Reduce the Occurrence of Sexual Assault/Rape.

Bullying

Efforts to Increase Awareness and Deploy Interventions Addressing Interpersonal Violence and Bullying provides opportunities for community members to learn about preventing, addressing, and responding to bullying. It is important to deploy these evidence-based interventions to the community, especially in high-risk institutions like schools or elder-care facilities.

Discrimination

Anti-violence efforts must address systemic and interspersal deployment of discrimination as a strategy for oppression. A strong network of existing community programs, as well as increased capacity for these programs to deploy anti-discrimination services and trainings, will Decrease Discrimination on the Basis of Race, Ethnicity, Sexuality, Class/Income, and Gender/Gender Identity.

RATIONALE	**Domestic Violence:** Participants in the CHNA identified domestic violence as the number one priority safety concern across all communities in the Greater Lowell area.
Goal	- Increase knowledge/ accessibility of resources for people experiencing domestic violence.
Objective	- Support efforts to build capacity of existing community programs to prevent domestic violence and support survivors and their families.
Deliverable	- Demonstration of support (funding, in-kind, hosted events, materials, policy actions) provided to domestic violence prevention/ response initiatives and programs.
Equity Questions	- How have these interventions taken into consideration participants' need for flexible scheduling, transportation, or childcare? - Does this intervention reflect the way things like racism, housing, poverty, mental health, immigration status, and substance use impact domestic violence? - How have interventions demonstrated considerations for prevention and intervention in the context of COVID-19?

RATIONALE	**Sexual Assault:** Rape and sexual assault were identified as priority safety issues in the CHNA.
Goal	- Reduce the occurrence of sexual assault and rape through both primary prevention efforts as well as programs that support survivors.
Objectives	- Conduct three (3) workshops, trainings or programs that provide education and resources to reduce gender-based violence, including workshops that address health masculinity, violence in the LGBTQ community, and the prevention of sexual violence. - Create, distribute, and make visible resources available to people who have experienced rape/sexual assault.
Deliverables	- Three (3) workshops, trainings or programs conducted. - Resources created, distributed, and tracked. - Reported rate of sexual violence reduced by 10%.
Equity Questions	- How do these efforts incorporate language and cultural diversity? - Has this program considered gender and sexual identity diversity? - What efforts have been made to ensure representation of the community in the leadership of this program/agency?

RATIONALE	**Bullying:** Bullying in schools, workplaces, and elder care facilities was identified as a high priority safety issue in the CHNA.
Goal	- Increase awareness/ deployment of evidence-based interventions addressing interpersonal violence/ bullying in high-risk settings including schools and elder care facilities.
Objective	- Host five (5) events (e.g. film screenings, panel discussions, trainings) for community members on approaches to preventing, addressing, and responding to bullying and interpersonal violence.
Deliverable	- Five (5) events hosted by Year three with a goal of 100 participants.
Equity Questions	- How has event planning and execution engaged with members of the population of interest as key stakeholders? - How have these interventions consulted or engaged with members of the disability community?

RATIONALE	**Discrimination:** The CHNA identified several key areas of discrimination as critical, including discrimination on the basis of race/ethnicity, immigration status, gender/gender identity, class/income, and sexuality.
Goal	- Decrease perpetration of discrimination, particularly perpetration of discrimination by public workers, care providers, or others in positions of leadership and power.
Objective	- Support efforts to build the capacity of existing community programs to prevent discrimination and violence, and to support anti-discrimination advocates in their programming and policy actions.
Deliverable	- Documentation of support (e.g. funding, in-kind, hosted events, materials, policy actions) provided to anti-discrimination initiative and programs.
Current and Continuing Action	- Boys and Girls Club Racism, Discrimination and Health Initiative (GLHA Grant Recipient)
Equity Questions	- How have efforts been made to prevent retaliatory effects? - How have these intervention incorporated community leaders with historical knowledge of the role of racism, classism, sexism and/or discrimination against immigrants in our communities?

WELLNESS AND CHRONIC DISEASE

Rationale

Approximate six in ten adults are affected by chronic diseases in the United States (CDC). The USDA identified Lowell as one of Massachusetts' food deserts, placing community members at high risk for food insecurity (USDA Food Access Research Atlas). The 2019 CHNA reported disproportionately higher rates of a range of chronic conditions in the Greater Lowell area, including diabetes, obesity, smoking, and asthma. Increased and diversified service and resource access is crucial to both prevention and management of chronic illness, as well as preservation and promotion of wellness across the lifespan.

Progress and Successes

Wellness initiatives since the last reporting period have spanned a range of areas of focus, including comprehensive sex education, programs to address food insecurity, and smoking/vaping cessation efforts. Targeted efforts by the Asthma Coalition have reduced the disparate burden of asthma in young people and Hispanic populations. Prevention efforts include breastfeeding promotion and education and resources for healthy eating and active living throughout the lifespan.

UPCOMING ACTIONS

Prevention and Education

Efforts to Increase Knowledge of Health Resources to Individuals and Providers aims to support individuals with health services, while simultaneously ensuring providers have access to up-to-date best practices for the prevention and management of chronic illness.

Community Resources

The Consolidation of Resources for Food/Shelter/Healthcare/Housing is critical to this effort. In order to measure progress towards our goals, efforts that Establish Baseline Data on Available Services will ensure our ability to measure progress and identify ongoing and emergent needs. To bolster the efficacy of ongoing community efforts, GLHA also Supports the Scale-up of Existing Programs to increase resource access throughout the CHNA 10 catchment area.

Policy and Advocacy

By engaging with policy and advocacy work at both the local and state level, our community will Promote Equitable Availability and Accessibility of Healthy Foods, particularly in the context of address disparate access to healthy foods and the urgent need for food accessibility in the context of instability and insecurity created by COVID-19.

RATIONALE	**Policy and Advocacy:** Given the substantial impact of local, state, and federal policy actions that directly impact wellness and chronic disease outcomes, objectives related to policy and advocacy engagement are also included in this CHIP.
Goal	- Promote equitable availability/accessibility of healthy foods through engagement with policy/advocacy work at the local and state level.
Objective	- Support the establishment of local food policy action groups in the Greater Lowell community.
Deliverable	- Food action groups or campaigns established in each community.
Equity Questions	- How has event planning and execution engaged with members of the population of interest as key stakeholders? - How do these programs support food security and access in communities beyond Lowell? - How do these interventions honor and protect local food communities within neighborhoods or community groups?

RATIONALE	**Prevention and Education:** Data from the CHNA and stakeholder feedback identified specific interest in bolstering efforts that focus on the primary prevention, secondary intervention, and long-term maintenance of chronic conditions, including diabetes, heart disease, asthma/COPD, and cancer.
Goal	- Increase the knowledge of/access to community and health resources relevant to prevention and management of chronic diseases.
Objectives	- Provide wellness/chronic disease educational materials, trainings, or programs each year. - Conduct 15 educational programs or policy actions relevant to smoking/vaping safety/risk.
Deliverables	- Record of 25 coordinated efforts delivered to 200 participants each year - 15 workshops presented or policy actions recorded.
Current and Continuing Actions	- Mill City Grows recipe distribution programs - Lowell Housing Authority Healthy Living Seniors Program (GLHA Grant Recipient)
Equity Questions	- How have these interventions taken into consideration participants' need for flexible scheduling, transportation, or childcare? - Do these interventions consider the impact of racism and/or discrimination based on immigration or national origin in their design and implementation? - How have these interventions been specifically selected or designing to address disparate rates of chronic illness in BIPOC and immigrant/refugee communities or populations?

RATIONALE	**Community Resources:** The CHNA identified the crucial need for community members to have equitable access to a range of tangible and information resources in order to identify and manage chronic health needs, or to support their efforts to promote. individual and community wellbeing.
Goals	- Increase accessibility of community resources that serve needs for food, shelter, healthcare, housing assistance, childcare, etc., which are vital for promoting and protecting wellness. - Support the scale up of existing community wellness programs to communities within the Greater Lowell area outside of the Lowell.
Objectives	- Create a consolidated resource hub with updated and maintained links and referrals to community resources and information. - Conduct a food audit. - Provide education, awareness, and resources regarding asthma treatment and management.
Deliverables	- Establishment of the resource hub - Food Assessment Report. - Increase capacity of the asthma spacer program.
Current and Continuing Actions	- Mill City Grows Community Food Assessment (GLHA Grant Recipient) - Town of Chelmsford Gardens for Good Project (GLHA Grant Recipient) - Dwelling House of Hope Food Pantry Project (GLHA Grant Recipient) - REACH LoWell Project (LCHC)
Equity Questions	- How have materials been adapted to meet language and cultural diversity considerations? - Do these projects reflect the needs of all communities within Greater Lowell, particularly in regards to which communities have access to which resources?

Our Community Partners

The success of the Greater Lowell Health Alliance is due to collaborative relationships with many diverse partner organizations. We are honored to partner with more than 200 energized organizations to help fulfill our mission to improve the overall health and wellness of those living in the Greater Lowell region. **Find a list of these valued community partners at greaterlowellhealthalliance.org.**

HELP IMPLEMENT THE 2020 COMMUNITY HEALTH IMPROVEMENT PLAN!

The new Greater Lowell Community Health Improvement Plan (CHIP), will guide our region's investment of resources over the next three years—but we need you to make it happen! Making Greater Lowell stronger and healthier is a huge initiative, but with your involvement and commitment, we can succeed. We are inviting individuals and organizations to please join us and CHIP In to help make our community the healthiest it can be. Go to our website today and tell us your areas of interest and how you would like to CHIP In! From participating or leading a work group to providing staffing to promoting within your own organization, you will be an integral part of this important community initiative!

"Chip In" today at www.greaterlowellhealthalliance.org/CHIP.

The GLHA Needs You

The success of the Greater Lowell Health Alliance relies on the participation and engagement of individuals and organizations to enable us to inform, consult, involve, collaborate, and empower our communities. There are many ways you can become involved and support the GLHA.

Join a task force

The GLHA is always looking for new community members to join task forces and to collaborate on addressing the issues our community faces. All task force meetings are open to the public—whether virtual or in person—and all are welcome.

Participate in the Age-Friendly Lowell Initiative

We need your input as we gather critical data on the needs of older Lowell residents for this project, which will help to promote their health, independence, and quality of life. Please go to our website at greaterlowellhealthalliance.org to participate in this important Tufts Health Plan Foundation Systems and Best Practices Grant initiative.

Donate

As the GLHA grows in both scope and impact, so does our need for resources. As a nonprofit 501(c)(3), we rely on donations from organizations and individuals to sustain our mission, grow our programs, and keep our events free and accessible to everyone. **Please consider donating to the Greater Lowell Health Alliance at greaterlowellhealthalliance.org/donate.**

For more information on these initiatives and other ways to get involved with the Greater Lowell Health Alliance, visit greaterlowellhealthalliance.org.

GLHA
GREATER LOWELL HEALTH ALLIANCE

55 Technology Drive, Lowell, MA 01851
Mailing Address: 295 Varnum Avenue, Lowell, MA 01854
978-934-8368 • F 978-934-8521 • greaterlowellhealthalliance.org