



Healthy Eating and Active Living Pledge

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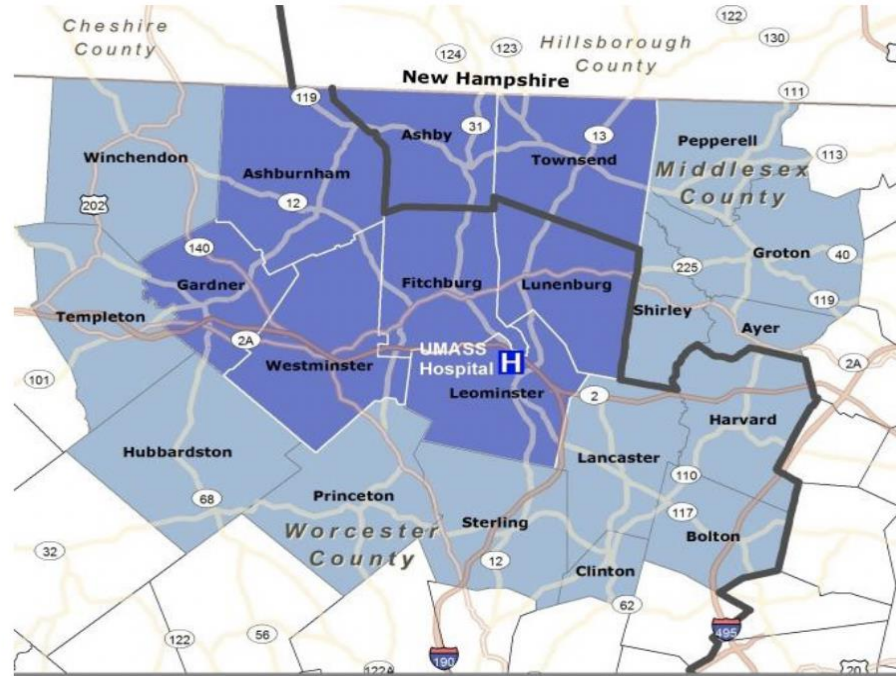


UMassMemorial
HealthAlliance-Clinton Hospital

CHNA9 Partners

- | | | | |
|--|---|---|---|
| 1. A.E.D Foundation | 1. Gardner Community Action Team | 1. MassRides | 1. Rutland Council on Aging |
| 2. Affiliative Tribes of New England Indians | 2. Gardner Community Development Department | 2. Massachusetts Public Health Association Minority Coalition | 2. Quabbin Drug Resistance Unifying Group (Q-DRUG) |
| 3. Alyssa's place | 3. Gardner Emergency Housing Mission | 3. Montachusett Community Branch YMCA | 3. Share Our Strength |
| 4. Arch of Opportunity | 4. Gardner Police Department | 4. Montachusett Home Care Corporation | 4. The SHINE Initiative |
| 5. Barre Family Health Center | 5. Gardner Public Schools | 5. Montachusett Opportunity Council | 5. South Bay Mental Health |
| 6. Be PAWSitive Therapy Pets and Community Education | 6. Gardner Visiting Nurses Association | 6. Montachusett Public Health Network | 6. Spanish American Center |
| 7. Bigelow Public Library | 7. Greater Gardner Chamber of Commerce | 7. Montachusett Regional Planning Commission | 7. Spectrum Systems |
| 8. CENTRO | 8. Growing Places | 8. Montachusett Suicide Prevention Task Force | 8. Sunrise Senior Living |
| 9. Chair City Community Workshop | 9. G-Vegas Striders | 9. Montachusett Veterans Outreach Center | 9. Three Pyramid |
| 10. Chair City Legacy MakerSpace | 10. Health Care for All | 10. Mount Wachusett Community College | 10. Training Resources of America |
| 11. Clark Memorial YMCA | 11. Health Disparities Collaborative | 11. NAMI of North Central Mass | 11. Transportation for Massachusetts |
| 12. Clinton Adult Learning Center | 12. Health Foundation of Central Mass | 12. Nashoba Valley Chamber of Commerce | 12. UMass Medical School Center for Tobacco Treatment |
| 13. Comite de Vecinos | 13. Health Resources in Action | 13. Nashoba Regional School District | 13. UMass Memorial HealthAlliance-Clinton Hospital |
| 14. Community Health Connections | 14. Heywood Healthcare | 14. Nashoba Valley Medical Center | 14. United Way of Tri-Country/Wheat Community Connections |
| 15. Community Healthlink | 15. House of Peace and Education | 15. North Central Chamber of Commerce | 15. Voices of Truth |
| 16. First Congregational Church of Gardener | 16. Indigenous Peoples Network | 16. North Central Mass Community Foundation | 16. Wachusett Medical Reserve Corps |
| 17. First Church of God in Christ | 17. Joint Coalition on Health | 17. North Central Mass Faith Based Community Coalition | 17. Minchendon Community Action Committee |
| 18. Fitchburg Family Medicine | 18. Joint Coalition on Health | 18. North Central Mass SURJ | 18. The Winchendon School |
| 19. Fitchburg Board of Health | 19. Leominster Public Schools | 19. North Central WIC | 19. Winchendon Public Schools |
| 20. Fitchburg Department of Community Development | 20. LUK | 20. North Quabbin Chamber of Commerce | 20. Winchendon Senior Center |
| 21. Fitchburg Police Department | 21. Make a Change | 21. One Square World | 21. Worcester County DA's Office |
| 22. Fitchburg Public Schools | 22. MA Department of Corrections | 22. Parent Professional Advocacy League | 22. Worcester County Food Bank/Feeding America |
| 23. Fitchburg State University | 23. MA Department of Public Health | 23. Pathways for Change | 23. YMCA of Central Mass |
| 24. GAAMHA | 24. MART | 24. Planned Parenthood League | 24. You, Inc. |
| 25. Gardner Community Action Committee | 25. MassDevelopment | 25. Reliant Foundation | 25. YMCA of Central Mass |

Figure 2: HOSPITAL SERVICE AREA



UMass Memorial - HealthAlliance Hospital

Service Area Communities

- Primary
- Secondary

Date: 11/7/2017



Source: UMass Health Alliance-Clinton Hospital. 2018 Community Health Needs Assessment.

Figure 6: RACE/ETHNICITY (%) AND FOREIGN BORN (%), 2011-2015

	MA	ASH	ASHBY	CLI	FIT	GAR	LEO	LUN	TOW	STE	WES
White alone	79.6	97.0	97.6	89.5	79.6	90.0	83.2	93.0	95.8	96.1	98.1
Black or AA alone	7.1	1.0	0.7	2.1	4.1	2.2	4.7	2.4	0.1	1.2	0.8
Asian alone	6.0	0	1.1	1.7	4.6	1.8	2.3	1.7	1.6	0.9	0
NH/OPI	0	0	0	0	0	0	0	0	0	0	0
AI/AN	0	0	0.1	0.1	0.3	0.5	0.2	-	0.2	0.4	0
Some Other Race	4.2	0.7	0.4	2.3	8.1	2.8	6.5	1.1	1.4	0.3	0.2
Two+ Races	2.9	1.5	0.1	4.3	3.3	2.6	3.1	1.8	0.9	1.1	0.8
Hispanic/Latino of Any Race	10.6	0.6	1.9	14.7	23.9	8.0	15.3	3.7	1.1	3.5	3.4
Foreign Born	15.7	1.1	4.9	10.9	11.4	7.9	10.9	7.5	2.6	4.9	4.5

SOURCE: US Census Bureau, American Community Survey 2011-2015 5-Year Estimates

NOTE: Figures highlighted in red indicate that the figure is significantly higher than the Commonwealth, while figures highlighted in blue are significantly lower than the Commonwealth. Figures that are not highlighted are not statistically significant from the Commonwealth.

Source: UMass Health Alliance-Clinton Hospital. 2018 Community Health Needs Assessment.

Figure 9: POPULATIONS LIVING BELOW FEDERAL POVERTY LINE (%), 2011-2015

	MA	ASH	ASHBY	CLI	FIT	GAR	LEO	LUN	TOW	STE	WES
All individuals	11.6	7.4	8.0	9.1	19.4	19.1	13.1	9.2	3.7	4.9	3.4
Under 18	15.2	4.5	12.3	10.6	29.1	32.9	16.9	15.8	1.2	5.8	3.2
Over 65	9.2	7.3	5.6	14.1	13.5	8.2	9.0	6.6	6.1	10.3	-
Families	8.2	2.4	4.7	4.7	14.5	16.1	11.3	7.3	2.2	2.8	1.5
Female head of household, no husband present	25.5	0	28.2	22.0	36.8	41.8	34.2	38.1	14.8	3.5	-

SOURCE: US Census Bureau, American Community Survey 2011-2015 5-Year Estimates

NOTE: Figures highlighted in red indicate that the figure is significantly higher than the Commonwealth, while figures highlighted in blue are significantly lower than the Commonwealth. Figures that are not highlighted are not statistically significant from the Commonwealth.

Source: UMass Health Alliance-Clinton Hospital. 2018 Community Health Needs Assessment.

⊕ **Figure 8: EDUCATIONAL ATTAINMENT (%), 2011-2015**

	MA	ASH	ASHBY	CLI	FIT	GAR	LEO	LUN	TOW	STE	WES
High school degree or higher	89.8	96.1	92.8	90.4	82.2	84.4	86.5	92.3	96.3	94.7	93.8
BA or higher	40.5	41.3	24.3	33.9	20.7	16.5	27.0	35.3	34.5	46.6	42.7

SOURCE: US Census Bureau, American Community Survey 2011-2015 5-Year Estimates

NOTE: Figures highlighted in red indicate that the figure is significantly higher than the Commonwealth, while figures highlighted in blue are significantly lower than the Commonwealth. Figures that are not highlighted are not statistically significant from the Commonwealth.

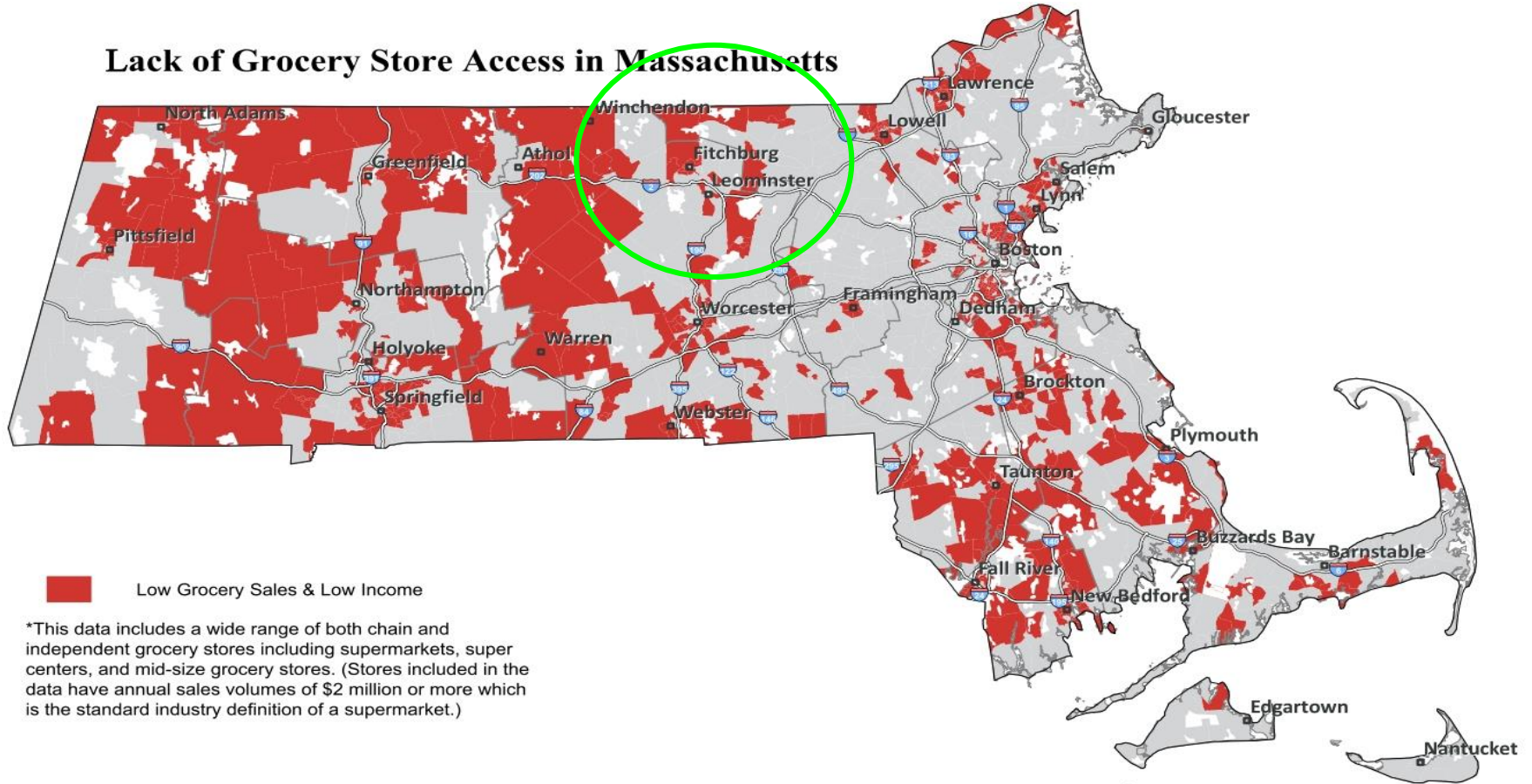
Source: UMass Health Alliance-Clinton Hospital. 2018 Community Health Needs Assessment.

Social/Structural Determinants of Health

- Housing
- Employment/income
- **Nutrition**
 - **33% food insecure**
 - **Cost**
 - **Access**
 - **Quality**
- Transportation
- Access to health insurance
 - CHC (FIT, GAR, LEO) 2016 → 17% uninsured vs. 2.8% MA
- Tobacco use

Source: UMass Health Alliance-Clinton Hospital. 2018 Community Health Needs Assessment.

Lack of Grocery Store Access in Massachusetts



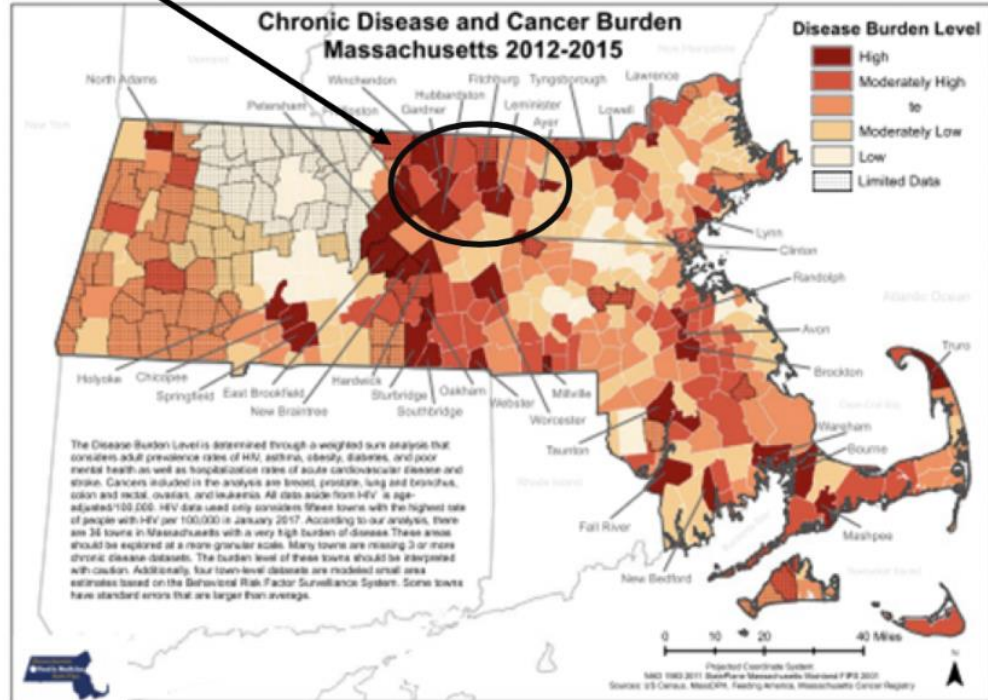
Low Grocery Sales & Low Income

*This data includes a wide range of both chain and independent grocery stores including supermarkets, super centers, and mid-size grocery stores. (Stores included in the data have annual sales volumes of \$2 million or more which is the standard industry definition of a supermarket.)

Source: Norton, M. (2017). *Where the food deserts are* - *CommonWealth Magazine*. [online] *CommonWealth Magazine*. Available at: <https://commonwealthmagazine.org/economy/where-the-food-deserts-are/>

Disease Burden Summary

NORTH CENTRAL MA



• 13 diseases included

HIV
Asthma
Obesity
Diabetes
Poor Mental Health
CVD Hospitalizations
Stroke Hospitalizations

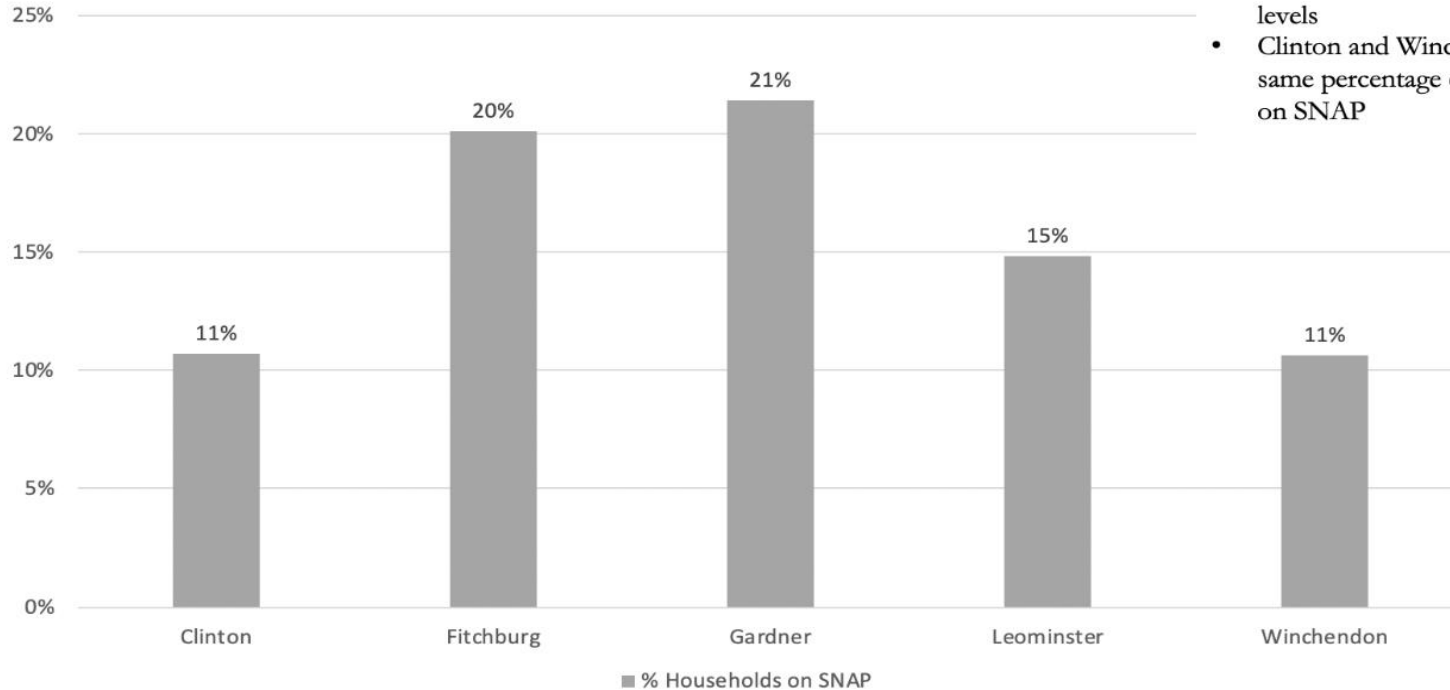
Cancers

Prostate
Colon & Rectal
Lung & Bronchus
Breast
Ovarian
Leukemia

- All diseases age-adjusted/100,000
- 6 analyses for data limitations
 - Towns missing 3+ datasets are highlighted
- All diseases weighted 1 in weighted sum analysis

LOCAL FOOD SYSTEM GAP

% Households on SNAP



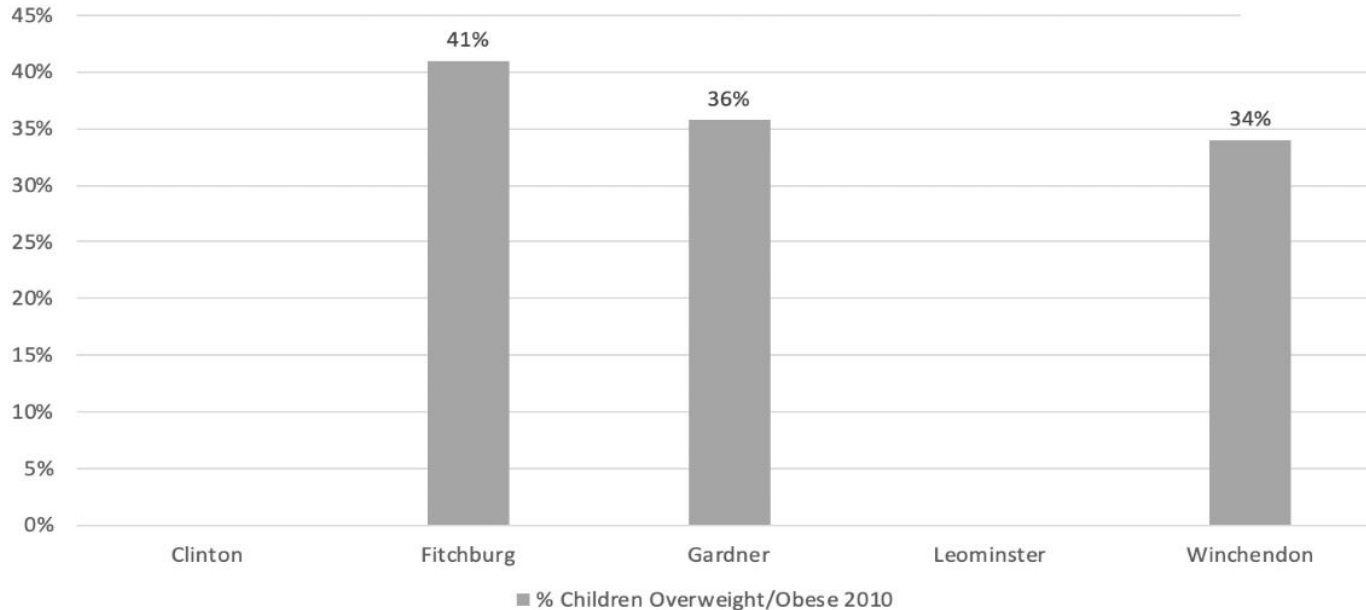
Key Points:

- Gardner and Fitchburg have the highest number of households receiving SNAP
- Leominster has the next highest levels
- Clinton and Winchendon have the same percentage of households on SNAP

Source: Yeagle, A. (2019). Local Food System Primer.

LOCAL FOOD SYSTEM GAP

% Children Overweight/Obese 2010



Key Points:

- Fitchburg has the highest number of students overweight/obese
- *Clinton and Leominster do not have data per DESE*

Source: Yeagle, A. (2019). Local Food System Primer.

Interprofessional Teams of Care

Physicians and Health Care Professionals

- Empower patients to improve health
- Strengthen health
- Diagnose and treat
- Improve quality of life



CHNA9

- Promotes health equity in North Central MA
- Value diverse community
- Advocate for the community and population at large
- Members represent local community and advocate for individual needs



Community Health Advocates and Volunteers

- Understand local community needs
- Need based intervention in communities where needed
- Understanding local populations



Community members

- Direct community members know what their community needs best
- Empowering people to represent and create a better environment for themselves and the community



Healthy and Active Community

- Empowered to take health back into their own hands
- Stronger, healthier, and more supportive community
- Decrease incidence of disease
- Active and healthy lifestyle
- Increase well-being and quality of life

Healthy Workplace

- *An organization in which workers and managers collaborate to use a continual improvement process to protect and promote health, safety, and well being of all workers by considering:*
 - Health and safety concerns in the physical work environment
 - Health, safety and well-being concerns in the psychosocial work environment including organizations of work and workplace culture
 - Personal health resources in the workplace
 - Ways of participating in the community to improve the health of workers, their families and other members of the community

Community Health Network of North Central Massachusetts (CHNA 9)



CHNAs are initiatives to improve health through local collaboration



Mission Statement: CHNA 9 brings together and supports diverse voices to promote health equity in our communities



Vision: CHNA 9 residents and institutions work together to create a healthy, safe and supportive environment

Growing Places Inc.

Mission: To inspire and connect the North Central MA community to create equitable access to health food and environmental sustainability through education, collaboration and advocacy.

Aims:

Goal: Working with individuals, families, non-profit organizations, farmers, businesses, schools and public agencies.

Make fresh, healthy food more accessible, affordable and widely consumed

Improve physical, mental and emotional well-being

Build community leadership skills, healthy habits, and lifestyle skills

Advocate for a socially just regional food system

Priority Areas for Advocacy



Healthy Eating and Active Living



Healthy and Safe Relationships



Mental and Behavioral Health and Substance Abuse



Transportation and Access



Racial Justice

UMass Memorial Health care

Clinton Hospital Community
Benefits Program

Marlborough Community Benefits
Program

UMass Memorial Medical Center
Community Benefits Program

HealthAlliance Hospital
Community Benefits Program

Source: UMass Memorial Health Care. Community Benefits Program.



Based On



High rates of diabetes/heart disease/obesity



High rates of domestic violence and child abuse/neglect



High rates of smoking, alcohol, and opioid abuse and ongoing shortage of beds/services for mental and behavioral health



Data showing transportation as a major barrier to accessing health care, jobs, social services, and healthy foods



Racial tension at national and local levels, immigration policy and enforcement concerns, and data showing inequitable access to career and education opportunities

Priority Populations

Racial and Ethnic Minorities

Immigrants and Refugees

Low income individuals

Older Adults

Linguistic Minorities

Food insecure

Underinsured/Uninsured

Youth at risk

Progress Report



Implement a plan to reduce the barriers to accessing affordable fruits and vegetables in North Central by 2020: **Progress made**



Increase awareness of and access to physically active lifestyle in a socially and racially inclusive manner: **Progress made**



Integrate HEAL into multiple sectors of the community: **OUR OBJECTIVE**



Healthy and Safe Relationships: **Objectives met/progress made**



Mental Health & Behavioral Health & Substance Use: **Progress made**



Transportation & Access: **Objectives met/progress made**



Racial Justice: **Progress made**

Spread the Word



Review local Community Health Needs Assessment



Learn about local Community Health Improvement Plans and Strategies



Volunteer in the community



Participate with local CHNA



Create partnerships with local stakeholders

HEAL Pledge



Integrate Healthy Eating and Active Living (HEAL) into multiple sectors of the community.



Develop and implement a HEAL Pledge, securing commitments from partner organizations to provide opportunities for healthy eating and active living to their clients, members, and employees.

Community Needs

Community Health Needs Assessment

Priority Area:

Barriers to accessing healthy foods & opportunities for physical activity

- SNAP benefits use in Fitchburg & Gardner
- Interviews, focus groups, community forums

Perpetuating Factors

- Low income
- Transportation access

Community Assets

- Local farms
- Growing Places

HEAL Pledge: Collaborators

CHNA 9

- Community Health Needs Assessment
- Community Health Improvement Plan
- Presentation at Fitchburg Family Practice

Growing Places

- Hub & spokes model of distribution
- Incentives for businesses



HEAL Pledge: Collaborators

Thomas Ward,
UMass Memorial Wellness
Director

- Massachusetts Working on Wellness
- Mass in Motion

Heather-Lyn Haley ,
UMass Family Medicine &
Community Health

- WooFood
- Healthy Babies Healthy Business

HEAL Pledge: Design

Target audience

- **Local businesses**
- Public schools
- Healthcare organizations (e.g., clinics, hospitals)

Stratified by cost

- Low-cost/no-cost
- Major purchasing modifications

Categories of change

- Cafeterias
- Vending machines
- Meetings & events
- Break room & common spaces
- Educational initiatives



HEALTHY EATING

PURCHASING MODIFICATIONS

Cafeterias

- ___ Substitute at least 50% of refined grains with whole grains
Refined grain examples: white bread, white rice
Whole grain examples: brown rice, quinoa, barley
- ___ Substitute all less healthy cooking oils with healthier alternatives
Less healthy oils: partially hydrogenated vegetable, coconut, palm
Healthier oils: olive, canola, corn
- ___ Substitute at least 50% of whole or 2% milk products with 1% or fat-free products
- ___ Substitute at least 50% of processed and non-lean meats with healthier sources of protein
Processed meat examples: deli meat, sausage, bacon
Healthier protein examples: lean meats, tofu, lentils, nuts, eggs
- ___ Purchase fresh produce from local farms

HEALTHY EATING

LOW-COST/NO-COST MODIFICATIONS

Cafeterias

- ___ Adjust portion sizes to better align with daily caloric and nutrient guidelines
- ___ Post nutrition facts of all food/beverages served
- ___ Reduce salt added to prepared dishes by at least 50%
Suggestion: season with fresh herbs and spices instead
- ___ Remove salt and sugar shakers
Suggestion: replace with spices (e.g., basil, oregano)
- ___ Substitute frying with grilling, boiling, or baking
- ___ Position food strategically
Healthier options placed centrally and at eye level
- ___ Make microwaves available to employees in the cafeteria
Encourages bringing healthy food from home

ACTIVE LIVING

LOW-COST/NO-COST MODIFICATIONS

___ Yoga classes offered during lunch or before/after working hours
Led by an employee volunteer, an app/youtube/video, or by a hired instructor

___ Initiate fitness competitions within and between departments
Example: have employees record their weekly time spent exercising and provide a prize to the group with most minutes
Example: hold a stair climbing competition in which employees record the number of trips they make up and down the stairs

___ Encourage small (2-3 people) meetings to be held while walking

___ Create and circulate maps of local walking paths that
Employees can take during breaks or before/after hours
Suggestion: categorize by distance and average time to complete
Suggestion: if your organization is located near a public park, circulate any Publicly available trail maps

HIGHER COST/HIGH VALUE MODIFICATIONS

___ Offer employees subsidized gym memberships

___ Purchase and encourage the use of standing desks

___ Provide on-site changing rooms and/or showers
Promotes physical activity during work breaks, biking to work, etc.

___ Provide comfortable spaces for eating lunch outdoors
Encourages employees to be more active during their lunch break

___ Provide an adequate number of bike racks in convenient locations for employee use



Wachusett Reservoir, Sterling MA

Takeaways



Not-for-profit hospitals responsible for population health initiatives



Intersection of transportation access with food access



Wealth of existing workplace wellness resources



Clinician awareness of food access

Acknowledgements

- Rosa Fernandez-Penaloza, Director, Community Health and Volunteer Services UMass Memorial HealthAlliance-Clinton Hospital
- Ayn Yeagle, Executive Director, Growing Places
- Samuel Evers, Growing Places
- Daniel Forkner, Growing Places
- Thomas Ward, Wellness Program Coordinator
- Heather-Lyn Haley, Project Manager for Community Health

References

- Community Health Network of North Central Massachusetts. CHNA9. Retrieved from <https://www.chna9.com/index.html>
- Growing Placed Inc. Retrieved from <http://growingplaces.org/>
- North Central Mass CHIP. Community Health Improvement Plan 2020 and 2018 Annual Report. Retrieved from <https://www.chna9.com/north-central-chip.html>
- UMass Memorial HealthAlliance-Clinton Hospital. Community Health Needs Assessment 2018. Retrieved from https://www.umassmemorialhealthcare.org/sites/umass-memorial-hospital/files/Documents/About/Community_benefits/HealthAlliance%20Clinton%20FINAL%20CHNA%202018-with%20Eval%20of%20Impact.pdf
- UMass Memorial Health Care. Community Benefits Program. Retrieved from <https://www.umassmemorialhealthcare.org/about-us/community-benefits-program>