GLHA
GREATER LOWELL HEALTH ALLIANCE

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

GREATER LOWELL COMMUNITY HEALTH IMPROVEMENT PLAN

2023 CHIP

Acknowledgments

The creation of the 2023 Greater Lowell Community Health Improvement Plan (CHIP) has been a collaborative effort that would not have been possible without the dedication, expertise, and unwavering support of our community partners and frontline workers. We extend our sincere gratitude to all those who played a vital role in this process.

To Hannah Tello, PhD, Director of Projects & Evaluation, Greater Lowell Health Alliance

We extend a special acknowledgment to Dr. Hannah Tello for her outstanding work as the author of the 2023 Greater Lowell Community Health Improvement Plan. Dr. Tello, your expertise, dedication, and tireless commitment to the well-being of our community have been pivotal in crafting this comprehensive and strategic plan. Your leadership, in-depth research, and thoughtful analysis of the 2022 Greater Lowell Community Health Needs Assessment have provided us with a roadmap for addressing the most pressing health needs of our region. Your contributions are emblematic of the collaborative spirit that drives the Greater Lowell Health Alliance, and we are deeply grateful for your valuable role in this endeavor.

To Our Community Partners

We are deeply thankful for the collaborative spirit and contributions of our esteemed community partners. Your commitment to improving the health and well-being of our community members and dedication to addressing the health needs identified in the 2022 Greater Lowell Community Health Needs Assessment have laid the foundation for meaningful change and have been instrumental in shaping the strategic direction of this plan. Together, we have forged a path toward a healthier and more equitable Greater Lowell.

To the Frontline Workers

Our frontline workers have been the backbone of our community's response to health challenges. You are the heroes who work tirelessly to ensure the health and safety of our community members, and your insights and experiences have been invaluable in shaping the priorities and strategies outlined in this plan. We thank you.

Continued Partnership

As we move forward with the implementation of the 2023 CHIP, we look forward to continuing our collaboration with all our partners and frontline workers. The willingness to come together, share expertise, and work toward a common goal is a testament to the strength of our community. The challenges ahead are significant, but with our collective efforts, we are confident in our ability to effect positive change on the health and well-being of the Greater Lowell community. We look forward to the journey ahead as we work together to create a healthier and more vibrant Greater Lowell.

Sincerely,

Kerrie D'Entremont
Executive Director
Greater Lowell Health Alliance

Acknowledgments

Greater Lowell Health Alliance Staff

Kerrie D'Entremont
Executive Director

Amanda Clermont
Director of Community Engagement and Education

Hannah Tello
Director of Projects and Evaluation

Interns and Graduate Students

Chloe Tarlin

Abigail Francis

Laurie Frederico

GLHA Steering Committee

Matthew Page-Shelton
Front Line

Miranda Allan
Greater Lawrence Community Action Council

Mercy Anampiu
Lowell Community Health Center

Michael Hall
Casa Esperanza Inc.

Karri Greenhaldge
YMCA of Greater Lowell

Daniela Johnson
Vinfen

Jen Melanson
Town of Chelmsford

Brittany Nash
North West Public Health Coalition

Sarah Seguin
WIC

Lisa Taylor-Montminy
Tufts Medicine-Lowell General Hospital

GLHA Board of Directors

Susan West Levine *Board Chair*
Lowell Community Health Center

Damian Folch, MD *Vice Chair*
Family Practice-Chelmsford

Jayne Andrews *Treasurer*
Anstiss & Co. P.C.

Karen Townsend *Clerk*
Middlesex Community College

Andrea Saunders Batchelder
Gallagher & Cavanaugh, LLP

Nicole Champagne
University of Massachusetts Lowell

Karen Frederick
Community Teamwork Inc.

Lisa Golden
City of Lowell Health Department

Cecelia "Cece" Lynch
Lowell General Hospital

Susan M. Rosa
Chelmsford Board of Health

This Community Health Improvement Planning process was conducted from November 2022 through June 2023. 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 2022 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 2023 Greater Lowell Health Alliance (GLHA) Community Health Improvement Plan (CHIP) is a strategic blueprint that builds upon the insights gleaned from the 2022 Greater Lowell Community Health Needs Assessment (CHNA). This comprehensive plan outlines a roadmap for all community entities and advocates to engage in the critical work of addressing our community's health needs, promoting wellness, and eliminating health inequities for all of us who live, work, and play in Greater Lowell.

Drawing on the collaborative efforts of healthcare professionals, community leaders, government agencies, and local residents, the CHIP is designed to guide collective action and resource allocation over the next three years. By focusing on emerging- and evidence-based strategies and leveraging the strengths of a diverse and passionate pool of stakeholders, the CHIP aims to create sustainable and impactful improvements in the health and well-being of the community.

Priority Areas

The CHIP combines findings from the CHNA with additional input from other 150 community stakeholders in order to turn our existing community health data into actionable priority areas that strategically align topic areas to maximize collaborative impact. This process also elevates the critical role of social determinants of health, community resources, and the community environment in promoting community and individual wellbeing. Unlike the CHNA, which quantifies and describes the data, the CHIP interprets the data through a lens of implementation and action, identifying the ways we can collectively contribute to progress in the coming years.

The 2023 CHIP priority areas are Service Navigation, Mental Health, Chronic Health and Wellness, Substance and Alcohol Misuse, Infectious Disease, Reproductive and Perinatal Health, Housing and the Built Environment, and Safety and Violence. These domains represent the community's most pressing health concerns, as well as the underlying drivers of poor health outcomes. Strategies for improvement include upstream recommendations to address root causes of poor health outcomes, as well as downstream strategies to improve people's current quality of life.

Implementation Strategies

The CHIP provides a comprehensive menu of suggested objectives, goals, and actions for the GLHA, the healthcare industry, and the community. Our community maintains an exceptionally diverse and robust resource network; in recognition of that expertise, the CHIP does not explicitly recommend specific projects or programs but rather recommends goals and objectives that can be achieved through a range of programs, designed and implemented by the experts who do this work every day. Our vision is that a collective effort towards shared goals will yield the most successful outcomes for our community.

The CHIP places a strong emphasis on addressing health inequities driven by socioeconomic factors. By promoting initiatives that enhance access to and quality of care, education, housing, and employment, the plan aims to create a more equitable health landscape, particularly for community members who are low-income, Black, Asian, and/or Hispanic, immigrants, chronically ill, veterans, youth, aging, LGBQ+T, and/or who have high exposure to violence, discrimination or victimization.

Recognizing the power of collective action, the CHIP encourages continued collaboration between healthcare institutions, community organizations, and government agencies to design and implement evidence-based programs tailored to address specific health needs, with a focus on prevention, education, and behavior change. This effort includes prioritizing meaningful community engagement through outreach events, workshops, and intentional, representative recruitment and employment to ensure that health initiatives are responsive to local needs. The CHIP also acknowledges the critical role of policy and advocacy work, and identifies opportunities to collaborate with policymakers to advocate for systemic changes that support health and wellness.

This CHIP also includes stronger emphasis on data monitoring and assessment. Progress within each priority domain will be monitored via implementation indicators, CHNA indicators, and population health indicators. Continuously assessing the progress of the CHIP by tracking key health indicators and utilizing data-driven insights to refine strategies as needed.

The 2023 GLHA Community Health Improvement Plan serves as a visionary roadmap for enhancing the well-being of the Greater Lowell community. By aligning efforts, investing in impactful strategies, and fostering a culture of health, stakeholders can collectively work towards a healthier, more resilient, and thriving community for all residents.

The power of community to create health is far greater than any physician, clinic, or hospital.

Dr. Mark Hyman

What Is a CHIP?

A Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address health and wellbeing needs 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 is 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 mission is to provide community stakeholders with a shared vision for turning data into action within and across the community's priority health domains. This shared vision is driven by the mission to eliminate health inequities in our community, and the underlying drivers that cause them.

The Evolution of a CHIP

A CHIP without community is just a HIP. A CHIP's value is derived from meaningful community involvement. Over this past year, the GLHA has engaged more than 150 people representing dozens community organizations and municipalities to develop the CHIP. To accomplish this feat, the GLHA hosted nearly 40 CHIP planning workshops with community stakeholders and experts. Through these meetings, we drafted goals and objectives for each entity (the GLHA, healthcare, the community, and policy work) within each priority domain. These groups also brainstormed example projects that could be leveraged over the next three years to maximize community resources, fill gaps and avoid duplication of efforts. Finally, the evaluation director matched the community-driven goals and objectives with a series of reportable indicators that can be used to indicate success as projects are implemented, and that serve as accountability benchmarks for progress. The GLHA task forces and the GLHA Steering committee, comprised of 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.

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 2023 Community Health Initiatives Grants were awarded around health priorities and programs that met the specific areas of focus identified by the 2023 CHIP process.

How to Use This CHIP

The 2023 CHIP is organized in order of domain. Each section includes: a vision statement that describes the GLHA's hope for the future state of our community within that domain; our rationale for why the domain and its subcategories are included in the CHIP, including a short summary of supporting data and definitions of key terms; and GLHA goals that summarize our agency's commitments to making progress towards our vision

CHIP Goals and Objectives

Each domain section includes a table. Each CHIP table includes the domain's subcategories; for example, the subcategories for Service Navigation are Service Access, Care Quality and Experience, and Digital Equity. The vertical columns in the table list goals and objectives for the healthcare industry, the community, and policy/advocacy within each subcategory.

We believe that expertise resides in the community, in the hands of people who do this work every day. **Therefore, specific project recommendations are only listed in the appendices.** Instead, our hope is that entities who use the CHIP will align their projects with CHIP goals in their relevant domain; many different projects may all align to the same CHIP goal. For example, one of the Service Access goals for the healthcare systems is, "Increase accessibility to services through accessible language." A doctor's office may implement a project to re-do their website to include multiple languages, while a hospital may invest in creating audio recorded content explaining their services for people with hearing impairment. Both of these projects make progress to the goal, but in totally unique ways that are tailored to the needs of their clients and the resources at their agencies. This diversity of ideas is the heart of the CHIP.

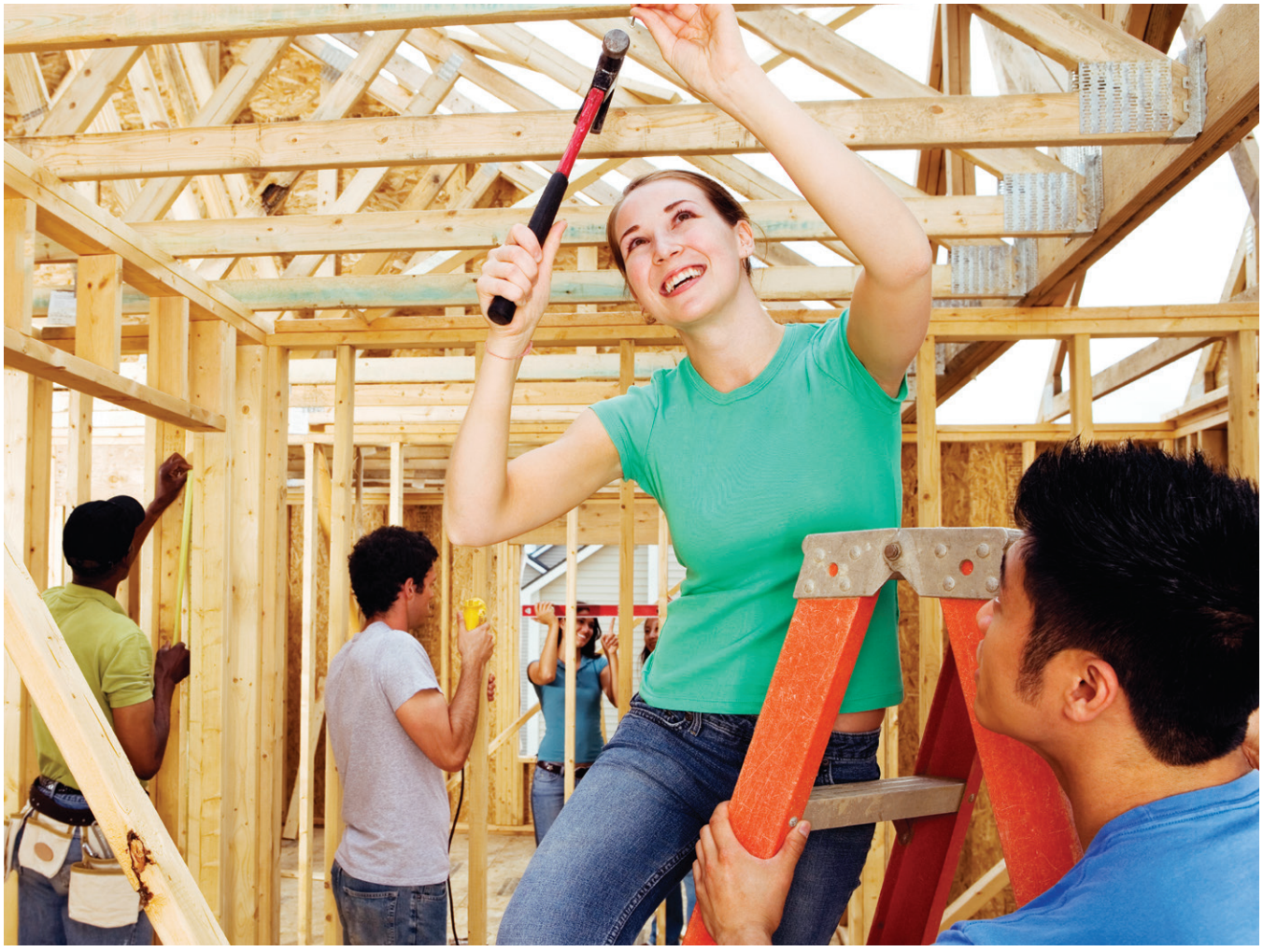
Indicators

Each domain also includes a list of indicators that will be used to evaluate success or progress. Implementation indicators report on the specific projects or activities that were put into place (e.g. "Hosted three training sessions"). CHNA indicators measure specific changes in items in the needs assessment year over year (e.g. "5-point increase in CHNA participants reporting having a flu shot in the last year"). Population indicators measure changes in health outcomes or behavior at the population level (e.g. "6% decrease in rates of poorly controlled asthma"). Each of these indicators has strengths and limitations in its ability to indicate progress, but, taken together, are reliable. The GLHA will record and report on progress on these indicators for the 2026 CHIP.

How the CHIP Can Help You

People and agencies have used our CHIP in many ways, including:

- Aligning agency strategic plans with broader CHIP goals
- Applying for grants and sponsorships
- Choosing internal agency priorities
- Fine-tuning project ideas to be better suited to community needs
- Identifying metrics to track
- Selecting advocacy efforts
- Drafting legislation
- Allocating funding to projects that fit within CHIP priorities
- and so much more!



PRIORITY 1: SERVICE NAVIGATION

Our Vision

All community members have the skills and resources to access a diverse, highly qualified healthcare and social service workforce, ensuring safe, mutually respectful, culturally affirming care and service interactions for all.

Rationale

Equitable and seamless access to healthcare services is fundamental to promoting well-being and preventing adverse health outcomes. Improved navigation and access ensure that individuals can receive timely preventive care, early interventions, and appropriate treatments, ultimately reducing healthcare disparities and enhancing the overall health of the community. The first point of entry for navigation is service access, which includes a person's ability to find and afford appropriate care, and their subsequent ability to read and understand communication about their care. These are critical features of care quality and experience because all exchanges of care and services must be high-quality, safe, and mutually respectful as both a client and a provider. For many in our community, their service navigation is significantly impacted by digital equity and their ability and opportunity to interact with providers, health and service resources, and health education in an accessible digital landscape.

GLHA Goals

- Increase access to clinical and nonclinical services in community settings via health fairs, community clinics, etc.
- Increase prioritization of projects that improve access to services, particularly for immigrants and community members who speak a language other than English
- Increase cultural humility, expertise, and skills of the existing and new workforce
- Increase understanding of how to support digital access to healthcare services, particularly telehealth and insurance enrollment

SUBCATEGORIES	HEALTHCARE SYSTEM GOALS	COMMUNITY GOALS	POLICY AND ADVOCACY
Service Access	Increase the language capacity of the healthcare workforce at all stages of care delivery (i.e. from front desk staff to clinicians) Strengthen professionalization pathways for people pursuing or wanting to advance their careers in health/social service Increase accessibility to services through accessible language, multilingual materials, community outreach, and participation in community-based clinics and health fairs	Increase collaboration with healthcare providers to provide clinical services outside of clinical settings Increase literacy regarding how to access service resources (i.e. insurance enrollment, social service benefits, etc.)	Expand funding for interpreter services Expand state and federal funding for community health centers Lower the threshold for who qualifies for service assistance
Care Quality and Experience	Increase professional development opportunities and strategic recruitment to cultivate expertise in high-need areas Universalize skills- and evidence-based cultural competency and humility trainings throughout the workforce Increase programs and policies that prevent and provide redress for workplace mistreatment	Promote understanding of people's rights and responsibilities as patients Increase education regarding options for redress following mistreatment by care/service providers	Incentivize efforts to address equity and care quality in healthcare settings
Digital Equity	Increase accessibility of digital platforms for healthcare services for end users, particularly in regards to language access and health literacy Increase opportunities for hands-on education regarding practice-specific digital tools Streamline cross-agency accessibility to records and portals, where appropriate	Increase education programs for community members about how to safely, effectively use digital tools, particularly for elders and people who speak a language other than English Expand access to education programs about digital careers, like coding, especially for youth, veterans, and immigrants/refugees Expand access to digital hardware, like laptops and smart phones, through exchanges, refurbishment services, loan programs, and grants	Formalize reimbursement for digital service delivery
INDICATORS			
Implementation	Implement community health fairs/clinics supported by GLHA task forces Implement professional development trainings for healthcare workforce related to increasing cultural humility		
CHNA	Increase in participants reporting agreement with item 26 ("I am able to afford the medical care I need") Decrease in participants reporting agreement with item 27 ("The quality of health services in my area is worse than a year ago") and item 35 ('It is difficult to understand/navigate the healthcare system")		
Population	Decrease the percent of uninsured residents in disproportionately impacted communities Increase the proportion of households with a broadband internet connection Decrease the portion of adults reporting an unmet Mental Health need		

PRIORITY 2: MENTAL HEALTH

Our Vision

All community members have equitable, timely access to a diverse range of individual and community mental health resources and services to improve and maintain their wellbeing and safety at home, at work, and in the community.

Rationale

Mental health has a direct impact on overall well-being. Addressing mental health concerns fosters a healthier and more productive community by reducing the burden of mental illnesses, enhancing individual resilience, and promoting positive social interactions. Prioritizing mental health contributes to reducing stigma, increasing access to care, and creating a supportive environment where residents can thrive emotionally, socially, and economically. Common mental health needs in Greater Lowell include depression, anxiety, and related disorders like PTSD; these conditions often disproportionately impact youth, elders, veterans, refugees, and the LGBQ+T community. Similarly, suicide is a growing concern for at-risk community members, including elders, veterans, and LGBQ+T youth. Increasing attention is also being directed to perinatal mental health, especially in the wake of several high-profile postpartum tragedies in the state in the last year.

GLHA Goals

- Increase understanding of environmental risk factors for depression and anxiety, particularly for youth, elders, and LGBQ+T community members
- Increase access to workforce development resources for increasing MH competencies at all levels of professionalization
- Increase community understanding of risks of suicide and resources for prevention and intervention
- Increase community knowledge perinatal mental health treatment options
- Decrease stigma about perinatal mood disorders

SUBCATEGORIES	HEALTHCARE SYSTEM GOALS	COMMUNITY GOALS	POLICY AND ADVOCACY
Depression, Anxiety and Related Disorders	Increase capacity of out-of-office follow-up and home based services for people at-risk for mental health crises, particularly older adults Increase number and availability of prescribers, particularly for youth Increase early access to career pipelines in mental health fields, particularly in psychiatry, social work and therapy	Increase volume and diversity of programs that reduce social isolation and build community, particularly for people who are LGBQ+T, Hispanic/Latino/a, recent arrivals, have a substance use problem, and/or elders Increase programs for parents and caregivers to learn about depression/anxiety, particularly in young people	Increase insurance reimbursement for mental health services across the scope of mental health workforce Incentivize pursuing higher education/certification in mental health fields Increase number of pediatric psychiatric facilities Increase funding for co-response teams
Suicide	Reduce high-risk prescribing particularly for elders Increase collaboration with mobile crisis teams to facilitate uninterrupted continuums of care Increase connections to schools to provide clinical resources to students following the death of a classmate or loved one	Increase care and prevention services for populations at high risk of suicide, including elders, youth, LGBQ+T people, and people who are caretakers Increase resources for individuals and communities following the death of a loved one by suicide	Increase capacity at inpatient facilities Create top-down policies protecting the dignity and rights of groups at high risk for suicide including LGBQ+T people
Perinatal Mental Health	Streamline care continuum, including collaboration with community support offerings, following perinatal wellbeing screening	Increase new parent support services, especially for fathers	Increase insurance reimbursement for MH services Expand paid parental leave Increase subsidies for infant care

INDICATORS	
Implementation	Implement campaign about depression and suicide risk and community resources Distribute resources regarding perinatal mental health and community services
CHNA	Increase in item 26 ("I have friend/family who help me when needed") and item 36 ("I met with a therapist/counselor in the last year") Decrease in item 27 ("My overall mental health is worse than last year"), item 34 ("Self-report Problems with Mental Health" and "Self-report Suicide/Ideation")
Population	Decrease the percent of adults reporting >14 days of poor mental health Decrease total suicides

PRIORITY 3: CHRONIC HEALTH AND WELLNESS

Our Vision

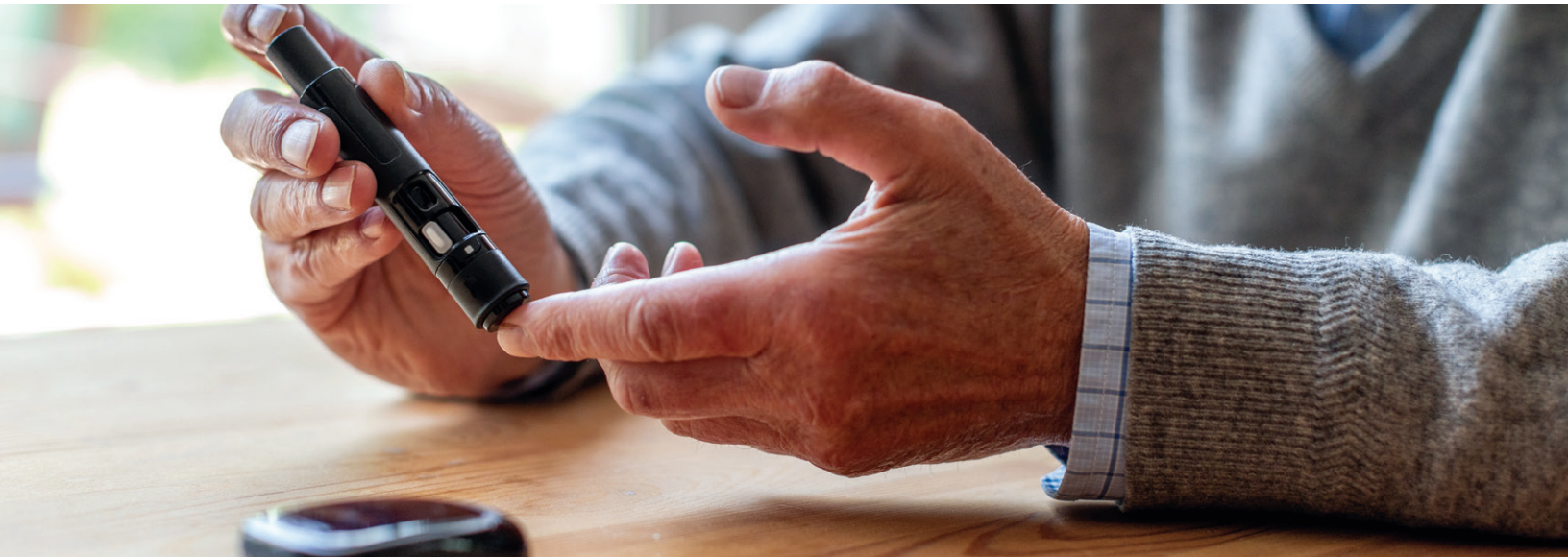
All community members have the ability, opportunity, and resources to reduce their risk or impact of chronic health issues through aligning their health behaviors with their individual wellbeing goals, unimpeded by environmental and financial obstacles.

Rationale

Chronic health issues, and their underlying drivers, play a pivotal role in the overall well-being, making them crucial priorities for our comprehensive health improvement plan. These conditions often lead to significant morbidity, mortality, and reduced quality of life, affecting a large segment of the population. By addressing these issues, communities can reduce the burden on healthcare systems, enhance residents' quality of life, and promote economic productivity. Additionally, focusing on preventive measures and promoting healthy lifestyles can lead to long-term benefits, fostering a healthier and more resilient community. One of the most critical preventive measures is increasing access to affordable, culturally relevant nutrition and opportunities for physical activity for people of all ages and abilities. These are two of many factors that contribute to disparities in a range of heart and lung conditions, including stroke, heart disease, and asthma. Additionally, inequities in cancer morbidity and mortality leave some of our community members at greater risk.

GLHA Goals

- Increase knowledge/accessibility of community resources to support efforts to eat healthfully, particularly for older adults and people with limited incomes
- Increase knowledge/accessibility of local resources and expertise related to cancer screening, diagnosis, and treatment
- Facilitate cross-organization collaboration to increase access to cancer screening, particularly for lung cancer, breast cancer, and colorectal cancer
- Increase access to existing data, as well as to strategies for data collection, to support cardiovascular and respiratory wellness goals and projects



SUBCATEGORIES	HEALTHCARE SYSTEM GOALS	COMMUNITY GOALS	POLICY AND ADVOCACY
Nutrition and Physical Activity	Increase knowledge/resources regarding culturally-relevant nutrition recommendations for people managing chronic health conditions through diet Support professionalization pathways for staff interested in pursuing careers in nutrition, particularly staff who are multilingual or representative of your patient population	Increase the volume and diversity of free or low-cost programs designed to increase community engagement with nutrition and movement Increase community access to nutritious, culturally-relevant food	Secure universal free meals in schools Lower the threshold for food assistance Close the SNAP Gap Increase incentives for workplaces that promote physical activity and natural movement (i.e. gym memberships, recreational space, etc).
Cancer	Increase resources available to caretakers of people managing cancer treatment/recovery Increase cancer screenings, particularly in community settings, for people at increased risk for cancer mortality (i.e. lung cancer screenings for people exposed to environmental carcinogens in their workplace) or for delayed access to treatment (i.e. people without access to transportation)	Reduce barriers to accessing cancer screenings, including but not limited to language access barriers, transportation barriers, or barriers resulting from stigma or fear about screening procedures Increase community support resources for people with cancer, people providing care for people with cancer, and survivors (particularly children) of people who died of cancer Incorporate education about behaviors that impact cancer risk into health education programming across the lifespan	Increase funding for in-home screen options Increase regulation of known carcinogens, particularly in workplaces
Heart and Lung Health	Increase collaboration with community organizations to offer in-home services related to air quality for people with respiratory diseases, like asthma Increase capacity for individualized patient education regarding management of heart and lung conditions Increase patient access to tools for self-monitoring of chronic health conditions	Increase in-school resources to address youth smoking and vaping Facilitate school-community partnerships to increase youth engagement in community projects to promote heart and lung health	Enforce timely inspections for living and public spaces in regard to air quality and exposure to pollutants Increase resources to provide subsidized access to for self-monitoring devices (i.e. glucose monitors, blood pressure monitors, etc.) and self-management tools (i.e. inhalers and spacers)
INDICATORS			
Implementation	Implement access to cancer screenings at in-community events Implement awareness campaign regarding heart and lung health data and resources Expanded access to culturally-relevant health recipes		
CHNA	Increase in items 26 ("I have reliable access to nutritious food") and item 36 ("Self-report Physical Within the Last Year"). Decrease in items 27 ("My overall physical health is worse than last year") and item 30 (Low Priority Assignment to "Diabetes" and Low Priority Assignment to "Lung and Breathing Health")		
Population	Reduce rate of heart disease and stroke deaths for disproportionately impacted populations Decrease percent of adults with diabetes in disproportionately impacted populations Increase percent of eligible households enrolled in WIC		

PRIORITY 4: SUBSTANCE AND ALCOHOL MISUSE

Our Vision

All community members are empowered through evidence-based, culturally-tailored, respectful education, care and resources to prevent and mitigate the harms of substance and alcohol misuse and access treatment to facilitate recovery and reduce mortality and morbidity.

Rationale

Substance and alcohol misuse have pervasive negative effects on individuals and the broader community. Prioritizing prevention, education, and treatment programs not only improves the well-being of affected individuals and their families but also decreases the strain on community resources, leading to a safer and healthier community overall. Education and prevention efforts that cover substances other than opioids, like cocaine and methamphetamine, are in especially high-demand in Greater Lowell, though opioids and the profound health impacts of opioids misuse and overdose remain a priority as well. Additionally, alcohol misuse became an elevated concern particularly during peak COVID, as community members saw an uptick in misuse especially among youth.

GLHA Goals

- Increase community knowledge, particularly for parents and schools, regarding substances other than opioids
- Increase community knowledge about disparities in alcohol misuse, particularly in regards to cultural and SDOH influences on alcohol misuse
- Sustain in-person networking events for providers to streamline access to various levels of care

SUBCATEGORIES	HEALTHCARE SYSTEM GOALS	COMMUNITY GOALS	POLICY AND ADVOCACY
Education and Prevention	Increase the proportion of parents/caregivers receiving education regarding early detection of youth substance misuse at the point of care (i.e. in pediatric care visits)	Increase youth participation in community programming that promotes pro-social relationships, links youth to mentors, and fosters asset-based approaches to youth development Strengthen school-community collaborations to incorporate comprehensive, research-based prevention programming	Increase funding to cover free/reduced cost education programs
Alcohol Misuse	Implement alcohol education for patients that acknowledges the specific, relevant cultural factors that either increase or decrease risk for misuse	Increase access to and understanding of resources and activities that offer alternatives to alcohol use Engage young people in alcohol use mitigation efforts, particular in settings that involve mentorship with adults	Advocate for insurance reimbursement for recovery specialists and coaches
Opioids	Increase equitable access to a range of treatment options for opiate use disorder, particularly for people who are experiencing homelessness and people who are Black and/or Hispanic/Latino/a Provide comprehensive patient education regarding risks associated with prescription opioids, particularly for parents or patients living with young people	Increase knowledge about risks for opioid misuse, particularly for youth Expand harm reduction services and resources particularly into the communities surrounding Lowell	Improve both public and private insurance coverage for substance use treatment

INDICATORS	
Implementation	Distribute resource materials regarding substances other than opioids Host networking events for professionals in SUD/AUD field
CHNA	Decrease in items 27 ("My relationship with substance is worse than it was a year ago"), 28 ("Low Priority Assignment to "Substance Use Treatment"), and 30 ("Low Priority Assignment to" Alcohol Use Disorder")
Population	Decrease deaths by opioid overdose Decrease young adults reporting AUD

PRIORITY 5: INFECTIOUS DISEASE

Our Vision

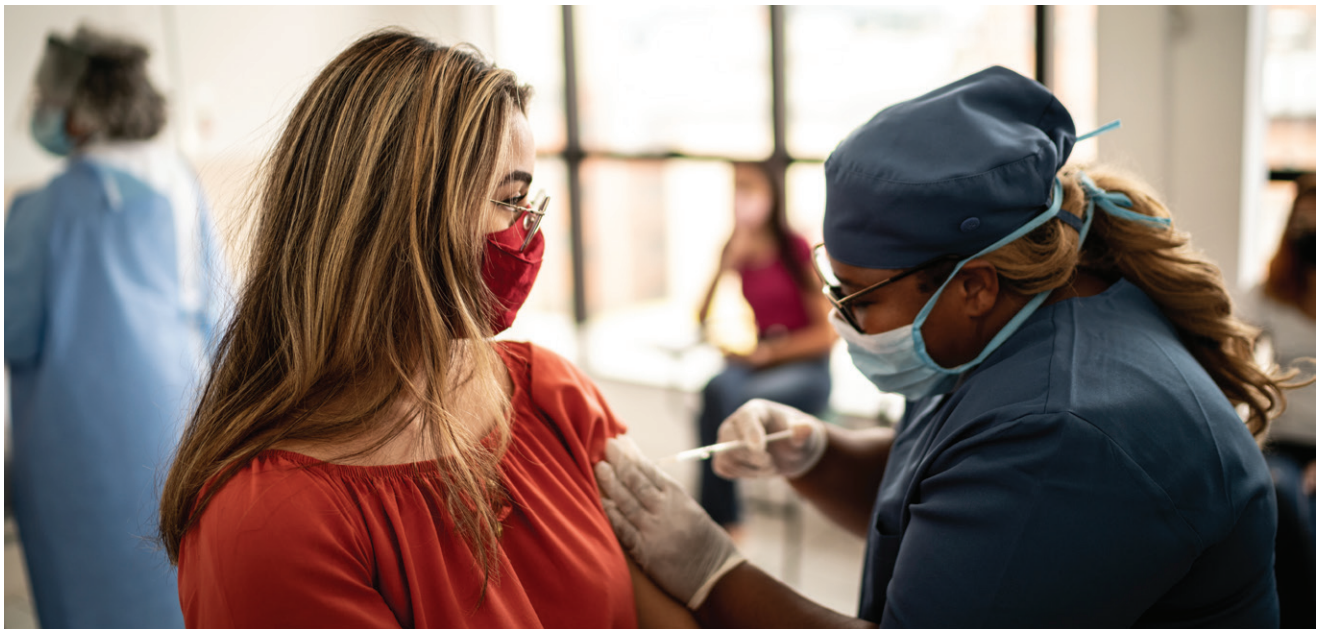
All community members will have the resources and education necessary to mitigate their risk of infection, congruent with their individual risk for mortality and morbidity, while supported by communities that remove environmental, financial and psychological barriers to prevention and treatment.

Rationale

Infectious disease encompasses multiple critical aspects of public health. Prioritizing vaccination and infection control measures helps prevent outbreaks of diseases such as COVID-19 and influenza, safeguarding the well-being of residents. Addressing infectious diseases like HIV, Hepatitis, and sexually transmitted infections is crucial to promote sexual and reproductive health, reduce stigma, and ensure equitable access to testing and treatment. By emphasizing these areas, the community can create a healthier environment and foster a proactive approach to disease prevention and control.

GLHA Goals

- Increase access to infectious disease education materials in languages other than English, audio materials, or visual materials
- Implement scientific literacy trainings or education for community members
- Increase community awareness of HIV and Hepatitis risk, prevention, and treatment, with a particular focus on inequities and reducing stigma
- Increase knowledge of and access to resources and education to reduce STI transmission and expedite access to treatment



SUBCATEGORIES	HEALTHCARE SYSTEM GOALS	COMMUNITY GOALS	POLICY AND ADVOCACY
Vaccination and Infection Control	Increase low-barrier service delivery options Increase promotion of vaccines across the lifespan, where appropriate (i.e. shingles vaccination)	Increase in-community access to services and resources to promote infection control Sustain efforts to normalize public health infection control measures (i.e. mask wearing) in public spaces, particularly where those especially vulnerable congregate	Sustain state funding to areas impacted by inequities in infectious disease prevalence or mortality
HIV and Hepatitis	Strengthen the HIV care continuum through improving collaborative relationships with multiple sources of clinical and non-clinical HIV prevention/ treatment supports Increase the capacity of public health, health care systems, and the health workforce to prevent and manage viral hepatitis	Reduce stigma and discrimination faced by people with and at risk for hepatitis and HIV, including people who experience homelessness or use injection drugs Collaborate with health experts to design or implement community-based program to increase knowledge of HIV and Hepatitis	Improve reporting, sharing, and use of clinical HIV and viral hepatitis data
STIs	Increase patient education about STI prevention and treatment, particularly education that reduces stigma and engages populations of focus (i.e. older adults, immigrants, youth)	Implement programming and resources to increase the use of barrier methods to prevent infection, particularly among young adults Reduce stigma regarding STI prevention, screening, and treatment	
INDICATORS			
Implementation	Implement scientific literacy educational materials or trainings Implement community campaign regarding HIV in coordination with World AIDS Day activities		
CHNA	Increase in item 36 (“Flu shot within the last year”). Decrease in items 30 (“Low Priority Assignment to HIV/AIDS” and “Low Priority Assignment to Other Infectious Disease”)		
Population	Decrease rates of new HIV diagnosis Decrease HCV rate Decrease chlamydia rate		

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

PRIORITY 6: REPRODUCTIVE AND PERINATAL HEALTH

Our Vision

All community members will access high-quality, evidence-based perinatal resources and services to exert full control over their reproductive and perinatal health decisions and optimize the wellbeing of the parent-baby dyad, without being impeded by stigma or financial barriers.

Rationale

Reproductive and perinatal health supports have profound impact on both individual well-being and community resilience. Resources and policies that address pregnancy intention are vital for empowering community members and preventing unwanted pregnancy, particularly among youth and people impacted by violence. Emphasizing infant feeding education and resources promotes equitable access to all infant feeding options and contributes to long-term health outcomes. Addressing maternal mortality and morbidity is a critical community need where, even in a state with some of the best maternal health outcomes in the country, we still see inequities for mothers who are Black and/or Hispanic.

GLHA Goals

- Increase community knowledge about contraceptive options, especially in regards to cost and confidentiality
- Increase engagement of parents and caregivers in comprehensive, culturally-appropriate sexual health education
- Empower organizations to create environments and policies that protect parents' ability to make autonomous, informed decisions about infant feeding
- Increase knowledge of evidence-based recommendations to reduce the risk of complications related to pregnancy and childbirth, especially recommendations that consider the root causes of inequity in birth outcomes

SUBCATEGORIES	HEALTHCARE SYSTEM GOALS	COMMUNITY GOALS	POLICY AND ADVOCACY
Pregnancy Intention	Universalize and audit adherence to the right to confidential reproductive care for any person age 12 or older Increase access to a range of contraceptive options, particularly LARCs, across the lifespan Increase access to pregnancy termination services	Increase community knowledge of and access to contraception and abortion, particularly for victims/ survivors of domestic violence, sexual assault, and trafficking Increase knowledge and skills related to reducing risk of unintended pregnancy, particularly among youth	Subsidize emergency contraception Require comprehensive evidence-based sex education in schools Enshrine insurance coverage for contraceptive services
Infant Feeding	Increase patient knowledge about options for infant feeding, particularly for patients who experience barriers related to stigma, returning to work, or misconceptions about breastfeeding Increase patient understanding about the multiple modes of infant feeding (i.e. exclusive pumping, combo feeding, use of donor milk, etc.)	Reduce or eliminate environmental or social barriers to infant feeding to ensure that parental decisions about infant feeding are primarily driven by individual decision-making rather than external influences	Protect and expand Paid Parental Leave Expand insurance coverage for breastfeeding supplies (i.e. pumps) Audit employer adherence to laws related to breastfeeding or pumping employees
Maternal Mortality and Morbidity	Increase accessibility to a wide variety of culturally-relevant resources available to patients to manage chronic conditions that contribute to mortality/morbidity risk Increase data transparency about inequities in maternal mortality/ morbidity outcomes	Increase community knowledge about risk factors for poor maternal outcomes Increase access to prevention activities and resources to reduce poor maternal outcomes (i.e. prenatal cooking classes, walking groups for pregnant people, postpartum fitness groups, etc.) Increase pathways for community members to pursue careers or vocations in maternity support (i.e. doula certifications, etc.)	Protect and expand Paid Parental Leave Expand insurance coverage for maternity support people (i.e. doulas) Create a public-facing dashboard for timely data reporting regarding maternal health outcomes at the state level
INDICATORS			
Implementation	Implement educational materials about contraceptive options and resources Implement Breastfeeding Friendly Communities toolkit Implement efforts to share data regarding maternal health outcomes		
CHNA	Decrease in items 28 (“Low Priority Assignment for Affordable Childcare”) and 30 (“Low Priority Assignment for Reproductive and Sexual Health”, “Low Priority Assignment for Infant and Child Health” and “Low Priority Assignment for Pregnancy Health”)		
Population	Decrease the teen birth rate Increase proportion of infants who are breastfed Increase proportion of early entry into Prenatal Care (first visit in first trimester) Decrease proportion of LBW/VLBW infants		

PRIORITY 7: HOUSING AND BUILT ENVIRONMENT

Our Vision

All community members have consistent, timely access to safe, affordable housing, and are able to navigate within their neighborhoods and communities unimpeded by environmental, policy, or financial barriers.

Rationale

Housing and other features of the built environment are foundational determinants of overall well-being. Effective housing policy and ensuring housing security are essential to addressing homelessness, creating housing access for all, and reducing health disparities. Creating accessible and affordable housing options improves living conditions and fosters community cohesion. Additionally, investing in transportation infrastructure and enhancing accessibility promotes active lifestyles, reduces pollution, and enhances the quality of life for all residents, contributing to a healthier and more vibrant community.

GLHA Goals

- Increase agency capacity to identify policy issues/ opportunities for engagement, as well as advocate for housing-friendly policies
- Increase community organization and municipality involvement in implementing strategies to secure housing for residents
- Facilitate strategies for improving safety in housing, especially regarding air quality, lead, and fire safety
- Increase capacity of organizations to provide free or reduced cost transportation for their clients to meet health needs
- Increase advocacy for accessibility in community spaces

SUBCATEGORIES	HEALTHCARE SYSTEM GOALS	COMMUNITY GOALS	POLICY AND ADVOCACY
Housing Policy	Increase the representation of healthcare providers on boards and commissions related to housing policy and development, particularly in settings addressing homelessness and housing insecurity	Increase organization and community involvement with developing policies to maximize housing access	Review zoning authority and policies that limit housing and development Reduce barriers to qualifying for housing assistance Facilitate development of specialized housing communities (i.e. for the elderly, etc.)
Housing Security	Improve environmental quality of healthcare units, particularly in regards to lead and air quality Increase access to community housing resources at the point of care delivery	Increase programming to safely keep people in their homes, particular folks who are aging Increase access to housing assistance programs that keep people in their homes, provide rent assistance, or facilitate responsible home buying Increase community participation in advocacy to increase affordable housing stock across the entire region	Eliminate predatory lending and landlord policies Review and limit fees associated with applications for housing
Transportation and Accessibility	Increase capacity to provide in-community services to reduce the need for transportation Provide transportation assistance to those requiring on-site care, particularly to those with chronic health needs, like cancer	Increase accessibility of public transportation, buildings, and information (i.e. wheel-chair accessibility in buildings, accessibly audio and written versions of program information, interpretation services, etc.) Implement programs that promote utilization of outdoor and recreational spaces by people of all abilities	Expand public transportation routes Invest in accessible green space

INDICATORS	
Implementation	Implement distribution of/education about Housing Policy scans Support regional housing coalition development Implement educational campaign about accessibility in public spaces, parks and housing
CHNA	Increase in item 26 ("I have a safe place to sleep every night," "I have a reliable way to get around," and "There are safe, clean parks in my community")
Population	Decrease percent of rent burdened ELI renters Increase the number of affordable housing units

PRIORITY 8: SAFETY AND VIOLENCE

Our Vision

All community members are supported by safe, welcoming homes, schools, healthcare facilities, and community spaces without fear of discrimination, violence, exploitation, or injury.

Rationale

Exposure to violence has both acute and chronic impacts on individuals and communities. Discrimination, including racism, sexism, and homophobia, has significant cumulative effects and is a profound driver of health inequities, particularly in regards to chronic conditions impacted by stress. The same community members who are vulnerable to discrimination are also more likely to be victimized by violent crime and abuse, including sexual assault, domestic violence, gun violence, and elder abuse. Conditions of our community environment have also contributed to increasing rates of trafficking and exploitation, including sex trafficking, labor trafficking, and survival sex work. Initiatives that prevent or mitigate the adverse effects of violence and discrimination foster a safer and more inclusive community that promotes lifelong wellbeing.

GLHA Goals

- Increase community and organizational engagement with programs, policies, and trainings that address or eliminate racism, sexism, homophobia, transphobia, etc.
- Promote and ensure accessibility of services for survivors of violence, particularly services that are free or low-cost
- Increase initiatives to reduce stigma of victimization by violence in specific communities and populations
- Improve community access to education about various forms of trafficking and exploitation risk and resources and programming for people impacted by exploitation

SUBCATEGORIES	HEALTHCARE SYSTEM GOALS	COMMUNITY GOALS	POLICY AND ADVOCACY
Discrimination	Improve data collection and transparency to identify and address discrimination in care settings, both for clients/patients and the workforce Audit existing policies to increase alignment with equitable practices that reduce or eliminate discrimination for clients/patients and the workforce	Increase programming aimed at reducing bullying or mitigating the impacts of bullying, particularly programs that target bullying motivated by racism, homophobia, sexism, etc. Increase identification or rectification of structural discriminatory practices (for example, discrimination in housing) Increase availability and diversity of affinity spaces to promote community bonding, safety, and reduce isolation for groups that are targets of discrimination	Audit state and city government agencies, departments and policies for adherence to anti-discrimination policies and laws
Violent Crime and Abuse	Increase capacity of providers to identify and support people experiencing sexual and/or domestic violence or abuse, and build partnerships with community agencies to streamline referrals and bolster the care continuum Strengthen relationships and resources between healthcare settings and community organizations that provide support or resources to people experiencing abuse or violence Increase participation in policy efforts to address gun violence and provide expert guidance on gun violence as a health issue	Increase dissemination of education and resources about violence prevention and recovery from violence in community settings.	Increase funding in technology-specific safety strategies that focuses on safety planning, harm reduction, and informal or formal networks to facilitate the usage of free remote services for those who are seeking for confidential resources
Trafficking and Exploitation	Strengthen coordination between service providers and community organizations to better support survivors of all types of exploitation. Increase point-of-care education to adolescents and young adults to increase awareness of risk factors associated with human trafficking, local resources, and prevention strategies	Increase awareness and training for educators or youth-serving organizations on how to identify and respond to trafficking and exploitation. Increase access to resources on workers' rights in multiple languages to reduce the risk of exploitation and manipulation by traffickers. Collaborate with career centers and job training agencies to identify and support those at risk of labor trafficking	Increase availability of education and resources for caregivers and educators regarding identifying and reducing risk for exploitation
INDICATORS			
Implementation	Implement campaign to increase awareness of resources for survivors of violence Implement violence prevention events and trainings		
CHNA	Increase in item 26 ("I feel safe in my neighborhood at night" and "My community is accepting of diversity") Decrease in items 27 ("My sense of safety in my community is worse than it was a year ago"), 30 ("Low Priority Assignment for Discrimination based on Sexuality") and 35 ("I was discriminated against by my medical team")		
Population	Decrease sexual assault Decrease domestic violence Decrease overall violent crime rate		

APPENDIX A: METRICS

SERVICE NAVIGATION				
	INDICATOR	**BASELINE**	**GOALS**	**SOURCE**
Implementation	Implement community health fairs/clinics supported by GLHA task forces	N/A	4 fairs, 100 attendees per event	GLHA event and task force records
	Implement professional development trainings for healthcare workforce related to increasing cultural humility	N/A	3 trainings, 10 attendees per trainings	
CHNA	Q26: I am able to afford the medical care I need	69.6% Definitively Accurate	74.6%	CHNA 2022
	Q27: The quality of health services in my area is worse than a year ago	10.6% Worse/Much Worse	5.4%	
	Q35: It is difficult to understand/navigate the healthcare system	12.8% agreement	9.3%	
Population	Decrease the percent of uninsured residents in disproportionately impacted communities	5.1% (Lowell)	4.0%	US Census Bureau, ACS 5-year estimates
	Increase the proportion of households with a broadband internet connection	82.3% (Lowell)	86.1%	
	Decrease the portion of adults reporting an unmet Mental Health need	6.3% (MA)	5.2%	US Census Bureau Household Pulse Survey 2021

MENTAL HEALTH				
	INDICATOR	**BASELINE**	**GOALS**	**SOURCE**
Implementation	Implement campaign about depression and suicide risk and community resources	N/A	1 coordinated campaign with distribution reach of 300	GLHA event and task force records
	Distribute resources regarding perinatal mental health and community services	N/A	Resource guide OR community education events (min. 2)	
CHNA	Q26: I have friend/family who help me when needed	74.1% Definitely Accurate	79.1%	CHNA 2022
	Q27: My overall mental health is worse than last year	24.7% Worse/Much Worse	18.3%	
	Q34: Self-report Problems with MH	29.4%	25.6%	
	Q34: Self-report Suicide/Ideation	11.2%	6.8%	
	Q36: Met with Therapist/Counselor Within the Last Year	18.4%	24.6%	
Population	Decrease the percent of adults reporting >14 days of poor mental health	12.5% (MA) 12.5% (Dracut) 15.5% (Lowell)	11.2% 11.2% 13.5%	BRFSS 2021 BRFSS 2016
	Decrease total suicides	20 (Greater Lowell)	11	RVRS 2019

CHRONIC HEALTH AND WELLNESS				
	INDICATOR	**BASELINE**	**GOALS**	**SOURCE**
Implementation	Implement access to cancer screenings at in-community events	N/A	2 cancer screening events	GLHA task force and event records
	Implement awareness campaign regarding heart and lung health data and resources	N/A	1 campaign with audience reach of 300	
	Expanded access to culturally-relevant health recipes	N/A	12-20 recipes with distribution of 250	
CHNA	Q26: I have reliable access to nutritious food	89.5% Definitely Accurate	93.5%	CHNA 2022
	Q27: My overall physical health is worse than last year	22.3% Worse/ Much Worse	18.7%	
	Q30: Low Priority Assignment to "Diabetes"	7.5%	5.1%	
	Q30: Low Priority Assignment to "Lung and Breathing Health"	8.5%	6.5%	
	Q36: Self-report Physical Within the Last Year	55.8%	65.8%	
Population	Reduce rate of heart disease and stroke deaths for disproportionately impacted populations	132.1 (HD, White NH) 36.3 (Stroke, Black NH) 27.2 (Stroke, Hispanic)	129.1 30.3 26.6	RVRS 2019
	Decrease percent of adults with diabetes in disproportionately impacted populations	9.6% (Lowell) 9.2% (Tewksbury)	8.9% 8.9%	BRFSS via PHIT
	Increase percent of eligible households enrolled in WIC	41.5%-59.1% (Greater Lowell communities)	>60%	2019 WIC needs Assessment, MA DPH

SUBSTANCE AND ALCOHOL MISUSE				
	INDICATOR	**BASELINE**	**GOALS**	**SOURCE**
Implementation	Distribute resource materials regarding substances other than opioids	N/A	Audience reach of 300	GLHA task force and event records
	Host networking events for professionals in SUD/AUD field	N/A	4 networking events per year, attendance of 30 per event	
CHNA	Q27: My relationship with substance is worse than it was a year ago	7.2% Worse/ Much Worse	5.0%	CHNA 2022
	Q28: Low Priority Assignment to "Substance Use Treatment"	8.2%	6.2%	
	Q30: Low Priority Assignment to" Alcohol Use Disorder"	9.5%	7.5%	
Population	Decrease deaths by opioid overdose	53.2 (Lowell rate per 100,000)	46	MADPH Opioid related deaths, all intents, by city/ town, 2021
	Decrease young adults reporting AUD	13.9% (MA)	11.1%	Behavioral Health Barometer, MA, Vol. 6

INFECTIOUS DISEASE				
	INDICATOR	**BASELINE**	**GOALS**	**SOURCE**
Implementation	Implement scientific literacy educational materials or trainings	N/A	1 training OR educational campaign with 60 audience reach	GLHA task force and event records
	Implement community campaign regarding HIV in coordination with World AIDS Day activities	N/A	1 campaign with 200 audience reach	
CHNA	Q30: Low Priority Assignment to "HIV/AIDS"	15.1%	10.9%	CHNA 2022
	Q30: Low Priority Assignment to "Other Infectious Disease"	12.2%	9.8%	
	Q36: Flu shot within the last year	54.6%	66.4%	
Population	Decrease rates of new HIV diagnosis	33 (Lowell, AFAB) 40 (Lowell, IDU)	25 20	MA DPH Bureau of Infectious Disease, MA HIV Epidemiologic Profiles
	Decrease HCV rate	149.7 (per 100,000, Lowell)	122	MA Infectious Disease Outcomes via PHIT
	Decrease chlamydia rate	145.4 (per 100,000, Lowell)	110	Reportable ID Data via PHIT

REPRODUCTIVE AND PERINATAL HEALTH				
	INDICATOR	**BASELINE**	**GOALS**	**SOURCE**
Implementation	Implement educational materials about contraceptive options and resources	N/A	300 audience reach	GLHA task force and event records
	Implement Breastfeeding Friendly Communities toolkit	N/A	10 certified businesses	
	Implement efforts to share data regarding maternal health outcomes	N/A	100 audience reach	
CHNA	Q28: Low Priority Assignment for "Affordable Childcare"	8.5%	5.5%	CHNA 2022
	Q30: Low Priority Assignment for "Reproductive and Sexual Health"	10.4%	7.6%	
	Q30: Low Priority Assignment for "Infant and Child Health"	7.4%	5.0%	
	Q30: Low Priority Assignment for "Pregnancy Health"	8.0%	6.0%	
Population	Decrease the teen birth rate	13.8 (per 1,000, Lowell) 25.7 (per 1,000, Hispanic teens, Lowell) 14 (teen births to Asian teens, Lowell)	9.1 15.1 8	MA Birth Report
	Increase proportion of infants who are breastfed	N/A	N/A	To be collected
	Increase proportion of early entry into Prenatal Care (first visit in first trimester)	56.2% (LCHC patients)	64%	LCHC UDS
	Decrease proportion of LBW/VLBW infants	6.3% (LCHC patients)	5.5%	LCHC UDS

HOUSING AND THE BUILT ENVIRONMENT				
	INDICATOR	**BASELINE**	**GOALS**	**SOURCE**
Implementation	Implement distribution of Housing Policy scan	N/A	100 distribution reach	GLHA task force and event records
	Implement and disseminate accessibility audit	N/A	200 distribution reach	
CHNA	Q26: I have a safe place to sleep every night	93.6% Definitely Accurate	95.4%	CHNA 2022
	Q26: I have a reliable way to get around	89.1% Definitely Accurate	92.9%	
	Q26: There are safe, clean parks in my community	67.2% Definitely Accurate	70.8%	
Population	Decrease percent of rent burdened ELI renters	84% (Greater Lowell)	73%	CTI Needs Assessment
	Increase the number of affordable housing units	42.8-45.7 (per 100 ELI households, Greater Lowell)	>49	

HOUSING AND THE BUILT ENVIRONMENT				
	INDICATOR	**BASELINE**	**GOALS**	**SOURCE**
Implementation	Implement campaign to increase awareness of resources for survivors of violence	N/A	300 audience reach	GLHA task force and event records
	Implement violence prevention events and trainings	N/A	100 audience reach for event OR 30 audience reach for training	
CHNA	Q26: I feel safe in my neighborhood at night	75.4% Definitely Accurate	80.6%	CHNA 2022
	Q26 My community is accepting of diversity	53.3% Definitely Accurate	60.7%	
	Q27: My sense of safety in my community is worse than it was a year ago	7.6% Worse/Much Worse	5.0%	
	Q30: Low Priority Assignment for "Discrimination based on Sexuality"	12.0%	7.0%	
	Q35: I was discriminate against by my medical team	5.6%	3.4%	
Population	Decrease sexual assault	99 (reported to law enforcement, Greater Lowell 2020)	40	NIBRS
	Decrease domestic violence	88 (aggravated assaults committed by intimate partner, Greater Lowell)	60	
	Decrease overall violent crime rate	363.5 (per 100,000, Lowell)	300.0	FBI Crime Statistics, Offenses Known to Law Enforcement, 2019

APPENDIX B: SAMPLE PROJECT MENU

Specific project recommendations were generated from 40 CHIP workshops hosted throughout Greater Lowell. These project suggestions are endorsed by community stakeholders and subject matter experts as impactful, though the menu is not intended to be exhaustive. We encourage organizations and municipalities interested in standing up meaningful interventions to consider projects suggested in this menu as potential starting points.

SAMPLE PROJECT MENU		
	PROJECTS	**POLICY**
Service Navigation	Provide staff for community health fairs Incentivize staff to attend medical interpreter training Provide written education for patients about navigating insurance/billing, specific to your practice Establish warm-hand off referrals with clinical services sites Assist in distribution of outreach materials for new services (for example, 988 and other crisis lines) Incentivize training for clinicians regarding sexual orientation-affirming, gender-affirming care and services Host a Digital Resources Summit for stakeholders to share digital resources	Support the Affordable Connectivity Program Support Statewide Accelerated Public Health for Every Community (SAPHE 2.0) (H.2204/S.1334) to ensure that all residents have access to high-quality public health services Support An Act Relative to Language Access and Inclusion (H.3084) Support Rein in Out-of-Pocket Costs And Premiums (HB.1188/SB.735 and HB.944/SB.614) Support Address High-Cost Hospitals and HPC S system Accountability (HB.1189/SB.734) Support An Act Promoting Patient Safety and Equitable Access to Care (S.1361/H.2196) Support Cover All Kids (HB.1237/SB.740) Support Lower Prescription Drug Costs (HB.943/SB.749 and HB.945) Support Physician Pathway Act: An Act Improving Healthcare Delivery for Underserved Residents of the Commonwealth S.1402/H.2224
Mental Health	Create an in-school mentorship program for students interested in pursuing MH careers Collaborate with community organizations to offer diversified services, like music therapy or art therapy, for appropriate candidates Create on-site professionalization programs for employees who speak languages other than English to pursue higher education/training in MH careers Offer therapeutic support groups in school settings and elder care facilities Create a MH resource guide individualized for target populations	Support S.1248: An Act to increase investment in behavioral health care in the Commonwealth Support S.610/H.989: An Act for Supportive Care for Serious Mental Illness Support S.240/H.497: An Act relative to mental health education/An Act relative to the promotion of mental health education Support S.1237/H.1999: An Act relative to student mental health Support An Act relative to postpartum depression screening (H.2163/S.1375) Support An Act Relative to Creating Intensive Stabilization and Treatment Units within the Department of Mental Health S.1268/H.1989

SAMPLE PROJECT MENU		
	PROJECTS	**POLICY**
Chronic Health and Wellness	Partner with local farms to provide healthy, local snack boxes to afterschool or summer programs Collaborate with restaurants to incentivize identifying and expanding heart-healthy menu options Fund a healthcare provider – recreational facility partnership so that doctors can write "prescriptions" for physical activity at no cost Create culturally-relevant infographics about health meals and swaps to be displayed in physician offices Partner with a local school to design a student-led internet cooking show Implement projects and activities from The 84 Movement Install food pantries in medical facilities and hospitals	Advocate for limiting ability of companies to occupy top search results for health, nutrition and diet information Support An Act relative to telehealth parity for nutrition counseling (H.1073/S.61) Support An Act to promote food literacy (S.310/H.601) Support An Act promoting equity in agriculture (S.41/H.87) Support equitable access to biomarker testing for early detection of cancer Increase the tobacco tax
Substance and Alcohol Misuse	Collaborate with food service providers to incentivize alcohol-free options and events Host Lunch and Learn events that address inequities in alcohol misuse Create a self-assessment for community members to assess their own substance use habits, including recreational drinking, vaping, etc Partner with churches, temples and faith communities to provide information and support about alcohol misuse Increase accessibility of fentanyl test strips Incorporate information about generation trauma into substance misuse education Create support groups for parents of adult children with SUD	Support Overdose Prevention Centers (H.1981/S.1242) Support Ensuring Access to Addiction Services (H.1966/S.1247) Support H.1142 and S.667 An Act to prohibit cost sharing for opioid antagonists Support Medication for Addiction Treatment in All Correctional Facilities (H.1967/S.1252) Support Evidence-Based Prenatal Substance Use Policy (H.173/S.64)

SAMPLE PROJECT MENU		
	PROJECTS	**POLICY**
Infectious Disease	Organize educational workshops to raise awareness about infectious diseases, proper hygiene, and preventive measures. Collaborate with healthcare providers to hold vaccination drives for common infectious diseases. Conduct clean-up campaigns in public spaces to reduce breeding grounds for disease vectors. Install handwashing stations in public areas and schools to promote regular hand hygiene. Organize health fairs with medical screenings, information booths, and interactive activities. Set up mobile healthcare units to reach underserved areas and provide basic medical services	Support (S.1458 / H.2151) An Act promoting community immunity Support An Act relative to HIV prevention access for young adults (S.1404/H.2349) Support Resolutions recognizing the disproportionate impact of COVID-19 on women and girls, especially women of color in the Commonwealth (H.3305)
Reproductive and Perinatal Health	Create parent toolkits for engaging in conversations about contraception with adolescents Create a resource guide regarding supplementary sexuality education information and tools Train all staff, from the front desk to the clinical care team to the billing department, regarding in-office procedures for protecting confidentiality of adolescents seeking reproductive health services Install EC/condom vending machines Partner with area clinics to implement a service awareness campaign Expand workforce of victim advocates, particularly multilingual advocates Provide templates for businesses/employers about identifying breastfeeding resources Create incentive programs for fidelity to management of chronic conditions for pregnant patients Host CEU sessions regarding racism and its impact on maternal health outcomes Increase the diversity of the clinical workforce to increase opportunity for client-clinician congruence	Pass the Healthy Youth Act S.268/H.544 Support Midwifery Care and Out-of-Hospital Births (H.2209/S.1457) Support An Act to increase access to disposable menstrual products (H.534/S.1381) Support Expand Access to Maternal Health through Home Visiting (HB.985/SB.672) Support (S.646 / H.1137) An Act Ensuring Access to Full Spectrum Pregnancy Care Support (S.1415) An Act relative to birthing justice in the Commonwealth Support Full-Spectrum Pregnancy Coverage (H.1137/S.646) Support Birthing Justice and Maternal Health Equity (S.1415) Support Enhancing Access to Abortion Care (H.1599/S.1114) Support An Act Relative to Medicaid Coverage for Doula Services (HD.2452, SD.1638)

SAMPLE PROJECT MENU		
	PROJECTS	**POLICY**
Housing and the Built Environment	Implement hoarding disorder training and programming Advocate for and implement a common application for housing Provide educational programming regarding the rights of renters Provide 24-hr housing coordinator in Emergency Departments Create and distribute a resource and action guide to housing needs, policies, and community resources Implement campaigns to reduce stigma of low income housing and communities Provide resource toolkit to agencies regarding strategies for addressing client transportation needs (e.g. voucher programs, grants, free ride services, funding models, etc)	Increase the frequency of housing inspections and implement meaningful follow up Draft legislation to cover costs of e healthcare-specific rides Sustain funding for the MA Helpline Wheels of Hope ride service program Universalize free public transportation options Support line items in the state budget that subsidize housing costs to help keep aging people in their homes Support Regional Transit Authority (RTA) Advancement (H.3272/S.2277) Support Fare-Free Buses Statewide (H.3266/S.2246) Support Low-Income Transit Fares (H.3373/S.2231) Support Rent Control Enabling Act (H.2103/S.1299) Support the Tenant Opportunity to Purchase Act (TOPA) (H.1350/S.880) Support the Local Option for Housing Affordability (LOHA) (H.2747/S.1771) Support (S.858 / H.1379) An Act to promote yes in my back yard
Safety and Violence	Host seminars that raise awareness about consent, healthy relationships, and the consequences of sexual assault and domestic violence, especially in languages other than English or for recent arrivals Expand legal clinics that offer free or low-cost legal advice and representation to survivors of domestic violence and sexual assault Train young people as peer educators to spread information about consent, sexual health, and violence prevention. Partner with local galleries to use art as a medium to raise awareness about violence prevention Establish support networks for elderly individuals to ensure their safety and well-being in the community	Support S314 and H194 (the SHIELD Act) to required child sexual abuse prevention education for schools and youth agencies Support S1040 and H434 to screening applicant screenings for school-based positions Support H1537, H1583, S106 and S1036 to close the age of consent loophole and increase penalties for educator sexual misconduct Support the CARES Act, (S.288 / H.542), an Act to promote racially inclusive curriculum in schools Support An Act to promote rehabilitation including guaranteed health, treatment, and safety for incarcerated LGBTQI+ People (S.1566 H.2484) Support Safe Communities Act S.1510/ H.2288

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