

City of Worcester Advisory Committee on the Status of Women

VIRTUAL MEETING MINUTES– Tuesday December 6, 2022, 5:45 PM

<https://cow.webex.com/cow/j.php?MTID=mec5f5ee5dbf88ebdea1960bf33c1f400>

Meeting number: 2311 267 6845 Password: G2TmSkhJA32

Call in: 415-655-0001 Access Code: 2311 267 6845

Spanish subtitles were made available over WebEx

Members Present: Esther Boama-Nyarko, Heather Borelli, Jennifer Hernandez, Marcia Macri, Samantha Sendrowski

Members Absent: Kayanna James, Tracey Whitney

Staff: Jayna Turchek

Guests: Zach Dyer, Deputy Commissioner of Health & Human Services and Nikki Nixon, Department of Public Health Chief of Data, Research, and Epidemiology

1. Call to order and Introductions

Samantha Sendrowski called the meeting to order at 5:50 pm. She welcomed members of the commission and those present. Quorum was established on a roll call 6-0-0.

2. Review and approval of November 1, 2022 meeting minutes

Samantha Sendrowski motioned to accept the minutes as distributed for the September 6, 2022 meeting. Jennifer Hernandez seconded. Minutes were unanimously approved on a roll call vote of 5-0-0.

3. New Business

A. Conversation with DPH relative to data on gender and their Community Health Assessment (CHA)

www.worcesterma.gov/uploads/33/e0/33e0ad77ff4038f18be0b6c6f506b6dc/2018-cha-report.pdf

Committeeperson Esther Boama-Nyarko moderated this item.

City staff quests - Zach Dyer, Deputy Commissioner of Health & Human Services and Nikki Nixon, Department of Public Health Chief of Data, Research, and Epidemiology were introduced. They provided information responding to previously submitted questions as follows:

What is the CHA and who is involved in collecting the data?

The Community Health Assessment (CHA) is a report done every five years to maintain public health accreditation. The City partners with UMass. Memorial Health which has a mandatory report requirement of every three years, therefore a CHA is conducted every three years to meet both

entities requirement. Other significant partners include Fallon Health (which also has a similar accreditation requirement), Hanover Insurance Co. and Greater Worcester Healthy Coalition.

The CHA takes about a year to complete. The 2024 assessment is beginning and needs to be completed by September 2023: In the process of starting a plan for the next version these factors are considered: must be an assessment of our Community's health, different definitions of health that include health incomes, emergency visits etc.; try to take a broad approach; what resources available for health; what resources and risks to the public's health. This is done with qualitative and quantitative data, a lot of interviews, focus groups and aggregating a large amount of data. There could be surveys as well.

Which cities and towns are included in the CHA?

We are regional health department; CHA encompasses the communities we are serving at the time. Last time CHA completed included Worcester, Shrewsbury, Holden, Grafton, Millbury, Leicester, West Boylston, and in 2024 will include Worcester, Grafton, Shrewsbury and West Boylston. The total population is a little under 300,000.

Can you tell us about the mix of sampling data collection methods including data sources?

On the qualitative side:

- most demographic information from ACS (American Community Survey) which is census material that gives neighborhood information and social determinants of health such as gender, housing, employment, income etc. Federal dataset is very rich with data.
- State data is less granular. It looks at municipal level (hospitalization rates etc). There is less control and ability to look at different cross sections especially in smaller communities because data privacy becomes an issue. Some comparisons are able to be done. At state level, data on race and ethnicity not as reliable. Gender/sex specific data available at state level for health related data. Data tends to be a little old, approximately three years after period data collected.
- The Department's primary data: Regional Health Survey- a survey of all middle and high school youth done on a biennial basis (every other year). There is good participation and a source of rich data. This data has been collected over a number of years, are able to see trends. And do cross referencing is done with larger community sources such as the Hospitals, Health Care Centers, Worcester County Food bank, Ascentria (refugee and immigration) and city specific data sets (i.e. overdoses)

As to the quantitative data, the idea of sampling is generous.

- Community surveys (participation should be in the thousands)- a lot about health barriers and perspectives on health issues.
- Focus groups and key informants vary from CHA to CHA. Next cycle they have availability to conduct a good number. Focus groups are determined through an Advisory Committee. Surveys generally have higher participation by older and women populations. Other focus groups are sought, for example, the last CHA – a men's criminal justice group was conducted. Key informant interviews are supposed to be with individuals in leadership roles (define leadership differently).

There is no specific sampling method that is utilized. As survey is being implemented they compare with demographics of the community but to adjust for target communities missing, often using social media platforms for this data.

How did DPH leverage the diversity (specifically women) in most recent CHA. 2021, CHA completed around March of 2020?

Participation was not the best in this iteration due to COVID. This year the planning calls for a robust Advisory Committee with a fairly open call to partner organizations for participation. Coalition for Healthy Greater Worcester engages with community and builds capacity in identifying individuals and small organizations to participate in public health planning.

How does DPH ensure equitable representation by minoritized individuals in the needs assessment, including women with intersectional gender identities?

Through engaging existing community partners and knowing who has the expertise and who is doing genuine community engagement as trusted messengers into those communities.

Besides cancer screening, there doesn't seem to be sex specific data in the CHA. Is data available? Why/why not. What are next steps?

There isn't much stratification to break out data for report brevity and perhaps funding capacity. We have data for all cross sectional data. We haven't done a great job in past in sharing that data, it will be a focus moving forward. A new Epidemiologist is being hired to increase the capacity to do this work. It is important to stratify data by different groups to see the disparities that exist within our community and DPH is in the process of fixing up by expanding our capacity for that work.

Big picture- what are some of the challenges and barriers facing women according to the CHA?

It really depends on what group of women. Primary concerns are difficult to answer at the moment, hope to have a better, specific answer in the future.

Are there areas women are doing well?

Same answer as last question. It depends on the group. Broadly, one example, within social services, the leadership is primarily women, strong consistent leadership.

How can we, as committee, have access to the aggregated data?

There is a mechanism to request data. Staff should be able to break it out if the specifics data sets are known. Ms. Nixon will share the data request form via email.

Committeeperson Sendrowski mentioned: Two years ago the Committee made request using the form and never received a response. Perhaps was a capacity issue at the time due to the pandemic response?

The CHA is used to inform the CHIP. Are there any plans in the CHIP that is specific to women?

There are policy change campaigns including universal pre-kindergarten, better access to childcare/early education, universalizing home visiting services (for example: home visit for new moms used to be routine as public health nursing), eliminating the cliff effect for public benefits and implementing comprehensive sex education for which the curriculum has been adopted with implementation now.

How can local organizations like this Committee collaborate with DPH in meeting needs identified in CHA?

As new CHA starts, participation in the advisory committee will help shape focus groups, questions asked in community survey and informant interviews. Also as drafts are issued, advocate for different priorities.

For the things that are identified, the Greater Worcester Healthy Coalition is entity that is mostly monitoring the implementation of the CHIP. There are a number of different work groups and also an advocacy arm. When there is a call for advocacy that information generally goes out to a broader network. Participation and acting in response to those calls are important.

How has DPH collaborated with local agencies to address gaps in marginalized and vulnerable populations in the past, and have any focused on women? Can you speak to the barriers and resources for vulnerable populations?

One initiative is Racial and Ethnic Approaches to Health (funded by the CDC). On 4th year of 5 year grant targeted for Latinx population and applying different community health strategies for specific approach/outcome. Few of the major strategies in REACH specific to women are in breastfeeding and nutrition and connected to that is access to HIP/SNAP benefits. DPH is in the process of building a maternal health program. Coordinator for that area will start in January, a new position just added this year.

Additional questions:

Committeeperson Hernandez asked a follow-up question related to the question earlier about barriers to woman's health not included in the CHA. What challenges have women encountered and how will these be prioritize moving forward?

DPH will do a look back at data that exists. In next iteration we want to present all of the data to advisory committee and those working on data for discussion, what we need to follow up on or highlight. If inequities, there needs to be a follow up with qualitative data to understand gaps in services or resources.

Committeeperson Sendrowski observed: The only gender specific references in the 2021 CHA were cervical cancer and maternal health. In the maternal health section, it doesn't talk about maternal health at all just infant mortality rates. It would be much more helpful to have information about the maternal health.

Mr. Dyer agreed. The research indicated following up on new mothers is significant for good outcomes. He also noted that Medicaid in Massachusetts has a guarantee for health insurance for women for year after birth.

It was unfortunate that the maternal health section did not have any maternal health indicators.

Committeeperson Hernandez asked: You spoke about key informant interviews and defined leadership broadly. What populations are bringing those alternative perspectives?

Mr. Dyer responded: In past around 40 interviews with a mix of people in leadership positions in institutions, social service agencies, policy making boards (Board of Health or City Council), and different community groups.

The power of advisory committee is to ask a broad group of people who are we missing as a way to solve the need for alternative perspectives.

Focus groups are where we more often get the voices of those that don't generally participate in surveys.

Committeeperson Borelli asked: How do you intend to broaden the participation on the Advisory Committee? Mr. Dyer responded: The 2015 CHA had group of 80 and no more than 2 from any single organization participated. Everyone participated as a leader but wasn't what we traditionally see as institutional leaders. Advisory Committee should mostly be made up of people that aren't part of the 5 core organizations. A call will go out for advisory committee participation through the coalition. That call will be shared with you and others.

There are few requirements for certification other than engage the community about the health of the community. This is done and taken seriously and offers groups to use the data to seek grants for improving people's health, not to have a report to sit on a shelf for five years. CHA can be a resource for groups like yours to be able to prioritize in the future.

Committeeperson Borelli asked: Would it be possible to have dashboard with stratified data to share with public?

More of the CHA can be living and dynamic resource. Want to make those resources more useful to others. We are looking at different ways to do that. How to share qualitative data (to be respectful of privacy and highlight the power of that data)? In addition to a dashboard for quantitative data we are thinking about qualitative data.

Committeeperson Macri What is one project you are working on that you think is going to make a huge difference?

Ms. Nixon responded. New capacity to focus on maternal health will be shaped with feedback from you and others.

Mr. Dyer responded: We now have capacity with two more positions that aren't restricted to grant deliverables. What can we do to best serve the community with these roles?

B. Discussion of recent city council item regarding city program to provide free menstrual products in city facilities

November 22, 2022 City Council item 10C:

Request City Manager implement a program starting in 2023 to provide free menstrual products in all bathrooms in publicly owned facilities like Austin, TX, Brookline, MA and Burlington, VT, prioritizing bathrooms accessible to people experiencing homelessness, city owned recreation centers, summer camps and libraries for young people, and public health facilities. (See attached for additional information). (Nguyen) ([attachments](#))

Mayor Petty read the item and recognized Councilor Nguyen, who spoke concerning the item. Mayor Petty recognized Councilor King, who moved to add his name as a sponsor of the item. Councilor King then moved to amend the item: "Further, request City Manager provide City Council with a timeline associated with implementing such a program." Mayor Petty recognized Councilor Rivera, who moved to add her name as a sponsor of the item. Councilor Rivera then moved to amend the item, "Further, request City Manager consider providing information and education relative to menstrual product cost in schools and various community building." Mayor Petty recognized Councilor Rose, who moved to add his name as a sponsor of the item. Mayor Petty moved for a roll call vote to adopt the item as amended. Order adopted as amended on a roll call vote of 11 Yeas and 0 Nays.

Committee on Status of Women and public comments on this item as follows:

- Benefit to greater population outweighs anyone that will oppose.
- Quality of the product matters, it is a dignity issue.
- Support with recommendation that quality product and funding provided. (Esther and Heather)
- Pathways For Change, Inc. supports and provides for their consumers.

Ms. Sendrowski made a motion to support initiative with caveat they take into account quality when determine what is used. Ms. Borelli seconded. Approved with roll call vote (5/0/0)

Director Turchek will forward this recommendation to the City Manager.

4. Old Business

A. Planning for 2023 Women of Consequence Awards

Promotion of nominations: Face Book post has been shared. Tomorrow the information will be shared on COW LinkedIn

Share widely- Call for nominations

www.worcesterma.gov/announcements/call-for-nominations-for-2023-women-of-consequence-awards

2023 Woman of Consequence nomination form <https://forms.gle/svY5SE1WEGD99BTg7>

2023 Young Woman of Consequence Award self-nomination form
<https://forms.gle/tKASMFYeMDox4CVj7>

Theme:

International Women's Day theme for 2023 is Embrace Equity.

- Ms. Borelli, Ms. Sendrowski, and Ms. Hernandez expressed interest in adopting theme. There are good visuals we can use. There was significant discussion about the theme of "Embracing Equity" and whether this theme support women solely.
- Ms. Macri shared that she was not in support and would like to have a more specific theme.
- Ms. Sendrowski motioned to accept the theme of "Embrace Equity" for 2023 Women of Consequence Awards and. Ms. Borelli seconded the motion. Vote on roll call was taken 4/1/0. Five members constitute a quorum. Ms. Sendrowski suggested waiting until next month so we can get vote of quorum of members.

Keynote Speaker:

There was a sense that it would be hard pressed to determine keynote without theme and likewise the entertainment. Item tabled.

Brainstorm entertainment/arts components to program

Tabled to next month

5. Adjournment The meeting was adjourned at 7:00 pm with the approval of a motion made by Ms. Sendrowski seconded by Ms. Borelli (5-0-0).