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Youth Health Benchmarks in the Context of a Regional Health Improvement Plan

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**Youth Health Benchmarks in the context of a Regional Health Improvement Plan**

Samantha Arsenault & Cassandra Andersen

**Overview**

The Worcester Community Health Improvement Plan (CHIP) was created by a broad spectrum of partners across the Worcester region to focus and guide the continual health improvement process and evaluate health priorities in an ongoing manner. To measure progress meeting the CHIP objectives, a Regional Youth Health Survey (RYHS) was implemented by the Worcester Division of Public Health. The RYHS collected data on the behavior and health perceptions of young people in the region.

This poster reports on specific RYHS questions that directly inform objectives of the 5 CHIP domains which are:

1. **Domain 1: Healthy Eating and Active Living**
   - Objective 1.1: Increase availability of and access to affordable fresh and local fruits and vegetables
   - Objective 1.2: Increase self-reported being slightly to very overweight

2. **Domain 2: Behavioral Health**
   - Objective 2.1: Reduce the proportion of high school students using tobacco products to below state rates between 2013 and 2020
   - Objective 2.2: Reduce the proportion of high school students using alcohol in the last 30 days

3. **Domain 3: Primary Care and Wellness**
   - Objective 3.1: Reduce non-urgent or preventable use of the emergency department by 8% by 2015

4. **Domain 4: Violence and Injury Prevention**
   - Objective 4.3: Reduce the rate of motor vehicle-related pedestrian, cyclist, and occupant injuries by 10% by 2015

5. **Domain 5: Health Equity and Disparities**
   - Objective 5.1.3: Develop process to evaluate outcomes of policy implementation and plan for sustainability
   - Objective 5.2: Implement a process to evaluate the impact of at least one intervention to improve health equity

**Methods**

The RYHS was conducted by the Worcester Division of Public Health with the assistance of the University of Massachusetts Prevention Research Center. Many RYHS questions that measured health risk behaviors were standardized questions from the national Youth Risk Behavior Surveillance System (YRBSS).

The RYHS was taken by 8,703 high school students in the Worcester region. The survey was conducted in selected public and private high schools located within Central Massachusetts Regional Public Health Alliance excluding those in the towns of Holden and West Boylston.

**Findings**

Many CHIP objectives examine the prominence of health behavior in the Worcester region in comparison to state or national rates. The RYHS is used to make these comparisons and set benchmarks where the questions asked by the RYHS were also asked by the 2013 YRBSS. These comparisons are set forth here, and show that while benchmarks have been met in areas such as substance abuse and mental health more progress is needed in the area of healthy eating.

State and national comparisons were not available for all RYHS questions. In this case, the RYHS questions are useful in setting benchmarks for tracking progress of current objectives within that domain.

**Conclusions**

The RYHS is an important mechanism to track progress towards meeting CHIP objectives. The RYHS allows benchmarks to be set where no data was previously available. Trends will be measured over time by repeated annual surveys conducted by the Worcester Division of Public Health with the participation of partners. It also provides data to inform the next set of goals to improve health and can identify new trends. The RYHS is one of multiple tools that is contributing to a better understanding of the factors influencing community health.