

Report to the Community

FY 06

Office of Community Programs



*A Program of Commonwealth Medicine at the
University of Massachusetts Medical School*

Commonwealth Medicine

VISION

Commonwealth Medicine will distinguish UMass Medical School as the national leader in health sciences education, research, policy, and services critical to the public sector.

MISSION

To apply knowledge to improve health outcomes for those served by public health and human service programs.

VALUE STATEMENT

As a **mission driven** organization, we **respond** to our public sector clients with **integrity**, a commitment to **excellence** and a **collaborative approach** to developing **innovative** solutions.

Office of Community Programs

VISION

A commitment to the development, growth and sustainability of high quality health care services, training programs, collaborative relationships and educational resources that improve the wellness of New England populations with limited access to health care.

MISSION

To achieve this vision, the Office of Community Programs has a mission to improve the health and wellbeing of communities with a special emphasis on the Commonwealth of Massachusetts and New England populations with limited access to health care. This initiative is achieved by anticipating and responding to public health concerns and community needs, through the development of innovative educational resources, health care services, programs and technologies.

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Acronym Guide

AHEC	Area Health Education Network
CHC	Community Health Center
CM	Commonwealth Medicine
CMOHI	Central Massachusetts Oral Health Initiative
DSS	Department of Social Services
EOHHS	Executive Office of Health and Human Services
FaCES	Foster Care Evaluation Services
FQHC	Federally Qualified Health Center
HHS	U.S. Department of Health and Human Services
HRSA	Health Resources and Services Administration
MAP	MassHealth Access Program
MIT	Medical Interpreter Training
MTF	MassHealth Training Forum
NEATC	New England AIDS Training Center
OCP	Office of Community Programs
UMMS	University of Massachusetts Medical School

Message from the Director



Mick Huppert, M.P.H.
Director and Associate Dean,
Office of Community Programs

The Office of Community Programs (OCP) has had a productive year. Of particular accomplishment was the completion of a strategic plan for the Office. This plan refocuses our operations to better achieve the OCP vision and mission. Through a stronger relationship and alignment within Commonwealth Medicine (CM), we continue to fulfill a unique niche within the University of Massachusetts Medical School (UMMS) and continue to offer program development, implementation and operational expertise to OCP and CM clients.

A second important accomplishment was the continuation of a number of vital programs to improve access to health care, described in detail in this report. I mention this accomplishment, because maintaining a base of continuous operation that supports needed infrastructure — such as medical interpreting, expansion of Community Health Centers, improving access for oral health, and educating clinicians throughout New England about HIV/AIDS — are key elements for a health care system that reaches out and serves vulnerable populations.

A third achievement was the positioning of our Office to help in the development and roll-out of the new health reform legislation. The programs that are coming forth from this legislation truly offer the possibility of 100 percent access to health coverage for all Massachusetts residents. Making this a reality and working with the public and private sectors to that end are important functions for OCP. The MassHealth Training Forum and our Oral Health and Community Health Center development work are also crucial in helping to build an acceptable and accessible expanded health care system in the Commonwealth.

This has been a successful year in and of itself, and it offers glimpses of the important steps we will take in FY 2007 to make the dream of universal access to health care a reality for more Massachusetts residents.

Overview



Creating Health Care Solutions Though Collaboration

The Office of Community Programs (OCP) was established in 1992 as part of the University of Massachusetts Medical School's (UMMS) commitment to public service and its fundamental mission to serve the people of the Commonwealth. OCP was built upon the solid foundation of two previous federally funded programs: the Massachusetts-wide Area Health Education Center (AHEC) program, established in 1977, and the New England AIDS Education and Training Center (NEAETC), established in 1988. In addition, the Generalist Physician Initiative, funded by the Robert Wood Johnson Foundation was also a stimulus in bringing together UMMS primary care programs under the umbrella of OCP in the early 1990s.

The Office of Community Programs (OCP) works to improve health care for Massachusetts' most vulnerable citizens, such as those covered only by Massachusetts Medicaid (MassHealth) and those without health insurance. OCP builds bridges between the community, CM and UMMS — bringing the results of health care policy, research and educational innovation to the community. OCP leverages its academic and community ties to develop, implement and manage a range of complex health care projects involving multiple constituents.

Our employees are committed to ensuring that individuals and families with limited access to care receive the health care and services they need to live a better quality of life and overcome cultural, economic or linguistic barriers. OCP oversees a wide variety of programs that offer administrative, technical and financial support. Many OCP initiatives are based on collaborative efforts with the state Medicaid program through the MassHealth Access Program (MAP), as well as other government agencies and community-based organizations.

This 2006 Report to the Community reviews OCP's unique and innovative programs and the role they play in achieving one of the key missions of Commonwealth Medicine and the Medical School: collaborating with state agencies and community partners to meet the health care needs of all citizens of the Commonwealth, especially its most vulnerable.

Community Health Centers



The Massachusetts Safety Net

A key goal of OCP is to support the growing number of Community Health Centers (CHCs) throughout Massachusetts as the best way to ensure access to care for the state's residents. State leaders recognize the important role Community Health Centers play in the Commonwealth of Massachusetts' health care system. Through the delivery of culturally appropriate health care and prevention services to some of the state's most underserved residents, CHCs promote health and prevent disease, thus assuring that the most vulnerable populations have access to cost effective care.

This approach provides quality health care and an improved quality of life to Massachusetts residents and their families in a cost effective manner. According to the Massachusetts League of Community Health Centers, last year 52 Community Health Centers at 184 sites provided more than two million health care visits. One out of every 10 patients in Massachusetts was served by a CHC.

2006 Program Accomplishments

Massachusetts continues to lead in the development and support of Community Health Centers as major providers of quality health services for MassHealth members and other vulnerable populations.

- OCP supported the establishment of five new federally qualified health centers. Funding was used by the following health centers for start-up equipment and salary costs as well as to support the implementation of an electronic medical record:
 - Community Health Center of Franklin County, Orange/Athol expansion site.
 - Community Health Connection in Fitchburg, Gardner expansion site.
 - Great Brook Valley Health Center, Framingham expansion site.
 - HealthFirst and Stanley Street Treatment and Resources (SSTAR), Fall River site.
 - Joseph M. Smith Neighborhood Health Center, Waltham site.

- Funding was awarded to two rural health networks, one in the Berkshires and the other on Cape Cod and the Islands.

- OCP collaborated in the development of joint CHC-Community Mental Health Center pilots to provide coordinated behavioral and medical health care services in six communities statewide. Funding for and evaluation of pilots will be conducted during 2007.

- OCP provided management consulting support for administrative and financial processes to Caring Health Center in Springfield.
- OCP worked actively with Massachusetts League of Community Health Centers and Commonwealth of Massachusetts Executive Office of Health and Human Services (EOHHS).

Focus for 2007

- Grants for new and expansion sites.
This may include supporting ambulatory care practices as they transition from private or hospital-based structures to Federally Qualified Health Centers (FQHC) or FQHC-look-alike status.
- Technical assistance and consultation to CHCs.
Mentoring and technical assistance will be provided to CHCs experiencing challenges at the operations and board management levels.
- Continued work with the rural health networks funded during 2006 and additional health network assessment and creation.
- Planning for, and development and implementation of, program capacity enhancements at Community Health Centers, with an emphasis on the identification, evaluation and dissemination of promising practices.

Cross Cultural Initiatives



Eliminating Health Disparities

Health care providers are recognizing the challenge of caring for patients from diverse linguistic and cultural backgrounds. The U.S. is rich in race, culture and language and there is a question as to whether linguistic and cultural competency is being adequately addressed among those charged with the responsibility to provide health care services to an increasingly diverse population.

Patients who do not speak English need qualified interpreters to describe medical problems and treatment plans. During a medical visit, interpretation by unqualified interpreters is more likely to result in omissions, additions, substitutions and other errors that can seriously impact care.

Patient confidentiality and important medical forms such as informed consent, treatment plans, and discharge forms continue to be provided more often in English than in other languages. A well-trained interpreter seeks to understand how diversity and cultural similarities and differences have a fundamental impact on the health care encounter. Interpreters play a critical role in identifying cultural issues and in considering how and when shifting roles is necessary.

Medical Interpreter Training

OCP is committed to providing exceptional training that helps to ensure limited-English proficiency patients of diverse cultures and languages have equal access to quality health care through the utilization of trained and competent interpreters. OCP will continue to work toward eliminating health disparities in the communities it serves. OCP's Medical Interpreter Program (MIT), in collaboration with the statewide AHEC system, is an effective mechanism to outreach, identify, recruit and train bilingual individuals working in MassHealth settings in the roles and introductory skills of medical interpretation.

Patients may have difficulty following instructions, and may not properly prepare themselves for medical procedures. Limited English Proficiency patients may fail to show up to appointments, make unnecessary visits to emergency departments, and are often reluctant to communicate concerns to a physician, due to psychological and emotional barriers fostered by the inability to properly communicate.

—National Alliance for Hispanic Health

A patient has the right to take part in developing his/her plan of care, and to be informed about diagnoses, exact treatments and procedures; therefore, failure to insure adequate communication places the organization, the physician and other healthcare professionals at increased risk for malpractice claims.

—“The Rights of Patients”

2006 Program Achievements

- 299 bilingual individuals were trained through the MassHealth Access Program's (MAP) Medical Interpreter Program at 13 trainings throughout the Commonwealth.
- Advanced Series trainings conducted:
 - “Interpreting in Oral Health” on December 15, 2005 at UMMS; 44 participants in attendance.
 - “Paving the Way to Health Care Access: A Conference Celebrating Medical Interpreters” on June 30, 2006; 135 participants in attendance.
 Guest presenters:
 - Anne Fadiman, Author, *The Spirit Catches You and You Fall Down*
 - Teja Arboleada, Performer of *Gene Therapy - Healing Racism*

AHEC Regional Offices	# of trainings	# of persons trained
Berkshire AHEC	2	22
Boston AHEC	3	94
Central MA AHEC	2	46
Merrimack Valley AHEC	1	15
Pioneer Valley AHEC	3	65
Southeastern Mass AHEC	2	57

Focus for 2007

- Partner with the Area Health Education Centers to deliver the new, improved medical interpreter training curriculum to a changing market place.
- Continue development of standardized delivery of training, data collection tools and databases.
- Support program development of specialized trainings for advanced interpreters.
- Develop strategic planning initiatives to enhance ongoing collaboration and communication among stakeholders.
- Implement Second Annual Interpreter Conference

Translation Services for the Massachusetts Executive Office of Health and Human Services

Accurate, culturally sensitive document translation at appropriate reading levels is an essential tool in communicating effectively with Massachusetts residents who have limited English proficiency. OCP provides high quality translation services to public health and other agencies for critical patient education materials.

2006 Program Achievements

- Expanded and maintained the consulting network for translation services and cultural sensitivity services in eight languages for MassHealth publications:
 - Spanish
 - Portuguese
 - Vietnamese
 - Haitian Creole
 - Russian
 - Laos
 - Khmer
 - Chinese

- Completed the translation of the following documents in eight languages:
 - Policy revisions and inserts for member booklets and member applications for regulatory changes regarding immigration status and other rulings
 - Member retention materials
 - Outreach education materials
 - Member information letters
 - Other documents as requested

- Conducted consumer reviews of selected publications and policy.

Focus for 2007

- Complete translations of member retention materials, outreach education materials, member information letters and more.

- Continue to conduct consumer reviews of selected publications and policy initiatives.

Oral Health Initiatives



Quality Dental Care for Every Resident

Availability of oral health services has long been an issue in Massachusetts, with less than 14 percent of private practitioners participating in MassHealth and with Community Health Centers at capacity. OCP is committed to improving the oral health of Massachusetts' most vulnerable populations through the two components of the Oral Health Program: MassHealth Access Program (MAP) Dental Services and Central Massachusetts Oral Health Initiative (CMOHI).

Both MAP Dental Services and CMOHI have been pursuing strategies to increase access to care, foremost for children who are covered by MassHealth, many of which have never seen a dentist and suffer from significant dental disease. Our work, along with other Massachusetts coalitions and advocacy groups, has brought oral health to the forefront. Implementation of legislative and programmatic changes in MassHealth in the coming year will do much to expand services to our most vulnerable populations.

MassHealth Access Program Dental Services

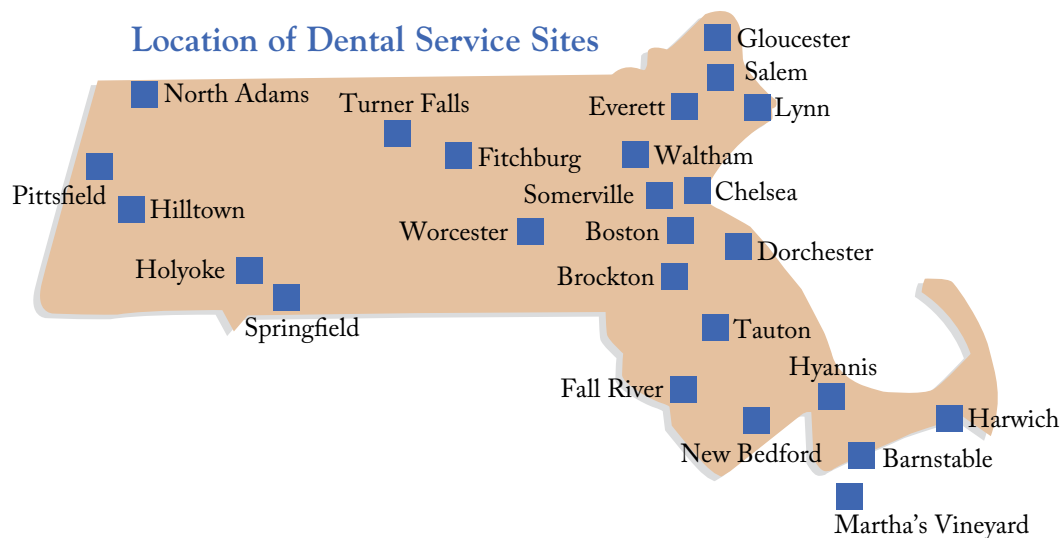
To increase access to dental care for MassHealth members and the uninsured, MAP provides seed money to assist community-based organizations that improve and expand their services. MAP also provides newly trained dentists with financial support with their dental school tuition and loans in return for working in one of these community-based organizations.

2006 Program Achievements

The Commonwealth of Massachusetts has made legislative and programmatic changes to MassHealth that are anticipated to attract private practitioners to serve the MassHealth population. At the same time, MassHealth adult benefits for oral health were re-instated. MAP will continue to support the community-based organizations until the availability of services can meet the demand.

- Five community based organizations received funding to replace antiquated equipment:
 - Joseph M. Smith Community Health Center
 - Lynn Community Health Center
 - South End Community Health Center
 - Codman Square Health Center
 - Cambridge Health Alliance

- Two new sites received funding to become operational in 2006: Great Brook Valley Health Center's satellite Framingham Community Health Center, and Martha's Vineyard Hospital.
- One school-based program was expanded to cover more of the state: Tufts Dental Facilities of Tufts University School of Dental Medicine.
- Three Dental Student Awards (tuition assistance) were made to students from Tufts Dental School, Boston University School of Dental Medicine and Harvard University Dental School.
- Thirteen Loan Forgiveness Awards (loan repayment assistance) were made to practicing dentists around the state.



Focus for 2007

- Add a scholarship and loan forgiveness award program for hygienists, piloting it in 2007 at one or more dental hygiene schools.
- Continue to support expansion of dental services in the state, with the state's newest health centers adding dental services, and the expansion of existing centers.
- Continue to administer dental student and loan repayment awards.
- Continue to support the workforce practicing in dental service sites.

Central Massachusetts Oral Health Initiative

Due to the lack of adequate oral health services in Central Massachusetts, the Worcester District Dental Society took local action to address the problem in Worcester and the surrounding communities and organized a widespread community coalition. Several local and national grants were received to implement the coalition's programs, resulting in the creation of the Central Massachusetts Oral Health Initiative (CMOHI). OCP continues to house the coalition and manage these grants.

CMOHI continues to receive grant funding to fulfill its mission to improve the access to oral health services locally and statewide.

2006 Program Achievements

- Establishment and accreditation of a Dental Residency Program within a medical school focused on community-based public health dentistry, hospital dentistry, and the integration of medical and dental health.
- Two health centers serve as clinical training sites; four residents were participating as of July 2006.
- Expanded Worcester Public School-based oral health services to 21 schools.
- Advocated for a third party administrator for the MassHealth Dental program and for the reinstatement of adult benefits.

Focus for 2007

- Expand the Dental Residency Program to six participants in 2007.
- Expand private practitioner involvement in MassHealth, given the establishment of a third party administrator, increased patient benefits and the ability of dentists to limit their MassHealth caseloads.
- Increase participation of school children in on-site oral health programs.

Foster Care Evaluation Services



Medical Care for the Most Vulnerable

The Foster Care Evaluation Services (FaCES) program completed its second year as a pilot model for providing health screening and evaluation services for children entering the Worcester Area Department of Social Services (DSS) foster care system. The goal of the program is to address the barriers that can prevent timely access to medical care for foster children in Massachusetts' Worcester region.

The program goal is achieved by creation of a communication system between DSS and FaCES staff to quickly identify children who enter into the foster care system and directly link them to the program. Additionally, health services are provided within the local community by a treatment team comprised of individuals specifically trained to deal with this patient population. FaCES also offers an intensive case management service to ensure prompt evaluation and referral follow-up, coordination and information exchange with previous providers, ongoing communication with DSS and foster families, and the development of a comprehensive medical profile to accompany the child to his or her primary care provider.

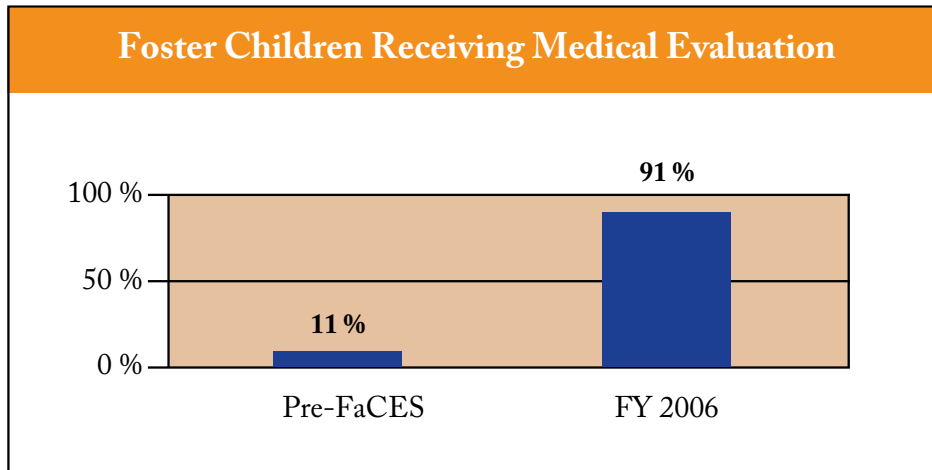
While the program remains small, it has continued to grow over the past year. This growth was the result of two factors: an increase in the upper age limit for eligible children from 9 to 11, and a redistricting effort by DSS that increased the number of towns included in the Worcester catchment area. While continued growth is expected in the upcoming fiscal year, the program must be expanded to other locations in the state to experience significant growth.

2006 Program Achievements

- 162 children (up to 11 years old) were evaluated, representing a 47 percent increase from fiscal year 2005.
- The number of clinic visits increased by 40 percent from fiscal 2005.
- The FaCES clinic continues to unearth previously unknown acute and chronic medical conditions that require additional medical intervention. For FY 06, 142 conditions were newly identified among 66 children, representing 77 FaCES placements. Included were conditions such as:
 - Abdominal mass
 - Asthma
 - Failure to thrive
 - Fetal alcohol syndrome
 - Hearing deficit
 - Hepatitis C carrier
 - Hypertension
 - Otitis media
 - Visual defect
- Beta testing of our interactive program database was completed, capturing medical history, clinical interventions and case management practices and serving as the basis of the portable medical record.

Faces Visits by Visit Type				
Year	7 Day	30 Day	Other *	Total
FY 2004	44	32	12	88
FY 2005	110	89	38	237
FY 2006	160	138	34	332

* Included in the "Other" column are visits for follow-up care, lab work, urgent care, and re-screening.



Through intensive coordination with the local DSS staff, the percentage of children in the Worcester region who received medical evaluation services upon entry into foster care has continued to improve at an astonishing rate. Compared to the pre-FaCES experience of 11 percent, currently 91 percent of all FaCES eligible children are receiving evaluation services.

Focus for 2007

The most significant change in the program for the upcoming year is its transition from the Office of Community Programs to the Center for Adoption Research (CAR) at the University of Massachusetts Medical School. This will allow the consolidation of all DSS-related programs under one management umbrella within Commonwealth Medicine. In addition, completion of the following milestones is anticipated:

- Complete the evaluation report for 2004-2005 FaCES cases.
- Develop a mental health referral partnership for FaCES children.
- Expand the target population group to include ages 12-13.
- Complete the evaluation of 2006 FaCES cases.
- Seek approval to expand the program to include an additional pilot site.

MassHealth Training Forum



A Wealth of Information and Resources

At the close of FY 06 the MassHealth Training Forum (MTF) completed its third full year of operation. MTF is sponsored by the Office of Medicaid in partnership with the Office of Community Programs. Its goal is to communicate accurate, timely information relating to MassHealth operations and policies to health care organizations and community agencies that serve MassHealth members, the uninsured and underinsured.

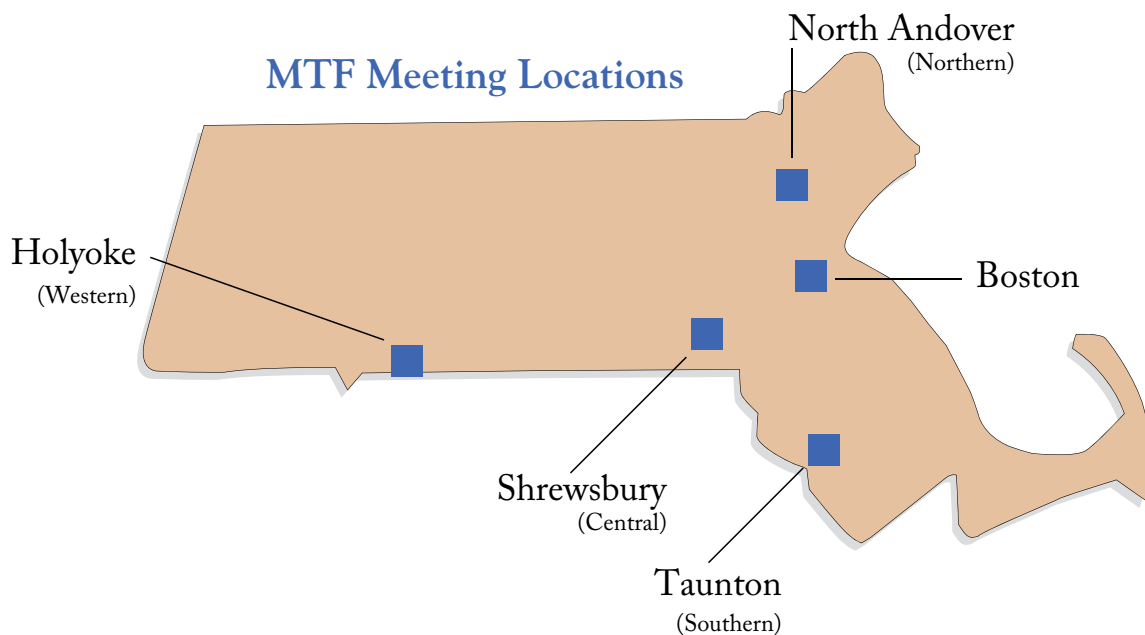
OCP staff works closely with the Office of Medicaid to refine the program and improve its capacity to communicate relevant and current MassHealth information. This year, the MTF Convener Team expanded to include representation from key MassHealth departments.

Over the past year MTF attendance increased at regional MTF meetings, and a high level of satisfaction by attendees was maintained. While MTF continues to increase its capacity to disseminate the latest MassHealth information, it is recognized among a growing number of health care and community-based organizations as a reliable and timely source of information about MassHealth.

The program components include regional MTF meetings featuring presentations by experienced, knowledgeable MassHealth and EOHHS staff, email updates on program and policy changes, and a website offering online meeting registration, access to meeting materials, MassHealth Updates and other useful resources.

In the FY 06 state budget, the Office of Medicaid was allocated \$500,000 for MassHealth enrollment outreach through mini-grants to public and private nonprofit organizations. The goal of the mini-grants is to conduct MassHealth enrollment to reduce the number of MassHealth eligible individuals who are uninsured.

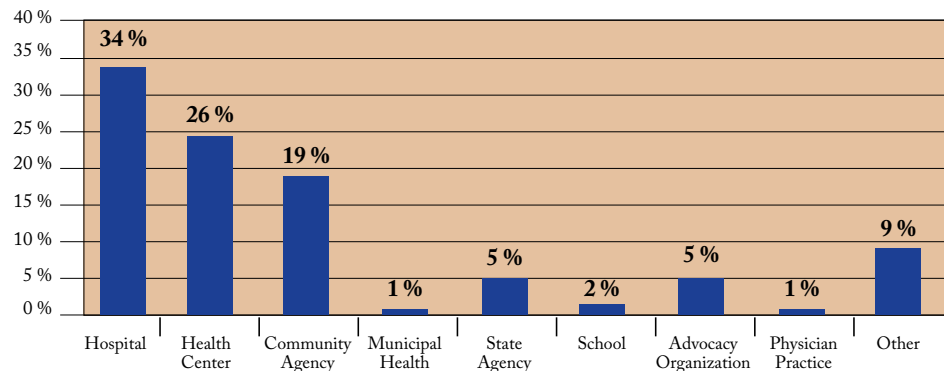
The mini-grants were made available through a grant procurement process to community and provider organizations that demonstrated the capacity to use the funds as specified in the proposal. OCP assisted with the management and oversight of the process, in accordance with the program goals outlined by the Office of Medicaid.



2006 Program Achievements

- Five regional quarterly MTF meetings were held for a total of 20 meetings.
- 829 people from 255 organizations attended.
- Sample meeting topics included:
 - Virtual Gateway
 - UCP Streamlined Review Project
 - Medicare Part D
 - MassHealth Buy In Programs
 - Insurance Partnership
 - MassHealth Updates, provided at the beginning of each meeting that included various new information or changes from MassHealth
- Survey ratings of the MTF meeting presentations by attendees were very positive; 69 percent reported the presentations were very helpful; 29 percent somewhat helpful.
- 31 MassHealth email updates were sent to MTF participants outlining recent changes to MassHealth programs and policies.
- Maintenance of a fluid database with a total of 1,152 active participants at the close of FY 06, including the addition of 235 new participants.
- Redesigned and enhanced functionality of the MTF website. The MTF website obtained its own domain name for easier access and recognition (www.masshealthmtf.org).
- 34 outreach and recruitment activities were conducted to inform community providers about the existence and benefits of MTF.

Survey Respondents by Employer Category FY 06



Aggregate data from FY 06 MTF meeting evaluation surveys completed by meeting attendees.

Focus for 2007

As MTF enters its fourth year, significant progress was achieved with increased participation and community recognition. FY 07 offers many new opportunities with increased involvement by MassHealth staff as both program planners and presenters. This offers MTF participants greater opportunities to learn about MassHealth directly from the individuals who know the program best.

- Continue to establish MTF as a direct source of accurate and timely MassHealth policies, programs and procedures.
- Increase the number of MTF participants, while maintaining the engagement of former participants.
- Increase the awareness of the program to new organizations and individuals who would benefit from the information provided. Communicate the value of the program.
- Continue improvements to the website and increase its recognition as a resource.
- Maintain a focus on continuous improvement in communication practices and the overall content and format of the program to meet the needs of the participants and program sponsors.

New England AIDS Education and Training Center



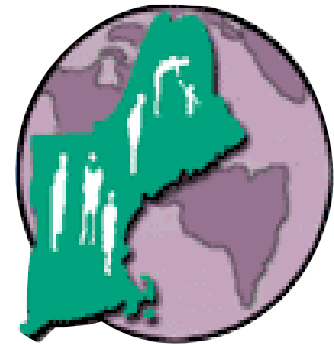
A Dedication to Treatment and Prevention

The New England AIDS Education and Training Center (NEAETC), established in 1988 and based at the University of Massachusetts Medical School's Office of Community Programs, is one of 11 regional education centers and four national centers funded by the U.S. Department of Health and Human Services.

The goal of NEAETC programs is to educate and train health care providers to more effectively counsel, diagnose, treat and manage individuals living with HIV disease, as well as to assist in prevention efforts. These health care providers include physicians, nurses, nurse practitioners, physician assistants, dentists, pharmacists, as well as other health, social work, mental health, and substance abuse professionals. Specific programs under the NEAETC-umbrella include education and training, clinical consultation, technical assistance and evaluation.

2006 Program Achievements

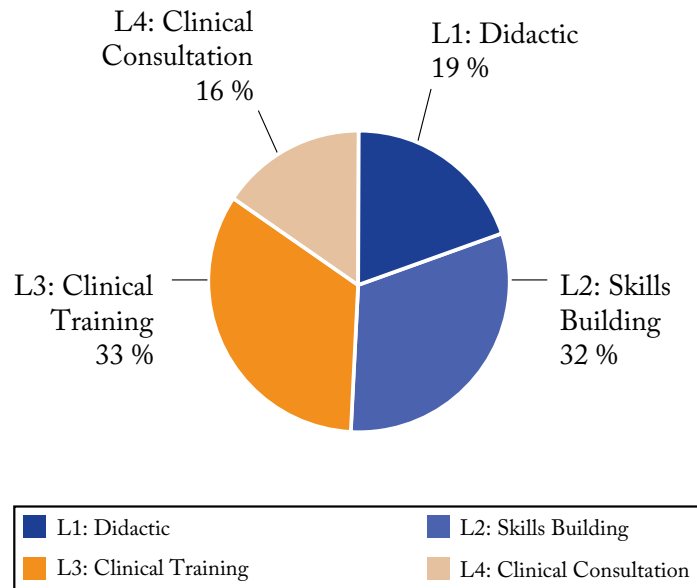
- 9,391 training participants encompassing all 2006 trainings.
- 2,858 total hours of regional training:
 - 545 hours (Level 1: Didactic presentations)
 - 925 hours (Level 2: Skills building)
 - 939 hours (Level 3: Clinical training)
 - 449 hours (Level 4: Clinical consultation)
- Training Topics
 - Antiretroviral Treatment
 - Diagnostic Tests/HIV Disease Progression
 - Adherence to Medication
 - Clinical Manifestations of HIV
 - Substance Abuse and HIV
 - Co-morbidities (Hepatitis) and HIV
 - Prevention Methods
 - Psychosocial Issues



- In addition to offices in Boston and at the Medical School, satellite sites for NEAETC education and training programs for New England include:

- Yale School of Nursing, New Haven, CT
- University of Connecticut, Storrs, CT
- Acadia Health Education Coalition, Augusta, ME
- Dartmouth Hitchcock Medical Center Infectious Disease Department, Lebanon, NH
- Brown University AIDS Program, Providence, RI
- Fletcher Allen Health Care Center, Burlington, VT

Level 1-4 Training Hours
All Sites (N= 2,858 hours)
PY 2005-2006



Program Initiatives

NEAETC provides on-going direction and support for needs assessments, program evaluations, training, building capacity in clinical management and consultation, and continuous quality improvement. Highlights of the past year include:

- **Special Programs:** A full-day conference entitled “HIV through the Decades” addressed the clinical manifestations of the long-term survivors of HIV disease.
- **Clinical Updates:** HIV resistance updates and retrovirus updates were provided throughout the course of the year.
- **Emerging Issues:** Identifying and addressing our provider and consumer needs, NEAETC organized a forum on Medicare Part D, utilizing experts in the area to help consumers and providers successfully manage the Medicare Part D system.

- **Collaborations:** The *Ninth Annual Lemuel Shattuck Hospital HIV Conference* was a major success, focusing on the historical context of HIV/AIDS, anticipated changes in the Ryan White Care Act, illicit drug addiction and emergency preparedness.
- **Mental Health Initiative:** NEAETC staff and consultants were trained on a series of national mental health curricula, including ethics, substance use and neuropsychiatry, and the implications for treating HIV disease.
- **New England HIV Education Consortium (NEHEC):** A major goal of this year's program was to help in the development of strategies to create an HIV clinical provider of color support network and mentorship program.
- **American Indian/Alaska Native Provider Initiative:** Programs this year focused on engaging local Natives and health care systems, and to find innovative ways to improve access to information and HIV clinical care.
- **Prevention Initiatives:** *Incorporating HIV Prevention into the Medical Care of People with HIV* is a collaborative effort to complete several trainings and "Training of Trainers" sessions throughout New England; and *Partnership for Health* is a regional effort that has provided training to community health clinics in MA and CT.
- **National Association of HIV Over Fifty (NAHOF):** This is a national project, based in Boston and partially supported by NEAETC, dedicated to the prevention, care and treatment of HIV for those over 50 years of age. NAHOF provided a national conference in Miami this year, and presented a regional conference in Boston.

Focus for 2007

- Assess provider needs, and offer state-of-the art educational programs, while linking these providers to HIV networks of care, consultation and information dissemination.
- Engage and retain health service providers representing communities of color and disenfranchised populations in education programs.
- Expand to a regional training model that integrates a consortium of community-based agencies that are experienced in providing quality educational programs.
- Develop and implement comprehensive administrative and evaluation procedures, including needs assessment, process and impact/outcome evaluations, and emphasis on principles of Continuous Quality Management.

Community Service and Service Learning



Expanding the Student Experience

This past year, the staff has supported many student learning opportunities in the community. In the fall of October 2005, OCP Director Mick Huppert and MTF Manager Theresa Glenn participated in the Department of Family Medicine and Community Health's Community Medicine Clerkship that placed and supervised three medical students with community health workers in the field. These experiences provided the students with a unique viewpoint to assess community health needs, particularly from the grassroots perspective. During the year, two students also assisted OCP with programs and accompanied staff on project visits.

During the summer of 2005, 12 second-year UMMS students worked in a variety of community settings through the Summer Assistantship Program, supported by the Office of Medical Education and OCP. Dr. Suzanne Cashman and Mick Huppert provided supervision at three breakfast meetings and a wrap-up session attended by all the students. Students were placed at:

- **Community Health Centers:** Incorporated non-profit health facilities providing comprehensive primary health care to citizens in a community.
- **Health Care for ALL:** A consumer advocacy organization.
- **The Worcester Ecotarium:** An organization dedicated to the study of science and nature.
- **Central MA AHEC:** A recognized leader in addressing health disparities, workforce development, and cultural and linguistic access issues.

These experiences ranged from four to six weeks and gave students an in-depth exposure to a variety of community health organizations. Students gained a better understanding of the social and economic issues that are at the core of many health problems in the community. They saw first hand how teamwork among health practitioners is essential to effective program outcomes and patient satisfaction. Students maintained journals and indicated the four reflective sessions were key to making this a solid service learning experience.

The newest program initiated by OCP is an Albert Schweitzer Fellowship in Central Massachusetts. For many years, UMMS has participated in the Greater Boston Chapter of the fellowship, which was established to honor the memory and credo of Dr. Schweitzer who urged service, particularly to those most vulnerable in our society. The fellowship selects students in graduate health profession fields to become part of a regional core group with each fellow providing 200 hours of community service.

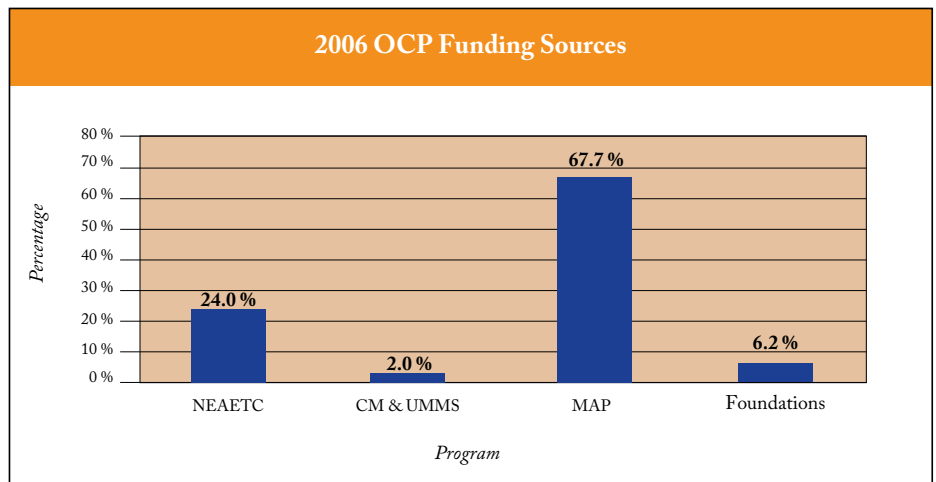
This year OCP helped bring together three Central Massachusetts academic institutions (the UMMS, Clark University and the Massachusetts College of Pharmacy and Health Professions) to select 10 students for the Schweitzer Fellowship. The students began their fellowship in early 2006 as a Central Massachusetts sub-chapter to the Boston group. The Central Massachusetts group met monthly to investigate aspects of health care and the students' role as future leaders. This exciting program utilizes academic and community preceptors to guide student projects. It also provides a multi-disciplinary learning collaborative that will assist in educating future leaders about the importance of inter-professional team building and care giving. Dr. Cashman and Mr. Huppert have been the catalysts in bringing the Schweitzer Fellowship to Central Massachusetts.

2006 Funding



UMMS has provided a home and consistent support for OCP, along with cash commitments approximating 2 percent of the total OCP budget. Grants and contracts have provided solid support for the remaining 98 percent of funding needs.

Sources		Allocations	
HHS/HRSA	\$2,166,374	6 NEAETCs	\$2,166,374
Set aside funds	\$6,108,497	MAP	\$6,108,497
Foundation	\$560,299	Oral Health	\$560,299
• Health Foundation of Central MA	\$394,725		
• Kellogg Foundation	\$115,574		
• Delta Dental	\$50,000		
CM/UMMS	\$183,645	OCP	\$183,645
Total	\$9,018,815	Total	\$9,018,815



OCP remains self-sufficient by raising 98 percent of its funding from grants and contracts —from either state, federal or private foundations.

Conclusion



The Office of Community Programs has completed another successful year fulfilling its mission to improve the health and well-being of communities, with a special emphasis on the Commonwealth of Massachusetts and New England populations with limited access to health care. As a program of Commonwealth Medicine, OCP's efforts in 2006 have helped the organization better understand the systems of care and the community-based health programs serving Massachusetts citizens.

The 2006 Fiscal Year included a broad array of exciting programs. Those programs ranged from assisting more citizens of Massachusetts in becoming MassHealth members, to establishing additional dental services, to providing community-based learning opportunities for University of Massachusetts Medical School students, plus many other programs outlined in this report.

The coming year will bring similar programs. The number of uninsured in our state continues to grow and new sites of care are still needed. It is encouraging to see the possibility of improved infrastructure for the delivery of oral health services in Massachusetts through the establishment of a third party administrator, increased dental reimbursement and the addition of mothers to dental coverage under MassHealth. Much activity regarding extension of the Medicaid waiver in Massachusetts is taking place, along with the possibility of overall health care reform targeting the uninsured. 2007 will be an exciting year and OCP is poised to assist in program development and implementation for community-based health care in Massachusetts and beyond.

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